

Texas Medicaid

Cough and Cold Medications

Educational RetroDUR Mailing	<input checked="" type="checkbox"/> Initial Study <input type="checkbox"/> Follow – up /Restudy
-------------------------------------	--

Executive Summary

Purpose:	<p>This educational intervention is designed to enhance provider awareness and understanding of the Texas Medicaid prior authorization (PA) clinical criteria covering cough and cold medications in children. The specific focus of the education is for prescribers who have treated children in the past year with cough and cold medications that are covered by the clinical PA criteria. The educational information will provide emphasis on the limited effectiveness of cough and cold medications in most younger members and their enhanced risk in youth.</p>		
Why Issue was Selected:	<p>Following reports of serious injuries and death related to the use cough and cold products in youth, in 2008 the FDA announced that leading manufacturers of these products would voluntarily modify their labels to state that they should not be used in children aged <4 years. Previous product labels stated that these medicines should not be used in children aged <2 years.</p> <p>The Texas Health and Human Services Commission (HHSC) Vendor Drug Program instituted clinical PA criteria around the use of cough and cold medications in children in August of 2015. Since that time the drug lists covered have been regularly reviewed and modified.</p>		
Program Specific Information:	Performance Indicator	Exceptions	
		FFS <12 Years	MCO <12 Years
	<ul style="list-style-type: none"> Members age ≥ 2 to < 12 years old with a pharmacy claim between 9/1/2018 and 3/31/2019 for a medication that was not considered safe based on the cough and cold drug lists of the clinical PA criteria 	≥2 to <4 = 272 ≥4 to <6 = 436 ≥6 to <10 = 15 ≥10 to <12 = 15 Total = 738	≥2 to <4 = 5,156 ≥4 to <6 = 10,059 ≥6 to <10 = 918 ≥10 to <12 = 837 Total = 16,970
Setting & Population:	<p>Providers identified in this intervention will receive educational information emphasizing criteria in the cough and cold PA and the limited efficacy and increased risk of cough and cold medications in a younger population.</p>		
Types of Intervention:	<p>Query mailing with cover letter and educational insert</p>		
Main Outcome Measures:	<p>Re-measure performance indicators comparing the 2018-2019 cough and cold season to that of the 2019-2020 season. Compare utilization of cough and cold PA covered medications.</p>		
Anticipated Results:	<p>Lowered number of members receiving a cough and cold medication requiring PA and reduced preventable adverse reactions.</p>		

Performance Indicator #1: Members age ≥ 2 to < 12 with at least one claim for a cough and cold medication covered by the clinical PA criteria from 9/1/2018 to 3/31/2019

Why has this indicator been selected?	Prescription claims data indicates cough and cold medications covered by clinical PA criteria in Texas Medicaid continue to be used in relatively high rates. Education regarding the criteria and the limitations and risks of these agents may be beneficial.
How will the patients be selected?	
Candidates (denominator):	Members age ≥ 2 to < 12 with at least one cough and cold medication prescription during the most recent cold season, 9/1/2018 to 3/31/2019.
Exception criteria (numerator):	<p>Candidates with at least one cough and cold medication prescription from the Texas PA lists during the past cold season from 9/1/2018 to 3/31/2019.</p> <ul style="list-style-type: none"> • ≥2 to <4 - - see Appendix A,B,C,D • ≥2 to <6 - - see Appendix B,C,D • ≥2 to <10 - - see Appendix C,D • ≥2 to <12 - - see Appendix D

Reference

1. Texas Prior Authorization Program Clinical Criteria: Cough and Cold. Available at: <https://paxpress.tpa.hidinc.com/Cough%20&%20Cold.pdf> Accessed May 2019.

**Appendix A
Drugs Requiring PA for Children ≥ 2 to < 4 Years of Age**

Label Name	GCN
ALA-HIST PE TABLET	28379
APRODINE TABLET	96445
BROTAPP LIQUID	12933
CHEST CONGESTION RELIEF PE	97358
CHEST CONGESTION RELIEF TABLET	18906
CHL MUCINEX CHEST CONGEST LIQ	02512
CHLD MUCINEX STUFFY NOSE-COLD	99069
CHLO TUSS LIQUID	35393
COUGH SYRUP 200 MG/10 ML	02512
DECONEX IR TABLET	42022
DIMAPHEN ELIXIR	27207
ED BRON GP LIQUID	54250
ED-A-HIST PSE TABLET	96445
ED CHLORPED D PEDIATRIC DROPS	30033
GUAIFENESIN 100 MG/5 ML SYRUP	02512
HISTEX-PE SYRUP	29581
IOPHEN NR LIQUID	02512
KID'S MUCINEX MINI-MELTS PACK	97123
LODRANE D CAPSULE	30766
LORTUSS LQ LIQUID	29564
MAXIPHEN TABLET	97358
MUCUS RELIEF 400 MG TABLET	18906
MUCUS RELIEF SINUS TABLET	97358
NOSE DROPS	34186
ORGAN-I NR 200 MG TABLET	02482
POLY-HIST PD LIQUID	34839

