

Sonder Health Plans

2025 Comprehensive Formulary List of Covered Drugs or “Drug List”

Sonder Dual Complete (D-SNP)
Sonder Vitality Matters (HMO)
Sonder Access Plus (PPO)
Sonder Harmony & Soul (HMO)
Sonder Medicare Valorous (HMO)
Sonder Complete Health Advantage (HMO)
Sonder My Choice Medicare Advantage (HMO)

PLEASE READ: THIS DOCUMENT
CONTAINS INFORMATION
ABOUT THE DRUGS WE COVER IN
THESE PLANS

HPMS Approved Formulary File Submission ID 25263, Version Number 14

This formulary was updated on 04/22/2025 For more recent information or other questions, please contact Sonder Health Plans Member Services:

1-833-684-7263, (TTY users should call 711)
24 hours a day, 7 days a week
Visit <https://sonderhealthplans.com/pharmacy-services/>

Note to existing members: This Formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

When this Drug List (Formulary) refers to “we,” “us”, or “our,” it means Sonder Health Plans. When it refers to “plan” or “our plan,” it means Sonder Health Plans.

This document includes updated Drug List (formulary), please contact us. Our contact information, along with the date we last updated the Drug List (formulary), appears on the front and back cover pages.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2025, and from time to time during the year.



What is the Sonder Health Plans Comprehensive formulary?

In this document, we use the terms Drug List and formulary to mean the same thing. A formulary is a list of covered drugs selected by Sonder Health Plans in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. Sonder Health Plans will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Sonder Health Plans network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

Can the formulary change?

Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow the Medicare rules in making these changes. Updates to the formulary are posted monthly to our website here: <https://sonderhealthplans.com/>. **Changes that can affect you this year:** In the below cases, you will be affected by coverage changes during the year:

- **Immediate substitutions of certain new versions of brand name drugs and original biological products.** We may immediately remove a drug from our formulary if we are replacing it with a certain new version of that drug that will appear on the same or lower cost-sharing tier and with the same or fewer restrictions. When we add a new version of a drug to our formulary, we may decide to keep the brand name drug or original biological product on our formulary, but immediately move it to a different cost-sharing tier or add new restrictions.

We can make these immediate changes only if we are adding a new generic version of a brand name drug or adding certain new biosimilar versions of an original biological product, that was already on the formulary (for example, adding an interchangeable biosimilar that can be substituted for an original biological product by a pharmacy without a new prescription).

If you are currently taking the brand name drug or original biological product, we may not tell you in advance before we make an immediate change, but we will later provide you with information about the specific change(s) we have made.

If we make such a change, you or your prescriber can ask us to make an exception and continue to cover for you the drug that is being changed. For more information, see the section below titled “How do I request an exception to the Sonder Health Plan’s Formulary?”

Some of these drug types may be new to you. For more information, see the section below titled “What are original biological products and how are they related to biosimilars?”

- **Drugs removed from the market.** If a drug is withdrawn from sale by the manufacturer or the Food and Drug Administration (FDA) determines to be withdrawn for safety or effectiveness reasons, we may immediately remove the drug from our formulary and later provide notice to members who take the drug.

- **Other changes.** We may make other changes that affect members currently taking a drug. For instance, we may remove a brand name drug from the formulary when adding a generic equivalent or remove an original biological product when adding a biosimilar. We may also apply new restrictions to the brand name drug or original biological product or move it to a different cost-sharing tier, or both. We may make changes based on new clinical guidelines. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 30 days before the change becomes effective. Alternatively, when a member requests a refill of the drug, they may receive a 30-day supply of the drug and notice of the change.

If we make these other changes, you or your prescriber can ask us to make an exception for you and continue to cover the drug you have been taking. The notice we provide you will also include information on how to request an exception, and you can also find information in the section below entitled “How do I request an exception to the Sonder Health Plan’s Formulary?”

Changes that will not affect you if you are currently taking the drug. Generally, if you are taking a drug on our 2025 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2025 coverage year except as described above. This means these drugs will remain available at the same cost sharing and with no new restrictions for those members taking them for the remainder of the coverage year. You will not get direct notice this year about changes that do not affect you. However, on January 1 of the next year, such changes would affect you, and it is important to check the formulary for the new benefit year for any changes to drugs.

The enclosed formulary is current as of April 22, 2025. To get updated information about the drugs covered by Sonder Health Plans please contact us. Our contact information appears on the front and back cover pages. If we make certain non-routine changes to coverage for drugs, we will send members an errata sheet to update the formulary they received.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 3. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, Cardiovascular Agents. If you know what your drug is used for, look for the category name in the list that begins on page 1. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index at the end of the drug list. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find

coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

Sonder Health Plans covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs work just as well as and usually cost less than brand name drugs. There are generic drug substitutes available for many brand name drugs. Generic drugs usually can be substituted for the brand name drug at the pharmacy without needing a new prescription, depending on state laws.

What are original biological products and how are they related to biosimilars?

On the formulary, when we refer to drugs, this could mean a drug or a biological product. Biological products are drugs that are more complex than typical drugs. Since biological products are more complex than typical drugs, instead of having a generic form, they have alternatives that are called biosimilars. Generally, biosimilars work just as well as the original biological product and may cost less. There are biosimilar alternatives for some original biological products. Some biosimilars are interchangeable biosimilars and, depending on state laws, may be substituted for the original biological product at the pharmacy without needing a new prescription, just like generic drugs can be substituted for brand name drugs.

For discussion of drug types, please see the Evidence of Coverage, Chapter 5, Section 3.1, "The 'Drug List' tells which Part D drugs are covered."

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Sonder Health Plans requires you [or your prescriber] to get prior authorization for certain drugs. This means that you will need to get approval from Sonder Health Plans before you fill your prescriptions. If you don't get approval, Sonder Health Plans may not cover the drug.
- **Quantity Limits:** For certain drugs, Sonder Health Plans limits the amount of the drug that Sonder Health Plans will cover. For example, Sonder Health Plans provides 240 tablets per 30-day prescription for tramadol HCl oral tablets 50mg. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Sonder Health Plans requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Sonder Health Plans may not cover Drug B unless you try Drug A first. If Drug A does not work for you, Sonder Health Plans will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 3. You can also get more information about the restrictions applied to specific

covered drugs by visiting our website. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also ask us to send you a copy. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

You can ask Sonder Health Plans to make an exception to these restrictions or limits or for a list of other, similar drugs that may treat your health condition. See the section, “How do I request an exception to the Sonder Health Plans’ formulary?” on page v for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this formulary (list of covered drugs), you should first contact Member Services and ask if your drug is covered. For more information, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you learn that Sonder Health Plans does not cover your drug, you have two options:

- You can ask Member Services for a list of similar drugs that are covered by Sonder Health Plans. When you receive the list, show it to your doctor and ask them to prescribe a similar drug that is covered by Sonder Health Plans.
- You can ask Sonder Health Plans to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the Sonder Health Plans’ Formulary?

You can ask Sonder Health Plans to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover a drug even if it is not on our formulary. If approved, this drug will be covered at a pre-determined cost-sharing level, and you would not be able to ask us to provide the drug at a lower cost-sharing level.
- You can ask us to waive a coverage restriction including prior authorization, step therapy, or a quantity limit on your drug. For example, for certain drugs, Sonder Health Plans limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover a greater amount.
- You can ask us to cover a formulary drug at lower cost-sharing level unless the drug is on the specialty tier. If approved, this would lower the amount you must pay for your drug.

Generally, Sonder Health Plans will only approve your request for an exception if the alternative drugs included on the plan’s formulary, the lower cost-sharing drug, or applying the restriction would not be as effective for you and/or would cause you to have adverse effects.

You or your prescriber should contact us to ask for a tiering or, formulary exception, including an exception to a coverage restriction. **When you request an exception, your prescriber will need to explain the medical reasons why you need the exception.** Generally, we must make our decision within 72 hours of getting your prescriber's supporting statement. You can ask for an expedited (fast) decision if you believe, and we agree, that your health could be seriously harmed by waiting up to 72 hours for a decision. If we agree, or if your prescriber asks for a fast decision, we must give you a decision no later than 24 hours after we get your prescriber's supporting statement.

What can I do if my drug is not on the formulary or has a restriction?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or you may be taking a drug that is on our formulary but has a coverage restriction, such as prior authorization. You should talk to your prescriber about requesting a coverage decision to show that you meet the criteria for approval, switching to an alternative drug that we cover, or requesting a formulary exception so that we will cover the drug you take. While you and your doctor determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or has a coverage restriction, we will cover a temporary 30-day supply. If your prescription is written for fewer days, we'll allow refills to provide up to a maximum 30-day supply of medication. If coverage is not approved, after your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility and you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug while you pursue a formulary exception.

If you experience a change in your level of care, such as a move from a home to a long-term care setting, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a onetime temporary supply from a network long-term care pharmacy for up to 31 days unless you have a prescription for fewer days. If you experience a change in your level of care, such as a move from a hospital to home, and need a drug that is not on our formulary (or if your ability to get your drugs is limited), we may cover a one-time temporary supply from a network pharmacy for up to 31 days unless you have a prescription for fewer days. You should use the plan's exception process if you wish to have continued coverage of the drug after the temporary supply is finished.

For more information

For more detailed information about your Sonder Health Plans prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Sonder Health Plans, please contact us. Our contact information, along with the date we last updated the formulary, appears on the front and back cover pages.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 day a week. TTY users should call 1-877-486-2048. Or, visit <http://www.medicare.gov>.

Drug tier copay levels

This 2025 comprehensive formulary is a listing of brand-name and generic drugs. Sonder Health Plans Access Plus (PPO), Complete Health Advantage (HMO), Dual Complete (D-SNP), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), and Vitality Matters (HMO)'s 2025 formulary covers most drugs identified by Medicare as Part D drugs.

Important Message About What You Pay for Insulin –

The Sonder Health Plans Access Plus (PPO), Complete Health Advantage (HMO), Dual Complete (D-SNP), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), and Vitality Matters (HMO) limit the cost of insulin medications to no more than \$35 for a one-month supply of each insulin product covered by our plan.

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible. For more information on this benefit, Contact Member Service.

Sonder Health Plans Access Plus (PPO), Complete Health Advantage (HMO), Harmony & Soul (HMO), Medicare Valorous (HMO), My Choice Medicare Advantage (HMO), and Vitality Matters (HMO) cost-sharing tiers.

Cost-Sharing Tier	Retail Pharmacy Cost-sharing In-Network, up to 30-day or 1 month supply	Retail Pharmacy Cost-sharing In-Network, 90-day or 3-month supply	Long-Term Care (LTC) Cost-Sharing In-Network, up to 31- day or 1 month supply	Mail Order Cost-Sharing 90-day or 3-month supply
Tier 1	\$0	\$0	\$0	\$0
Tier 2	\$10	\$30	\$30	\$0
Tier 3	\$44	\$132	\$44	\$88
Tier 4	\$95	\$285	\$95	\$285
Tier 5	33%	33%	33%	33%

Sonder Dual Complete (D-SNP) cost-sharing tiers.

Cost-Sharing Tier	Retail Pharmacy Cost-sharing In-Network, up to 30-day or 1 month supply	Retail Pharmacy Cost-sharing In-Network, 90-day or 3-month supply	Long-Term Care (LTC) Cost-Sharing In-Network, up to 31- day or 1 month supply	Mail Order Cost-Sharing 90-day or 3-month supply
Tier 1	25%	25%	25%	25%
Tier 2	25%	25%	25%	25%
Tier 3	25%	25%	25%	25%
Tier 4	25%	25%	25%	25%
Tier 5	25%	25%	25%	25%

Sonder Health Plans Formulary

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., SYNTHROID) and generic drugs are listed in lower-case italics (e.g., *levothyroxine*).

The information in the Requirements/Limits column tells you if Sonder Health Plans has any special requirements for coverage of your drug.

Legend

1: Preferred Generics

2: Generics

3: Preferred Brands

4: Non-Preferred Drugs

5: Specialty

BvD: Part B vs. Part D- This prescription drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

E: Excluded Drug; Enhancement covered in the Gap; Quantity Limit (amount per days)- This prescription drug is not normally covered in a Medicare Prescription Drug Plan and is considered enhanced coverage. The amount you pay when you fill a prescription for this drug does not count toward your total drug costs (that is, the amount you pay does not help you qualify for catastrophic coverage). In addition, if you are receiving extra help to pay for your prescriptions, you will not get any extra help to pay for this drug. Quantity limits apply and this drug will not be covered during the gap period.

MO: Mail Order Eligible- This prescription may also be available via mail.

PA: Prior Authorization- You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.

QL: Quantity Limit- There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

ST: Step Therapy - In some cases, you may be required to first try certain drugs to treat your medical condition before we will cover another drug for that condition.

Sonder Health Plans Standard MAPD 2025 5-Tier (List of Covered Drugs)

List of Drugs by Medical Condition

ANALGESICS	3
ANESTHETICS	5
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS	5
ANTIANXIETY AGENTS	6
ANTIBACTERIALS	7
ANTICANCER AGENTS	12
ANTICONVULSANTS	25
ANTIDEMENTIA AGENTS	29
ANTIDEPRESSANTS	30
ANTIDIABETIC AGENTS	32
ANTIFUNGALS	36
ANTIGOUT AGENTS	38
ANTI HISTAMINES	38
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)	38
ANTIMIGRAINE AGENTS	38
ANTIMYCOBACTERIALS	39
ANTINAUSEA AGENTS	40
ANTIPARASITE AGENTS	40
ANTIPARKINSONIAN AGENTS	41
ANTIPSYCHOTIC AGENTS	42
ANTIVIRALS (SYSTEMIC)	47
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS	52
CALORIC AGENTS	54
CARDIOVASCULAR AGENTS	54
CENTRAL NERVOUS SYSTEM AGENTS	61
CONTRACEPTIVES	64
COUGH AND COLD PRODUCTS	69

DENTAL AND ORAL AGENTS.....	69
DERMATOLOGICAL AGENTS.....	70
DEVICES	73
ENZYME COFACTORS/CHAPERONES	112
ENZYME REPLACEMENT/MODIFIERS	113
EYE, EAR, NOSE, THROAT AGENTS.....	113
GASTROINTESTINAL AGENTS.....	116
GENITOURINARY AGENTS.....	118
HEAVY METAL ANTAGONISTS.....	119
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING	119
IMMUNOLOGICAL AGENTS.....	122
INFLAMMATORY BOWEL DISEASE AGENTS.....	131
METABOLIC BONE DISEASE AGENTS	131
MISCELLANEOUS THERAPEUTIC AGENTS	132
OPHTHALMIC AGENTS	133
REPLACEMENT PREPARATIONS	134
RESPIRATORY TRACT AGENTS	135
SKELETAL MUSCLE RELAXANTS.....	138
SLEEP DISORDER AGENTS.....	139
VASODILATING AGENTS	139
VITAMINS AND MINERALS	140

Drug Name	Drug Tier	Requirements/Limits
ANALGESICS		
Analgesics, Miscellaneous		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	QL (4500 per 30 days)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg</i>	1	QL (360 per 30 days)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (180 per 30 days)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	2	QL (4 per 28 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	2	QL (180 per 30 days)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	4	QL (180 per 30 days)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	QL (180 per 30 days)
<i>endocet oral tablet 10-325 mg</i>	2	QL (180 per 30 days)
<i>endocet oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 per 30 days)
<i>endocet oral tablet 7.5-325 mg</i>	2	QL (240 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 400 mcg, 600 mcg, 800 mcg</i>	5	PA; QL (120 per 30 days)
<i>fentanyl citrate buccal lozenge on a handle 200 mcg</i>	2	PA; QL (120 per 30 days)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	2	QL (10 per 30 days)
<i>hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml</i>	2	QL (2700 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg</i>	1	QL (180 per 30 days)
<i>hydrocodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (240 per 30 days)
<i>hydromorphone hcl oral tablet 2 mg, 4 mg</i>	1	QL (180 per 30 days)
<i>hydromorphone hcl oral tablet 8 mg</i>	2	QL (180 per 30 days)
<i>methadone hcl oral tablet 10 mg</i>	1	QL (120 per 30 days)
<i>methadone hcl oral tablet 5 mg</i>	1	QL (180 per 30 days)
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml</i>	1	PA; QL (180 per 30 days)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	2	QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	2	QL (90 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 10 MG/5ML	1	QL (700 per 30 days)
MORPHINE SULFATE ORAL SOLUTION 20 MG/5ML	1	QL (300 per 30 days)
MORPHINE SULFATE ORAL TABLET 15 MG	4	QL (180 per 30 days)
MORPHINE SULFATE ORAL TABLET 30 MG	4	QL (120 per 30 days)
<i>oxycodone hcl oral capsule 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone hcl oral tablet 10 mg, 5 mg</i>	2	QL (180 per 30 days)
<i>oxycodone hcl oral tablet 15 mg, 20 mg, 30 mg</i>	2	QL (120 per 30 days)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	2	QL (180 per 30 days)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg</i>	2	QL (360 per 30 days)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	2	QL (240 per 30 days)
<i>tramadol hcl oral tablet 50 mg</i>	1	QL (240 per 30 days)
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	QL (300 per 30 days)
Nonsteroidal Anti-Inflammatory Agents		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
<i>diclofenac potassium oral tablet 50 mg</i>	2	MO; QL (120 per 30 days)
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	2	MO
<i>diclofenac sodium external gel 1 %</i>	1	QL (1000 per 30 days)
<i>diclofenac sodium external solution 1.5 %</i>	2	QL (300 per 30 days)
<i>diclofenac sodium external solution 2 %</i>	5	PA; QL (224 per 28 days)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	1	MO
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	1	MO; QL (120 per 30 days)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	MO; QL (60 per 30 days)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	2	MO
<i>etodolac oral capsule 200 mg, 300 mg</i>	2	MO
<i>etodolac oral tablet 400 mg, 500 mg</i>	2	MO
<i>flurbiprofen oral tablet 100 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

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Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
FLURBIPROFEN ORAL TABLET 50 MG	1	MO
<i>ibu oral tablet 400 mg</i>	1	MO; QL (240 per 30 days)
<i>ibu oral tablet 600 mg, 800 mg</i>	1	MO
<i>ibuprofen oral tablet 400 mg</i>	1	MO; QL (240 per 30 days)
<i>ibuprofen oral tablet 600 mg, 800 mg</i>	1	MO
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	MO
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	QL (20 per 30 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	MO
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	MO
<i>naproxen oral tablet delayed release 375 mg</i>	1	MO
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	MO
ANESTHETICS		
Local Anesthetics		
<i>glydo external prefilled syringe 2 %</i>	1	QL (30 per 30 days)
<i>lidocaine external ointment 5 %</i>	2	PA; QL (240 per 30 days)
<i>lidocaine external patch 5 %</i>	2	PA; QL (90 per 30 days)
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	1	QL (30 per 30 days)
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	PA; QL (30 per 30 days)
<i>lidocan external patch 5 %</i>	2	PA; QL (90 per 30 days)
ZTLIDO EXTERNAL PATCH 1.8 %	3	PA; QL (90 per 30 days)
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
Anti-Addiction/Substance Abuse Treatment Agents		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	2	MO
APO-VARENICLINE TABLET 1 MG ORAL	2	QL (336 per 365 days)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	2	QL (90 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	4	QL (60 per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	4	QL (90 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

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05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	QL (90 per 30 days)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	
<i>disulfiram oral tablet 250 mg, 500 mg</i>	2	MO
KLOXXADO NASAL LIQUID 8 MG/0.1ML	3	QL (4 per 30 days)
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	2	
<i>naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml</i>	2	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	2	QL (4 per 30 days)
<i>naltrexone hcl oral tablet 50 mg</i>	2	
NICOTROL NS NASAL SOLUTION 10 MG/ML	4	QL (240 per 180 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	2	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg (56 pack)</i>	2	QL (336 per 365 days)
VARENICLINE TARTRATE ORAL TABLET 1 MG	2	QL (336 per 365 days)

ANTIANXIETY AGENTS

Benzodiazepines

<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (120 per 30 days)
<i>alprazolam oral tablet 2 mg</i>	1	QL (150 per 30 days)
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>clonazepam oral tablet 2 mg</i>	1	QL (300 per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	2	QL (90 per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	2	QL (300 per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	4	QL (180 per 30 days)
<i>diazepam injection solution 5 mg/ml</i>	1	QL (10 per 28 days)
<i>diazepam intensol oral concentrate 5 mg/ml</i>	2	QL (1200 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>diazepam oral solution 5 mg/5ml</i>	2	QL (1200 per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	QL (120 per 30 days)
<i>diazepam solution 5 mg/ml injection</i>	2	
<i>lorazepam concentrate 2 mg/ml oral</i>	1	QL (150 per 30 days)
<i>lorazepam injection solution 2 mg/ml</i>	1	QL (2 per 30 days)
<i>lorazepam injection solution 4 mg/ml</i>	4	QL (2 per 30 days)
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (150 per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (90 per 30 days)
<i>lorazepam oral tablet 2 mg</i>	1	QL (150 per 30 days)
<i>lorazepam solution 4 mg/ml injection</i>	1	QL (2 per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	1	QL (30 per 30 days)
<i>temazepam oral capsule 22.5 mg</i>	2	QL (30 per 30 days)
<i>temazepam oral capsule 7.5 mg</i>	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.125 mg</i>	2	QL (120 per 30 days)
<i>triazolam oral tablet 0.25 mg</i>	2	QL (60 per 30 days)

ANTIBACTERIALS

Aminoglycosides

<i>amikacin sulfate injection solution 500 mg/2ml</i>	2	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	5	PA; QL (235.2 per 28 days)
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	2	
<i>neomycin sulfate oral tablet 500 mg</i>	2	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	5	
TOBI PODHALER INHALATION CAPSULE 28 MG	5	QL (224 per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	5	BvD
<i>tobramycin pak inhalation nebulization solution 300 mg/5ml</i>	5	BvD
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	2	

