

# SmartPA Criteria Proposal

|                                   |  |
|-----------------------------------|--|
| <b>Drug/Drug Class:</b>           | Cough and Cold Preparations PDL Edit   |
| <b>First Implementation Date:</b> | May 31, 2013   |
| <b>Revised Date:</b>              | July 1, 2021   |
| <b>Prepared For:</b>              | MO HealthNet   |
| <b>Prepared By:</b>               | MO HealthNet/Conduent  |
| <b>Criteria Status:</b>           | <input checked="" type="checkbox"/> Existing Criteria<br><input type="checkbox"/> Revision of Existing Criteria<br><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"> <li>See Appendix A for complete listing</li> </ul> | <ul style="list-style-type: none"> <li>All Cough/Cold Products not included in Appendix A</li> </ul> |

**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

1. Evidence-Based Medicine and Fiscal Analysis: "Cough and Cold Agents - Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2021.
2. Evidence-Based Medicine Analysis: "Cough and Cold Remedies", UMKC-DIC; February 2021.
3. Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2021.
4. USPDI, Micromedex; 2021.
5. Facts and Comparisons eAnswers (online); 2021 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/DM  |
| Carbinoxamine Liquid              |
| Chlorpheniramine                  |
| Chlorpheniramine/Phenylephrine    |
| Chlorpheniramine/Phenylephrine/DM |
| Cyproheptadine                    |
| Delsym Liquid OTC                 |
| Guaifenesin 200mg Tabs OTC        |
| Guaifenesin Liquid OTC            |
| Guaifenesin/Codeine Liquid OTC    |
| Guaifenesin/DM Liquid/Syrup OTC   |
| Mucinex ER Tabs OTC               |
| Mucinex D Tabs OTC                |
| Mucinex DM ER Tabs OTC            |
| Promethazine/Codeine Syrup Rx     |
| Promethazine DM Syrup Rx          |