

Iowa Department of Human Services

Request for Prior Authorization

FAX Completed Form To 1 (800) 574-2515

Provider Help Desk 1 (877) 776-1567

Age Edit Override – Codeine or Tramadol (PLEASE PRINT – ACCURACY IS IMPORTANT)

DOB IA Medicaid Member ID # Patient name Patient address Provider NPI Prescriber name Phone Fax Prescriber address Address Phone Pharmacy name 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 Medication is not being prescribed to treat pain after surgery following tonsil and/or adenoid procedure for 2. members 12 to 18 years of age; and If member is between 12 and 18 years of age, member is not obese (BMI greater than 30kg/m2), does not 3. 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? □ No Provide member's BMI: Date of measure: ☐ Yes □ No Does member have obstructive sleep apnea? □ No Does member have severe lung disease? ☐ Yes

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.

Date of submission

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)