Original Effective Date: 10/01/2013
Current Effective Date: 05/22/2026
Last P&T Approval/Version: 04/29/2026
Next Review Due By: 04/2027
Policy Number: C3925-A

Sodium Oxybate (Lumryz, Xyrem, Xywav)

PRODUCTS AFFECTED

Lumryz (sodium oxybate), sodium oxybate, Xyrem (sodium oxybate), Xywav (calcium, magnesium, potassium, and sodium oxybates)

COVERAGE POLICY

Coverage for services, procedures, medical devices and drugs are dependent upon benefit eligibility as outlined in the member's specific benefit plan. This Coverage Guideline must be read in its entirety to determine coverage eligibility, if any. This Coverage Guideline provides information related to coverage determinations only and does not imply that a service or treatment is clinically appropriate or inappropriate. The provider and the member are responsible for all decisions regarding the appropriateness of care. Providers should provide Molina Healthcare complete medical rationale when requesting any exceptions to these guidelines.

Documentation Requirements:
Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

DIAGNOSIS:
Excessive daytime sleepiness (EDS) or cataplexy with narcolepsy, Idiopathic hypersomnia

REQUIRED MEDICAL INFORMATION:
This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. This clinical policy will be reviewed along with state and federal requirements, the benefit being administered, and formulary preferencing. If a drug within this policy receives an updated FDA label within the last 180 days, medical necessity for the member will be reviewed using the updated FDA label information. Coverage will be determined on a case-by-case basis until the criteria can be updated through Molina Healthcare, Inc. clinical governance. Additional information may be required on a case-by-case basis to allow for adequate review. When the requested drug product for coverage is dosed by weight, body surface area or other member specific measurement, this data element is required as part of the medical necessity review. The Pharmacy and Therapeutics Committee has determined that the drug benefit shall be a mandatory generic and that generic drugs will be dispensed whenever available. The Pharmacy and Therapeutics Committee has determined that biosimilars may be preferred.

A. EXCESSIVE DAYTIME SLEEPINESS (EDS) IN NARCOLEPSY:
1. Documented diagnosis of narcolepsy confirmed by overnight polysomnography (PSG) followed by

Molina Healthcare, Inc. confidential and proprietary © 2026
This document contains confidential and proprietary information of Molina Healthcare and cannot be reproduced, distributed, or printed without written permission from Molina Healthcare. This page contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Molina Healthcare.

multiple sleep latency test (MSLT) [DOCUMENTATION REQUIRED]
AND

2. Documentation by prescriber of baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal (e.g., symptoms of excessive daytime sleepiness, OR Epworth Sleepiness Scale (ESS), Clinical Global Impression of Change or Maintenance of Wakefulness Test (MWT))
AND
3. Documented treatment failure, serious side effects or FDA labeled contraindication to BOTH of the following for at least 90 days: (i) ONE formulary central nervous system (CNS) stimulant (e.g., methylphenidate, dexmethylphenidate, dextroamphetamine); AND (ii) ONE wakefulness promoting agent (i.e., modafinil, armodafinil)
MOLINA REVIEWER NOTE: For Nevada Marketplace, please see Appendix.
AND
4. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Lumryz, Xyrem, and Xywav include: use in combination with sedative hypnotics or alcohol, and succinic semialdehyde dehydrogenase deficiency]
AND
5. IF THIS IS A NON-FORMULARY/NON-PREFERRED PRODUCT: Documentation of trial/failure of or serious side effects to a majority (not more than 3) of the preferred formulary/PDL alternatives for the given diagnosis. Submit documentation including medication(s) tried, dates of trial(s) and reason for treatment failure(s).
MOLINA REVIEWER NOTE: For Illinois Marketplace, please see Appendix.

