

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Promethazine Agents****NOTE:**

- *Cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18. Prior authorization for these agents will not be accepted.*
- *Prior authorization criteria related to the **promethazine containing cough and cold agents** can be found in the Cough and Cold criteria guide.
<https://paxpress.txpa.hidinc.com/Cough%20&%20Cold.pdf>*

Criteria Information Included in this Document

- **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
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

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

Revision Notes

Annual review by staff

Updated references



Promethazine Agents

Drugs Requiring Prior Authorization

NOTE:

- Cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18. Prior authorization for these agents will not be accepted.
- Prior authorization criteria related to the **promethazine containing cough and cold agents** can be found in the Cough and Cold criteria guide.
<https://paxpress.txpa.hidinc.com/Cough%20&%20Cold.pdf>
- 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 Prior Authorization	
Label Name	GCN
PHENERGAN 25 MG/ML VIAL	14981
PROMETHAZINE 12.5 MG TABLET	15042
PROMETHAZINE 12.5MG SUPP	15003
PROMETHAZINE 25 MG SUPP	15001
PROMETHAZINE 25 MG TABLET	15043
PROMETHAZINE 25 MG/ML AMPUL	14970
PROMETHAZINE 25 MG/ML VIAL	14981
PROMETHAZINE 50 MG TABLET	15044
PROMETHAZINE 50 MG/ML AMPUL	14971
PROMETHAZINE 50 MG/ML VIAL	14983
PROMETHAZINE 6.25 MG/5 ML SYR	15035
PROMETHEGAN 12.5 MG SUPP	15003
PROMETHEGAN 25 MG SUPP	15001
PROMETHEGAN 50 MG SUPP	15002



Promethazine Agents

Clinical Criteria Logic

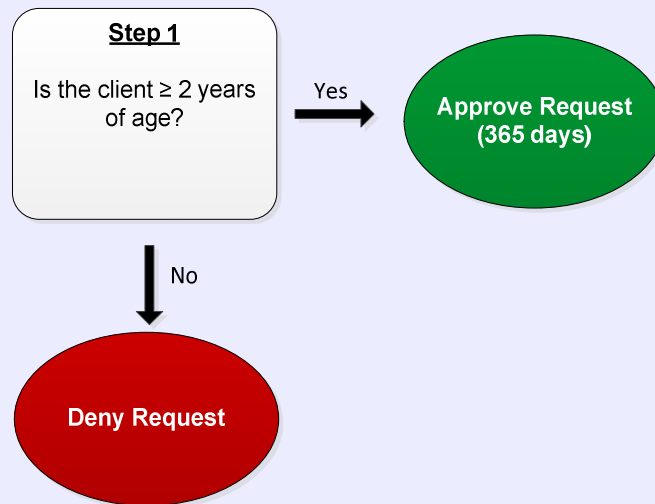
1. Is the client greater than or equal to (\geq) 2 years of age?
☐ Yes (Approve – 365 days)
☐ No (Deny)

- *Cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18. Prior authorization for these agents will not be accepted.*
- *Prior authorization criteria related to the **promethazine containing cough and cold agents** can be found in the Cough and Cold criteria guide.*



Promethazine Agents

Clinical Criteria Logic Diagram



- Cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18. Prior authorization for these agents will not be accepted.
- Prior authorization criteria related to the **promethazine containing cough and cold agents** can be found in the Cough and Cold criteria guide.



Promethazine Agents

Clinical Criteria References

1. U.S. Food and Drug Administration, FDA Alert, April 2006. Available at: www.fda.gov.
2. Promethazine Products Contraindicated in Children Under 2 Years. Medscape Alert. April 26, 2006. Available at: www.medscape.com.
3. Promethazine contraindicated in young children, FDA warns. American Society of Health-System Pharmacists. April 26, 2006. Available at: www.ashp.org.
4. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2023. Available at www.clinicalpharmacology.com. Accessed on August 18, 2023.
5. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on August 18, 2023.

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
01/31/2011	Initial publication and posting to website
12/13/2016	Updated "Drugs Requiring Prior Authorization" Table Updated References
05/08/2017	Annual review by staff Updated References
11/03/2017	Added note that products containing codeine are not covered by Texas Medicaid for ages < 12. Prior authorization for these agents will not be accepted.
02/12/2018	Updated note to read that cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18. Prior authorization for these agents will not be accepted.
03/29/2019	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.
10/19/2021	<p>Removed the following GCNs from the Promethazine/Promethazine Containing Products guide: promethazine VC syrup (13977), promethazine VC-codeine syrup (13978), promethazine-codeine syrup (13971) and promethazine-DM syrup (13975).</p> <p>Criteria for promethazine VC syrup (13977) and promethazine-DM syrup (13975) can be found in the Cough and Cold criteria guide.</p> <p>Promethazine VC-codeine syrup (13978) and promethazine-codeine syrup (13971) are not included in the Cough and Cold criteria guide because cough and cold agents with codeine are not intended for patients less than 18 years of age.</p> <p>Changed document name from Promethazine/Promethazine Containing Products to Promethazine Agents.</p>
10/19/2022	Annual review by staff
05/14/2024	Annual review by staff Updated references