

Cough and Cold Preparations

Goal(s):

- Limit use of cough and cold preparations to OHP-funded diagnoses.
- Symptomatic treatment of upper respiratory tract infections is not funded by the OHP.

Length of Authorization:

- Up to 12 months

Requires PA:

- All drugs (expectorants, antitussives, oral decongestants and combinations) in TC = 16, 17 except those listed below.
- All products for patients under 13 years of age.
- All codeine-containing products for patients under 19 years of age (see Codeine PA criteria).

Covered Alternatives:

- Current PMPDP preferred drug list per OAR 410-121-0030 at www.orpdl.org
- Searchable site for Oregon FFS Drug Class listed at www.orpdl.org/drugs/

HSN	Generic Drug Name
000206	Guaifenesin/codeine
000223	Guaifenesin/Dextromethorphan
002091	Pseudoephedrine

Approval Criteria

1. What diagnosis is being treated?	Record ICD10 code.	
2. Is the diagnosis an OHP-funded diagnosis? All indications need to be evaluated to see if funded on the Oregon Health Plan list of prioritized services.	Yes: Go to #4	No: Current age ≥ 21 years: Pass to RPh. Deny; not funded by the OHP. Current age < 21 years: Go to #3
3. Is there documentation that the condition is of sufficient severity that it impacts the patient's health (e.g., quality of life, function, growth, development, ability to participate in school, perform activities of daily living, etc)?	Yes: Go to #4	No: Pass to RPh. Deny; medical necessity.
4. Has the patient tried and failed, or have contraindications to, one of the covered alternatives listed above?	Yes: document failure. Approve for up to 12 months.	No: Pass to RPh. Deny; cost-effectiveness

P&T Review:
Implementation:

5/16 (KK); 5/13; 2/06
7/1/16; 1/10/08