

# 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](http://www.orpdl.org)
- Searchable site for Oregon FFS Drug Class listed at [www.orpdl.org/drugs/](http://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.	<b>Yes:</b> Go to #3	<b>No:</b> Pass to RPh. Deny; not funded by the OHP.
3. Has the patient tried and failed, or have contraindications to, one of the covered alternatives listed above?	<b>Yes:</b> document failure. Approve for up to 1 year.	<b>No:</b> Pass to RPh. Deny; cost-effectiveness

P&T Review: 5/16 (KK); 5/13; 2/06  
 Implementation: 7/1/16; 1/10/08