Drug/Drug Class

Carisoprodol

Clinical Criteria Information Included in this Document

Carisoprodol (Compounds)

- **Drugs requiring prior authorization**: the list of drugs requiring prior authorization for this clinical criteria
- **Prior authorization criteria logic**: a description of how the prior authorization request will be evaluated against the clinical criteria rules
- **Logic diagram**: a visual depiction of the clinical 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 criteria

Carisoprodol (Excluding Compounds)

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- **Supporting tables**: a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
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**Note**: Click the hyperlink to navigate directly to that section.
Revision Notes

Annual review by staff
Updated references
The listed GCNs may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

<table>
<thead>
<tr>
<th>Label Name</th>
<th>GCN</th>
</tr>
</thead>
<tbody>
<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 Criteria Logic Diagram

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

- **Yes**
  - No history of carisoprodol prescribed by ≤ 2 doctors in the last 60 days?
    - **Yes**
      - Approve Request (30 days)
    - **No**
      - Deny Request

- **No**
  - Deny Request
### Carisoprodol Compounds
Clinical Criteria Supporting Tables

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

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

<table>
<thead>
<tr>
<th>Label Name</th>
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<tbody>
<tr>
<td>CARISOPRODOL 250 MG TABLET</td>
<td>98857</td>
</tr>
<tr>
<td>CARISOPRODOL 350 MG TABLET</td>
<td>17912</td>
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### Carisoprodol Excluding Compounds

Drugs Requiring Prior Authorization

The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.

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</tbody>
</table>
1. Is the prescription for less than or equal to \( \leq \) 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 \( \leq \) 2 doctors in the last 60 days?
   [ ] Yes (Approve – 30 days)
   [ ] No (Deny)
Carisoprodol
Excluding Compounds
Clinical Criteria Logic Diagram

Step 1
Is the prescription for ≤ 4 tablets per day?

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

No →

Deny Request
## Carisoprodol Excluding Compounds

### Clinical 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 Criteria References


9. Christopher Knight. Treatment of acute low back pain. In: UpToDate, Steven(Ed), UpToDate, Waltham, MA. (Accessed on August 5, 2022.)
# 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>
<th>Notes</th>
</tr>
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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 Carisoprodol (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 |
| 03/26/2019       | • Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each ‘Drug Requiring PA’ table |
| 04/15/2021       | • Annual review by staff  
                  • Removed GCN for carisoprodol/ASA (94380)  
                  • Updated references |
| 10/20/2022       | • Annual review by staff  
                  • Updated references |