

**Texas Prior Authorization Program
Clinical Edit Criteria**

Cough/Cold Medications

NOTE: *Claims for cough and cold products containing acetaminophen, ibuprofen, or narcotics such as codeine and hydrocodone are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age. Prior authorization for these agents will not be accepted.*

NOTE: *Claims for cough and cold products for clients less than 2 years of age are not covered by Texas Medicaid. Prior authorization for these agents will not be accepted.*

Clinical Edit Information Included in this Document

Cough and Cold Medications (Table A – drugs requiring prior authorization for children ages ≥ 2 to < 4 years of age)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **References:** clinical publications and sources relevant to this clinical edit

Note: Click the hyperlink to navigate directly to that section.

Cough and Cold Medications (Table B – drugs requiring prior authorization for children ages ≥ 2 to < 6 years of age)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **References:** clinical publications and sources relevant to this clinical edit

Note: Click the hyperlink to navigate directly to that section.

Cough and Cold Medications (Table C – drugs requiring prior authorization for children ages ≥ 2 to < 10 years of age)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **References:** clinical publications and sources relevant to this clinical edit

Note: Click the hyperlink to navigate directly to that section.

Cough and Cold Medications (Table D – drugs requiring prior authorization for children ages ≥ 6 to < 12 years of age)

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **References:** clinical publications and sources relevant to this clinical edit

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- Drugs Requiring PA updated



Cough and Cold Medications

Table A

Drugs Requiring Prior Authorization for Children Ages ≥ 2 to < 4 Years

NOTE: Claims for cough and cold products containing acetaminophen, ibuprofen, or narcotics such as codeine and hydrocodone are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age. Prior authorization for these agents will not be accepted.

NOTE: Claims for cough and cold products for clients less than 2 years of age are not covered by Texas Medicaid. Prior authorization for these agents will not be accepted.

Table A	
Drugs Requiring Prior Authorization for Children ≥ 2 to < 4 Years of Age	
Label Name	GCN
ALA-HIST PE TABLET	28379
APRODINE TABLET	96445
BROTAPP LIQUID	12933
CHEST CONGESTION RELIEF PE	97358
CHEST CONGESTION RELIEF TABLET	18906
CHL MUCINEX CHEST CONGEST LIQ	02512
CHLD MUCINEX STUFFY NOSE-COLD	99069
CHLO TUSS EX LIQUID	30735
CHLO TUSS LIQUID	35393
COUGH DEXTROMETHORPHAN ER 30 MG/5 ML SUSP	17802
DECONEX IR TABLET	99655
DELSYM 30 MG/5 ML SUSPENSION	17802
DEXTROMETHORPHAN ER 30 MG/5 ML	17802
DIMAPHEN ELIXIR	27207
ED BRON GP LIQUID	54250
ED-A-HIST PSE TABLET	96445
EXEFEN IR TABLET	54921
GUAIFENESIN 100 MG/5 ML SYRUP	02512
HISTEX-PE SYRUP	29581
IOPHEN NR LIQUID	02512
J-MAX SYRUP	26029
J-TAN D PD DROPS	98155
KID'S MUCINEX MINI-MELTS PACK	97123
LODRANE D CAPSULE	30766
LORTUSS LQ LIQUID	29564
LORTUSS LQ LIQUID	29564
MAXIPHEN TABLET	97358

Table A	
Drugs Requiring Prior Authorization for Children ≥ 2 to < 4 Years of Age	
Label Name	GCN
MUCAPHEd TABLET	97358
MUCUS RELIEF 400 MG TABLET	18906
MUCUS RELIEF SINUS TABLET	97358
NOSE DROPS	34186
ORGAN-I NR 200 MG TABLET	02482
POLY-VENT IR TABLET	34787
PROMETHAZINE VC SYRUP	13977
Q-TUSSIN 100 MG/5 ML SOLUTION	02512
RESCON-GUAIFEN LIQUID	54250
RESPIRE-30 CAPSULE	13255
ROBAFEN 100 MG/5 ML SYRUP	02512
RU-HIST D 10-4 MG TABLET	96609
RYNEX PE LIQUID	27207
RYNEX PSE LIQUID	12933
SILTUSSIN SA 100 MG/5 ML SYR	02512
SM TUSSIN 100 MG/5 ML LIQUID	02512
STAHIST AD LIQUID	31771
STAHIST AD TABLET	31036
TUSSIN 100 MG/5 ML SYRUP	02512



