

SmartPA Criteria Proposal

Drug/Drug Class:	Cough and Cold Preparations PDL Edit
First Implementation Date:	May 31, 2013
Proposed Date:	March 19, 2020
Prepared For:	MO HealthNet
Prepared By:	MO HealthNet/Conduent
Criteria Status:	<input checked="" type="checkbox"/> Existing Criteria <input 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 no approval criteria are met

Required Documentation

Laboratory Results:
MedWatch Form:

Progress Notes:
Other:

Disposition of Edit

Denial: Exception Code "0160" (Preferred Drug List)
Rule Type: PDL

Default Approval Period

1 year

References

- Evidence-Based Medicine and Fiscal Analysis: "Cough and Cold Agents - Therapeutic Class Review", Conduent Business Services, L.L.C., Richmond, VA; January 2020.
- Evidence-Based Medicine Analysis: "Cough and Cold Remedies", UMKC-DIC; February 2020.
- Lippincott, Williams, Wilkins. PDR Electronic Library, Montvale NJ; 2020.
- USPDI, Micromedex; 2020.
- Facts and Comparisons eAnswers (online); 2020 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
Brompheniramine/pseudoephed/DM Syrup
Carbinoxamine Liquid
Children's Delsym Cough
Children's Mucinex
Chlorpheniramine
Chlorpheniramine/phenylephrine
Chlorpheniramine/phenylephrine/DM
Cyproheptadine
Delsym Liquid OTC
Dexchlorpheniramine/phenylephrine/codeine Liquid

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Diphenhydramine
Guaifenesin 400mg Tabs OTC
Guaifenesin Liquid OTC
Guaifenesin/Codeine Liquid OTC
Guaifenesin/DM Liquid/Syrup OTC
Guaifenesin/Phenylephrine Liquid
Hydrocodone/Chlorpheniramine ER Suspension
Mucinex ER Tabs OTC
Mucinex D Tabs OTC
Mucinex DM ER Tabs OTC
Mucinex Fast Max
Promethazine/Codiene Syrup Rx
Promethazine DM Syrup Rx

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