

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class

Dextromethorphan Overutilization

Clinical Criteria Information Included in this Document

- **Drugs Requiring PA:** the list of drugs requiring prior authorization for this clinical criteria
- **Drug Classification:** classification of each drug requiring PA
- **Age and Dosing Limits:** the maximum dose/day based on client's age and drug classification

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

Revision Notes

Added GCN for Triponel (56405) to Drugs Requiring PA



Dextromethorphan Overutilization

Drug Classification

1. Obtain the client's age. (Make a note of it for future reference.)
2. In the following table, locate the **Classification** associated with the incoming request's label name. (Make a note of it for future reference.)
3. Once you have located the classification, proceed to step 4 on the **Age and Dosing Limits** page.

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.

Drugs Requiring PA		
Label Name	GCN	Classification
ALAHIST DM LIQUID	42443	Appendix N
BROMPHENIR-PSEUDOEPHEN-DM SYR	96136	Appendix Q
BROTAPP DM LIQUID	12934	Appendix U
CHEST CONG RLF DM 400-20 MG TB	23807	Appendix AA
CHILD COUGH DM ER 30MG/5ML SUSP	17802	Appendix I
CHILD MUCINEX COUGH MINI-MELTS	99068	Appendix FF
CHILD MUCUS RELIEF M-S COLD LQ	28875	Appendix U
CHILDRENS COLD-COUGH LIQUID	26808	Appendix U
COUGH DM ER 30 MG/5 ML SUSP	17802	Appendix I
CHEST CONGESTION RELILEF DM SYR	53495	Appendix Q
DAYTIME COLD-FLU RELIEF	97129	Appendix V
DAY MULTI-SYMPTOM FLU-SEVERE COLD	44033	Appendix AA
DECONEX DMX TABLET 17.5-400-10MG TAB	46479	Appendix AA
DECONEX DMX TABLET 17.5-385-10MG TAB	42056	Appendix AA
DELSYM 30 MG/5 ML SUSPENSION	17802	Appendix I
DEXTROMETHORPHAN ER 30MG/5ML	17802	Appendix I
DEXTROMETHORPHAN 15 MG SOFTGEL	17770	Appendix BB
DIMAPHEN DM ELIXIR	26808	Appendix U
DM-GUAIF-PE 17.5-385-10 MG TAB	42056	Appendix AA
DM-GUAIF-PE 18-200-10 MG/15 ML	34782	Appendix T
ED-A-HIST DM LIQUID	19347	Appendix N
ED-A-HIST DM TABLET	37388	Appendix AA
ENDACOF-DM LIQUID	26808	Appendix U
EXTRA ACTION COUGH SYRUP	53495	Appendix Q
FLU-SEVERE COLD-COUGH DAY PACKET	14355	Appendix Z
GS TUSSIN DM LIQUID	53495	Appendix Q

Drugs Requiring PA		
Label Name	GCN	Classification
HISTEX-DM SYRUP	36311	Appendix I
IOPHEN DM-NR LIQUID	53491	Appendix Q
KIDKARE COUGH & COLD LIQUID	96138	Appendix S
LOHIST-DM SYRUP	15847	Appendix Q
LORTUSS DM LIQUID	29565	Appendix O
M-END DMX LIQUID	30801	Appendix Q
MAXIPHEN DM TABLET	99499	Appendix Y
MUCINEX DM ER 600-30 MG TABLET	53550	Appendix X
MUCINEX DM ER 1,200-60 MG TAB	93677	Appendix W
MUCINEX FAST-MAX CONGEST-COUGH	36524	Appendix U
MUCUS RELIEF DM COUGH TABLET	23807	Appendix AA
MUCUS RLF DM ER 600-30 MG TAB	53550	Appendix X
MUCUS RLF DM MAX ER 1200-60 MG	93677	Appendix W
MUCUS RELIEF DM MAX LIQUID	53497	Appendix U
NIGHTTIME COUGH LIQUID	26684	Appendix HH
NOHIST-DM LIQUID	19347	Appendix N
PEDIATRIC COUGH-COLD LIQUID	96138	Appendix S
POLY-HIST DM LIQUID	34835	Appendix O
POLYTUSSIN DM 2-15-7.5mL	42443	Appendix N
POLY-VENT DM TABLET	34799	Appendix Y
PROMETHAZINE-DM SYRUP	13975	Appendix N
RESCON-DM LIQUID	93335	Appendix O
ROBAFEN CF LIQUID	53090	Appendix Q
ROBAFEN DM LIQUID	45903	Appendix GG
ROBAFEN-DM SYRUP	53495	Appendix Q
ROBAFEN DM COUGH LIQUID	53491	Appendix Q
ROBAFEN COUGH 15 MG LIQUIDGEL	17770	Appendix BB
ROBAFEN DM CGH-CHEST CONG SYRUP	53495	Appendix Q
RYNEX DM LIQUID	26808	Appendix U
SILTUSSIN DM COUGH SYRUP	53495	Appendix Q
SILTUSSIN DM DAS LIQUID	53491	Appendix Q
SM TUSSIN DM LIQUID	53491	Appendix Q
SM TUSSIN DM SYRUP	53495	Appendix Q
TRIPONEL 15-30-1.25 MG/5 ML LIQ	56405	Appendix O
TUSSIN DM 400-20 MG/20 ML LIQ	53497	Appendix U
TUSSIN DM CLEAR LIQUID	53495	Appendix Q
TUSSIN DM LIQUID	53491	Appendix Q
TUSSIN DM SYRUP	53495	Appendix Q
VANACOF DM LIQUID	34782	Appendix T
VANACOF DMX LIQUID	47463	Appendix T
VANATAB DM CAPLET	43602	Appendix DD
WESTTUSSIN DM 1-5-10 MG/5 ML SYRUP	44218	Appendix Q



