

Effective Date: October 13, 2010

CRITERIA FOR PRIOR AUTHORIZATION

Carisoprodol containing products

PROVIDER GROUP: Pharmacy

MANUAL GUIDELINES: The following drug(s) require prior authorization for amounts above an initial 21 day supply per year (365 days):

Carisoprodol (Soma®)

Carisoprodol/Aspirin (Soma Compound®)

Carisoprodol/Aspirin/Codeine (Soma Compound with Codeine®)

CRITERIA for carisoprodol containing products: (must meet one of the following)

- Patient is being tapered off of carisoprodol.
 - Taper schedule must be included with PA request. Taper must be complete within 21 days.

OR

- Patient has had new muscle injury resulting in the necessity of additional days supply of carisoprodol.
 - Documentation of new muscle injury must be included with PA request.

Prior Authorization will be approved for one fill (maximum of 21 days supply).