

# PROVIDER BULLETIN

No. 07-27

October 25, 2007

TO: Prescribers of Medicaid Covered Drugs and Pharmacists

FROM: Vivianne M. Chaumont, Director  
Division of Medicaid & Long-Term Care

BY: Barbara Mart, R.P., Pharmacy Consultant

RE: Cough and Cold Covered Products

Federal regulations identify cough and cold medications as an optional category for Medicaid programs to cover. The Nebraska Pharmacist Association (NPA) Medicaid Advisory Committee and the DUR Board recently recommended that Nebraska Medicaid develop a list of covered cough and cold preparations. With the assistance of a committee made up of DUR Board members, the attached list was developed. Brand names have been included on the listing for reference purposes only. Coverage will be limited to generic products. Per federal regulations Medicaid will not cover medications that are being marketed without FDA approval. These drugs include certain carbinoxamine containing products and long-acting guaifenesin tablets.

The attached list will become effective November 1, 2007. Coverage will be limited to listed generic products only. The list was created to aid communication and is not meant to replace coverage information on the Department's website or online POS claim submission. **Requests for cough and cold products not on the list and MC6 forms for brand name products on the list will not be accepted.**

S7290B

Generic Drug Name	Sample Brand Name	SMAC	DESC
BENZONATATE	TESSALON 200 MG CAPSULE	0.60000	CAPSULE
BENZONATATE	TESSALON PERLE 100 MG CAP	0.28000	CAPSULE
CODEINE/PROMETHAZINE HCL	PROMETHAZINE/CODEINE SYRUP	0.05000	SYRUP
DEXTROMETHORPHAN/PE/BROMPHENIR	DIMETAPP DM COLD & COUGH EL	0.02500	SOLUTION
D-METHORPHAN HB/PE/CHLORPHENIR	CARDEC DM DROPS	1.20000	DROPS
D-METHORPHAN HB/PE/CHLORPHENIR	CARDEC DM SYRUP	0.15000	SYRUP
D-METHORPHAN HB/P-EPD HCL/BPM	BROMATANE DX COUGH SYRUP	0.02050	SYRUP
D-METHORPHAN HB/P-EPD HCL/BPM	CARBOFED DM SYRUP	0.02200	SYRUP
D-METHORPHAN HB/P-EPHED HCL/CP	TRIAMINIC COUGH & COLD LIQU	0.02000	LIQUID
D-METHORPHAN HB/PROMETH HCL	PROMETHAZINE DM SYRUP	0.02000	SYRUP
GUAIFEN/DM HB/P-EPHEDRINE	ROBAFEN CF SYRUP	0.01800	SYRUP
GUAIFEN/DM HB/P-EPHEDRINE	TRI-VENT DM SYRUP	0.05500	SYRUP
GUAIFEN/D-METHORPHAN HB/PE/CP	CHLORDEX GP SYRUP	0.02400	SYRUP
GUAIFEN/P-EPHED HCL/DIHY-COD	WELLTUSS EXP SYRUP	0.09750	SYRUP
GUAIFEN/PHENYLEPHRINE/CP	QUAL-TUSSIN PEDIATRIC DROPS	0.18000	DROPS
GUAIFENESIN	ORGANIDIN NR 100 MG/5 ML LI	0.01451	LIQUID
GUAIFENESIN	ORGANIDIN NR 200 MG TABLET	0.08000	TABLET
GUAIFENESIN	ROBITUSSIN 100MG/5 ML SYRUP	0.01450	SYRUP
GUAIFENESIN/CODEINE PHOS	BRONTEX TABLET	0.45000	TABLET
GUAIFENESIN/CODEINE PHOS	CHERACOL COUGH SYRUP	0.01500	SYRUP
GUAIFENESIN/CODEINE PHOS	IOPHEN-C NR LIQUID	0.07500	LIQUID
GUAIFENESIN/D-METHORPHAN HB	CHERACOL D COUGH FORMULA	0.01780	LIQUID
GUAIFENESIN/D-METHORPHAN HB	HT-TUSS DM ELIXIR	0.06500	ELIXIR
GUAIFENESIN/D-METHORPHAN HB	ROBITUSSIN DM COUGH SYRUP	0.01780	SYRUP
GUAIFENESIN/P-EPHED HCL	SUDATEX SYRUP	0.04500	SYRUP
GUAIFENESIN/P-EPHED HCL/COD	RYNA-CX LIQUID	0.01400	SYRUP
GUAIFENESIN/PHENYLEPHRINE HCL	QUINTEX LIQUID	0.12500	SYRUP
HYDROCODONE BIT/HOMATROPINE	HYCODAN SYRUP	0.02400	SYRUP
HYDROCODONE BIT/HOMATROPINE	HYCODAN TABLET	0.40000	TABLET
P-EPHED HCL/COD/CHLORPHENIR	NOVAHISTINE DH LIQU	0.01200	LIQUID
P-EPHED HCL/DHCODEINE BT/CP	HYDRO-TUSSIN DHC SYRUP	0.07000	SYRUP
PHENYLEPHRINE HCL	SUDAFED PE 10MG	0.07500	TABLET
PHENYLEPHRINE HCL/COD/PROMETH	PROMETHAZINE VC-CODEINE SYR	0.08000	SYRUP
PHENYLEPHRINE/CHLOR-MAL/SCOP	DALLERGY CAPLET SA	0.40000	TAB.SR 12H
PHENYLEPHRINE/CHLOR-MAL/SCOP	DURADRYL SYRUP	0.32000	SYRUP
PHENYLEPHRINE/CHLOR-MAL/SCOP	DURAHIST PE TABLET	0.54000	TAB.SR 12H
PHENYLEPHRINE/CHLOR-MAL/SCOP	EXTENDRYL CHEWABLE TABLET	0.20000	TAB CHEW
PHENYLEPHRINE/CHLOR-MAL/SCOP	EXTENDRYL SR TABLET	0.55000	TAB.SR 12H
PHENYLEPHRINE/CHLOR-MAL/SCOP	WE ALLERGY SYRUP	0.22000	SYRUP
PHENYLEPHRINE/DHCODEINE BT/CP	PANCOF PD SYRUP	0.11000	SYRUP
PSEUDOEPHEDRINE HCL	CHILDS SUDAFED 15MG/5 ML LIQU	0.02000	LIQUID
PSEUDOEPHEDRINE HCL	PSEUDOPHED 30MG/5 ML SYRUP	0.01500	SYRUP
PSEUDOEPHEDRINE HCL	SUDAFED 12 HOUR 120 MG CAPLT	0.28000	TAB.SR 12H
PSEUDOEPHEDRINE HCL	SUDAFED 30MG TABLET	0.03370	TABLET
PSEUDOEPHEDRINE HCL	SUDOGEST 60MG TABLET	0.03500	TABLET