Cough and Cold Medications

Table A

Clinical Edit Criteria Logic

1. Is the client greater than or equal to (\geq) 2 years and less than ($<$) 4 years of age?
 Yes – Deny
 No – Approve (30 days)

**Claims for cough and cold products for clients less than 2 years of age are not covered by Texas Medicaid. Prior authorization for these agents will not be accepted.*

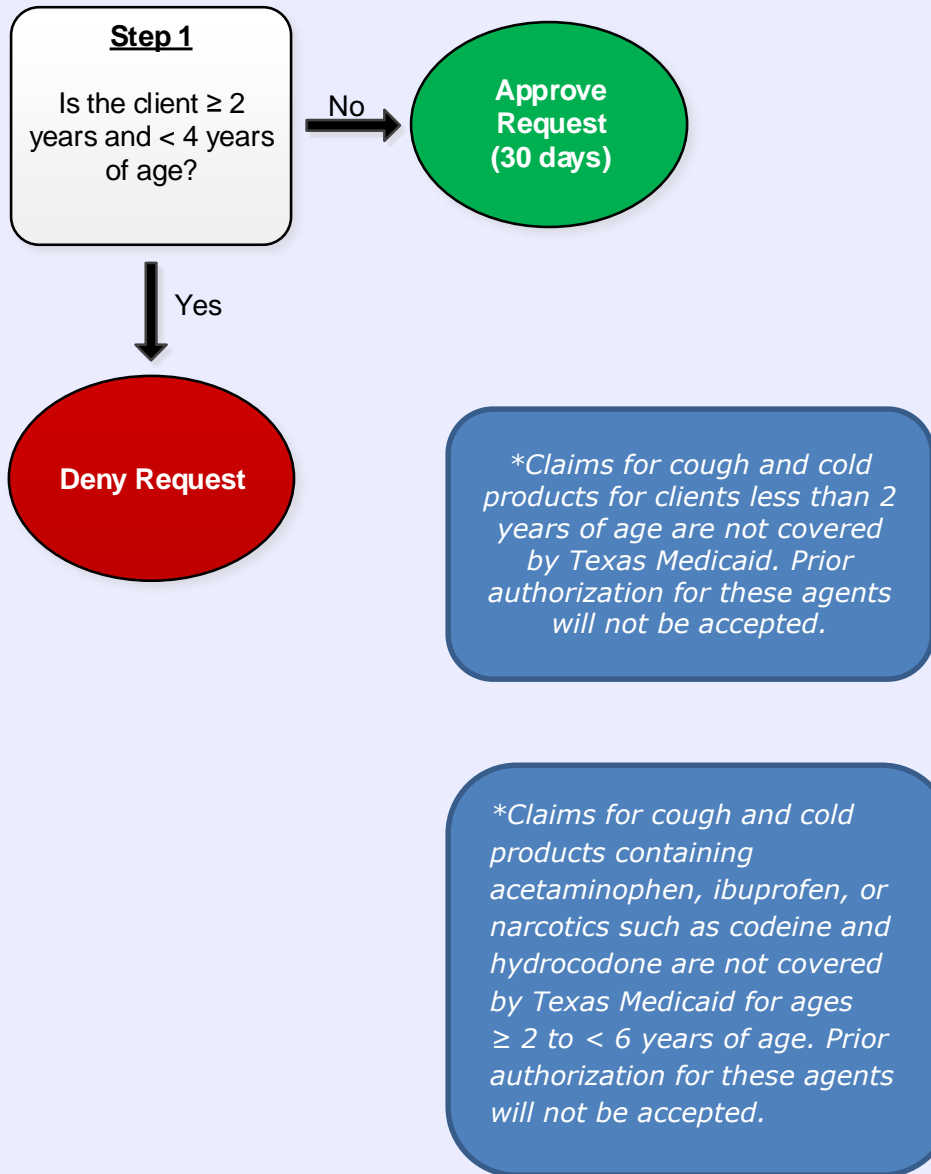
**Claims for cough and cold products containing acetaminophen, ibuprofen, or narcotics such as codeine and hydrocodone are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age. Prior authorization for these agents will not be accepted.*



