

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ANTIGOUT AGENTS

Products Affected

Step 2:

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF ALLOPURINOL TABLETS WITHIN THE PAST 120 DAYS.
-----------------	--

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ANTIULCER AGENTS

Products Affected

Step 2:

- *esomeprazole magnesium packet 10 mg oral*
- *esomeprazole magnesium packet 20 mg oral*
- *esomeprazole magnesium packet 40 mg oral*

Details

Criteria	
	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, ESOMEPRAZOLE MAG CAPSULES, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ARIPIPRAZOLE ODT

Products Affected

Step 2:

- *aripiprazole tablet dispersible 10 mg oral*
- *aripiprazole tablet dispersible 15 mg oral*

Details

Criteria	PRIOR CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS.
-----------------	--

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ASENAPINE PATCH

Products Affected

Step 2:

- SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN PAST 365 DAYS
-----------------	--

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

B VERSUS D ADMINISTRATIVE STEP

Products Affected

Step 2:

- CYCLOPHOSPHAMIDE CAPSULE 25 MG ORAL
- *cyclophosphamide capsule 50 mg oral*
- *cyclophosphamide tablet 25 mg oral*
- CYCLOPHOSPHAMIDE TABLET 50 MG ORAL
- JYLAMVO SOLUTION 2 MG/ML ORAL
- *methotrexate sodium tablet 2.5 mg oral*
- XATMEP SOLUTION 2.5 MG/ML ORAL

Details

Criteria	<p>IN ORDER TO ASSIST IN A PART B VS. D PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR A RHEUMATOID ARTHRITIS, PSORIASIS OR ACTIVE POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS DRUG WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT. ALL OTHER INDICATIONS WILL HAVE A PART B VS. D PAYMENT DETERMINATION MADE THROUGH THE FORMULARY EXCEPTION PROCESS PRIOR TO THE APPROVAL OF THE DRUG.</p>
-----------------	---

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

BREXPIPRAZOLE

Products Affected

Step 2:

- REXULTI TABLET 0.25 MG ORAL
- REXULTI TABLET 0.5 MG ORAL
- REXULTI TABLET 1 MG ORAL
- REXULTI TABLET 2 MG ORAL
- REXULTI TABLET 3 MG ORAL
- REXULTI TABLET 4 MG ORAL

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC VERSION: LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE IN PAST 365 DAYS
-----------------	---

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

CARIPRAZINE

Products Affected

Step 2:

- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL

Details

Criteria
CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

CENOBAMATE

Products Affected

Step 2:

- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL
- XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL
- XCOPRI TABLET 100 MG ORAL
- XCOPRI TABLET 150 MG ORAL
- XCOPRI TABLET 200 MG ORAL
- XCOPRI TABLET 25 MG ORAL
- XCOPRI TABLET 50 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL

Details

Criteria	PRIOR CLAIM FOR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 120 DAYS.
-----------------	---

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

CLOZAPINE

Products Affected

Step 2:

- *clozapine tablet dispersible 100 mg oral*
- *clozapine tablet dispersible 12.5 mg oral*
- *clozapine tablet dispersible 150 mg oral*
- *clozapine tablet dispersible 200 mg oral*
- *clozapine tablet dispersible 25 mg oral*
- VERSACLOZ SUSPENSION 50 MG/ML ORAL

Details

Criteria	PRIOR CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS.
-----------------	--

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

DEXTROMETHORPHAN HBR/BUPROPION

Products Affected

Step 2:

- AUVELITY TABLET EXTENDED RELEASE 45-105 MG ORAL

Details

Criteria	PRIOR CLAIM FOR TRINTELLIX AND ONE GENERIC ANTIDEPRESSANT (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE, DESVENLAFAXINE, DULOXETINE, VENLAFAXINE, MIRTAZAPINE, BUPROPION IR/SR/XL, OR VILAZODONE) WITHIN THE PAST 365 DAYS
-----------------	--

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

DIHYDROERGOTAMINE MESYLATE

Products Affected

Step 2:

- *dihydroergotamine mesylate solution 4 mg/ml nasal*

Details

Criteria	PRIOR CLAIM FOR 2 FORMULARY GENERIC TRIPTANS (e.g. SUMATRIPTAN and RIZATRIPTAN) WITHIN THE PAST 365 DAYS
-----------------	--

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

DRIZALMA SPRINKLE

Products Affected

Step 2:

- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL

Details

Criteria	PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE CAPSULE WITHIN THE PAST 120 DAYS.
-----------------	--

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

EPRONTIA

Products Affected

Step 2:

- EPRONTIA SOLUTION 25 MG/ML
ORAL

Details

Criteria	PRIOR CLAIM FOR GENERIC TOPIRAMATE IMMEDIATE RELEASE (IR) OR EXTENDED RELEASE (ER) WITHIN THE PAST 120 DAYS.
-----------------	--

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ESLICARBAZEPINE ACETATE

Products Affected

Step 2:

- APTIOM TABLET 200 MG ORAL
- APTIOM TABLET 400 MG ORAL
- APTIOM TABLET 600 MG ORAL
- APTIOM TABLET 800 MG ORAL

Details

Criteria	
	PRIOR CLAIM FOR 2 GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

FIBRATES

Products Affected

Step 2:

- *omega-3-acid ethyl esters capsule 1 gm oral*

Details

Criteria	PRIOR CLAIM FOR GENERIC FENOFIBRATE IN THE LAST 120 DAY
-----------------	---

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

HIGH INTENSITY STATIN

Products Affected

Step 2:

- NEXLETOL TABLET 180 MG ORAL
- NEXLIZET TABLET 180-10 MG ORAL
- REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS
- REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS
- REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS

Details

Criteria	
	PRIOR 25 DAY TRIAL OF GENERIC HIGH INTENSITY STATIN: FORMULARY VERSION OF ATORVASTATIN (40 MG or 80 MG) OR ROSUVASTATIN (20 MG or 40 MG) WITHIN THE PAST 120 DAYS

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ILOPERIDONE

Products Affected

Step 2:

- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL

Details

Criteria
CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

INSULIN SUPPLY PAYMENT DETERMINATION ST

Products Affected

Step 2:

- ABOUTTIME PEN NEEDLE 30G X 8 MM
- ABOUTTIME PEN NEEDLE 31G X 5 MM
- ABOUTTIME PEN NEEDLE 31G X 8 MM
- ABOUTTIME PEN NEEDLE 32G X 4 MM
- ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM
- ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM
- ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM
- ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM
- ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM
- ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML
- ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML
- ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML
- ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML
- ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML
- ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML
- ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML
- ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML
- ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML
- ALCOHOL PREP PAD
- ALCOHOL PREP PAD 70 %
- ALCOHOL PREP PADS PAD 70 %
- ALCOHOL SWABS PAD
- ALCOHOL SWABS PAD 70 %
- ALCOHOL SWABSTICK PAD
- ALCOHOL SWABSTICK PAD 70 %
- APLICARE ALCOHOL SWABSTICK PAD 70 %
- AQ INSULIN SYRINGE 31G X 5/16" 1 ML
- AQINJECT PEN NEEDLE 31G X 5 MM
- AQINJECT PEN NEEDLE 32G X 4 MM
- ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM
- ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML
- ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML
- ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML
- ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML
- ASSURE ID PRO PEN NEEDLES 30G X 5 MM
- AUM ALCOHOL PREP PADS PAD 70 %
- AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM
- AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM
- AUM MINI INSULIN PEN NEEDLE 32G X 4 MM
- AUM MINI INSULIN PEN NEEDLE 32G X 5 MM

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- AUM MINI INSULIN PEN NEEDLE 32G X 6 MM
- AUM MINI INSULIN PEN NEEDLE 32G X 8 MM
- AUM MINI INSULIN PEN NEEDLE 33G X 4 MM
- AUM MINI INSULIN PEN NEEDLE 33G X 5 MM
- AUM MINI INSULIN PEN NEEDLE 33G X 6 MM
- AUM PEN NEEDLE 32G X 4 MM
- AUM PEN NEEDLE 32G X 5 MM
- AUM PEN NEEDLE 32G X 6 MM
- AUM PEN NEEDLE 33G X 4 MM
- AUM PEN NEEDLE 33G X 5 MM
- AUM PEN NEEDLE 33G X 6 MM
- AUM READYGARD DUO PEN NEEDLE 32G X 4 MM
- AUM SAFETY PEN NEEDLE 31G X 4 MM
- BD AUTOSHIELD 29G X 5MM
- BD AUTOSHIELD 29G X 8MM
- BD AUTOSHIELD DUO 30G X 5 MM
- BD ECLIPSE SYRINGE 30G X 1/2" 1 ML
- BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML
- BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML
- BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML
- BD INSULIN SYRINGE 25G X 1" 1 ML
- BD INSULIN SYRINGE 25G X 5/8" 1 ML
- BD INSULIN SYRINGE 26G X 1/2" 1 ML
- BD INSULIN SYRINGE 27.5G X 5/8" 2 ML
- BD INSULIN SYRINGE 27G X 1/2" 1 ML
- BD INSULIN SYRINGE 29G X 1/2" 0.5 ML
- BD INSULIN SYRINGE 29G X 1/2" 1 ML
- BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML
- BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML
- BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML
- BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML
- BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML
- BD INSULIN SYRINGE U-100 1 ML
- BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML
- BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML
- BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML
- BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML
- BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML
- BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML
- BD PEN NEEDLE MICRO U/F 32G X 6 MM
- BD PEN NEEDLE MINI U/F 31G X 5 MM
- BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM
- BD PEN NEEDLE NANO U/F 32G X 4 MM
- BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM
- BD PEN NEEDLE SHORT U/F 31G X 8 MM
- BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML
- BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML
- BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML
- BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML
- BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML
- BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML
- BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML
- BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML
- BD SWAB SINGLE USE REGULAR PAD
- BD SWABS SINGLE USE BUTTERFLY PAD
- BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML
- BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML
- BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML
- BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML
- CAREFINE PEN NEEDLES 29G X 12MM
- CAREFINE PEN NEEDLES 30G X 8 MM
- CAREFINE PEN NEEDLES 31G X 6 MM
- CAREFINE PEN NEEDLES 31G X 8 MM
- CAREFINE PEN NEEDLES 32G X 4 MM
- CAREFINE PEN NEEDLES 32G X 5 MM
- CAREFINE PEN NEEDLES 32G X 6 MM
- CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML
- CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML
- CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML
- CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML
- CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML
- CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML
- CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML
- CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML
- CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML
- CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML
- CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML
- CARETOUCH ALCOHOL PREP PAD 70 %
- CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML
- CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML
- CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML
- CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML
- CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML
- CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML
- CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML
- CARETOUCH PEN NEEDLES 29G X 12MM
- CARETOUCH PEN NEEDLES 31G X 5 MM
- CARETOUCH PEN NEEDLES 31G X 6 MM
- CARETOUCH PEN NEEDLES 31G X 8 MM
- CARETOUCH PEN NEEDLES 32G X 4 MM
- CARETOUCH PEN NEEDLES 32G X 5 MM
- CARETOUCH PEN NEEDLES 33G X 4 MM
- CLEVER CHOICE COMFORT EZ 29G X 12MM
- CLEVER CHOICE COMFORT EZ 33G X 4 MM
- CLICKFINE PEN NEEDLES 31G X 6 MM
- CLICKFINE PEN NEEDLES 31G X 8 MM
- CLICKFINE PEN NEEDLES 32G X 4 MM

