

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.
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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.
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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.
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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, ARIPIRAZOLE, ASENAPINE, PALIPERIDONE WITHIN PAST 365 DAYS
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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	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.
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BREXPIPIRAZOLE

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
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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
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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.
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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.
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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
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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
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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.
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EPRONTIA

Products Affected

Step 2:

- EPRONTIA SOLUTION 25 MG/ML
ORAL

Details

Criteria	PRIOR CLAIM FOR GENERIC TOPIRAMATE WITHIN THE PAST 120 DAYS.
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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.
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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
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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
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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.
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INSULIN SUPPLY PAYMENT DETERMINATION ST

Products Affected

Step 2:

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

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

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

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|---|---|
| • CLEVER CHOICE COMFORT EZ 33G X 4 MM | • COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML |
| • CLICKFINE PEN NEEDLES 31G X 6 MM | • COMFORT EZ PEN NEEDLES 31G X 5 MM |
| • CLICKFINE PEN NEEDLES 31G X 8 MM | • COMFORT EZ PEN NEEDLES 31G X 6 MM |
| • CLICKFINE PEN NEEDLES 32G X 4 MM | • COMFORT EZ PEN NEEDLES 31G X 8 MM |
| • COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML | • COMFORT EZ PEN NEEDLES 32G X 4 MM |
| • COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML | • COMFORT EZ PEN NEEDLES 32G X 5 MM |
| • COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML | • COMFORT EZ PEN NEEDLES 32G X 6 MM |
| • COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML | • COMFORT EZ PEN NEEDLES 32G X 8 MM |
| • COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML | • COMFORT EZ PEN NEEDLES 33G X 4 MM |
| • COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML | • COMFORT EZ PEN NEEDLES 33G X 5 MM |
| • COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML | • COMFORT EZ PEN NEEDLES 33G X 6 MM |
| • COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML | • COMFORT EZ PEN NEEDLES 33G X 8 MM |
| • COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML | • COMFORT EZ PRO PEN NEEDLES 30G X 8 MM |
| • COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML | • COMFORT EZ PRO PEN NEEDLES 31G X 4 MM |
| • COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML | • COMFORT EZ PRO PEN NEEDLES 31G X 5 MM |
| • COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML | • COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM |
| • COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML | • COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM |
| • COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML | • COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM |
| • COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML | • COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM |
| • COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML | • COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM |
| • COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML | • COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM |
| • COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML | • COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM |

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

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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 15/64" 0.5 ML | • EASY COMFORT PEN NEEDLES 31G X 5 MM |
| • DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML | • EASY COMFORT PEN NEEDLES 31G X 6 MM |
| • DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML | • EASY COMFORT PEN NEEDLES 31G X 8 MM |
| • DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML | • EASY COMFORT PEN NEEDLES 32G X 4 MM |
| • DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML | • EASY COMFORT PEN NEEDLES 33G X 4 MM |
| • DRUG MART ULTRA COMFORT SYR 29G X 1/2" 0.3 ML | • EASY COMFORT PEN NEEDLES 33G X 5 MM |
| • DRUG MART ULTRA COMFORT SYR 29G X 1/2" 1 ML | • EASY COMFORT PEN NEEDLES 33G X 6 MM |
| • DRUG MART ULTRA COMFORT SYR 30G X 5/16" 0.5 ML | • EASY GLIDE PEN NEEDLES 33G X 4 MM |
| • DRUG MART ULTRA COMFORT SYR 30G X 5/16" 1 ML | • EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % |
| • DRUG MART UNIFINE PENTIPS 31G X 5 MM | • EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML |
| • EASY COMFORT ALCOHOL PADS PAD | • EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML |
| • EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML | • EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML |
| • EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML | • EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML |
| • EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML | • EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML |
| • EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML | • EASY TOUCH INSULIN BARRELS U-100 1 ML |
| • EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML | • EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML |
| • EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML | • EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML |
| • EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML | • EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML |
| • EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML | • EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML |
| • EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML | • EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML |
| • EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML | • EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML |
| | • EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML |

