



TEXAS MEDICAID

Clinical Edit Prior Authorization

Cough and Cold Medications - Table C

STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING	
Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:
STEP 2: CLINICAL PRIOR AUTHORIZATION CRITERIA	
<input type="checkbox"/> Indicate Primary Diagnosis: _____ ICD 10 Code: _____	
1. Is the client greater than or equal to (\geq) 2 years* and less than ($<$) 10 years of age? <input type="checkbox"/> Yes (Deny) <input type="checkbox"/> No (Approve for 30 days)	
<p>* Claims for cough and cold products for clients less than 2 years of age are not covered by Texas Medicaid. Claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages \geq 2 to $<$ 6 years of age. Cough and cold products containing opioids are not covered by Texas Medicaid for ages $<$ 18. Prior authorization for these agents will not be accepted.</p>	
STEP 3: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553	
Prescriber Signature: _____ Date: _____	

If criteria not met, submit chart documentation with form citing complex medical circumstances.
 For questions, please call Navitus Customer Care at 1-877-908-6023.

Table C	
**The listed products may not indicate formulary coverage. To check current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search	
Label Name	GCN
BENZONATATE 100 MG CAPSULE	29840
BENZONATATE 150 MG CAPSULE	28229
BENZONATATE 200 MG CAPSULE	93007