

## **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

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## **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**

<b>Drug/Strength</b>	<b>Quantity</b>
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

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**BlueCross  
BlueShield**

Federal Employee Program.

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

Same as above

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Same as above