

## baclofen solution (OZOBAX)

<b>Diagnoses Considered for Coverage:</b>
<ul style="list-style-type: none"><li>• Muscle spasticity</li></ul>
<b>Coverage Criteria:</b>
<b>For diagnosis listed above, approve if:</b> <ul style="list-style-type: none"><li>• Dose does not exceed 80 mg per day, <b>and</b></li><li>• Patient is unable to take generic baclofen (5 mg, 10 mg, 20 mg) tablet.</li></ul>
<b>Coverage Duration:</b> one year






Effective Date: 5/3/2023