



STANDARD COMMERCIAL DRUG FORMULARY
PRIOR AUTHORIZATION GUIDELINES

BACLOFEN ORAL SOLUTION

Generic	Brand	HICL	GCN	Exception/Other
BACLOFEN	OZOBAX		64209	

GUIDELINES FOR USE

1. Is the patient unable to swallow oral baclofen tablets at prescribed dosing?

If yes, **approve for 6 months by GPID with a quantity limit of #80mL per day.**

If no, do not approve.

DENIAL TEXT: The guideline named **BACLOFEN ORAL SOLUTION (Ozobax)** requires that the patient is unable to swallow oral baclofen tablets at prescribed dosing.

RATIONALE

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

REFERENCES

- Ozobax [Prescribing Information]. Athens, GA: Metacel Pharmaceuticals, LLC; September 2019.

Library	Commercial	NSA
Yes	Yes	No

Part D Effective: N/A

Commercial Effective: 01/01/20

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P&T Approval: 10/19