

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class

Cough and Cold Medications

NOTE:

- The FDA 05/18/2018 Special Features publication on Safety Information for Parents and Caregivers states that cough and cold products that contain a decongestant or antihistamine should not be given to children under 2 years of age because serious and possibly life-threatening side effects could occur. Therefore, 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 Food and Drug Administration (FDA) has issued an advisory to consumers about using cough and cold medicines with multiple ingredients in pediatric patients due to the risk of accidental overdose. For safety purposes, claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age.
- In January 2018, the FDA issued a safety announcement requiring labeling changes for prescription cough and cold products containing codeine or hydrocodone to limit the use of these products to adults aged 18 years and older. Cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18 . 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

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

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

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

Cough and Cold Medications (Table E – Products Containing Opioids)

- [Drugs Containing Opioids](#): the list of drugs containing opioids

Cough and Cold Medications (Table F – Products Containing Acetaminophen or Ibuprofen)

- [Drugs Containing Acetaminophen or Ibuprofen](#): the list of drugs containing acetaminophen or ibuprofen

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

Revision Notes

Added GCNs for All Day Sinus-Cold (17708) to Table B, Cold-Sinus (92250, 21827) to Tables F and D respectively, Children's Cold and Cough (57197) to Table B, and Cough-Cold HBP (96140) to Table D

Cough and Cold Medications**Table A****Drugs Requiring Prior Authorization for Children Ages****≥ 2 to < 4 Years**

The listed GCNs may not be an indication of Texas 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
APRODINE TABLET	96445
CHEST CONGESTION RELIEF SOLN	02512
CHEST CONGEST RLF 400 MG TAB	18906
CHEST CONG RLF PE 400-10 MG TB	97358
CHILD COLD-ALLERGY LIQUID	27207
CHILD MUCINEX CHEST 100 MG PACKET	97123
CHILD COUGH DM ER 30 MG/5 ML	17802
CHLO TUSS LIQUID	35393
COUGH DM ER 30 MG/5 ML SUSP	17802
DECONEX IR 385-10 MG TABLET	42022
DEXBROMPHENIR-PHENYLEPH 2-10MG	28379
DEXTROMETHORPHAN ER 30 MG/5 ML	17802
ED BRON GP LIQUID	54250
GUAIFENESIN 100 MG/5 ML SOLN	02512
HISTEX-PE SYRUP	29581
MAXI-TUSS PE LIQUID	96603
MAXI-TUSS PE MAX LIQUID	54250

Table A**Drugs Requiring Prior Authorization for Children \geq 2 to < 4 Years of Age**

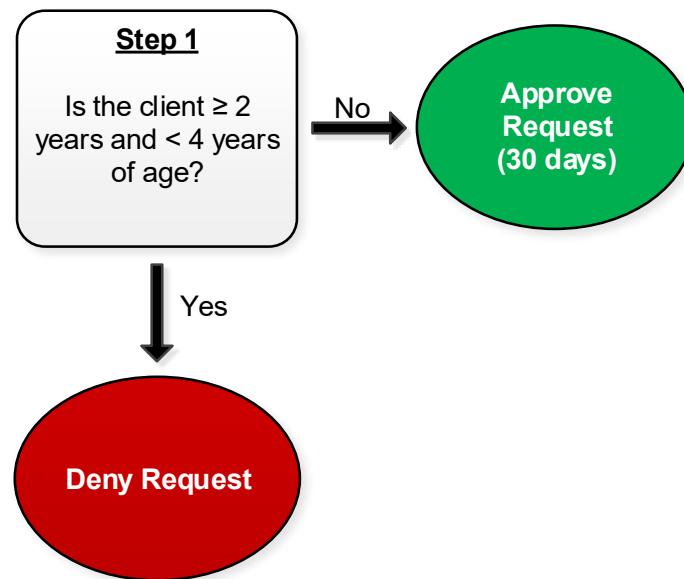
Label Name	GCN
MUCUS RELIEF 400 MG TABLET	18906
MUCUS RELIEF PE TABLET	97358
MUCUS-CHEST CONG 200 MG/10 ML	02512
POLY-VENT IR TABLET	34787
RESCON-GG LIQUID	54250
ROBAFEN 100 MG/5 ML SYRUP	02512
RU-HIST D 10-4 MG TABLET	96609
RYNEX PE LIQUID	27207
RYNEX PSE LIQUID	12933
STAHIIST AD TABLET	31036

PAxPRESS™**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)

PA*X*PRESS™**Cough and Cold Medications****Table A****Clinical Criteria Logic Diagram**