Antibacterials, Miscellaneous

<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml, 9000 mg/60ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	5	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG	5	
<i>daptomycin intravenous solution reconstituted 500 mg</i>	5	
<i>linezolid intravenous solution 600 mg/300ml</i>	2	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	5	
<i>linezolid oral tablet 600 mg</i>	2	
<i>methenamine hippurate oral tablet 1 gm</i>	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg</i>	1	QL (120 per 30 days)
<i>nitrofurantoin monohyd macro oral capsule 100 mg</i>	1	QL (60 per 30 days)
<i>trimethoprim oral tablet 100 mg</i>	1	
<i>vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 5 gm, 500 mg, 750 mg</i>	2	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM	2	
<i>vancomycin hcl oral capsule 125 mg</i>	2	QL (56 per 14 days)
<i>vancomycin hcl oral capsule 250 mg</i>	2	QL (112 per 14 days)
XIFAXAN ORAL TABLET 200 MG	3	PA; QL (9 per 30 days)
XIFAXAN ORAL TABLET 550 MG	5	PA; QL (90 per 30 days)
Cephalosporins		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	2	
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	2	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 500 mg</i>	2	
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>cefepime hcl injection solution reconstituted 1 gm</i>	2	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	2	
<i>cefixime oral capsule 400 mg</i>	4	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	2	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	4	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	2	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	2	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	2	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	2	
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	2	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime sodium injection solution reconstituted 750 mg</i>	2	
<i>cefuroxime sodium intravenous solution reconstituted 1.5 gm</i>	2	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>tazicef injection solution reconstituted 1 gm</i>	2	
<i>tazicef intravenous solution reconstituted 2 gm</i>	2	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 6 GM	2	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	5	
Macrolides		
<i>azithromycin intravenous solution reconstituted 500 mg</i>	2	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	2	
<i>azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	2	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	2	
DIFICID ORAL TABLET 200 MG	5	QL (20 per 10 days)
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	4	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	4	
Miscellaneous B-Lactam Antibiotics		
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	2	
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	5	PA
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	2	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	2	
<i>meropenem intravenous solution reconstituted 1 gm, 500 mg</i>	2	
Penicillins		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	2	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-pot clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	4	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg</i>	2	
<i>ampicillin sodium intravenous solution reconstituted 10 gm</i>	2	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	2	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm</i>	2	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	4	
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	2	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT	4	
LENTOCILIN INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT	4	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	2	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	2	
<i>penicillin g potassium injection solution reconstituted 20000000 unit</i>	2	
<i>penicillin g procaine intramuscular suspension 600000 unit/ml</i>	2	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 2.25 (2-0.25) gm, 3.375 (3- 0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	2	
Quinolones		
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	2	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	2	
<i>levofloxacin oral solution 25 mg/ml</i>	4	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
MOXIFLOXACIN HCL IN NACL INTRAVENOUS SOLUTION 400 MG/250ML	2	
<i>moxifloxacin hcl oral tablet 400 mg</i>	2	
MOXIFLOXACIN HCL SOLUTION 400 MG/250ML INTRAVENOUS	2	
Sulfonamides		
<i>sulfadiazine oral tablet 500 mg</i>	2	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	2	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
Tetracyclines		
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	4	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	2	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	2	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	2	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	2	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline monohydrate oral capsule 150 mg, 75 mg</i>	1	QL (60 per 30 days)
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	2	
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg</i>	2	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	4	
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	5	
ANTICANCER AGENTS		
Anticancer Agents		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	5	PA NSO; QL (120 per 30 days)
<i>abirtega oral tablet 250 mg</i>	5	PA NSO; QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	5	PA NSO; QL (60 per 30 days)
ALECENSA ORAL CAPSULE 150 MG	5	PA NSO; QL (240 per 30 days)
ALUNBRIG ORAL TABLET 180 MG, 90 MG	5	PA NSO; QL (30 per 30 days)
ALUNBRIG ORAL TABLET 30 MG	5	PA NSO; QL (120 per 30 days)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	5	PA NSO
<i>anastrozole oral tablet 1 mg</i>	1	MO
ANKTIVA INTRAVESICAL SOLUTION 400 MCG/0.4ML	5	PA NSO; QL (1.6 per 28 days)
AUGTYRO ORAL CAPSULE 160 MG	5	PA NSO; QL (60 per 30 days)
AUGTYRO ORAL CAPSULE 40 MG	5	PA NSO; QL (240 per 30 days)
AXTLE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	5	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	5	PA NSO; QL (30 per 30 days)
<i>azacitidine injection suspension reconstituted 100 mg</i>	5	
BALVERSA ORAL TABLET 3 MG	5	PA NSO; QL (84 per 28 days)
BALVERSA ORAL TABLET 4 MG	5	PA NSO; QL (56 per 28 days)
BALVERSA ORAL TABLET 5 MG	5	PA NSO; QL (28 per 28 days)
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	5	PA NSO
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	5	PA NSO
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	5	PA NSO
<i>bexarotene external gel 1 %</i>	5	PA NSO
<i>bexarotene oral capsule 75 mg</i>	5	PA NSO
<i>bicalutamide oral tablet 50 mg</i>	1	
BIZENGRI (750 MG DOSE) INTRAVENOUS SOLUTION THERAPY PACK 375 MG/18.75ML	5	PA NSO; QL (75 per 28 days)
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	1	
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg</i>	4	PA NSO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
BORUZU INJECTION SOLUTION 3.5 MG/1.4ML	4	PA NSO
BOSULIF ORAL CAPSULE 100 MG	5	PA NSO; QL (180 per 30 days)
BOSULIF ORAL CAPSULE 50 MG	5	PA NSO; QL (30 per 30 days)
BOSULIF ORAL TABLET 100 MG	5	PA NSO; QL (180 per 30 days)
BOSULIF ORAL TABLET 400 MG, 500 MG	5	PA NSO; QL (30 per 30 days)
BRAFTOVI ORAL CAPSULE 75 MG	5	PA NSO; QL (180 per 30 days)
BRUKINSA ORAL CAPSULE 80 MG	5	PA NSO; QL (120 per 30 days)
CABOMETYX ORAL TABLET 20 MG, 60 MG	5	PA NSO; QL (30 per 30 days)
CABOMETYX ORAL TABLET 40 MG	5	PA NSO; QL (60 per 30 days)
CALQUENCE ORAL CAPSULE 100 MG	5	PA NSO; QL (60 per 30 days)
CALQUENCE ORAL TABLET 100 MG	5	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 100 MG	5	PA NSO; QL (60 per 30 days)
CAPRELSA ORAL TABLET 300 MG	5	PA NSO; QL (30 per 30 days)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	5	PA NSO
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	5	PA NSO; QL (112 per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	5	PA NSO
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	5	PA NSO; QL (56 per 28 days)
COTELLIC ORAL TABLET 20 MG	5	PA NSO; QL (63 per 28 days)
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	5	BvD
<i>cyclophosphamide intravenous solution 1 gm/2ml, 2 gm/4ml</i>	5	BvD
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	5	BvD
CYCLOPHOSPHAMIDE ORAL CAPSULE 25 MG	2	BvD; ST
<i>cyclophosphamide oral capsule 50 mg</i>	2	BvD; ST
<i>cyclophosphamide oral tablet 25 mg</i>	3	BvD; ST
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG	3	BvD; ST
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML	5	PA NSO; QL (120 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
DANZITEN ORAL TABLET 71 MG, 95 MG	5	PA NSO; QL (112 per 28 days)
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	5	PA NSO; QL (30 per 30 days)
<i>dasatinib oral tablet 20 mg</i>	5	PA NSO; QL (90 per 30 days)
DATROWAY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA NSO
DAURISMO ORAL TABLET 100 MG	5	PA NSO; QL (30 per 30 days)
DAURISMO ORAL TABLET 25 MG	5	PA NSO; QL (60 per 30 days)
<i>decitabine intravenous solution reconstituted 50 mg</i>	5	
<i>doxorubicin hcl liposomal intravenous suspension 2 mg/ml</i>	5	BvD
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML	5	PA NSO
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	4	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML	5	PA NSO
ELREXFIO SUBCUTANEOUS SOLUTION 76 MG/1.9ML	5	PA NSO; QL (9.5 per 28 days)
EMCYT ORAL CAPSULE 140 MG	5	
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML	5	PA NSO
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML	5	PA NSO
ERIVEDGE ORAL CAPSULE 150 MG	5	PA NSO; QL (28 per 28 days)
ERLEADA ORAL TABLET 240 MG	5	PA NSO; QL (30 per 30 days)
ERLEADA ORAL TABLET 60 MG	5	PA NSO; QL (90 per 30 days)
<i>erlotinib hcl oral tablet 100 mg, 25 mg</i>	5	PA NSO; QL (60 per 30 days)
<i>erlotinib hcl oral tablet 150 mg</i>	5	PA NSO; QL (90 per 30 days)
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	4	
<i>etoposide intravenous solution 100 mg/5ml</i>	2	
<i>everolimus oral tablet 10 mg</i>	5	PA NSO; QL (56 per 28 days)
<i>everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NSO; QL (28 per 28 days)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	5	PA NSO; QL (112 per 28 days)
<i>exemestane oral tablet 25 mg</i>	2	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	5	BvD
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	3	BvD
<i>floxuridine injection solution reconstituted 0.5 gm</i>	1	BvD
<i>fluorouracil intravenous solution 1 gm/20ml, 5 gm/100ml, 500 mg/10ml</i>	2	BvD
FLUTAMIDE ORAL CAPSULE 125 MG	2	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	5	PA NSO; QL (21 per 28 days)
FRUZAQLA ORAL CAPSULE 1 MG	5	PA NSO; QL (84 per 28 days)
FRUZAQLA ORAL CAPSULE 5 MG	5	PA NSO; QL (21 per 28 days)
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	5	
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	PA NSO
GAVRETO ORAL CAPSULE 100 MG	5	PA NSO; QL (120 per 30 days)
<i>gefitinib oral tablet 250 mg</i>	5	PA NSO; QL (60 per 30 days)
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	5	PA NSO; QL (30 per 30 days)
GLEOSTINE ORAL CAPSULE 10 MG	4	
GLEOSTINE ORAL CAPSULE 100 MG, 40 MG	5	
GOMEKLI ORAL CAPSULE 1 MG	5	PA NSO; QL (224 per 28 days)
GOMEKLI ORAL CAPSULE 2 MG	5	PA NSO; QL (112 per 28 days)
GOMEKLI ORAL TABLET SOLUBLE 1 MG	5	PA NSO; QL (224 per 28 days)
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	5	PA NSO; QL (5 per 21 days)
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO
<i>hydroxyurea oral capsule 500 mg</i>	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	5	PA NSO; QL (21 per 28 days)
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	5	PA NSO; QL (21 per 28 days)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	5	PA NSO; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
IDHIFA ORAL TABLET 100 MG, 50 MG	5	PA NSO; QL (30 per 30 days)
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	2	
<i>ifosfamide intravenous solution reconstituted 1 gm</i>	2	
<i>imatinib mesylate oral tablet 100 mg</i>	2	PA NSO; QL (180 per 30 days)
<i>imatinib mesylate oral tablet 400 mg</i>	2	PA NSO; QL (60 per 30 days)
IMBRUVICA ORAL CAPSULE 140 MG	5	PA NSO; QL (120 per 30 days)
IMBRUVICA ORAL CAPSULE 70 MG	5	PA NSO; QL (28 per 28 days)
IMBRUVICA ORAL SUSPENSION 70 MG/ML	5	PA NSO; QL (216 per 30 days)
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG, 560 MG	5	PA NSO; QL (28 per 28 days)
IMDELLTRA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 10 MG	5	PA NSO
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML	5	PA NSO
IMKELDI ORAL SOLUTION 80 MG/ML	5	PA NSO; QL (280 per 28 days)
INLYTA ORAL TABLET 1 MG	5	PA NSO; QL (180 per 30 days)
INLYTA ORAL TABLET 5 MG	5	PA NSO; QL (120 per 30 days)
INQOVI ORAL TABLET 35-100 MG	5	PA NSO; QL (5 per 28 days)
INREBIC ORAL CAPSULE 100 MG	5	PA NSO; QL (120 per 30 days)
ITOVEBI ORAL TABLET 3 MG	5	PA NSO; QL (60 per 30 days)
ITOVEBI ORAL TABLET 9 MG	5	PA NSO; QL (30 per 30 days)
IWILFIN ORAL TABLET 192 MG	5	PA NSO; QL (240 per 30 days)
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	5	PA NSO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 100 MG	5	PA NSO; QL (60 per 30 days)
JAYPIRCA ORAL TABLET 50 MG	5	PA NSO; QL (90 per 30 days)
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML	5	PA NSO
JYLAMVO ORAL SOLUTION 2 MG/ML	4	BvD; ST
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	5	PA NSO
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML	5	PA NSO; QL (2 per 28 days)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; QL (21 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; QL (42 per 28 days)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; QL (63 per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; QL (49 per 28 days)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; QL (70 per 28 days)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK 200 & 2.5 MG	5	PA NSO; QL (91 per 28 days)
KOSELUGO ORAL CAPSULE 10 MG	5	PA NSO; QL (300 per 30 days)
KOSELUGO ORAL CAPSULE 25 MG	5	PA NSO; QL (120 per 30 days)
KRAZATI ORAL TABLET 200 MG	5	PA NSO; QL (180 per 30 days)
<i>lapatinib ditosylate oral tablet 250 mg</i>	5	PA NSO
LAZCLUZE ORAL TABLET 240 MG	5	PA NSO; QL (30 per 30 days)
LAZCLUZE ORAL TABLET 80 MG	5	PA NSO; QL (60 per 30 days)
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	5	PA NSO; QL (28 per 28 days)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	5	PA NSO
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	5	PA NSO
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	5	PA NSO
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	5	PA NSO
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	5	PA NSO
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	5	PA NSO
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	5	PA NSO
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	5	PA NSO
<i>letrozole oral tablet 2.5 mg</i>	1	MO
LEUKERAN ORAL TABLET 2 MG	5	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	4	PA NSO
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	2	PA NSO
LONSURF ORAL TABLET 15-6.14 MG	5	PA NSO; QL (100 per 28 days)
LONSURF ORAL TABLET 20-8.19 MG	5	PA NSO; QL (80 per 28 days)
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML	5	PA NSO
LORBRENA ORAL TABLET 100 MG	5	PA NSO; QL (30 per 30 days)
LORBRENA ORAL TABLET 25 MG	5	PA NSO; QL (90 per 30 days)
LUMAKRAS ORAL TABLET 120 MG	5	PA NSO; QL (240 per 30 days)
LUMAKRAS ORAL TABLET 240 MG	5	PA NSO; QL (120 per 30 days)
LUMAKRAS ORAL TABLET 320 MG	5	PA NSO; QL (90 per 30 days)
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML	5	PA NSO
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG	5	PA NSO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG	5	PA NSO
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG	5	PA NSO
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA NSO
LYNPARZA ORAL TABLET 100 MG, 150 MG	5	PA NSO; QL (120 per 30 days)
LYSODREN ORAL TABLET 500 MG	5	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; QL (140 per 28 days)
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; QL (140 per 28 days)
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	5	PA NSO; QL (140 per 28 days)
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML	5	PA NSO
MATULANE ORAL CAPSULE 50 MG	5	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	5	PA NSO; QL (1260 per 30 days)
MEKINIST ORAL TABLET 0.5 MG	5	PA NSO; QL (90 per 30 days)
MEKINIST ORAL TABLET 2 MG	5	PA NSO; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
MEKTOVI ORAL TABLET 15 MG	5	PA NSO; QL (180 per 30 days)
<i>mercaptopurine oral suspension 2000 mg/100ml</i>	5	
<i>mercaptopurine oral tablet 50 mg</i>	2	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
METHOTREXATE SODIUM INJECTION SOLUTION 50 MG/2ML	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	BvD; ST
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml</i>	1	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO
NERLYNX ORAL TABLET 40 MG	5	PA NSO; QL (180 per 30 days)
<i>nilutamide oral tablet 150 mg</i>	5	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	5	PA NSO; QL (3 per 28 days)
NUBEQA ORAL TABLET 300 MG	5	PA NSO; QL (120 per 30 days)
ODOMZO ORAL CAPSULE 200 MG	5	PA NSO
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO
OGSIVEO ORAL TABLET 100 MG, 150 MG	5	PA NSO; QL (60 per 30 days)
OGSIVEO ORAL TABLET 50 MG	5	PA NSO; QL (180 per 30 days)
OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	5	PA NSO; QL (96 per 28 days)
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	5	PA NSO; QL (24 per 28 days)
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	5	PA NSO; QL (30 per 30 days)
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO
ONUREG ORAL TABLET 200 MG, 300 MG	5	PA NSO; QL (14 per 28 days)
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML	5	PA NSO
OPDIVO QVANTIG SUBCUTANEOUS SOLUTION 600-10000 MG-UT/5ML	5	PA NSO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML	5	PA NSO
ORSERDU ORAL TABLET 345 MG	5	PA NSO; QL (30 per 30 days)
ORSERDU ORAL TABLET 86 MG	5	PA NSO; QL (90 per 30 days)
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	5	BvD
<i>pazopanib hcl oral tablet 200 mg</i>	5	PA NSO; QL (120 per 30 days)
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	5	PA NSO; QL (30 per 30 days)
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML, 850 MG/34ML	5	
<i>pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg</i>	5	
<i>pemetrexed ditromethamine intravenous solution reconstituted 100 mg, 500 mg</i>	5	
PEMRYDI RTU INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	5	PA NSO; QL (28 per 28 days)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	5	PA NSO; QL (56 per 28 days)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	5	PA NSO; QL (56 per 28 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	5	PA NSO; QL (21 per 28 days)
PURIXAN ORAL SUSPENSION 2000 MG/100ML	5	
QINLOCK ORAL TABLET 50 MG	5	PA NSO; QL (90 per 30 days)
RETEVMO ORAL CAPSULE 40 MG	5	PA NSO; QL (180 per 30 days)
RETEVMO ORAL CAPSULE 80 MG	5	PA NSO; QL (120 per 30 days)
RETEVMO ORAL TABLET 120 MG, 160 MG	5	PA NSO; QL (60 per 30 days)
RETEVMO ORAL TABLET 40 MG	5	PA NSO; QL (180 per 30 days)
RETEVMO ORAL TABLET 80 MG	5	PA NSO; QL (120 per 30 days)
REVUFORJ ORAL TABLET 110 MG	5	PA NSO; QL (120 per 30 days)
REVUFORJ ORAL TABLET 160 MG	5	PA NSO; QL (60 per 30 days)
REVUFORJ ORAL TABLET 25 MG	5	PA NSO; QL (240 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
REZLIDHIA ORAL CAPSULE 150 MG	5	PA NSO; QL (60 per 30 days)
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NSO
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML	5	PA NSO
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	5	PA NSO; QL (8 per 28 days)
ROZLYTREK ORAL CAPSULE 100 MG	5	PA NSO; QL (180 per 30 days)
ROZLYTREK ORAL CAPSULE 200 MG	5	PA NSO; QL (90 per 30 days)
ROZLYTREK ORAL PACKET 50 MG	5	PA NSO; QL (360 per 30 days)
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	5	PA NSO; QL (120 per 30 days)
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NSO
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML	5	PA NSO
RYDAPT ORAL CAPSULE 25 MG	5	PA NSO; QL (224 per 28 days)
RYTELO INTRAVENOUS SOLUTION RECONSTITUTED 188 MG, 47 MG	5	PA NSO
SCEMBLIX ORAL TABLET 100 MG	5	PA NSO; QL (120 per 30 days)
SCEMBLIX ORAL TABLET 20 MG	5	PA NSO; QL (60 per 30 days)
SCEMBLIX ORAL TABLET 40 MG	5	PA NSO; QL (300 per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML	5	
<i>sorafenib tosylate oral tablet 200 mg</i>	5	PA NSO; QL (120 per 30 days)
STIVARGA ORAL TABLET 40 MG	5	PA NSO; QL (84 per 28 days)
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	5	PA NSO; QL (28 per 28 days)
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG	5	PA NSO
TABLOID ORAL TABLET 40 MG	4	
TABRECTA ORAL TABLET 150 MG, 200 MG	5	PA NSO; QL (112 per 28 days)
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	5	PA NSO; QL (120 per 30 days)
TAFINLAR ORAL TABLET SOLUBLE 10 MG	5	PA NSO; QL (900 per 30 days)
TAGRISSE ORAL TABLET 40 MG, 80 MG	5	PA NSO; QL (30 per 30 days)
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML	5	PA NSO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	5	PA NSO; QL (30 per 30 days)
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	1	MO
TASIGNA ORAL CAPSULE 150 MG, 200 MG	5	PA NSO; QL (112 per 28 days)
TASIGNA ORAL CAPSULE 50 MG	5	PA NSO; QL (120 per 30 days)
TAZVERIK ORAL TABLET 200 MG	5	PA NSO; QL (240 per 30 days)
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML	5	PA NSO
TEPMETKO ORAL TABLET 225 MG	5	PA NSO; QL (60 per 30 days)
TEVIMBRA INTRAVENOUS SOLUTION 100 MG/10ML	5	PA NSO
TIBSOVO ORAL TABLET 250 MG	5	PA NSO; QL (60 per 30 days)
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG	4	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG	5	PA NSO; QL (5 per 21 days)
<i>toposar intravenous solution 100 mg/5ml</i>	2	
<i>toremifene citrate oral tablet 60 mg</i>	5	
<i>torpenz oral tablet 10 mg</i>	5	PA NSO; QL (60 per 30 days)
<i>torpenz oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	5	PA NSO; QL (30 per 30 days)
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	5	PA NSO
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG	4	PA NSO
<i>tretinoin oral capsule 10 mg</i>	5	
TRUQAP ORAL TABLET 160 MG, 200 MG	5	PA NSO; QL (64 per 28 days)
TRUQAP TABLET THERAPY PACK 160 MG ORAL	5	PA NSO; QL (64 per 28 days)
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	5	PA NSO
TUKYSA ORAL TABLET 150 MG	5	PA NSO; QL (120 per 30 days)
TUKYSA ORAL TABLET 50 MG	5	PA NSO; QL (300 per 30 days)
TURALIO ORAL CAPSULE 125 MG, 200 MG	5	PA NSO; QL (120 per 30 days)
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	5	PA NSO
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
VENCLEXTA ORAL TABLET 10 MG	3	PA NSO; QL (60 per 30 days)
VENCLEXTA ORAL TABLET 100 MG	5	PA NSO; QL (180 per 30 days)
VENCLEXTA ORAL TABLET 50 MG	5	PA NSO; QL (30 per 30 days)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	5	PA NSO
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; QL (56 per 28 days)
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	2	
VITRAKVI ORAL CAPSULE 100 MG	5	PA NSO; QL (60 per 30 days)
VITRAKVI ORAL CAPSULE 25 MG	5	PA NSO; QL (180 per 30 days)
VITRAKVI ORAL SOLUTION 20 MG/ML	5	PA NSO; QL (300 per 30 days)
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	5	PA NSO; QL (30 per 30 days)
VONJO ORAL CAPSULE 100 MG	5	PA NSO; QL (120 per 30 days)
VORANIGO ORAL TABLET 10 MG, 40 MG	5	PA NSO
VYLOY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	PA NSO
WELIREG ORAL TABLET 40 MG	5	PA NSO; QL (90 per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG	5	PA NSO; QL (120 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 150 MG	5	PA NSO; QL (180 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 20 MG	5	PA NSO; QL (240 per 30 days)
XALKORI ORAL CAPSULE SPRINKLE 50 MG	5	PA NSO; QL (120 per 30 days)
XATMEP ORAL SOLUTION 2.5 MG/ML	4	BvD; ST
XOSPATA ORAL TABLET 40 MG	5	PA NSO; QL (90 per 30 days)
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	5	PA NSO; QL (8 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	5	PA NSO; QL (16 per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; QL (4 per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; QL (8 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2022

