

Request for Prior Authorization Baclofen

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name	DOB			
Patient address					
Provider NPI	Prescriber name	Phone			
Prescriber address		Fax			
Pharmacy name	Address	Phone			
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.					
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. Payment will be considered under the following conditions:

- 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	<u>PA required)</u>		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.				
Prescriber signature (Must match prescriber listed above.)	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. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for continues to be eligible for Medicaid.