TEXAS MEDICAID
Clinical Edit Prior Authorization
Cough and Cold Medications - Table B

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: MEDICATION INFORMATION	
Medication Requested (Name):	Quantity Requested:
Dose Requested:	Dosing Instructions:

Patient's Primary Diagnosis: _____ ICD 10 Code: _____

Indicate the drug's formulary status: *(Formulary available at www.txvendordrug.com)

- ☐ Non-Preferred Drug **(NPD or NAP Status, Go to Step 3 - PDL PA Criteria Applies)**
- **OR** ☐ Preferred Drug **(Go to Step 4)**
- **OR** ☐ No Status, Drug is not in a Market Basket **(Go to Step 4)**
- **OR** ☐ N/A as this request is for a CHIP / PERINATE client **(Go to Step 4)**

STEP 3: PDL PRIOR AUTHORIZATION CRITERIA FOR NON-PREFERRED PRODUCT

1. Has the clients failed a 3-day treatment trial with at least 1 preferred agent in the last 180 days?

   ☐ Yes (Go to Step 4 Question 1) ☐ No (Go to #2)

2. Is there a documented allergy or contraindication to preferred agents in this class?

   ☐ Yes (Go to Step 4 Question 1) ☐ No (Go to #3)

3. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?

   ☐ Yes (Go to Step 4 Question 1) ☐ No (Deny)

STEP 4: CLINICAL PRIOR AUTHORIZATION CRITERIA

4. Is the client greater than or equal to (≥) 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. 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.***

STEP 5: 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 B	
The listed products may not indicate formulary coverage. To check current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search	
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
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
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
VANACOF LIQUID	99788
VANACOF-8 LIQUID	34789
VANATAB AC CAPLET	43608
VANATAB DM CAPLET	43602