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	5	PA NSO; QL (4 per 28 days)
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NSO; QL (24 per 28 days)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	5	PA NSO; QL (8 per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	5	PA NSO; QL (32 per 28 days)
XTANDI ORAL CAPSULE 40 MG	5	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 40 MG	5	PA NSO; QL (120 per 30 days)
XTANDI ORAL TABLET 80 MG	5	PA NSO; QL (60 per 30 days)
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML	5	PA NSO
YONSA ORAL TABLET 125 MG	5	PA NSO; QL (120 per 30 days)
ZEJULA ORAL CAPSULE 100 MG	5	PA NSO; QL (90 per 30 days)
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	5	PA NSO; QL (30 per 30 days)
ZELBORAF ORAL TABLET 240 MG	5	PA NSO; QL (240 per 30 days)
ZIIHERA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG	5	PA NSO
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	5	PA NSO
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG	4	PA NSO
ZOLINZA ORAL CAPSULE 100 MG	5	
ZYDELIG ORAL TABLET 100 MG, 150 MG	5	PA NSO; QL (60 per 30 days)
ZYKADIA ORAL TABLET 150 MG	5	PA NSO; QL (84 per 28 days)
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG	5	PA NSO
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML	5	PA NSO; QL (20 per 28 days)
ANTICONVULSANTS		
<i>Anticonvulsants</i>		
APTIOM ORAL TABLET 200 MG, 400 MG	5	ST; QL (30 per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG	5	ST; QL (60 per 30 days)
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML	3	QL (80 per 30 days)
BRIVIACT ORAL SOLUTION 10 MG/ML	3	MO; QL (600 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	3	MO; QL (60 per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	2	MO
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	2	MO
<i>carbamazepine oral suspension 100 mg/5ml</i>	2	MO
<i>carbamazepine oral tablet 200 mg</i>	2	MO
<i>carbamazepine oral tablet chewable 100 mg, 200 mg</i>	2	MO
<i>clobazam oral suspension 2.5 mg/ml</i>	2	MO; QL (480 per 30 days)
<i>clobazam oral tablet 10 mg, 20 mg</i>	2	MO; QL (60 per 30 days)
DIACOMIT ORAL CAPSULE 250 MG	5	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL CAPSULE 500 MG	5	PA NSO; QL (180 per 30 days)
DIACOMIT ORAL PACKET 250 MG	5	PA NSO; QL (360 per 30 days)
DIACOMIT ORAL PACKET 500 MG	5	PA NSO; QL (180 per 30 days)
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	4	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	2	MO
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	2	MO
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	2	MO
EPIDIOLEX ORAL SOLUTION 100 MG/ML	5	PA NSO
<i>epitol oral tablet 200 mg</i>	2	MO
EPRONTIA ORAL SOLUTION 25 MG/ML	4	ST; MO
<i>ethosuximide oral capsule 250 mg</i>	2	MO
<i>ethosuximide oral solution 250 mg/5ml</i>	2	MO
<i>felbamate oral suspension 600 mg/5ml</i>	2	MO
<i>felbamate oral tablet 400 mg, 600 mg</i>	2	MO
FINTEPLA ORAL SOLUTION 2.2 MG/ML	5	PA NSO
<i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	2	
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	5	ST; QL (720 per 30 days)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 8 MG	5	ST; QL (30 per 30 days)
FYCOMPA ORAL TABLET 2 MG	4	ST; MO; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
FYCOMPA ORAL TABLET 4 MG, 6 MG	5	ST; QL (60 per 30 days)
<i>gabapentin oral capsule 100 mg, 300 mg</i>	1	MO; QL (360 per 30 days)
<i>gabapentin oral capsule 400 mg</i>	1	MO; QL (270 per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	2	MO; QL (2160 per 30 days)
<i>gabapentin oral tablet 600 mg</i>	1	MO; QL (180 per 30 days)
<i>gabapentin oral tablet 800 mg</i>	1	MO; QL (120 per 30 days)
<i>lacosamide intravenous solution 200 mg/20ml</i>	2	QL (200 per 5 days)
<i>lacosamide oral solution 10 mg/ml</i>	2	MO; QL (1200 per 30 days)
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	2	MO; QL (60 per 30 days)
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	2	MO
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	2	MO
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	2	MO
<i>levetiracetam intravenous solution 500 mg/5ml</i>	2	
<i>levetiracetam oral solution 100 mg/ml</i>	2	MO
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	2	MO
<i>levetiracetam oral tablet disintegrating soluble 250 mg</i>	2	ST; MO
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	4	QL (10 per 30 days)
<i>methsuximide oral capsule 300 mg</i>	2	MO
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	4	QL (10 per 30 days)
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	2	MO
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	2	MO
<i>phenobarbital oral elixir 20 mg/5ml</i>	2	MO
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	2	MO
<i>phenytek oral capsule 200 mg, 300 mg</i>	4	MO
<i>phenytoin oral suspension 125 mg/5ml</i>	1	MO
<i>phenytoin oral tablet chewable 50 mg</i>	1	MO
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	2	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin sodium injection solution 50 mg/ml</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	2	MO; QL (90 per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	2	MO; QL (60 per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	2	MO; QL (900 per 30 days)
<i>primidone oral tablet 125 mg</i>	2	MO
<i>primidone oral tablet 250 mg, 50 mg</i>	1	MO
<i>rufinamide oral suspension 40 mg/ml</i>	5	ST
<i>rufinamide oral tablet 200 mg</i>	2	ST; MO
<i>rufinamide oral tablet 400 mg</i>	5	ST
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	5	BvD
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG	4	ST; MO
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	MO
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	5	PA NSO; QL (60 per 30 days)
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	2	MO
<i>topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg</i>	2	MO
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>valproate sodium intravenous solution 100 mg/ml</i>	2	
<i>valproic acid oral capsule 250 mg</i>	2	MO
<i>valproic acid oral solution 250 mg/5ml</i>	2	MO
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	5	QL (10 per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	5	QL (10 per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	5	QL (10 per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	5	QL (10 per 30 days)
<i>vigabatrin oral packet 500 mg</i>	5	PA NSO; QL (180 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin oral tablet 500 mg</i>	5	PA NSO; QL (180 per 30 days)
<i>vigadrone oral packet 500 mg</i>	5	PA NSO; QL (180 per 30 days)
<i>vigadrone oral tablet 500 mg</i>	5	PA NSO; QL (180 per 30 days)
<i>vigpoder oral packet 500 mg</i>	5	PA NSO; QL (180 per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	4	ST; MO; QL (56 per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	4	ST; MO; QL (56 per 28 days)
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	4	ST; MO; QL (30 per 30 days)
XCOPRI ORAL TABLET 150 MG, 200 MG	4	ST; MO; QL (60 per 30 days)
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	4	ST
ZONISADE ORAL SUSPENSION 100 MG/5ML	4	MO
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	MO
ZTALMY ORAL SUSPENSION 50 MG/ML	5	PA NSO; QL (1080 per 30 days)
ANTIDEMENTIA AGENTS		
<i>Antidementia Agents</i>		
<i>donepezil hcl oral tablet 10 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>donepezil hcl oral tablet 23 mg</i>	2	MO; QL (30 per 30 days)
<i>donepezil hcl oral tablet dispersible 10 mg</i>	1	MO
<i>donepezil hcl oral tablet dispersible 5 mg</i>	1	MO; QL (30 per 30 days)
<i>ergoloid mesylates oral tablet 1 mg</i>	2	MO
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	2	MO; QL (30 per 30 days)
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	2	MO; QL (200 per 30 days)
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	2	MO; QL (60 per 30 days)
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	2	ST; MO; QL (30 per 30 days)
<i>memantine hcl oral solution 2 mg/ml</i>	2	MO; QL (300 per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	2	MO; QL (60 per 30 days)
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	2	MO
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	2	MO; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ANTIDEPRESSANTS		
Antidepressants		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	2	MO
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	5	ST
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	MO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	MO
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	MO
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	2	MO
<i>citalopram hydrobromide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>citalopram hydrobromide oral tablet 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	4	MO
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	4	MO
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	2	MO; QL (30 per 30 days)
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	2	MO
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	MO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 60 MG	4	ST; MO; QL (60 per 30 days)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 40 MG	4	ST; MO; QL (30 per 30 days)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	1	MO; QL (60 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	5	ST; QL (30 per 30 days)
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	2	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	MO
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG	4	ST; MO; QL (30 per 30 days)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	4	ST
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	MO
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	2	MO
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	MO
MARPLAN ORAL TABLET 10 MG	4	MO
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	MO
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	2	MO
NEFAZODONE HCL ORAL TABLET 100 MG	2	MO
<i>nefazodone hcl oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	MO
<i>nefazodone hcl tablet 100 mg oral</i>	2	MO
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	MO
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	4	MO
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	4	MO
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	4	MO
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	MO
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	2	MO
<i>phenelzine sulfate oral tablet 15 mg</i>	2	MO
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	4	MO
RALDESY ORAL SOLUTION 10 MG/ML	5	PA NSO; QL (1200 per 30 days)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	2	MO
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	5	PA NSO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE	5	PA NSO
<i>tranylcypromine sulfate oral tablet 10 mg</i>	4	MO
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	MO
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	4	MO
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	3	MO; QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	MO; QL (30 per 30 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	1	MO; QL (90 per 30 days)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	MO
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	2	MO; QL (30 per 30 days)
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	5	PA NSO; QL (28 per 14 days)
ZURZUVAE ORAL CAPSULE 30 MG	5	PA NSO; QL (14 per 14 days)
ANTIDIABETIC AGENTS		
<i>Antidiabetic Agents, Miscellaneous</i>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	2	MO
FARXIGA ORAL TABLET 10 MG, 5 MG	3	MO; QL (30 per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	3	MO; QL (30 per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	3	MO; QL (30 per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	3	MO; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	3	MO; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG	3	MO; QL (30 per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	3	MO; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	3	MO; QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	3	MO; QL (30 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg</i>	1	MO; QL (120 per 30 days)
<i>metformin hcl er oral tablet extended release 24 hour 750 mg</i>	1	MO; QL (60 per 30 days)
<i>metformin hcl oral solution 500 mg/5ml</i>	4	MO; QL (765 per 30 days)
<i>metformin hcl oral tablet 1000 mg</i>	1	MO; QL (75 per 30 days)
<i>metformin hcl oral tablet 500 mg</i>	1	MO; QL (150 per 30 days)
<i>metformin hcl oral tablet 750 mg</i>	1	MO; QL (60 per 30 days)
<i>metformin hcl oral tablet 850 mg</i>	1	MO; QL (90 per 30 days)
<i>mifepristone oral tablet 300 mg</i>	5	PA; QL (112 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	3	PA; MO; QL (2 per 28 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML	3	PA; QL (2 per 28 days)
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	MO; QL (90 per 30 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN- INJECTOR 2 MG/1.5ML, 2 MG/3ML	3	PA; MO; QL (3 per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/1.5ML, 4 MG/3ML	3	PA; MO; QL (3 per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	3	PA; MO; QL (3 per 28 days)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	MO; QL (30 per 30 days)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	MO; QL (90 per 30 days)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	MO; QL (120 per 30 days)
<i>repaglinide oral tablet 2 mg</i>	1	MO; QL (240 per 30 days)
RYBELSUS (FORMULATION R2) ORAL TABLET 1.5 MG, 4 MG, 9 MG	3	PA; MO; QL (30 per 30 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	3	PA; MO; QL (30 per 30 days)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG	3	MO; QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	3	MO; QL (30 per 30 days)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	3	MO; QL (60 per 30 days)
TRADJENTA ORAL TABLET 5 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	3	MO; QL (30 per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	3	MO; QL (60 per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	3	PA; MO; QL (2 per 28 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	3	MO; QL (30 per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	3	MO; QL (60 per 30 days)
Insulins		
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO; max \$35 copay per month supply; QL (30 per 28 days)
FIASP INJECTION SOLUTION 100 UNIT/ML	3	MO; max \$35 copay per month supply; QL (40 per 28 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	3	MO; max \$35 copay per month supply; QL (30 per 28 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML	3	MO; max \$35 copay per month supply; QL (40 per 28 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	3	MO; max \$35 copay per month supply; QL (24 per 28 days)
<i>insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml</i>	2	MO; max \$35 copay per month supply; QL (30 per 28 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	MO; max \$35 copay per month supply; QL (30 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	2	MO; max \$35 copay per month supply; QL (40 per 28 days)
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	2	MO; max \$35 copay per month supply; QL (30 per 28 days)
<i>insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml</i>	2	MO; max \$35 copay per month supply; QL (40 per 28 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO; max \$35 copay per month supply
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO; max \$35 copay per month supply
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	3	MO; max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN 70/30 RELION SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	3	MO; max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	3	MO; max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	3	MO; max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN N RELION SUSPENSION 100 UNIT/ML SUBCUTANEOUS	3	MO; max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	3	MO; max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO; max \$35 copay per month supply; QL (30 per 28 days)
NOVOLIN R INJECTION SOLUTION 100 UNIT/ML	3	MO; max \$35 copay per month supply; QL (40 per 28 days)
NOVOLIN R RELION SOLUTION 100 UNIT/ML INJECTION	3	MO; max \$35 copay per month supply; QL (40 per 28 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO; max \$35 copay per month supply
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	3	MO; max \$35 copay per month supply; QL (30 per 28 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	3	MO; max \$35 copay per month supply; QL (30 per 30 days)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	MO; max \$35 copay per month supply

