

Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's
	Prior Authorization Criteria
Original Development Date: Original Effective Date:	April 18, 2017
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## 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.