Texas Prior Authorization Program
Clinical Criteria

Drug/Drug Class

Dextromethorphan Overutilization

Clinical Criteria Information included in this Document

- Drugs requiring prior authorization: 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 section.

Revision Notes

Added GCN for Robitussin (58237) to the Drugs Requiring PA table

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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 Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit txvendordrug.com/searches/formulary-drug-search.

Drugs Requiring Prior Authorization		
Label Name	**GCN**	**Classification**
ALAHIST DM 10-12.5-5 MG/5ML LQ	54425	Appendix Q
BROMPHEN-PSE-DM 2-30-10 MG/5 ML	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 II
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 II
COUGH DM SYRUP	53495	Appendix Q
CHEST CONGESTION RELILEF DM SYR	53495	Appendix Q
CHEST CONGESTION RELIEF DM LIQ	53491	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

Drugs Requiring Prior Authorization		
Label Name	**GCN**	**Classification**
DECONEX DMX TABLET 17.5-385-10MG TAB	42056	Appendix AA
DELSYM 30 MG/5 ML SUSPENSION	17802	Appendix II
DELSYM COUGH+CHEST CONGST DM LQ	53497	Appendix U
DEXTROMETHORPHAN ER 30MG/5ML	17802	Appendix II
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
GUAIFENESIN-DM 100-10 MG/5 ML	53495	Appendix Q
HISTEX-DM 20-30-2.5 MG/5 ML SYRUP	57325	Appendix I
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

Drugs Requiring Prior Authorization		
Label Name	**GCN**	**Classification**
MUCINEX DM ER 1,200-60 MG TAB	93677	Appendix W
MUCINEX FAST-MAX CONGEST-COUGH	36524	Appendix U
MUCUS RELIEF DM 20-400 MG TAB	23807	Appendix AA
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
POLYTUSSIN DM 7.5-5-12.5MG/5ML	54479	Appendix Q
POLY-VENT DM TABLET	34799	Appendix Y
PROMETHAZINE-DM SYRUP	13975	Appendix N
PYRILAMINE DM 7.5MG-7.5MG/5 ML	34563	Appendix S
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
ROBITUSSIN COUGH 15MG SOFTCHEW	58237	Appendix BB

Drugs Requiring Prior Authorization		
Label Name	**GCN**	**Classification**
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
TRIPONEL 15-5-1.25 MG/5 ML LIQ	54906	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

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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

Age and Dosing Limits		
Classification	**Age**	**Maximum Dose/Day**
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
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
Appendix II	4-5 years	5 mL
	6-12 years	10 mL
	12 years and older	20 mL

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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 (53945); 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

Publication Date	Notes
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 • 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
04/04/2025	• Added GCN for Histex-DM (57325) to Drugs Requiring PA table
04/30/2025	• Annual review by staff • Added GCNs for guaifenesin-DM (53495), Mucus Relief DM (23807), Pyrilamine DM (34563), and Triponel (54906) to the Drugs Requiring PA table • Removed GCN for Alahist DM (42443) – product discontinued • Added Appendix II • Updated the Appendix designation for GCN (17802) to Appendix II
07/11/2025	• Added GCNs for Alahist DM (54425) and Polytussin DM (54479) to Drugs Requiring PA table
09/15/2025	• Added GCN for Robitussin (58237) to the Drugs Requiring PA table