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	MO; max \$35 copay per month supply
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	MO; max \$35 copay per month supply
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	MO; max \$35 copay per month supply
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	3	MO; max \$35 copay per month supply; QL (15 per 28 days)
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg</i>	1	MO; QL (30 per 30 days)
<i>glimepiride oral tablet 4 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 10 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>glipizide oral tablet 10 mg</i>	1	MO; QL (120 per 30 days)
<i>glipizide oral tablet 2.5 mg</i>	1	MO; QL (60 per 30 days)
<i>glipizide oral tablet 5 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1	MO; QL (240 per 30 days)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1	MO; QL (120 per 30 days)
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	MO
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	MO
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	MO
ANTIFUNGALS		
Antifungals		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML	4	BvD
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	2	BvD
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	5	BvD
<i>ciclopirox external solution 8 %</i>	1	QL (19.8 per 30 days)
<i>ciclopirox olamine external cream 0.77 %</i>	1	QL (180 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>ciclopirox olamine external suspension 0.77 %</i>	4	QL (180 per 30 days)
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	2	
<i>clotrimazole mouth/throat troche 10 mg</i>	2	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	QL (90 per 30 days)
<i>econazole nitrate external cream 1 %</i>	2	QL (170 per 30 days)
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	2	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	2	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	5	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	2	
<i>griseofulvin microsize oral tablet 500 mg</i>	4	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	4	
GRISEOFULVIN ULTRAMICROSIZE ORAL TABLET 165 MG	4	
<i>itraconazole oral capsule 100 mg</i>	2	
<i>ketoconazole external cream 2 %</i>	2	QL (180 per 30 days)
<i>ketoconazole external shampoo 2 %</i>	1	QL (360 per 30 days)
<i>ketoconazole oral tablet 200 mg</i>	1	
<i>miconazole sodium intravenous solution reconstituted 100 mg, 50 mg</i>	2	
MICONAZOLE 3 VAGINAL SUPPOSITORY 200 MG	2	
<i>nyamyc external powder 100000 unit/gm</i>	2	QL (60 per 30 days)
<i>nystatin external cream 100000 unit/gm</i>	1	QL (60 per 30 days)
<i>nystatin external ointment 100000 unit/gm</i>	1	QL (60 per 30 days)
<i>nystatin external powder 100000 unit/gm</i>	2	QL (60 per 30 days)
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	2	
<i>nystatin oral tablet 500000 unit</i>	2	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	2	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>nystop external powder 100000 unit/gm</i>	2	QL (60 per 30 days)
<i>posaconazole oral tablet delayed release 100 mg</i>	5	PA
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<i>voriconazole intravenous solution reconstituted 200 mg</i>	5	BvD
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	5	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	4	
ANTIGOUT AGENTS		
<i>Antigout Agents, Other</i>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	MO
<i>colchicine oral capsule 0.6 mg</i>	2	QL (60 per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	2	QL (120 per 30 days)
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	2	MO
<i>febuxostat oral tablet 40 mg, 80 mg</i>	4	ST; MO; QL (30 per 30 days)
<i>probenecid oral tablet 500 mg</i>	2	MO
ANTI-HISTAMINES		
<i>Antihistamines</i>		
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
ANTI-INFECTIVES (SKIN AND MUCOUS MEMBRANE)		
<i>Anti-Infectives (Skin And Mucous Membrane)</i>		
<i>clindamycin phosphate vaginal cream 2 %</i>	4	
<i>metronidazole vaginal gel 0.75 %</i>	4	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	2	
<i>terconazole vaginal suppository 80 mg</i>	4	
ANTIMIGRAINE AGENTS		
<i>Antimigraine Agents</i>		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML	3	PA; MO; QL (1.5 per 30 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML	3	PA; MO; QL (1.5 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	5	ST; QL (8 per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	3	PA; MO; QL (3 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	3	PA; MO; QL (2 per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	3	PA; MO; QL (2 per 30 days)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	2	QL (9 per 30 days)
NURTEC ORAL TABLET DISPERSIBLE 75 MG	3	PA; QL (18 per 30 days)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	3	PA; MO; QL (30 per 30 days)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (18 per 30 days)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	2	QL (18 per 30 days)
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	2	QL (12 per 30 days)
<i>sumatriptan succinate oral tablet 100 mg</i>	1	QL (9 per 30 days)
<i>sumatriptan succinate oral tablet 25 mg, 50 mg</i>	1	QL (18 per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge 6 mg/0.5ml</i>	4	QL (4 per 28 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml subcutaneous</i>	2	QL (4 per 28 days)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	2	QL (5 per 28 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	4	QL (4 per 28 days)
UBRELVY ORAL TABLET 100 MG, 50 MG	3	PA; QL (16 per 30 days)
ANTIMYCOBACTERIALS		
<i>Antimycobacterials</i>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	2	MO
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	2	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	MO
PRIFTIN ORAL TABLET 150 MG	4	
<i>pyrazinamide oral tablet 500 mg</i>	2	
<i>rifabutin oral capsule 150 mg</i>	4	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>rifampin intravenous solution reconstituted 600 mg</i>	2	
<i>rifampin oral capsule 150 mg, 300 mg</i>	2	
SIRTURO ORAL TABLET 100 MG, 20 MG	5	PA
TRECATOR ORAL TABLET 250 MG	4	
ANTINAUSEA AGENTS		
<i>Antinausea Agents</i>		
<i>aprepitant oral capsule 125 mg</i>	2	BvD; QL (2 per 28 days)
<i>aprepitant oral capsule 40 mg</i>	2	BvD; QL (1 per 28 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	2	BvD
<i>aprepitant oral capsule 80 mg</i>	2	BvD; QL (4 per 28 days)
<i>compro rectal suppository 25 mg</i>	2	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	4	PA; QL (60 per 30 days)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	1	
<i>ondansetron hcl oral tablet 24 mg</i>	4	BvD
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	BvD
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	2	BvD
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	MO
<i>prochlorperazine rectal suppository 25 mg</i>	2	
<i>promethazine hcl injection solution 25 mg/ml</i>	2	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 25 mg</i>	2	
<i>promethegan rectal suppository 12.5 mg, 25 mg</i>	2	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	4	QL (10 per 30 days)
ANTIPARASITE AGENTS		
<i>Antiparasite Agents</i>		
<i>albendazole oral tablet 200 mg</i>	5	
<i>atovaquone oral suspension 750 mg/5ml</i>	2	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	2	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	2	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
COARTEM ORAL TABLET 20-120 MG	4	
<i>hydroxychloroquine sulfate oral tablet 100 mg</i>	2	MO; QL (180 per 30 days)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	2	MO; QL (90 per 30 days)
<i>hydroxychloroquine sulfate oral tablet 300 mg, 400 mg</i>	2	MO; QL (60 per 30 days)
IMPAVIDO ORAL CAPSULE 50 MG	5	PA; QL (84 per 28 days)
<i>ivermectin oral tablet 3 mg, 6 mg</i>	2	
<i>mefloquine hcl oral tablet 250 mg</i>	2	MO
<i>nitazoxanide oral tablet 500 mg</i>	5	QL (60 per 30 days)
<i>paromomycin sulfate oral capsule 250 mg</i>	2	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	2	BvD
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	2	
<i>praziquantel oral tablet 600 mg</i>	2	
PRIMAQUINE PHOSPHATE ORAL TABLET 26.3 (15 BASE) MG	4	
<i>pyrimethamine oral tablet 25 mg</i>	5	PA
<i>quinine sulfate oral capsule 324 mg</i>	2	PA
<i>tinidazole oral tablet 250 mg, 500 mg</i>	2	
ANTIPARKINSONIAN AGENTS		
<i>Antiparkinsonian Agents</i>		
<i>amantadine hcl oral capsule 100 mg</i>	2	MO
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	MO
<i>amantadine hcl oral tablet 100 mg</i>	2	MO
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	2	MO
<i>cabergoline oral tablet 0.5 mg</i>	2	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	2	MO
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	MO
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg</i>	2	MO
<i>carbidopa-levodopa oral tablet dispersible 25-100 mg, 25-250 mg</i>	4	MO
<i>entacapone oral tablet 200 mg</i>	2	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
KYNMOBI SUBLINGUAL FILM 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA; QL (150 per 30 days)
KYNMOBI TITRATION KIT SUBLINGUAL KIT 10&15&20&25&30 MG	5	PA
ONAPGO SUBCUTANEOUS SOLUTION CARTRIDGE 98 MG/20ML	5	PA; QL (30 per 30 days)
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	MO
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	4	MO
<i>ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg</i>	2	MO
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	MO
<i>selegiline hcl oral capsule 5 mg</i>	2	MO
<i>selegiline hcl oral tablet 5 mg</i>	4	MO
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	MO
VYALEV SUBCUTANEOUS SOLUTION 12-240 MG/ML	5	PA; QL (560 per 28 days)
ANTIPSYCHOTIC AGENTS		
<i>Antipsychotic Agents</i>		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	5	QL (2.4 per 42 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	5	QL (3.2 per 42 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	5	QL (1 per 26 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	5	QL (1 per 26 days)
<i>aripiprazole oral solution 1 mg/ml</i>	2	MO
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	2	MO
<i>aripiprazole oral tablet dispersible 10 mg</i>	4	ST; MO; QL (90 per 30 days)
<i>aripiprazole oral tablet dispersible 15 mg</i>	4	ST; MO; QL (60 per 30 days)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	5	QL (4.8 per 365 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	5	QL (3.9 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	5	QL (1.6 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	5	QL (2.4 per 14 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	5	QL (3.2 per 14 days)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	4	MO; QL (60 per 30 days)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	5	ST; QL (30 per 30 days)
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	2	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	2	MO
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	4	MO
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	2	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 25 mg</i>	4	ST; QL (90 per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	4	ST; QL (180 per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	4	ST; QL (120 per 30 days)
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	5	ST; QL (60 per 30 days)
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	5	ST
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	5	QL (2.25 per 21 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	5	QL (0.25 per 21 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 per 21 days)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	5	ST; QL (60 per 30 days)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG	4	ST
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	2	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	2	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	2	MO
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	2	MO
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	4	MO
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)</i>	2	
<i>haloperidol lactate injection solution 5 mg/ml</i>	2	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	MO
<i>haloperidol lactate solution 5 mg/ml injection</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	2	MO
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	5	QL (3.5 per 166 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	5	QL (5 per 166 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	5	QL (0.75 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	5	QL (1 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	5	QL (1.5 per 21 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	3	QL (0.25 per 21 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	5	QL (0.5 per 21 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	5	QL (0.88 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	5	QL (1.32 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	5	QL (1.75 per 70 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	5	QL (2.63 per 70 days)
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	2	MO
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	2	MO; QL (30 per 30 days)
<i>lurasidone hcl oral tablet 80 mg</i>	2	MO; QL (60 per 30 days)
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	5	PA NSO; QL (30 per 30 days)
<i>molindone hcl oral tablet 10 mg</i>	2	MO; QL (240 per 30 days)
<i>molindone hcl oral tablet 25 mg</i>	2	MO; QL (270 per 30 days)
<i>molindone hcl oral tablet 5 mg</i>	5	QL (120 per 30 days)
NUPLAZID ORAL CAPSULE 34 MG	5	PA NSO; QL (30 per 30 days)
NUPLAZID ORAL TABLET 10 MG	5	PA NSO; QL (30 per 30 days)
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	2	QL (30 per 30 days)
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	2	MO
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	2	MO
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	4	MO; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	4	MO; QL (60 per 30 days)
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	2	MO
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG	5	QL (1 per 30 days)
<i>pimozide oral tablet 1 mg, 2 mg</i>	2	MO
<i>prochlorperazine edisylate solution 10 mg/2ml injection</i>	1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	2	MO
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	2	MO
<i>quetiapine fumarate oral tablet 150 mg</i>	2	MO; QL (30 per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG	5	ST; QL (30 per 30 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg</i>	2	QL (2 per 28 days)
<i>risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg</i>	5	QL (2 per 28 days)
<i>risperidone oral solution 1 mg/ml</i>	2	MO
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	MO
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	4	MO
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG	5	QL (2 per 28 days)
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	5	ST; QL (30 per 30 days)
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	2	MO
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	2	MO
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	2	MO
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	5	QL (0.28 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	5	QL (0.35 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	5	QL (0.42 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	5	QL (0.56 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	5	QL (0.7 per 56 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	5	QL (0.14 per 28 days)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	5	QL (0.21 per 28 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML	5	ST; QL (540 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG	5	ST; QL (30 per 30 days)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG	4	ST
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	2	MO
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	2	QL (6 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	4	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	5	QL (2 per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	5	QL (1 per 28 days)
ANTIVIRALS (SYSTEMIC)		
<i>Antiretrovirals</i>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	2	MO
<i>abacavir sulfate oral tablet 300 mg</i>	2	MO
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	2	MO
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML	5	QL (24 per 365 days)
APTIVUS ORAL CAPSULE 250 MG	5	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	2	MO
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	5	QL (30 per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML	5	
CIMDUO ORAL TABLET 300-300 MG	5	
COMPLERA ORAL TABLET 200-25-300 MG	5	
<i>darunavir oral tablet 600 mg, 800 mg</i>	5	
DELSTRIGO ORAL TABLET 100-300-300 MG	5	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	5	
DOVATO ORAL TABLET 50-300 MG	5	
EDURANT ORAL TABLET 25 MG	5	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	2	MO
<i>efavirenz oral tablet 600 mg</i>	2	MO
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	5	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	5	
<i>emtricitabine oral capsule 200 mg</i>	2	MO
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	5	
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	2	MO
EMTRIVA ORAL SOLUTION 10 MG/ML	4	MO
EPIVIR HBV ORAL SOLUTION 5 MG/ML	4	MO
<i>etravirine oral tablet 100 mg, 200 mg</i>	5	
EVOTAZ ORAL TABLET 300-150 MG	5	
<i>fosamprenavir calcium oral tablet 700 mg</i>	5	
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG	5	
GENVOYA ORAL TABLET 150-150-200-10 MG	5	
INTELENCE ORAL TABLET 25 MG	4	MO
ISENTRESS HD ORAL TABLET 600 MG	5	
ISENTRESS ORAL PACKET 100 MG	5	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ISENTRESS ORAL TABLET 400 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 100 MG	5	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	3	MO
JULUCA ORAL TABLET 50-25 MG	5	
<i>lamivudine oral solution 10 mg/ml</i>	2	MO
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	2	MO
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	2	MO
LEXIVA ORAL SUSPENSION 50 MG/ML	4	MO
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	2	MO; QL (480 per 30 days)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	2	MO; QL (300 per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	2	MO; QL (120 per 30 days)
<i>maraviroc oral tablet 150 mg, 300 mg</i>	5	
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	2	MO; QL (90 per 30 days)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	2	MO; QL (30 per 30 days)
<i>nevirapine oral suspension 50 mg/5ml</i>	2	MO; QL (1200 per 30 days)
<i>nevirapine oral tablet 200 mg</i>	2	MO; QL (60 per 30 days)
NORVIR ORAL PACKET 100 MG	4	MO
NORVIR ORAL SOLUTION 80 MG/ML	4	MO
ODEFSEY ORAL TABLET 200-25-25 MG	5	
PIFELTRO ORAL TABLET 100 MG	5	
PREZCOBIX ORAL TABLET 800-150 MG	5	
PREZISTA ORAL SUSPENSION 100 MG/ML	5	
PREZISTA ORAL TABLET 150 MG, 75 MG	5	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML	4	
REYATAZ ORAL PACKET 50 MG	5	
<i>ritonavir oral tablet 100 mg</i>	2	MO
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	5	
SELZENTRY ORAL SOLUTION 20 MG/ML	5	
SELZENTRY ORAL TABLET 25 MG	3	MO
SELZENTRY ORAL TABLET 75 MG	5	
STRIBILD ORAL TABLET 150-150-200-300 MG	5	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	5	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML	5	BvD
SYMTUZA ORAL TABLET 800-150-200-10 MG	5	
TEMIXYS ORAL TABLET 300-300 MG	5	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	2	MO
TIVICAY ORAL TABLET 10 MG	4	MO
TIVICAY ORAL TABLET 25 MG, 50 MG	5	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	5	
TRIUMEQ ORAL TABLET 600-50-300 MG	5	QL (30 per 30 days)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG	4	MO
TRIZIVIR ORAL TABLET 300-150-300 MG	5	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	5	
VEMLIDY ORAL TABLET 25 MG	5	ST; QL (30 per 30 days)
VIRACEPT ORAL TABLET 250 MG, 625 MG	5	
VIREAD ORAL POWDER 40 MG/GM	5	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	5	
VOCABRIA ORAL TABLET 30 MG	4	MO
<i>zidovudine oral capsule 100 mg</i>	2	MO
<i>zidovudine oral syrup 50 mg/5ml</i>	2	MO
<i>zidovudine oral tablet 300 mg</i>	2	MO
Antivirals, Miscellaneous		
LIVTENCITY ORAL TABLET 200 MG	5	PA
<i>oseltamivir phosphate oral capsule 30 mg</i>	2	QL (84 per 180 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	2	QL (48 per 180 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	2	QL (42 per 180 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	2	QL (540 per 180 days)
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	2	QL (20 per 5 days)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	2	QL (30 per 5 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
PREVYMIS ORAL TABLET 240 MG, 480 MG	5	PA; QL (28 per 28 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	4	QL (60 per 180 days)
Hcv Antivirals		
EPCLUSA ORAL PACKET 150-37.5 MG	5	PA; QL (28 per 28 days)
EPCLUSA ORAL PACKET 200-50 MG	5	PA; QL (56 per 28 days)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	5	PA; QL (28 per 28 days)
HARVONI ORAL PACKET 33.75-150 MG	5	PA; QL (28 per 28 days)
HARVONI ORAL PACKET 45-200 MG	5	PA; QL (56 per 28 days)
HARVONI ORAL TABLET 45-200 MG, 90-400 MG	5	PA; QL (28 per 28 days)
VOSEVI ORAL TABLET 400-100-100 MG	5	PA; QL (28 per 28 days)
Interferons		
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT	5	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	5	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	5	PA
Nucleosides And Nucleotides		
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5ml	4	
acyclovir oral tablet 400 mg, 800 mg	1	
acyclovir sodium intravenous solution 50 mg/ml	2	BvD
adefovir dipivoxil oral tablet 10 mg	2	MO
entecavir oral tablet 0.5 mg, 1 mg	2	MO
famciclovir oral tablet 125 mg, 250 mg, 500 mg	2	
ribavirin oral tablet 200 mg	2	
valacyclovir hcl oral tablet 1 gm, 500 mg	2	
valganciclovir hcl oral solution reconstituted 50 mg/ml	5	
valganciclovir hcl oral tablet 450 mg	2	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
BLOOD PRODUCTS/MODIFIERS/VOLUME EXPANDERS		
Anticoagulants		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	2	MO; QL (60 per 30 days)
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	3	
ELIQUIS ORAL TABLET 2.5 MG	3	MO; QL (60 per 30 days)
ELIQUIS ORAL TABLET 5 MG	3	MO; QL (74 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 150 mg/ml</i>	2	QL (60 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 120 mg/0.8ml, 80 mg/0.8ml</i>	2	QL (48 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 30 mg/0.3ml</i>	2	QL (18 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 40 mg/0.4ml</i>	2	QL (24 per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe 60 mg/0.6ml</i>	2	QL (36 per 30 days)
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml</i>	5	QL (24 per 30 days)
<i>fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml</i>	2	QL (15 per 30 days)
<i>fondaparinux sodium subcutaneous solution 5 mg/0.4ml</i>	5	QL (12 per 30 days)
<i>fondaparinux sodium subcutaneous solution 7.5 mg/0.6ml</i>	5	QL (18 per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	2	
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	MO
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML	3	MO; QL (600 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
XARELTO ORAL TABLET 10 MG, 20 MG	3	MO; QL (30 per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG	3	MO; QL (60 per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	3	
Blood Formation Modifiers		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG	5	PA; QL (60 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	5	PA; QL (30 per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	5	PA; QL (20 per 30 days)
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML	5	PA
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML	5	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	5	PA
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	5	PA
PROMACTA ORAL PACKET 12.5 MG	5	PA; QL (90 per 30 days)
PROMACTA ORAL PACKET 25 MG	5	PA; QL (180 per 30 days)
PROMACTA ORAL TABLET 12.5 MG	5	PA; QL (90 per 30 days)
PROMACTA ORAL TABLET 25 MG	5	PA; QL (30 per 30 days)
PROMACTA ORAL TABLET 50 MG, 75 MG	5	PA; QL (60 per 30 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 10000 UNIT/ML(1ML), 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	3	PA; QL (12 per 28 days)
RETACRIT INJECTION SOLUTION 40000 UNIT/ML	3	PA; QL (4 per 28 days)
Hematologic Agents, Miscellaneous		
anagrelide hcl oral capsule 0.5 mg, 1 mg	2	MO
tranexamic acid oral tablet 650 mg	2	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	2	MO
BRILINTA ORAL TABLET 60 MG, 90 MG	3	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	MO
<i>clopidogrel bisulfate oral tablet 75 mg</i>	1	MO
<i>dipyridamole oral tablet 50 mg, 75 mg</i>	2	MO
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	MO
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
CALORIC AGENTS		
<i>Caloric Agents</i>		
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	4	BvD
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	4	BvD
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	4	BvD
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	4	BvD
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	4	BvD
<i>dextrose intravenous solution 5 %</i>	2	
PROCALAMINE INTRAVENOUS SOLUTION 3 %	4	BvD
CARDIOVASCULAR AGENTS		
<i>Alpha-Adrenergic Agents</i>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	MO
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	2	MO
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	MO
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	5	PA; QL (180 per 30 days)
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	2	MO
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	2	MO
<i>Angiotensin Ii Receptor Antagonists</i>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	MO
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	3	MO; QL (240 per 30 days)
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG	3	MO; QL (60 per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	MO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	MO
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	MO
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	MO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	MO
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	MO
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	MO
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	MO
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	MO
Angiotensin-Converting Enzyme Inhibitors		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	MO
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	MO
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.
Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	MO
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	MO
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	MO
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	MO
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	MO
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	MO
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	MO
Antiarrhythmic Agents		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	2	MO
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	2	MO
MULTAQ ORAL TABLET 400 MG	3	MO
<i>pacerone oral tablet 100 mg, 200 mg, 400 mg</i>	2	MO
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	2	MO
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	2	MO
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	2	MO
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	MO
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	MO
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	MO
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	MO
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	MO
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	MO
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	MO
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	MO
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	2	MO
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	MO
<i>sorine oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	MO
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	MO
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	4	MO
Calcium-Channel Blocking Agents		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 360 mg, 420 mg</i>	2	MO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	MO
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	4	MO
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	MO
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	MO
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	MO
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	2	MO
VERAPAMIL HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG	4	MO
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	MO
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	MO
Cardiovascular Agents, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5ML	3	MO; QL (600 per 30 days)
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	MO
<i>epinephrine injection solution 0.3 mg/0.3ml</i>	3	QL (4 per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	3	QL (4 per 30 days)
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	QL (4 per 30 days)
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	MO
<i>icatibant acetate subcutaneous solution 30 mg/3ml</i>	5	PA; QL (18 per 30 days)
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	5	PA; QL (18 per 30 days)
<i>ivabradine hcl oral tablet 5 mg, 7.5 mg</i>	3	MO; QL (60 per 30 days)
<i>metirosine oral capsule 250 mg</i>	5	
<i>ranolazine er oral tablet extended release 12 hour 1000 mg</i>	2	MO; QL (60 per 30 days)
<i>ranolazine er oral tablet extended release 12 hour 500 mg</i>	2	MO; QL (120 per 30 days)
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	4	PA; MO; QL (30 per 30 days)
Dihydropyridines		
<i>amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	MO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	MO
<i>amlodipine-valsartan-hctz oral tablet 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	2	MO
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	2	MO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	MO
Diuretics		
<i>amiloride hcl oral tablet 5 mg</i>	1	MO
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	MO
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	MO
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	MO
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	MO
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	MO
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	MO
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	MO
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	MO
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	2	MO
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	MO
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	MO
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	MO
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	MO
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	MO
Dyslipidemics		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg</i>	1	MO
<i>amlodipine-atorvastatin oral tablet 10-20 mg, 10-40 mg, 10-80 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	MO; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
<i>cholestyramine light oral packet 4 gm</i>	2	MO
<i>cholestyramine oral packet 4 gm</i>	2	MO
<i>colesevelam hcl oral packet 3.75 gm</i>	4	MO
<i>colesevelam hcl oral tablet 625 mg</i>	2	MO
<i>colestipol hcl oral packet 5 gm</i>	2	MO
<i>colestipol hcl oral tablet 1 gm</i>	2	MO
<i>ezetimibe oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	MO; QL (30 per 30 days)
<i>fenofibrate capsule 134 mg oral</i>	2	MO
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	2	MO
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	1	MO
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	1	MO
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	MO; QL (60 per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	1	MO
<i>icosapent ethyl oral capsule 0.5 gm</i>	2	MO; QL (240 per 30 days)
<i>icosapent ethyl oral capsule 1 gm</i>	2	MO; QL (120 per 30 days)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	MO
NEXLETOL ORAL TABLET 180 MG	3	ST; MO; QL (30 per 30 days)
NEXLIZET ORAL TABLET 180-10 MG	3	ST; MO; QL (30 per 30 days)
NIACIN (ANTIHYPERLIPIDEMIC) ORAL TABLET 500 MG	4	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	2	MO
NIACOR ORAL TABLET 500 MG	4	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	2	ST; MO; QL (120 per 30 days)
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	2	MO; QL (30 per 30 days)
<i>pravastatin sodium oral tablet 10 mg, 80 mg</i>	1	MO
<i>pravastatin sodium oral tablet 20 mg, 40 mg</i>	1	MO; QL (30 per 30 days)
<i>prevalite oral packet 4 gm</i>	2	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML	3	ST; MO; QL (7 per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	3	ST; MO; QL (6 per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	3	ST; MO; QL (6 per 28 days)
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	MO; QL (30 per 30 days)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	1	MO; QL (30 per 30 days)
Renin-Angiotensin-Aldosterone System Inhibitors		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	2	MO
<i>eplerenone oral tablet 25 mg, 50 mg</i>	2	MO
KERENDIA ORAL TABLET 10 MG, 20 MG	3	PA; MO; QL (30 per 30 days)
Vasodilators		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	2	MO
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	MO
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	MO
<i>minitran transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	MO
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	MO
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	MO
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	2	MO
CENTRAL NERVOUS SYSTEM AGENTS		
Central Nervous System Agents		
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	2	MO; QL (30 per 30 days)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	2	MO; QL (60 per 30 days)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	2	MO; QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	2	MO; QL (60 per 30 days)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	2	MO; QL (30 per 30 days)
AUSTEDO ORAL TABLET 12 MG, 9 MG	5	PA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG	5	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	5	PA; QL (90 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 24 MG	5	PA; QL (60 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG	5	PA; QL (30 per 30 days)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	5	PA; QL (210 per 30 days)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG, 6 & 12 & 24 MG	5	PA
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML	5	PA; QL (1 per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML	5	PA; QL (1 per 28 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG	5	PA; QL (15 per 30 days)
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	5	PA; QL (14 per 7 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	5	PA; QL (60 per 30 days)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	5	PA
<i> fingolimod hcl oral capsule 0.5 mg</i>	5	PA; QL (30 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	5	PA; QL (30 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	5	PA; QL (12 per 28 days)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	2	MO
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG	5	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG	5	PA; QL (30 per 30 days)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG	5	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	5	PA; QL (1.2 per 28 days)
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	MO
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1	MO
LITHIUM CARBONATE ORAL CAPSULE 600 MG	1	MO
<i>lithium carbonate oral tablet 300 mg</i>	1	MO
<i>lithium oral solution 8 meq/5ml</i>	2	MO
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK 10 MG	5	PA
MAYZENT ORAL TABLET 0.25 MG	5	PA; QL (112 per 28 days)
MAYZENT ORAL TABLET 1 MG, 2 MG	5	PA; QL (30 per 30 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG	5	PA
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG	3	PA

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	2	MO; QL (900 per 30 days)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	2	MO; QL (90 per 30 days)
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML	5	PA; QL (20 per 180 days)
OCREVUS ZUNOVO SUBCUTANEOUS SOLUTION 920-23000 MG-UT/23ML	5	PA; QL (23 per 180 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML	5	PA
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML	5	PA
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML	5	PA; QL (1 per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML	5	PA; QL (1 per 28 days)
<i>riluzole oral tablet 50 mg</i>	2	MO
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG	3	MO; QL (60 per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG	3	
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	5	PA; QL (112 per 28 days)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG	5	PA; QL (120 per 30 days)

