



Request for Prior Authorization
Baclofen

(PLEASE PRINT - ACCURACY IS IMPORTANT)

Form with fields for IA Medicaid Member ID #, Patient name, DOB, Patient address, Provider NPI, Prescriber name, Phone, Prescriber address, Fax, Pharmacy name, Address, Phone, Pharmacy NPI, Pharmacy fax, NDC.

Prior authorization (PA) is required for non-preferred baclofen dosage formulations. Payment for a non-preferred agent will be considered only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent.

- 1) Patient has a diagnosis of spasticity resulting from multiple sclerosis (relief of flexor spasms and concomitant pain, clonus, and muscular rigidity) or spinal cord injuries/diseases; and
2) Patient meets the FDA approved age; and
3) Documentation of a patient-specific, clinically significant reason (beyond convenience) why the member cannot use baclofen oral tablets, even when tablets are crushed and sprinkled on soft food or liquid. Presence of a nasogastric (NG) tube/J-tube alone are not reasons for approval; and
4) Request does not exceed the maximum dosage of 80mg daily.

Preferred (no PA required)

Non-Preferred

[ ] Baclofen Tablets

[ ] Baclofen Oral Solution [ ] Fleqsuvy [ ] Lyvispah

Strength

Dosage Instructions

Quantity

Days Supply

Diagnosis:

Provide documentation of a patient-specific, clinically significant reason why the member cannot use oral baclofen tablets:

Attach lab results and other documentation as necessary.

Table with 2 columns: Prescriber signature (Must match prescriber listed above.) and 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.