B. CATAPLEXY WITH NARCOLEPSY:
1. Documented diagnosis of narcolepsy confirmed by polysomnography and multiple sleep latency test (MSLT) [DOCUMENTATION REQUIRED]
AND
2. Documentation member experiences episodes of cataplexy
AND
3. Documentation by prescriber of baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal (e.g., frequency or severity of cataplexy events/attacks, symptoms of excessive daytime sleepiness, OR Epworth Sleepiness Scale (ESS), Clinical Global Impression of Change or Maintenance of Wakefulness Test (MWT))
AND
4. Documented treatment failure, serious side effects, or FDA labeled contraindication to ONE of the following: a tricyclic antidepressant (TCA) [e.g., amitriptyline, desipramine, imipramine], a selective serotonin reuptake inhibitor (SSRI) [e.g., fluoxetine, sertraline, paroxetine], or venlafaxine
MOLINA REVIEWER NOTE: For Nevada Marketplace, please see Appendix.
AND
5. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Lumryz, Xyrem, and Xywav include: use in combination with sedative hypnotics or alcohol, and succinic semialdehyde dehydrogenase deficiency]
AND
6. IF THIS IS A NON-FORMULARY/NON-PREFERRED PRODUCT: Documentation of trial/failure of or serious side effects to a majority (not more than 3) of the preferred formulary/PDL alternatives for the given diagnosis. Submit documentation including medication(s) tried, dates of trial(s) and reason for treatment failure(s).
MOLINA REVIEWER NOTE: For Illinois Marketplace, please see Appendix.

C. IDIOPATHIC HYPERSOMNIA (IH) – XYWAV ONLY:
1. Documented diagnosis of idiopathic hypersomnia confirmed by polysomnography and multiple sleep latency test (MSLT) [DOCUMENTATION REQUIRED]

HIGH RISK ALERT

Molina Healthcare, Inc. confidential and proprietary © 2026
This document contains confidential and proprietary information of Molina Healthcare and cannot be reproduced, distributed, or printed without written permission from Molina Healthcare. This page contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Molina Healthcare.

AND

2. Documentation prescriber has ruled out all other causes of excessive daytime sleepiness (EDS) (i.e., chronically insufficient sleep, medication side effects, narcolepsy type 1 or type 2, sleep-related breathing disorders, and psychiatric disorders)
   AND
3. Documentation by prescriber of baseline disease activity evaluation and goals for treatment to be used to evaluate efficacy of therapy at renewal (e.g., symptoms of idiopathic hypersomnia, OR Epworth Sleepiness Scale (ESS), Clinical Global Impression of Change or Idiopathic Hypersomnia Severity Scale (IHSS))
   AND
4. Documentation of a trial (minimum of 4 weeks) and failure of or FDA labeled contraindication to modafinil or armodafinil
   MOLINA REVIEWER NOTE: For Nevada Marketplace, please see Appendix.
   AND
5. Prescriber attests to (or the clinical reviewer has found that) the member not having any FDA labeled contraindications that haven't been addressed by the prescriber within the documentation submitted for review [Contraindications to Xywav include: use in combination with sedative hypnotics or alcohol, and succinic semialdehyde dehydrogenase deficiency]

CONTINUATION OF THERAPY:

A. ALL INDICATIONS:

1. Adherence to therapy at least 85% of the time as verified by the prescriber or member medication fill history OR adherence less than 85% of the time due to the need for surgery or treatment of an infection, causing temporary discontinuation
   AND
2. Documentation that no contraindications have developed (i.e., member is not taking CNS depressants concomitantly (e.g., ethanol, sedative hypnotics, anxiolytics, barbiturates, benzodiazepines) OR consuming any alcohol concomitantly with Lumryz (sodium oxybate), Xyrem (sodium oxybate), or Xywav (calcium, magnesium, potassium, and sodium oxybates))
   AND
3. Documentation of positive response to therapy as noted by prescriber's assessment (e.g., decrease or reduction in the frequency or severity of cataplexy events/attacks, decrease or reduction in symptoms of excessive daytime sleepiness or idiopathic hypersomnia, OR Improvement in the Epworth Sleepiness Scale (ESS), Clinical Global Impression of Change or Maintenance of Wakefulness Test (MWT), or Idiopathic Hypersomnia Severity Scale (IHSS))
   AND
4. Prescriber attests to or clinical reviewer has found no evidence of intolerable adverse effects or drug toxicity
   AND
5. Prescribed dose is within FDA labeled limit

DURATION OF APPROVAL:

Initial authorization: 6 months, Continuation of therapy: 12 months
MOLINA REVIEWER NOTE: For Illinois Marketplace, please see Appendix.

