

**Texas Prior Authorization Program
Clinical Criteria**

Cough/Cold Medications

NOTE:

- *Claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages ≥ 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.*
- *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 Criteria 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 criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **References:** clinical publications and sources relevant to this clinical criteria

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

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

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

Cough and Cold Medications (Table D – drugs requiring prior authorization for children ages ≥ 2 to < 12 years of age)

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

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

Revision Notes

Added GCNs for Children's Dayclear allergy cough and Vanacof DMX to Table B, pages 8-10



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 or ibuprofen are not covered by Texas Medicaid for ages ≥ 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.
- 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.
- The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

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 LIQUID	35393
COUGH SYRUP 200 MG/10 ML	02512
DECONEX IR TABLET	42022
DIMAPHEN ELIXIR	27207
ED BRON GP LIQUID	54250
ED-A-HIST PSE TABLET	96445
ED CHLORPED D PEDIATRIC DROPS	30033
GUAIFENESIN 100 MG/5 ML SYRUP	02512
HISTEX-PE SYRUP	29581
IOPHEN NR LIQUID	02512
KID'S MUCINEX MINI-MELTS PACK	97123
LODRANE D CAPSULE	30766
LORTUSS LQ LIQUID	29564
MAXIPHEN TABLET	97358

Table A	
Drugs Requiring Prior Authorization for Children ≥ 2 to < 4 Years of Age	
Label Name	GCN
MUCUS RELIEF 400 MG TABLET	18906
MUCUS RELIEF SINUS TABLET	97358
NOSE DROPS	34186
ORGAN-I NR 200 MG TABLET	02482
POLY-HIST PD LIQUID	34839
POLY-VENT IR TABLET	34787
PROMETHAZINE VC SYRUP	13977
Q-TUSSIN 100 MG/5 ML SOLUTION	02512
RESCON-GG LIQUID	54250
RESPAIRE-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
STAHIST AD LIQUID	31771
STAHIST AD TABLET	31036
TUSSIN 100 MG/5 ML SYRUP	02512



Cough and Cold Medications

Table A

Clinical 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)

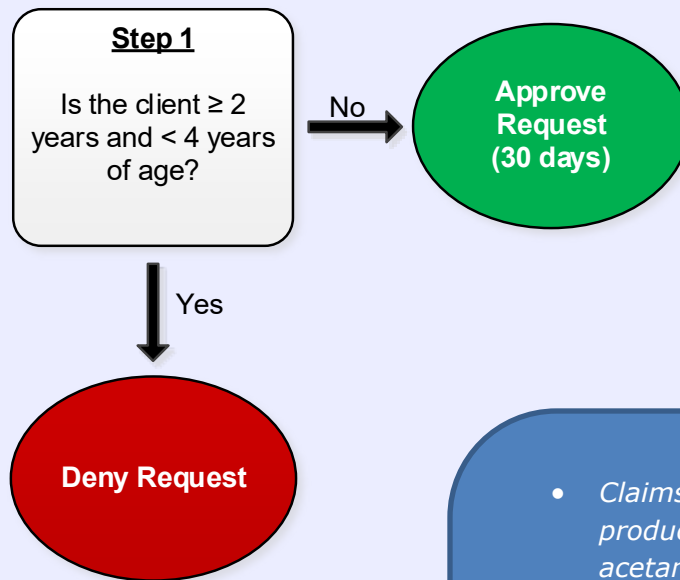
- *Claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age.*
- *Cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18 . Prior authorization for these agents will not be accepted.*
- *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.*



Cough and Cold Medications

Table A

Clinical Criteria Logic Diagram



- Claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages ≥ 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.
- 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.