Cough and Cold Medications**Table B****Drugs Requiring Prior Authorization for Children Ages****≥ 2 to < 6 Years**

The listed GCNs may not be an indication of Texas 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
ALAHIST CF TABLET	43882
ALAHIST DM 10-12.5-5 MG/5ML LQ	54425
ALAHIST PE 2-7.5 MG TABLET	48628
ALL DAY SINUS-COLD-D 220-120MG	17708
BROMPHEN-PSE-DM 2-30-10 MG/5 ML	96136
BROTAPP DM 1-15-5 MG/5 ML LIQUID	12934
CHEST CONG RLF DM 400-20 MG TB	23807
CHEST CONGESTION RELIEF DM LIQ	53491
CHEST CONGESTION RELIEF DM SYR	53495
CHILD MUCINEX COUGH 5-100 MG PK	99068
CHILD MUCINEX MULTI-SYMPOTOM LQ	28875
CHILD MUCUS RELIEF M-S COLD LQ	28875
CHILD MUCUS-COUGH RELIEF LIQ	53497
CHILDRENS COLD-COUGH LIQUID	26808
CHILDRENS COLD AND COUGH LIQ	57197
CHLOPHEDIANOL-DEXCHLORP-PSE LQ	99788
COUGH DM SYRUP	53495

Table B**Drugs Requiring Prior Authorization for Children \geq 2 to < 6 Years of Age**

Label Name	GCN
DECONEX DMX TABLET 17.5-400-10 MG TAB	46479
DELSYM COUGH+CHEST CONGST DM LQ	53497
DIMAPHEN DM ELIXIR	26808
DM-GUAIF-PE 17.5-385-10 MG TAB	42056
DM-GUAIF-PE 18-200-10 MG/15 ML	34782
DOXYLAMINE-PHENYLEPH 7.5-10 MG	35587
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
ENDAL 1.25-10 MG/5 ML LIQUID	92562
GS TUSSIN DM LIQUID	53495
GUAIFENESIN-DM 100-10 MG/5 ML	53495
GUAIFENESIN-PSE 375-60MG TAB	30316
HISTEX-DM 20-30-2.5 MG/5 ML SYRUP	57325
HISTEX-DM SYRUP	36311
LOHIST-D LIQUID	44021
LOHIST-DM SYRUP	15847
M-END DMX LIQUID	30801
MUCINEX FAST-MAX CONGEST-COUGH	36524
MUCINEX FAST-MAX DM MAX LIQUID	53497
MUCUS RELIEF DM 20-400 MG TAB	23807

Table B**Drugs Requiring Prior Authorization for Children \geq 2 to < 6 Years of Age**

Label Name	GCN
MUCUS RELIEF DM COUGH TABLET	23807
MUCUS RELIEF DM MAX LIQUID	53497
NASAL DECONGESTANT 0.05% SPRAY	34062
NASAL SPRAY 0.05%	34062
NASOPEN PE LIQUID	32676
NINJACOF LIQUID	37227
NOHIST-DM LIQUID	19347
NOHIST-LQ LIQUID	14148
PEDIATRIC COUGH-COLD LIQUID	96138
POLY HIST FORTE 10.5-10 MG TAB	46499
POLY HIST FORTE 7.5-10 MG TAB	35587
POLY-HIST DM LIQUID	34835
POLYTUSSIN DM 7.5-5-12.5MG/5ML	54479
POLYTUSSIN DM SYRUP	44218
POLYTUSSIN DM 2-15-7.5 MG/5 ML	42443
POLY-VENT DM TABLET	34799
PROMETHAZINE-DM 6.25-15 MG/5ML	13975
PYRILAMINE DM 7.5MG-7.5MG/5 ML	34563
PROMETHAZINE-DM SYRUP	13975
RESCON-DM LIQUID	93335
ROBAFEN CF LIQUID	53090
ROBAFEN DM CGH-CHEST CONG SYRUP	53495
ROBAFEN DM COUGH LIQUID	53491

Table B**Drugs Requiring Prior Authorization for Children \geq 2 to < 6 Years of Age**

Label Name	GCN
RYMED TABLET	28476
RYNEX DM LIQUID	26808
SILTUSSIN DM COUGH SYRUP	53495
SILTUSSIN DM DAS 100-10 MG/5 ML	53491
SM NASAL SPRAY 0.05%	34062
SM TUSSIN DM LIQUID	53491
SM TUSSIN DM SYRUP	53495
TRIPONEL 15-5-1.25 MG/5 ML LIQ	54906
TRIPONEL 15-30-1.25 MG/5ML LIQ	56405
TUSSIN CF MULTI-SYMPTOM COLD	53090
TUSSIN DM 400-20 MG/20 ML LIQ	53497
TUSSIN DM LIQUID	53491
TUSSIN DM SYRUP	53495
VANACOF DM 18-200-10 MG/15 ML	34782
VANACOF DMX 18-396-10 MG/15 ML	47463
VANACOF LIQUID	99788
VANATAB DM CAPLET	43602
WESTUSSIN DM 1-5-10 MG/5ML SYR	44218
WESTUSSIN DM NF 2-15-7.5MG/5ML	42443



