

# Quantity Limit

## Soma

### Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
carisoprodol/aspirin/codeine phosphate	carisoprodol/aspirin/codeine phosphate
Soma	carisoprodol

### Indications

#### FDA-approved Indications

##### Soma

Soma is indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults.

##### Limitations of Use

Soma should only be used for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use has not been established and because acute, painful musculoskeletal conditions are generally of short duration.

##### Carisoprodol/aspirin/codeine phosphate

Carisoprodol/aspirin/codeine phosphate tablets are indicated for the relief of discomfort associated with acute, painful musculoskeletal conditions in adults.

Reference number(s)
206-H

## Limitations of Use

Because of the risks of addiction, abuse, and misuse with opioids, even at recommended doses, reserve carisoprodol/aspirin/codeine phosphate tablets for use in patients for whom alternative treatment options (e.g., non-opioid analgesics):

- Have not been tolerated, or are not expected to be tolerated,
- Have not provided adequate analgesia, or are not expected to provide adequate analgesia

Carisoprodol/aspirin/codeine phosphate tablets should only be used for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use has not been established and because acute, painful musculoskeletal conditions are generally of short duration.

## Initial Limit Quantity

Limits should accumulate across all drugs and strengths up to highest quantity listed depending on the order the claims are processed. Accumulation does not apply if limit is coded for daily dose.

The duration of 25 days is used for a 30-day fill period to allow time for refill processing.

These drugs are for short-term acute use; therefore, the mail limit will be the same as the retail limit. The intent is for prescriptions of the requested drug to be filled one month at a time, even if filled at mail order; there should be no 3 month supplies filled.

Drug	1 Month Limit	3 Month Limit
Carisoprodol/aspirin/codeine phosphate	168 tablets / 25 days	Does Not Apply
Soma (carisoprodol)	84 tablets / 25 days	Does Not Apply

## References

1. Soma [package insert]. Somerset, NJ: Meda Pharmaceuticals Inc.; May 2023.
2. Carisoprodol, aspirin, and codeine [package insert]. Orlando, FL: Ingenus Pharmaceuticals, LLC; April 2021.
3. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed September 7, 2023.
4. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 09/07/2023).