Formulary ID: 25263 version 11
 Last Updated: 02/19/2025
 Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML
- COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML
- COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML
- COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML
- COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML
- COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML
- COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML
- COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML
- COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML
- COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML
- COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML
- COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML
- COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML
- COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML
- COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML
- COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML
- COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML
- COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML
- COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML
- COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML
- COMFORT EZ PEN NEEDLES 31G X 5 MM
- COMFORT EZ PEN NEEDLES 31G X 6 MM
- COMFORT EZ PEN NEEDLES 31G X 8 MM
- COMFORT EZ PEN NEEDLES 32G X 4 MM
- COMFORT EZ PEN NEEDLES 32G X 5 MM
- COMFORT EZ PEN NEEDLES 32G X 6 MM
- COMFORT EZ PEN NEEDLES 32G X 8 MM
- COMFORT EZ PEN NEEDLES 33G X 4 MM
- COMFORT EZ PEN NEEDLES 33G X 5 MM
- COMFORT EZ PEN NEEDLES 33G X 6 MM
- COMFORT EZ PEN NEEDLES 33G X 8 MM
- COMFORT EZ PRO PEN NEEDLES 30G X 8 MM
- COMFORT EZ PRO PEN NEEDLES 31G X 4 MM
- COMFORT EZ PRO PEN NEEDLES 31G X 5 MM
- COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM
- COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM
- COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM
- COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM
- COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM
- COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM
- COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM
- COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM
- CURITY ALCOHOL PREPS PAD 70 %
- CURITY ALL PURPOSE SPONGES PAD 2"X2"
- CURITY GAUZE PAD 2"X2"
- CURITY GAUZE SPONGE PAD 2"X2"
- CURITY SPONGES PAD 2"X2"

Formulary ID: 25263 version 11
 Last Updated: 02/19/2025
 Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- CVS GAUZE PAD 2"X2"
- CVS GAUZE STERILE PAD 2"X2"
- DERMACEA GAUZE SPONGE PAD 2"X2"
- DERMACEA IV DRAIN SPONGES PAD 2"X2"
- DERMACEA NON-WOVEN SPONGES PAD 2"X2"
- DERMACEA TYPE VII GAUZE PAD 2"X2"
- DIATHRIVE PEN NEEDLE 31G X 5 MM
- DIATHRIVE PEN NEEDLE 31G X 6 MM
- DIATHRIVE PEN NEEDLE 31G X 8 MM
- DIATHRIVE PEN NEEDLE 32G X 4 MM
- DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML
- DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML
- DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML
- DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML
- DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML
- DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML
- DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML
- DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML
- DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML
- DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML
- DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML
- DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML
- DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML
- DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML
- DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML
- DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML
- DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML
- DROPLET MICRON 34G X 3.5 MM
- DROPLET PEN NEEDLES 29G X 10MM
- DROPLET PEN NEEDLES 29G X 12MM
- DROPLET PEN NEEDLES 30G X 8 MM
- DROPLET PEN NEEDLES 31G X 5 MM
- DROPLET PEN NEEDLES 31G X 6 MM
- DROPLET PEN NEEDLES 31G X 8 MM
- DROPLET PEN NEEDLES 32G X 4 MM
- DROPLET PEN NEEDLES 32G X 5 MM
- DROPLET PEN NEEDLES 32G X 6 MM
- DROPLET PEN NEEDLES 32G X 8 MM
- DROPSAFE ALCOHOL PREP PAD 70 %
- DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM
- DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM
- DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM
- DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML
- DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML
- DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML
- DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML
- DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML

Formulary ID: 25263 version 11
 Last Updated: 02/19/2025
 Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML
- DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML
- DRUG MART ULTRA COMFORT SYR 29G X 1/2" 0.3 ML
- DRUG MART ULTRA COMFORT SYR 29G X 1/2" 1 ML
- DRUG MART ULTRA COMFORT SYR 30G X 5/16" 0.5 ML
- DRUG MART ULTRA COMFORT SYR 30G X 5/16" 1 ML
- DRUG MART UNIFINE PENTIPS 31G X 5 MM
- EASY COMFORT ALCOHOL PADS PAD
- EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML
- EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML
- EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML
- EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML
- EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML
- EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML
- EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML
- EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML
- EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML
- EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML
- EASY COMFORT PEN NEEDLES 31G X 5 MM
- EASY COMFORT PEN NEEDLES 31G X 6 MM
- EASY COMFORT PEN NEEDLES 31G X 8 MM
- EASY COMFORT PEN NEEDLES 32G X 4 MM
- EASY COMFORT PEN NEEDLES 33G X 4 MM
- EASY COMFORT PEN NEEDLES 33G X 5 MM
- EASY COMFORT PEN NEEDLES 33G X 6 MM
- EASY GLIDE PEN NEEDLES 33G X 4 MM
- EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %
- EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML
- EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML
- EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML
- EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML
- EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML
- EASY TOUCH INSULIN BARRELS 1ML
- EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML
- EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML
- EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML
- EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML
- EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML
- EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML
- EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML
- EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML
- EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML
- EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML
- EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML

Formulary ID: 25263 version 11
 Last Updated: 02/19/2025
 Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML
- EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML
- EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML
- EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML
- EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML
- EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML
- EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML
- EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML
- EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML
- EASY TOUCH PEN NEEDLES 29G X 12MM
- EASY TOUCH PEN NEEDLES 30G X 5 MM
- EASY TOUCH PEN NEEDLES 30G X 6 MM
- EASY TOUCH PEN NEEDLES 30G X 8 MM
- EASY TOUCH PEN NEEDLES 31G X 5 MM
- EASY TOUCH PEN NEEDLES 31G X 6 MM
- EASY TOUCH PEN NEEDLES 31G X 8 MM
- EASY TOUCH PEN NEEDLES 32G X 4 MM
- EASY TOUCH PEN NEEDLES 32G X 5 MM
- EASY TOUCH PEN NEEDLES 32G X 6 MM
- EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM
- EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM
- EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM
- EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML
- EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML
- EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML
- EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML
- EMBRACE PEN NEEDLES 29G X 12MM
- EMBRACE PEN NEEDLES 30G X 5 MM
- EMBRACE PEN NEEDLES 30G X 8 MM
- EMBRACE PEN NEEDLES 31G X 5 MM
- EMBRACE PEN NEEDLES 31G X 6 MM
- EMBRACE PEN NEEDLES 31G X 8 MM
- EMBRACE PEN NEEDLES 32G X 4 MM
- EQL ALCOHOL SWABS PAD 70 %
- EQL GAUZE PAD 2"X2"
- EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML
- EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML
- EQL INSULIN SYRINGE 30G X 5/16" 1 ML
- EXEL COMFORT POINT PEN NEEDLE 29G X 12MM
- FIFTY50 PEN NEEDLES 32G X 6 MM
- FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML
- FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML
- FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML
- FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML
- GAUZE PADS PAD 2"X2"
- GAUZE TYPE VII MEDI-PAK PAD 2"X2"

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- GLOBAL ALCOHOL PREP EASE PAD 70 %
- GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM
- GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM
- GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM
- GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM
- GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML
- GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML
- GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML
- GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML
- GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML
- GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML
- GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML
- GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.3 ML
- GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 0.5 ML
- GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML
- GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML
- GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML
- GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML
- GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML
- GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML
- GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML
- GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML
- GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML
- GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML
- GNP ALCOHOL SWABS PAD
- GNP INSULIN SYRINGE 28G X 1/2" 1 ML
- GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML
- GNP INSULIN SYRINGE 29G X 1/2" 1 ML
- GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML
- GNP INSULIN SYRINGE 30G X 5/16" 1 ML
- GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML
- GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML
- GNP INSULIN SYRINGES 30G X 5/16" 1 ML
- GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML
- GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML
- GNP STERILE GAUZE PAD 2"X2"
- GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.3 ML
- GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 0.3 ML
- GOODSENSE ALCOHOL SWABS PAD 70 %
- HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML
- HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML
- HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML
- HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML
- HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML

Formulary ID: 25263 version 11
 Last Updated: 02/19/2025
 Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML
- HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM
- HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM
- HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM
- HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM
- HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM
- HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM
- HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM
- HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM
- H-E-B INCONTROL ALCOHOL PAD
- H-E-B INCONTROL PEN NEEDLES 29G X 12MM
- H-E-B INCONTROL PEN NEEDLES 31G X 5 MM
- H-E-B INCONTROL PEN NEEDLES 31G X 6 MM
- H-E-B INCONTROL PEN NEEDLES 31G X 8 MM
- H-E-B INCONTROL PEN NEEDLES 32G X 4 MM
- HM STERILE PADS PAD 2"X2"
- HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML
- HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML
- HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM
- INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM
- INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM
- INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM
- INSULIN SYRINGE 29G X 1/2" 1 ML
- INSULIN SYRINGE 30G X 5/16" 1 ML
- INSULIN SYRINGE 31G X 5/16" 0.3 ML
- INSULIN SYRINGE 31G X 5/16" 0.5 ML
- INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML
- INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML
- INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML
- INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML
- INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML
- INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML
- INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML
- INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML
- INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML
- INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML
- INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML
- INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML
- INSUPEN PEN NEEDLES 31G X 5 MM
- INSUPEN PEN NEEDLES 32G X 4 MM
- INSUPEN PEN NEEDLES 33G X 4 MM
- INSUPEN ULTRAFIN 29G X 12MM
- INSUPEN ULTRAFIN 31G X 8 MM
- J & J GAUZE PAD 2"X2"
- KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"
- KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"
- KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML
- KMART VALU INSULIN SYRINGE 29G U-100 1 ML
- KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- KMART VALU INSULIN SYRINGE 30G U-100 1 ML
- KROGER PEN NEEDLES 29G X 12MM
- KROGER PEN NEEDLES 31G X 8 MM
- LEADER UNIFINE PENTIPS 31G X 5 MM
- LEADER UNIFINE PENTIPS 32G X 4 MM
- LEADER UNIFINE PENTIPS PLUS 31G X 5 MM
- LEADER UNIFINE PENTIPS PLUS 31G X 8 MM
- LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML
- LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML
- LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML
- LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML
- LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML
- LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML
- LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML
- LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML
- LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML
- LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML
- LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML
- LITETOUCH PEN NEEDLES 29G X 12.7MM
- LITETOUCH PEN NEEDLES 31G X 5 MM
- LITETOUCH PEN NEEDLES 31G X 6 MM
- LITETOUCH PEN NEEDLES 31G X 8 MM
- LITETOUCH PEN NEEDLES 32G X 4 MM
- MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML
- MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML
- MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML
- MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML
- MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML
- MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML
- MAXICOMFORT II PEN NEEDLE 31G X 6 MM
- MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML
- MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML
- MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM
- MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM
- MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML
- MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML
- MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML
- MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML
- MEDICINE SHOPPE PEN NEEDLES 29G X 12MM
- MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM
- MEDPURA ALCOHOL PADS 70 % EXTERNAL
- MEIJER ALCOHOL SWABS PAD 70 %
- MEIJER PEN NEEDLES 29G X 12MM
- MEIJER PEN NEEDLES 31G X 6 MM
- MEIJER PEN NEEDLES 31G X 8 MM
- MICRODOT PEN NEEDLE 31G X 6 MM
- MICRODOT PEN NEEDLE 32G X 4 MM

