



# Cough and Cold Drugs

Per Section 1927(d) of the Social Security Act, agents used for the symptomatic relief of cough and colds are optional for coverage by Medicaid and are exempt from coverage under the Medicare Modernization Act.

The following excluded drugs [per Section 1927(d)] are covered by Arkansas Medicaid.

This reference list includes drugs covered for Arkansas Medicaid beneficiaries and dual eligible Medicare/Arkansas Medicaid beneficiaries.

Cough and Cold products are restricted to beneficiaries under the age of 21 and to beneficiaries with Long Term Care Coverage.

OTC Cough and Cold Medications in this list are only covered pursuant to a valid prescription but are not covered for Long Term Care beneficiaries. Inclusion on this list does not guarantee market availability and products must have a rebate agreement with the Centers for Medicare and Medicaid Services (CMS) to be covered by Arkansas Medicaid.

Pharmacy Quantity of Claim Edits may apply.

[Arkansas Medicaid Pharmacy Claim Edits](#)

Pharmacy Prior Authorization or Clinical Criteria may apply.

[Arkansas Medicaid Pharmacy Prior Authorization Criteria](#)

The Labeler Code and Label Name are supplied for provider reference. For questions about a specific NDC or for further information, please call the **AR Pharmacy Help Desk at TOLL FREE (800) 424-7895**.

**Updated 06/21/2019**

LABELER CODE	DRUG	STRENGTH	DOSE FORM	ROUTE	LABEL NAME	MANUFACTURER
67877	BENZONATATE	100 MG	CAPSULE	ORAL	BENZONATATE 100 MG CAPSULE	ASCEND LABS
68084	BENZONATATE	100 MG	CAPSULE	ORAL	BENZONATATE 100 MG CAPSULE	AHP
00069	BENZONATATE	100 MG	CAPSULE	ORAL	TESSALON PERLE 100 MG CAP	PFIZER
00904	BENZONATATE	100 MG	CAPSULE	ORAL	BENZONATATE 100 MG CAPSULE	MAJOR
50111	BENZONATATE	100 MG	CAPSULE	ORAL	BENZONATATE 100 MG CAPSULE	PLIVA
57664	BENZONATATE	100 MG	CAPSULE	ORAL	BENZONATATE 100 MG CAPSULE	CARACO PHARM
65162	BENZONATATE	100 MG	CAPSULE	ORAL	BENZONATATE 100 MG CAPSULE	AMNEAL PHARM
68382	BENZONATATE	100 MG	CAPSULE	ORAL	BENZONATATE 100 MG CAPSULE	ZYDUS PHARM
00603	DEXTROMETHORPHAN-PROMETHAZINE	15-6.25 MG/5 ML	SYRUP	ORAL	PROMETHAZINE-DM SYRUP	QUALITEST
50383	DEXTROMETHORPHAN-PROMETHAZINE	15-6.25 MG/5 ML	SYRUP	ORAL	PROMETHAZINE-DM SYRUP	HI-TECH PHARM
60432	DEXTROMETHORPHAN-PROMETHAZINE	15-6.25 MG/5 ML	SYRUP	ORAL	PROMETHAZINE-DM SYRUP	MORTON GROVE
00031	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	ROBITUSSIN MUCUS-CHEST CONGEST	WYETH CONSUMER
00113	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	CHILDREN'S MUCUS RELIEF LIQ	PERRIGO
00113	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	TUSSIN MUCUS-CONGEST 100 MG/5	PERRIGO
00121	GUAIFENESIN	100 MG/5 ML	SYRUP	ORAL	GUAIFENESIN 100 MG/5 ML LIQUID	PHARMACEU ASSOC