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- | | |
|---|--|
| • EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML | • EASY TOUCH PEN NEEDLES 32G X 6 MM |
| • EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML | • EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM |
| • EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML | • EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM |
| • EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML | • EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM |
| • EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML | • EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML |
| • EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML | • EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML |
| • EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML | • EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML |
| • EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML | • EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML |
| • EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML | • EMBECTA AUTOSHIELD DUO 30G X 5 MM |
| • EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML | • EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML |
| • EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML | • EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML |
| • EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML | • EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML |
| • EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML | • EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML |
| • EASY TOUCH PEN NEEDLES 29G X 12MM | • EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML |
| • EASY TOUCH PEN NEEDLES 30G X 5 MM | • EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 1 ML |
| • EASY TOUCH PEN NEEDLES 30G X 6 MM | • EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML |
| • EASY TOUCH PEN NEEDLES 30G X 8 MM | • EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML |
| • EASY TOUCH PEN NEEDLES 31G X 5 MM | • EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML |
| • EASY TOUCH PEN NEEDLES 31G X 6 MM | • EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML |
| • EASY TOUCH PEN NEEDLES 31G X 8 MM | • EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM |
| • EASY TOUCH PEN NEEDLES 32G X 4 MM | • EMBECTA PEN NEEDLE U/F 29G X 12.7MM |
| • EASY TOUCH PEN NEEDLES 32G X 5 MM | • EMBECTA PEN NEEDLE U/F 32G X 6 MM |

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- | | |
|--|---|
| • EMBRACE PEN NEEDLES 29G X 12MM | • GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM |
| • EMBRACE PEN NEEDLES 30G X 5 MM | • GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML |
| • EMBRACE PEN NEEDLES 30G X 8 MM | • GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML |
| • EMBRACE PEN NEEDLES 31G X 5 MM | • GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML |
| • EMBRACE PEN NEEDLES 31G X 6 MM | • GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML |
| • EMBRACE PEN NEEDLES 31G X 8 MM | • GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML |
| • EMBRACE PEN NEEDLES 32G X 4 MM | • GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML |
| • EQL ALCOHOL SWABS PAD 70 % | • GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML |
| • EQL GAUZE PAD 2"X2" | • GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML |
| • EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML | • GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML |
| • EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML | • GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML |
| • EQL INSULIN SYRINGE 30G X 5/16" 1 ML | • GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML |
| • EXEL COMFORT POINT PEN NEEDLE 29G X 12MM | • GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML |
| • FIFTY50 PEN NEEDLES 32G X 6 MM | • GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML |
| • FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML | • GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML |
| • FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML | • GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML |
| • FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML | • GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| • FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML | • GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML |
| • GAUZE PADS PAD 2"X2" | • GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML |
| • GAUZE TYPE VII MEDI-PAK PAD 2"X2" | • GNP ALCOHOL SWABS PAD |
| • GLOBAL ALCOHOL PREP EASE PAD 70 % | • GNP INSULIN SYRINGE 28G X 1/2" 1 ML |
| • GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM | • GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML |
| • GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM | |
| • GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM | |

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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

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|---|--|
| • GNP INSULIN SYRINGE 29G X 1/2" 1 ML | • HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM |
| • GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML | • HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM |
| • GNP INSULIN SYRINGE 30G X 5/16" 1 ML | • HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM |
| • GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML | • HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM |
| • GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML | • H-E-B INCONTROL ALCOHOL PAD |
| • GNP INSULIN SYRINGES 30G X 5/16" 1 ML | • H-E-B INCONTROL PEN NEEDLES 29G X 12MM |
| • GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML | • H-E-B INCONTROL PEN NEEDLES 31G X 5 MM |
| • GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML | • H-E-B INCONTROL PEN NEEDLES 31G X 6 MM |
| • GNP STERILE GAUZE PAD 2"X2" | • H-E-B INCONTROL PEN NEEDLES 31G X 8 MM |
| • GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.3 ML | • H-E-B INCONTROL PEN NEEDLES 32G X 4 MM |
| • GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 0.3 ML | • HM STERILE PADS PAD 2"X2" |
| • GOODSENSE ALCOHOL SWABS PAD 70 % | • HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML |
| • HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML | • HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| • HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML | • HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM |
| • HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML | • INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM |
| • HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML | • INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM |
| • HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML | • INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM |
| • HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML | • INSULIN SYRINGE 29G X 1/2" 1 ML |
| • HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM | • INSULIN SYRINGE 30G X 5/16" 1 ML |
| • HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM | • INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| • HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM | • INSULIN SYRINGE 31G X 5/16" 0.5 ML |
| • HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM | • 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 |