PRESCRIBER REQUIREMENTS:

Prescribed by, or in consultation with, a board-certified sleep medicine specialist, neurologist, or psychiatrist. [If prescribed in consultation, consultation notes must be submitted with initial request and reauthorization requests]

AGE RESTRICTIONS:

Narcolepsy:
Lumryz: 7 years of age and older
Xyrem, Xywav: 7 years of age and older

HIGH RISK ALERT

Molina Healthcare, Inc. confidential and proprietary © 2026
This document contains confidential and proprietary information of Molina Healthcare and cannot be reproduced, distributed, or printed without written permission from Molina Healthcare. This page contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Molina Healthcare.

Idiopathic Hypersomnia (Xywav only): 18 years of age and older

QUANTITY:
Narcolepsy: 9 grams per day [Xyrem/Xywav: 18 mL per day; Lumryz: 1 packet per day]

Idiopathic Hypersomnia (Xywav only):
ONCE nightly dosing: 6 grams per day; 12 mL per day
Twice nightly dosing: 9 grams per day; 18 mL per day

MAX FDA LIMIT: 9 grams per day The efficacy and safety at doses higher than 9 grams per night have not been established and doses greater than 9 grams per night generally should not be administered.

PLACE OF ADMINISTRATION:
The recommendation is that oral medications in this policy will be for pharmacy benefit coverage and patient self-administered.

DRUG INFORMATION

ROUTE OF ADMINISTRATION:
Oral

DRUG CLASS:
Anti-Cataplectic Agents, Anti-Cataplectic Combinations

FDA-APPROVED USES:
Lumryz (sodium oxybate): Indicated for the treatment of cataplexy or excessive daytime sleepiness (EDS) in patients 7 years of age and older with narcolepsy

Xyrem (sodium oxybate): Indicated for the treatment of cataplexy or excessive daytime sleepiness (EDS) in patients 7 years of age and older with narcolepsy

Xywav (calcium, magnesium, potassium, and sodium oxybates): Indicated for the treatment of cataplexy or excessive daytime sleepiness (EDS) in patients 7 years of age and older with narcolepsy, and Idiopathic Hypersomnia (IH) in adults

COMPENDIAL APPROVED OFF-LABELED USES:
None

APPENDIX

APPENDIX:
Reserved for State specific information. *Information includes, but is not limited to, State contract language, Medicaid criteria and other mandated criteria.*

State Specific Information
State Marketplace
Illinois (Source: Illinois General Assembly)
"(215 ILCS 134/45.1) Sec. 45.1. Medical exceptions procedures required. (c) An off-formulary exception request shall not be denied if: (1) the formulary prescription drug is contraindicated; (2) the patient has tried the formulary prescription drug while under the patient's current or previous health insurance or health benefit plan and the prescribing provider submits evidence of failure or intolerance; or (3) the patient is stable on a prescription drug selected by his or her health care provider for the medical condition under consideration while on a current or previous health insurance or health benefit plan. (d) Upon the granting of an exception request, the insurer,

Molina Healthcare, Inc. confidential and proprietary © 2026
This document contains confidential and proprietary information of Molina Healthcare and cannot be reproduced, distributed, or printed without written permission from Molina Healthcare. This page contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Molina Healthcare.

HIGH RISK ALERT

health plan, utilization review organization, or other entity shall authorize the coverage for the drug prescribed by the enrollee's treating health care provider, to the extent the prescribed drug is a covered drug under the policy or contract up to the quantity covered. (e) Any approval of a medical exception request made pursuant to this Section shall be honored for 12 months following the date of the approval or until renewal of the plan."

