

Carisoprodol Prior Authorization Criteria

Carisoprodol is a centrally-acting skeletal muscle relaxant that is indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults. It should only be used for short periods (up to 2 or 3 weeks) because adequate evidence of effectiveness for more prolonged use has not been established and because acute, painful musculoskeletal conditions are generally of short duration.

Approval criteria

- ✓ Prior authorization will only be granted for the treatment of *acute* musculoskeletal conditions;
- ✓ Beneficiaries must have tried and failed in the past 21 days or have documented intolerance to cyclobenzaprine

Denial criteria

- ✗ Concurrent meprobamate therapy or history of meprobamate use within the past 90 days

New prescriptions

- Approval will be limited to a 21-day supply for a maximum of 84 tablets, in accordance with the FDA-approved labeling of carisoprodol
- Patients will only be allowed **one** 84-tablet prescription every six months, for a total of two prescriptions per year

Chronic carisoprodol users

- Approval will be limited to one 18-tablet supply to allow for the 9 day tapering schedule. The tapering schedule can be found at http://www.medicaid.state.ms.us/Pharmacy_Services/Carisoprodol_Tapering.pdf
- Patients will only be allowed **one** 18-tablet prescription to allow for the tapering schedule