Formulary ID: 25263 version 11
 Last Updated: 02/19/2025
 Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- MICRODOT PEN NEEDLE 33G X 4 MM
- MIRASORB SPONGES 2"X2"
- MM PEN NEEDLES 32G X 4 MM
- MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML
- MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML
- MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML
- MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML
- MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML
- MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML
- MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML
- MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML
- MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML
- MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML
- MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML
- MONOJECT INSULIN SYRINGE U-100 1 ML
- MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML
- MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML
- MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML
- MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML
- MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML
- MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML
- NOVOFINE AUTOCOVER 30G X 8 MM
- NOVOFINE PEN NEEDLE 32G X 6 MM
- NOVOFINE PLUS PEN NEEDLE 32G X 4 MM
- NOVOTWIST PEN NEEDLE 32G X 5 MM
- PC UNIFINE PENTIPS 31G X 5 MM
- PC UNIFINE PENTIPS 31G X 6 MM
- PC UNIFINE PENTIPS 31G X 8 MM
- PEN NEEDLES 29G X 12MM
- PEN NEEDLES 30G X 5 MM
- PEN NEEDLES 30G X 8 MM
- PEN NEEDLES 31G X 5 MM
- PEN NEEDLES 31G X 8 MM
- PEN NEEDLES 32G X 4 MM
- PEN NEEDLES 32G X 5 MM
- PENTIPS 29G X 12MM
- PENTIPS 31G X 5 MM
- PENTIPS 31G X 8 MM
- PENTIPS 32G X 4 MM
- PENTIPS GENERIC PEN NEEDLES 29G X 12MM
- PENTIPS GENERIC PEN NEEDLES 31G X 6 MM
- PENTIPS GENERIC PEN NEEDLES 32G X 6 MM
- PIP PEN NEEDLES 31G X 5MM 31G X 5 MM
- PIP PEN NEEDLES 32G X 4MM 32G X 4 MM
- PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML
- PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML
- PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML
- PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML
- PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML
- PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML
- PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML
- PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM
- PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM
- PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM
- PREVENT SAFETY PEN NEEDLES 31G X 6 MM
- PREVENT SAFETY PEN NEEDLES 31G X 8 MM
- PRO COMFORT ALCOHOL PAD 70 %
- PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML
- PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML
- PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML
- PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML
- PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML
- PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML
- PRO COMFORT PEN NEEDLES 31G X 8 MM
- PRO COMFORT PEN NEEDLES 32G X 4 MM
- PRO COMFORT PEN NEEDLES 32G X 5 MM
- PRO COMFORT PEN NEEDLES 32G X 6 MM
- PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML
- PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML
- PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML
- PURE COMFORT ALCOHOL PREP PAD
- PURE COMFORT PEN NEEDLE 32G X 4 MM
- PURE COMFORT PEN NEEDLE 32G X 5 MM
- PURE COMFORT PEN NEEDLE 32G X 6 MM
- PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM
- PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM
- PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM
- PX SHORTLENGTH PEN NEEDLES 31G X 8 MM
- QC ALCOHOL 70 % EXTERNAL
- QC ALCOHOL SWABS PAD 70 %
- QC BORDER ISLAND GAUZE PAD 2"X2"
- QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM
- QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM
- RA ALCOHOL SWABS PAD 70 %
- RA INSULIN SYRINGE 29G X 1/2" 1 ML
- RA INSULIN SYRINGE 30G X 5/16" 0.5 ML
- RA INSULIN SYRINGE 30G X 5/16" 1 ML
- *ra isopropyl alcohol wipes 70 % external*
- RA PEN NEEDLES 31G X 5 MM
- RA PEN NEEDLES 31G X 8 MM
- RA STERILE PAD 2"X2"
- RAYA SURE PEN NEEDLE 29G X 12MM
- RAYA SURE PEN NEEDLE 31G X 4 MM
- RAYA SURE PEN NEEDLE 31G X 5 MM
- RAYA SURE PEN NEEDLE 31G X 6 MM
- REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML
- REALITY INSULIN SYRINGE 28G X 1/2" 1 ML

Formulary ID: 25263 version 11
 Last Updated: 02/19/2025
 Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML
- REALITY INSULIN SYRINGE 29G X 1/2" 1 ML
- REALITY SWABS PAD
- RELION ALCOHOL SWABS PAD
- RELI-ON INSULIN SYRINGE 29G 0.3 ML
- RELI-ON INSULIN SYRINGE 29G 0.5 ML
- RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML
- RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML
- RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML
- RELION INSULIN SYRINGE 31G X 15/64" 1 ML
- RELION MINI PEN NEEDLES 31G X 6 MM
- RELION PEN NEEDLES 31G X 6 MM
- RELION PEN NEEDLES 31G X 8 MM
- RESTORE CONTACT LAYER PAD 2"X2"
- SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML
- SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML
- SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML
- SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML
- SAFETY PEN NEEDLES 30G X 5 MM
- SAFETY PEN NEEDLES 30G X 8 MM
- SB ALCOHOL PREP PAD 70 %
- SB INSULIN SYRINGE 29G X 1/2" 0.5 ML
- SB INSULIN SYRINGE 29G X 1/2" 1 ML
- SB INSULIN SYRINGE 30G X 5/16" 0.5 ML
- SB INSULIN SYRINGE 30G X 5/16" 1 ML
- SB INSULIN SYRINGE 31G X 5/16" 1 ML
- SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML
- SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML
- SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM
- SM ALCOHOL PREP PAD
- SM ALCOHOL PREP PAD 6-70 % EXTERNAL
- SM GAUZE PAD 2"X2"
- STERILE GAUZE PAD 2"X2"
- STERILE PAD 2"X2"
- SURE COMFORT ALCOHOL PREP PAD 70 %
- SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML
- SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML
- SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML
- SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML
- SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML
- SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML
- SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML
- SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML
- SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML
- SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML
- SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML
- SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML
- SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML
- SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML

Formulary ID: 25263 version 11
 Last Updated: 02/19/2025
 Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML
- SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML
- SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML
- SURE COMFORT PEN NEEDLES 29G X 12.7MM
- SURE COMFORT PEN NEEDLES 30G X 8 MM
- SURE COMFORT PEN NEEDLES 31G X 5 MM
- SURE COMFORT PEN NEEDLES 31G X 6 MM
- SURE COMFORT PEN NEEDLES 31G X 8 MM
- SURE COMFORT PEN NEEDLES 32G X 4 MM
- SURE COMFORT PEN NEEDLES 32G X 6 MM
- SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML
- SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.5 ML
- SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML
- SURE-PREP ALCOHOL PREP PAD 70 %
- SURGICAL GAUZE SPONGE PAD 2"X2"
- TERUMO INSULIN SYRINGE 29G X 1/2" 0.3 ML
- THERAGAUZE PAD 2"X2"
- TODAYS HEALTH PEN NEEDLES 29G X 12MM
- TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM
- TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM
- TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM
- TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML
- TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML
- TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML
- TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML
- TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML
- TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML
- TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML
- TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML
- TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML
- TRUE COMFORT ALCOHOL PREP PADS PAD 70 %
- TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML
- TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML
- TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML
- TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML
- TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML
- TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML
- TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML
- TRUE COMFORT PEN NEEDLES 31G X 5 MM
- TRUE COMFORT PEN NEEDLES 31G X 6 MM
- TRUE COMFORT PEN NEEDLES 32G X 5/16" 1 ML
- TRUE COMFORT PRO ALCOHOL PREP PAD 70 %
- TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML
- TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML

Formulary ID: 25263 version 11
 Last Updated: 02/19/2025
 Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML
- TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML
- TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML
- TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML
- TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML
- TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML
- TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM
- TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM
- TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM
- TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM
- TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM
- TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM
- TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM
- TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM
- TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM
- TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM
- TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM
- TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM
- TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM
- TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM
- TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML
- TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML
- TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML
- TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML
- TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML
- TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML
- TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML
- TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML
- TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML
- TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML
- TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML
- TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML
- TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML
- TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML
- TRUEPLUS PEN NEEDLES 29G X 12MM
- TRUEPLUS PEN NEEDLES 31G X 5 MM
- TRUEPLUS PEN NEEDLES 31G X 6 MM
- TRUEPLUS PEN NEEDLES 31G X 8 MM
- TRUEPLUS PEN NEEDLES 32G X 4 MM
- ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML
- ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML
- ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML
- ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML
- ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML
- ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML
- ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML
- ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML

Formulary ID: 25263 version 11
 Last Updated: 02/19/2025
 Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML
- ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML
- ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML
- ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML
- ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML
- ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML
- ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML
- ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML
- ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML
- ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML
- ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML
- ULTICARE MICRO PEN NEEDLES 32G X 4 MM
- ULTICARE MINI PEN NEEDLES 30G X 5 MM
- ULTICARE MINI PEN NEEDLES 31G X 6 MM
- ULTICARE MINI PEN NEEDLES 32G X 6 MM
- ULTICARE PEN NEEDLES 29G X 12.7MM
- ULTICARE PEN NEEDLES 31G X 5 MM
- ULTICARE SHORT PEN NEEDLES 30G X 8 MM
- ULTICARE SHORT PEN NEEDLES 31G X 8 MM
- ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM
- ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM
- ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM
- ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM
- ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM
- ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM
- ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML
- ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML
- ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML
- ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML
- ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML
- ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML
- ULTILET ALCOHOL SWABS PAD
- ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML
- ULTILET INSULIN SYRINGE 30G X 1/2" 1 ML
- ULTILET INSULIN SYRINGE 30G X 5/16" 0.3 ML
- ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML
- ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML
- ULTILET INSULIN SYRINGE 31G X 1/4" 0.3 ML
- ULTILET INSULIN SYRINGE 31G X 1/4" 1 ML
- ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML
- ULTILET INSULIN SYRINGE 31G X 15/64" 0.5 ML
- ULTILET INSULIN SYRINGE 31G X 5/16" 0.3 ML
- ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML
- ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML
- ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML
- ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML
- ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.3 ML
- ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.5 ML
- ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 1 ML
- ULTILET PEN NEEDLE 29G X 12.7MM
- ULTILET PEN NEEDLE 31G X 5 MM
- ULTILET PEN NEEDLE 31G X 8 MM
- ULTILET PEN NEEDLE 32G X 4 MM
- ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML
- ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM
- ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM
- ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM
- ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM
- ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML
- ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML
- ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML
- ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML
- ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML
- ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML
- ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML
- ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML
- ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML
- ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML
- ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML
- ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML
- ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML
- ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML
- ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML
- ULTRA THIN PEN NEEDLES 32G X 4 MM
- ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML
- ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML
- ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML
- ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML
- ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML
- ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML
- ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML
- ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML
- ULTRACARE PEN NEEDLES 31G X 5 MM
- ULTRACARE PEN NEEDLES 31G X 6 MM
- ULTRACARE PEN NEEDLES 31G X 8 MM
- ULTRACARE PEN NEEDLES 32G X 4 MM
- ULTRACARE PEN NEEDLES 32G X 5 MM
- ULTRACARE PEN NEEDLES 32G X 6 MM
- ULTRACARE PEN NEEDLES 33G X 4 MM

