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IEHP Carisoprodol (Soma) Quick Reference Guide

- **Effective <u>March 1, 2016</u>, carisoprodol will be restricted at a <u>NEW</u> quantity limit of 4 tablets per day (120 tablets per 30-day period).**
- **Effective <u>June 1, 2016</u>, carisoprodol will be <u>REMOVED</u> from the IEHP Medi-Cal formulary**

Quick Facts on Carisoprodol (Soma) Abuse Risks (Table I)

- The Drug Enforcement Administration (DEA) designated carisoprodol as a schedule IV controlled substance due to its abuse potential
- Carisoprodol is metabolized to meprobamate with properties and risks similar to benzodiazepine, with similar habit forming properties
- **Carisoprodol continues to be one of the most diverted drugs**
- Data showed that almost 3 million people have used carisoprodol for nonmedical reasons.
- **Abuse and fatal overdoses of carisoprodol are increasing**
- **Carisoprodol is often abused in combination with an opioid and a benzodiazepine**
- When combined, the synergistic effect of those drugs significantly increase the risk of respiratory depression
- **Opioid medication overdose is the second leading cause of unintentional death in the United States**
- One out of three opioid related deaths was associated with concomitant benzodiazepine consumption

For patients who are currently on carisoprodol, please consider the following recommendations for the Treatment of Complex Chronic Non-Cancer Pain[5]:

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Evaluation and the Treatment of Complex Chronic Non-Cancer Pain[5]

Assessment for Patients who are currently on Carisoprodol
• Review medical history, including records from previous providers • Administer a physical exam to determine baseline function and pain • What prior attempts were made to treat this pain with other modalities? • Do the clinical benefits outweigh the risks of prescribing carisoprodol versus other muscle relaxant alternatives with lower abuse potential? • Psychosocial and risk assessment: risk of medication abuse (e.g. ORT, SOAPP, etc), psychiatric co-morbidity (e.g. PHQ 2,4, etc.). • Routine CURES review and urine drug screen • Monitor patient adherence to pain agreement and treatment plan • Is the patient concurrently taking carisoprodol with an opioid and/or a benzodiazepine?

STOP! Reassess **(RED LIGHT)**	**Carisoprodol Short-Term Therapy** **(PROCEED with CAUTION)**	**Alternative Option(s)** **(GREEN LIGHT)**
CAUTION: Re-evaluate your treatment plan, consider drug taper and consult specialist if your patient: • Receives carisoprodol concurrently with an opioid and/or a benzodiazepine • Shows signs of drug seeking behavior	PROCEED WITH CAUTION: • Limit to short term use when clinical benefits outweigh the risks • Conduct CURES review to assess possible misuse • Perform urine drug screen prior to prescribing	• Create a plan of treatment with the patient that incorporates multimodal interventions • Prescribe other muscle relaxant alternatives with lower abuse potential (see Table 2 below). • Patient lifestyle improvement:

(e.g. doctor/pharmacy shopping), significant misuse or illicit drug use • Chronic use of carisoprodol with signs of drug dependence	• Establish treatment plan AT NEXT VISIT! • Assess for changes in function and pain • Evaluate progress on treatment goals • Assess for aberrant behaviors • Assess for adverse side effects • Limit to short term use, and discontinue carisoprodol if deemed appropriate If no improvement or if aberrant behavior or adverse side effects are observed, stop and reassess!	exercise, weight loss • Behavioral therapies: cognitive behavior therapy, peer support group, case management and psychotherapy • Physiotherapy modalities: occupation therapy, physical therapy, passive modalities • Medical Interventions: pharmacological procedural, surgical

