

# New Hampshire Medicaid Fee-for-Service Program

## Codeine for Pediatric Use Criteria

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Approval Date: June 29, 2023

### 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]  $> 95$ th 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 2 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