Texas Prior Authorization Program
Clinical Edit Criteria

Drug/Drug Class

Carisoprodol

Clinical Edit Information Included in this Document

Carisoprodol (Compounds)

- **Drugs requiring prior authorization**: the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic**: a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram**: a visual depiction of the clinical edit criteria logic
- **Supporting tables**: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- **References**: clinical publications and sources relevant to this clinical edit

Carisoprodol (Excluding Compounds)

- **Drugs requiring prior authorization**: the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic**: a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram**: a visual depiction of the clinical edit criteria logic
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**Note**: Click the hyperlink to navigate directly to that section.
Revision Notes

- Annual review by staff
- Updated references, page 11
## Drugs Requiring Prior Authorization

<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
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<tbody>
<tr>
<td>CARISOPRODOL-ASPIRIN 200-325 MG</td>
<td>94380</td>
</tr>
<tr>
<td>CARISOPRODOL COMPOUND TAB</td>
<td>94380</td>
</tr>
<tr>
<td>CARISOPRODOL, ASPIRIN AND CODEINE PHOSPHATE</td>
<td>13995</td>
</tr>
</tbody>
</table>
1. Is the prescription for less than or equal to (≤) 8 tablets per day?
   [ ] Yes (Go to #2)
   [ ] No (Deny)

2. Does the client have a history of carisoprodol prescribed by less than or equal to (≤) 2 doctors in the last 60 days?
   [ ] Yes (Approve – 30 days)
   [ ] No (Deny)
Carisoprodol Compounds
Clinical Edit Criteria Logic Diagram

Step 1
Is the prescription for ≤ 8 tablets per day?

Yes

Step 2
Does the client have a history of carisoprodol prescribed by ≤ 2 doctors in the last 60 days?

Yes

Approve Request (30 days)

No

No

Deny Request

Deny Request
### Step 2 (history of carisoprodol prescribed by ≤ 2 doctors)

**Required quantity:** 1  
**Look back timeframe:** 60 days

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<td>SOMA 350 MG TABLET</td>
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</table>
1. Is the prescription for less than or equal to (≤) 4 tablets per day?
   [ ] Yes (Go to #2)
   [ ] No (Deny)

2. Does the client have a history of carisoprodol prescribed by less than or equal to (≤) 2 doctors in the last 60 days?
   [ ] Yes (Approve – 30 days)
   [ ] No (Deny)
Carisoprodol
Excluding Compounds
Clinical Edit Criteria Logic Diagram

**Step 1**
Is the prescription for ≤ 4 tablets per day?
- Yes
- No

**Step 2**
Does the client have a history of carisoprodol prescribed by ≤ 2 doctors in the last 60 days?
- Yes → Approve Request (30 days)
- No → Deny Request
### Carisoprodol Excluding Compounds

#### Clinical Edit Criteria Supporting Tables

**Step 2 (history of carisoprodol prescribed by ≤ 2 doctors)**

**Required quantity:** 1  
**Look back timeframe:** 60 days

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Carisoprodol

Clinical Edit Criteria References


Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the most current revision are also provided in the Revision Notes on the first page of this document.

<table>
<thead>
<tr>
<th>Publication Date</th>
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<tbody>
<tr>
<td>01/31/2011</td>
<td>Initial publication and posting to website</td>
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</table>
| 03/05/2012       | • Divided clinical edit criteria guide into Carisoprodol (Compounds) and Carisprodol (Excluding Compounds)  
                   • Added a new section to specify the drugs requiring prior authorization for each form of carisoprodol  
                   • In each “Clinical Edit Supporting Tables” section, revised table to specify the drug names and GCNs pertinent to step 2 of the logic diagram |
| 11/20/2017       | • Annual review by staff  
                   • Updated references, page 11 |