

**BACLOFEN POWDER
(baclofen)****Pre - PA Allowance**None

Prior-Approval Requirements**Diagnosis**

Spasticity

AND ONE of the following:

1. The requested **ORAL** dose does not exceed 20 mg/ unit
2. The requested **INTRATHECAL** dose does not exceed a concentration of 2mg/ml

AND ONE of the following:

1. The requested strength is not commercially available
2. **NOT** available commercially due to shortage

Prior - Approval Limits**Duration** 12 months

Prior – Approval *Renewal* Requirements

Same as above

Prior – Approval *Renewal* Limits

Same as above