

**An Important Message from
The Texas Health and Human Services Commission (HHSC)**

**Removal of Foundayo from the Texas Medicaid Formulary Effective Oct.
30, 2026**

Background:

Foundayo will be removed from the Texas Medicaid Formulary with an effective date of Oct. 30, 2026.

Key Details:

Due to an error, Foundayo tablet national drug codes (NDCs) was added to the formulary starting on Sept. 29, 2026. As a result, HHSC Vendor Drug Program (VDP) will remove Foundayo from formulary as the drug is not eligible for addition to the Texas Medicaid Formulary.

Action:

HHSC will remove the provisional coverage status for the following NDC in the table below, effective Oct. 30, 2026.

NDC	Drug Name
00002417801	FOUNDAYO 0.8 MG TABLET
00002417831	FOUNDAYO 0.8 MG TABLET
00002450301	FOUNDAYO 2.5 MG TABLET
00002450331	FOUNDAYO 2.5 MG TABLET
00002479401	FOUNDAYO 5.5 MG TABLET
00002479431	FOUNDAYO 5.5 MG TABLET
00002480301	FOUNDAYO 9 MG TABLET
00002480331	FOUNDAYO 9 MG TABLET
00002483901	FOUNDAYO 14.5 MG TABLET
00002483931	FOUNDAYO 14.5 MG TABLET
00002495301	FOUNDAYO 17.2 MG TABLET
00002495331	FOUNDAYO 17.2 MG TABLET

This change will be reflected in the ACSPTFFjjjyy file delivered to MCO hub on Oct. 30, 2026.

MCOs must be in compliance with this status removal as of Oct. 30, 2026.

Questions?

If you have questions, please contact UnitedHealthcare Customer Service at 888-887-9003, 8 a.m.–6 p.m. CT, Monday–Friday.