Formulary ID: 25263 version 11
 Last Updated: 02/19/2025
 Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML
- ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML
- ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML
- ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML
- ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML
- ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML
- ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML
- ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML
- ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML
- ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM
- ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM
- ULTRA-THIN II PEN NEEDLES 29G X 12.7MM
- UNIFINE PEN NEEDLES 32G X 4 MM
- UNIFINE PENTIPS 29G X 12MM
- UNIFINE PENTIPS 31G X 6 MM
- UNIFINE PENTIPS 31G X 8 MM
- UNIFINE PENTIPS PLUS 29G X 12MM
- UNIFINE PENTIPS PLUS 31G X 6 MM
- UNIFINE PENTIPS PLUS 32G X 4 MM
- UNIFINE PROTECT PEN NEEDLE 30G X 5 MM
- UNIFINE PROTECT PEN NEEDLE 30G X 8 MM
- UNIFINE PROTECT PEN NEEDLE 32G X 4 MM
- UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM
- UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM
- UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM
- UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM
- UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM
- UNIFINE ULTRA PEN NEEDLE 31G X 5 MM
- UNIFINE ULTRA PEN NEEDLE 31G X 6 MM
- UNIFINE ULTRA PEN NEEDLE 31G X 8 MM
- UNIFINE ULTRA PEN NEEDLE 32G X 4 MM
- VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML
- VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML
- VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML
- VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML
- VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML
- VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML
- VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML
- VERIFINE INSULIN PEN NEEDLE 29G X 12MM
- VERIFINE INSULIN PEN NEEDLE 31G X 5 MM
- VERIFINE INSULIN PEN NEEDLE 32G X 6 MM
- VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML
- VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML
- VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML
- VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML
- VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML

Formulary ID: 25263 version 11
 Last Updated: 02/19/2025
 Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

- VERIFINE PLUS PEN NEEDLE 31G X 5 MM
- VERIFINE PLUS PEN NEEDLE 31G X 8 MM
- VERIFINE PLUS PEN NEEDLE 32G X 4 MM
- VP INSULIN SYRINGE 29G X 1/2" 0.3 ML
- WEBCOL ALCOHOL PREP LARGE PAD 70 %
- WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM
- ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %

Details

Criteria	IN ORDER TO ASSIST IN PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR AN INJECTABLE INSULIN WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT.
-----------------	---

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

LEVOMILNACIPRAN

Products Affected

Step 2:

- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL

Details

Criteria	
	PRIOR CLAIM FOR TRINTELLIX AND 1 GENERIC ANTIDEPRESSANT: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, or VILAZODONE IN THE PAST 365 DAYS

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

LUMATEPERONE TOSYLATE

Products Affected

Step 2:

- CAPLYTA CAPSULE 10.5 MG ORAL
- CAPLYTA CAPSULE 21 MG ORAL
- CAPLYTA CAPSULE 42 MG ORAL

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
-----------------	--

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

MEMANTINE ER

Products Affected

Step 2:

- *memantine hcl er capsule extended release 24 hour 14 mg oral*
- *memantine hcl er capsule extended release 24 hour 21 mg oral*
- *memantine hcl er capsule extended release 24 hour 28 mg oral*
- *memantine hcl er capsule extended release 24 hour 7 mg oral*

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF MEMANTINE IR WITHIN THE PAST 120 DAYS
-----------------	--

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

METHOTREXATE INJECTOR

Products Affected

Step 2:

- RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS

Details

Criteria	TRIAL OF OR CONTRAINDICATION TO GENERIC ORAL METHOTREXATE TABLET
----------	--

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

OPHTHALMIC ALLERGY - NO OTC

Products Affected

Step 2:

- *alrex suspension 0.2 % ophthalmic*
- *loteprednol etabonate suspension 0.2 % ophthalmic*

Details

Criteria	PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, OR EPINASTINE WITHIN THE PAST 120 DAYS.
-----------------	--

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

PERAMPANEL

Products Affected

Step 2:

- FYCOMPA SUSPENSION 0.5 MG/ML ORAL
- FYCOMPA TABLET 10 MG ORAL
- FYCOMPA TABLET 12 MG ORAL
- FYCOMPA TABLET 2 MG ORAL
- FYCOMPA TABLET 4 MG ORAL
- FYCOMPA TABLET 6 MG ORAL
- FYCOMPA TABLET 8 MG ORAL

Details

Criteria
PRIOR CLAIM FOR 2 GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

RUFINAMIDE

Products Affected

Step 2:

- *rufinamide suspension 40 mg/ml oral*
- *rufinamide tablet 200 mg oral*
- *rufinamide tablet 400 mg oral*

Details

Criteria	PRIOR CLAIM FOR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE), WITHIN THE PAST 120 DAYS.
-----------------	--

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

SELEGILINE PATCH

Products Affected

Step 2:

- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL

Details

Criteria	
	PRIOR CLAIM OF FORMULARY ORAL VERSION OF SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE), SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE), MIRTAZAPINE, OR BUPROPION IR/SR/XL IN THE PAST 120 DAYS

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

SPRITAM

Products Affected

Step 2:

- *levetiracetam tablet disintegrating soluble 250 mg oral*
- SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL

Details

Criteria	PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
-----------------	---

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

TENOFOVIR ALAFENAMIDE

Products Affected

Step 2:

- VEMLIDY TABLET 25 MG ORAL

Details

Criteria	TRIAL OF GENERIC TENOFOVIR DISOPROXIL FUMARATE WITHIN THE PAST 120 DAYS
-----------------	---

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

XANOMELINE/TROSPIUM

Products Affected

Step 2:

- COBENFY CAPSULE 100-20 MG ORAL
- COBENFY CAPSULE 125-30 MG ORAL
- COBENFY CAPSULE 50-20 MG ORAL
- COBENFY STARTER PACK CAPSULE THERAPY PACK 50-20 & 100-20 MG ORAL

Details

Criteria	CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 120 DAYS
-----------------	--

Formulary ID: 25263 version 11

Last Updated: 02/19/2025

Effective: 03/01/2025

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

INDEX

A

ABOUTTIME PEN NEEDLE 30G X 8 MM 18, 36
 ABOUTTIME PEN NEEDLE 31G X 5 MM 18, 36
 ABOUTTIME PEN NEEDLE 31G X 8 MM 18, 36
 ABOUTTIME PEN NEEDLE 32G X 4 MM 18, 36
 ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM..... 18, 36
 ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM..... 18, 36
 ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM..... 18, 36
 ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM..... 18, 36
 ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM..... 18, 36
 ADVOCATE INSULIN SYRINGE 29G X 1/2 18, 36
 ADVOCATE INSULIN SYRINGE 30G X 5/16 18, 36
 ADVOCATE INSULIN SYRINGE 31G X 5/16 18, 36
 ALCOHOL PREP PAD..... 18, 36
 ALCOHOL PREP PAD 70 %..... 18, 36
 ALCOHOL PREP PADS PAD 70 % . 18, 36
 ALCOHOL SWABS PAD..... 18, 36
 ALCOHOL SWABS PAD 70 % 18, 36
 ALCOHOL SWABSTICK PAD 18, 36
 ALCOHOL SWABSTICK PAD 70 % 18, 36
 alrex suspension 0.2 % ophthalmic..... 41
 APLICARE ALCOHOL SWABSTICK PAD 70 % 18, 36
 APTIOM TABLET 200 MG ORAL..... 14
 APTIOM TABLET 400 MG ORAL..... 14
 APTIOM TABLET 600 MG ORAL..... 14
 APTIOM TABLET 800 MG ORAL..... 14
 AQ INSULIN SYRINGE 31G X 5/16 18, 36
 AQINJECT PEN NEEDLE 31G X 5 MM 18, 36

AQINJECT PEN NEEDLE 32G X 4 MM 18, 36
 aripiprazole tablet dispersible 10 mg oral... 3
 aripiprazole tablet dispersible 15 mg oral... 3
 ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM..... 18, 36
 ASSURE ID INSULIN SAFETY SYR 29G X 1/2..... 18, 36
 ASSURE ID INSULIN SAFETY SYR 31G X 15/64..... 18, 36
 ASSURE ID PRO PEN NEEDLES 30G X 5 MM 18, 36
 AUM ALCOHOL PREP PADS PAD 70 % 18, 36
 AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM..... 18, 36
 AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM..... 18, 36
 AUM MINI INSULIN PEN NEEDLE 32G X 4 MM..... 18, 36
 AUM MINI INSULIN PEN NEEDLE 32G X 5 MM..... 18, 36
 AUM MINI INSULIN PEN NEEDLE 32G X 6 MM..... 19, 36
 AUM MINI INSULIN PEN NEEDLE 32G X 8 MM..... 19, 36
 AUM MINI INSULIN PEN NEEDLE 33G X 4 MM..... 19, 36
 AUM MINI INSULIN PEN NEEDLE 33G X 5 MM..... 19, 36
 AUM MINI INSULIN PEN NEEDLE 33G X 6 MM..... 19, 36
 AUM PEN NEEDLE 32G X 4 MM ... 19, 36
 AUM PEN NEEDLE 32G X 5 MM ... 19, 36
 AUM PEN NEEDLE 32G X 6 MM ... 19, 36
 AUM PEN NEEDLE 33G X 4 MM ... 19, 36
 AUM PEN NEEDLE 33G X 5 MM ... 19, 36
 AUM PEN NEEDLE 33G X 6 MM ... 19, 36
 AUM READYGARD DUO PEN NEEDLE 32G X 4 MM..... 19, 36
 AUM SAFETY PEN NEEDLE 31G X 4 MM 19, 36