Table II. Muscle Relaxant Formulary Alternatives

Muscle Relaxant Alternatives	Indication	Precautions and Comments
Baclofen (Lioresal)	Spasticity associated with multiple sclerosis or spinal cord injury and other spinal cord diseases	• Withdrawal syndrome (e.g. hallucinations, psychosis, seizures) • Dose cautiously in renal impairment or seizure disorders
Cyclobenzaprine (Flexeril)	Muscle spasm, pain, tenderness, and movement restriction due to acute musculoskeletal conditions	• Anticholinergic side effects • Compared to carisoprodol, dry mouth is more frequent, but dizziness is less frequent • Avoid in moderate or severe hepatic impairment • Dose of 5mg three times daily seems as effective as higher doses, with less side effects • Pregnancy category B
Methocarbamol (Robaxin)	As an adjunct to rest, physical therapy, and other measures for the relief of discomfort associated with acute, painful musculoskeletal conditions	• Urine discoloration • Less drowsiness than cyclobenzaprine
Tizanidine (Zanaflex)	Spasticity	• Hypotension • Hepatotoxicity (monitor liver function regularly) • Hallucinations/delusions (3%) • Withdrawal (e.g. hypertension, tachycardia, hypertonia) • Dose cautiously if creatinine clearance <25mL/min

- The Cochrane Systemic Review[7] and meta-analysis[8] showed that these muscle relaxant alternatives are more effective than placebo for patients with low back pain on short-term pain relief with comparable performance.
- Baclofen and tizanidine are considered anti-spasticity agents, which aid in reducing muscle hypertonicity and involuntary jerks. Cyclobenzaprine and methocarbamol, antispasmodic agents, are primarily used to treat musculoskeletal conditions[9].

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Carisoprodol Taper/Discontinuation Considerations

- Carisoprodol is metabolized extensively by the liver through CYP450 enzyme. Its active metabolite, meprobamate has a half-life of about 10 hours with benzodiazepine-like, anti-anxiolytic properties.
- Carisoprodol is a potentially addictive drug that can lead to tolerance, physical dependence and withdrawal symptoms.
- The longer the treatment, the higher the dosage and/or the faster the taper, then the more likely the patient will have withdrawal symptoms.
- Withdrawal symptoms include body aches, increased perspiration, anxiety and insomnia.
- Consult specialists if your patients shows signs of misuse, physical dependence or illicit drug use
- The following Suggested Carisoprodol Tapering, was developed by the Department of Veterans Affairs to assist prescribers in managing the discontinuation of carisoprodol:

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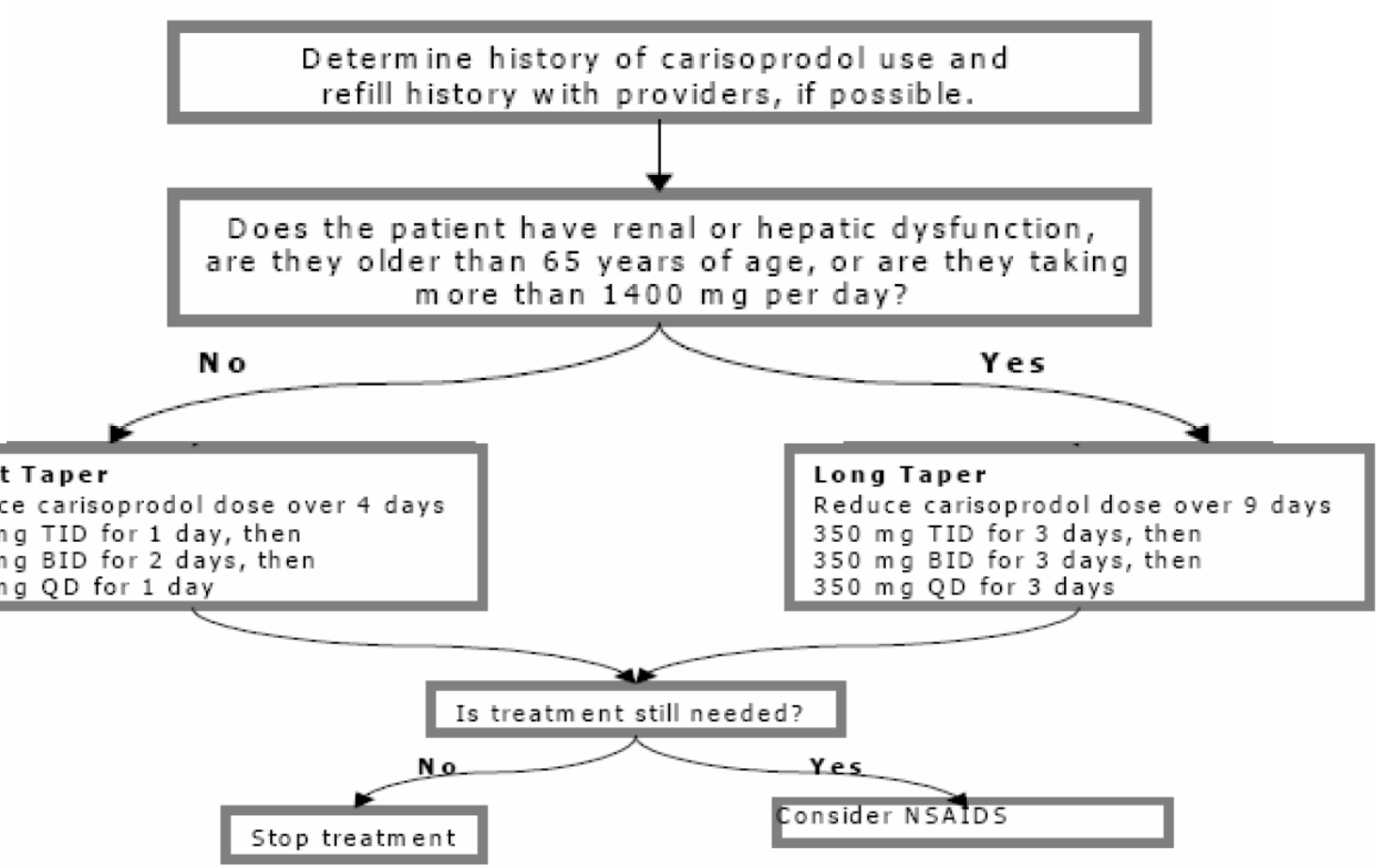
Suggested Carisoprodol Tapering[6]



