Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	July 8, 2022

FLEQSUVY™ (baclofen oral suspension)

LENGTH OF AUTHORIZATION: Up to 1 year

REVIEW CRITERIA:

- Patient must be ≥ 12 years of age.
- Patient must have a documented diagnosis muscle rigidity, muscle spasms, myoclonus, or spasticity due to of one of the following:
  - Multiple sclerosis; **OR**
  - Spinal cord injury/spinal cord disease.
- Patient must have medical documentation of a trial and failure of baclofen tablets or rationale why tablets cannot be used (i.e., gastrostomy tube, dysphagia, etc.)

Fleqsuvy is not indicated for the treatment of muscle spasms resulting from rheumatic disorders.

CONTINUATION OF THERAPY:

- Patient met initial review criteria; **AND**
- Documentation of improved clinical response; **AND**
- Patient has not have experienced any treatment-restricting adverse effects; **AND**
- Dosing is appropriate as per labeling or is supported by compendia.

DOSING AND ADMINISTRATION:

- Refer to product labeling https://www.accessdata.fda.gov/scripts/cder/daf/
- Dosage form**:** 25mg/ml oral solution (120ml and 300ml bottles)