POLY-VENT IR TABLET	34787
PROMETHAZINE VC SYRUP	13977
Q-TUSSIN 100 MG/5 ML SOLUTION	02512
RESCON-GG LIQUID	54250
RESPAIRE-30 CAPSULE	13255
ROBAFEN 100 MG/5 ML SYRUP	02512
RU-HIST D 10-4 MG TABLET	96609
RYNEX PE LIQUID	27207
RYNEX PSE LIQUID	12933
SILTUSSIN SA 100 MG/5 ML SYR	02512
STAHIST AD LIQUID	31771
STAHIST AD TABLET	31036
TUSSIN 100 MG/5 ML SYRUP	02512

Appendix B
Drugs Requiring PA for Children ≥ 2 to < 6 Years of Age

Label Name	GCN
ALA-HIST DM LIQUID	99356
ALAHIST CF TABLET	43882
ALAHIST DM LIQUID	42443
ALLFEN DM TABLET	23807
AP-HIST DM LIQUID	99356
BROMFED DM COUGH SYRUP	96136
BROMPHENIR-PSEUDOEPHED-DM SYR	96136
BROTAPP DM LIQUID	12934
CHILD DELSYM COUGH 30 MG/5 ML	17802
CHILD DELSYM COUGH+CHEST DM LQ	53497
CHILD MUCINEX CONGEST-COUGH LQ	28875
CHILD MUCINEX MULTI-SYMPTOM LQ	28875
CHILDREN COLD & COUGH DM ELIXI	26808
CHILDREN'S MUCINEX COUGH LIQ	53497
COUGH DM 30 MG/5 ML SUSPENSION	17802
DALLERGY 1-2.5 MG/ML DROPS	28105
DALLERGY 1-5 MG TABLET	35589
DECONEX DMX TABLET	42056
DELSYM 30 MG/5 ML SUSPENSION	17802
DEXTROMETHORPHAN ER 30 MG/5 ML	17802
DIMAPHEN DM ELIXIR	26808
ED A-HIST DM TABLET	37388
ED A-HIST LIQUID	14148
ED-A-HIST 4 MG-10 MG TABLET	25462
ED-A-HIST DM LIQUID	19347
ENDACOF-DM LIQUID	26808
EXTRA ACTION COUGH SYRUP	53495
HISTEX-DM SYRUP	36311
IOPHEN DM-NR LIQUID	53491
KIDKARE COUGH & COLD LIQUID	96138
LOHIST-D LIQUID	44021
LOHIST-DM SYRUP	15847
LORTUSS DM LIQUID	29565
MAXIPHEN DM TABLET	99499
M-END DMX LIQUID	30801
M-HIST DM LIQUID	99356
MUCINEX COUGH MINI-MELT PACK	99068
MUCINEX SINUS-MAX NASAL SPRAY	34062
NASAL DECONGESTANT 0.05% SPRAY	34062

NASOPEN PE LIQUID	32676
NINJACOF LIQUID	37227
NOHIST-DM LIQUID	19347
NOHIST-LQ LIQUID	14148
PEDIATRIC COUGH-COLD LIQUID	96138
PHENYLEPHRINE-PYRILAMINE 10-25	28978
POLY-HIST DM LIQUID	34835
POLY HIST FORTE TABLET	35587
POLY-VENT DM TABLET	34799
PROMETHAZINE-DM SYRUP	13975
Q-TUSSIN DM SYRUP	53495
RESCON-DM LIQUID	93335
ROBAFEN CF LIQUID	53090
ROBAFEN DM CGH-CHEST CONG SYRUP	53495
ROBAFEN DM COUGH LIQUID	53491
ROBAFEN-DM SYRUP	53495
RYMED TABLET	28476
RYNEX DM LIQUID	26808
SILTUSSIN DM COUGH SYRUP	53495
SILTUSSIN DM DAS LIQUID	53491
SM TUSSIN DM LIQUID	53491
SM TUSSIN DM SYRUP	53495
SM NASAL SPRAY 0.05%	34062
TUSSIN DM CLEAR LIQUID	53495
TUSSIN DM LIQUID	53491
TUSSIN DM SYRUP	53495
VANACOF DM LIQUID	34782
VANACOF LIQUID	99788
VANACOF-8 LIQUID	34789
VANATAB AC CAPLET	43608
VANATAB DM CAPLET	43602

Appendix C

Drugs Requiring PA for Children ≥ 2 to < 10 Years of Age

Label Name	GCN
BENZONATATE 100 MG CAPSULE	29840
BENZONATATE 150 MG CAPSULE	28229
BENZONATATE 200 MG CAPSULE	93007

Appendix D

Drugs Requiring PA for Children ≥ 2 to < 12 Years of Age

Label Name	GCN
DELSYM COUGH + CHEST CONGST DM LQ	53497
GUAIFENESIN ER 1,200 MG TABLET	98863
GUAIFENESIN/PSE ER 600-60 MG	54980
MUCINEX D ER 1,200-120 MG TABLET	89731
MUCINEX D ER 600-60 MG TABLET	54980
MUCINEX DM ER 1,200-60 MG TAB	93677
MUCINEX DM ER 600-30 MG TABLET	53550
MUCINEX ER 1,200 MG TABLET	98863
MUCINEX ER 600 MG TABLET	35905
MUCINEX FAST-MAX CONGEST-COUGH	36254
MUCINEX FAST-MAX DM MAX LIQUID	53497
RESCON TABLET	31879
ROBAFEN COUGH 15 MG LIQUIDGEL	17770
SUDOGEST SINUS & ALLERGY TAB	44023