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- | | |
|---|--|
| • INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML | • LEADER UNIFINE PENTIPS PLUS 31G X 8 MM |
| • INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML | • LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML |
| • INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML | • LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML |
| • INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML | • LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML |
| • INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML | • LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML |
| • INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML | • LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML |
| • INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML | • LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML |
| • INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML | • LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML |
| • INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML | • LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML |
| • INSUPEN PEN NEEDLES 31G X 5 MM | • LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| • INSUPEN PEN NEEDLES 32G X 4 MM | • LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML |
| • INSUPEN PEN NEEDLES 33G X 4 MM | • LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML |
| • INSUPEN ULTRAFIN 29G X 12MM | • LITETOUCH PEN NEEDLES 29G X 12.7MM |
| • INSUPEN ULTRAFIN 31G X 8 MM | • LITETOUCH PEN NEEDLES 31G X 5 MM |
| • J & J GAUZE PAD 2"X2" | • LITETOUCH PEN NEEDLES 31G X 6 MM |
| • KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2" | • LITETOUCH PEN NEEDLES 31G X 8 MM |
| • KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2" | • LITETOUCH PEN NEEDLES 32G X 4 MM |
| • KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML | • MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML |
| • KMART VALU INSULIN SYRINGE 29G U-100 1 ML | • MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML |
| • KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML | • MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML |
| • KMART VALU INSULIN SYRINGE 30G U-100 1 ML | • MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML |
| • KROGER PEN NEEDLES 29G X 12MM | • MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML |
| • 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 | |

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- | | |
|--|---|
| • MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML | • MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML |
| • MAXICOMFORT II PEN NEEDLE 31G X 6 MM | • MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML |
| • MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML | • MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML |
| • MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML | • MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML |
| • MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM | • MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML |
| • MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM | • MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML |
| • MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML | • MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML |
| • MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML | • MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML |
| • MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML | • MONOJECT INSULIN SYRINGE U-100 1 ML |
| • MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML | • MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML |
| • MEDICINE SHOPPE PEN NEEDLES 29G X 12MM | • MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML |
| • MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM | • MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML |
| • MEDPURA ALCOHOL PADS 70 % EXTERNAL | • MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML |
| • MEIJER ALCOHOL SWABS PAD 70 % | • MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML |
| • MEIJER PEN NEEDLES 29G X 12MM | • MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML |
| • MEIJER PEN NEEDLES 31G X 6 MM | • NOVOFINE AUTOCOVER 30G X 8 MM |
| • MEIJER PEN NEEDLES 31G X 8 MM | • NOVOFINE PEN NEEDLE 32G X 6 MM |
| • MICRODOT PEN NEEDLE 31G X 6 MM | • NOVOFINE PLUS PEN NEEDLE 32G X 4 MM |
| • MICRODOT PEN NEEDLE 32G X 4 MM | • NOVOTWIST PEN NEEDLE 32G X 5 MM |
| • MICRODOT PEN NEEDLE 33G X 4 MM | • PC UNIFINE PENTIPS 31G X 5 MM |
| • MIRASORB SPONGES 2"X2" | • PC UNIFINE PENTIPS 31G X 6 MM |
| • MM PEN NEEDLES 32G X 4 MM | • PC UNIFINE PENTIPS 31G X 8 MM |
| • MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML | • PEN NEEDLES 29G X 12MM |
| • MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML | • PEN NEEDLES 30G X 5 MM |
| • MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML | • PEN NEEDLES 30G X 8 MM |
| | • PEN NEEDLES 31G X 5 MM |

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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

