Washington State Health Care Authority

Musculoskeletal Therapy Agents – Carisoprodol

Medical policy no. 75.10.00.AA-1 Effective Date: February 1, 2023

Note: *New-to-market drugs included in this class based on the Apple Health Preferred Drug List are non-preferred and subject to this prior authorization (PA) criteria. Non-preferred agents in this class require an inadequate response or documented intolerance due to severe adverse reaction or contraindication to at least FIVE preferred agents. If there is only one preferred agent in the class documentation of inadequate response to ONE preferred agent is needed. If a drug within this policy receives a new indication approved by the Food and Drug Administration (FDA), medical necessity for the new indication will be determined on a case-by-case basis following FDA labeling.*

To see the list of the current Apple Health Preferred Drug List (AHPDL), please visit: https://www.hca.wa.gov/assets/billers-and-providers/apple-health-preferred-drug-list.xlsx

Background:

Carisoprodol is a centrally acting skeletal muscle relaxant indicated for discomfort associated with acute, painful musculoskeletal conditions. Use of carisoprodol should be limited to a maximum duration of 3 weeks. Carisoprodol is recommended for use in patients 16 years of age and older. The mechanism of action of carisoprodol in relieving discomfort associated with acute painful musculoskeletal conditions has not been clearly identified.

Medical necessity

Drug	*Medical Necessity*
Carisoprodol Tablet Soma (carisoprodol) Vanadom (carisoprodol) Carisoprodol/aspirin Tablet Carisoprodol/aspirin/codeine Tablet	Carisoprodol may be considered medically necessary when used to treat: • Acute, painful musculoskeletal conditions If all criteria are not met, but there are documented medically necessary or situational circumstances, based on the professional judgement of the clinical reviewer, requests may be authorized on a case-by-case basis up to the initial or reauthorization duration.

Clinical policy:

Clinical Criteria	
For acute, painful musculoskeletal conditions	Carisoprodol products may be authorized if the following criteria have been met: 1. Client requires a taper off carisoprodol for the following reasons: (Taper must be completed within 21 days) a. Concurrently taking carisoprodol with an opioid and/or benzodiazepine; b. History of long-term use of carisoprodol; c. Daily dose of carisoprodol exceeds 1400 mg/day; **OR**

2. Client has a diagnosis of acute musculoskeletal pain or spasm; **AND**
3. Client is at least 16 years old for non-codeine containing products OR at least 21 years old for the codeine containing product; **AND**
4. Client has tried and failed or has a contraindication to ALL of the following preferred agents:
    a. Baclofen; **AND**
    b. Cyclobenzaprine; **AND**
    c. Metaxalone; **AND**
    d. Methocarbamol; **AND**
    e. **Adults:** Tizanidine; **AND**
5. Client will not be taking carisoprodol concurrently with any of the following:
    a. Opioids (Excluding buprenorphine and buprenorphine/naloxone; **OR**
    b. Benzodiazepines**; OR**
    c. **Other muscle relaxants AND**
6. The requested carisoprodol product will be used for acute treatment, defined as 21 days or less, within a 90-day period

If **ALL** of the above criteria are met, the request will be authorized for 21 days.

If all criteria are not met, but there are documented medically necessary or situational circumstances, based on the professional judgement of the clinical reviewer, requests may be authorized on a case-by-case basis up to the initial authorization duration.

Criteria (Reauthorization)

Carisoprodol products may be reauthorized when ALL of the following criteria are met:

1. Client has not received a carisoprodol product within the last 90 days; **AND**
2. Client meets criteria #2-5 above in the initial criteria.

If there is a documented medically necessary or situational circumstances, based on the professional judgement of the clinical reviewer, requests may be authorized on a case-by-case basis.

Dosage and quantity limits

Indication	Dose and Quantity Limits
Disorder of musculoskeletal system	• 4 tablets daily for 3 weeks

References

1. Jordan J, Hamer A, Ketchum KL. Carisoprodol (Soma®) and Sedative Quantities to be Restricted on November 15, 2002. Oregon DUR Board Newsletter: An Evidence Based Drug Therapy Resource. https://www.orpdl.org/durm/newsletter/articles/volume4/durv4i8.pdf. Published October 2002. Accessed December 2022.
2. Soma (carisoprodol) [prescribing information]. Somerset, NJ: Meda Pharmaceuticals; March 2019

History

Date	Action and Summary of Changes
8/10/2022	Version 1: New policy created