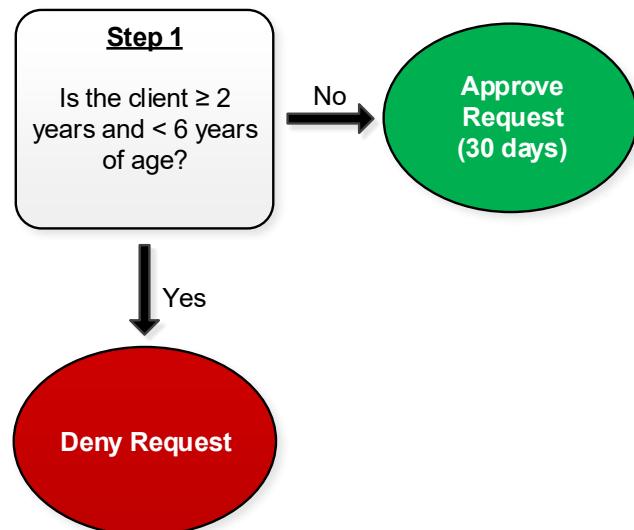
Cough and Cold Medications

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)

PA*X*PRESS™**Cough and Cold Medications****Table B****Clinical Criteria Logic Diagram**

Cough and Cold Medications**Table C****Drugs Requiring Prior Authorization for Children Ages
≥ 2 to < 10 Years**

The listed GCNs may not be an indication of Texas 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

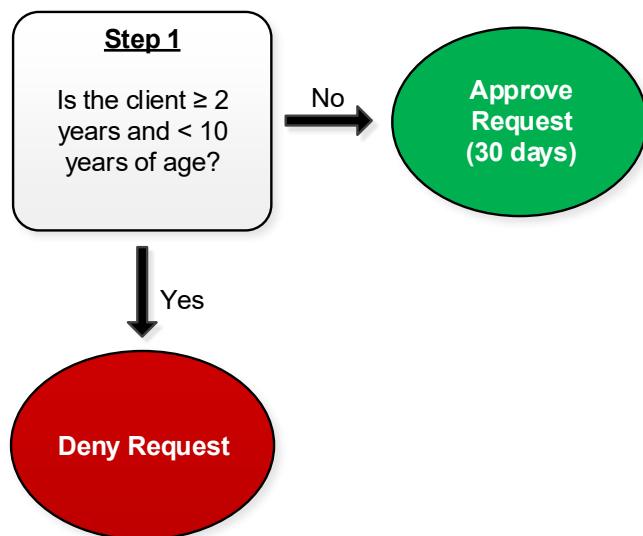
No – Approve (30 days)

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Cough and Cold Medications

Table C

Clinical Criteria Logic Diagram





Cough and Cold Medications

Table D

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

The listed GCNs may not be an indication of Texas 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
COUGH-COLD HBP TABLET	96140
COLD-SINUS RLF 200-30MG LIQCAP	21827
DEXTROMETHORPHAN 15 MG LIQ GEL	17770
GUAIFENESIN ER 600 MG TABLET	35905
GUAIFENESIN/PSE ER 600-60 MG	54980
GUAIFENESIN-PSE ER 1200-120 MG	89731
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
MUCUS DM MAX ER 1,200-60 MG TAB	93677
MUCUS RELIEF D ER 600-60 MG TB	54980
MUCUS RELIEF ER 1,200 MG TAB	98863
MUCUS RELIEF ER 600 MG TABLET	35905
MUCUS RLF DM ER 600-30 MG TAB	53550

