

Drugs on the Texas Medicaid formulary are designated as preferred or non-preferred or have neither designation, and the PDL contains only drugs designated as preferred or non-preferred:

- Drugs identified on the PDL as preferred, or not listed at all, are available to individuals without a PDL prior authorization.
- Drugs identified as non-preferred require a PDL prior authorization.

However, clinical prior authorizations may apply to any individual drug or an entire drug class on the formulary, including some preferred and non-preferred drugs. The [PDL Criteria Guide](#) explains the criteria used to evaluate the PDL prior authorization requests, and will be updated by January 29, 2018.

For assistance with prescribing from the Preferred Drug List or to receive an authorization for a medication that is not currently on the formulary please contact a representative at 877-908-6023.

For the complete Texas Medicaid formulary please [click here](#).

Drugs Removed from the Preferred Drug List Effective 2/1/18			
Drug	Board Reviewed	Current Status	2018 Status
Emflaza suspension and tablet	July 2017	Not previously reviewed	Non-Preferred
Exelon	July 2017	Preferred	Non-Preferred
Invokamet XR (Oral)	July 2017	Not Previously Reviewed	Non-Preferred
Invokamet (oral)	July 2017	Preferred	Non-Preferred
Invokana (oral)	July 2017	Preferred	Non-Preferred
Memantine Tablet	July 2017	Preferred	Non-Preferred
Suprax	July 2017	Preferred	Non-Preferred
Synjardy XR (oral)	July 2017	Not previously reviewed	Non-Preferred

Drugs Added to the Preferred Drug List Effective 2/1/18

Drug	Board Reviewed	Current Status	2018 Status
Farxiga (oral)	July 2017	Non-preferred	Preferred
Jardiance (oral)	July 2017	Non-preferred	Preferred
Makena MDV	July 2017	Not previously reviewed	Preferred
Makena SDV	July 2017	Not previously reviewed	Preferred
Rivastigmine	July 2017	Non-preferred	Preferred
Synjardy (oral)	July 2017	Non-preferred	Preferred

Drug Changes Pending HHS EC Approval

Drug	Board Reviewed	Current Status	2018 Status
Diclegis	November 2017	Preferred	Non-preferred
Abilify	November 2017	Preferred	Non-preferred
Strattera	November 2017	Preferred	Non-preferred
Latuda	November 2017	Preferred	Non-preferred
Aripiprazole	November 2017	Non-preferred	Preferred
Atomoxetine	November 2017	Non-preferred	Preferred
Tamiflu (Approved with immunosuppressive diagnosis)*	November 2017	Preferred	Preferred

*11/3/17 Tamiflu was scheduled to move to a non-preferred status 1/25/18. January 9th, 2018 HHSC Vendor Drug Program issued a notice nullifying that change due to the severity of the flu season. Tamiflu will remain on the Preferred Drug List and be re-evaluated after the end of the current flu season.