



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

BACLOFEN

Generic	Brand	HICL	GCN	Medi-Span	Exception/Other
BACLOFEN	OZOBAX, BACLOFEN		64209	GPI-14 (75100010002070)	
BACLOFEN	FLEQSUVY, BACLOFEN		51885	GPI-14 (75100010001825)	
BACLOFEN	LYVISPAH		51638 51639 51652	GPI-14 (75100010003010), (75100010003020), (75100010003030)	

GUIDELINES FOR USE

1. Is the request for Ozobax (baclofen) and the patient meets **ALL** of the following criteria?

- The patient had a trial of or contraindication to generic baclofen tablets
- The patient is unable to swallow generic baclofen tablets

If yes, **approve for 6 months by GPID or GPI-14 with a quantity limit of #80mL per day.**
If no, continue to #2.

2. Is the request for Fleqsuvy (baclofen) and the patient meets **ALL** of the following criteria?

- The patient had a trial of or contraindication to generic baclofen tablets
- The patient is unable to swallow generic baclofen tablets

If yes, **approve for 12 months by GPID or GPI-14 with a quantity limit of #16mL per day.**
If no, continue to #3.

3. Is the request for Lyvispah and the patient meets **ALL** of the following criteria?

- The patient had a trial of or contraindication to generic baclofen tablets
- The patient is unable to swallow generic baclofen tablets

If yes, **approve for 12 months by GPID or GPI-14 for all strengths with the following quantity limits:**

- **5mg: #9 per day.**
- **10mg: #3 per day.**
- **20mg: #4 per day.**

If no, do not approve.

DENIAL TEXT: See the denial text at the end of the guideline.

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BACLOFEN

GUIDELINES FOR USE (CONTINUED)

DENIAL TEXT: *Some terms are already pre-defined in parenthesis. Please use these definitions if the particular text you need to use does not already have definition(s) in it.

Our guideline named **BACLOFEN (Ozobax, Fleqsuvy, Lyvispah)** requires the following rule(s) be met for approval:

- A. You have tried or have a contraindication (harmful for) to generic baclofen tablets
- B. You are unable to swallow generic baclofen tablets

Your doctor told us **[INSERT PT SPECIFIC INFO PROVIDED]**. We do not have information showing you **[INSERT UNMET CRITERIA]**. This is why your request is denied. Please work with your doctor to use a different medication or get us more information if it will allow us to approve this request.

RATIONALE

For further information, please refer to the Prescribing Information and/or Drug Monograph for Ozobax Fleqsuvy, and Lyvispah.

REFERENCES

- Ozobax [Prescribing Information]. Athens, GA: Metacel Pharmaceuticals, LLC; May 2020.
- Fleqsuvy [Prescribing Information]. Woburn, MA: Azurity Pharmaceuticals, Inc.; February 2023.
- Lyvispah [Prescribing Information]. Roswell, GA: Saol Therapeutics, Inc.; November 2021.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

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