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 or ibuprofen are not covered by Texas Medicaid for ages ≥ 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.
- 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.
- The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Table B	
Drugs Requiring Prior Authorization for Children ≥ 2 to < 6 Years of Age	
Label Name	GCN
ALA-HIST DM LIQUID	99356
ALAHIST CF TABLET	43882
ALAHIST DM LIQUID	42443
ALLFEN DM TABLET	23807
AP-HIST DM LIQUID	99356
BROMFED DM COUGH SYRUP	96136
BROMPHENIR-PSEUDOEPHED-DM SYR	96136
BROTAPP DM LIQUID	12934
CHILD DELSYM COUGH 30 MG/5 ML	17802
CHILD DELSYM COUGH+CHEST DM LQ	53497
CHILD MUCINEX CONGEST-COUGH LQ	28875
CHILD MUCINEX MULTI-SYMPTOM LQ	28875
CHILDREN COLD & COUGH DM ELIXI	26808
CHILDRENS DAYCLEAR ALLERGY COUGH	47677
CHILDREN'S MUCINEX COUGH LIQ	53497
COUGH DM 30 MG/5 ML SUSPENSION	17802
DALLERGY 1-2.5 MG/ML DROPS	28105
DALLERGY 1-5 MG TABLET	35589
DECONEX DMX TABLET 17.5-400-10 MG TAB	46479
DECONEX DMX TABLET 17.5-385-10 MG TAB	42056
DELSYM 30 MG/5 ML SUSPENSION	17802
DEXTROMETHORPHAN ER 30 MG/5 ML	17802
DIMAPHEN DM ELIXIR	26808
ED A-HIST DM TABLET	37388
ED A-HIST LIQUID	14148

Table B	
Drugs Requiring Prior Authorization for Children ≥ 2 to < 6 Years of Age	
Label Name	GCN
ED-A-HIST 4 MG-10 MG TABLET	25462
ED-A-HIST DM LIQUID	19347
ENDACOF-DM LIQUID	26808
EXTRA ACTION COUGH SYRUP	53495
HISTEX-DM SYRUP	36311
IOPHEN DM-NR LIQUID	53491
KIDKARE COUGH & COLD LIQUID	96138
LOHIST-D LIQUID	44021
LOHIST-DM SYRUP	15847
LORTUSS DM LIQUID	29565
MAXIPHEN DM TABLET	99499
M-END DMX LIQUID	30801
M-HIST DM LIQUID	99356
MUCINEX COUGH MINI-MELT PACK	99068
MUCINEX SINUS-MAX NASAL SPRAY	34062
NASAL DECONGESTANT 0.05% SPRAY	34062
NASOPEN PE LIQUID	32676
NINJACOF LIQUID	37227
NOHIST-DM LIQUID	19347
NOHIST-LQ LIQUID	14148
PEDIATRIC COUGH-COLD LIQUID	96138
PHENYLEPHRINE-PYRILAMINE 10-25	28978
POLY-HIST DM LIQUID	34835
POLY HIST FORTE 10.5-10 MG TAB	46499
POLY HIST FORTE 7.5-10 MG TAB	35587
POLYTUSSIN DM SYRUP	44218
POLY-VENT DM TABLET	34799
PROMETHAZINE-DM SYRUP	13975
Q-TUSSIN DM SYRUP	53495
RESCON-DM LIQUID	93335
ROBAFEN CF LIQUID	53090
ROBAFEN DM CGH-CHEST CONG SYRUP	53495
ROBAFEN DM COUGH LIQUID	53491
ROBAFEN-DM SYRUP	53495
RYMED TABLET	28476
RYNEX DM LIQUID	26808
SILTUSSIN DM COUGH SYRUP	53495
SILTUSSIN DM DAS LIQUID	53491
SM TUSSIN DM LIQUID	53491
SM TUSSIN DM SYRUP	53495
SM NASAL SPRAY 0.05%	34062
TUSSIN DM CLEAR LIQUID	53495
TUSSIN DM LIQUID	53491
TUSSIN DM SYRUP	53495
VANACOF DM LIQUID	34782

Table B	
Drugs Requiring Prior Authorization for Children ≥ 2 to < 6 Years of Age	
Label Name	GCN
VANACOF DMX 18-396-10 MG/15 ML	47463
VANACOF LIQUID	99788
VANACOF-8 LIQUID	34789
VANATAB AC CAPLET	43608
VANATAB DM CAPLET	43602



Cough and Cold Medications

Table B

Clinical 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)

