



# Missouri Pharmacy Program – Preferred Drug List



## Cough and Cold Preparations

Effective 05/31/2013

Revised 07/11/2019

### Preferred Agents

- See Appendix A for complete listing

### Non-Preferred Agents

- All Cough/Cold Products not included in Appendix A

## Approval Criteria

- Product listed in Appendix A

## Denial Criteria

- **Prescription cost exceeds MO HealthNet established limit**
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline: (800) 392-8030
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## Appendix A – Preferred List of Cough/Cold Preparations

<b>Preferred Agents – <i>*This is a representative list of products covered in the past and is not intended to be an all-inclusive list of reimbursable products. MO HealthNet will cover products based on a maximum dollar claim limit</i></b>
Benzonatate Caps
Brompheniramine/phenylephrine/DM Soln
Brompheniramine/pseudoephed/DM Syrup
Carbinoxamine maleate
Children’s Delsym Cough
Children’s Mucinex
Chlorpheniramine
Chlorpheniramine/phenylephrine
Chlorpheniramine/phenylephrine/ DM Liquid
Dexchlorpheniramine/phenylephrine/codeine Liquid
Diphenhydramine
Guaifenesin 200mg Tabs OTC
Guaifenesin Liquid OTC
Guaifenesin/Codeine Syrup
Guaifenesin/DM
Guaifenesin/phenylephrine Liquid
Hydrocodone/Chlorpheniramine ER Susp
Mucinex
Mucinex D

Mucinex Fast Max
Mucinex Gran Pack OTC
Promethazine
Promethazine DM Syrup