

**FAX Completed Form To**  
1.877.386.4695

**Request for Prior Authorization**  
**Age Edit Override – Codeine or Tramadol**

**Provider Help Desk**  
1.866.399.0928

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name	DOB
Patient address		
Provider NPI 	Prescriber name	Phone
Prescriber address		Fax
Pharmacy name	Address	Phone
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.		
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
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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
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**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. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.*