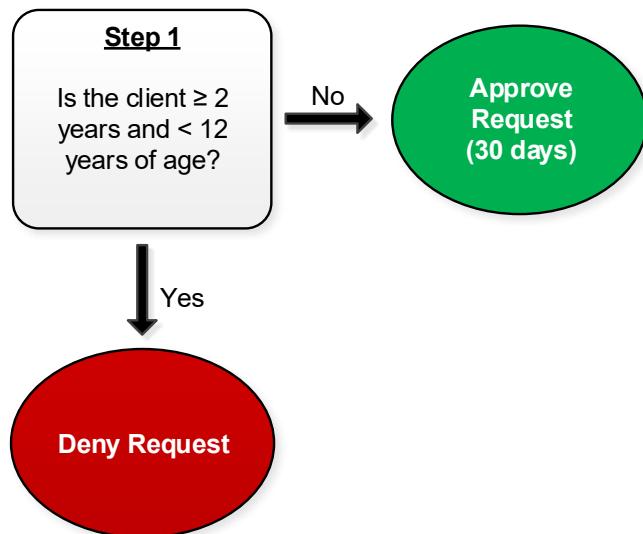
Table D	
Drugs Requiring Prior Authorization for Children ≥ 2 to < 12 Years of Age	
Label Name	GCN
MUCUS RELIEF D ER 1,200-120 MG	89731
MUCUS RLF DM MAX ER 1200-60 MG	93677
NIGHTTIME COUGH LIQUID	26684
ROBAFEN DM 200-20 MG/20 ML LIQ	45903
ROBITUSSIN COUGH 15MG SOFTCHEW	58237
SINUS RELIEF 1% NASAL SPRAY	34124
SUDOGEST SINUS & ALLERGY TAB	44023
SUDOGEST 30 MG TABLET	20481
SUDOGEST 60 MG TABLET	20482
SUDOGEST 12 HOUR 120 MG CAPLET	26901

PAxPRESSTM**Cough and Cold Medications****Table D****Clinical 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)

PA^XPRESSTM**Cough and Cold Medications****Table D****Clinical Criteria Logic Diagram**



Cough and Cold Medications

Table E

Products Containing Opioids

- In January 2018, the FDA issued a safety announcement requiring labeling changes for prescription cough and cold products containing codeine or hydrocodone to limit the use of these products to adults aged 18 years and older. Cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18. Prior authorization for these agents will not be accepted.

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

Table E

Products Containing Opioids

Label Name	GCN
CODEINE-GUAIFEN 10-100 MG/5 ML	91713
CODITUSSIN AC LIQUID	91712
CODITUSSIN DAC LIQUID	42375
GUAIFEN-CODEINE 100-10 MG/5 ML	91713
G TUSSIN AC LIQUID	91713
HYDROCODONE-CHLORPHEN ER SUSP	13974
HYDROCODONE-HOMATROPINE 5-1.5	96041
HYDROCODONE-HOMATROPINE SOLN	13973
HYDROMET 5 MG-1.5 MG/5 ML SOLN	13973
MAR-COF CG LIQUID	16017
MAXI-TUSS AC LIQUID	91713
NINJACOF-XG LIQUID	30677
PROMETHAZINE-CODEINE SOLUTION	13971
PROMETHAZINE-CODEINE SYRUP	13971
TUXARIN ER 8-54.3 MG TABLET	38961



Cough and Cold Medications

Table F

Products Containing Acetaminophen or Ibuprofen

- The Food and Drug Administration (FDA) has issued an advisory to consumers about using cough and cold medicines with multiple ingredients in pediatric patients due to the risk of accidental overdose. For safety purposes, claims for cough and cold products containing acetaminophen or ibuprofen are not covered by Texas Medicaid for ages ≥ 2 to < 6 years of age.

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/formulary/formulary-search.

Table F

Products Containing Acetaminophen or Ibuprofen

Label Name	GCN
ALLERGY MULTI-SYMPMOM CAPLET	85915
ALL-NITE COLD-FLU RELIEF LIQ	30232
CHILD MUCINEX M-S COLD DAY-NTE	37876
CHILD MUCINEX NIGHTTIME LIQ	35755
CHILDS MUCINEX COLD-CGH-SORE	30579
CHILDS MUCINEX COLD-FEVER LIQ	30579
COLD-SINUS 200 MG-30 MG CAPLET	92250
DAYTIME COLD-FLU RELIEF LIQUID	97129
DAYTIME COLD-FLU RELIEF SFTGL	25093
DAY MULTI-SYMP FLU-SEVERE COLD	44033
DURAFLU 325-20-200-60 MG TAB	39986
FLU HBP 325-2-10 MG CAPLET	46697
HEAD CONGESTION-MUCUS CAPLET	26743
MAPAP COLD FORMULA CAPLET	27135
MUCINEX COLD-FLU-SORETHROAT LQ	30577