- | | |
|---|---|
| • PEN NEEDLES 31G X 8 MM | • PRO COMFORT INSULIN SYRINGE
30G X 1/2" 0.5 ML |
| • PEN NEEDLES 32G X 4 MM | • PRO COMFORT INSULIN SYRINGE
30G X 1/2" 1 ML |
| • PEN NEEDLES 32G X 5 MM | • PRO COMFORT INSULIN SYRINGE
30G X 5/16" 0.5 ML |
| • PENTIPS 29G X 12MM | • PRO COMFORT INSULIN SYRINGE
30G X 5/16" 1 ML |
| • PENTIPS 31G X 5 MM | • PRO COMFORT INSULIN SYRINGE
31G X 5/16" 0.5 ML |
| • PENTIPS 31G X 8 MM | • PRO COMFORT INSULIN SYRINGE
31G X 5/16" 1 ML |
| • PENTIPS 32G X 4 MM | • PRO COMFORT PEN NEEDLES 31G X
8 MM |
| • PENTIPS GENERIC PEN NEEDLES
29G X 12MM | • PRO COMFORT PEN NEEDLES 32G X
4 MM |
| • PENTIPS GENERIC PEN NEEDLES
31G X 6 MM | • PRO COMFORT PEN NEEDLES 32G X
5 MM |
| • PENTIPS GENERIC PEN NEEDLES
32G X 6 MM | • PRO COMFORT PEN NEEDLES 32G X
6 MM |
| • PIP PEN NEEDLES 31G X 5MM 31G X
5 MM | • PRODIGY INSULIN SYRINGE 28G X
1/2" 1 ML |
| • PIP PEN NEEDLES 32G X 4MM 32G X
4 MM | • PRODIGY INSULIN SYRINGE 31G X
5/16" 0.3 ML |
| • PRECISION SUREDOSE PLUS SYR
29G X 1/2" 0.3 ML | • PRODIGY INSULIN SYRINGE 31G X
5/16" 0.5 ML |
| • PRECISION SUREDOSE PLUS SYR
29G X 1/2" 1 ML | • PURE COMFORT ALCOHOL PREP
PAD |
| • PRECISION SURE-DOSE SYRINGE
28G X 1/2" 0.5 ML | • PURE COMFORT PEN NEEDLE 32G X
4 MM |
| • PRECISION SURE-DOSE SYRINGE
28G X 1/2" 1 ML | • PURE COMFORT PEN NEEDLE 32G X
5 MM |
| • PRECISION SURE-DOSE SYRINGE
29G X 1/2" 0.5 ML | • PURE COMFORT PEN NEEDLE 32G X
6 MM |
| • PRECISION SURE-DOSE SYRINGE
30G X 3/8" 0.5 ML | • PURE COMFORT PEN NEEDLE 32G X
8 MM |
| • PRECISION SURE-DOSE SYRINGE
30G X 5/16" 0.3 ML | • PURE COMFORT SAFETY PEN
NEEDLE 31G X 5 MM |
| • PREFERRED PLUS INSULIN SYRINGE
28G X 1/2" 0.5 ML | • PURE COMFORT SAFETY PEN
NEEDLE 31G X 6 MM |
| • PREFERRED PLUS UNIFINE PENTIPS
29G X 12MM | • PURE COMFORT SAFETY PEN
NEEDLE 32G X 4 MM |
| • PREVENT DROPSAFE PEN NEEDLES
31G X 6 MM | • PX SHORTLENGTH PEN NEEDLES
31G X 8 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 % | |

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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

- | | |
|---|--|
| • QC ALCOHOL 70 % EXTERNAL | • REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML |
| • QC ALCOHOL SWABS PAD 70 % | • REALITY INSULIN SYRINGE 28G X 1/2" 1 ML |
| • QC BORDER ISLAND GAUZE PAD 2"X2" | • REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML |
| • QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM | • REALITY INSULIN SYRINGE 29G X 1/2" 1 ML |
| • QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM | • REALITY SWABS PAD |
| • QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM | • RELION ALCOHOL SWABS PAD |
| • QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM | • RELI-ON INSULIN SYRINGE 29G 0.3 ML |
| • QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM | • RELI-ON INSULIN SYRINGE 29G 0.5 ML |
| • QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM | • RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML |
| • QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM | • RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML |
| • QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM | • RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML |
| • QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM | • RELION INSULIN SYRINGE 31G X 15/64" 1 ML |
| • QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM | • RELION MINI PEN NEEDLES 31G X 6 MM |
| • RA ALCOHOL SWABS PAD 70 % | • RELION PEN NEEDLES 31G X 6 MM |
| • RA INSULIN SYRINGE 29G X 1/2" 1 ML | • RELION PEN NEEDLES 31G X 8 MM |
| • RA INSULIN SYRINGE 30G X 5/16" 0.5 ML | • RESTORE CONTACT LAYER PAD 2"X2" |
| • RA INSULIN SYRINGE 30G X 5/16" 1 ML | • SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML |
| • <i>ra isopropyl alcohol wipes 70 % external</i> | • SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML |
| • RA PEN NEEDLES 31G X 5 MM | • SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML |
| • RA PEN NEEDLES 31G X 8 MM | • SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML |
| • RA STERILE PAD 2"X2" | • SAFETY PEN NEEDLES 30G X 5 MM |
| • RAYA SURE PEN NEEDLE 29G X 12MM | • SAFETY PEN NEEDLES 30G X 8 MM |
| • RAYA SURE PEN NEEDLE 31G X 4 MM | • SB ALCOHOL PREP PAD 70 % |
| • RAYA SURE PEN NEEDLE 31G X 5 MM | • SB INSULIN SYRINGE 29G X 1/2" 0.5 ML |
| • RAYA SURE PEN NEEDLE 31G X 6 MM | • SB INSULIN SYRINGE 29G X 1/2" 1 ML |

