



Fax Completed Form To

1.833.404.2392

Prescriber Help Desk

1.833.587.2012

Online

covermy meds.com/main/prior-authorization-forms/

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 PA required)

Baclofen Tablets

Non-Preferred

Baclofen Oral Solution

Fleqsuvy

Baclofen Oral Suspension

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
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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 Health and Human Services, that the member continues to be eligible for Medicaid.