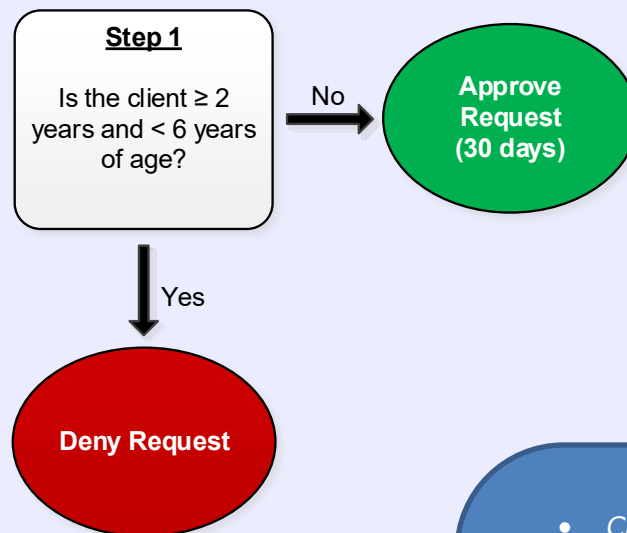
- *Claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age.*
- *Cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18 . Prior authorization for these agents will not be accepted.*
- *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.*



Cough and Cold Medications

Table B

Clinical Criteria Logic Diagram



- Claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages ≥ 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.
- 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.



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 or ibuprofen are not covered by Texas Medicaid for ages ≥ 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.*
- *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.*
- *The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.*

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



Cough and Cold Medications

Table C

Clinical 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)

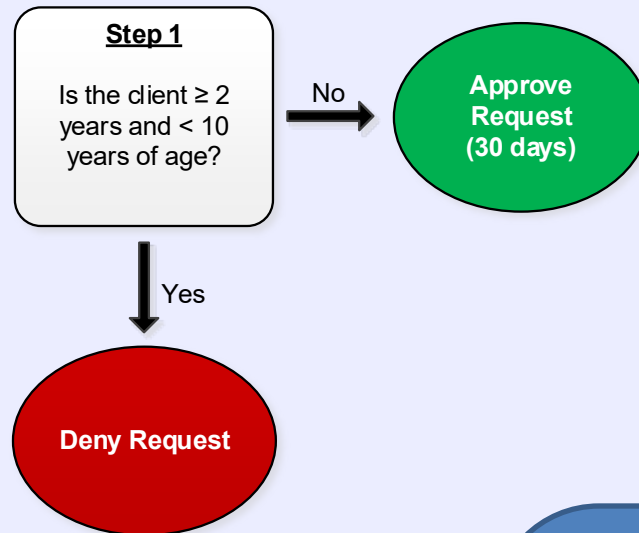
- *Claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age.*
- *Cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18 . Prior authorization for these agents will not be accepted.*
- *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.*



Cough and Cold Medications

Table C

Clinical Criteria Logic Diagram



- Claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages ≥ 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.
- 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.



Cough and Cold Medications

Table D

Drugs Requiring Prior Authorization for Children Ages ≥ 2 to < 12 Years

NOTE:

- Claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages ≥ 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.
- 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.
- The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

Table D	
Drugs Requiring Prior Authorization for Children ≥ 2 to < 12 Years of Age	
Label Name	GCN
DELSYM COUGH + CHEST CONGST DM LQ	53497
GUAIFENESIN ER 1,200 MG TABLET	98863
GUAIFENESIN/PSE ER 600-60 MG	54980
MUCINEX D ER 1,200-120 MG TABLET	89731
MUCINEX D ER 600-60 MG TABLET	54980
MUCINEX DM ER 1,200-60 MG TAB	93677
MUCINEX DM ER 600-30 MG TABLET	53550
MUCINEX ER 1,200 MG TABLET	98863
MUCINEX ER 600 MG TABLET	35905
MUCINEX FAST-MAX CONGEST-COUGH	36254
MUCINEX FAST-MAX DM MAX LIQUID	53497
RESCON TABLET	31879
ROBAFEN COUGH 15 MG LIQUIDGEL	17770
SUDOGEST SINUS & ALLERGY TAB	44023



Cough and Cold Medications

Table D

Clinical Criteria Criteria Logic

1. Is the client greater than or equal to (\geq) 2 years and less than ($<$) 12 years of age?

Yes – Deny

No – Approve (30 days)