LABELER CODE	DRUG	STRENGTH	DOSE FORM	ROUTE	LABEL NAME	MANUFACTURER
00536	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	COUGH SYRUP 100 MG/5 ML	RUGBY
00536	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	GUAIFENESIN 100 MG/5 ML SYRUP	RUGBY
00603	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	IOPHEN NR LIQUID	QUALITEST
00603	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	Q-TUSSIN 100 MG/5 ML SOLUTION	QUALITEST
00904	GUAIFENESIN	100 MG/5 ML	SYRUP	ORAL	ROBAFEN 100 MG/5 ML SYRUP	MAJOR
15127	GUAIFENESIN	100 MG/5 ML	SYRUP	ORAL	SB COUGH CONTROL SYRUP	SELECT BRAND
24385	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	TUSSIN 100 MG/5 ML SYRUP	AMERISOURCEBERG
36800	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	CHILDREN'S MUCUS RELIEF LIQ	TOPCO
36800	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	TUSSIN CHEST CONGESTION LIQUID	TOPCO
37205	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	TUSSIN MUCUS-CONGEST 100 MG/5	LEADER
49348	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	SM TUSSIN 100 MG/5 ML LIQUID	SUNMARK
49348	GUAIFENESIN	100 MG/5 ML	SYRUP	ORAL	TUSSIN HONEY SYRUP	SUNMARK
49614	GUAIFENESIN	100 MG/5 ML	SYRUP	ORAL	MEDI-TUSSIN 100 MG/5 ML SYRUP	MEDICINE SHOP
50383	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	GUAIFENESIN 100 MG/5 ML SOLN	HI-TECH PHARM
54838	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	DIABETIC SILTUSSIN DAS-NA LIQ	SILARX PHARM
54838	GUAIFENESIN	100 MG/5 ML	SYRUP	ORAL	SILTUSSIN SA 100 MG/5 ML SYR	SILARX PHARM
62011	GUAIFENESIN	100 MG/5 ML	SYRUP	ORAL	HM ADULT TUSSIN CHEST CONG LIQ	HEALTH MART
63868	GUAIFENESIN	100 MG/5 ML	LIQUID	ORAL	QC MEDIFIN EXP MUCUS RLF LIQ	CHAIN DRUG
63868	GUAIFENESIN	100 MG/5 ML	SYRUP	ORAL	QC TUSSIN 100 MG/5 ML LIQUID	CHAIN DRUG
00904	GUAIFENESIN	600 MG	TABLET ER	ORAL	MUCUS ER 600 MG TABLET	MAJOR
37205	GUAIFENESIN	600 MG	TABLET ER	ORAL	MUCUS ER 600 MG TABLET	LEADER
45802	GUAIFENESIN	600 MG	TABLET ER	ORAL	GUAIFENESIN ER 600 MG TABLET	PERRIGO
46122	GUAIFENESIN	600 MG	TABLET ER	ORAL	MUCUS ER 600 MG TABLET	AMERISOURCEBERG
49348	GUAIFENESIN	600 MG	TABLET ER	ORAL	SM MUCUS ER 600 MG TABLET	SUNMARK
63824	GUAIFENESIN	600 MG	TABLET ER	ORAL	MUCINEX ER 600 MG TABLET	RECKITT BENCKIS
00121	GUAIFENESIN-CODEINE	100-10 MG/5 ML	SYRUP	ORAL	GUAIFENESIN-CODEINE SYRUP	PHARMACEU ASSOC
00603	GUAIFENESIN-CODEINE	100-10 MG/5 ML	SYRUP	ORAL	CHERATUSSIN AC SYRUP	QUALITEST
00603	GUAIFENESIN-CODEINE	100-10 MG/5 ML	LIQUID	ORAL	IOPHEN-C NR LIQUID	QUALITEST
16571	GUAIFENESIN-CODEINE	100-10 MG/5 ML	LIQUID	ORAL	GUAIFENESIN AC COUGH SYRUP	PACK PHARM
50383	GUAIFENESIN-CODEINE	100-10 MG/5 ML	LIQUID	ORAL	GUAIFENESIN AC LIQUID	HI-TECH PHARM
00113	GUAIFENESIN-DEXTROMETHORPHAN	100-10 MG/5 ML	SYRUP	ORAL	TUSSIN DM CLEAR LIQUID	PERRIGO
00113	GUAIFENESIN-DEXTROMETHORPHAN	100-10 MG/5 ML	SYRUP	ORAL	TUSSIN DM COUGH & CHEST LIQUID	PERRIGO
00113	GUAIFENESIN-DEXTROMETHORPHAN	100-10 MG/5 ML	SYRUP	ORAL	TUSSIN DM COUGH SYRUP	PERRIGO
00536	GUAIFENESIN-DEXTROMETHORPHAN	100-10 MG/5 ML	SYRUP	ORAL	COUGH SYRUP	RUGBY
00536	GUAIFENESIN-DEXTROMETHORPHAN	100-10 MG/5 ML	SYRUP	ORAL	EXTRA ACTION COUGH SYRUP	RUGBY
00603	GUAIFENESIN-DEXTROMETHORPHAN	100-10 MG/5 ML	LIQUID	ORAL	IOPHEN DM-NR LIQUID	QUALITEST
00603	GUAIFENESIN-DEXTROMETHORPHAN	100-10 MG/5 ML	SYRUP	ORAL	Q-TUSSIN DM SYRUP	QUALITEST
00904	GUAIFENESIN-DEXTROMETHORPHAN	100-10 MG/5 ML	SYRUP	ORAL	ROBAFEN-DM SYRUP	MAJOR
15127	GUAIFENESIN-DEXTROMETHORPHAN	100-10 MG/5 ML	SYRUP	ORAL	SB COUGH CONTROL DM SYRUP	SELECT BRAND
24385	GUAIFENESIN-DEXTROMETHORPHAN	100-10 MG/5 ML	SYRUP	ORAL	TUSSIN DM CLEAR SYRUP	AMERISOURCEBERG
24385	GUAIFENESIN-DEXTROMETHORPHAN	100-10 MG/5 ML	SYRUP	ORAL	TUSSIN DM SYRUP	AMERISOURCEBERG
37205	GUAIFENESIN-DEXTROMETHORPHAN	100-10 MG/5 ML	LIQUID	ORAL	TUSSIN DM LIQUID	LEADER

