

New Hampshire Medicaid Fee-for-Service Program

Codeine for Pediatric Use Criteria

Approval Date: November 17, 2025

Pharmacology

Codeine is metabolized via hepatic cytochrome p-450 enzyme 2D6 to morphine. Genetic differences may impact the function of 2D6 resulting in limited efficacy or toxicity depending on the resultant morphine levels.

Medication

Generic Name	Dosage Strengths
acetaminophen with codeine	300 mg/15 mg; 300 mg/30 mg; 300 mg/60 mg tablets 120 mg/12 mg per 5 mL solution
carisoprodol, aspirin, codeine	200 mg/ 325 mg/16 mg tablets
codeine	15 mg, 30 mg, 60 mg tablets
codeine, butalbital, acetaminophen, caffeine	30 mg/50 mg/300 mg/40 mg capsules
codeine, butalbital, aspirin, caffeine	30 mg/50 mg/325 mg/40 mg capsules

Criteria for Approval

1. Patient is \geq 12 years of age and $<$ 18 years of age; **AND**
2. Patient is not obese (body mass index [BMI] $>$ 95th percentile per CDC guidelines); **AND**
3. Patient does not have obstructive sleep apnea or severe lung disease; **AND**
4. Patient has tried and failed or is not a candidate for at least **two** of the following:
 - a. Topical nonsteroidal anti-inflammatory drugs (NSAIDs)
 - b. Oral NSAIDs
 - c. Oral acetaminophen

Criteria for Denial

1. Prior approval will be denied if the approval criteria are not met
2. Age < 12 years of age
3. Diagnosis is post-surgical pain following tonsil or adenoid procedure
4. Pregnancy

Length of Authorization: 1 month

References

Available upon request.

Revision History

Reviewed By	Reason for Review	Date Approved
DUR Board	New	12/02/2021
Commissioner Designee	New	01/14/2022
DUR Board	Review	06/19/2023
Commissioner Designee	Approval	06/29/2023
DUR Board	Review	10/15/2024
Commissioner Designee	Approval	11/21/2024
DUR Board	Review	09/23/2025
Commissioner Designee	Approval	11/17/2025