

**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 GCN for Duratuss DM (58585) to Table B



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/searches/formulary-drug-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 ≥ 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 |
| STAHIST AD TABLET | 31036 |



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

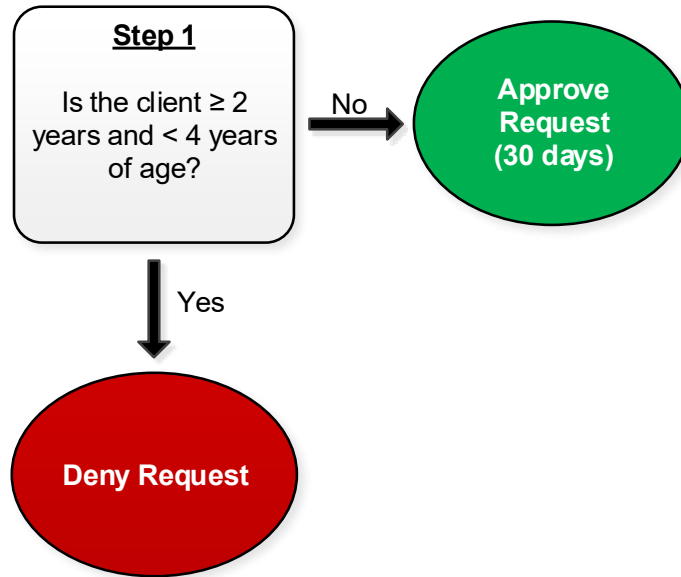
No – Approve (30 days)



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/searches/formulary-drug-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-SYMPTOM 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 ≥ 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 |
| DURATUSS DM 1-30-10 MG/5 ML LQ | 58585 |
| 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 |

| Table B | |
|---|-------|
| Drugs Requiring Prior Authorization for Children ≥ 2 to < 6 Years of Age | |
| Label Name | GCN |
| MUCUS RELIEF DM 20-400 MG TAB | 23807 |
| 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 |

| Table B | |
|---|-------|
| Drugs Requiring Prior Authorization for Children ≥ 2 to < 6 Years of Age | |
| Label Name | GCN |
| ROBAFEN DM COUGH LIQUID | 53491 |
| 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-SYMP TOM 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

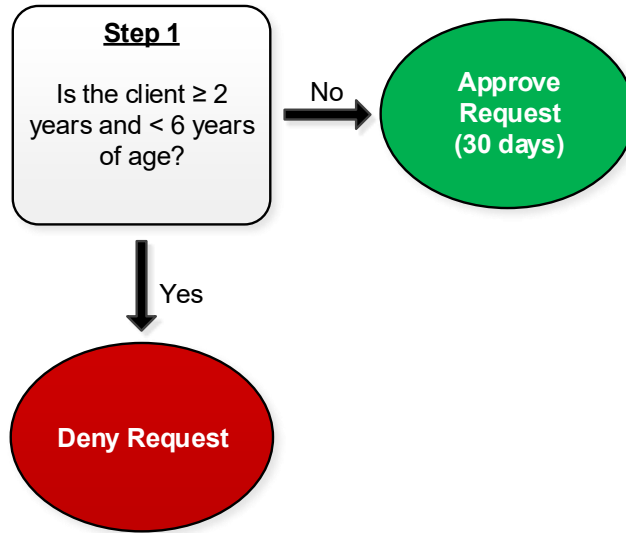
No – Approve (30 days)



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/searches/formulary-drug-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

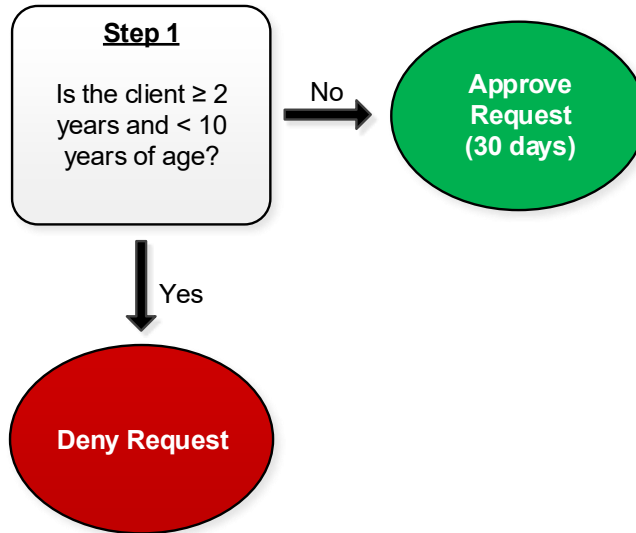
No – Approve (30 days)



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/searches/formulary-drug-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 |



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

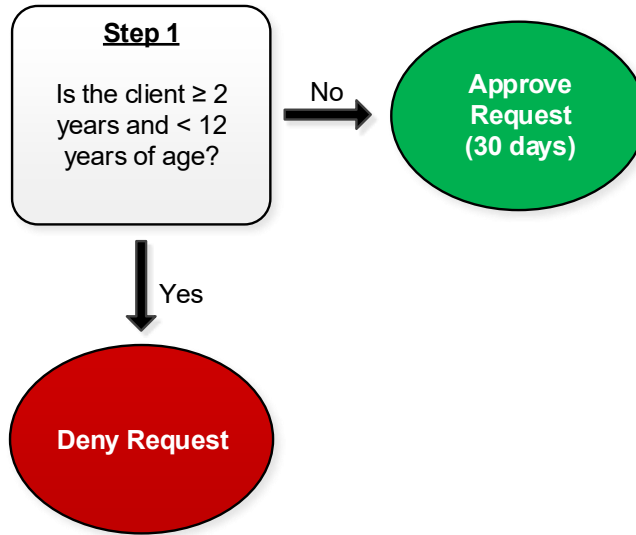
No – Approve (30 days)



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/searches/formulary-drug-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 |
| DURATUSS AC 10 MG-1 MG/5 ML LQ | 58584 |
| 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 |

| Table E | |
|------------------------------------|------------|
| Products Containing Opioids | |
| Label Name | GCN |
| 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/searches/formulary-drug-search.

| Table F | |
|--|-------|
| Products Containing Acetaminophen or Ibuprofen | |
| Label Name | GCN |
| ALLERGY MULTI-SYMP TOM 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 |
| DURAF LU 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 |

| Table F | |
|---|------------|
| Products Containing Acetaminophen or Ibuprofen | |
| Label Name | GCN |
| MUCINEX COLD-FLU-SORETHROAT LQ | 30577 |
| 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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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 ≥ 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 |

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| | 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 |

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| 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 Triponel (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 |
| 12/29/2025 | <ul style="list-style-type: none"> Added GCN for Duratuss AC (58584) to Table E |
| 01/12/2026 | <ul style="list-style-type: none"> Added GCN for Duratuss DM (58585) to Table B |