

**Texas Prior Authorization Program
Clinical Criteria**

Drug/Drug Class**Promethazine/Promethazine Containing
Products****NOTE:**

- *Cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18. Prior authorization for these agents will not be accepted.*

Criteria Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram:** a visual depiction of the clinical criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes)
- **References:** clinical publications and sources relevant to this clinical criteria

Note: Click the hyperlink to navigate directly to that section.

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.) on each 'Drug Requiring PA' table



Promethazine/Promethazine Containing Products

Drugs Requiring Prior Authorization

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| Drugs Requiring Prior Authorization | |
|-------------------------------------|-------|
| Label Name | GCN |
| PHENADOZ 25 MG SUPP | 15001 |
| PHENERGAN 25 MG/ML VIAL | 14981 |
| PROMETHAZINE 12.5 MG TABLET | 15042 |
| PROMETHAZINE 12.5MG SUPP | 15003 |
| PROMETHAZINE 25 MG SUPP | 15001 |
| PROMETHAZINE 25 MG TABLET | 15043 |
| PROMETHAZINE 25 MG/ML AMPUL | 14970 |
| PROMETHAZINE 25 MG/ML VIAL | 14981 |
| PROMETHAZINE 50 MG SUPP | 15002 |
| PROMETHAZINE 50 MG TABLET | 15044 |
| PROMETHAZINE 50 MG/ML AMPUL | 14971 |
| PROMETHAZINE 50 MG/ML VIAL | 14983 |
| PROMETHAZINE 6.25 MG/5 ML SYR | 15035 |
| PROMETHAZINE VC SYRUP | 13977 |
| PROMETHAZINE VC-CODEINE SYRUP | 13978 |
| PROMETHAZINE-CODEINE SYRUP | 13971 |
| PROMETHAZINE-DM SYRUP | 13975 |
| PROMETHEGAN 12.5 MG SUPP | 15003 |
| PROMETHEGAN 25 MG SUPP | 15001 |
| PROMETHEGAN 50 MG SUPP | 15002 |



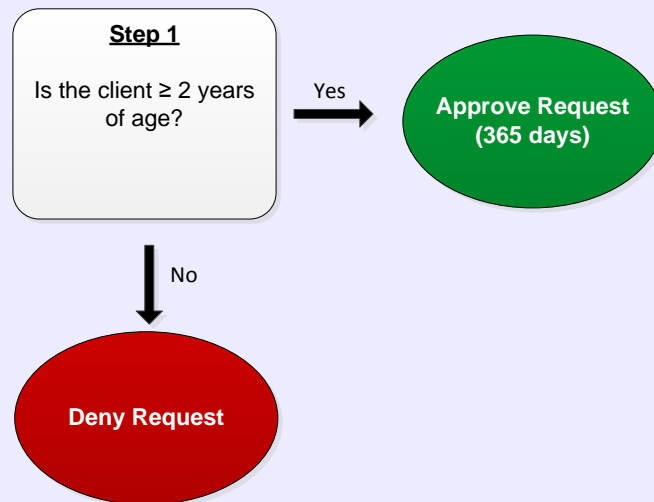
Promethazine/Promethazine Containing Products Clinical Criteria Logic

1. Is the client greater than or equal to (\geq) 2 years of age?
 Yes (Approve - 365 days)
 No (Deny)

- *Cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18. Prior authorization for these agents will not be accepted.*



Promethazine/Promethazine Containing Products Clinical Criteria Logic Diagram



- *Cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18. Prior authorization for these agents will not be accepted.*



Promethazine/Promethazine Containing Products Clinical Criteria References

1. U.S. Food and Drug Administration, FDA Alert, April 2006. Available at: www.fda.gov.
2. Promethazine Products Contraindicated in Children Under 2 Years. Medscape Alert. April 26, 2006. Available at: www.medscape.com.
3. Promethazine contraindicated in young children, FDA warns. American Society of Health-System Pharmacists. April 26, 2006. Available at: www.ashp.org.
4. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2017. Available at www.clinicalpharmacology.com. Accessed on April 13, 2017.
5. Micromedex [online database]. Available at www.micromedexsolutions.com. Accessed on April 13, 2017.

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 |
|------------------|--|
| 01/31/2011 | Initial publication and posting to website |
| 12/13/2016 | Updated "Drugs Requiring Prior Authorization" Table, page 2 Updated References, page 5 |
| 05/08/2017 | Annual review by staff Updated References, page 5 |
| 11/03/2017 | Added note that products containing codeine are not covered by Texas Medicaid for ages < 12. Prior authorization for these agents will not be accepted. |
| 02/12/2018 | Updated note to read that cough and cold products containing opioids are not covered by Texas Medicaid for ages < 18. Prior authorization for these agents will not be accepted. |
| 03/29/2019 | 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 TxVendorDrug.com/formulary/formulary-search .) on each 'Drug Requiring PA' table |