

Provider Help Desk

1 (844) 236-1464

Iowa Department of Human Services Request for Prior Authorization Age Edit Override – Codeine or Tramadol



FAX Completed Form To 1 (877) 733-3195

(PLEASE PRINT - ACCURACY IS IMPORTANT)

IA Medicaid Member ID # Patient name Patient address Prescriber name	DOB
Provider NPI Prescriber name	i
	Phone
Prescriber address	Fax
Pharmacy name Address	Phone
Prescriber must complete all information above. It must be legible, correct, a	and complete or form will be returned.
Pharmacy NPI Pharmacy fax	
An age edit override for codeine or tramadol is required for patients un considered under the following conditions:	nder 18 years of age. Payment will be
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 obe have obstructive sleep apnea, or severe lung disease.	ese (BMI greater than 30kg/m2), does not
have obstructive sleep aprica, or severe rung 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?
Provide member's BMI: Date of measure	
Does member have obstructive sleep apnea? Yes No	
Does member have severe lung disease?	
Does member have severe lung disease?	
Does member have severe lung disease? Yes No Attach lab results and other documentation as necessary.	
	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. 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 continues to be eligible for Medicaid.