

## BACLOFEN ORAL

Fleqsuvy (baclofen) oral suspension, Lyvispah (baclofen) oral granules, Ozobax (baclofen) oral solution

This policy does not apply to any other forms of baclofen not listed above

## Pre - PA Allowance

None

## Prior-Approval Requirements

**Age** 12 years of age or older

### Diagnosis

Patient must have **ONE** of the following:

1. Spasticity related to multiple sclerosis (MS)
2. Spinal cord injury or other spinal cord disease

**AND ALL** of the following:

- a. Patient is unable to swallow or has difficulty swallowing baclofen tablets
- b. Prescriber agrees to monitor for:
  - i. Psychotic disorders, schizophrenia, and confusional states
  - ii. Autonomic dysreflexia
  - iii. Epilepsy

## Prior - Approval Limits

### Quantity

Drug/Strength	Quantity
Fleqsuvy 5 mg/mL oral suspension	12 x 120mL bottles (1440 mL) per 90 days <b>OR</b> 5 x 300mL bottles (1500 mL) per 90 days <b>OR</b>
Ozobax 5 mg/5 mL oral solution	16 x 473 mL bottles (7568 mL) per 90 days <b>OR</b>
Ozobax 10 mg/5 mL oral solution	16 x 237 mL bottles (3792 mL) per 90 days <b>OR</b> 8 x 473 mL bottles (3784 mL) per 90 days <b>OR</b>
Lyvispah 5 mg oral granules	80 mg per day
Lyvispah 10 mg oral granules	
Lyvispah 20 mg oral granules	

**Duration** 12 months



**BlueCross  
BlueShield**

Federal Employee Program.

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### **Prior – Approval *Renewal* Requirements**

Same as above

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