CONTRACEPTIVES

Contraceptives

<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	MO
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	MO
<i>amethyst oral tablet 90-20 mcg</i>	1	MO
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	MO
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	MO
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	MO
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	MO
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	MO
<i>camila oral tablet 0.35 mg</i>	1	MO
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>cyclafem 1/35 oral tablet 1-35 mg-mcg</i>	2	MO
<i>cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	MO
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>dasetta 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	MO
<i>deblitane oral tablet 0.35 mg</i>	1	MO
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	MO
<i>desogestrel-ethinyl estradiol oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>dolishale oral tablet 90-20 mcg</i>	1	MO
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	2	MO; QL (1 per 28 days)
<i>emoquette oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>emzakh oral tablet 0.35 mg</i>	1	MO
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	4	MO; QL (1 per 28 days)
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>errin oral tablet 0.35 mg</i>	1	MO
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	MO
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	2	MO; QL (1 per 28 days)
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>feirza 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>feirza 1/20 oral tablet 1-20 mg-mcg</i>	1	MO
<i>femynor oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	MO
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	MO
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	2	MO; QL (1 per 28 days)
<i>heather oral tablet 0.35 mg</i>	1	MO
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	MO; QL (91 per 84 days)
<i>incassia oral tablet 0.35 mg</i>	1	MO
<i>introvale oral tablet 0.15-0.03 mg</i>	1	MO; QL (91 per 84 days)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>jencycla oral tablet 0.35 mg</i>	1	MO
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	MO; QL (91 per 84 days)
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	MO
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	2	MO
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	MO
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	MO
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	MO
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	MO
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	MO
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	MO
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG	4	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	MO
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	2	MO
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	MO
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	MO
<i>larissia oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO
<i>levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg</i>	1	MO; QL (91 per 84 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	MO
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	MO
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	MO
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	3	
<i>lillow oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>lutra oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>lyleq oral tablet 0.35 mg</i>	1	MO
<i>lyza oral tablet 0.35 mg</i>	1	MO
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	2	MO
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	2	MO
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	MO
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	MO
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	MO
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	MO
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY	4	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	MO
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	3	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	2	MO; QL (3 per 28 days)
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	MO
<i>norethindrone oral tablet 0.35 mg</i>	1	MO
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	MO
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>norlyda oral tablet 0.35 mg</i>	1	MO
<i>norlyroc oral tablet 0.35 mg</i>	1	MO
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	MO
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	MO
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	MO
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	MO
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>pimtree oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	MO
<i>pirmella 1/35 oral tablet 1-35 mg-mcg</i>	1	MO
<i>pirmella 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	MO
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>previfem oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	MO
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	MO; QL (91 per 84 days)
<i>sharobel oral tablet 0.35 mg</i>	1	MO
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	MO
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG	4	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	MO
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	MO
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	MO
<i>tri femynor oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	MO
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	MO
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	MO
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	MO
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
<i>tri-previfem oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	MO
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	MO
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	MO
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	MO
<i>valtya 1/50 oral tablet 1-50 mg-mcg</i>	1	MO
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	MO
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	MO
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	2	MO
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	MO
<i>xarah fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	MO
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	2	MO; QL (3 per 28 days)
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	2	MO; QL (3 per 28 days)
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	MO
COUGH AND COLD PRODUCTS		
<i>Cough And Cold Products</i>		
<i>pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	2	EX
DENTAL AND ORAL AGENTS		
<i>Dental And Oral Agents</i>		
<i>cevimeline hcl oral capsule 30 mg</i>	2	MO
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>denta 5000 plus dental cream 1.1 %</i>	1	MO
<i>dentagel dental gel 1.1 %</i>	1	MO
<i>periogard mouth/throat solution 0.12 %</i>	1	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	2	MO
<i>sf 5000 plus dental cream 1.1 %</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
SODIUM FLUORIDE 5000 SENSITIVE DENTAL GEL 1.1-5 %	1	
<i>sodium fluoride mouth/throat solution 0.2 %</i>	1	MO
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	2	
DERMATOLOGICAL AGENTS		
<i>Dermatological Agents, Other</i>		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	2	
<i>acyclovir external ointment 5 %</i>	4	QL (30 per 30 days)
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene external ointment 0.005 %</i>	2	QL (120 per 30 days)
<i>calcipotriene external solution 0.005 %</i>	2	QL (120 per 30 days)
<i>fluorouracil external cream 5 %</i>	2	
<i>fluorouracil external solution 2 %</i>	2	
<i>fluorouracil external solution 5 %</i>	4	
<i>imiquimod external cream 5 %</i>	2	QL (24 per 30 days)
KLISYRI (250 MG) EXTERNAL OINTMENT 1 %	3	QL (5 per 5 days)
<i>methoxsalen rapid oral capsule 10 mg</i>	5	
PANRETIN EXTERNAL GEL 0.1 %	5	QL (60 per 28 days)
<i>podofilox external solution 0.5 %</i>	2	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	4	QL (180 per 30 days)
VALCHLOR EXTERNAL GEL 0.016 %	5	PA NSO
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	2	
<i>Dermatological Antibacterials</i>		
<i>clindamycin phos-benzoyl perox external gel 1-5 %</i>	4	
<i>clindamycin phosphate external solution 1 %</i>	1	QL (180 per 30 days)
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>erythromycin external solution 2 %</i>	2	
<i>gentamicin sulfate external cream 0.1 %</i>	2	QL (90 per 30 days)
<i>gentamicin sulfate external ointment 0.1 %</i>	2	QL (120 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>metronidazole external cream 0.75 %</i>	2	
<i>metronidazole external gel 0.75 %</i>	2	
<i>metronidazole external gel 1 %</i>	4	
<i>mupirocin external ointment 2 %</i>	1	QL (220 per 30 days)
<i>neuac external gel 1.2-5 %</i>	1	
<i>rosadan external cream 0.75 %</i>	2	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>ssd external cream 1 %</i>	4	
Dermatological Anti-Inflammatory Agents		
<i>ala-cort external cream 1 %</i>	1	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	2	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	2	
<i>betamethasone dipropionate external cream 0.05 %</i>	2	
<i>betamethasone dipropionate external lotion 0.05 %</i>	2	
<i>betamethasone dipropionate external ointment 0.05 %</i>	2	
<i>betamethasone valerate external cream 0.1 %</i>	2	
<i>betamethasone valerate external lotion 0.1 %</i>	2	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>clobetasol propionate e external cream 0.05 %</i>	2	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	4	
<i>clobetasol propionate external cream 0.05 %</i>	2	
<i>clobetasol propionate external gel 0.05 %</i>	2	
<i>clobetasol propionate external lotion 0.05 %</i>	4	
<i>clobetasol propionate external ointment 0.05 %</i>	2	
<i>clobetasol propionate external shampoo 0.05 %</i>	2	
<i>clobetasol propionate external solution 0.05 %</i>	2	
EUCRISA EXTERNAL OINTMENT 2 %	3	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	2	
<i>fluocinolone acetonide external ointment 0.025 %</i>	2	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	2	
<i>fluocinonide external gel 0.05 %</i>	2	
<i>fluocinonide external ointment 0.05 %</i>	2	
<i>fluocinonide external solution 0.05 %</i>	2	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	2	
<i>halobetasol propionate external ointment 0.05 %</i>	2	
<i>hydrocortisone (perianal) external cream 2.5 %</i>	1	
<i>hydrocortisone cream 2.5 % external</i>	1	
<i>hydrocortisone external cream 1 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	2	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
<i>pimecrolimus external cream 1 %</i>	4	QL (100 per 30 days)
<i>procto-med hc external cream 2.5 %</i>	2	
<i>procto-pak external cream 1 %</i>	2	
<i>proctosol hc external cream 2.5 %</i>	2	
<i>proctozone-hc external cream 2.5 %</i>	2	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	2	QL (100 per 30 days)
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	2	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>Dermatological Retinoids</i>		
<i>adapalene external cream 0.1 %</i>	4	
ALTRENO EXTERNAL LOTION 0.05 %	4	PA
<i>tazarotene external cream 0.1 %</i>	2	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	2	PA

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
Scabicides And Pediculicides		
<i>malathion external lotion 0.5 %</i>	4	
<i>permethrin external cream 5 %</i>	2	QL (60 per 30 days)
DEVICES		
Devices		
ABOUTTIME PEN NEEDLE 30G X 8 MM	1	PA; ST
ABOUTTIME PEN NEEDLE 31G X 5 MM	1	PA; ST
ABOUTTIME PEN NEEDLE 31G X 8 MM	1	PA; ST
ABOUTTIME PEN NEEDLE 32G X 4 MM	1	PA; ST
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM	1	PA; ST
ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
ALCOHOL PREP PAD	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ALCOHOL PREP PAD 70 %	1	PA; ST
ALCOHOL PREP PADS PAD 70 %	1	PA; ST
ALCOHOL SWABS PAD	1	PA; ST
ALCOHOL SWABS PAD 70 %	1	PA; ST
ALCOHOL SWABSTICK PAD	1	PA; ST
ALCOHOL SWABSTICK PAD 70 %	1	PA; ST
APLICARE ALCOHOL SWABSTICK PAD 70 %	1	PA; ST
AQ INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
AQINJECT PEN NEEDLE 31G X 5 MM	1	PA; ST
AQINJECT PEN NEEDLE 32G X 4 MM	1	PA; ST
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML (OTC)	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML	1	PA; ST
ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML	1	PA; ST
ASSURE ID PRO PEN NEEDLES 30G X 5 MM	1	PA; ST
AUM ALCOHOL PREP PADS PAD 70 %	1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM	1	PA; ST
AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 5 MM	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 6 MM	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 32G X 8 MM	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 4 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
AUM MINI INSULIN PEN NEEDLE 33G X 5 MM	1	PA; ST
AUM MINI INSULIN PEN NEEDLE 33G X 6 MM	1	PA; ST
AUM PEN NEEDLE 32G X 4 MM	1	PA; ST
AUM PEN NEEDLE 32G X 5 MM	1	PA; ST
AUM PEN NEEDLE 32G X 6 MM	1	PA; ST
AUM PEN NEEDLE 33G X 4 MM	1	PA; ST
AUM PEN NEEDLE 33G X 5 MM	1	PA; ST
AUM PEN NEEDLE 33G X 6 MM	1	PA; ST
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM	1	PA; ST
AUM SAFETY PEN NEEDLE 31G X 4 MM	1	PA; ST
BD AUTOSHIELD 29G X 5MM	1	PA; ST
BD AUTOSHIELD 29G X 8MM	1	PA; ST
BD AUTOSHIELD DUO 30G X 5 MM	1	PA; ST
BD ECLIPSE SYRINGE 30G X 1/2" 1 ML	1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.3 ML	1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 0.5 ML	1	PA; ST
BD INSULIN SYR ULTRAFINE II 31G X 5/16" 1 ML	1	PA; ST
BD INSULIN SYRINGE 25G X 1" 1 ML	1	PA; ST
BD INSULIN SYRINGE 25G X 5/8" 1 ML	1	PA; ST
BD INSULIN SYRINGE 26G X 1/2" 1 ML	1	PA; ST
BD INSULIN SYRINGE 27.5G X 5/8" 2 ML	1	PA; ST
BD INSULIN SYRINGE 27G X 1/2" 1 ML	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (OTC)	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML (RX)	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (OTC)	1	PA; ST
BD INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	1	PA; ST
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML	1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 0.5 ML	1	PA; ST
BD INSULIN SYRINGE MICROFINE 28G X 1/2" 1 ML (RX)	1	PA; ST
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML	1	PA; ST
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML	1	PA; ST
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML	1	PA; ST
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML	1	PA; ST
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML	1	PA; ST
BD INSULIN SYRINGE U-100 1 ML	1	PA; ST
BD INSULIN SYRINGE U-500 31G X 6MM 0.5 ML	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.3 ML	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 1 ML	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	1	PA; ST
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	1	PA; ST
BD PEN NEEDLE MICRO U/F 32G X 6 MM	1	PA; ST
BD PEN NEEDLE MINI U/F 31G X 5 MM	1	PA; ST
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM	1	PA; ST
BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC)	1	PA; ST
BD PEN NEEDLE NANO U/F 32G X 4 MM (RX)	1	PA; ST
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE SHORT U/F 31G X 8 MM	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 15/64" 1 ML	1	PA; ST
BD SAFETYGLIDE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
BD SAFETYGLIDE SYRINGE/NEEDLE 27G X 5/8" 1 ML	1	PA; ST
BD SAFETY-LOK INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
BD SWAB SINGLE USE REGULAR PAD	1	PA; ST
BD SWABS SINGLE USE BUTTERFLY PAD	1	PA; ST
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (OTC)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML (RX)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML (OTC)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML (RX)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML (OTC)	1	PA; ST
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML (RX)	1	PA; ST
CAREFINE PEN NEEDLES 29G X 12MM	1	PA; ST
CAREFINE PEN NEEDLES 30G X 8 MM	1	PA; ST
CAREFINE PEN NEEDLES 31G X 6 MM	1	PA; ST
CAREFINE PEN NEEDLES 31G X 8 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
CAREFINE PEN NEEDLES 32G X 4 MM	1	PA; ST
CAREFINE PEN NEEDLES 32G X 5 MM	1	PA; ST
CAREFINE PEN NEEDLES 32G X 6 MM	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
CARETOUCH ALCOHOL PREP PAD 70 %	1	PA; ST
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML	1	PA; ST
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML	1	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
CARETOUCH PEN NEEDLES 29G X 12MM	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 5 MM	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 6 MM	1	PA; ST
CARETOUCH PEN NEEDLES 31G X 8 MM	1	PA; ST
CARETOUCH PEN NEEDLES 32G X 4 MM	1	PA; ST
CARETOUCH PEN NEEDLES 32G X 5 MM	1	PA; ST
CARETOUCH PEN NEEDLES 33G X 4 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

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05/01/2025

Drug Name	Drug Tier	Requirements/Limits
CLEVER CHOICE COMFORT EZ 29G X 12MM	1	PA; ST
CLEVER CHOICE COMFORT EZ 33G X 4 MM	1	PA; ST
CLICKFINE PEN NEEDLES 31G X 6 MM	1	PA; ST
CLICKFINE PEN NEEDLES 31G X 8 MM	1	PA; ST
CLICKFINE PEN NEEDLES 32G X 4 MM	1	PA; ST
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 15/64" 1 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 5 MM	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 6 MM	1	PA; ST
COMFORT EZ PEN NEEDLES 31G X 8 MM	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 4 MM	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 5 MM	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 6 MM	1	PA; ST
COMFORT EZ PEN NEEDLES 32G X 8 MM	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 4 MM	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 5 MM	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 6 MM	1	PA; ST
COMFORT EZ PEN NEEDLES 33G X 8 MM	1	PA; ST
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM	1	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 4 MM	1	PA; ST
COMFORT EZ PRO PEN NEEDLES 31G X 5 MM	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 4 MM	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 5 MM	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 6 MM	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 31G X 8 MM	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 4 MM	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 5 MM	1	PA; ST
COMFORT TOUCH INSULIN PEN NEED 32G X 6 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
COMFORT TOUCH INSULIN PEN NEED 32G X 8 MM	1	PA; ST
CURITY ALCOHOL PREPS PAD 70 %	1	PA; ST
CURITY ALL PURPOSE SPONGES PAD 2"X2"	1	PA; ST
CURITY GAUZE PAD 2"X2"	1	PA; ST
CURITY GAUZE SPONGE PAD 2"X2"	1	PA; ST
CURITY SPONGES PAD 2"X2"	1	PA; ST
CVS GAUZE PAD 2"X2"	1	PA; ST
CVS GAUZE STERILE PAD 2"X2"	1	PA; ST
DERMACEA GAUZE SPONGE PAD 2"X2"	1	PA; ST
DERMACEA IV DRAIN SPONGES PAD 2"X2"	1	PA; ST
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	1	PA; ST
DERMACEA TYPE VII GAUZE PAD 2"X2"	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 5 MM	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 6 MM	1	PA; ST
DIATHRIVE PEN NEEDLE 31G X 8 MM	1	PA; ST
DIATHRIVE PEN NEEDLE 32G X 4 MM	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
DROPLET MICRON 34G X 3.5 MM	1	PA; ST
DROPLET PEN NEEDLES 29G X 10MM	1	PA; ST
DROPLET PEN NEEDLES 29G X 12MM	1	PA; ST
DROPLET PEN NEEDLES 30G X 8 MM	1	PA; ST
DROPLET PEN NEEDLES 31G X 5 MM	1	PA; ST
DROPLET PEN NEEDLES 31G X 6 MM	1	PA; ST
DROPLET PEN NEEDLES 31G X 8 MM	1	PA; ST
DROPLET PEN NEEDLES 32G X 4 MM	1	PA; ST
DROPLET PEN NEEDLES 32G X 5 MM	1	PA; ST
DROPLET PEN NEEDLES 32G X 6 MM	1	PA; ST
DROPLET PEN NEEDLES 32G X 8 MM	1	PA; ST
DROPSAFE ALCOHOL PREP PAD 70 %	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM	1	PA; ST
DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML	1	PA; ST
DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML	1	PA; ST
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 0.3 ML	1	PA; ST
DRUG MART ULTRA COMFORT SYR 29G X 1/2" 1 ML	1	PA; ST
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 0.5 ML	1	PA; ST
DRUG MART ULTRA COMFORT SYR 30G X 5/16" 1 ML	1	PA; ST
DRUG MART UNIFINE PENTIPS 31G X 5 MM	1	PA; ST
EASY COMFORT ALCOHOL PADS PAD	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML	1	PA; ST
EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 5 MM	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 6 MM	1	PA; ST
EASY COMFORT PEN NEEDLES 31G X 8 MM	1	PA; ST
EASY COMFORT PEN NEEDLES 32G X 4 MM	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 4 MM	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 5 MM	1	PA; ST
EASY COMFORT PEN NEEDLES 33G X 6 MM	1	PA; ST
EASY GLIDE PEN NEEDLES 33G X 4 MM	1	PA; ST
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 %	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML	1	PA; ST
EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML	1	PA; ST
EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN BARRELS U-100 1 ML	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
EASY TOUCH PEN NEEDLES 29G X 12MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH PEN NEEDLES 30G X 5 MM	1	PA; ST
EASY TOUCH PEN NEEDLES 30G X 6 MM	1	PA; ST
EASY TOUCH PEN NEEDLES 30G X 8 MM	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 5 MM	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 6 MM	1	PA; ST
EASY TOUCH PEN NEEDLES 31G X 8 MM	1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 4 MM	1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 5 MM	1	PA; ST
EASY TOUCH PEN NEEDLES 32G X 6 MM	1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 29G X 5MM	1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 29G X 8MM	1	PA; ST
EASY TOUCH SAFETY PEN NEEDLES 30G X 8 MM	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 1/2" 1 ML	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML	1	PA; ST
EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML	1	PA; ST
EMBECTA AUTOSHIELD DUO 30G X 5 MM	1	PA; ST
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML	1	PA; ST
EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML	1	PA; ST
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML	1	PA; ST
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML	1	PA; ST
EMBECTA INSULIN SYRINGE U/F 30G X 1/2" 1 ML	1	PA; ST
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML	1	PA; ST
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML	1	PA; ST
EMBECTA INSULIN SYRINGE U-100 28G X 1/2" 1 ML	1	PA; ST
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM	1	PA; ST
EMBECTA PEN NEEDLE U/F 29G X 12.7MM	1	PA; ST
EMBECTA PEN NEEDLE U/F 32G X 6 MM	1	PA; ST
EMBRACE PEN NEEDLES 29G X 12MM	1	PA; ST
EMBRACE PEN NEEDLES 30G X 5 MM	1	PA; ST
EMBRACE PEN NEEDLES 30G X 8 MM	1	PA; ST
EMBRACE PEN NEEDLES 31G X 5 MM	1	PA; ST
EMBRACE PEN NEEDLES 31G X 6 MM	1	PA; ST
EMBRACE PEN NEEDLES 31G X 8 MM	1	PA; ST
EMBRACE PEN NEEDLES 32G X 4 MM	1	PA; ST
EQL ALCOHOL SWABS PAD 70 %	1	PA; ST
EQL GAUZE PAD 2"X2"	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
EQL INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	1	PA; ST
FIFTY50 PEN NEEDLES 32G X 6 MM	1	PA; ST
FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML	1	PA; ST
FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML	1	PA; ST
FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML	1	PA; ST
FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML	1	PA; ST
GAUZE PADS PAD 2"X2"	1	PA; ST
GAUZE TYPE VII MEDI-PAK PAD 2"X2"	1	PA; ST
GLOBAL ALCOHOL PREP EASE PAD 70 %	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM	1	PA; ST
GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML	1	PA; ST
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML	1	PA; ST
GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
GNP ALCOHOL SWABS PAD	1	PA; ST
GNP INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
GNP INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
GNP INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML	1	PA; ST
GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML	1	PA; ST
GNP INSULIN SYRINGES 30G X 5/16" 1 ML	1	PA; ST
GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML	1	PA; ST
GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML	1	PA; ST
GNP STERILE GAUZE PAD 2"X2"	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
GOODSENSE ALCOHOL SWABS PAD 70 %	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML	1	PA; ST
HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML	1	PA; ST
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	1	PA; ST
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM	1	PA; ST
HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM	1	PA; ST
H-E-B INCONTROL ALCOHOL PAD	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 29G X 12MM	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 5 MM	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 6 MM	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 31G X 8 MM	1	PA; ST
H-E-B INCONTROL PEN NEEDLES 32G X 4 MM	1	PA; ST
HM STERILE PADS PAD 2"X2"	1	PA; ST
HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM	1	PA; ST
INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
INPEN 100-BLUE-LILLY-HUMALOG DEVICE	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE	3	
INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML	1	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 0.5 ML	1	PA; ST
INSULIN SYRINGE/NEEDLE 28G X 1/2" 1 ML	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (OTC)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 0.5 ML (RX)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 27G X 1/2" 1 ML (RX)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 0.5 ML (RX)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 28G X 1/2" 1 ML (RX)	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.3 ML	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 0.5 ML	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 1/4" 1 ML	1	PA; ST
INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 0.5 ML (OTC)	1	PA; ST
INSUPEN PEN NEEDLES 31G X 5 MM	1	PA; ST
INSUPEN PEN NEEDLES 32G X 4 MM	1	PA; ST
INSUPEN PEN NEEDLES 33G X 4 MM	1	PA; ST
INSUPEN ULTRAFIN 29G X 12MM	1	PA; ST
INSUPEN ULTRAFIN 31G X 8 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
J & J GAUZE PAD 2"X2"	1	PA; ST
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	1	PA; ST
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	1	PA; ST
KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
KMART VALU INSULIN SYRINGE 29G U-100 1 ML	1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 0.3 ML	1	PA; ST
KMART VALU INSULIN SYRINGE 30G U-100 1 ML	1	PA; ST
KROGER PEN NEEDLES 29G X 12MM	1	PA; ST
KROGER PEN NEEDLES 31G X 8 MM	1	PA; ST
LEADER UNIFINE PENTIPS 31G X 5 MM	1	PA; ST
LEADER UNIFINE PENTIPS 32G X 4 MM	1	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 5 MM	1	PA; ST
LEADER UNIFINE PENTIPS PLUS 31G X 8 MM	1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
LITETOUCH PEN NEEDLES 29G X 12.7MM	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 5 MM	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 6 MM	1	PA; ST
LITETOUCH PEN NEEDLES 31G X 8 MM	1	PA; ST
LITETOUCH PEN NEEDLES 32G X 4 MM	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.3 ML	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.3 ML	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML	1	PA; ST
MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML	1	PA; ST
MAXICOMFORT II PEN NEEDLE 31G X 6 MM	1	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
MAXI-COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 5MM	1	PA; ST
MAXI-COMFORT SAFETY PEN NEEDLE 29G X 8MM	1	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 0.5 ML	1	PA; ST
MAXICOMFORT SYR 27G X 1/2" 27G X 1/2" 1 ML	1	PA; ST
MEDIC INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM	1	PA; ST
MEDICINE SHOPPE PEN NEEDLES 31G X 8 MM	1	PA; ST
MEDPURA ALCOHOL PADS 70 % EXTERNAL	1	PA; ST
MEIJER ALCOHOL SWABS PAD 70 %	1	PA; ST
MEIJER PEN NEEDLES 29G X 12MM	1	PA; ST
MEIJER PEN NEEDLES 31G X 6 MM	1	PA; ST
MEIJER PEN NEEDLES 31G X 8 MM	1	PA; ST
MICRODOT PEN NEEDLE 31G X 6 MM	1	PA; ST
MICRODOT PEN NEEDLE 32G X 4 MM	1	PA; ST
MICRODOT PEN NEEDLE 33G X 4 MM	1	PA; ST
MIRASORB SPONGES 2"X2"	1	PA; ST
MM PEN NEEDLES 32G X 4 MM	1	PA; ST
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML	1	PA; ST
MONOJECT INSULIN SYRINGE 27G X 1/2" 1 ML (OTC)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML (RX)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (OTC)	1	PA; ST
MONOJECT INSULIN SYRINGE 28G X 1/2" 1 ML (RX)	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML (RX)	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML (RX)	1	PA; ST
MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
MONOJECT INSULIN SYRINGE U-100 1 ML	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (OTC)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML (RX)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 1 ML (OTC)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (OTC)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.3 ML (RX)	1	PA; ST
MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML (RX)	1	PA; ST
NOVOFINE AUTOCOVER 30G X 8 MM	1	PA; ST
NOVOFINE PEN NEEDLE 32G X 6 MM	1	PA; ST
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	1	PA; ST
NOVOTWIST PEN NEEDLE 32G X 5 MM	1	PA; ST
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	3	QL (1 per 365 days)
OMNIPOD 5 DEXG7G6 PODS GEN 5	3	QL (10 per 30 days)
OMNIPOD 5 G7 INTRO (GEN 5) KIT	3	QL (1 per 365 days)
OMNIPOD 5 G7 PODS (GEN 5)	3	QL (10 per 30 days)
OMNIPOD 5 LIBRE2 PLUS G6 KIT	3	QL (1 per 365 days)
OMNIPOD 5 LIBRE2 PLUS G6 PODS	3	QL (10 per 30 days)
OMNIPOD CLASSIC PDM (GEN 3) KIT	3	QL (1 per 365 days)
OMNIPOD CLASSIC PODS (GEN 3)	3	QL (10 per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT	3	QL (1 per 365 days)
OMNIPOD DASH PDM (GEN 4) KIT	3	QL (1 per 365 days)
OMNIPOD DASH PODS (GEN 4)	3	QL (10 per 30 days)
PC UNIFINE PENTIPS 31G X 5 MM	1	PA; ST
PC UNIFINE PENTIPS 31G X 6 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
PC UNIFINE PENTIPS 31G X 8 MM	1	PA; ST
PEN NEEDLES 29G X 12MM	1	PA; ST
PEN NEEDLES 30G X 5 MM (OTC)	1	PA; ST
PEN NEEDLES 30G X 8 MM	1	PA; ST
PEN NEEDLES 31G X 5 MM (OTC)	1	PA; ST
PEN NEEDLES 31G X 8 MM (OTC)	1	PA; ST
PEN NEEDLES 32G X 4 MM (OTC)	1	PA; ST
PEN NEEDLES 32G X 5 MM	1	PA; ST
PENTIPS 29G X 12MM (RX)	1	PA; ST
PENTIPS 31G X 5 MM (RX)	1	PA; ST
PENTIPS 31G X 8 MM (RX)	1	PA; ST
PENTIPS 32G X 4 MM (RX)	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 29G X 12MM	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 31G X 6 MM	1	PA; ST
PENTIPS GENERIC PEN NEEDLES 32G X 6 MM	1	PA; ST
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	1	PA; ST
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	1	PA; ST
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML	1	PA; ST
PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML	1	PA; ST
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML	1	PA; ST
PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML	1	PA; ST
PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM	1	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM	1	PA; ST
PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM	1	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 6 MM	1	PA; ST
PREVENT SAFETY PEN NEEDLES 31G X 8 MM	1	PA; ST
PRO COMFORT ALCOHOL PAD 70 %	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
PRO COMFORT PEN NEEDLES 31G X 8 MM	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 4 MM	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 5 MM	1	PA; ST
PRO COMFORT PEN NEEDLES 32G X 6 MM	1	PA; ST
PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
PURE COMFORT ALCOHOL PREP PAD	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 4 MM	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 5 MM	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 6 MM	1	PA; ST
PURE COMFORT PEN NEEDLE 32G X 8 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM	1	PA; ST
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM	1	PA; ST
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM	1	PA; ST
QC ALCOHOL EXTERNAL 70 %	1	PA; ST
QC ALCOHOL SWABS PAD 70 %	1	PA; ST
QC BORDER ISLAND GAUZE PAD 2"X2"	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 6 MM	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 4 MM	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 5 MM	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 6 MM	1	PA; ST
QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM	1	PA; ST
RA ALCOHOL SWABS PAD 70 %	1	PA; ST
RA INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
RA INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
<i>ra isopropyl alcohol wipes external 70 %</i>	1	PA; ST
RA PEN NEEDLES 31G X 5 MM	1	PA; ST
RA PEN NEEDLES 31G X 8 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
RA STERILE PAD 2"X2"	1	PA; ST
RAYA SURE PEN NEEDLE 29G X 12MM	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 4 MM	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 5 MM	1	PA; ST
RAYA SURE PEN NEEDLE 31G X 6 MM	1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
REALITY INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
REALITY INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
REALITY SWABS PAD	1	PA; ST
RELION ALCOHOL SWABS PAD	1	PA; ST
RELI-ON INSULIN SYRINGE 29G 0.3 ML	1	PA; ST
RELI-ON INSULIN SYRINGE 29G 0.5 ML	1	PA; ST
RELI-ON INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST
RELION INSULIN SYRINGE 31G X 15/64" 1 ML	1	PA; ST
RELION MINI PEN NEEDLES 31G X 6 MM	1	PA; ST
RELION PEN NEEDLES 31G X 6 MM	1	PA; ST
RELION PEN NEEDLES 31G X 8 MM	1	PA; ST
RESTORE CONTACT LAYER PAD 2"X2"	1	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML	1	PA; ST
SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML	1	PA; ST
SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML	1	PA; ST
SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML	1	PA; ST
SAFETY PEN NEEDLES 30G X 5 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
SAFETY PEN NEEDLES 30G X 8 MM	1	PA; ST
SB ALCOHOL PREP PAD 70 %	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
SB INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
SB INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
SB INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM	1	PA; ST
SM ALCOHOL PREP PAD	1	PA; ST
SM ALCOHOL PREP PAD 6-70 % EXTERNAL	1	PA; ST
SM ALCOHOL PREP PAD 70 %	1	PA; ST
SM GAUZE PAD 2"X2"	1	PA; ST
STERILE GAUZE PAD 2"X2"	1	PA; ST
STERILE PAD 2"X2"	1	PA; ST
SURE COMFORT ALCOHOL PREP PAD 70 %	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.3 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 0.5 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 1/4" 1 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
SURE COMFORT PEN NEEDLES 29G X 12.7MM	1	PA; ST
SURE COMFORT PEN NEEDLES 30G X 8 MM	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 5 MM	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 6 MM	1	PA; ST
SURE COMFORT PEN NEEDLES 31G X 8 MM	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (OTC)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 4 MM (RX)	1	PA; ST
SURE COMFORT PEN NEEDLES 32G X 6 MM	1	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
SURE-JECT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

