

**Texas Prior Authorization Program  
Clinical Criteria**

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## **Drug/Drug Class**

### **Carisoprodol Overuse**

#### **Clinical Criteria Information included in this Document**

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

## **Revision Notes**

Annual review by staff

Updated references



## Carisoprodol Overuse

### Drugs Requiring Prior Authorization

*The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit [txvendordrug.com/formulary/formulary-search](http://txvendordrug.com/formulary/formulary-search).*

Drugs Requiring Prior Authorization	
Label Name	GCN
CARISOPRODOL 250 MG TABLET	98857
CARISOPRODOL 350 MG TABLET	17912
SOMA 250 MG TABLET	98857
SOMA 350 MG TABLET	17912



**Carisoprodol Overuse**  
**Clinical Criteria Logic**

1. Is the prescription for less than or equal to ( $\leq$ ) 4 tablets per day?  
[ ] Yes – Go to #2  
[ ] No – Deny
2. Does the client have a [history of carisoprodol](#) prescribed by less than or equal to ( $\leq$ ) 2 doctors in the last 60 days?  
[ ] Yes – Approve (30 days)  
[ ] No – Deny





**Carisoprodol Overuse**  
**Clinical Criteria Supporting Tables**

**Table 2 (history of carisoprodol prescribed by ≤ 2 doctors)**

**Required quantity: 1**

**Look back timeframe: 60 days**

GCN	Label Name
98857	CARISOPRODOL 250 MG TABLET
17912	CARISOPRODOL 350 MG TABLET
98857	SOMA 250 MG TABLET
17912	SOMA 350 MG TABLET



## Carisoprodol Overuse

### Clinical Criteria References

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on March 30, 2025.
2. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on March 30, 2025.
3. Soma Prescribing Information. Somerset, NJ. Meda Pharmaceuticals, Inc. May 2023.
4. Carisoprodol Prescribing Information. Canonsburg, PA. Wallace Pharmaceuticals Inc. June 2023.
5. The American Geriatrics Society 2019 Beers Criteria Update Expert Panel. American Geriatrics Society 2019 updated Beers Criteria for potentially inappropriate medication use in older adults. *J Am Geriatr Soc* 2019 Apr;67(4):674-694.
6. Low back disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. P. 333-796.
7. Qaseem A, Wilt TJ, McLean RM, et al. Noninvasive Treatments for Acute, Subacute and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med*. 2017 Apr 4;166(7):514-530.
8. Knight CL, Deyo RA, Staiger TO, Wipf JE. Treatment of acute low back pain. In: UpToDate, Atlas SJ (Ed), UpToDate, Waltham, MA. (Accessed on February 20, 2025.)
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**Carisoprodol Overuse****Publication History**

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
01/31/2011	<ul style="list-style-type: none"><li>Initial publication and posting to website</li></ul>
03/05/2012	<ul style="list-style-type: none"><li>Divided clinical edit criteria guide into Carisoprodol (Compounds) and Carisoprodol (Excluding Compounds)</li><li>Added a new section to specify the drugs requiring prior authorization for each form of carisoprodol</li><li>In each “Clinical Edit Supporting Tables” section, revised table to specify the drug names and GCNs pertinent to step 2 of the logic diagram</li></ul>
11/20/2017	<ul style="list-style-type: none"><li>Annual review by staff</li><li>Updated references</li></ul>
03/26/2019	<ul style="list-style-type: none"><li>Updated to include formulary statement (The listed GCNS may not be an indication of TX Medicaid Formulary coverage. To learn the current formulary coverage, visit TxVendorDrug.com/formulary/formulary-search.) on each ‘Drug Requiring PA’ table</li></ul>
04/15/2021	<ul style="list-style-type: none"><li>Annual review by staff</li><li>Removed GCN for carisoprodol/ASA (94380)</li><li>Updated references</li></ul>
10/20/2022	<ul style="list-style-type: none"><li>Annual review by staff</li><li>Updated references</li></ul>
10/30/2023	<ul style="list-style-type: none"><li>Annual review by staff</li><li>Updated references</li></ul>
06/30/2024	<ul style="list-style-type: none"><li>Annual review by staff</li><li>Removed GCN and criteria for carisoprodol, aspirin, and codeine phosphate (13995) – product has been discontinued</li><li>Updated references</li></ul>
02/28/2025	<ul style="list-style-type: none"><li>Annual review by staff</li><li>Renamed the guide “Carisoprodol Overuse”</li></ul>

Publication Date	Notes
	<ul style="list-style-type: none"><li>• Updated references</li></ul>