Cough and Cold Medications

Table A

Clinical Edit Criteria Logic Diagram





Cough and Cold Medications

Table B

Drugs Requiring Prior Authorization for Children Ages ≥ 2 to < 6 Years

NOTE: Claims for cough and cold products containing acetaminophen, ibuprofen, or narcotics such as codeine and hydrocodone are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age. Prior authorization for these agents will not be accepted.

NOTE: Claims for cough and cold products for clients less than 2 years of age are not covered by Texas Medicaid. Prior authorization for these agents will not be accepted.

Table B	
Drugs Requiring Prior Authorization for Children ≥ 2 to < 6 Years of Age	
Label Name	GCN
ALA-HIST DEXTROMETHORPHAN LIQUID	99356
ALLFEN DEXTROMETHORPHAN TABLET	23807
AP-HIST DEXTROMETHORPHAN LIQUID	99356
BROMFED DEXTROMETHORPHAN COUGH SYRUP	96136
BROMPHENIR-PSEUDOEPHEDRINEED-DEXTROMETHORPHAN SYR	96316
BROTAPP DEXTROMETHORPHAN LIQUID	12934
CHILD DELSYM COUGH+CHEST DEXTROMETHORPHAN LQ	53497
CHILD MUCINEX CONGEST-COUGH LQ	28875
CHILD MUCINEX MULTI-SYMPTOM LQ	28875
CHILDREN COLD & COUGH DEXTROMETHORPHAN ELIXI	26808
CHILDREN'S MUCINEX COUGH LIQ	53497
DALLERGY 1-2.5 MG/ML DROPS	28105
DALLERGY 1-5 MG TABLET	35589
DECONEX DEXTROMETHORPHANX TABLET	99656
DELSYM COUGH+CHEST CNGST DEXTROMETHORPHAN LQ	53497
DIMAPHEN DEXTROMETHORPHAN ELIXIR	26808
ED A-HIST DEXTROMETHORPHAN TABLET	37388
ED A-HIST LIQUID	14148
ED CHLORPED D PEDIATRIC DROPS	30033
ED-A-HIST 4 MG-10 MG TABLET	25462
ED-A-HIST DEXTROMETHORPHAN LIQUID	19347
ED-CHLORTAN 4 MG TABLET	46512
ENDACOF-DEXTROMETHORPHAN LIQUID	26808
EXTRA ACTION COUGH SYRUP	53495
GUAIFENESIN ER 600 MG TABLET	35905
HISTEX-DEXTROMETHORPHAN SYRUP	36311
IOPHEN DEXTROMETHORPHAN-NR LIQUID	53491

