Clinical Policy: Baclofen (Gablofen, Lioresal)

Reference Number: PA.CP.PHAR.149
Effective Date: 01/2018
Last Review Date: 01/2024

Coding Implications
Revision Log

Description
Baclofen (Gablofen®, Lioresal® Intrathecal) is a muscle relaxant and antispastic. Baclofen's pharmacological class is a gamma-aminobutyric acid (GABA)-ergic agonist.

FDA Approved Indication(s)
Gablofen and Lioresal Intrathecal** are indicated for use in the management of severe spasticity of cerebral or spinal cord origin.*

- Patients should first respond to a screening dose of intrathecal baclofen prior to consideration for long term infusion via an implantable pump.
- For spasticity of spinal cord origin, chronic infusion of Gablofen/Lioresal Intrathecal via an implantable pump should be reserved for patients unresponsive to oral baclofen therapy, or those who experience intolerable central nervous system side effects at effective doses.
- Patients with spasticity due to traumatic brain injury (TBI) should wait at least one year after the injury before consideration of long-term intrathecal baclofen therapy.

Gablofen and Lioresal Intrathecal are intended for use by the intrathecal route as follows:

- In single bolus test doses (via spinal catheter or lumbar puncture);
- For chronic use, only in implantable pumps approved by the FDA specifically for the administration of Gablofen/Lioresal Intrathecal into the intrathecal space, including the Medtronic SynchroMed® II Programmable Pump‡.

**Gablofen is indicated in adults and pediatric patients age 4 years and above; Safety and effectiveness of Lioresal Intrathecal in pediatric patients below the age of 4 have not been established. Safety and effectiveness of Ozobax in pediatric patients below the age of 12 have not been established.*
***Lioresal Intrathecal therapy may be considered an alternative to destructive neurosurgical procedures.*
‡See Medtronic SynchroMed® II Programmable Pump information at http://professional.medtronic.com/pt/neuro/itb/prod/index.htm#.WAUxFuArKhc.

Policy/Criteria
It is the policy of PA Health & Wellness that Gablofen, Lioresal are **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Requests for Gablofen or Lioresal (must meet all):

1. Diagnosis of severe spasticity of cerebral or spinal cord origin (e.g., due to spinal cord injury, multiple sclerosis, hypoxic-ischemic encephalopathy, cerebral palsy, TBI);
2. Prescribed by or in consultation with a neurologist, orthopedist, physiatrist, or physical medicine and rehabilitation specialist;
3. Age ≥ 4 years;
4. If the spasticity is due to TBI, > 1 year has passed since the injury;
5. Documentation supports inability to use oral baclofen therapy;

6. Failure of one of the following conventional therapies (a, b, or c), unless all are contraindicated or clinically significant adverse effects are experienced:
   a. A benzodiazepine (e.g., diazepam, clonazepam);
   b. Dantrolene;
   c. Tizanidine;
7. Baclofen will be used in one of the following ways (a or b):
   a. Screening trial (i and ii):
      i. Prescribed formulation is one of the following:
         a) Gablofen: 50 mcg/mL (1 mL syringe);
         b) Lioresal Intrathecal: 50 mcg /mL (1 mL ampule);
      ii. Dose does not exceed 100 mcg;
   b. Maintenance therapy (i and ii):
      i. Prescribed formulation is one of the following:
         a) Any Gablofen vial/syringe except the 1 mL syringe;
         b) Any Lioresal Intrathecal ampule except the 1 mL ampule;
      ii. Member responded positively to an intrathecal baclofen screening dose (bolus of ≤ 100 mcg) as evidenced by decrease in muscle tone/frequency or spasm severity.

Approval duration:
Up to 3 screening trials over 14 days
Maintenance regimen: 3 months

B. Other diagnoses/indications: Refer to PA.CP.PMN.53

II. Continued Approval

A. All Indications in Section I (must meet all)**:**

1. Currently receiving medication via PA Health & Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy;
3. Gablofen and Lioresal requests only: Member meets all of the following (a, b, and c):
   a. Documented adherence with scheduled refill visits;
   b. Baclofen is requested for continuance of maintenance therapy;
   c. Prescribed formulation is one of the following (i or ii):
      i. Any Gablofen vial/syringe except the 1 mL syringe;
      ii. Any Lioresal Intrathecal ampule except the 1 mL ampule.

Approval duration: 6 months (Gablofen, Lioresal)

B. Other diagnoses/indications (must meet 1 or 2)**:**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.LTSS.PHAR.01) applies; or
2. Refer to PA.CP.PMN.53

III. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

FDA: Food and Drug Administration
TBI: traumatic brain injury

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
baclofen oral tablets	5 mg PO TID; increase slowly every 3 days by 5 mg PO TID up to 40 to 80 mg/day given in 3 to 4 divided doses	150 mg/day
benzodiazepines (e.g., diazepam, clonazepam)	Varies	Varies
dantrolene (Dantrium®)	25 mg PO QD; a gradual dose titration of 25 mg PO QD for 7 days, 25 mg PO TID for 7 days, 50 mg PO TID for 7 days, and 100 mg PO TID QD is recommended.	400 mg/day
Tizanidine (Zanaflex®)	2 mg PO QD; dose can be repeated at 6 to 8 hour intervals as needed to a maximum of 3 doses/24 hrs. Gradually increase the dose by 2 to 4 mg at each dose, with 1-4 days in between dose increases until satisfactory reduction in muscle tone is achieved.	36 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic.