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

AUVELITY TABLET EXTENDED
RELEASE 45-105 MG ORAL 10

B

BD AUTOSHIELD 29G X 5MM..... 19, 36
 BD AUTOSHIELD 29G X 8MM..... 19, 36
 BD AUTOSHIELD DUO 30G X 5 MM. 19, 36
 BD ECLIPSE SYRINGE 30G X 1/2.. 19, 36
 BD INSULIN SYR ULTRAFINE II 31G X 5/16 19, 36
 BD INSULIN SYRINGE 25G X 1..... 19, 36
 BD INSULIN SYRINGE 25G X 5/8.. 19, 36
 BD INSULIN SYRINGE 26G X 1/2.. 19, 36
 BD INSULIN SYRINGE 27.5G X 5/819, 36
 BD INSULIN SYRINGE 27G X 1/2.. 19, 36
 BD INSULIN SYRINGE 29G X 1/2.. 19, 36
 BD INSULIN SYRINGE HALF-UNIT 31G X 5/16..... 19, 36
 BD INSULIN SYRINGE MICROFINE 27G X 5/8..... 19, 36
 BD INSULIN SYRINGE MICROFINE 28G X 1/2..... 19, 36
 BD INSULIN SYRINGE U/F 30G X 1/2 19, 36
 BD INSULIN SYRINGE U-100 1 ML ... 19, 36
 BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML 19, 36
 BD INSULIN SYRINGE ULTRAFINE 29G X 1/2..... 19, 36
 BD INSULIN SYRINGE ULTRAFINE 30G X 1/2..... 19, 36
 BD PEN NEEDLE MICRO U/F 32G X 6 MM 19, 36
 BD PEN NEEDLE MINI U/F 31G X 5 MM 19, 36
 BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM..... 19, 36
 BD PEN NEEDLE NANO U/F 32G X 4 MM 19, 36
 BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM 19, 36
 BD PEN NEEDLE SHORT U/F 31G X 8 MM 19, 36

BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2..... 19, 36
 BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16..... 19, 36
 BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64..... 19, 20, 36
 BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16..... 20, 36
 BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8..... 20, 36
 BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2..... 20, 36
 BD SWAB SINGLE USE REGULAR PAD 20, 36
 BD SWABS SINGLE USE BUTTERFLY PAD..... 20, 36
 BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64..... 20, 36
 BD VEO INSULIN SYRINGE U/F 31G X 15/64 20, 36

C

CAPLYTA CAPSULE 10.5 MG ORAL.. 38
 CAPLYTA CAPSULE 21 MG ORAL..... 38
 CAPLYTA CAPSULE 42 MG ORAL..... 38
 CAREFINE PEN NEEDLES 29G X 12MM 20, 36
 CAREFINE PEN NEEDLES 30G X 8 MM 20, 36
 CAREFINE PEN NEEDLES 31G X 6 MM 20, 36
 CAREFINE PEN NEEDLES 31G X 8 MM 20, 36
 CAREFINE PEN NEEDLES 32G X 4 MM 20, 36
 CAREFINE PEN NEEDLES 32G X 5 MM 20, 36
 CAREFINE PEN NEEDLES 32G X 6 MM 20, 36
 CAREONE INSULIN SYRINGE 30G X 1/2 20, 36
 CAREONE INSULIN SYRINGE 31G X 5/16 20, 36
 CARETOUCH ALCOHOL PREP PAD 70 % 20, 36

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

CARETOUCH INSULIN SYRINGE 28G X 5/16	20, 36	COMFORT ASSIST INSULIN SYRINGE 29G X 1/2.....	21, 36
CARETOUCH INSULIN SYRINGE 29G X 5/16	20, 36	COMFORT ASSIST INSULIN SYRINGE 31G X 5/16.....	21, 36
CARETOUCH INSULIN SYRINGE 30G X 5/16	20, 36	COMFORT EZ INSULIN SYRINGE 28G X 1/2.....	21, 36
CARETOUCH INSULIN SYRINGE 31G X 5/16	20, 36	COMFORT EZ INSULIN SYRINGE 29G X 1/2.....	21, 36
CARETOUCH PEN NEEDLES 29G X 12MM	20, 36	COMFORT EZ INSULIN SYRINGE 30G X 1/2.....	21, 36
CARETOUCH PEN NEEDLES 31G X 5 MM	20, 36	COMFORT EZ INSULIN SYRINGE 30G X 5/16.....	21, 36
CARETOUCH PEN NEEDLES 31G X 6 MM	20, 36	COMFORT EZ INSULIN SYRINGE 31G X 15/64.....	21, 36
CARETOUCH PEN NEEDLES 31G X 8 MM	20, 36	COMFORT EZ INSULIN SYRINGE 31G X 5/16.....	21, 36
CARETOUCH PEN NEEDLES 32G X 4 MM	20, 36	COMFORT EZ PEN NEEDLES 31G X 5 MM	21, 36
CARETOUCH PEN NEEDLES 32G X 5 MM	20, 36	COMFORT EZ PEN NEEDLES 31G X 6 MM	21, 36
CARETOUCH PEN NEEDLES 33G X 4 MM	20, 36	COMFORT EZ PEN NEEDLES 31G X 8 MM	21, 36
CLEVER CHOICE COMFORT EZ 29G X 12MM	20, 36	COMFORT EZ PEN NEEDLES 32G X 4 MM	21, 36
CLEVER CHOICE COMFORT EZ 33G X 4 MM	20, 36	COMFORT EZ PEN NEEDLES 32G X 5 MM	21, 36
CLICKFINE PEN NEEDLES 31G X 6 MM	20, 36	COMFORT EZ PEN NEEDLES 32G X 6 MM	21, 36
CLICKFINE PEN NEEDLES 31G X 8 MM	20, 36	COMFORT EZ PEN NEEDLES 32G X 8 MM	21, 36
CLICKFINE PEN NEEDLES 32G X 4 MM	20, 36	COMFORT EZ PEN NEEDLES 33G X 4 MM	21, 36
clozapine tablet dispersible 100 mg oral....	9	COMFORT EZ PEN NEEDLES 33G X 5 MM	21, 36
clozapine tablet dispersible 12.5 mg oral....	9	COMFORT EZ PEN NEEDLES 33G X 6 MM	21, 36
clozapine tablet dispersible 150 mg oral....	9	COMFORT EZ PEN NEEDLES 33G X 8 MM	21, 36
clozapine tablet dispersible 200 mg oral....	9	COMFORT EZ PRO PEN NEEDLES 30G X 8 MM.....	21, 36
clozapine tablet dispersible 25 mg oral.....	9	COMFORT EZ PRO PEN NEEDLES 31G X 4 MM.....	21, 36
COBENFY CAPSULE 100-20 MG ORAL	47	COMFORT EZ PRO PEN NEEDLES 31G X 5 MM.....	21, 36
COBENFY CAPSULE 125-30 MG ORAL	47		
COBENFY CAPSULE 50-20 MG ORAL 47			
COBENFY STARTER PACK CAPSULE THERAPY PACK 50-20 & 100-20 MG ORAL.....	47		

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

COMFORT TOUCH INSULIN PEN NEEDLE 31G X 4 MM.....	21, 36	DIATHRIVE PEN NEEDLE 31G X 8 MM	22, 36
COMFORT TOUCH INSULIN PEN NEEDLE 31G X 5 MM.....	21, 36	DIATHRIVE PEN NEEDLE 32G X 4 MM	22, 36
COMFORT TOUCH INSULIN PEN NEEDLE 31G X 6 MM.....	21, 36	dihydroergotamine mesylate solution 4 mg/ml nasal.....	11
COMFORT TOUCH INSULIN PEN NEEDLE 31G X 8 MM.....	21, 36	DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL	12
COMFORT TOUCH INSULIN PEN NEEDLE 32G X 4 MM.....	21, 36	DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL	12
COMFORT TOUCH INSULIN PEN NEEDLE 32G X 5 MM.....	21, 36	DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL	12
COMFORT TOUCH INSULIN PEN NEEDLE 32G X 6 MM.....	21, 36	DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL	12
COMFORT TOUCH INSULIN PEN NEEDLE 32G X 8 MM.....	21, 36	DROPLET INSULIN SYRINGE 29G X 1/2	22, 36
CURITY ALCOHOL PREPS PAD 70 % 21, 36		DROPLET INSULIN SYRINGE 30G X 1/2	22, 36
CURITY ALL PURPOSE SPONGES PAD 2.....	21, 36	DROPLET INSULIN SYRINGE 30G X 15/64	22, 36
CURITY GAUZE PAD 2.....	21, 36	DROPLET INSULIN SYRINGE 30G X 5/16	22, 36
CURITY GAUZE SPONGE PAD 2... ..	21, 36	DROPLET INSULIN SYRINGE 31G X 15/64	22, 36
CURITY SPONGES PAD 2.....	21, 36	DROPLET INSULIN SYRINGE 31G X 5/16	22, 36
CVS GAUZE PAD 2	22, 36	DROPLET MICRON 34G X 3.5 MM	22, 36
CVS GAUZE STERILE PAD 2	22, 36	DROPLET PEN NEEDLES 29G X 10MM	22, 36
CYCLOPHOSPHAMIDE CAPSULE 25 MG ORAL	5	DROPLET PEN NEEDLES 29G X 12MM	22, 36
cyclophosphamide capsule 50 mg oral	5	DROPLET PEN NEEDLES 30G X 8 MM	22, 36
cyclophosphamide tablet 25 mg oral	5	DROPLET PEN NEEDLES 31G X 5 MM	22, 36
CYCLOPHOSPHAMIDE TABLET 50 MG ORAL.....	5	DROPLET PEN NEEDLES 31G X 6 MM	22, 36
D		DROPLET PEN NEEDLES 31G X 8 MM	22, 36
DERMACEA GAUZE SPONGE PAD 2 22, 36		DROPLET PEN NEEDLES 32G X 4 MM	22, 36
DERMACEA IV DRAIN SPONGES PAD 2.....	22, 36		
DERMACEA NON-WOVEN SPONGES PAD 2.....	22, 36		
DERMACEA TYPE VII GAUZE PAD 222, 36			
DIATHRIVE PEN NEEDLE 31G X 5 MM	22, 36		
DIATHRIVE PEN NEEDLE 31G X 6 MM	22, 36		

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

DROPLET PEN NEEDLES 32G X 5 MM 22, 36	EASY COMFORT PEN NEEDLES 32G X 4 MM 23, 36
DROPLET PEN NEEDLES 32G X 6 MM 22, 36	EASY COMFORT PEN NEEDLES 33G X 4 MM 23, 36
DROPLET PEN NEEDLES 32G X 8 MM 22, 36	EASY COMFORT PEN NEEDLES 33G X 5 MM 23, 36
DROPSAFE ALCOHOL PREP PAD 70 % 22, 36	EASY COMFORT PEN NEEDLES 33G X 6 MM 23, 36
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM..... 22, 36	EASY GLIDE PEN NEEDLES 33G X 4 MM 23, 36
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM..... 22, 36	EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %..... 23, 36
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM..... 22, 36	EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2..... 23, 36
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2..... 22, 36	EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2..... 23, 36
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64..... 22, 36	EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16..... 23, 36
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16..... 22, 23, 36	EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16..... 23, 36
DRUG MART ULTRA COMFORT SYR 29G X 1/2..... 23, 36	EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2..... 23, 36
DRUG MART ULTRA COMFORT SYR 30G X 5/16..... 23, 36	EASY TOUCH INSULIN BARRELS 1ML 23, 36
DRUG MART UNIFINE PENTIPS 31G X 5 MM 23, 36	EASY TOUCH INSULIN SAFETY SYR 29G X 1/2..... 23, 36
E	EASY TOUCH INSULIN SAFETY SYR 30G X 1/2..... 23, 36
EASY COMFORT ALCOHOL PADS PAD 23, 36	EASY TOUCH INSULIN SAFETY SYR 30G X 5/16..... 23, 36
EASY COMFORT INSULIN SYRINGE 30G X 1/2..... 23, 36	EASY TOUCH INSULIN SYRINGE 27G X 1/2..... 23, 36
EASY COMFORT INSULIN SYRINGE 30G X 5/16..... 23, 36	EASY TOUCH INSULIN SYRINGE 27G X 5/8..... 23, 36
EASY COMFORT INSULIN SYRINGE 31G X 1/2..... 23, 36	EASY TOUCH INSULIN SYRINGE 28G X 1/2..... 23, 36
EASY COMFORT INSULIN SYRINGE 31G X 5/16..... 23, 36	EASY TOUCH INSULIN SYRINGE 29G X 1/2..... 23, 36
EASY COMFORT INSULIN SYRINGE 32G X 5/16..... 23, 36	EASY TOUCH INSULIN SYRINGE 30G X 1/2..... 24, 36
EASY COMFORT PEN NEEDLES 31G X 5 MM 23, 36	EASY TOUCH INSULIN SYRINGE 30G X 5/16..... 24, 36
EASY COMFORT PEN NEEDLES 31G X 6 MM 23, 36	EASY TOUCH INSULIN SYRINGE 31G X 5/16..... 24, 36
EASY COMFORT PEN NEEDLES 31G X 8 MM 23, 36	

