Commercial/Healthcare Exchange PA Criteria

Effective: August 2015

Prior Authorization: Tuzistra XR

Products Affected: Tuzistra XR (codeine polistirex and chlorpheniramine polistirex) extended release oral suspension

Medication Description: Tuzistra XR is a combination of codeine and chlorpheniramine. Codeine binds to opioid receptors in the CNS, causing inhibition of ascending pain pathways, altering the perception of and response to pain; causes cough suppression by direct central action in the medulla; produces generalized CNS depression. Chlorpheniramine is a H1 receptor antagonist that also possesses anticholinergic and sedative activity. It prevents released histamine from dilating capillaries and causing edema of the respiratory mucosa.

Covered Uses: Temporary relief of cough and upper respiratory symptoms associated with allergy or the common cold in patients 18 years of age and older.

Exclusion Criteria:

1. All children younger than 12 years of age
2. Postoperative pain management in children younger than 18 years of age following tonsillectomy and/or adenoidectomy
3. Significant respiratory depression
4. Acute or severe bronchial asthma in an unmonitored setting or in the absence of resuscitative equipment
5. Known or suspected gastrointestinal obstruction, including paralytic ileus
6. Concurrent use of monoamine oxidase inhibitors (MAOIs) or use of MAOIs within 14 days
7. Hypersensitivity to codeine or chlorpheniramine

Required Medical Information:

1. Diagnosis
2. Previous medications tried/failed

Age Restrictions: 18 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

A. Patient has been diagnosed with cough due to cold or allergies; AND
B. Patient has a documented intolerance to, or treatment failure of, at least THREE (3) prescription-strength generic cough/cold preparations.

References:

1. Facts and Comparisons Online

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	August 2015
2.	Update	Moved to updated template Addition of all FDA labeled contraindications to exclusion criteria Removed discontinued product Vituz from policy Renamed policy to Tuzistra XR CCI Revision Record: 11/18, 2/20	All	2/4/2020