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

- | | |
|---|---|
| • SB INSULIN SYRINGE 30G X 5/16" 0.5 ML | • SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML |
| • SB INSULIN SYRINGE 30G X 5/16" 1 ML | • SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML |
| • SB INSULIN SYRINGE 31G X 5/16" 1 ML | • SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML |
| • SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML | • SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| • SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML | • SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML |
| • SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM | • SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML |
| • SM ALCOHOL PREP PAD | • SURE COMFORT PEN NEEDLES 29G X 12.7MM |
| • SM ALCOHOL PREP PAD 6-70 % EXTERNAL | • SURE COMFORT PEN NEEDLES 30G X 8 MM |
| • SM ALCOHOL PREP PAD 70 % | • SURE COMFORT PEN NEEDLES 31G X 5 MM |
| • SM GAUZE PAD 2"X2" | • SURE COMFORT PEN NEEDLES 31G X 6 MM |
| • STERILE GAUZE PAD 2"X2" | • SURE COMFORT PEN NEEDLES 31G X 8 MM |
| • STERILE PAD 2"X2" | • SURE COMFORT PEN NEEDLES 32G X 4 MM |
| • SURE COMFORT ALCOHOL PREP PAD 70 % | • SURE COMFORT PEN NEEDLES 32G X 6 MM |
| • SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML | • SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| • SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML | • SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.5 ML |
| • SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML | • SURE-JECT INSULIN SYRINGE 31G X 5/16" 1 ML |
| • SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML | • SURE-PREP ALCOHOL PREP PAD 70 % |
| • SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML | • SURGICAL GAUZE SPONGE PAD 2"X2" |
| • SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML | • TECHLITE PLUS PEN NEEDLES 32G X 4 MM |
| • SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML | • TERUMO INSULIN SYRINGE 29G X 1/2" 0.3 ML |
| • SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML | • THERAGAUZE PAD 2"X2" |
| • SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML | • TODAYS HEALTH PEN NEEDLES 29G X 12MM |
| • SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML | |
| • SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML | |

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

- | | |
|--|---|
| • TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM | • TRUE COMFORT PEN NEEDLES 32G X 4 MM |
| • TOPCARE CLICKFINE PEN NEEDLES 31G X 6 MM | • TRUE COMFORT PRO ALCOHOL PREP PAD 70 % |
| • TOPCARE CLICKFINE PEN NEEDLES 31G X 8 MM | • TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML |
| • TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.3 ML | • TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML |
| • TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML | • TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML |
| • TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML | • TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML |
| • TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.3 ML | • TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML |
| • TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML | • TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML |
| • TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML | • TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML |
| • TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.3 ML | • TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML |
| • TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 0.5 ML | • TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM |
| • TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML | • TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM |
| • TRUE COMFORT ALCOHOL PREP PADS PAD 70 % | • TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM |
| • TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML | • TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM |
| • TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML | • TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM |
| • TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML | • TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM |
| • TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML | • TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM |
| • TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML | • TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM |
| • TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML | • TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM |
| • TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML | • TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM |
| • TRUE COMFORT PEN NEEDLES 31G X 5 MM | • TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM |
| • TRUE COMFORT PEN NEEDLES 31G X 6 MM | • TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM |

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- | | |
|---|---|
| • TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM | • ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML |
| • TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM | • ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML |
| • TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML | • ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML |
| • TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML | • ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML |
| • TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML | • ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML |
| • TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML | • ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML |
| • TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML | • ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML |
| • TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML | • ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML |
| • TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML | • ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML |
| • TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML | • ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML |
| • TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML | • ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML |
| • TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML | • ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML |
| • TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML | • ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| • TRUEPLUS PEN NEEDLES 29G X 12MM | • ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML |
| • TRUEPLUS PEN NEEDLES 31G X 5 MM | • ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML |
| • TRUEPLUS PEN NEEDLES 31G X 6 MM | • ULTICARE MICRO PEN NEEDLES 32G X 4 MM |
| • TRUEPLUS PEN NEEDLES 31G X 8 MM | • ULTICARE MINI PEN NEEDLES 30G X 5 MM |
| • TRUEPLUS PEN NEEDLES 32G X 4 MM | • ULTICARE MINI PEN NEEDLES 31G X 6 MM |
| • ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML | • ULTICARE MINI PEN NEEDLES 32G X 6 MM |
| • ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML | • ULTICARE PEN NEEDLES 29G X 12.7MM |
| • ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML | • ULTICARE PEN NEEDLES 31G X 5 MM |
| • ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML | • ULTICARE SHORT PEN NEEDLES 30G X 8 MM |

