

Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	April 18, 2017 May 3, 2018, May 10, 2018, April 21, 2021

**COUGH AND COLD ANTITUSSIVE MEDICATIONS**

**LENGTH OF AUTHORIZATION:** 7 DAYS

**REVIEW CRITERIA:**

- Patient must be 18-20 years of age
- For non-preferred products, trial and response to therapy of plain dextromethorphan, guaifenesin/dextromethorphan or benzonatate is required.