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

EASY TOUCH PEN NEEDLES 29G X 12MM	24, 36	EMBRACE PEN NEEDLES 31G X 8 MM	24, 36
EASY TOUCH PEN NEEDLES 30G X 5 MM	24, 36	EMBRACE PEN NEEDLES 32G X 4 MM	24, 36
EASY TOUCH PEN NEEDLES 30G X 6 MM	24, 36	EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL.....	44
EASY TOUCH PEN NEEDLES 30G X 8 MM	24, 36	EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL.....	44
EASY TOUCH PEN NEEDLES 31G X 5 MM	24, 36	EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL.....	44
EASY TOUCH PEN NEEDLES 31G X 6 MM	24, 36	EPRONTIA SOLUTION 25 MG/ML ORAL.....	13
EASY TOUCH PEN NEEDLES 31G X 8 MM	24, 36	EQL ALCOHOL SWABS PAD 70 %	24, 36
EASY TOUCH PEN NEEDLES 32G X 4 MM	24, 36	EQL GAUZE PAD 2	24, 36
EASY TOUCH PEN NEEDLES 32G X 5 MM	24, 36	EQL INSULIN SYRINGE 30G X 5/16... 24, 36	
EASY TOUCH PEN NEEDLES 32G X 6 MM	24, 36	esomeprazole magnesium packet 10 mg oral	2
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM.....	24, 36	esomeprazole magnesium packet 20 mg oral	2
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM.....	24, 36	esomeprazole magnesium packet 40 mg oral	2
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM.....	24, 36	EXEL COMFORT POINT PEN NEEDLE 29G X 12MM.....	24, 36
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2.....	24, 36	F	
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2.....	24, 36	FANAPT TABLET 1 MG ORAL	17
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16.....	24, 36	FANAPT TABLET 10 MG ORAL	17
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16.....	24, 36	FANAPT TABLET 12 MG ORAL	17
EMBRACE PEN NEEDLES 29G X 12MM	24, 36	FANAPT TABLET 2 MG ORAL	17
EMBRACE PEN NEEDLES 30G X 5 MM	24, 36	FANAPT TABLET 4 MG ORAL	17
EMBRACE PEN NEEDLES 30G X 8 MM	24, 36	FANAPT TABLET 6 MG ORAL	17
EMBRACE PEN NEEDLES 31G X 5 MM	24, 36	FANAPT TABLET 8 MG ORAL	17
EMBRACE PEN NEEDLES 31G X 6 MM	24, 36	FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL.....	17
		febuxostat tablet 40 mg oral.....	1
		febuxostat tablet 80 mg oral.....	1
		FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL .	37
		FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL ...	37
		FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL ...	37
		FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL ...	37

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL..... 37

FIFTY50 PEN NEEDLES 32G X 6 MM 24, 36

FREESTYLE PRECISION INS SYR 30G X 5/16 24, 36

FREESTYLE PRECISION INS SYR 31G X 5/16 24, 36

FYCOMPA SUSPENSION 0.5 MG/ML ORAL..... 42

FYCOMPA TABLET 10 MG ORAL..... 42

FYCOMPA TABLET 12 MG ORAL..... 42

FYCOMPA TABLET 2 MG ORAL..... 42

FYCOMPA TABLET 4 MG ORAL..... 42

FYCOMPA TABLET 6 MG ORAL..... 42

FYCOMPA TABLET 8 MG ORAL..... 42

G

GAUZE PADS PAD 2..... 24, 36

GAUZE TYPE VII MEDI-PAK PAD 2.. 24, 36

GLOBAL ALCOHOL PREP EASE PAD 70 % 25, 36

GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM..... 25, 36

GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM..... 25, 36

GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM..... 25, 36

GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM..... 25, 36

GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64..... 25, 36

GLOBAL INJECT EASE INSULIN SYR 28G X 1/2..... 25, 36

GLOBAL INJECT EASE INSULIN SYR 29G X 1/2..... 25, 36

GLOBAL INJECT EASE INSULIN SYR 30G X 1/2..... 25, 36

GLOBAL INJECT EASE INSULIN SYR 30G X 5/16..... 25, 36

GLUCOPRO INSULIN SYRINGE 30G X 1/2 25, 36

GLUCOPRO INSULIN SYRINGE 30G X 5/16 25, 36

GLUCOPRO INSULIN SYRINGE 31G X 5/16 25, 36

GNP ALCOHOL SWABS PAD..... 25, 36

GNP INSULIN SYRINGE 28G X 1/2 25, 36

GNP INSULIN SYRINGE 29G X 1/2 25, 36

GNP INSULIN SYRINGE 30G X 5/16 .. 25, 36

GNP INSULIN SYRINGES 29GX1/225, 36

GNP INSULIN SYRINGES 30G X 5/16 25, 36

GNP INSULIN SYRINGES 30GX5/16.. 25, 36

GNP INSULIN SYRINGES 31GX5/16.. 25, 36

GNP STERILE GAUZE PAD 2..... 25, 36

GNP ULTRA COM INSULIN SYRINGE 29G X 1/2..... 25, 36

GNP ULTRA COM INSULIN SYRINGE 30G X 5/16..... 25, 36

GOODSENSE ALCOHOL SWABS PAD 70 % 25, 36

H

HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16..... 25, 36

HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16..... 25, 26, 36

HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM..... 26, 36

HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM..... 26, 36

HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM..... 26, 36

HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM..... 26, 36

HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM..... 26, 36

HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM..... 26, 36

HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM..... 26, 36

HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM..... 26, 36

H-E-B INCONTROL ALCOHOL PAD.. 26, 36

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

H-E-B INCONTROL PEN NEEDLES 29G X 12MM.....	26, 36
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM.....	26, 36
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM.....	26, 36
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM.....	26, 36
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM.....	26, 36
HM STERILE PADS PAD 2.....	26, 36
HM ULTICARE INSULIN SYRINGE 30G X 1/2.....	26, 36
HM ULTICARE INSULIN SYRINGE 31G X 5/16.....	26, 36
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM.....	26, 36
I	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM.....	26, 36
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM.....	26, 36
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM.....	26, 36
INSULIN SYRINGE 29G X 1/2	26, 36
INSULIN SYRINGE 30G X 5/16	26, 36
INSULIN SYRINGE 31G X 5/16	26, 36
INSULIN SYRINGE/NEEDLE 27G X 1/2	26, 36
INSULIN SYRINGE/NEEDLE 28G X 1/2	26, 36
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2.....	26, 36
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2.....	26, 36
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16.....	26, 36
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4.....	26, 36
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16.....	26, 36
INSUPEN PEN NEEDLES 31G X 5 MM	26, 36
INSUPEN PEN NEEDLES 32G X 4 MM	26, 36

INSUPEN PEN NEEDLES 33G X 4 MM	26, 36
INSUPEN ULTRAFIN 29G X 12MM.....	26, 36
INSUPEN ULTRAFIN 31G X 8 MM	26, 36
J	
J & J GAUZE PAD 2.....	26, 36
JYLAMVO SOLUTION 2 MG/ML ORAL 5	
K	
KENDALL HYDROPHILIC FOAM DRESS PAD 2	26, 36
KENDALL HYDROPHILIC FOAM PLUS PAD 2.....	26, 36
KINRAY INSULIN SYRINGE 29G X 1/2	26, 36
KMART VALU INSULIN SYRINGE 29G U-100 1 ML	26, 36
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML	26, 36
KMART VALU INSULIN SYRINGE 30G U-100 1 ML	27, 36
KROGER PEN NEEDLES 29G X 12MM	27, 36
KROGER PEN NEEDLES 31G X 8 MM.....	27, 36
L	
LEADER UNIFINE PENTIPS 31G X 5 MM	27, 36
LEADER UNIFINE PENTIPS 32G X 4 MM	27, 36
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM.....	27, 36
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM.....	27, 36
levetiracetam tablet disintegrating soluble 250 mg oral	45
LITETOUCH INSULIN SYRINGE 28G X 1/2	27, 36
LITETOUCH INSULIN SYRINGE 29G X 1/2	27, 36
LITETOUCH INSULIN SYRINGE 30G X 5/16	27, 36
LITETOUCH INSULIN SYRINGE 31G X 5/16	27, 36
LITETOUCH PEN NEEDLES 29G X 12.7MM	27, 36

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

LITETOUCH PEN NEEDLES 31G X 5 MM	27, 36	memantine hcl er capsule extended release 24 hour 28 mg oral	39
LITETOUCH PEN NEEDLES 31G X 6 MM	27, 36	memantine hcl er capsule extended release 24 hour 7 mg oral	39
LITETOUCH PEN NEEDLES 31G X 8 MM	27, 36	methotrexate sodium tablet 2.5 mg oral	5
LITETOUCH PEN NEEDLES 32G X 4 MM	27, 36	MICRODOT PEN NEEDLE 31G X 6 MM	27, 36
loteprednol etabonate suspension 0.2 % ophthalmic	41	MICRODOT PEN NEEDLE 32G X 4 MM	27, 36
M		MICRODOT PEN NEEDLE 33G X 4 MM	28, 36
MAGELLAN INSULIN SAFETY SYR 29G X 1/2	27, 36	MIRASORB SPONGES 2	28, 36
MAGELLAN INSULIN SAFETY SYR 30G X 5/16	27, 36	MM PEN NEEDLES 32G X 4 MM ...	28, 36
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	27, 36	MONOJECT INSULIN SYRINGE 25G X 5/8	28, 36
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2	27, 36	MONOJECT INSULIN SYRINGE 27G X 1/2	28, 36
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	27, 36	MONOJECT INSULIN SYRINGE 28G X 1/2	28, 36
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM	27, 36	MONOJECT INSULIN SYRINGE 29G X 1/2	28, 36
MAXICOMFORT SYR 27G X 1/2	27, 36	MONOJECT INSULIN SYRINGE 30G X 5/16	28, 36
MEDIC INSULIN SYRINGE 30G X 5/16	27, 36	MONOJECT INSULIN SYRINGE 31G X 5/16	28, 36
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	27, 36	MONOJECT INSULIN SYRINGE U-100 1 ML	28, 36
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM	27, 36	MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2	28, 36
MEDPURA ALCOHOL PADS 70 % EXTERNAL	27, 36	MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2	28, 36
MEIJER ALCOHOL SWABS PAD 70 %	27, 36	MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16	28, 36
MEIJER PEN NEEDLES 29G X 12MM	27, 36	N	
MEIJER PEN NEEDLES 31G X 6 MM .	27, 36	NEXLETOL TABLET 180 MG ORAL ...	16
MEIJER PEN NEEDLES 31G X 8 MM .	27, 36	NEXLIZET TABLET 180-10 MG ORAL	16
memantine hcl er capsule extended release 24 hour 14 mg oral	39	NOVOFINE AUTOCOVER 30G X 8 MM	28, 36
memantine hcl er capsule extended release 24 hour 21 mg oral	39	NOVOFINE PEN NEEDLE 32G X 6 MM	28, 36
		NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	28, 36
		NOVOTWIST PEN NEEDLE 32G X 5 MM	28, 36

