

RE: COUGH AND COLD PRODUCT COVERAGE CHANGE (< 2 years old)

Dear Prescriber:

This letter is to notify you that effective August 3, 2015, El Paso First will no longer cover cough and cold products that do not have an FDA approved indication for children under the age of 2 years. The select cough and cold products listed in the table below will not be covered for members less than 2 years of age enrolled in STAR and CHIP/CHIP Perinate.

Cough and Cold Product List	
<p>BROMFED DM SYRUP BROMPHENIRAMINE/PHENYLEPHRINE/DEXTROMETHORPHAN LIQUID BROMPHENIRAMINE/PHENYLEPHRINE/ DEXTROMETHORPHAN SOLN BROMPHENIRAMINE/PSEUDOEPHEDRINE/DEXTROMETHORPHAN LIQ BROTAPP DM ELIXIR BROTAPP LIQUID BROVEX PEB LIQUID BROVEX PSB DM LIQUID CARBATUSS-12 ORAL SUSPENSION CARDEC DROPS CHILDREN'S MUCINEX COUGH GRANULES PACK CHILDREN'S MUCINEX LIQUID DALLERGY DROPS DICEL ORAL SUSPENSION ED BRON GP LIQUID ED CHLORPED D DROPS GUAIFENESIN LIQUID GUAIFENESIN/DM LIQUID GUAIFENESIN/PHENYLEPHRINE DROPS IBUPROFEN/PSE SUSPENSION J-MAX SYRUP J-TAN D ORAL SUSPENSION LOHIST-DM LIQUID MUCINEX COUGH GRANULES PACK</p>	<p>MUCINEX GRANULES PACK MUCINEX GRANULES PACK NASOHIST DROPS NEO DM LIQUID PEDIATEX TD LIQUID PHENA-S 12 ORAL SUSPENSION PHENYLEPHRINE/BROMPHENIRAMINE SOLUTION PHENYLEPHRINE/ CHLORPHENIRAMINE DROPSPOLY- HIST PD DROPS OTC PROMETHAZINE VC SYRUP PROMETHAZINE-DM SYRUP PSE/BROMPHENIRAMINE LIQUID PSE/TRIPROLIDINE LIQUID PSE/TRIPROLIDINE SYRUP RESCON-GG LIQUID RYNEX DM SOLUTION RYNEX PE SOLUTION RYNEX PSE LIQUID SILDEC SYRUP SILPHEN DM SYRUP SINA-12X ORAL SUSPENSION TRIPOHIST D LIQUID TRIP-PSE LIQUID</p>

Formulary cough and cold products with FDA approved indications for children less than 2 as well as single ingredient antihistamines will continue to be covered as before.

For any questions, please contact El Paso First Health Plan, Monday – Friday, 8 a.m. to 5 p.m. toll-free at 1-877-532-3778 or 915-532-3778 .

Sincerely,

El Paso First Health Plan