Tapering schedule developed by the Department of Veterans Affairs Medical Center, Portland, Oregon. Oregon DUR Board Newsletter. 2002; 4:1.
http://pharmacy.oregonstate.edu/drug_policy/news/4_8/4_8.pdf

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Table III. Prescription Drug Prior Authorization Requirements

Beginning March 1, 2016, the following will be required for carisoprodol prescriptions exceeding IEHP's NEW quantity limit (120 tablets/30-day):

- Prescription Drug Prior Authorization (RxPA)
- Medical justification to continue carisoprodol above the quantity limit
- If on a multi-drug combination, will need medical justification to continue current drug regimen
- Recent medical documentation and progress notes of pain therapy
- Signed Pain Contract
- Prescribers should start transitioning patients from carisoprodol to other alternatives with lower abuse potential

Beginning June 1, 2016, the following will be required for ALL carisoprodol prescriptions:

- Prescription Drug Prior Authorization (RxPA)
- Recent medical documentation and progress notes of pain therapy
- If on a multiple drug combination, will need medical justification to continue current drug regimen
- Signed Pain Contract
- Prescribers must justify why other alternatives cannot be used in lieu of carisoprodol

For additional IEHP Pain Management Program resources, please visit the IEHP Pharmaceutical Services website: www.iehp.org/pharmacy for more details. You will find information on the IEHP Pharmacy Pain Management Program and Pain Management Clinical Practice Guideline under the Clinical Information section.

- **IEHP Pain Assessment and Treatment Plan Form** is located at: www.iehp.org/pharmacy → Clinical Information → Pharmacy Pain Management → Pain Assessment and Treatment Plan Form
- **Sample Pain Contract** is located at www.iehp.org/pharmacy → Clinical Information → Pharmacy Pain Management → Pain Management CPG (Appendix 10, Page 45-46)
- **Sample Opioid Risk Assessment Tool (e.g. Opioid Risk Tool, CAGE-AID Questionnaire, SOAPP-R, DIRE Instrument)**→ Pain Management CPG (Page 34-35, Page 39-42)
- **RxPA Form is located at : https://ww3.iehp.org/en/providers/pharmaceutical-services/pharmacy-forms-and-manuals/**

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