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

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
TRUE COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML	1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 5 MM	1	PA; ST
TRUE COMFORT PEN NEEDLES 31G X 6 MM	1	PA; ST
TRUE COMFORT PEN NEEDLES 32G X 4 MM	1	PA; ST
TRUE COMFORT PRO ALCOHOL PREP PAD 70 %	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 0.5 ML	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 1/2" 1 ML	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 0.5 ML	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 0.5 ML	1	PA; ST
TRUE COMFORT PRO INSULIN SYR 32G X 5/16" 1 ML	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 5 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
TRUE COMFORT PRO PEN NEEDLES 31G X 6 MM	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 31G X 8 MM	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 4 MM	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 5 MM	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 32G X 6 MM	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 4 MM	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 5 MM	1	PA; ST
TRUE COMFORT PRO PEN NEEDLES 33G X 6 MM	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 6 MM	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 8 MM	1	PA; ST
TRUEPLUS 5-BEVEL PEN NEEDLES 32G X 4 MM	1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
TRUEPLUS PEN NEEDLES 29G X 12MM	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 5 MM	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 6 MM	1	PA; ST
TRUEPLUS PEN NEEDLES 31G X 8 MM	1	PA; ST
TRUEPLUS PEN NEEDLES 32G X 4 MM	1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 0.5 ML	1	PA; ST
ULTICARE INSULIN SAFETY SYR 29G X 1/2" 1 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 28G X 1/2" 1 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (OTC)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML (RX)	1	PA; ST
ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.3 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 0.5 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 1/4" 1 ML	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (OTC)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML (RX)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (OTC)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 0.5 ML (RX)	1	PA; ST
ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
ULTICARE MICRO PEN NEEDLES 32G X 4 MM	1	PA; ST
ULTICARE MINI PEN NEEDLES 30G X 5 MM	1	PA; ST
ULTICARE MINI PEN NEEDLES 31G X 6 MM	1	PA; ST
ULTICARE MINI PEN NEEDLES 32G X 6 MM	1	PA; ST
ULTICARE PEN NEEDLES 29G X 12.7MM (OTC)	1	PA; ST
ULTICARE PEN NEEDLES 29G X 12.7MM (RX)	1	PA; ST
ULTICARE PEN NEEDLES 31G X 5 MM	1	PA; ST
ULTICARE SHORT PEN NEEDLES 30G X 8 MM	1	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (OTC)	1	PA; ST
ULTICARE SHORT PEN NEEDLES 31G X 8 MM (RX)	1	PA; ST
ULTIGUARD SAFEPAK PEN NEEDLE 29G X 12.7MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 5 MM	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 6 MM	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 31G X 8 MM	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 4 MM	1	PA; ST
ULTIGUARD SAFEPACK PEN NEEDLE 32G X 6 MM	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.5 ML	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 1 ML	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.3 ML	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 0.5 ML	1	PA; ST
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML	1	PA; ST
ULTILET ALCOHOL SWABS PAD	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
ULTILET INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 1/4" 0.3 ML	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 1/4" 1 ML	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (OTC)	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ULTILET INSULIN SYRINGE 31G X 15/64" 0.3 ML (RX)	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 15/64" 0.5 ML	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
ULTILET INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 1/2" 0.3 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.3 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 0.5 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 30G X 5/16" 1 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.3 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 0.5 ML	1	PA; ST
ULTILET INSULIN SYRINGE SHORT 31G X 5/16" 1 ML	1	PA; ST
ULTILET PEN NEEDLE 29G X 12.7MM	1	PA; ST
ULTILET PEN NEEDLE 31G X 5 MM	1	PA; ST
ULTILET PEN NEEDLE 31G X 8 MM	1	PA; ST
ULTILET PEN NEEDLE 32G X 4 MM	1	PA; ST
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 29G X 12MM	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 31G X 8 MM	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 32G X 4 MM	1	PA; ST
ULTRA FLO INSULIN PEN NEEDLES 33G X 4 MM	1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 1/2" 0.3 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ULTRA FLO INSULIN SYR 1/2 UNIT 30G X 5/16" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN SYR 1/2 UNIT 31G X 5/16" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
ULTRA THIN PEN NEEDLES 32G X 4 MM	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 0.5 ML	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 1/2" 1 ML	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.3 ML	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 5 MM	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 6 MM	1	PA; ST
ULTRACARE PEN NEEDLES 31G X 8 MM	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 4 MM	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 5 MM	1	PA; ST
ULTRACARE PEN NEEDLES 32G X 6 MM	1	PA; ST
ULTRACARE PEN NEEDLES 33G X 4 MM	1	PA; ST
ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.3 ML	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML	1	PA; ST
ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.3 ML	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 0.5 ML	1	PA; ST
ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML	1	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
ULTRA-THIN II INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
ULTRA-THIN II MINI PEN NEEDLE 31G X 5 MM	1	PA; ST
ULTRA-THIN II PEN NEEDLE SHORT 31G X 8 MM	1	PA; ST
ULTRA-THIN II PEN NEEDLES 29G X 12.7MM	1	PA; ST
UNIFINE PEN NEEDLES 32G X 4 MM	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
UNIFINE PENTIPS 29G X 12MM	1	PA; ST
UNIFINE PENTIPS 31G X 6 MM	1	PA; ST
UNIFINE PENTIPS 31G X 8 MM	1	PA; ST
UNIFINE PENTIPS PLUS 29G X 12MM	1	PA; ST
UNIFINE PENTIPS PLUS 31G X 6 MM	1	PA; ST
UNIFINE PENTIPS PLUS 32G X 4 MM	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 30G X 8 MM	1	PA; ST
UNIFINE PROTECT PEN NEEDLE 32G X 4 MM	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM	1	PA; ST
UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 5 MM	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 6 MM	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 31G X 8 MM	1	PA; ST
UNIFINE ULTRA PEN NEEDLE 32G X 4 MM	1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML	1	PA; ST

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML	1	PA; ST
VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 29G X 12MM	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM	1	PA; ST
VERIFINE INSULIN PEN NEEDLE 32G X 6 MM	1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML	1	PA; ST
VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML	1	PA; ST
VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML	1	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 5 MM	1	PA; ST
VERIFINE PLUS PEN NEEDLE 31G X 8 MM	1	PA; ST
VERIFINE PLUS PEN NEEDLE 32G X 4 MM	1	PA; ST
V-GO 20 KIT 20 UNIT/24HR	3	QL (30 per 30 days)
V-GO 30 KIT 30 UNIT/24HR	3	QL (30 per 30 days)
V-GO 40 KIT 40 UNIT/24HR	3	QL (30 per 30 days)
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML	1	PA; ST
WEBCOL ALCOHOL PREP LARGE PAD 70 %	1	PA; ST
WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM	1	PA; ST
ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %	1	PA; ST
ENZYME COFACTORS/CHAPERONES		
<i>Enzyme Cofactors/Chaperones</i>		
MIPLYFFA ORAL CAPSULE 124 MG, 47 MG, 62 MG, 93 MG	5	PA; QL (90 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ENZYME REPLACEMENT/MODIFIERS		
<i>Enzyme Replacement/Modifiers</i>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	3	MO
<i>javygtor oral tablet 100 mg</i>	5	PA
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	5	PA
ORFADIN ORAL SUSPENSION 4 MG/ML	5	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	5	BvD
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	5	PA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML	5	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	3	MO
EYE, EAR, NOSE, THROAT AGENTS		
<i>Eye, Ear, Nose, Throat Agents, Miscellaneous</i>		
<i>atropine sulfate ophthalmic solution 1 %</i>	2	MO
<i>azelastine hcl nasal solution 0.1 %</i>	1	QL (60 per 30 days)
<i>azelastine hcl nasal solution 0.15 %</i>	1	QL (30 per 25 days)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	2	
<i>azelastine hcl solution 137 mcg/spray nasal</i>	1	QL (60 per 30 days)
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	4	
<i>ipratropium bromide nasal solution 0.03 %</i>	2	MO; QL (30 per 28 days)
<i>ipratropium bromide nasal solution 0.06 %</i>	2	MO; QL (15 per 10 days)
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	1	
Eye, Ear, Nose, Throat Anti-Infectives Agents		
<i>acetic acid otic solution 2 %</i>	1	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	2	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	2	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	2	QL (7.5 per 7 days)
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	QL (3.5 per 4 days)
GENTAK OPHTHALMIC OINTMENT 0.3 %	2	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	2	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	2	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	2	
NATACYN OPHTHALMIC SUSPENSION 5 %	4	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	2	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	2	
<i>neomycin-polymyxin-hc otic solution 1 %</i>	2	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	2	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	2	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	2	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	2	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	2	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	2	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	2	
<i>trifluridine ophthalmic solution 1 %</i>	2	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	5	PA; QL (10 per 42 days)
ZIRGAN OPHTHALMIC GEL 0.15 %	4	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	3	
Eye, Ear, Nose, Throat Anti-Inflammatory Agents		
<i>alrex ophthalmic suspension 0.2 %</i>	3	ST
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	4	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	2	
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	2	MO; QL (60 per 30 days)
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	2	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	4	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	3	QL (8.3 per 14 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	4	QL (50 per 25 days)
<i>fluocinolone acetonide otic oil 0.01 %</i>	2	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	4	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	2	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	QL (16 per 30 days)
ILEVRO OPHTHALMIC SUSPENSION 0.3 %	3	
INVELTYS OPHTHALMIC SUSPENSION 1 %	3	QL (5.6 per 14 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	1	QL (10 per 25 days)
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	3	QL (3.5 per 14 days)
LOTEMAX SM OPHTHALMIC GEL 0.38 %	3	QL (5 per 16 days)
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	4	QL (10 per 14 days)
<i>loteprednol etabonate ophthalmic suspension 0.2 %</i>	2	ST
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	4	QL (15 per 19 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>mometasone furoate nasal suspension 50 mcg/act</i>	4	QL (34 per 30 days)
<i>prednisolone acetate ophthalmic suspension 1 %</i>	4	
XIIDRA OPTHALMIC SOLUTION 5 %	3	MO; QL (60 per 30 days)
GASTROINTESTINAL AGENTS		
Antiulcer Agents And Acid Suppressants		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	4	
<i>cimetidine hcl oral solution 300 mg/5ml</i>	2	MO
<i>esomeprazole magnesium oral capsule delayed release 20 mg</i>	2	MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral capsule delayed release 40 mg</i>	2	MO; QL (60 per 30 days)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg</i>	4	ST; MO; QL (30 per 30 days)
<i>esomeprazole magnesium oral packet 40 mg</i>	4	ST; MO; QL (60 per 30 days)
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	MO
<i>lansoprazole oral capsule delayed release 15 mg</i>	2	MO; QL (30 per 30 days)
<i>lansoprazole oral capsule delayed release 30 mg</i>	2	MO; QL (60 per 30 days)
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	2	MO
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	MO
<i>pantoprazole sodium oral tablet delayed release 20 mg</i>	1	MO; QL (30 per 30 days)
<i>pantoprazole sodium oral tablet delayed release 40 mg</i>	1	MO; QL (60 per 30 days)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	2	MO; QL (30 per 30 days)
<i>sucralfate oral tablet 1 gm</i>	1	MO
Gastrointestinal Agents, Other		
<i>carglumic acid oral tablet soluble 200 mg</i>	5	PA
<i>constulose oral solution 10 gm/15ml</i>	1	MO
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	2	MO
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	2	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>generlac oral solution 10 gm/15ml</i>	1	MO
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	2	
<i>kionex combination suspension 15 gm/60ml</i>	2	
<i>lactulose oral solution 10 gm/15ml</i>	1	MO
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	3	MO; QL (30 per 30 days)
LOKELMA ORAL PACKET 10 GM, 5 GM	3	MO
<i>loperamide hcl oral capsule 2 mg</i>	1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	2	MO; QL (60 per 30 days)
<i>metoclopramide hcl oral solution 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	3	QL (30 per 30 days)
<i>sodium polystyrene sulfonate oral powder</i>	2	
<i>sps (sodium polystyrene sulf) combination suspension 15 gm/60ml</i>	2	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	5	
<i>ursodiol oral capsule 300 mg</i>	2	MO
<i>ursodiol oral tablet 250 mg, 500 mg</i>	2	MO
VELTASSA ORAL PACKET 1 GM, 16.8 GM, 25.2 GM, 8.4 GM	3	MO
XERMELO ORAL TABLET 250 MG	5	PA; QL (84 per 28 days)
Laxatives		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML	3	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	1	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	
<i>gavilyte-n with flavor pack oral solution reconstituted 420 gm</i>	2	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	3	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml 2 pack (480ml)</i>	2	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
peg-3350/electrolytes oral solution reconstituted 236 gm	1	
SUTAB ORAL TABLET 1479-225-188 MG	3	
Phosphate Binders		
calcium acetate (phos binder) oral capsule 667 mg	2	
calcium acetate oral tablet 667 mg	2	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	2	
sevelamer carbonate oral tablet 800 mg	2	
sevelamer hcl oral tablet 400 mg, 800 mg	2	
GENTOURINARY AGENTS		
Antispasmodics, Urinary		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	2	
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	2	MO
flavoxate hcl oral tablet 100 mg	2	MO
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	2	MO
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	1	MO
oxybutynin chloride oral solution 5 mg/5ml	1	MO
oxybutynin chloride oral tablet 5 mg	1	MO
solifenacin succinate oral tablet 10 mg, 5 mg	1	MO
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	2	MO
tolterodine tartrate oral tablet 1 mg, 2 mg	2	MO
trospium chloride er oral capsule extended release 24 hour 60 mg	4	MO
trospium chloride oral tablet 20 mg	2	MO
Genitourinary Agents, Miscellaneous		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	1	MO; QL (30 per 30 days)
dutasteride oral capsule 0.5 mg	1	MO
finasteride oral tablet 5 mg	1	MO
tamsulosin hcl oral capsule 0.4 mg	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	MO
HEAVY METAL ANTAGONISTS		
Heavy Metal Antagonists		
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	5	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	2	PA; MO
<i>penicillamine oral tablet 250 mg</i>	5	PA
<i>trientine hcl oral capsule 250 mg</i>	5	PA; QL (240 per 30 days)
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING		
Androgens		
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	2	
<i>oxandrolone oral tablet 10 mg, 2.5 mg</i>	2	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)</i>	1	PA; MO
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	2	PA; MO; QL (5 per 28 days)
<i>testosterone gel 1.62 % transdermal</i>	4	PA; MO; QL (150 per 30 days)
<i>testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)</i>	4	PA; MO; QL (300 per 30 days)
<i>testosterone transdermal gel 20.25 mg/act (1.62%)</i>	4	PA; MO; QL (150 per 30 days)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML	3	PA; MO; QL (2 per 28 days)
Estrogens And Antiestrogens		
DUAVEE ORAL TABLET 0.45-20 MG	3	MO
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	MO
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	MO; QL (8 per 28 days)
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	2	MO; QL (4 per 28 days)
<i>estradiol vaginal cream 0.1 mg/gm</i>	2	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.
Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>estradiol vaginal tablet 10 mcg</i>	4	MO; QL (18 per 28 days)
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	2	MO
<i>mimvey oral tablet 1-0.5 mg</i>	2	MO
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG	3	MO
PREMARIN VAGINAL CREAM 0.625 MG/GM	3	MO
PREMPHASE ORAL TABLET 0.625-5 MG	3	MO
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG	3	MO
<i>raloxifene hcl oral tablet 60 mg</i>	2	MO
<i>yuvafem vaginal tablet 10 mcg</i>	4	MO; QL (18 per 28 days)
Glucocorticoids/Mineralocorticoids		
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone sodium phosphate injection solution 10 mg/ml, 120 mg/30ml, 4 mg/ml</i>	1	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	MO
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylprednisolone acetate injection suspension 40 mg/ml</i>	2	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>prednisolone oral solution 15 mg/5ml</i>	1	BvD
<i>prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml</i>	2	BvD
<i>prednisolone sodium phosphate solution 15 mg/5ml oral</i>	1	BvD
<i>prednisone oral solution 5 mg/5ml</i>	2	BvD
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	BvD
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
<i>triamcinolone acetonide injection suspension 40 mg/ml</i>	1	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
Pituitary		
ACTHAR GEL PEN-INJECTOR 40 UNIT/0.5ML SUBCUTANEOUS	5	PA; QL (15 per 30 days)
ACTHAR GEL PEN-INJECTOR 80 UNIT/ML SUBCUTANEOUS	5	PA; QL (30 per 30 days)
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 40 UNIT/0.5ML	5	PA; QL (15 per 30 days)
ACTHAR GEL SUBCUTANEOUS AUTO-INJECTOR 80 UNIT/ML	5	PA; QL (30 per 30 days)
ACTHAR INJECTION GEL 80 UNIT/ML	5	PA; QL (35 per 28 days)
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	2	MO
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	2	MO
<i>desmopressin acetate spray solution 0.01 % nasal</i>	2	MO
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	5	PA
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	5	PA NSO; QL (0.5 per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	5	PA NSO
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	5	PA NSO
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	5	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	5	PA
NORDITROPIN FLEXPOR SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML	5	PA
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	4	MO
ORGOVYX ORAL TABLET 120 MG	5	PA NSO
ORILISSA ORAL TABLET 150 MG	5	PA; QL (28 per 28 days)
ORILISSA ORAL TABLET 200 MG	5	PA; QL (56 per 28 days)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	5	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	5	PA; QL (60 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML	5	PA NSO; QL (0.2 per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 90 MG/0.3ML	5	PA NSO; QL (0.3 per 28 days)
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	5	PA
Progestins		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	3	QL (0.65 per 84 days)
<i>gallifrey oral tablet 5 mg</i>	2	MO
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	QL (1 per 84 days)
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	QL (1 per 84 days)
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	MO
<i>megestrol acetate oral suspension 40 mg/ml</i>	2	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	2	MO
<i>norethindrone acetate oral tablet 5 mg</i>	2	MO
<i>progesterone oral capsule 100 mg, 200 mg</i>	2	MO
Thyroid And Antithyroid Agents		
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	MO
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	2	MO
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	MO
<i>propylthiouracil oral tablet 50 mg</i>	2	MO
IMMUNOLOGICAL AGENTS		
Immunological Agents		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	5	PA

