



FLORIDA MEDICAID

Prior Authorization

Soma[®] (Carisoprodol)/Soma[®] Compound

(Maximum of 30 Days Approval (120 Tablets)/365 Days)

Note: Form must be completed in full. An incomplete form may be returned.

Recipient's Medicaid ID #

Date of Birth (MM/DD/YYYY)

Recipient's Full Name

Prescriber's Full Name

Prescriber License # (ME, OS, ARNP, PA)

Prescriber Phone Number

Prescriber Fax Number

Pharmacy Name

Pharmacy Medicaid Provider #

Pharmacy Phone Number

Pharmacy Fax Number

Soma[®] (Carisoprodol)

Soma[®] Compound

Directions

Quantity/30 Days

Please indicate patient diagnosis: (Must provide supporting documentation)

Please list (2) skeletal muscle relaxants the patient received in the past 365 days? (Please provide supporting clinical documentation indicating therapeutic outcome of trials and failures)

Drug Name: _____ Dates of Use: _____

Reason for Discontinuing: _____

Drug Name: _____ Dates of Use: _____

Reason for Discontinuing: _____

Prescriber's Signature: _____ Date: _____

REQUIRED FOR REVIEW: Copies of medical records (i.e., diagnostic evaluations and recent chart notes), a copy of the original prescription, and the most recent copies of related labs. Supporting documentation includes chart notes, progress notes, and discharge summaries. The provider must retain copies of all documentation for five years.

Fax Information to:



Pharmacy Provider Services
Fax: 855-825-2717
Phone: 1-800-617-5727

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PROTOCOL

Soma® (Carisoprodol/Soma® Compound)

(Maximum of 30 Days Approval (120 Tablets)/365 Days)

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Approval Indications

- Beneficiary must have failed at least two other skeletal muscle relaxants in the past 365 days.
- Approval limited to a one month supply (120 tablets) during a 365 day period.

Approval Period

Maximum of 30 days approval (120 tablets) / 365 days

Tapering Guidelines (Sample)

Short Taper	Long Taper
<p>Reduce Carisoprodol over 4 days:</p> <ul style="list-style-type: none">• 350mg TID X 1 day, then• 350mg BID X 2 days, then• 350mg QD X 1 day	<p>Reduce Carisoprodol over 9 days:</p> <ul style="list-style-type: none">• 350mg TID X 3 days, then• 350mg BID X 3 days, then• 350mg QD X 3 days