Table F**Products Containing Acetaminophen or Ibuprofen**

Label Name	GCN
MUCINEX FAST-MAX COLD-SINUS TB	26743
MUCINEX FAST-MAX DAY-NITE COLD	36522
MUCINEX FAST-MAX DAY-NITE CONG	37839
MUCINEX FAST-MAX NITE COLD-FLU	35755
MUCINEX FAST-MAX SEV COLD LIQ	30577
NIGHT SEVERE COLD-COUGH PKT	14359
NIGHTTIME COLD AND FLU LIQUID	30232
NIGHTTIME COLD-FLU LIQUID	30232
NIGHTTIME COLD-FLU RLF SFTGL	25094
NIGHTTIME SEVERE COLD-FLU LIQ	97134
SEVERE COLD-FLU CAPLET	26742
SINUS CONGESTION-PAIN CAPLET	25468
SINUS CONGST-PAIN 325-200-5 MG	26743
SINUS PRESSURE-PAIN CAPLET	25468
SINUS-HEADACHE 5-325 MG CAPLET	25468



Cough and Cold Medications

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32. 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

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	<ul style="list-style-type: none"> Presented to DUR Board
08/06/2015	<ul style="list-style-type: none"> Initial publication and posting to website
11/03/2015	<ul style="list-style-type: none"> Drugs Requiring PA – lists updated
01/20/2017	<ul style="list-style-type: none"> GCNs for Cough Syrup and Deconex IR added to Table A GCN for J-Tan D PD Drops updated in Table A GCNs for Alahist DM and Deconex DM added to Table B GCN for Mucinex Fast-Max Congest-Cough updated in Table B GCNs for Flowtuss and Hycofenix added to Table D
08/03/2017	<ul style="list-style-type: none"> 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
02/12/2018	<ul style="list-style-type: none"> 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 \geq 2 to < 6 years of age. Products containing opioids are not covered by Texas Medicaid for ages < 18. (Removed the statement about use of codeine in <12 years of age). 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
03/26/2019	<ul style="list-style-type: none"> Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current

Publication Date	Notes
	formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each 'Drug Requiring PA' table
09/26/2019	<ul style="list-style-type: none"> Added GCNs for Deconex DMX and Poly Hist Forte to drug table B
12/30/2019	<ul style="list-style-type: none"> Added GCN for Polytussin DM to drug table B
03/10/2020	<ul style="list-style-type: none"> Added GCNs for Children's Dayclear allergy cough and Vanacof DMX to Table B
04/15/2021	<ul style="list-style-type: none"> Annual review by staff Added GCNs for child cold-allergy liquid (27207); child Mucinex chest packet (97123) to Table A Added GCNs for Child Mucinex cough pack (99068); doxylamine-PE 7.5-10 (35587); Endacof-DM (26808) to Table B Updated references
01/13/2022	<ul style="list-style-type: none"> Reviewed drug tables Added tables for opioid containing cough and cold medications and for products containing acetaminophen or ibuprofen
10/20/2022	<ul style="list-style-type: none"> Annual review by staff Updated references
11/18/2022	<ul style="list-style-type: none"> Added GCN for Nighttime Cough Liquid (26684) and Sinus Relief 1% Nasal Spray (34124) to Table D Added GCN for Day Multi-Symptom Flu-Severe Cold (44033) to Table F
02/28/2023	<ul style="list-style-type: none"> Added GCN for Robafen DM liquid (45903) to Table D
11/04/2024	<ul style="list-style-type: none"> Updated GCN for Alahist PE from 48268 to 48628
02/28/2025	<ul style="list-style-type: none"> Annual review by staff Updated available product names in table A Updated available product names in table B Updated available product names in table D Updated available product names in table E Updated available product names in table F Removed GCNs for Alahist (42443), Virtussin (91713, 54670), Poly-Hist PD (34839), Tussin (02512), Siltussin SA (02512), Rescon (31879), Robafen (17770), and Guaiatussin AC (91713) - products discontinued Moved GCNs for Child Cough DM ER (17802), Cough DM ER (17802), and dextromethorphan ER (17802) to Table A Updated references

Publication Date	Notes
04/04/2025	<ul style="list-style-type: none">Added GCN for Histex-DM (57325) to Table B
07/01/2025	<ul style="list-style-type: none">Added GCN for Tuxarin ER (38961) to Table E
07/11/2025	<ul style="list-style-type: none">Added GCNs for Alahist (54425), Polytussin (54479), and Tripone (54906, 56405) to Table B
09/15/2025	<ul style="list-style-type: none">Added GCN for Robitussin (58237) to Table D
09/23/2025	<ul style="list-style-type: none">Added GCNs for All Day Sinus-Cold (17708) to Table B, Cold-Sinus (92250, 21827) to Tables F and D respectively, Children's Cold and Cough (57197) to Table B, and Cough-Cold HBP (96140) to Table D