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- | | |
|---|---|
| • ULTICARE SHORT PEN NEEDLES 31G X 8 MM | • ULTILET INSULIN SYRINGE 31G X 15/64" 0.5 ML |
| • ULTIGUARD SAFEPAK PEN NEEDLE 29G X 12.7MM | • ULTILET INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| • ULTIGUARD SAFEPAK PEN NEEDLE 31G X 5 MM | • ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML |
| • ULTIGUARD SAFEPAK PEN NEEDLE 31G X 6 MM | • ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML |
| • ULTIGUARD SAFEPAK PEN NEEDLE 31G X 8 MM | • ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML |
| • ULTIGUARD SAFEPAK PEN NEEDLE 32G X 4 MM | • ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML |
| • ULTIGUARD SAFEPAK PEN NEEDLE 32G X 6 MM | • ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML |
| • ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.3 ML | • ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.3 ML |
| • ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 0.5 ML | • ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.5 ML |
| • ULTIGUARD SAFEPAK SYR/NEEDLE 30G X 1/2" 1 ML | • ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 1 ML |
| • ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.3 ML | • ULTILET PEN NEEDLE 29G X 12.7MM |
| • ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 0.5 ML | • ULTILET PEN NEEDLE 31G X 5 MM |
| • ULTIGUARD SAFEPAK SYR/NEEDLE 31G X 5/16" 1 ML | • ULTILET PEN NEEDLE 31G X 8 MM |
| • ULTILET ALCOHOL SWABS PAD | • ULTILET PEN NEEDLE 32G X 4 MM |
| • ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML | • ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML |
| • ULTILET INSULIN SYRINGE 30G X 1/2" 1 ML | • ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM |
| • ULTILET INSULIN SYRINGE 30G X 5/16" 0.3 ML | • ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM |
| • ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML | • ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM |
| • ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML | • ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM |
| • ULTILET INSULIN SYRINGE 31G X 1/4" 0.3 ML | • ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML |
| • ULTILET INSULIN SYRINGE 31G X 1/4" 1 ML | • ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML |
| • ULTILET INSULIN SYRINGE 31G X 15/64" 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 |

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- | | |
|--|---|
| • ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML | • ULTRACARE PEN NEEDLES 32G X 4 MM |
| • ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML | • ULTRACARE PEN NEEDLES 32G X 5 MM |
| • ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML | • ULTRACARE PEN NEEDLES 32G X 6 MM |
| • ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML | • ULTRACARE PEN NEEDLES 33G X 4 MM |
| • ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML | • ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML |
| • ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML | • ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML |
| • ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML | • ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML |
| • ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML | • ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML |
| • ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML | • ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML |
| • ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML | • ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML |
| • ULTRA THIN PEN NEEDLES 32G X 4 MM | • ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML |
| • ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML | • ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML |
| • ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML | • ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML |
| • ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML | • ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM |
| • ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML | • ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM |
| • ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML | • ULTRA-THIN II PEN NEEDLES 29G X 12.7MM |
| • ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML | • UNIFINE PEN NEEDLES 32G X 4 MM |
| • ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML | • UNIFINE PENTIPS 29G X 12MM |
| • ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML | • UNIFINE PENTIPS 31G X 6 MM |
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| | • UNIFINE PROTECT PEN NEEDLE 30G X 5 MM |
| | • UNIFINE PROTECT PEN NEEDLE 30G X 8 MM |

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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

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- 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 31G X 8 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
- 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.
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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
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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
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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
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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.
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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.
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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.
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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 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 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
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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
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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
----------	--

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
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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

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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

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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

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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
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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, 23, 36	EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16..... 23, 36
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16..... 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 U- 100 1 ML..... 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
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EASY TOUCH PEN NEEDLES 30G X 5 MM	24, 36	EMBECTA INSULIN SYRINGE U-100 27G X 5/8.....	24, 36
EASY TOUCH PEN NEEDLES 30G X 6 MM	24, 36	EMBECTA INSULIN SYRINGE U-100 28G X 1/2.....	24, 36
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EASY TOUCH PEN NEEDLES 32G X 4 MM	24, 36	EMBRACE PEN NEEDLES 30G X 5 MM	25, 36
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EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64	24, 36	EQL GAUZE PAD 2	25, 36
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16	24, 36	EQL INSULIN SYRINGE 30G X 5/16... ..	25, 36
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		esomeprazole magnesium packet 20 mg oral	2