Illinois (Source: Illinois General Assembly)
"(215 ILCS 200/65) Sec. 65. Length of prior authorization approval for *treatment for chronic or long-term conditions*. If a health insurance issuer requires a prior authorization for a recurring health care service or maintenance medication for the treatment of a chronic or long-term condition, *the approval shall remain valid for the lesser of 12 months from the date the health care professional or health care provider receives the prior authorization approval or the length of the treatment as determined by the patient's health care professional*. This Section shall not apply to the prescription of benzodiazepines or Schedule II narcotic drugs, such as opioids. Except to the extent required by medical exceptions processes for prescription drugs set forth in Section 45.1 of the Managed Care Reform and Patient Rights Act, nothing in this Section shall require a policy to cover any care, treatment, or services for any health condition that the terms of coverage otherwise completely exclude from the policy's covered benefits without regard for whether the care, treatment, or services are medically necessary. (Source: P.A. 102-409, eff. 1-1-22.)"
Illinois (Source: Illinois General Assembly)
"(215 ILCS 134/45.1) Sec. 45.1. Medical exceptions procedures required. (c) An off-formulary exception request shall not be denied if: (1) the formulary prescription drug is contraindicated; (2) the patient has tried the formulary prescription drug while under the patient's current or previous health insurance or health benefit plan and the prescribing provider submits evidence of failure or intolerance; or (3) the patient is stable on a prescription drug selected by his or her health care provider for the medical condition under consideration while on a current or previous health insurance or health benefit plan. (d) Upon the granting of an exception request, the insurer, health plan, utilization review organization, or other entity shall authorize the coverage for the drug prescribed by the enrollee's treating health care provider, to the extent the prescribed drug is a covered drug under the policy or contract up to the quantity covered. *(e) Any approval of a medical exception request made pursuant to this Section shall be honored for 12 months following the date of the approval or until renewal of the plan*."

Nevada (Source: Nevada Legislature)
"Chapter 689A of Nevada Revised Statutes (NRS) is hereby amended by adding thereto a new section to read as follows:

1. A policy of health insurance which provides coverage for prescription drugs must not require an insured to submit to a step therapy protocol before covering a drug approved by the Food and Drug Administration that is prescribed to treat a psychiatric condition of the insured, if:
    a. The drug has been approved by the Food and Drug Administration with indications for the psychiatric condition of the insured or the use of the drug to treat that psychiatric condition is otherwise supported by medical or scientific evidence;
    b. The drug is prescribed by:
        i. A psychiatrist
        ii. A physician assistant under the supervision of a psychiatrist;
        iii. An advanced practice registered nurse who has the psychiatric training and experience prescribed by the State Board of Nursing pursuant to NRS 632.120; or
        iv. A primary care provider that is providing care to an insured in consultation with a practitioner listed in subparagraph (1), (2) or (3), if the closest practitioner listed in subparagraph (1), (2) or (3) who participates in the network plan of the insurer is located 60 miles or more from the residence of the insured; and
    c. The practitioner listed in paragraph (b) who prescribed the drug knows, based on the medical history of the insured, or reasonably expects each alternative drug that is required to be used earlier in the step therapy protocol to be ineffective at treating the psychiatric condition…

3. As used in this section:
    c. *'Step therapy protocol' means a procedure that requires an insured to use a prescription drug or sequence of prescription drugs other than a drug that a practitioner recommends for treatment of a psychiatric condition of the insured before his or her policy of health insurance provides coverage for the recommended drug*."

HIGH RISK ALERT

Molina Healthcare, Inc. confidential and proprietary © 2026
This document contains confidential and proprietary information of Molina Healthcare and cannot be reproduced, distributed, or printed without written permission from Molina Healthcare. This page contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Molina Healthcare.

MOLINA REVIEWER NOTE: Medical necessity review for a psychiatric condition cannot require trial of other medications first. This is applicable to formulary medications that require prior authorization and non-formulary medications and is not limited to only medications designated 'ST'. If the requested drug is a brand name and the generic is on formulary, request can be reviewed for specific medical reason generic cannot be used.