Table B	
Drugs Requiring Prior Authorization for Children ≥ 2 to < 6 Years of Age	
Label Name	GCN
KIDKARE COUGH & COLD LIQUID	96138
LOHIST PEB DEXTROMETHORPHAN LIQUID	18314
LOHIST-D LIQUID	44021
LOHIST-DEXTROMETHORPHAN SYRUP	15947
LORTUSS DEXTROMETHORPHAN LIQUID	29565
MAXIPHEN DEXTROMETHORPHAN TABLET	99499
M-END DEXTROMETHORPHANX LIQUID	30801
MUCINEX COUGH MINI-MELT PACK	99068
MUCINEX D ER 1,200-120 MG TAB	89731
MUCINEX D ER 600-60 MG TABLET	54980
MUCINEX DEXTROMETHORPHAN ER 1,200-60 MG TAB	99067
MUCINEX DEXTROMETHORPHAN ER 600-30 MG TABLET	53550
MUCINEX ER 1,200 MG TABLET	98863
MUCINEX ER 600 MG TABLET	35905
MUCINEX FAST-MAX CONGEST-COUGH	28875
MUCINEX FAST-MAX DEXTROMETHORPHAN MAX LIQUID	53497
MUCINEX SINUS-MAX NASAL SPRAY	34062
MUCUS ER 600 MG TABLET	35905
NASAL DECONGESTANT 0.05% SPRAY	34062
NASOPEN PE LIQUID	32676
NINJACOF LIQUID	37227
NOHIST-DEXTROMETHORPHAN LIQUID	19347
NOHIST-LQ LIQUID	14148
NRS-NASAL RELIEF NOSE SPRAY	34062
PEDIATRIC COUGH-COLD LIQUID	96138
PHENYLEPHRINE-PYRILAMINE 10-25	28978
POLY-HIST DEXTROMETHORPHAN LIQUID	34835
POLY-HIST PD LIQUID	34839
POLY-VENT DEXTROMETHORPHAN TABLET	34799
PRO-CHLO LIQUID	30674
PROMETHAZINE-DEXTROMETHORPHAN SYRUP	13975
Q-TUSSIN DEXTROMETHORPHAN SYRUP	53495
RESCON TABLET	31879
RESCON-DEXTROMETHORPHAN LIQUID	93335
ROBAFEN CF LIQUID	53090
ROBAFEN DEXTROMETHORPHAN COUGH LIQUID	53491
ROBAFEN-DEXTROMETHORPHAN SYRUP	53495
RYMED TABLET	28476
RYNEX DEXTROMETHORPHAN LIQUID	26808
SILTUSSIN DEXTROMETHORPHAN COUGH SYRUP	53495
SM NASAL SPRAY 0.05%	34070

Table B	
Drugs Requiring Prior Authorization for Children ≥ 2 to < 6 Years of Age	
Label Name	GCN
SM NASAL SPRAY 0.05%	34062
SM TUSSIN DEXTROMETHORPHAN SYRUP	53495
SUDOGEST SINUS & ALLERGY TAB	44023
TUSSIN DEXTROMETHORPHAN CLEAR LIQUID	53495
TUSSIN DEXTROMETHORPHAN SYRUP	53495
VANACOF DEXTROMETHORPHAN LIQUID	34782
VANACOF LIQUID	99788
VANACOF-8 LIQUID	34789
VIRDEC DEXTROMETHORPHAN DROPS	25730
VIRDEC DROPS	25731



Cough and Cold Medications

Table B

Clinical Edit Criteria Logic

1. Is the client greater than or equal to (\geq) 2 years and less than ($<$) 6 years of age?

Yes – Deny

No – Approve (30 days)

**Claims for cough and cold products for clients less than 2 years of age are not covered by Texas Medicaid. Prior authorization for these agents will not be accepted.*

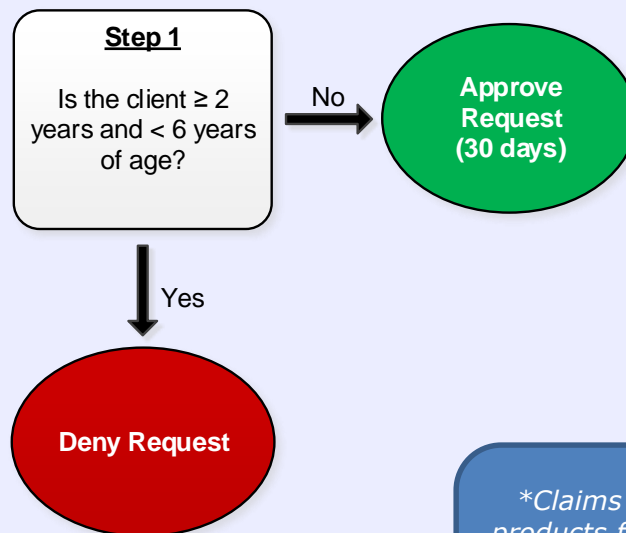
**Claims for cough and cold products containing acetaminophen, ibuprofen, or narcotics such as codeine and hydrocodone are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age. Prior authorization for these agents will not be accepted.*