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	5	PA
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	4	BvD; MO
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	5	BvD
<i>azathioprine oral tablet 50 mg</i>	2	BvD; MO
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	1	BvD
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	5	PA; QL (8 per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	5	PA; QL (8 per 28 days)
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	5	PA NSO; QL (2 per 28 days)
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML	5	PA
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	5	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	5	PA
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO- INJECTOR 150 MG/ML	5	PA
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML	5	PA
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	5	PA
<i>cyclosporine intravenous solution 50 mg/ml</i>	2	BvD
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	2	BvD; MO
<i>cyclosporine modified oral solution 100 mg/ml</i>	2	BvD; MO
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	2	BvD; MO
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO- INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	5	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML, 200 MG/1.14ML, 300 MG/2ML	5	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML	5	PA
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG	5	PA
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	5	PA
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	5	BvD
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML	5	BvD
<i>gengraf oral capsule 100 mg, 25 mg</i>	2	BvD; MO
<i>gengraf oral solution 100 mg/ml</i>	2	BvD; MO
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML	5	PA; Only NDCs starting with 00074
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML	5	PA; Only NDCs starting with 00074

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML	5	PA; Only NDCs starting with 00074
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; Only NDCs starting with 00074
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	5	PA; Only NDCs starting with 00074
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA
HUMIRA-PS/UV/ADOL HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	5	PA; Only NDCs starting with 00074
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	5	PA; Only NDCs starting with 00074
<i>infliximab intravenous solution reconstituted 100 mg</i>	5	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	5	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	2	MO
<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	2	BvD
<i>mycophenolate mofetil oral capsule 250 mg</i>	2	BvD; MO
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	5	BvD
<i>mycophenolate mofetil oral tablet 500 mg</i>	2	BvD; MO
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	4	BvD; MO
NIKTIMVO INTRAVENOUS SOLUTION 22 MG/0.44ML, 9 MG/0.18ML	5	PA NSO
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	BvD
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML	5	PA
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	5	PA

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
ORENCIA SUBCUTANEOUS SOLUTION REFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML	5	PA
OTEZLA ORAL TABLET 20 MG, 30 MG	5	PA
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG	5	PA
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML	4	BvD
PROGRAF ORAL PACKET 0.2 MG, 1 MG	4	BvD; MO
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML	4	ST; MO
REZUROCK ORAL TABLET 200 MG	5	PA NSO
RINVOQ LQ ORAL SOLUTION 1 MG/ML	5	PA; QL (360 per 30 days)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG	5	PA
SELARSDI SUBCUTANEOUS SOLUTION REFILLED SYRINGE 90 MG/ML	5	PA
<i>sirolimus oral solution 1 mg/ml</i>	5	BvD
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	2	BvD; MO
SKYRIZI (150 MG DOSE) SUBCUTANEOUS REFILLED SYRINGE KIT 75 MG/0.83ML	5	PA
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	5	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	5	PA
SKYRIZI SUBCUTANEOUS SOLUTION REFILLED SYRINGE 150 MG/ML	5	PA
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	5	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	2	BvD; MO
TAVNEOS ORAL CAPSULE 10 MG	5	PA; QL (180 per 30 days)
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	5	PA
TREMFYA ONE-PRESS SOLUTION AUTO- INJECTOR 100 MG/ML SUBCUTANEOUS	5	PA
TREMFYA PEN SOLUTION AUTO- INJECTOR 200 MG/2ML SUBCUTANEOUS	5	PA
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 200 MG/2ML	5	PA
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 200 MG/2ML	5	PA
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	5	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	5	PA
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	5	PA
XELJANZ ORAL SOLUTION 1 MG/ML	5	PA
XELJANZ ORAL TABLET 10 MG, 5 MG	5	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	5	PA
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	5	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	5	PA
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	5	PA
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML	5	PA
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML	5	PA

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	5	PA
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	3	\$0 copay
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	3	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 (PREFILLED SYRINGE), 5-2-15.5 LF-MCG/0.5	3	\$0 copay
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	3	\$0 copay
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	3	\$0 copay
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5	3	\$0 copay
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5- 18.5 LF-MCG/0.5	3	\$0 copay
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	3	
DENG VAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	QL (3 per 365 days)
DIPHTheria-TETANUS TOXOIDS DT INTRAMUSCULAR SUSPENSION 25-5 LFU/0.5ML	3	
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	3	BvD; \$0 copay
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	3	BvD; \$0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION	3	\$0 copay
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0 copay

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML	3	\$0 copay
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML	3	
HAVRIX SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML INTRAMUSCULAR	3	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	3	BvD; \$0 copay
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	3	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	3	BvD; \$0 copay
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	3	
IPOL INJECTION INJECTABLE	3	\$0 copay
IXCHIQ INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0 copay
IXIARO INTRAMUSCULAR SUSPENSION	3	\$0 copay
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	3	\$0 copay
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
MENACTRA INTRAMUSCULAR SOLUTION	3	\$0 copay
MENQUADFI INTRAMUSCULAR SOLUTION	3	\$0 copay
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	3	\$0 copay
M-M-R II INJECTION SOLUTION RECONSTITUTED	3	\$0 copay
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	3	\$0 copay
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	\$0 copay

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	BvD; \$0 copay
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	\$0 copay
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	3	
QUADRACEL INTRAMUSCULAR SUSPENSION	3	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	3	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	3	BvD; \$0 copay
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	3	BvD; \$0 copay
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	3	BvD; \$0 copay
ROTARIX ORAL SUSPENSION	3	
ROTARIX ORAL SUSPENSION RECONSTITUTED	3	
ROTATEQ ORAL SOLUTION	3	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	3	\$0 copay; QL (2 per 365 days)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	3	\$0 copay
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	3	\$0 copay
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2.4 MCG/0.5ML	3	\$0 copay
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	3	\$0 copay
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	3	\$0 copay

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	3	\$0 copay
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	3	\$0 copay
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 25 UNIT/0.5ML 0.5 ML	3	
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML, 50 UNIT/ML 1 ML	3	\$0 copay
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	3	\$0 copay
VAXCHORA ORAL SUSPENSION RECONSTITUTED	3	\$0 copay
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	3	\$0 copay
VIVOTIF ORAL CAPSULE DELAYED RELEASE	3	\$0 copay
YF-VAX SUBCUTANEOUS INJECTABLE , (2.5 ML IN 1 VIAL, MULTI-DOSE)	3	\$0 copay

INFLAMMATORY BOWEL DISEASE AGENTS

Inflammatory Bowel Disease Agents

<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	2	MO
<i>balsalazide disodium oral capsule 750 mg</i>	2	
<i>budesonide oral capsule delayed release particles 3 mg</i>	4	
<i>budesonide rectal foam 2 mg</i>	2	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	2	
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	4	MO
<i>mesalamine er oral capsule extended release 500 mg</i>	2	MO
<i>mesalamine oral tablet delayed release 1.2 gm</i>	4	MO; QL (120 per 30 days)
<i>sulfasalazine oral tablet 500 mg</i>	1	MO
<i>sulfasalazine oral tablet delayed release 500 mg</i>	4	MO

METABOLIC BONE DISEASE AGENTS

Metabolic Bone Disease Agents

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>alendronate sodium oral solution 70 mg/75ml</i>	4	MO; QL (300 per 28 days)
<i>alendronate sodium oral tablet 10 mg</i>	1	MO; QL (30 per 30 days)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	MO; QL (4 per 28 days)
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	2	MO
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	MO
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	2	MO; QL (60 per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	5	QL (120 per 30 days)
<i>ibandronate sodium oral tablet 150 mg</i>	1	MO; QL (1 per 28 days)
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG, 25 MCG, 50 MCG, 75 MCG	5	PA; QL (2 per 28 days)
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	4	MO
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	4	QL (1 per 180 days)
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG	3	MO; QL (60 per 30 days)
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	5	PA; QL (2.48 per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	5	PA; QL (1.56 per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML	5	PA
MISCELLANEOUS THERAPEUTIC AGENTS		
Miscellaneous Therapeutic Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	5	PA
<i>betaine oral powder</i>	5	PA
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML	5	PA
<i>diazoxide oral suspension 50 mg/ml</i>	2	MO
<i>finasteride oral tablet 1 mg</i>	2	EX
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	3	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.
2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML	3	
<i>hydroxyzine pamoate oral capsule 25 mg, 50 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	2	
<i>l-glutamine oral packet 5 gm</i>	5	PA; QL (180 per 30 days)
<i>mesna oral tablet 400 mg</i>	5	
<i>nitroglycerin rectal ointment 0.4 %</i>	2	QL (30 per 30 days)
<i>pyridostigmine bromide oral tablet 60 mg</i>	2	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG	5	PA NSO; QL (56 per 28 days)
TYBOST ORAL TABLET 150 MG	3	MO; QL (30 per 30 days)
VEOZAH ORAL TABLET 45 MG	4	PA; MO; QL (30 per 30 days)
VOWST ORAL CAPSULE	5	PA; QL (12 per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	3	
OPHTHALMIC AGENTS		
Antiglaucoma Agents		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	2	MO
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	2	MO
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	1	
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	MO
<i>bimatoprost ophthalmic solution 0.03 %</i>	4	MO; QL (2.5 per 25 days)
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	2	MO
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	4	MO
<i>brinzolamide ophthalmic suspension 1 %</i>	2	MO
<i>carteolol hcl ophthalmic solution 1 %</i>	1	MO
<i>dorzolamide hcl ophthalmic solution 2 %</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	MO
<i>latanoprost ophthalmic solution 0.005 %</i>	1	MO; QL (2.5 per 25 days)
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	MO
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	3	MO; QL (2.5 per 25 days)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	4	MO
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	2	MO
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	3	MO; QL (2.5 per 25 days)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	3	MO; QL (2.5 per 25 days)
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	3	MO
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	4	MO; QL (30 per 30 days)
<i>timolol hemihydrate ophthalmic solution 0.5 %</i>	1	MO
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	MO
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	4	MO; QL (2.5 per 25 days)
VYZULTA OPHTHALMIC SOLUTION 0.024 %	4	MO; QL (5 per 30 days)

REPLACEMENT PREPARATIONS

Replacement Preparations

<i>dextrose-nacl intravenous solution 5-0.9 %</i>	1	
<i>dextrose-sodium chloride intravenous solution 5-0.45 %</i>	2	
<i>dextrose-sodium chloride intravenous solution 5-0.9 %</i>	1	
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	MO
<i>klor-con m15 oral tablet extended release 15 meq</i>	1	MO
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	MO
<i>magnesium sulfate injection solution 50 %</i>	4	
<i>magnesium sulfate injection solution 50 % (10ml syringe)</i>	2	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	MO

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	MO
<i>potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq</i>	1	MO
<i>potassium chloride er oral tablet extended release 15 meq</i>	2	MO
<i>potassium chloride intravenous solution 2 meq/ml</i>	2	BvD
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	4	MO
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	2	
<i>sodium chloride intravenous solution 0.45 %</i>	2	
<i>sodium chloride intravenous solution 0.9 %</i>	1	
<i>sodium chloride solution 0.9 % intravenous</i>	1	
<i>sodium chloride solution 0.9 % intravenous</i>	2	
RESPIRATORY TRACT AGENTS		
Anti-Inflammatories, Inhaled		
Corticosteroids		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	MO; QL (12 per 30 days)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	3	QL (32.1 per 30 days)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	3	MO; QL (30 per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	3	MO; QL (60 per 30 days)
<i>breynga inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	MO; QL (30.9 per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	2	BvD; MO; QL (120 per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	MO; QL (30.6 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	1	MO; QL (12 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1	MO; QL (24 per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	1	MO; QL (21.2 per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	MO; QL (60 per 30 days)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	MO; QL (60 per 30 days)
Antileukotrienes		
<i>montelukast sodium oral tablet 10 mg</i>	1	MO
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	MO
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	4	MO
Bronchodilators		
AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION	3	QL (32.1 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	2	MO; QL (17 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020503)</i>	2	MO; QL (13.4 per 30 days)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act (nda020983)</i>	2	MO; QL (36 per 30 days)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml</i>	1	BvD; MO
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION 2.5 MG/0.5ML	1	BvD; MO
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	3	MO; QL (60 per 30 days)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	4	MO; QL (25.8 per 28 days)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT	3	MO; QL (10.7 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	3	MO; QL (8 per 30 days)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	BvD; MO
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	BvD; MO; QL (540 per 30 days)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	3	MO; QL (60 per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	3	MO; QL (4 per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	3	MO; QL (4 per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT	3	MO; QL (4 per 28 days)
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	4	MO
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	2	MO
<i>theophylline oral solution 80 mg/15ml</i>	2	MO
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	2	MO; QL (30 per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	3	MO; QL (60 per 30 days)
Respiratory Tract Agents, Other		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	2	BvD
ALYFTREK ORAL TABLET 10-50-125 MG	5	PA; QL (60 per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG	5	PA; QL (90 per 30 days)
BRONCHITOL INHALATION CAPSULE 40 MG	5	QL (560 per 28 days)
BRONCHITOL TOLERANCE TEST CAPSULE 40 MG INHALATION	5	QL (560 per 28 days)
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML	5	PA
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	2	BvD; MO
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	5	PA; QL (1 per 28 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	5	PA; QL (1 per 28 days)
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	5	PA; QL (56 per 28 days)
KALYDECO ORAL TABLET 150 MG	5	PA; QL (56 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	5	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	5	PA; QL (3 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	5	PA; QL (0.4 per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG	5	PA; QL (3 per 28 days)
OFEV ORAL CAPSULE 100 MG, 150 MG	5	PA; QL (60 per 30 days)
ORKAMBI ORAL TABLET 100-125 MG, 200- 125 MG	5	PA; QL (112 per 28 days)
<i>pirfenidone oral capsule 267 mg</i>	5	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 267 mg</i>	5	PA; QL (270 per 30 days)
<i>pirfenidone oral tablet 534 mg, 801 mg</i>	5	PA; QL (90 per 30 days)
<i>roflumilast oral tablet 250 mcg</i>	2	MO; QL (28 per 28 days)
<i>roflumilast oral tablet 500 mcg</i>	2	MO; QL (30 per 30 days)
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	5	PA; QL (1 per 21 days)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML	5	PA
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	5	PA
SKELETAL MUSCLE RELAXANTS		
<i>Skeletal Muscle Relaxants</i>		
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	2	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	4	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
SLEEP DISORDER AGENTS		
<i>Sleep Disorder Agents</i>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	2	PA; MO; QL (30 per 30 days)
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG	3	QL (30 per 30 days)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	2	QL (30 per 30 days)
<i>modafinil oral tablet 100 mg</i>	2	PA; MO; QL (30 per 30 days)
<i>modafinil oral tablet 200 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>sodium oxybate oral solution 500 mg/ml</i>	5	PA; QL (540 per 30 days)
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	QL (30 per 30 days)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	QL (30 per 30 days)
VASODILATING AGENTS		
<i>Vasodilating Agents</i>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	5	PA; QL (90 per 30 days)
<i>alyq oral tablet 20 mg</i>	2	PA; MO; QL (60 per 30 days)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	5	PA; QL (60 per 30 days)
OPSUMIT ORAL TABLET 10 MG	5	PA; QL (30 per 30 days)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	2	EX; QL (18 per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	2	PA; MO; QL (360 per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	2	EX; QL (12 per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	2	PA; MO; EX QL (12 per 30 days)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG	5	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	5	PA; QL (60 per 30 days)
UPTRAVI ORAL TABLET 200 MCG	5	PA; QL (240 per 30 days)

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	5	PA
<i>vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	2	EX; QL (18 per 30 days)
VITAMINS AND MINERALS		
<i>Vitamins And Minerals</i>		
C-NATE DHA CAPSULE 28-1-200 MG ORAL	1	
COMPLETENATE TABLET CHEWABLE 29-1 MG ORAL	1	
<i>folic acid oral tablet 1 mg</i>	2	MO; EX
FOLIVANE-OB CAPSULE 85-1 MG ORAL	1	
KOSHER PRENATAL PLUS IRON TABLET 30-1 MG ORAL	1	
M-NATAL PLUS TABLET 27-1 MG ORAL	1	
NIVA-PLUS TABLET 27-1 MG ORAL	1	
OBSTETRIX DHA 29-1 & 350 MG ORAL	1	
PNV PRENATAL PLUS MULTIVITAMIN TABLET 27-1 MG ORAL (RX)	1	
PNV TABS 29-1 TABLET 29-1 MG ORAL	1	
PNV-DHA+DOCUSATE CAPSULE 27-1.25- 300 MG ORAL	1	
PNV-OMEGA CAPSULE 28-0.6-0.4-340 MG ORAL	1	
PRENA 1 TRUE 30-1.4 & 300 MG ORAL	1	
PRENAISSANCE CAPSULE 29-1.25-325 MG ORAL	1	
PRENAISSANCE PLUS CAPSULE 28-1-250 MG ORAL	1	
PRENATABS FA TABLET 29-1 MG ORAL	1	
PRENATAL 19 TABLET CHEWABLE 29-1 MG ORAL	1	
PRENATAL ORAL TABLET 27-1 MG	1	
PRENATAL PLUS IRON TABLET 29-1 MG ORAL	1	
PRENATAL-U CAPSULE 106.5-1 MG ORAL	1	
PREPLUS TABLET 27-1 MG ORAL	1	
PRETAB TABLET 29-1 MG ORAL	1	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/202

05/01/2025

Drug Name	Drug Tier	Requirements/Limits
SELECT-OB TABLET CHEWABLE 29-0.6-0.4 MG ORAL	1	
SELECT-OB TABLET CHEWABLE 29-1 MG ORAL	1	
SE-NATAL 19 TABLET CHEWABLE 29-1 MG ORAL	1	
TARON-C DHA CAPSULE 35-1 MG ORAL	1	
TARON-PREX CAPSULE 30-1.2-265 MG ORAL	1	
TRIVEEN-DUO DHA 29-1-200 & 300 MG ORAL	1	
VIRT-C DHA CAPSULE 53.5-38-1 MG ORAL	1	
VIRT-NATE DHA CAPSULE 28-1-200 MG ORAL	1	
VIRT-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL	1	
VIRT-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL	1	
VITAFOL GUMMIES TABLET CHEWABLE 3.33-0.333-34.8 MG ORAL	1	
VITAFOL-NANO TABLET 18-0.6-0.4 MG ORAL	1	
VITAFOL-OB+DHA 65-1 & 250 MG ORAL	1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	2	MO; EX
VP-PNV-DHA CAPSULE 28-1-215.8 MG ORAL	1	
ZATEAN-PN DHA CAPSULE 27-0.6-0.4-300 MG ORAL	1	
ZATEAN-PN PLUS CAPSULE 28-0.6-0.4-340 MG ORAL	1	

You can find information on the symbols and abbreviations on this table by going to page ix of the introduction.

