



Age Edit Override — Codeine and Tramadol Prior Authorization of Benefits Form

CONTAINS CONFIDENTIAL PATIENT INFORMATION

Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-512-9004 or Provider Help Desk 1-800-454-3730

1. Patient information

2. Physician information

Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Date of Rx: _____	Physician fax #: _____
Patient phone #: _____	Physician specialty: _____
Patient email address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

3. Medication

4. Strength

5. Directions

6. Quantity per 30 days

Age Edit Override — Codeine and Tramadol	_____	_____	Specify: _____
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7. Diagnosis: _____

8. Approval criteria: (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

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

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

Anticipated duration of treatment: _____

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.

9. Physician signature

Prescriber or authorized signature

Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations and exclusions. The submitting provider certifies that the information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.

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