

Texas Prior Authorization Program Clinical Criteria

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)

- **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
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Note: Click the hyperlink to navigate directly to that section.

Revision Notes

Annual review by staff

Updated references



Carisoprodol 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.

Drugs Requiring Prior Authorization	
Label Name	GCN
CARISOPRODOL, ASPIRIN AND CODEINE PHOSPHATE	13995



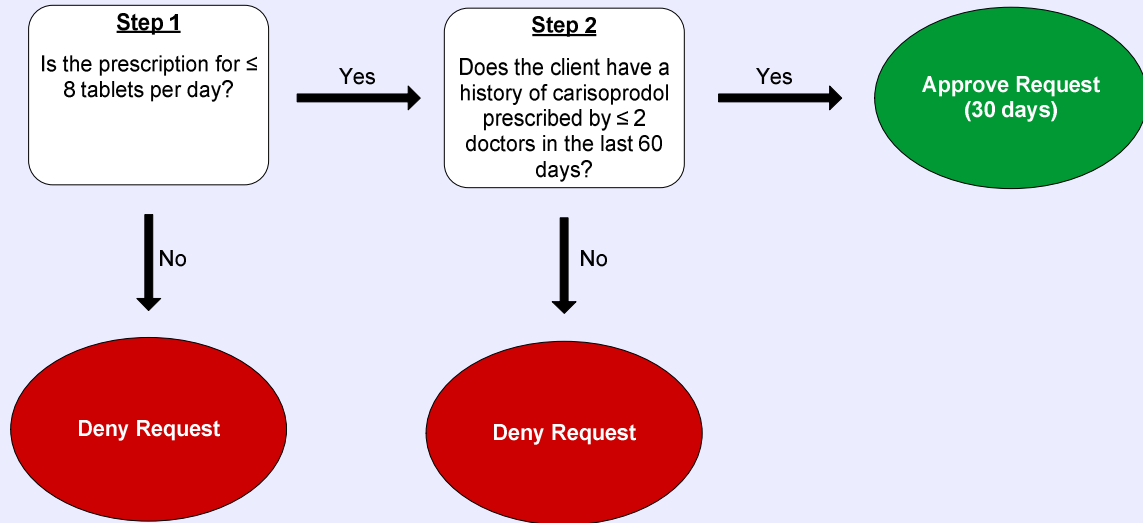
**Carisoprodol
Compounds
Clinical Criteria Logic**

1. Is the prescription for less than or equal to (\leq) 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 (\leq) 2 doctors in the last 60 days?
 Yes (Approve – 30 days)
 No (Deny)



Carisoprodol Compounds Clinical Criteria Logic Diagram





**Carisoprodol
Compounds**
Clinical Criteria Supporting Tables

Step 2 (history of carisoprodol prescribed by \leq 2 doctors)	
Required quantity: 1	
Look back timeframe: 60 days	
Label Name	GCN
CARISOPRODOL 250 MG TABLET	98857
CARISOPRODOL 350 MG TABLET	17912
CARISOPRODOL, ASPIRIN AND CODEINE PHOSPHATE	13995
SOMA 250 MG TABLET	98857
SOMA 350 MG TABLET	17912



Carisoprodol Excluding Compounds Drugs Requiring Prior Authorization

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Drugs Requiring Prior Authorization	
Label Name	GCN
CARISOPRODOL 250 MG TABLET	98857
CARISOPRODOL 350 MG TABLET	17912
SOMA 250 MG TABLET	98857
SOMA 350 MG TABLET	17912



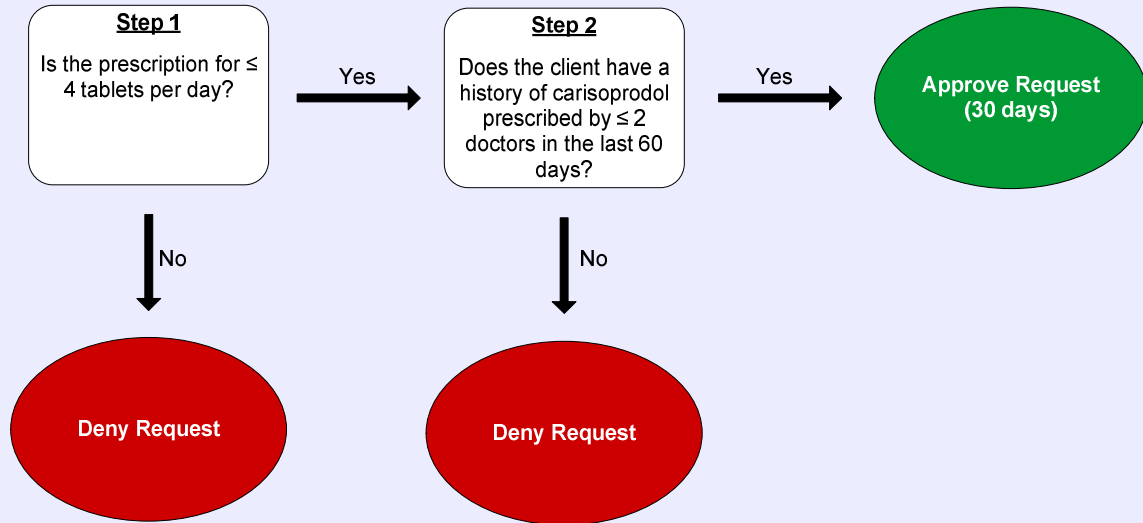
**Carisoprodol
Excluding Compounds
Clinical Criteria Logic**

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





Carisoprodol
Excluding Compounds
Clinical Criteria Supporting Tables

Step 2 (history of carisoprodol prescribed by \leq 2 doctors)	
Required quantity: 1	
Look back timeframe: 60 days	
Label Name	GCN
CARISOPRODOL 250 MG TABLET	98857
CARISOPRODOL 350 MG TABLET	17912
CARISOPRODOL, ASPIRIN AND CODEINE PHOSPHATE	13995
SOMA 250 MG TABLET	98857
SOMA 350 MG TABLET	17912



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Clinical Criteria References

1. Clinical pharmacology: Carisoprodol monograph. April 15, 2021.
2. Bailey DN, Briggs JR. Carisoprodol: An unrecognized drug of abuse. *Am J Clin Pathol* 2002; 117(3):396-400.
3. Reeves RR, Liberto V. Abuse of combinations of carisoprodol and tramadol. *S Med J* 2001; 94(5):512-4.
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6. The American Geriatrics Society 2019 Beers Criteria Update Expert Panel. American Geriatrics Society 2019 updated Beers Criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc* 2019 Apr;67(4):674-694.
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8. Qaseem A, Wilt TJ, McLean RM, et al. Noninvasive Treatments for Acute, Subacute and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med*. 2017 Apr 4;166(7):514-530.
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.

Publication Date	Notes
01/31/2011	Initial publication and posting to website
03/05/2012	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Annual review by staff Updated references
03/26/2019	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> Annual review by staff Removed GCN for carisoprodol/ASA (94380) Updated references
10/20/2022	<ul style="list-style-type: none"> Annual review by staff Updated references