BACKGROUND AND OTHER CONSIDERATIONS

BACKGROUND:

Xyrem (sodium oxybate) is a central nervous system depressant that reduces excessive daytime sleepiness (EDS) and cataplexy in patients with narcolepsy. Sodium oxybate is intended for oral administration. Sodium oxybate is GHB, a known drug of abuse. Abuse has been associated with some important central nervous system (CNS) adverse events (including death). Even at recommended doses, use has been associated with confusion, depression and other neuropsychiatric events. Xyrem is subject to the Xyrem REMS program.

Lumryz (sodium oxybate) is an extended-release formulation of sodium oxybate that is indicated to be taken once at bedtime.

Lumryz REMS

LUMRYZ is available only through a restricted distribution program called the LUMRYZ REMS because of the risks of central nervous system depression and abuse and misuse.
Notable requirements of the LUMRYZ REMS include the following:

- Healthcare providers who prescribe LUMRYZ are specially certified.
- LUMRYZ will be dispensed only by pharmacies that are specially certified.
- LUMRYZ will be dispensed and shipped only to patients who are enrolled in the LUMRYZ REMS with documentation of safe use conditions.

Further information is available at www.LUMRYZREMS.com or by calling 1-877-453-1029.

Xywav and Xyrem REMS

Xyrem or Xywav is available only through a restricted distribution program called the XYWAV and XYREM REMS because of the risks of central nervous system depression and abuse and misuse. Notable requirements of the XYWAV and XYREM REMS include the following:

- Healthcare Providers who prescribe Xyrem or Xywav are specially certified
- Xyrem or Xywav will be dispensed only by the central pharmacy that is specially certified
- Xyrem or Xywav will be dispensed and shipped only to patients who are enrolled in the XYWAV and XYREM REMS with documentation of safe use

Further information is available at www.XYWAVXYREMREMS.com or 1-866-997-3688.

CONTRAINDICATIONS/EXCLUSIONS/DISCONTINUATION:

All other uses of Lumryz (sodium oxybate), Xyrem (sodium oxybate) and Xywav (calcium, magnesium, potassium, and sodium oxybates) are considered experimental/investigational and therefore, will follow Molina's Off- Label policy. Contraindications to Lumryz (sodium oxybate), Xyrem (sodium oxybate) and Xywav (calcium, magnesium, potassium, and sodium oxybates) include: use in combination with sedative hypnotics or alcohol, and succinic semialdehyde dehydrogenase deficiency.

Exclusions/Discontinuation:

Do not take other narcolepsy therapies with the same mechanism of action.

OTHER SPECIAL CONSIDERATIONS:

Lumryz, Xyrem and Xywav have a Black Box Warning for central nervous system (CNS) depression and abuse and misuse.
Lumryz, Xyrem and Xywav are Schedule III drugs under the Controlled Substances Act.

CODING/BILLING INFORMATION

Molina Healthcare, Inc. confidential and proprietary © 2026
This document contains confidential and proprietary information of Molina Healthcare and cannot be reproduced, distributed, or printed without written permission from Molina Healthcare. This page contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Molina Healthcare.

CODING DISCLAIMER. *Codes listed in this policy are for reference purposes only and may not be all-inclusive or applicable for every state or line of business. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does not guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry-standard coding practices for all submissions. Molina has the right to reject/deny the claim and recover claim payment(s) if it is determined it is not billed appropriately or not a covered benefit. Molina reserves the right to revise this policy as needed.*

HCPCS CODE	DESCRIPTION
NA	

AVAILABLE DOSAGE FORMS:
Lumryz PACK 4.5 GM, 6GM, 7.5GM, 9GM
Lumryz Starter Pack THPK 4.5 & 6 & 7.5GM
Sodium Oxybate SOLN 500MG/ML
Xyrem SOLN 500MG/ML
Xywav SOLN 500MG/ML

