New Hampshire Medicaid Fee-for-Service Program
Carisoprodol and Combination Medication Criteria

Approval Date: January 22, 2024

Medications

Brand Names	Generic Names	Dosage
Soma®	carisoprodol	• 250 mg, 350 mg • 3 times per day at and at bedtime
Soma compound® (for reference only)	carisoprodol/ASA	• carisoprodol 200 mg, plus aspirin 325 mg • 1 or 2 tablets, 4 times a day • **Max** dose: 2 tablets, 4 times per day
Soma Compound with **Codeine®** (for reference only)	carisoprodol/ASA/ codeine	• carisoprodol 200 mg, aspirin 325 mg, codeine phosphate 16 mg/tablet • 1 or 2 tablets, 4 times a day • **Max** dose: 2 tablets, 4 times per day

Critical Information

Medicaid covers several other muscle relaxants and prefers not to have this authorized because of abuse potential. A change in therapy should be offered.

Criteria for Approval

1. FDA-approved indication: **Musculoskeletal pain**
   a. **carisoprodol:** relief of discomfort or pain related to acute musculoskeletal conditions in adults
   b. **carisoprodol/ASA:** acute, painful musculoskeletal conditions in adults
   c. **carisoprodol/ASA/codeine:** acute, painful musculoskeletal conditions in adults. Reserve use for patients in whom alternative options have not been or are not expected to be tolerated or adequate. Even at usual doses there are risks of opioid addiction, abuse, and misuse; **AND**
2. Patient has a defined failure or contraindication or intolerance to a trial of one preferred analgesic and two preferred skeletal muscle relaxants prior to use of carisoprodol-containing products; **AND**
3. Prescribed utilization is for short-term (up to three consecutive weeks at a time) therapy.

Approval Period: Three weeks

Quantity Limit:

- **Carisoprodol:** Maximum four units per day
- **Carisoprodol combinations:** Maximum eight units per day

Criteria for Denial

1. Failure to meet criteria for approval; **OR**
2. Active substance use disorder; **OR**
3. History of gastrointestinal (GI) bleed for aspirin-containing products.

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	03/12/2019
Commissioner Designee	New	04/05/2019
DUR Board	Revision	06/30/2020
Commissioner Designee	Approval	08/07/2020
DUR Board	Revision	12/15/2020
Commissioner Designee	Approval	02/24/2021
DUR Board	Revision	06/02/2022
Commissioner Designee	Approval	07/12/2022
DUR Board	Revision	12/08/2023
Commissioner Designee	Approval	01/22/2024