

MAGELLAN COMPLETE CARE

Prior Authorization

Soma® (Carisoprodol)/Soma® Compound

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

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

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

Fax or mail completed forms to:

Magellan Complete Care
c/o Magellan Pharmacy Solutions
11013 West Broad Street, Suite 500
Glen Allen, VA 23060

Phone: 1-800-327-8613
TTY: 1-800-424-1694
Fax: 1-800-424-7982

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