Cough and Cold Medications

Table B

Clinical Edit Criteria Logic Diagram



**Claims for cough and cold products for clients less than 2 years of age are not covered by Texas Medicaid. Prior authorization for these agents will not be accepted.*

**Claims for cough and cold products containing acetaminophen, ibuprofen, or narcotics such as codeine and hydrocodone are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age. Prior authorization for these agents will not be accepted.*



Cough and Cold Medications

Table C

Drugs Requiring Prior Authorization for Children Ages ≥ 2 to < 10 Years

NOTE: Claims for cough and cold products containing acetaminophen, ibuprofen, or narcotics such as codeine and hydrocodone are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age. Prior authorization for these agents will not be accepted.

NOTE: Claims for cough and cold products for clients less than 2 years of age are not covered by Texas Medicaid. Prior authorization for these agents will not be accepted.

Table C	
Drugs Requiring Prior Authorization for Children ≥ 2 to < 10 Years of Age	
Label Name	GCN
BENZONATATE 100 MG CAPSULE	29840
BENZONATATE 200 MG CAPSULE	93007
ZONATUSS 150 MG CAPSULE	28229



Cough and Cold Medications

Table C

Clinical Edit Criteria Logic

1. Is the client greater than or equal to (\geq) 2 years and less than ($<$) 10 years of age?
 Yes – Deny
 No – Approve (30 days)

**Claims for cough and cold products for clients less than 2 years of age are not covered by Texas Medicaid. Prior authorization for these agents will not be accepted.*

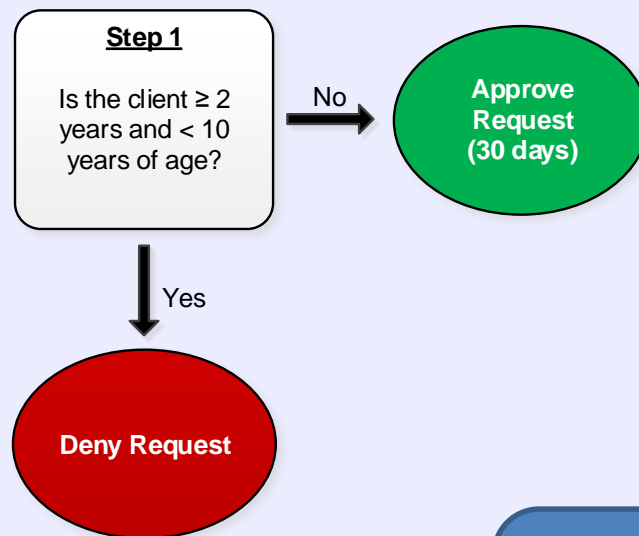
**Claims for cough and cold products containing acetaminophen, ibuprofen, or narcotics such as codeine and hydrocodone are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age. Prior authorization for these agents will not be accepted.*



Cough and Cold Medications

Table C

Clinical Edit Criteria Logic Diagram



**Claims for cough and cold products for clients less than 2 years of age are not covered by Texas Medicaid. Prior authorization for these agents will not be accepted.*

**Claims for cough and cold products containing acetaminophen, ibuprofen, or narcotics such as codeine and hydrocodone are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age. Prior authorization for these agents will not be accepted.*



Cough and Cold Medications

Table D

Drugs Requiring Prior Authorization for Children Ages ≥ 6 to < 12 Years

NOTE: Claims for cough and cold products containing acetaminophen, ibuprofen, or narcotics such as codeine and hydrocodone are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age. Prior authorization for these agents will not be accepted.

