Name(s)

- **Generic:** carisoprodol (kar eye soe PROE dole | **Brand:** Soma, Vanadom

Therapeutic Category

- Skeletal Muscle Relaxant

Indication(s)

1. **Musculoskeletal conditions:** For treating discomfort from acute painful musculoskeletal conditions for a short-term (2-3 weeks) duration of therapy. Efficacy evidence for usage beyond 2-3 weeks have not proven.

Dosage Form & Strength

- **Tablet:** 250 mg, 350 mg

Dosing by Indication

- **Dosing for Musculoskeletal conditions in Adults**
  - Initiate 250-350 mg PO TID and QHS (at bedtime) for up to 2-3 weeks.
  - IF patient has a long term use history the medication should be gradually tapered over 14 days if discontinuing therapy.
- Dosing for Musculoskeletal conditions in **Pediatrics**
  - **Adolescents ≥16 years:** Initiate 250-350 mg TID and QHS (at bedtime) for a max daily dose of 1400 mg/day for up to 3 weeks

Mechanism of Action & Pharmacology

- **MOA:** Though the medications actions are not fully understood it is clear that carisoprodol antagonizes interneuronal activity. It also effects polysynaptic neurons in the spinal cord and areas of the brain through transmission depression. The medication is metabolized to meprobamate which has anxiolytic and sedative effects. Overall the various effects have a central depressant effect.
- **Metabolism:** CYP2C19 to active metabolite meprobamate | **Excretion**: In the urine as the active metabolite | **Onset of Action is** rapid | **Time to Peak:** Between 1.5-2 hours | **Duration of Action:** Between 4-6 hours | **Half-Life Elimination:** As carisoprodol ~2 hours and as meprobamate ~10 hours | **Protein Binding:** carisoprodol <70% and meprobamate <25%

Special Populations & Considerations

- **Gender:** Carisoprodol exposure is between 30-50% higher in women but the active metabolite (meprobamate) is not affected by gender.
- Reduced **CYP2C19 function** may lead to a four-fold increase in carisoprodol exposure.
- Prevalence of CYP2C19 metabolizer status is often seen in **Asians** (15-20%) and in **African Americans** (3-5%)
- Avoid use in the **geriatric population** due to Beers Criteria

Side Effects

- Dizziness (7-8%), **drowsiness** (13-17%), headache (3-5%) are common

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Drug Interactions

- Alcohol, opioids, barbituates, other muscle relaxants, antihistamines, and other CNS depressants may enhance effects of carisoprodol
- Drugs that effect CYP2C19 metabolism may effect serum concentrations of carisoprodol

Monitoring Parameters

- Metal status, excessive drowsiness
- Status of pain/muscle spasms relief
- Signs of misuse, abuse, or addiction

Patient Counseling Information

- Drug is used to **relax muscles**
- May be taken **with or without food**
- If excessive side effects or **seizures** or **severe loss of strength and energy** occur, consult a healthcare professional

Reference(s)

- https://www.drugs.com/ppa/carisoprodol.html
- https://www.webmd.com/drugs/2/drug-8625/carisoprodol-oral/details

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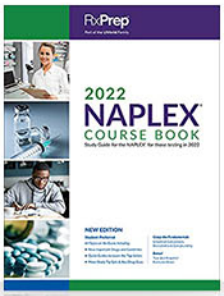
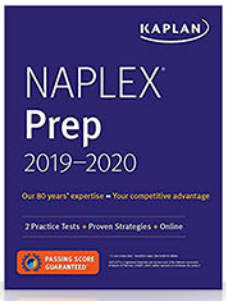
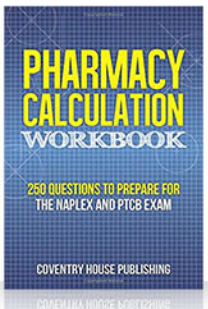
PREPARE FOR SUCCESS!

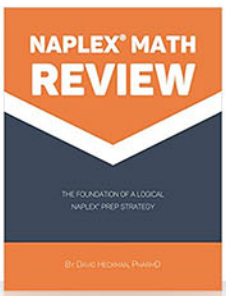
Comprehensive (NAPLEX)

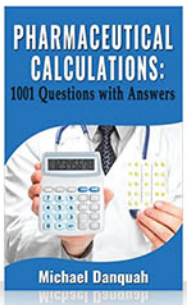


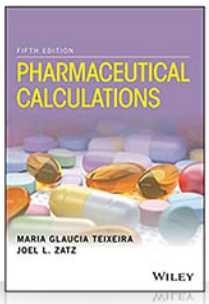


Calculations (NAPLEX)

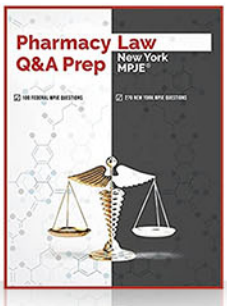


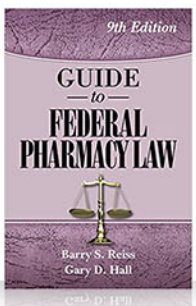




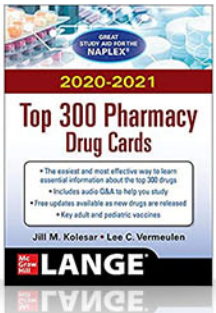


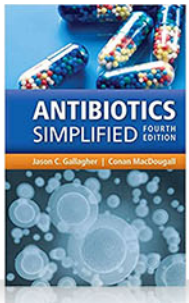
Pharmacy Law (MPJE)

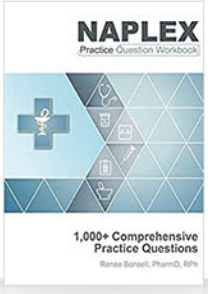


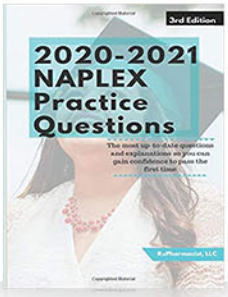


Supplemental









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Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to ***pass the first time!***

*HEY **STUDENT!***

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This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX

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