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F		GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM.....	25, 36
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FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL.....	17	GLUCOPRO INSULIN SYRINGE 30G X 5/16	25, 36
febuxostat tablet 40 mg oral.....	1	GLUCOPRO INSULIN SYRINGE 31G X 5/16	25, 36
febuxostat tablet 80 mg oral.....	1	GNP ALCOHOL SWABS PAD.....	25, 36
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL .	37	GNP INSULIN SYRINGE 28G X 1/2	25, 36
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FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL.....	37	GNP INSULIN SYRINGES 30G X 5/16	26, 36
FIFTY50 PEN NEEDLES 32G X 6 MM	25, 36	GNP INSULIN SYRINGES 30GX5/16 ..	26, 36
FREESTYLE PRECISION INS SYR 30G X 5/16	25, 36	GNP INSULIN SYRINGES 31GX5/16 ..	26, 36
FREESTYLE PRECISION INS SYR 31G X 5/16	25, 36	GNP STERILE GAUZE PAD 2	26, 36
FYCOMPA SUSPENSION 0.5 MG/ML ORAL.....	42	GNP ULTRA COM INSULIN SYRINGE 29G X 1/2.....	26, 36
FYCOMPA TABLET 10 MG ORAL.....	42	GNP ULTRA COM INSULIN SYRINGE 30G X 5/16.....	26, 36
FYCOMPA TABLET 12 MG ORAL.....	42	GOODSENSE ALCOHOL SWABS PAD 70 %	26, 36
FYCOMPA TABLET 2 MG ORAL.....	42		
FYCOMPA TABLET 4 MG ORAL.....	42		
FYCOMPA TABLET 6 MG ORAL.....	42		
FYCOMPA TABLET 8 MG ORAL.....	42		
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31G X 8 MM.....	26, 36
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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
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X 12MM.....	26, 36
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X 6 MM.....	26, 36
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X 8 MM.....	26, 36
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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	
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HM ULTICARE SHORT PEN NEEDLES	
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INCONTROL ULTICARE PEN NEEDLES	
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INCONTROL ULTICARE PEN NEEDLES	
31G X 8 MM.....	26, 36

INCONTROL ULTICARE PEN NEEDLES

32G X 4 MM.....	26, 36
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INSULIN SYRINGE/NEEDLE 27G X 1/2	
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INSUPEN PEN NEEDLES 32G X 4 MM	
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INSUPEN PEN NEEDLES 33G X 4 MM	
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INSUPEN ULTRAFIN 29G X 12MM	27, 36
INSUPEN ULTRAFIN 31G X 8 MM	27, 36

J

J & J GAUZE PAD 2.....	27, 36
JYLAMVO SOLUTION 2 MG/ML ORAL 5	

K

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DRESS PAD 2	27, 36
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U-100 1 ML	27, 36
KMART VALU INSULIN SYRINGE 30G	
U-100 0.3 ML	27, 36
KMART VALU INSULIN SYRINGE 30G	
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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

LITETOUCH PEN NEEDLES 31G X 5 MM 27, 36

LITETOUCH PEN NEEDLES 31G X 6 MM 27, 36

LITETOUCH PEN NEEDLES 31G X 8 MM 27, 36

LITETOUCH PEN NEEDLES 32G X 4 MM 27, 36

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MAXI-COMFORT INSULIN SYRINGE 28G X 1/2..... 28, 36

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MAXI-COMFORT SAFETY PEN

NEEDLE 29G X 8MM 28, 36

MAXICOMFORT SYR 27G X 1/2.... 28, 36

MEDIC INSULIN SYRINGE 30G X 5/16 28, 36

MEDICINE SHOPPE PEN NEEDLES 29G X 12MM..... 28, 36

MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM..... 28, 36

MEDPURA ALCOHOL PADS 70 % EXTERNAL 28, 36

MEIJER ALCOHOL SWABS PAD 70 % 28, 36

MEIJER PEN NEEDLES 29G X 12MM 28, 36

MEIJER PEN NEEDLES 31G X 6 MM . 28, 36

MEIJER PEN NEEDLES 31G X 8 MM . 28, 36

memantine hcl er capsule extended release 24 hour 14 mg oral..... 39

memantine hcl er capsule extended release 24 hour 21 mg oral..... 39

memantine hcl er capsule extended release 24 hour 28 mg oral..... 39

memantine hcl er capsule extended release 24 hour 7 mg oral..... 39

methotrexate sodium tablet 2.5 mg oral..... 5

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MICRODOT PEN NEEDLE 33G X 4 MM 28, 36

MIRASORB SPONGES 2 28, 36

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MONOJECT INSULIN SYRINGE 25G X 5/8 28, 36

MONOJECT INSULIN SYRINGE 27G X 1/2 28, 36

MONOJECT INSULIN SYRINGE 28G X 1/2 28, 36

MONOJECT INSULIN SYRINGE 29G X 1/2 28, 36

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 MONOJECT INSULIN SYRINGE U-100 1 ML..... 28, 36
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 MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2 28, 36
 MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16 28, 36

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NEXLETOL TABLET 180 MG ORAL... 16
 NEXLIZET TABLET 180-10 MG ORAL 16
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 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