NOTE: Claims for cough and cold products for clients less than 2 years of age are not covered by Texas Medicaid. Prior authorization for these agents will not be accepted.

Table D	
Drugs Requiring Prior Authorization for Children ≥ 6 to < 12 Years of Age	
Label Name	GCN
CHERATUSSIN AC SYRUP	91713
CHERATUSSIN DAC SYRUP	54670
CODEINE-GUAIFEN 10-100 MG/5 ML	91713
ENDACOF-C LIQUID	99747
GUAIAIATUSSIN AC LIQUID	91713
GUAIFENESIN AC COUGH SYRUP	91713
GUAIFENESIN-CODEINE SYRUP	91713
HYDROCOD-CPM-PSEUDOEP 5-4-60/5ML	30047
HYDROCOD-HOMATROP 5-1.5 MG TAB	96041
HYDROCODONE-CHLORPHEN ER SUSP	13974
HYDROCODONE-HOMATROPINE SYRUP	13973
HYDROMET SYRUP	13973
IOPHEN-C NR LIQUID	91713
LORTUSS EX LIQUID	54670
M-END MAX D LIQUID	30764
M-END WC LIQUID	99559
NINJACOF-XG LIQUID	30677
PHENYLHISTINE DH LIQUID	14266
POLY-TUSSIN D LIQUID	29068
POLY-TUSSIN LIQUID	29077
PRO-CLEAR AC SYRUP	13257
PROMETHAZINE VC-CODEINE SYRUP	13978
PROMETHAZINE-CODEINE SYRUP	13971
REZIRA SOLUTION	92058
TUSSIONEX PENNKINETIC SUSP	13974
VIRTUSSIN AC LIQUID	91713
VITUZ SOLUTION	34254
ZUTRIPRO SOLUTION	30047



Cough and Cold Medications

Table D

Clinical Edit Criteria Logic

1. Is the client greater than or equal to (\geq) 6 years and less than ($<$) 12 years of age?
 Yes – Deny
 No – Approve (30 days)

**Claims for cough and cold products for clients less than 2 years of age are not covered by Texas Medicaid. Prior authorization for these agents will not be accepted.*

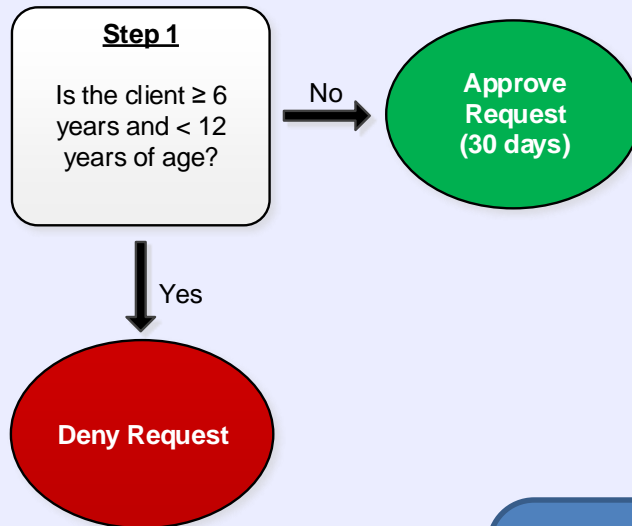
**Claims for cough and cold products containing acetaminophen, ibuprofen, or narcotics such as codeine and hydrocodone are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age. Prior authorization for these agents will not be accepted.*



Cough and Cold Medications

Table D

Clinical Edit Criteria Logic Diagram



**Claims for cough and cold products for clients less than 2 years of age are not covered by Texas Medicaid. Prior authorization for these agents will not be accepted.*

**Claims for cough and cold products containing acetaminophen, ibuprofen, or narcotics such as codeine and hydrocodone are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age. Prior authorization for these agents will not be accepted.*



Cough and Cold Medications

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Cough and Cold Medications

Publication History

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
07/23/2015	Presented to DUR Board
08/06/2015	Initial publication and posting to website
11/03/2015	Drugs Requiring PA – lists updated