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): hypersensitivity to baclofen
  - Gablofen and Lioresal only – do not use via intravenous, intramuscular, subcutaneous, or epidural routes of administration
- Boxed warning(s):
  - Gablofen and Lioresal only – do not discontinue abruptly
    - Abrupt discontinuation of intrathecal baclofen, regardless of the cause, has resulted in sequelae that include high fever, altered mental status, exaggerated rebound spasticity, and muscle rigidity, that in rare cases has advanced to rhabdomyolysis, multiple organ-system failure and death.

IV. Dosage and Administration

Drug Name	Dosing Regimen	Maximum Dose
Intrathecal baclofen (Gablofen, Lioresal Intrathecal)	Screening phase: initial: 50 mcg (or 25 mcg for very small patient) intrathecally by barbotage over a period of at least 1 minute and observed over 4 to 8 hours. If the initial response is less than desired, a second bolus	Not available

	of 75 mcg intrathecally may be given 24 hours after the first dose, and again observe for 4 to 8 hours. If the response is still inadequate, a final bolus of 100 mcg intrathecally may be given 24 hours later. Patients who do not respond to the 100 mcg dose should not be considered candidates for an implanted pump for chronic infusion. Maintenance therapy: Titrate patients individually; lowest dose with an optimal response should be used, generally 300 mcg/day to 800 mcg/day for spasticity of spinal cord origin (for children < 12 years, average dose was 274 mcg/day) and 90 mcg/day to 703 mcg/day for spasticity of cerebral origin (for children < 12 years, average dose was 274 mcg/day).	

V. Product Availability

Drug	Availability
Baclofen intrathecal injection (Gablofen)	Injection: 50 mcg/1 mL, 10,000 mcg/20 mL (500 mcg/mL), 20,000 mcg/20 mL (1,000 mcg/mL), 40,000 mcg/20 mL (2,000 mcg/mL)
Baclofen intrathecal injection (Lioresal Intrathecal)	Injection ampules: 0.05 mg/mL (50 mcg/mL), 10 mg/20 mL (500 mcg/mL), 10 mg/5 mL (2,000 mcg/mL), 40 mg/20 mL (2,000 mcg/mL)

VI. References

1. Gablofen Prescribing Information. Bethlehem, PA: Piramal Critical Care, Inc.; October 2020. Available at http://www.gablofen.com/. Accessed June 30, 2023.
2. Lioresal Intrathecal Prescribing Information. Minneapolis, MN: Medtronic, Inc.; August 2022. Available at https://www.accessdata.fda.gov/drugsatfda_docs/label/2019/020075s037lbl.pdf. Accessed July 28, 2022.
3. SynchroMed II Programmable Infusion Pump. Medtronic, Inc., Minneapolis, MN. Available at http://professional.medtronic.com/pt/neuro/itb/prod/#.WAZHK-ArKhc. Accessed July 30, 2023.
4. Chang E, Ghosh Nilasha, Yanni D, et al. A review of spasticity treatments: pharmacological and interventional approaches. Crit Rev Phys Rehabil Med. 2013; 25(1-2)11:22. doi:10.1615/CritRevPhysRehabilMed.2013007945.
5. Gold R and Oreja-Guevara C. Advances in the management of multiple sclerosis spasticity: multiple sclerosis spasticity guidelines. Expert Rev Neurother. 2013; 13(12s): 55-59.

Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-

date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J0475	Injection, baclofen, 10 mg
J0476	Injection, baclofen, 50 mcg for intrathecal trial

Reviews, Revisions, and Approvals	Date
4Q 2018 annual review: removed requirement for physical therapy due to inability to objectively verify; removed specialist requirement by a "physician adequately trained for baclofen infusion"; references reviewed and updated.	07/2018
4Q 2019 annual review: No changes per Statewide PDL implementation 01-01-2020	10/2019
4Q 2020 annual review: added age limit for Gablofen/Lioresal; added newly approved Ozobax to the policy; references reviewed and updated.	10/2020
4Q 2021 annual review: no significant changes; Gablofen/Lioresal requirement for oral baclofen was revised to "Documentation supports inability to use…" language; Ozobax requirement for compounded oral solution was revised to "Member must use…" language; references reviewed and updated.	10/2021
4Q 2022 annual review: no significant changes; updated product availability, contraindications and boxed warnings per PI; references reviewed and updated.	10/2022
4Q 2023 annual review: no significant changes; added approved Lyvispah oral granules and Fleqsuvy oral suspension; references reviewed and updated.	10/2023
Remove Fleqsuvy, Lyvispah and Ozobax due to on the Statewide PDL	01/2024