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

O	omega-3-acid ethyl esters capsule 1 gm oral 15	PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM..... 29, 36
P	PC UNIFINE PENTIPS 31G X 5 MM28, 36	PREVENT SAFETY PEN NEEDLES 31G X 6 MM..... 29, 36
	PC UNIFINE PENTIPS 31G X 6 MM28, 36	PREVENT SAFETY PEN NEEDLES 31G X 8 MM..... 29, 36
	PC UNIFINE PENTIPS 31G X 8 MM28, 36	PRO COMFORT ALCOHOL PAD 70 %29, 36
	PEN NEEDLES 29G X 12MM 28, 36	PRO COMFORT INSULIN SYRINGE 30G X 1/2..... 29, 36
	PEN NEEDLES 30G X 5 MM 28, 36	PRO COMFORT INSULIN SYRINGE 30G X 5/16..... 29, 36
	PEN NEEDLES 30G X 8 MM 28, 36	PRO COMFORT INSULIN SYRINGE 31G X 5/16..... 29, 36
	PEN NEEDLES 31G X 5 MM 28, 36	PRO COMFORT PEN NEEDLES 31G X 8 MM 29, 36
	PEN NEEDLES 31G X 8 MM 28, 36	PRO COMFORT PEN NEEDLES 32G X 4 MM 29, 36
	PEN NEEDLES 32G X 4 MM 28, 36	PRO COMFORT PEN NEEDLES 32G X 5 MM 29, 36
	PEN NEEDLES 32G X 5 MM 28, 36	PRO COMFORT PEN NEEDLES 32G X 6 MM 29, 36
	PENTIPS 29G X 12MM..... 28, 36	PRODIGY INSULIN SYRINGE 28G X 1/2 29, 36
	PENTIPS 31G X 5 MM..... 28, 36	PRODIGY INSULIN SYRINGE 31G X 5/16 29, 36
	PENTIPS 31G X 8 MM..... 28, 36	PURE COMFORT ALCOHOL PREP PAD 29, 36
	PENTIPS 32G X 4 MM..... 28, 36	PURE COMFORT PEN NEEDLE 32G X 4 MM 29, 36
	PENTIPS GENERIC PEN NEEDLES 29G X 12MM..... 28, 36	PURE COMFORT PEN NEEDLE 32G X 5 MM 29, 36
	PENTIPS GENERIC PEN NEEDLES 31G X 6 MM..... 28, 36	PURE COMFORT PEN NEEDLE 32G X 6 MM 29, 36
	PENTIPS GENERIC PEN NEEDLES 32G X 6 MM..... 28, 36	PURE COMFORT PEN NEEDLE 32G X 8 MM 29, 36
	PIP PEN NEEDLES 31G X 5MM 31G X 5 MM 28, 36	PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM..... 29, 36
	PIP PEN NEEDLES 32G X 4MM 32G X 4 MM 28, 36	PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM..... 29, 36
	PRECISION SUREDOSE PLUS SYR 29G X 1/2..... 28, 36	PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM..... 29, 36
	PRECISION SURE-DOSE SYRINGE 28G X 1/2..... 28, 36	PX SHORTLENGTH PEN NEEDLES 31G X 8 MM..... 29, 36
	PRECISION SURE-DOSE SYRINGE 29G X 1/2..... 28, 36	
	PRECISION SURE-DOSE SYRINGE 30G X 3/8..... 28, 36	
	PRECISION SURE-DOSE SYRINGE 30G X 5/16..... 28, 36	
	PREFERRED PLUS INSULIN SYRINGE 28G X 1/2..... 28, 36	
	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM..... 29, 36	
	PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM..... 29, 36	

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

Q	
QC ALCOHOL 70 % EXTERNAL ...	29, 36
QC ALCOHOL SWABS PAD 70 %..	29, 36
QC BORDER ISLAND GAUZE PAD 2.	29, 36
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM.....	29, 36
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM.....	29, 36
R	
RA ALCOHOL SWABS PAD 70 %..	29, 36
RA INSULIN SYRINGE 29G X 1/2..	29, 36
RA INSULIN SYRINGE 30G X 5/16	29, 36
ra isopropyl alcohol wipes 70 % external	29, 36
RA PEN NEEDLES 31G X 5 MM.....	29, 36
RA PEN NEEDLES 31G X 8 MM.....	29, 36
RA STERILE PAD 2.....	29, 36
RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS.....	40
RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS.	40
RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS.....	40
RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS.	40
RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS.....	40
RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS.	40
RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS.....	40
RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS.....	40
RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS ...	40
RAYA SURE PEN NEEDLE 29G X 12MM	29, 36
RAYA SURE PEN NEEDLE 31G X 4 MM	29, 36
RAYA SURE PEN NEEDLE 31G X 5 MM	29, 36
RAYA SURE PEN NEEDLE 31G X 6 MM	29, 36
REALITY INSULIN SYRINGE 28G X 1/2	29, 36
REALITY INSULIN SYRINGE 29G X 1/2	30, 36
REALITY SWABS PAD.....	30, 36
RELION ALCOHOL SWABS PAD ..	30, 36
RELI-ON INSULIN SYRINGE 29G 0.3 ML.....	30, 36
RELI-ON INSULIN SYRINGE 29G 0.5 ML.....	30, 36
RELI-ON INSULIN SYRINGE 29G X 1/2	30, 36
RELION INSULIN SYRINGE 31G X 15/64	30, 36
RELION MINI PEN NEEDLES 31G X 6 MM	30, 36
RELION PEN NEEDLES 31G X 6 MM.	30, 36
RELION PEN NEEDLES 31G X 8 MM.	30, 36
REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS.....	16
REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS.....	16
REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS.....	16
RESTORE CONTACT LAYER PAD 2..	30, 36
REXULTI TABLET 0.25 MG ORAL.....	6
REXULTI TABLET 0.5 MG ORAL.....	6
REXULTI TABLET 1 MG ORAL.....	6
REXULTI TABLET 2 MG ORAL.....	6
REXULTI TABLET 3 MG ORAL.....	6
REXULTI TABLET 4 MG ORAL.....	6
rufinamide suspension 40 mg/ml oral.....	43
rufinamide tablet 200 mg oral.....	43
rufinamide tablet 400 mg oral.....	43
S	
SAFETY INSULIN SYRINGES 29G X 1/2	30, 36
SAFETY INSULIN SYRINGES 30G X 1/2	30, 36

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

SAFETY INSULIN SYRINGES 30G X 5/16 30, 36
 SAFETY PEN NEEDLES 30G X 5 MM 30, 36
 SAFETY PEN NEEDLES 30G X 8 MM 30, 36
 SB ALCOHOL PREP PAD 70 %..... 30, 36
 SB INSULIN SYRINGE 29G X 1/2 .. 30, 36
 SB INSULIN SYRINGE 30G X 5/16 30, 36
 SB INSULIN SYRINGE 31G X 5/16 30, 36
 SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL 4
 SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL 4
 SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL 4
 SECURESAFE INSULIN SYRINGE 29G X 1/2..... 30, 36
 SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM..... 30, 36
 SM ALCOHOL PREP PAD 30, 36
 SM ALCOHOL PREP PAD 6-70 % EXTERNAL 30, 36
 SM GAUZE PAD 2 30, 36
 SPRITAM TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL 45
 SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL 45
 SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL 45
 SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL 45
 STERILE GAUZE PAD 2 30, 36
 STERILE PAD 2..... 30, 36
 SURE COMFORT ALCOHOL PREP PAD 70 % 30, 36
 SURE COMFORT INSULIN SYRINGE 28G X 1/2..... 30, 36
 SURE COMFORT INSULIN SYRINGE 29G X 1/2..... 30, 36
 SURE COMFORT INSULIN SYRINGE 30G X 1/2..... 30, 36
 SURE COMFORT INSULIN SYRINGE 30G X 5/16..... 30, 36

SURE COMFORT INSULIN SYRINGE 31G X 1/4..... 30, 36
 SURE COMFORT INSULIN SYRINGE 31G X 5/16..... 31, 36
 SURE COMFORT PEN NEEDLES 29G X 12.7MM 31, 36
 SURE COMFORT PEN NEEDLES 30G X 8 MM 31, 36
 SURE COMFORT PEN NEEDLES 31G X 5 MM 31, 36
 SURE COMFORT PEN NEEDLES 31G X 6 MM 31, 36
 SURE COMFORT PEN NEEDLES 31G X 8 MM 31, 36
 SURE COMFORT PEN NEEDLES 32G X 4 MM 31, 36
 SURE COMFORT PEN NEEDLES 32G X 6 MM 31, 36
 SURE-JECT INSULIN SYRINGE 31G X 5/16 31, 36
 SURE-PREP ALCOHOL PREP PAD 70 % 31, 36
 SURGICAL GAUZE SPONGE PAD 2 .. 31, 36
T
 TERUMO INSULIN SYRINGE 29G X 1/2 31, 36
 THERAGAUZE PAD 2..... 31, 36
 TODAYS HEALTH PEN NEEDLES 29G X 12MM..... 31, 36
 TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM 31, 36
 TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM..... 31, 36
 TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM..... 31, 36
 TOPCARE ULTRA COMFORT INS SYR 29G X 1/2..... 31, 36
 TOPCARE ULTRA COMFORT INS SYR 30G X 5/16..... 31, 36
 TOPCARE ULTRA COMFORT INS SYR 31G X 5/16..... 31, 36
 TRUE COMFORT ALCOHOL PREP PADS PAD 70 % 31, 36

