



Montana Healthcare Programs  
Drug Prior Authorization Coverage Criteria

Soma™ (carisoprodol)

**Review Criteria**

Member must meet all the following criteria for specific diagnosis:

- Subject to Preferred Drug List requirements
- Authorization requires failure on 2 other centrally acting muscle relaxants (methocarbamol, tizanidine, cyclobenzaprine, orphenadrine, etc.)
- Authorization will be granted to wean patients currently on chronic carisoprodol if new to Medicaid

Limitations:

- Maximum quantity allowed is 84 tablets in a 6-month time period