



SmartPA Criteria

Proposal

Drug/Drug Class:	Cough and Cold Preparations PDL Edit
First Implementation Date:	May 31, 2013
Revised Date:	April 13, 2023
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input type="checkbox"/> Existing Criteria <input checked="" type="checkbox"/> Revision of Existing Criteria <input type="checkbox"/> New Criteria

Executive Summary

Purpose: The MO HealthNet Pharmacy Program will implement a state-specific preferred drug list.

Why Issue Selected: The common cold is a viral illness that affects persons of all ages, prompting frequent use of over-the-counter and prescription medications, as well as alternative remedies. Cough and cold formulations are available for the use in the treatment of the signs and symptoms of the common cold, sinusitis, allergies and cough. They come in various combinations as simple cold preparations, narcotic cough and cold formulations and non-narcotic cough and cold products. In March 2011 the FDA removed many unapproved prescription cough, cold and allergy drug products from the U.S. market. Unapproved prescription cough, cold, and allergy drug products have not been evaluated by the FDA for safety, effectiveness, and quality. The MO HealthNet Pharmacy Program has identified the following products as FDA approved and available on the market. These listed agents will be the preferred products available first line, all other products are considered non-preferred.

Total program savings for the PDL classes will be regularly reviewed.

Program-Specific Information:	Preferred Agents	Non-Preferred Agents
	<ul style="list-style-type: none">See Appendix A for complete listing	<ul style="list-style-type: none">All Cough/Cold Products not included in Appendix A

Type of Criteria: ☐ Increased risk of ADE ☒ Preferred Drug List
☐ Appropriate Indications ☐ Clinical Edit

Data Sources: ☐ Only Administrative Databases ☒ Databases + Prescriber-Supplied

Setting & Population

- Drug class for review: Cough and Cold Preparations
- Age range: All appropriate MO HealthNet participants

Approval Criteria

- Product listed in Appendix A

Denial Criteria

- Prescription cost exceeds MO HealthNet established limit
- Therapy will be denied if all approval criteria are not met

Required Documentation

Laboratory Results:

MedWatch Form:

Progress Notes:

Other:

Disposition of Edit

Denial: Exception Code "0213" (Prior Authorization Required But Not Found)

Rule Type: PA

Default Approval Period

6 months

References

- Evidence-Based Medicine and Fiscal Analysis: "Cough and Cold Agents - Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2022.
- Evidence-Based Medicine Analysis: "Cough and Cold Remedies", UMKC-DIC; October 2021.
- USPDI, Micromedex; 2022.
- Facts and Comparisons eAnswers (online); 2022 Clinical Drug Information, LLC.

Appendix A – Preferred List of Cough/Cold Preparations

Preferred Agents – *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
Benzonatate Caps
Brompheniramine/Phenylephrine/Dextromethorphan Soln
Carbinoxamine Soln
Chlorpheniramine Tabs
Chlorpheniramine/Phenylephrine Soln
Chlorpheniramine/Phenylephrine/Dextromethorphan Soln
Cyproheptadine Soln/Tabs
Dextromethorphan Caps/Susp
Guaifenesin Soln
Guaifenesin/Codeine Soln
Guaifenesin/Dextromethorphan Soln
Promethazine/Dextromethorphan Soln