

Clinical Pharmacy Program Guidelines for Cough and Cold Medications

Program	Prior Authorization
Medication	Cough and Cold Medications

1. Background:

Drugs Requiring Prior Authorization

ALA-HIST PE TABLET	MUCINEX COUGH MINI-MELT PACK
APRODINE TABLET	MUCINEX D ER 1,200-120 MG TAB
BROTAPP LIQUID	MUCINEX D ER 600-60 MG TABLET
CHEST CONGESTION RELIEF PE	MAXIPHEN DEXTROMETHORPHAN TABLET
CHEST CONGESTION RELIEF TABLET	M-END DEXTROMETHORPHANX LIQUID
CHL MUCINEX [®] CHEST CONGEST LIQ	MUCINEX COUGH MINI-MELT PACK
CHLD MUCINEX STUFFY NOSE-COLD	MUCINEX D ER 1,200-120 MG TAB
CHLO TUSS EX LIQUID	MUCINEX D ER 600-60 MG TABLET
CHLO TUSS LIQUID	MUCINEX DEXTROMETHORPHAN ER 600-30 MG TABLET
COUGH DEXTROMETHORPHAN ER 30 MG/5 ML SUSP	MUCINEX ER 1,200 MG TABLET
DECONEX IR TABLET	MUCINEX ER 600 MG TABLET
DELSYM [®] 30 MG/5 ML SUSPENSION	MUCINEX FAST-MAX CONGEST-COUGH
DEXTROMETHORPHAN ER 30 MG/5 ML	MUCINEX FAST-MAX DEXTROMETHORPHAN MAX LIQUID
DIMAPHEN ELIXIR	MUCINEX SINUS-MAX NASAL SPRAY
ED BRON GP LIQUID	MUCUS ER 600 MG TABLET
ED-A-HIST PSE TABLET	NASAL DECONGESTANT 0.05% SPRAY
EXEFEN IR TABLET	NASOPEN PE LIQUID
GUAIFENESIN 100 MG/5 ML SYRUP	NINJACOF LIQUID
HISTEX-PE SYRUP	NOHIST-DEXTROMETHORPHAN LIQUID
IOPHEN NR LIQUID	NOHIST-LQ LIQUID
J-MAX SYRUP	NRS-NASAL RELIEF NOSE SPRAY
J-TAN D PD DROPS	PEDIATRIC COUGH-COLD LIQUID
KID'S MUCINEX MINI-MELTS PACK	PHENYLEPHRINE-PYRILAMINE 10-25
LODRANE [®] D CAPSULE	POLY-HIST DEXTROMETHORPHAN LIQUID
LORTUSS LQ LIQUID	POLY-HIST PD LIQUID
MAXIPHEN TABLET	POLY-VENT DEXTROMETHORPHAN TABLET
MUCAPHED TABLET	PRO-CHLO LIQUID
MUCUS RELIEF 400 MG TABLET	PROMETHAZINE-DEXTROMETHORPHAN SYRUP
MUCUS RELIEF SINUS TABLET	Q-TUSSIN DEXTROMETHORPHAN SYRUP
NOSE DROPS	RESCON TABLET
ORGAN-I NR 200 MG TABLET	RESCON-DEXTROMETHORPHAN LIQUID
POLY-VENT IR TABLET	ROBAFEN CF LIQUID
PROMETHAZINE VC SYRUP	ROBAFEN DEXTROMETHORPHAN COUGH LIQUID
Q-TUSSIN 100 MG/5 ML SOLUTION	ROBAFEN-DEXTROMETHORPHAN SYRUP