Dextromethorphan Overutilization

Age and Dosing Limits

Use the classification and client's age to locate the dosing limit in the **Maximum Dose/Day** column.

Age and Dosing Limits		
Classification	Age	Maximum Dose/Day
Appendix I	6-11 years	10 ml
	12 years and older	20 ml
Appendix N	6-11 years	15 ml
	12 years and older	30 ml
Appendix O	6-11 years	20 ml
	12 years and older	40 ml
Appendix Q	6-11 years	30 ml
	12 years and older	60 ml
Appendix S	6-11 years	40 ml
	12 years and older	80 ml
Appendix T	6-11 years	45 ml
	12 years and older	90 ml
Appendix U	6-11 years	60 ml
	12 years and older	120 ml
Appendix V	6-11 years	90 ml
	12 years and older	180 ml
Appendix W	12 years and older	2 units
Appendix X	12 years and older	4 units
Appendix Y	6-11 years	2 units
	12 years and older	4 units
Appendix Z	12 years and older	5 units
Appendix AA	6-11 years	3 units
	12 years and older	6 units
Appendix BB	12 years and older	8 units
Appendix DD	6-11 years	6 units
	12 years and older	12 units

Age and Dosing Limits		
Classification	Age	Maximum Dose/Day
Appendix FF	6-11 years	12 units
	12 years and older	24 units
Appendix GG	12 years and older	60 ml
Appendix HH	12 years and older	120 ml

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
07/18/2012	Initial publication and posting to website
02/16/2016	Updated GCNS and dosing guidelines
01/20/2017	Added GCNs for Alahist DM liquid, Ed-A-Hist DM tablet, Guaifenesin-DM ER 1,200-60 mg tablets, Robafen Cough 15 mg liquidgel and Robafen DM cough-chest congestion syrup
02/07/2018	Annual review by staff Added GCNs for M-Hist DM liquid and Vanatab DM caplet, page 3 Updated GCNs and dosing guidelines
07/17/2018	Updated age and dosing table, page 4
03/27/2019	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 GCN for Deconex DMX to drug table
11/20/2019	Added GCNs for Daytime Cold-Flu Relief and Flu-Severe Cold-Cough Day packet to drug table
12/30/2019	Added GCN for Polytussin DM syrup to drug table
03/12/2020	Added GCN for Vanacof DMX to drug table
04/30/2021	Annual review by staff Added GCN for Cough DM ER (17802); Cough DM (53495); DM-Guaif-PE (42056); DM-Guaif-PE (34782); GS Tussin DM (53495); Mucus Relief DM (23807); Mucus Rlf DM ER (53550); Mucus Rlf DM Max ER (93677); Tussin DM (53497) to drug table Updated references
11/18/2022	Added GCN for Nighttime Cough Liquid (26684) and Day Multi-Symptom Flu-Severe Cold (44033) to drug table
02/28/2023	Added GCN for Robafen DM liquid (45903) to drug table
10/06/2023	Updated dosing for GCN 53550 – Appendix X Updated GCN 53495 – Appendix GG Updated GCN 26684 – Appendix HH
12/08/2023	Annual review by staff Removed GCNs for Ala-Hist DM liquid (99356), Allfen DM (23807), Ap-hist DM (99356), Bromfed DM (96136), Chil Delsym cough/chest DM (53497), Children's Mucinex cough (53497), Child Mucinex conges/cough (28875), Child Mucinex multi symptom (28875), Delsym cough/chest congest DM (53497), M-Hist DM (99356), Mucinex Fast Max DM Max (53497), Mucus relief DM max (23807), from Drugs Requiring PA table

Publication Date	Notes
	Added GCN for Chest cong rlf DM (23807), Child mucus relief M-S cold (28875), Mucus relief DM max (53497) to Drugs Requiring PA table
01/31/2024	Correction from 10/06/2023: where stated 'Updated GCN 53495 – Appendix GG' should be 'Updated GCN 45903 – Appendix GG'
07/31/2024	Annual review by staff Added GCN for childrens cold-cough liquid (26808), chest congestion relief DM syrup (53495), Nohist-DM liquid (19347), and Westtussin DM (44218) to Drugs Requiring PA table
11/04/2024	Updated GCN for GS Tussin DM from 53945 to 53495
11/14/2024	Added GCN for Triponel (56405) to Drugs Requiring PA