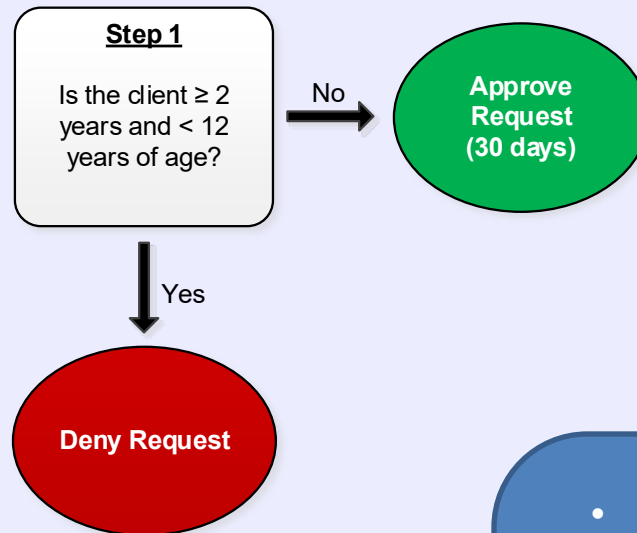
- *Claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age.*
- *Cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18 . Prior authorization for these agents will not be accepted.*
- *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.*



Cough and Cold Medications

Table D

Clinical Criteria Logic Diagram



- Claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages ≥ 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.
- 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.



Cough and Cold Medications

Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2015. Available at www.clinicalpharmacology.com. Accessed on March 9, 2015.
2. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on March 9, 2015.
3. Facts and Comparisons [online database]. Available at www.online.factsandcomparisons.com. Accessed on March 9, 2015.
4. 2015 ICD-9-CM Diagnosis Codes, Volume 1. 2015. Available at www.icd9data.com. Accessed on March 9, 2015.
5. 2015 ICD-10-CM Diagnosis Codes, Volume 1. 2015. Available at www.icd10data.com. Accessed on March 9, 2015.
6. Srinivasan A, Budnitz D, Shehab N, Cohen A. CDC. (2007, January 12). Infant Deaths Associated with Cough and Cold Medications. Retrieved October 14, 2014, from www.cdc.gov.
7. CDC Study Estimates 7,000 Pediatric Emergency Departments Visits Linked to Cough and Cold Medication. (2008, January 28). Retrieved October 16, 2014, from www.cdc.gov.
8. COMMITTEE ON DRUGS, 1996 TO 1997, C. (1997, June 1). Use of Codeine- and Dextromethorphan-Containing Cough Remedies in Children. Retrieved October 13, 2014, from www.pediatrics.aappublication.org.
9. Cold and Cough Medicines: Information for Parents. (2009, January 14). Retrieved October 14, 2014, from www.cdc.gov.
10. Cough and Cold Medications Over-The-Counter (OTC). (2009, February 1). Retrieved October 17, 2014, from www.nationwidechildrens.org.
11. Fashner J, Ericson K, Werner S. (2012, July 15). Treatment of the Common Cold in Children and Adults. Retrieved October 14, 2014, from www.aafp.org.
12. Guirguis-Blake, J. (2008, July 8). Over-the-Counter Medications for Acute Cough Symptoms. Retrieved October 13, 2014, from www.aafp.org.
13. Hampton L, Nguyen D, Edwards J, Budnitz D. (2013, November 11). Cough and Cold Medication Adverse Events After Market Withdrawal and Labeling Revision. Retrieved October 13, 2014, from www.pediatrics.aappublications.org.