REFERENCES

1. Xyrem **(**sodium oxybate) oral solution, CIII [prescribing information]. Indianapolis, IN: Jazz Pharmaceuticals; July 2025.
2. Xywav (calcium, magnesium, potassium, and sodium oxybates) oral solution, CIII [prescribing information]. Palo Alto, CA: Jazz Pharmaceuticals Inc; July 2025.
3. Lumryz (sodium oxybate) for extended-release oral suspension, CIII [prescribing information]. Chesterfield, MO: Avadel CNS Pharmaceuticals, LLC; December 2025.
4. Morgenthaler TI, Kapur VK, Brown TM, et al. Practice Parameters for the Treatment of Narcolepsy and other Hypersomnias of Central Origin: An American Academy of Sleep Medicine Report. Available at: http://www.aasmnet.org/Resources/PracticeParameters/PP_Narcolepsy.pdf. Accessed on 13 August 2018
5. Wise MS, Arand DL, Auger R, et al. Treatment of narcolepsy and other hypersomnias of central origin: An American Academy of Sleep Medicine Review. Available at: http://www.aasmnet.org/Resources/PracticeParameters/Review_Narcolepsy.pdf. Accessed on13 August 2018.
6. Food and Drug Administration (FDA) drug safety communication: warning against the use of Xyrem (sodium oxybate) with alcohol or drugs causing respiratory depression. Page last updated:1/19/2016. Available at: http://www.fda.gov/Drugs/DrugSafety/ucm332029.htm.
7. Spaeth, Michael, et al. “Long-Term Tolerability and Maintenance of Therapeutic Response to Sodium Oxybate in an Open-Label Extension Study in Patients with Fibromyalgia.” Arthritis Research & Therapy, vol. 15, no. 6, 2013, doi:10.1186/ar4375.
8. Mayer, G., Benes, H., Young, P., Bitterlich, M., & Rodenbeck, A. (2015). Modafinil in the treatment of idiopathic hypersomnia without long sleep time--a randomized, double-blind, placebo-controlled study. Journal of sleep research, 24(1), 74–81. https://doi.org/10.1111/jsr.12201
9. Maski, K., Trotti, L. M., Kotagal, S., Robert Auger, R., Rowley, J. A., Hashmi, S. D., & Watson, N. F. (2021). Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine clinical practice guideline. Journal of Clinical Sleep Medicine, 17(9), 1881–1893. https://doi.org/10.5664/jcsm.9328

HIGH RISK ALERT

Molina Healthcare, Inc. confidential and proprietary © 2026
This document contains confidential and proprietary information of Molina Healthcare and cannot be reproduced, distributed, or printed without written permission from Molina Healthcare. This page contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Molina Healthcare.

SUMMARY OF REVIEW/REVISIONS	DATE
REVISION- Notable revisions: Required Medical Information Duration of Approval Appendix References	Q2 2026
REVISION- Notable revisions: Required Medical Information Continuation of Therapy Contraindications/Exclusions/Discontinuation Available Dosage Forms References	Q2 2025
REVISION- Notable revisions: Age Restrictions FDA-Approved Uses References	Q1 2025
REVISION- Notable revisions: Required Medical Information	Q2 2024
REVISION- Notable revisions: Products affected Required Medical Information Continuation of Therapy Age Restrictions Quantity FDA Approved Uses Background Contraindications/Exclusions/Discontinuation Available Dosage Forms References	Q3 2023
REVISION- Notable revisions: Diagnosis Required Medical Information Continuation of Therapy Duration of Approval Prescriber Requirements Quantity Drug Class Background Contraindications/Exclusions/Discontinuation Other Special Considerations Available Dosage Forms References	Q2 2023
REVISION- Notable revisions: Diagnosis Required Medical Information Continuation of Therapy Age Restrictions FDA-Approved Uses References	Q3 2022

HIGH RISK ALERT

Molina Healthcare, Inc. confidential and proprietary © 2026
This document contains confidential and proprietary information of Molina Healthcare and cannot be reproduced, distributed, or printed without written permission from Molina Healthcare. This page contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Molina Healthcare.

REVISION- Notable revisions: Prescriber Requirements References	Q3 2022
Q2 2022 Established tracking in new format	Historical changes on file

HIGH RISK ALERT

Molina Healthcare, Inc. confidential and proprietary © 2026
This document contains confidential and proprietary information of Molina Healthcare and cannot be reproduced, distributed, or printed without written permission from Molina Healthcare. This page contains prescription brand name drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with Molina Healthcare.