



Request for Prior Authorization
Age Edit Override – Codeine or Tramadol

(PLEASE PRINT – ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

An age edit override for codeine or tramadol is required for patients under 18 years of age. Payment will be considered under the following conditions:

- 1. Member is 12 years of age or older; and
2. Medication is not being prescribed to treat pain after surgery following tonsil and/or adenoid procedure for members 12 to 18 years of age; and
3. If member is between 12 and 18 years of age, member is not obese (BMI greater than 30kg/m2), does not have obstructive sleep apnea, or severe lung disease.

Drug Name & Strength

Quantity & Days Supply

Dosing Instructions

Anticipated duration of treatment:

Diagnosis:

For Members between 12 and 18 years of age:

Is medication being used to treat pain after surgery following tonsil and/or adenoid procedure? Yes No

Provide member's BMI: Date of measure:

Does member have obstructive sleep apnea? Yes No

Does member have severe lung disease? Yes No

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.) Date of submission

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid.