

OPIOID COUGH MEDICATIONS

Codeine with phenylephrine and promethazine

Codeine with promethazine

Hydrocodone polistirex, chlorpheniramine polistirex extended-release suspension

Hydromet/Hycodan (hydrocodone bitartrate, homatropine)

Tuxarin ER (codeine, chlorpheniramine)

Pre - PA Allowance

Age 12 years of age or older

Quantity

Drug Name	Quantity Limit*	Duration
Codeine with phenylephrine and promethazine	420 mL	30 days
Codeine with promethazine		
Hydromet/Hycodan (hydrocodone bitartrate, homatropine)		
Hydrocodone polistirex, chlorpheniramine polistirex extended-release suspension	140 mL	30 days
Hycodan tablets (hydrocodone bitartrate, homatropine)	84 tablets	30 days
Tuxarin ER tablets (codeine, chlorpheniramine)	28 tablets	30 days

* Quantity limits are the Package Insert maximum daily dose sufficient for 14 days of treatment. Cough requiring treatment longer than 14 days in a 30 day period will reject for prior authorization.

Prior-Approval Requirements

Prior authorization is not required if prescribed by an oncologist and/or the member has paid pharmacy claims for an oncology medication(s) in the past 6 months

Diagnoses

Patient must have **ONE** of the following:

1. Cough
 - a. 18 years of age or older
 - b. **NO** dual therapy with other opioid analgesic(s)
 - c. Alternative treatment options have been ineffective, not tolerated or inadequate for controlling the patient's cough
 - i. These include: Over-the-counter medications (dextromethorphan), and legend medications (benzonatate)

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- d. Prescriber agrees to assess patient for serotonin syndrome (see Appendix 1)
- e. **NO** dual therapy with opioid addiction treatment or methadone
- f. **NO** dual therapy with an anti-anxiety benzodiazepine(s)
 - i. Alprazolam (Xanax)
 - ii. Clonazepam (Klonopin)
 - iii. Diazepam (Valium)
 - iv. Lorazepam (Ativan)
 - v. Oxazepam (Serax)
 - vi. Chlordiazepoxide (Librium)
 - vii. Clorazepate dipotassium (Tranxene)

2. Cough related to cancer or its treatment

Prior - Approval Limits

Quantity

Drug Name	Quantity Limit*	Duration
Codeine with phenylephrine and promethazine	900 mL	30 days
Codeine with promethazine	900 mL	30 days
Hydrocodone polistirex, chlorpheniramine polistirex extended-release suspension	300 mL	30 days
Hydromet/Hycodan (hydrocodone bitartrate, homatropine)	900 mL	30 days
Hycodan tablets (hydrocodone bitartrate, homatropine)	180 tablets	30 days
Tuxarin ER tablets (codeine, chlorpheniramine)	60 tablets	30 days

*Patients with cough related to cancer or its treatment are exempt from these quantity limits will receive a duration of 12 months

Prior – Approval *Renewal* Requirements

Same as above

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Tuxarin ER (codeine, chlorpheniramine)

Prior - Approval *Renewal* Limits

Same as above

Appendix 1 - List of Serotonergic Medications

Selective Serotonin Reuptake Inhibitors (SSRIs)

paroxetine	Paxil, Paxil CR, Pexeva, Brisdelle
fluvoxamine	Luvox, Luvox CR
fluoxetine	Prozac, Prozac Weekly, Sarafem, Selfemra, Symbyax
sertraline	Zoloft
citalopram	Celexa
escitalopram	Lexapro

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

venlafaxine	Effexor XR
desvenlafaxine	Pristiq, Khedezla
duloxetine	Cymbalta
milnacipran	Savella

Tricyclic Antidepressants (TCAs)

amitriptyline	No brand name currently marketed
desipramine	Norpramin
clomipramine	Anafranil
imipramine	Tofranil, Tofranil PM
nortriptyline	Pamelor, Aventyl
protriptyline	Vivactil
doxepin	Zonalon, Silenor
trimipramine	Surmontil

Monoamine Oxidase Inhibitors (MAOIs)

isocarboxazid	Marplan
phenelzine	Nardil
selegiline	Emsam, Eldepryl, Zelapar

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tranylcypromine	Parnate
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Other Psychiatric Medicines

amoxapine	No brand name currently marketed
maprotiline	No brand name currently marketed
nefazodone	No brand name currently marketed
trazodone	Oleptro
buspirone	No brand name currently marketed
vilazodone	Viibryd
mirtazapine	Remeron, Remeron Soltab
lithium	Lithobid

Migraine Medicines

almotriptan	Axert
frovatriptan	Frova
naratriptan	Amerge
rizatriptan	Maxalt, Maxalt-MLT
sumatriptan	Imitrex, Imitrex Statdose, Alsuma, Sumavel Dosepro, Zecuity, Treximet
zolmitriptan	Zomig, Zomig-ZMT

Antiemetics

ondansetron	Zofran, Zofran ODT, Zuplenz
granisetron	Kytril, Sancuso
dolasetron	Anzemet
palonosetron	Aloxi

Other Serotonergic Medicines

dextromethorphan	Bromfed-DM, Delsym, Mucinex DM, Nuedexta
linezolid	Zyvox
cyclobenzaprine	Amrix
methylene blue	
St. John's wort	
tryptophan	