

ALASKA MEDICAID

Soma® (Carisoprodol)

Oral Tablets: 250mg, 350mg

PREFERRED DRUG:

NA

NON-PREFERRED DRUG:

NA

INDICATION:

“Soma is indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults. Soma tablets should only be used for short periods (up to two or three 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.”¹

NOTE: The filling pharmacy may override PA for patients in hospice, or who have cancer, or are in LTC facilities.

CRITERIA FOR APPROVAL:

1. The patient is being treated for the relief of discomfort associated with **acute**, painful musculoskeletal conditions; **AND**
2. The patient is at least 16 years of age.

CRITERIA CAUSING DENIAL:

1. The patient is on any other muscle relaxant.

DISPENSING LIMIT:

1. The dispensing limit is 56 tablets per 14 days.
2. Medication may be approved for 14 days only. No refills will be authorized and a new PA must be requested for each 14 day supply.

REFERENCES / FOOTNOTES:

¹ Soma® 250mg package insert, available at:
<http://www.soma250.com/pdf/full_prescribing_info.pdf>
Accessed 05/28/2009.

² Carisoprodol® package insert, available at:
<http://pi.watson.com/data_stream.asp?product_group=1213&p=pi&language=E>
Accessed 05/28/2009.