

**TUSSICAP (chlorpheniramine/ hydrocodone, oral capsule)**  
**TUXARIN (chlorpheniramine/ codeine, oral tablet)**

**Diagnosis Considered for Coverage:**

- Symptomatic relief of cough

**Coverage Criteria:**

**For relief of cough symptoms:**

**For patient at least 18 years old**

- Inadequate response, intolerable side effect, or contraindication to TWO narcotic antitussive agents including: hydrocodone/ chlorpheniramine (Tussionex) elixir, hydrocodone/ homatropine (Hycodan) tablet/syrup, promethazine/ codeine (Phenergan w/Codeine) syrup, **and**
- Dose does not exceed one capsule/tablet every 12 hours for 7 days.

**For patient less than 18 years old**

- Inadequate response, intolerable side effect, or contraindication to TWO narcotic antitussive agents including: hydrocodone/ chlorpheniramine (Tussionex) elixir, hydrocodone/ homatropine (Hycodan) tablet/syrup, promethazine/ codeine (Phenergan w/Codeine) syrup, **and**
- Dose does not exceed one capsule/tablet every 12 hours for 7 days, **and**
- **Provider is aware this medication can be potentially harmful in pediatric patients, and provider has monitoring plan for adverse side effects.**

**Coverage Duration:** 7 days

Effective: 5/01/2019