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

TRUE COMFORT INSULIN SYRINGE	
30G X 1/2.....	31, 36
TRUE COMFORT INSULIN SYRINGE	
30G X 5/16.....	31, 36
TRUE COMFORT INSULIN SYRINGE	
31G X 5/16.....	31, 36
TRUE COMFORT INSULIN SYRINGE	
32G X 5/16.....	31, 36
TRUE COMFORT PEN NEEDLES 31G X	
5 MM	31, 36
TRUE COMFORT PEN NEEDLES 31G X	
6 MM	31, 36
TRUE COMFORT PEN NEEDLES 32G X	
4 MM	31, 36
TRUE COMFORT PRO ALCOHOL PREP	
PAD 70 %	31, 36
TRUE COMFORT PRO INSULIN SYR	
30G X 1/2.....	31, 36
TRUE COMFORT PRO INSULIN SYR	
30G X 5/16.....	32, 36
TRUE COMFORT PRO INSULIN SYR	
31G X 5/16.....	32, 36
TRUE COMFORT PRO INSULIN SYR	
32G X 5/16.....	32, 36
TRUE COMFORT PRO PEN NEEDLES	
31G X 5 MM.....	32, 36
TRUE COMFORT PRO PEN NEEDLES	
31G X 6 MM.....	32, 36
TRUE COMFORT PRO PEN NEEDLES	
31G X 8 MM.....	32, 36
TRUE COMFORT PRO PEN NEEDLES	
32G X 4 MM.....	32, 36
TRUE COMFORT PRO PEN NEEDLES	
32G X 5 MM.....	32, 36
TRUE COMFORT PRO PEN NEEDLES	
32G X 6 MM.....	32, 36
TRUE COMFORT PRO PEN NEEDLES	
33G X 4 MM.....	32, 36
TRUE COMFORT PRO PEN NEEDLES	
33G X 5 MM.....	32, 36
TRUE COMFORT PRO PEN NEEDLES	
33G X 6 MM.....	32, 36
TRUEPLUS 5-BEVEL PEN NEEDLES	
29G X 12.7MM.....	32, 36

TRUEPLUS 5-BEVEL PEN NEEDLES	
31G X 5 MM.....	32, 36
TRUEPLUS 5-BEVEL PEN NEEDLES	
31G X 6 MM.....	32, 36
TRUEPLUS 5-BEVEL PEN NEEDLES	
31G X 8 MM.....	32, 36
TRUEPLUS 5-BEVEL PEN NEEDLES	
32G X 4 MM.....	32, 36
TRUEPLUS INSULIN SYRINGE 28G X	
1/2	32, 36
TRUEPLUS INSULIN SYRINGE 29G X	
1/2	32, 36
TRUEPLUS INSULIN SYRINGE 30G X	
5/16	32, 36
TRUEPLUS INSULIN SYRINGE 31G X	
5/16	32, 36
TRUEPLUS PEN NEEDLES 29G X 12MM	
.....	32, 36
TRUEPLUS PEN NEEDLES 31G X 5 MM	
.....	32, 36
TRUEPLUS PEN NEEDLES 31G X 6 MM	
.....	32, 36
TRUEPLUS PEN NEEDLES 31G X 8 MM	
.....	32, 36
TRUEPLUS PEN NEEDLES 32G X 4 MM	
.....	32, 36

U

ULTICARE INSULIN SAFETY SYR 29G	
X 1/2.....	32, 36
ULTICARE INSULIN SYRINGE 28G X	
1/2	32, 36
ULTICARE INSULIN SYRINGE 29G X	
1/2	32, 36
ULTICARE INSULIN SYRINGE 30G X	
1/2	32, 33, 36
ULTICARE INSULIN SYRINGE 30G X	
5/16	33, 36
ULTICARE INSULIN SYRINGE 31G X	
1/4	33, 36
ULTICARE INSULIN SYRINGE 31G X	
5/16	33, 36
ULTICARE MICRO PEN NEEDLES 32G	
X 4 MM.....	33, 36
ULTICARE MINI PEN NEEDLES 30G X 5	
MM	33, 36

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ULTICARE MINI PEN NEEDLES 31G X 6 MM	33, 36	ULTILET PEN NEEDLE 29G X 12.7MM	34, 36
ULTICARE MINI PEN NEEDLES 32G X 6 MM	33, 36	ULTILET PEN NEEDLE 31G X 5 MM .	34, 36
ULTICARE PEN NEEDLES 29G X 12.7MM	33, 36	ULTILET PEN NEEDLE 31G X 8 MM .	34, 36
ULTICARE PEN NEEDLES 31G X 5 MM	33, 36	ULTILET PEN NEEDLE 32G X 4 MM .	34, 36
ULTICARE SHORT PEN NEEDLES 30G X 8 MM.....	33, 36	ULTRA COMFORT INSULIN SYRINGE 30G X 5/16.....	34, 36
ULTICARE SHORT PEN NEEDLES 31G X 8 MM.....	33, 36	ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM.....	34, 36
ULTIGUARD SAFEPACK PEN NEEDLE 29G X 12.7MM.....	33, 36	ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM.....	34, 36
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM.....	33, 36	ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM.....	34, 36
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM.....	33, 36	ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM.....	34, 36
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM.....	33, 36	ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2.....	34, 36
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM.....	33, 36	ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16.....	34, 36
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM.....	33, 36	ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16.....	34, 36
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2.....	33, 36	ULTRA FLO INSULIN SYRINGE 29G X 1/2	34, 36
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16.....	33, 36	ULTRA FLO INSULIN SYRINGE 30G X 1/2	34, 36
ULTILET ALCOHOL SWABS PAD	33, 36	ULTRA FLO INSULIN SYRINGE 30G X 5/16	34, 36
ULTILET INSULIN SYRINGE 30G X 1/2	33, 36	ULTRA FLO INSULIN SYRINGE 31G X 5/16	34, 36
ULTILET INSULIN SYRINGE 30G X 5/16	33, 36	ULTRA THIN PEN NEEDLES 32G X 4 MM	34, 36
ULTILET INSULIN SYRINGE 31G X 1/4	33, 36	ULTRACARE INSULIN SYRINGE 30G X 1/2	34, 36
ULTILET INSULIN SYRINGE 31G X 15/64	33, 36	ULTRACARE INSULIN SYRINGE 30G X 5/16	34, 36
ULTILET INSULIN SYRINGE 31G X 5/16	33, 36	ULTRACARE INSULIN SYRINGE 31G X 5/16	34, 36
ULTILET INSULIN SYRINGE SHORT 30G X 1/2.....	33, 36	ULTRACARE PEN NEEDLES 31G X 5 MM	34, 36
ULTILET INSULIN SYRINGE SHORT 30G X 5/16.....	34, 36	ULTRACARE PEN NEEDLES 31G X 6 MM	34, 36
ULTILET INSULIN SYRINGE SHORT 31G X 5/16.....	34, 36		

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

ULTRACARE PEN NEEDLES 31G X 8 MM 34, 36
 ULTRACARE PEN NEEDLES 32G X 4 MM 34, 36
 ULTRACARE PEN NEEDLES 32G X 5 MM 34, 36
 ULTRACARE PEN NEEDLES 32G X 6 MM 34, 36
 ULTRACARE PEN NEEDLES 33G X 4 MM 34, 36
 ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2..... 35, 36
 ULTRA-THIN II INS SYR SHORT 30G X 5/16 35, 36
 ULTRA-THIN II INS SYR SHORT 31G X 5/16 35, 36
 ULTRA-THIN II INSULIN SYRINGE 29G X 1/2..... 35, 36
 ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM..... 35, 36
 ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM..... 35, 36
 ULTRA-THIN II PEN NEEDLES 29G X 12.7MM 35, 36
 UNIFINE PEN NEEDLES 32G X 4 MM 35, 36
 UNIFINE PENTIPS 29G X 12MM.... 35, 36
 UNIFINE PENTIPS 31G X 6 MM..... 35, 36
 UNIFINE PENTIPS 31G X 8 MM..... 35, 36
 UNIFINE PENTIPS PLUS 29G X 12MM 35, 36
 UNIFINE PENTIPS PLUS 31G X 6 MM 35, 36
 UNIFINE PENTIPS PLUS 32G X 4 MM 35, 36
 UNIFINE PROTECT PEN NEEDLE 30G X 5 MM 35, 36
 UNIFINE PROTECT PEN NEEDLE 30G X 8 MM 35, 36
 UNIFINE PROTECT PEN NEEDLE 32G X 4 MM 35, 36
 UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM..... 35, 36
 UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM..... 35, 36

UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM..... 35, 36
 UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM..... 35, 36
 UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM..... 35, 36
 UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM..... 35, 36
 UNIFINE ULTRA PEN NEEDLE 31G X 5 MM 35, 36
 UNIFINE ULTRA PEN NEEDLE 31G X 6 MM 35, 36
 UNIFINE ULTRA PEN NEEDLE 31G X 8 MM 35, 36
 UNIFINE ULTRA PEN NEEDLE 32G X 4 MM 35, 36

V
 VALUE HEALTH INSULIN SYRINGE 29G X 1/2..... 35, 36
 VANISHPOINT INSULIN SYRINGE 29G X 5/16..... 35, 36
 VANISHPOINT INSULIN SYRINGE 30G X 3/16..... 35, 36
 VANISHPOINT INSULIN SYRINGE 30G X 5/16..... 35, 36
 VEMLIDY TABLET 25 MG ORAL 46
 VERIFINE INSULIN PEN NEEDLE 29G X 12MM..... 35, 36
 VERIFINE INSULIN PEN NEEDLE 31G X 5 MM..... 35, 36
 VERIFINE INSULIN PEN NEEDLE 32G X 6 MM..... 35, 36
 VERIFINE INSULIN SYRINGE 29G X 1/2 35, 36
 VERIFINE INSULIN SYRINGE 31G X 5/16 35, 36
 VERIFINE PLUS PEN NEEDLE 31G X 5 MM 36
 VERIFINE PLUS PEN NEEDLE 31G X 8 MM 36
 VERIFINE PLUS PEN NEEDLE 32G X 4 MM 36
 VERSACLOZ SUSPENSION 50 MG/ML ORAL..... 9
 VP INSULIN SYRINGE 29G X 1/2 36

Sonder Health Plans Complete Health Medicare Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), Vitality Matters (HMO), Dual Complete (HMO D-SNP), and Access Plus (PPO) 2025 Step Therapy (ST) Criteria

VRAYLAR CAPSULE 1.5 MG ORAL..... 7	XCOPRI (350 MG DAILY DOSE)
VRAYLAR CAPSULE 3 MG ORAL..... 7	TABLET THERAPY PACK 150 & 200
VRAYLAR CAPSULE 4.5 MG ORAL..... 7	MG ORAL 8
VRAYLAR CAPSULE 6 MG ORAL..... 7	XCOPRI TABLET 100 MG ORAL 8
VRAYLAR CAPSULE THERAPY PACK	XCOPRI TABLET 150 MG ORAL 8
1.5 & 3 MG ORAL 7	XCOPRI TABLET 200 MG ORAL 8
W	XCOPRI TABLET 25 MG ORAL 8
WEBCOL ALCOHOL PREP LARGE PAD	XCOPRI TABLET 50 MG ORAL 8
70 % 36	XCOPRI TABLET THERAPY PACK 14 X
WEGMANS UNIFINE PENTIPS PLUS	12.5 MG & 14 X 25 MG ORAL..... 8
31G X 8 MM..... 36	XCOPRI TABLET THERAPY PACK 14 X
X	150 MG & 14 X200 MG ORAL..... 8
XATMEP SOLUTION 2.5 MG/ML ORAL5	XCOPRI TABLET THERAPY PACK 14 X
XCOPRI (250 MG DAILY DOSE)	50 MG & 14 X100 MG ORAL..... 8
TABLET THERAPY PACK 100 & 150	Z
MG ORAL 8	ZEVRX STERILE ALCOHOL PREP PAD
	PAD 70 % 36