14. Mazer-Amirshahi M, Reid N, van den Anker J, Litovitz J. (2013, June 14). Effect of cough and cold medication restriction and label changes on pediatric ingestions reported to United States poison centers. Retrieved October 14, 2014, from www.ncbi.nlm.nih.gov.
15. Mazer-Amirshahi M. (2014, December 1). Warnings have little impact on use of OTC cold medicines. Retrieved December 11, 2014, from www.aapnews.aappublications.org.
16. OTC Cough and Cold Products: Not For Infants and Children Under 2 Years of Age. (2008, January 17). Retrieved October 14, 2014, from www.fda.gov.
17. Preidt R. (2014, November 26). Steer Clear of Cold Meds for Babies, FDA Advises. Retrieved December 9, 2014, from www.consumer.healthday.com.
18. Revised Product Labels for Pediatric Over-the-Counter Cough and Cold Medicines. (2008, October 21). Retrieved October 14, 2014, from www.cdc.gov.
19. Schaefer M, Shehab N, Cohen A, Budnitz D. (2008, April 1). Adverse Events From Cough and Cold Medications in Children. Retrieved October 14, 2014, from www.pediatrics.aappublications.org.
20. Shehab N, Schaefer M, Kegler S, Budnitz D. (2010, November 22). Adverse Events From Cough and Cold Medications After a Market Withdrawal of Products Labeled for Infants. Retrieved October 13, 2014, from www.pediatrics.aappublications.org.
21. Withdrawal of Cold Medicines: Addressing Parent Concerns. (n.d.). Retrieved October 14, 2014, from www.aap.org.
22. 2013 Annual Report of the American Association of Poison Control Centers' National Poison Data System (NPDS): 31st Annual Report.
23. Use of codeine- and dextromethorphan-containing cough remedies in children. American Academy of Pediatrics. Committee on Drugs. Pediatrics 1997; 99:918.
24. Mazer-Amirshahi M, Rasooly I, Brooks G, Pines J, May L, van den Anker J. The impact of pediatric labeling changes on prescribing patterns of cough and cold medications. J Pediatr 2014; 165:1024-8.
25. Dart RC, Paul IM, Bond GR, et al. Pediatric fatalities associated with over the counter (nonprescription) cough and cold medications. Ann Emerg Med. 2009;53:411-417.
26. Shields MD, Bush A, Everard ML, et al. BTS guidelines: recommendations for the assessment and management of cough in children. Thorax 2008;63(Suppl 3): iii1e15

27. Yang M, So TY. Revisiting the safety of over-the-counter cough and cold medications in the pediatric population. *Clin Pediatr (Phila)* 2014;53:326-30.
28. Codeine. Poisindex. (Micromedex)
29. Fashner J., Ericson K., Werner S. (2012). Treatment of the common cold in children and adults. *Am. Fam. Phys.* 86 153–159
30. Texas Poison Center Network. Reported cough/cold product ingestions among patient 0-6 years. (Non-exposures and calls from outside of Texas have been excluded.)
31. Linn KA, Long MT, Pagel PS. "Robo-Tripping": Dextromethorphan Abuse and its Anesthetic Implications. *Anesth Pain Med.* 2014 December; 4(5):e20990.
32. Guidelines for Evaluating Chronic Cough in Pediatrics: ACCP Evidence-Based Clinical Practice Guidelines. *Chest.* 2006;129(1_suppl):260S-283S.
33. U.S. Food and Drug Administration (FDA). Drug Safety Communication. FDA restricts use of prescription codeine pain and cough medicines and tramadol pain medicines in children; recommends against use in breastfeeding women. Available at www.fda.gov. April 20, 2017.
34. U.S. Food and Drug Administration (FDA). Drug Safety Podcasts. FDA requires labeling changes for prescription opioid cough and cold medicines to limit their use to adults 18 years and older. Available at www.fda.gov. January 11, 2018.



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
01/20/2017	GCNs for Cough Syrup and Deconex IR added to Table A, page 3 GCN for J-Tan D PD Drops updated in Table A, page 3 GCNs for Alahist DM and Deconex DM added to Table B, page 7 GCN for Mucinex Fast-Max Congest-Cough updated in Table B, page 8 GCNs for Flowtuss and Hycofenix added to Table D, page 15
08/03/2017	Added statement “Products containing codeine are not covered by Texas Medicaid for ages < 12” to notes sections of document Biannual review of cough and cold agents Updated references, page 21
02/12/2018	Biannual review of cough and cold agents Removed cough and cold agents containing hydrocodone that are no longer recommended for use in children less than 18 years of age. Updated statement to read: Claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age. Products containing opioids are not covered by Texas Medicaid for ages < 18. Prior authorization for these agents will not be accepted. Added GCNs for Alahist CF tablet, Poly Hist Forte tablet, Vanatab AC caplet and Vanatab DM caplet Removed GCNs for J-max syrup, J-tan PD drops and Rezira solution Reviewed dosing guidelines Updated references, page 21
03/26/2019	Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search .) on each ‘Drug Requiring PA’ table
09/26/2019	Added GCNs for Deconex DMX and Poly Hist Forte to drug table B

Publication Date	Notes
12/30/2019	Added GCN for Polytussin DM to drug table B
03/10/2020	Added GCNs for Children's Dayclear allergy cough and Vanacof DMX to Table B, pages 8-10