January 2012 ALL carisoprodol containing products will become Controlled substances, Schedule IV
Consider Alternatives to Prescribing Carisoprodol (Soma®) and carisoprodol-containing products (carisoprodol/ASA, carisoprodol/ASA/codeine)

**Indications:**
Carisoprodol has an indication for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults. It is not indicated for chronic use, and the recommended maximum duration of use is 2 to 3 weeks.

**Efficacy:**
Carisoprodol does not directly relax skeletal muscle and does not depress neuromuscular transmission or muscular excitability. *Therefore, its effects are presumed to be related to its sedative properties.*

**Abuse Potential:**
- Carisoprodol is metabolized to meprobamate, a controlled substance with addiction potential.
- Street use of carisoprodol alone and in combination with opioids is well-documented.
- Documented cases of drug-seeking behavior, withdrawal symptoms, and fatalities related to its use have been reported.
- Tolerance and dependence increase significantly with long-term use, and patients using high doses may suffer withdrawal symptoms upon discontinuation.
- Although carisoprodol is not categorized as a controlled substance by the federal government, the FDA required labeling changes in 2006 that emphasized the risk of abuse and dependence.

Coverage of this product is limited to 168 tablets per year because:
- Neighborhood’s formulary has several alternatives* with better safety profiles than carisoprodol
- Risk of dependence is significantly increased with long-term use
- It is recommended that patients on chronic therapy be tapered off the drug

*Formulary alternatives include chlorzoxazone, cyclobenzaprine, methocarbamol, and orphenadrine. Baclofen, tizanidine and dantrolene are also covered for conditions involving spasticity.

**Utilization:**
The overall number of Carisoprodol prescriptions per member per month has decreased by 50% since 2007-2008. In the same time period, the percent of patients receiving more than 168 tablets per year has decreased from 24% to 15%. Neighborhood’s goal is to continue this trend and reach zero patients exceeding the limit.

**Appropriate Discontinuation:**
The following taper schedule has been developed by the Department of Veterans Affairs¹ to assist prescribers in managing the discontinuation of carisoprodol:

<table>
<thead>
<tr>
<th>Long Taper</th>
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<tbody>
<tr>
<td><strong>Reduce Carisoprodol over 9 days:</strong></td>
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<tr>
<td>- 350mg TID X 3 days, then</td>
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<tr>
<td>- 350mg BID X 3 days, then</td>
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<tr>
<td>- 350mg QD X 3 days</td>
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¹ Tapering schedule developed by the Department of Veterans Affairs Medical Center, Portland, Oregon, as published in the Oregon DUR Board Newsletter. Oregon DUR Board Newsletter. 2002; 4:1. 28 December 2005