

Iowa Department of Human Services

Iowa Health Link Hawki

Request for Prior Authorization Baclofen

FAX Completed Form To 1 (877) 733-3195 Provider Help Desk 1 (844) 236-1464

(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) | | Non-Preferred | |
| ☐ Baclofen Tablets | | ☐ Baclofen Oral Solution | on 🗌 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 pre | | | |

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 Medicaid.

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