

**Texas Prior Authorization Program  
Clinical Criteria**

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**Drug/Drug Class**

## **Dextromethorphan Overutilization**

**Clinical Criteria Information Included in this Document**

- **Drugs Requiring PA:** the list of drugs requiring prior authorization for this clinical criteria
- **Drug Classification:** classification of each drug requiring PA
- **Age and Dosing Limits:** the maximum dose/day based on client's age and drug classification

**Note:** Click the hyperlink to navigate directly to that information.

**Revision Notes**

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](http://TxVendorDrug.com/formulary/formulary-search).) on each 'Drug Requiring PA' table



## Dextromethorphan Overutilization

### Drug Classification

1. Obtain the client's age. (Make a note of it for future reference.)
2. In the following table, locate the **Classification** associated with the incoming request's label name. (Make a note of it for future reference.)
3. Once you have located the classification, proceed to step 4 on the **Age and Dosing Limits** page.

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](http://TxVendorDrug.com/formulary/formulary-search).

Drugs Requiring PA		
Label Name	GCN	Classification
ALA-HIST DM LIQUID	99356	Appendix N
ALAHIST DM LIQUID	42443	Appendix N
AP-HIST DM LIQUID	99356	Appendix N
ALLFEN DM TABLET	23807	Appendix AA
BROMFED DM COUGH SYRUP	96136	Appendix Q
BROMPHENIR-PSEUDOEPHEN-DM SYR	96136	Appendix Q
BROTAPP DM LIQUID	12934	Appendix U
CHILD DELSYM COUGH+CHEST DM LQ	53497	Appendix U
CHILDREN COLD & COUGH DM ELIXI	26808	Appendix U
CHILDREN'S MUCINEX COUGH LIQ	53497	Appendix U
CHILD MUCINEX CONGEST-COUGH LIQ	28875	Appendix U
CHILD MUCINEX MULTI-SYMPTOM LIQ	28875	Appendix U
COUGH DM ER 30MG/5ML SUSPENSION	17802	Appendix I
DECONEX DMX TABLET	42056	Appendix AA
DELSYM 30 MG/5 ML SUSPENSION	17802	Appendix I
DELSYM COUGH+CHEST CNGST DM LQ	53497	Appendix U
DEXTROMETHORPHAN ER 30MG/5ML	17802	Appendix I
DIMAPHEN DM ELIXIR	26808	Appendix U
ED-A-HIST DM LIQUID	19347	Appendix N
ED-A-HIST DM TABLET	37388	Appendix AA
ENDACOF-DM LIQUID	26808	Appendix U
EXTRA ACTION COUGH SYRUP	53495	Appendix Q
HISTEX-DM SYRUP	36311	Appendix I
IOPHEN DM-NR LIQUID	53491	Appendix Q
KIDKARE COUGH & COLD LIQUID	96138	Appendix S
LOHIST-DM SYRUP	15847	Appendix Q

<b>Drugs Requiring PA</b>		
<b>Label Name</b>	<b>GCN</b>	<b>Classification</b>
LORTUSS DM LIQUID	29565	Appendix O
M-END DMX LIQUID	30801	Appendix Q
M-HIST DM LIQUID	99356	Appendix N
MAXIPHEN DM TABLET	99499	Appendix Y
MUCINEX COUGH MINI-MELT PACK	99068	Appendix FF
MUCINEX DM ER 600-30 MG TABLET	53550	Appendix Y
MUCINEX DM ER 1,200-60 MG TAB	93677	Appendix W
MUCINEX FAST-MAX CONGEST-COUGH	36524	Appendix U
MUCINEX FAST-MAX DM MAX LIQUID	53497	Appendix U
NOHIST-DM LIQUID	19347	Appendix N
PEDIATRIC COUGH-COLD LIQUID	96138	Appendix S
POLY-HIST DM LIQUID	34835	Appendix O
POLY-VENT DM TABLET	34799	Appendix Y
PROMETHAZINE-DM SYRUP	13975	Appendix N
RESCON-DM LIQUID	93335	Appendix O
ROBAFEN CF LIQUID	53090	Appendix Q
ROBAFEN-DM SYRUP	53495	Appendix Q
ROBAFEN DM COUGH LIQUID	53491	Appendix Q
ROBAFEN COUGH 15 MG LIQUIDGEL	17770	Appendix BB
ROBAFEN DM CGH-CHEST CONG SYRUP	53495	Appendix Q
RYNEX DM LIQUID	26808	Appendix U
SILTUSSIN DM COUGH SYRUP	53495	Appendix Q
SILTUSSIN DM DAS LIQUID	53491	Appendix Q
SM TUSSIN DM LIQUID	53491	Appendix Q
SM TUSSIN DM SYRUP	53495	Appendix Q
TUSSIN DM CLEAR LIQUID	53495	Appendix Q
TUSSIN DM LIQUID	53491	Appendix Q
TUSSIN DM SYRUP	53495	Appendix Q
VANACOF DM LIQUID	34782	Appendix T
VANATAB DM CAPLET	43602	Appendix DD



## Dextromethorphan Overutilization

### Age and Dosing Limits

Use the classification and client's age to locate the dosing limit in the **Maximum Dose/Day** column.

Age and Dosing Limits		
Classification	Age	Maximum Dose/Day
Appendix I	6-11 years	10 ml
	12 years and older	20 ml
Appendix N	6-11 years	15 ml
	12 years and older	30 ml
Appendix O	6-11 years	20 ml
	12 years and older	40 ml
Appendix Q	6-11 years	30 ml
	12 years and older	60 ml
Appendix S	6-11 years	40 ml
	12 years and older	80 ml
Appendix T	6-11 years	45 ml
	12 years and older	90 ml
Appendix U	6-11 years	60 ml
	12 years and older	120 ml
Appendix W	12 years and older	2 units
Appendix Y	6-11 years	2 units
	12 years and older	4 units
Appendix AA	6-11 years	3 units
	12 years and older	6 units
Appendix BB	12 years and older	8 units
Appendix DD	6-11 years	6 units
	12 years and older	12 units
Appendix FF	6-11 years	12 units
	12 years and older	24 units

## 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
07/18/2012	Initial publication and posting to website
02/16/2016	Updated GCNS and dosing guidelines
01/20/2017	Added GCNs for Alahist DM liquid, Ed-A-Hist DM tablet, Guaifenesin-DM ER 1,200-60 mg tablets, Robafen Cough 15 mg liquidgel and Robafen DM cough-chest congestion syrup
02/07/2018	Annual review by staff Added GCNs for M-Hist DM liquid and Vanatab DM caplet, page 3 Updated GCNs and dosing guidelines
07/17/2018	Updated age and dosing table, page 4
03/27/2019	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 <a href="http://TxVendorDrug.com/formulary/formulary-search">TxVendorDrug.com/formulary/formulary-search</a> .) on each 'Drug Requiring PA' table