RESCON-GUAIFEN LIQUID	RYMED TABLET
RESPIRE-30 CAPSULE	RYNEX DEXTROMETHORPHAN LIQUID
ROBAFEN 100 MG/5 ML SYRUP	SILTUSSIN DEXTROMETHORPHAN COUGHSYP
RU-HIST D 10-4 MG TABLET	SM NASAL SPRAY 0.05%
RYNEX PE LIQUID	SM NASAL SPRAY 0.05%
RYNEX PSE LIQUID	SM TUSSIN DEXTROMETHORPHAN SYRUP
SILTUSSIN SA 100 MG/5 ML SYR	SUDOGEST SINUS & ALLERGY TAB
SM TUSSIN 100 MG/5 ML LIQUID	TUSSIN DEXTROMETHORPHAN CLEAR LIQUID
STAHIST AD LIQUID	TUSSIN DEXTROMETHORPHAN SYRUP
STAHIST AD TABLET	VANACOF DEXTROMETHORPHAN LIQUID
TUSSIN 100 MG/5 ML SYRUP	VANACOF LIQUID
ALA-HIST DEXTROMETHORPHAN LIQUID	VANACOF-8 LIQUID
ALLFEN DEXTROMETHORPHAN TABLET	VIRDEC DEXTROMETHORPHAN DROPS
AP-HIST DEXTROMETHORPHAN LIQUID	VIRDEC DROPS
BROMFED DEXTROMETHORPHAN COUGH SYRUP	BENZONATATE 100 MG CAPSULE
BROMPHENIR-PSEUDOEPHEDRINEED- DEXTROMETHORPHAN SYR	BENZONATATE 200 MG CAPSULE
BROTAPP DEXTROMETHORPHAN LIQUID	ZONATUSS 150 MG CAPSULE
CHILD DELSYM COUGH+CHEST DEXTROMETHORPHAN LQ	CHERATUSSIN AC SYRUP
CHILD MUCINEX CONGEST-COUGH LQ	CHERATUSSIN DAC SYRUP
CHILD MUCINEX MULTI-SYMPTOM LQ	CODEINE-GUAIFEN 10-100 MG/5 ML
CHILDREN COLD & COUGH DEXTROMETHORPHAN ELIXI	ENDACOF-C LIQUID
CHILDREN'S MUCINEX COUGH LIQ	GUAIA TUSSIN AC LIQUID
DALLERGY 1-2.5 MG/ML DROPS	GUAIFENESIN AC COUGH SYRUP
DALLERGY 1-5 MG TABLET	GUAIFENESIN-CODEINE SYRUP
DECONEX DEXTROMETHORPHANX TABLET	HYDROCOD-CPM-PSEUDOEP 5-4-60/5ML
DELSYM COUGH+CHEST CNGST DEXTROMETHORPHAN LQ	HYDROCOD-HOMATROP 5-1.5 MG TAB
DIMAPHEN DEXTROMETHORPHAN ELIXIR	HYDROCODONE-CHLORPHEN ER SUSP
ED A-HIST DEXTROMETHORPHAN TABLET	HYDROCODONE-HOMATROPINE SYRUP
ED A-HIST LIQUID	HYDROMET SYRUP
ED CHLORPED D PEDIATRIC DROPS	IOPHEN-C NR LIQUID
ED-A-HIST 4 MG-10 MG TABLET	LORTUSS EX LIQUID
ED-A-HIST DEXTROMETHORPHAN LIQUID	M-END MAX D LIQUID
ED-CHLORTAN 4 MG TABLET	M-END WC LIQUID
ENDACOF-DEXTROMETHORPHAN LIQUID	NINJACOF-XG LIQUID
EXTRA ACTION COUGH SYRUP	PHENYLHISTINE DH LIQUID
GUAIFENESIN ER 600 MG TABLET	POLY-TUSSIN D LIQUID
HISTEX-DEXTROMETHORPHAN SYRUP	POLY-TUSSIN LIQUID
IOPHEN DEXTROMETHORPHAN-NR LIQUID	PRO-CLEAR AC SYRUP
KIDKARE COUGH & COLD LIQUID	PROMETHAZINE VC-CODEINE SYRUP
LOHIST PEB DEXTROMETHORPHAN LIQUID	PROMETHAZINE-CODEINE SYRUP
LOHIST-D LIQUID	REZIRA [®] SOLUTION

LOHIST-DEXTROMETHORPHAN SYRUP	TUSSIONEX PENNKINETIC SUSP
LORTUSS DEXTROMETHORPHAN LIQUID	VIRTUSSIN AC LIQUID
MAXIPHEN DEXTROMETHORPHAN TABLET	VITUZ [®] SOLUTION
M-END DEXTROMETHORPHANX LIQUID	ZUTRIPRO [®] SOLUTION

2. Coverage Criteria:

A. Authorization Criteria

1. The patient is at least 2 years of age.

Authorization will be issued for 30 days.

Program	Program type – Prior Authorization
Change Control	
Date	Change
August 1, 2016	New program