O

omega-3-acid ethyl esters capsule 1 gm oral 15

P

PC UNIFINE PENTIPS 31G X 5 MM28, 36
 PC UNIFINE PENTIPS 31G X 6 MM28, 36
 PC UNIFINE PENTIPS 31G X 8 MM28, 36
 PEN NEEDLES 29G X 12MM 28, 36
 PEN NEEDLES 30G X 5 MM 28, 36
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 PEN NEEDLES 31G X 5 MM 28, 36
 PEN NEEDLES 31G X 8 MM 29, 36
 PEN NEEDLES 32G X 4 MM 29, 36
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 PENTIPS 29G X 12MM..... 29, 36
 PENTIPS 31G X 5 MM..... 29, 36
 PENTIPS 31G X 8 MM..... 29, 36
 PENTIPS 32G X 4 MM..... 29, 36
 PENTIPS GENERIC PEN NEEDLES 29G X 12MM..... 29, 36
 PENTIPS GENERIC PEN NEEDLES 31G X 6 MM..... 29, 36

PENTIPS GENERIC PEN NEEDLES 32G X 6 MM..... 29, 36
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 PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM..... 29, 36
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 PRO COMFORT INSULIN SYRINGE 30G X 1/2..... 29, 36
 PRO COMFORT INSULIN SYRINGE 30G X 5/16..... 29, 36
 PRO COMFORT INSULIN SYRINGE 31G X 5/16..... 29, 36
 PRO COMFORT PEN NEEDLES 31G X 8 MM 29, 36
 PRO COMFORT PEN NEEDLES 32G X 4 MM 29, 36
 PRO COMFORT PEN NEEDLES 32G X 5 MM 29, 36
 PRO COMFORT PEN NEEDLES 32G X 6 MM 29, 36

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PRODIGY INSULIN SYRINGE 28G X 1/2 29, 36
 PRODIGY INSULIN SYRINGE 31G X 5/16 29, 36
 PURE COMFORT ALCOHOL PREP PAD 29, 36
 PURE COMFORT PEN NEEDLE 32G X 4 MM 29, 36
 PURE COMFORT PEN NEEDLE 32G X 5 MM 29, 36
 PURE COMFORT PEN NEEDLE 32G X 6 MM 29, 36
 PURE COMFORT PEN NEEDLE 32G X 8 MM 29, 36
 PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM..... 29, 36
 PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM..... 29, 36
 PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM..... 29, 36
 PX SHORTLENGTH PEN NEEDLES 31G X 8 MM..... 29, 36
Q
 QC ALCOHOL 70 % EXTERNAL ... 30, 36
 QC ALCOHOL SWABS PAD 70 %.. 30, 36
 QC BORDER ISLAND GAUZE PAD 2. 30, 36
 QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM..... 30, 36
 QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM..... 30, 36
 QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM..... 30, 36
 QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM..... 30, 36
 QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM..... 30, 36
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 QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM..... 30, 36
 QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM..... 30, 36
 QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM..... 30, 36

QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM..... 30, 36
R
 RA ALCOHOL SWABS PAD 70 %.. 30, 36
 RA INSULIN SYRINGE 29G X 1/2.. 30, 36
 RA INSULIN SYRINGE 30G X 5/16 30, 36
 ra isopropyl alcohol wipes 70 % external 30, 36
 RA PEN NEEDLES 31G X 5 MM..... 30, 36
 RA PEN NEEDLES 31G X 8 MM..... 30, 36
 RA STERILE PAD 2 30, 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 30, 36
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RELI-ON INSULIN SYRINGE 29G 0.5 ML.....	30, 36	SB INSULIN SYRINGE 30G X 5/16	31, 36
RELI-ON INSULIN SYRINGE 29G X 1/2	30, 36	SB INSULIN SYRINGE 31G X 5/16	31, 36
RELION INSULIN SYRINGE 31G X 15/64	30, 36	SECUADO PATCH 24 HOUR 3.8	
RELION MINI PEN NEEDLES 31G X 6 MM	30, 36	MG/24HR TRANSDERMAL	4
RELION PEN NEEDLES 31G X 6 MM. 30, 36		SECUADO PATCH 24 HOUR 5.7	
RELION PEN NEEDLES 31G X 8 MM. 30, 36		MG/24HR TRANSDERMAL	4
REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420		SECUADO PATCH 24 HOUR 7.6	
MG/3.5ML SUBCUTANEOUS	16	MG/24HR TRANSDERMAL	4
REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML		SECURESAFE INSULIN SYRINGE 29G X 1/2.....	31, 36
SUBCUTANEOUS.....	16	SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM.....	31, 36
REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML		SM ALCOHOL PREP PAD	31, 36
SUBCUTANEOUS.....	16	SM ALCOHOL PREP PAD 6-70 %	
RESTORE CONTACT LAYER PAD 2.. 30, 36		EXTERNAL	31, 36
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VERIFINE INSULIN SYRINGE 31G X 5/16	36	XCOPRI TABLET 200 MG ORAL	8
VERIFINE PLUS PEN NEEDLE 31G X 5 MM	36	XCOPRI TABLET 25 MG ORAL	8
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	36	XCOPRI TABLET 50 MG ORAL	8
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