2025 Sonder Standard MAPD 5-Tier, Formulary ID 25263 version 14, effective 05/01/2025.

Last updated 04/22/2025

05/01/2025

Index of Drugs/Alphabetical Listing

A		
<i>abacavir sulfate</i>	47	
<i>abacavir sulfate-lamivudine</i> ...	47	
ABELCET	36	
ABILIFY ASIMTUFII	42	
ABILIFY MAINTENA	42	
<i>abiraterone acetate</i>	12	
<i>abirtega</i>	12	
ABOUTTIME PEN NEEDLE	73	
ABRYSVO	128	
<i>acamprosate calcium</i>	5	
<i>acarbose</i>	32	
<i>acebutolol hcl</i>	56	
<i>acetaminophen-codeine</i>	3	
<i>acetazolamide</i>	133	
<i>acetazolamide er</i>	133	
<i>acetazolamide sodium</i>	133	
<i>acetic acid</i>	113	
<i>acetylcysteine</i>	137	
<i>acitretin</i>	70	
ACTEMRA	122, 123	
ACTEMRA ACTPEN	122	
ACTHAR	121	
ACTHAR GEL	121	
ACTHIB	128	
ACTIMMUNE	132	
<i>acyclovir</i>	51, 70	
<i>acyclovir sodium</i>	51	
ADACEL	128	
<i>adapalene</i>	72	
<i>adefovir dipivoxil</i>	51	
ADEMPAS	139	
ADVAIR HFA	135	
ADVOCATE INSULIN PEN		
NEEDLE	73	
ADVOCATE INSULIN PEN		
NEEDLES	73	
ADVOCATE INSULIN		
SYRINGE	73	
<i>afirmelle</i>	64	
AIRSUPRA	135, 136	
AJOVY	38	
AKEEGA	13	
<i>ala-cort</i>	71	
<i>albendazole</i>	40	
<i>albuterol sulfate</i>	136	
ALBUTEROL SULFATE ...	136	
<i>albuterol sulfate hfa</i>	136	
ALCOHOL PREP	73, 74	
ALCOHOL PREP PADS	74	
ALCOHOL SWABS	74	
ALCOHOL SWABSTICK	74	
ALECENSA	13	
<i>alendronate sodium</i>	132	
<i>alfuzosin hcl er</i>	118	
<i>aliskiren fumarate</i>	61	
<i>allopurinol</i>	38	
<i>alosetron hcl</i>	131	
<i>alprazolam</i>	6	
<i>alrex</i>	115	
<i>altavera</i>	64	
ALTRENO	72	
ALUNBRIG	13	
ALVAIZ	53	
<i>alyacen 1/35</i>	64	
<i>alyacen 7/7/7</i>	64	
ALYFTREK	137	
<i>alyq</i>	139	
<i>amantadine hcl</i>	41	
<i>amethyst</i>	64	
<i>amikacin sulfate</i>	7	
<i>amiloride hcl</i>	59	
<i>amiloride-hydrochlorothiazide</i>		
.....	59	
<i>amiodarone hcl</i>	56	
<i>amitriptyline hcl</i>	30	
<i>amlodipine besy-benazepril hcl</i>		
.....	58	
<i>amlodipine besylate</i>	58	
<i>amlodipine besylate-valsartan</i>	59	
<i>amlodipine-atorvastatin</i>	59	
<i>amlodipine-olmesartan</i>	59	
<i>amlodipine-valsartan-hctz</i>	59	
<i>ammonium lactate</i>	70	
<i>amoxapine</i>	30	
<i>amoxicill-clarithro-lansopraz</i>		
.....	116	
<i>amoxicillin</i>	10	
<i>amoxicillin-pot clavulanate</i>	10	
<i>amphetamine-dextroamphet er</i>		
.....	61	
<i>amphetamine-</i>		
<i>dextroamphetamine</i>	61	
<i>amphotericin b</i>	36	
<i>amphotericin b liposome</i>	36	
<i>ampicillin</i>	10	
<i>ampicillin sodium</i>	10	
<i>ampicillin-sulbactam sodium</i> ..	11	
<i>anagrelide hcl</i>	53	
<i>anastrozole</i>	13	
ANKTIVA	13	
ANORO ELLIPTA	136	
APLICARE ALCOHOL		
SWABSTICK	74	
APO-VARENICLINE	5	
<i>aprepitant</i>	40	
APRETUDE	47	
<i>apri</i>	64	
APTIOM	25	
APTIVUS	47	
AQ INSULIN SYRINGE	74	

AQINJECT PEN NEEDLE.....	74	<i>aurovela 24 fe</i>	64	BD INSULIN SYRINGE U-500	
ARCALYST.....	123	<i>aurovela fe 1.5/30</i>	65	.....	76
AREXVY.....	128	<i>aurovela fe 1/20</i>	65	BD INSULIN SYRINGE	
ARIKAYCE.....	7	AUSTEDO.....	62	ULTRAFINE.....	76
<i>aripiprazole</i>	42	AUSTEDO XR.....	62	BD PEN NEEDLE MICRO U/F	
ARISTADA.....	43	AUSTEDO XR PATIENT		.....	76
ARISTADA INITIO.....	42	TITRATION.....	62	BD PEN NEEDLE MINI U/F	76
<i>armodafinil</i>	139	AUVELITY.....	30	BD PEN NEEDLE NANO 2ND	
ARNUITY ELLIPTA.....	135	<i>aviane</i>	65	GEN.....	76
<i>asenapine maleate</i>	43	AVONEX PEN.....	62	BD PEN NEEDLE NANO U/F	
<i>aspirin-dipyridamole er</i>	53	AVONEX PREFILLED.....	62	.....	76
ASSURE ID DUO PRO PEN		AXTLE.....	13	BD PEN NEEDLE ORIGINAL	
NEEDLES.....	74	<i>ayuna</i>	65	U/F.....	76
ASSURE ID INSULIN		AYVAKIT.....	13	BD PEN NEEDLE SHORT U/F	
SAFETY SYR.....	74	<i>azacitidine</i>	13	.....	77
ASSURE ID PRO PEN		<i>azathioprine</i>	123	BD SAFETYGLIDE INSULIN	
NEEDLES.....	74	<i>azathioprine sodium</i>	123	SYRINGE.....	77
ASTAGRAF XL.....	123	<i>azelastine hcl</i>	113	BD SAFETYGLIDE	
<i>atazanavir sulfate</i>	48	<i>azithromycin</i>	9	SYRINGE/NEEDLE.....	77
<i>atenolol</i>	56	<i>aztreonam</i>	10	BD SAFETY-LOK INSULIN	
<i>atenolol-chlorthalidone</i>	57	<i>azurette</i>	65	SYRINGE.....	77
<i>atomoxetine hcl</i>	62	B		BD SWAB SINGLE USE	
<i>atorvastatin calcium</i>	60	<i>bacitracin</i>	114	REGULAR.....	77
<i>atovaquone</i>	40	<i>bacitracin-polymyxin b</i>	114	BD SWABS SINGLE USE	
<i>atovaquone-proguanil hcl</i>	40	<i>bacitra-neomycin-polymyxin-hc</i>		BUTTERFLY.....	77
<i>atropine sulfate</i>	113	.....	114	BD VEO INSULIN SYR U/F	
ATROVENT HFA.....	136	<i>baclofen</i>	138	1/2UNIT.....	77
<i>aubra eq</i>	64	<i>balsalazide disodium</i>	131	BD VEO INSULIN SYRINGE	
AUGTYRO.....	13	BALVERSA.....	13	U/F.....	77
AUM ALCOHOL PREP PADS		BCG VACCINE.....	128	BELSOMRA.....	139
.....	74	BD AUTOSHIELD.....	75	<i>benazepril hcl</i>	55
AUM INSULIN SAFETY PEN		BD AUTOSHIELD DUO.....	75	<i>benazepril-hydrochlorothiazide</i>	
NEEDLE.....	74	BD ECLIPSE SYRINGE.....	75	.....	55
AUM MINI INSULIN PEN		BD INSULIN SYR		<i>bendamustine hcl</i>	13
NEEDLE.....	74, 75	ULTRAFINE II.....	75	BENDAMUSTINE HCL.....	13
AUM PEN NEEDLE.....	75	BD INSULIN SYRINGE.....	75, 76	BENDEKA.....	13
AUM READYGARD DUO		BD INSULIN SYRINGE		BENLYSTA.....	123
PEN NEEDLE.....	75	HALF-UNIT.....	75	<i>benztropine mesylate</i>	41
AUM SAFETY PEN NEEDLE		BD INSULIN SYRINGE		BESREMI.....	123
.....	75	MICROFINE.....	76	<i>betaine</i>	132
<i>aurovela 1.5/30</i>	64	BD INSULIN SYRINGE U/F	76	<i>betamethasone dipropionate</i> ..	71
<i>aurovela 1/20</i>	64				

<i>betamethasone dipropionate aug</i>	<i>budesonide</i>	CARETOUCH INSULIN SYRINGE.....
71	<i>budesonide-formoterol fumarate</i>	78
<i>betamethasone valerate</i>	135	CARETOUCH PEN NEEDLES
71	<i>bumetanide</i>	78
BETASERON.....	59	<i>carglumic acid</i>
62	<i>buprenorphine</i>	116
<i>betaxolol hcl</i>	3	<i>carteolol hcl</i>
133	<i>buprenorphine hcl</i>	133
<i>bethanechol chloride</i>	5	<i>cartia xt</i>
118	<i>buprenorphine hcl-naloxone hcl</i>	57
<i>bexarotene</i>	5, 6	<i>carvedilol</i>
13	<i>bupropion hcl</i>	57
BEXSERO.....	30	CAYSTON.....
128	<i>bupropion hcl er (smoking det)</i> 6	10
<i>bicalutamide</i>	30	<i>cefaclor</i>
13	<i>bupropion hcl er (sr)</i>	8
BICILLIN L-A.....	30	<i>cefadroxil</i>
11	<i>bupropion hcl er (xl)</i>	8
BIKTARVY.....	30	<i>cefazolin sodium</i>
48	<i>buspirone hcl</i>	8
<i>bimatoprost</i>	132	<i>cefdinir</i>
133	<i>butalbital-apap-caff-cod</i>	8
<i>bisoprolol fumarate</i>	3	<i>cefepime hcl</i>
57	<i>butalbital-apap-caffeine</i>	9
<i>bisoprolol-hydrochlorothiazide</i>	3	<i>cefixime</i>
57	C	9
BIZENGRI (750 MG DOSE). 13	CABENUVA.....	9
<i>bleomycin sulfate</i>	48	<i>cefloxitin sodium</i>
13	<i>cabergoline</i>	9
<i>blisovi 24 fe</i>	41	<i>cefpodoxime proxetil</i>
65	CABOMETYX.....	9
<i>blisovi fe 1.5/30</i>	14	<i>cefprozil</i>
65	<i>calcipotriene</i>	9
<i>blisovi fe 1/20</i>	70	<i>ceftazidime</i>
65	<i>calcitonin (salmon)</i>	9
BOOSTRIX.....	132	<i>ceftriaxone sodium</i>
128	<i>calcitriol</i>	9
<i>bortezomib</i>	132	<i>cefuroxime axetil</i>
13	<i>calcium acetate</i>	9
BORUZU.....	118	<i>cefuroxime sodium</i>
14	<i>calcium acetate (phos binder)</i>	9
<i>bosentan</i>	118	<i>celecoxib</i>
139	CALQUENCE.....	4
BOSULIF.....	14	<i>cephalexin</i>
14	<i>camila</i>	9
BRAFTOVI.....	65	<i>cevimeline hcl</i>
14	<i>candesartan cilexetil</i>	69
BREO ELLIPTA.....	54	<i>chateal eq</i>
135	<i>candesartan cilexetil-hctz</i>	65
<i>breyana</i>	54	<i>chlordiazepoxide hcl</i>
135	CAPLYTA.....	6
BREZTRI AEROSPHERE .. 136	43	<i>chlorhexidine gluconate</i>
BRILINTA.....	14	69
<i>brimonidine tartrate</i>	55	<i>chloroquine phosphate</i>
133	<i>captopril</i>	40
<i>brimonidine tartrate-timolol</i> 133	26	<i>chlorpromazine hcl</i>
<i>brinzolamide</i>	26	43
133	<i>carbamazepine</i>	59
BRIVIACT.....	41	<i>cholestyramine</i>
25, 26	<i>carbidopa-levodopa</i>	60
<i>bromfenac sodium</i>	41	<i>cholestyramine light</i>
115	CAREFINE PEN NEEDLES 77, 78	60
<i>bromfenac sodium (once-daily)</i>	CAREONE INSULIN SYRINGE.....	36
115	78	36, 37
<i>bromocriptine mesylate</i>	CARETOUCH ALCOHOL PREP.....	54
41	78	48
BRONCHITOL.....		<i>cimetidine hcl</i>
137		116
BRONCHITOL TOLERANCE TEST.....		CIMZIA.....
137		123
BRUKINSA.....		CIMZIA (2 SYRINGE).....
14		123
		<i>cinacalcet hcl</i>
		132
		CINQAIR.....
		137

ciprofloxacin hcl..... 11, 114
ciprofloxacin in d5w..... 11
ciprofloxacin-dexamethasone
..... 114
citalopram hydrobromide..... 30
clarithromycin 10
CLENPIQ 117
CLEVER CHOICE COMFORT
EZ 79
CLICKFINE PEN NEEDLES 79
clindamycin hcl 7
clindamycin phos-benzoyl perox
..... 70
clindamycin phosphate . 7, 38, 70
CLINIMIX E/DEXTROSE
(8/10) 54
CLINIMIX E/DEXTROSE
(8/14) 54
CLINIMIX/DEXTROSE (6/5)
..... 54
CLINIMIX/DEXTROSE (8/10)
..... 54
CLINIMIX/DEXTROSE (8/14)
..... 54
clobazam..... 26
clobetasol propionate 71
clobetasol propionate e 71
clobetasol propionate emulsion
..... 71
clomipramine hcl..... 30
clonazepam..... 6
clonidine 54
clonidine hcl 54
clopidogrel bisulfate..... 54
clorazepate dipotassium 6
clotrimazole 37
clotrimazole-betamethasone... 37
clozapine..... 43
C-NATE DHA..... 140
COARTEM 41
COBENFY 43

COBENFY STARTER PACK
..... 43
colchicine..... 38
colchicine-probenecid 38
colesevelam hcl..... 60
colestipol hcl..... 60
colistimethate sodium (cba) 8
COMBIVENT RESPIMAT . 137
COMETRIQ (100 MG DAILY
DOSE) 14
COMETRIQ (140 MG DAILY
DOSE) 14
COMETRIQ (60 MG DAILY
DOSE) 14
COMFORT ASSIST INSULIN
SYRINGE..... 79
COMFORT EZ INSULIN
SYRINGE..... 79, 80
COMFORT EZ PEN NEEDLES
..... 80
COMFORT EZ PRO PEN
NEEDLES 80
COMFORT TOUCH INSULIN
PEN NEED 80, 81
COMPLERA 48
COMPLETENATE 140
compro..... 40
constulose 116
COPIKTRA..... 14
CORLANOR 58
COSENTYX..... 123, 132
COSENTYX (300 MG DOSE)
..... 123
COSENTYX SENSOREADY
(300 MG)..... 123
COSENTYX UNOREADY . 123
COTELLIC..... 14
CREON 113
cromolyn sodium .. 113, 116, 137
cryselle-28 65
CURITY ALCOHOL PREPS 81

CURITY ALL PURPOSE
SPONGES 81
CURITY GAUZE..... 81
CURITY GAUZE SPONGE .. 81
CURITY SPONGES 81
CVS GAUZE..... 81
CVS GAUZE STERILE..... 81
cyclafem 1/35..... 65
cyclafem 7/7/7..... 65
cyclobenzaprine hcl 138
cyclophosphamide 14
CYCLOPHOSPHAMIDE 14
cyclosporine..... 115, 123
cyclosporine modified..... 123
CYLTEZO (2 PEN)..... 123
CYLTEZO (2 SYRINGE).... 124
CYLTEZO-CD/UC/HS
STARTER 124
CYLTEZO-PSORIASIS/UV
STARTER 124
cyred eq 65
D
dabigatran etexilate mesylate . 52
dalfampridine er 62
danazol 119
dantrolene sodium 139
DANYELZA 14
DANZITEN..... 15
dapsone..... 39
DAPTACEL 128
daptomycin 8
DAPTOMYCIN 8
darunavir 48
dasatinib 15
dasetta 1/35 (28)..... 65
dasetta 7/7/7 65
DATROWAY 15
DAURISMO..... 15
deblitane 65
decitabine 15
deferasirox..... 119
deferasirox granules..... 119

DELSTRIGO.....	48	<i>difluprednate</i>	115	<i>droxidopa</i>	54
<i>delyla</i>	65	<i>digoxin</i>	58	DRUG MART ULTRA	
<i>demeclocycline hcl</i>	12	<i>dihydroergotamine mesylate</i> ..	39	COMFORT SYR.....	83
DENG VAXIA.....	128	<i>diltiazem hcl</i>	57	DRUG MART UNIFINE	
<i>denta 5000 plus</i>	69	<i>diltiazem hcl er</i>	57	PENTIPS	83
<i>dentagel</i>	69	<i>diltiazem hcl er beads</i>	57	DUAVEE.....	119
DEPO-SUBQ PROVERA 104		<i>diltiazem hcl er coated beads</i> .	57	<i>duloxetine hcl</i>	30
.....	122	<i>dilt-xr</i>	57	DUPIXENT	124
DERMACEA GAUZE		<i>dimethyl fumarate</i>	62	<i>dutasteride</i>	118
SPONGE	81	<i>dimethyl fumarate starter pack</i>		E	
DERMACEA IV DRAIN		.....	62	EASY COMFORT ALCOHOL	
SPONGES	81	<i>diphenoxylate-atropine</i>	116	PADS	83
DERMACEA NON-WOVEN		DIPHThERIA-TETANUS		EASY COMFORT INSULIN	
SPONGES	81	TOXOIDS DT	128	SYRINGE.....	83, 84
DERMACEA TYPE VII		<i>dipyridamole</i>	54	EASY COMFORT PEN	
GAUZE	81	<i>disulfiram</i>	6	NEEDLES	84
DESCOVY	48	<i>divalproex sodium</i>	26	EASY GLIDE PEN NEEDLES	
<i>desipramine hcl</i>	30	<i>divalproex sodium er</i>	26	.....	84
<i>desmopressin ace spray refrig</i>		<i>dofetilide</i>	56	EASY TOUCH ALCOHOL	
.....	121	<i>dolishale</i>	65	PREP MEDIUM.....	84
<i>desmopressin acetate</i>	121	<i>donepezil hcl</i>	29	EASY TOUCH FLIPLOCK	
<i>desmopressin acetate spray</i> ..	121	<i>dorzolamide hcl</i>	133	INSULIN SY	84
<i>desogestrel-ethinyl estradiol</i> ..	65	<i>dorzolamide hcl-timolol mal</i>	134	EASY TOUCH FLIPLOCK	
<i>desvenlafaxine succinate er</i>	30	DOVATO	48	SAFETY SYR	84
<i>dexamethasone</i>	120	<i>doxazosin mesylate</i>	54	EASY TOUCH INSULIN	
<i>dexamethasone sodium</i>		<i>doxepin hcl</i>	30	BARRELS	84
<i>phosphate</i>	115, 120	<i>doxorubicin hcl liposomal</i>	15	EASY TOUCH INSULIN	
<i>dextrose</i>	54	<i>doxy 100</i>	12	SAFETY SYR	84, 85
<i>dextrose-nacl</i>	134	<i>doxycycline hyclate</i>	12	EASY TOUCH INSULIN	
<i>dextrose-sodium chloride</i>	134	<i>doxycycline monohydrate</i>	12	SYRINGE.....	85
DIACOMIT	26	DRIZALMA SPRINKLE.....	30	EASY TOUCH PEN NEEDLES	
DIATHRIVE PEN NEEDLE .81		<i>dronabinol</i>	40	.....	85, 86
<i>diazepam</i>	6, 7, 26	DROPLET INSULIN		EASY TOUCH SAFETY PEN	
<i>diazepam intensol</i>	6	SYRINGE.....	81, 82	NEEDLES	86
<i>diazoxide</i>	132	DROPLET MICRON	82	EASY TOUCH	
<i>diclofenac potassium</i>	4	DROPLET PEN NEEDLES...82		SHEATHLOCK SYRINGE	
<i>diclofenac sodium</i>	4, 115	DROPSAFE ALCOHOL PREP		.....	86
<i>diclofenac sodium er</i>	4	.....	82	<i>econazole nitrate</i>	37
<i>diclofenac-misoprostol</i>	4	DROPSAFE SAFETY PEN		EDURANT	48
<i>dicloxacillin sodium</i>	11	NEEDLES	82	<i>efavirenz</i>	48
<i>dicyclomine hcl</i>	116	DROPSAFE SAFETY		<i>efavirenz-emtricitab-tenofo df</i>	48
DIFICID	10	SYRINGE/NEEDLE	83		

<i>efavirenz-lamivudine-tenofovir</i>	48	<i>enilloring</i>	65	ETOPOPHOS	15
ELAHERE.....	15	<i>enoxaparin sodium</i>	52	<i>etoposide</i>	15
ELIGARD	15	<i>enpresse-28</i>	65	<i>etravirine</i>	48
<i>elimest</i>	65	<i>enskyce</i>	65	EUCRISA	71
ELIQUIS	52	<i>entacapone</i>	41	<i>everolimus</i>	15, 124
ELIQUIS DVT/PE STARTER		<i>entecavir</i>	51	EVOTAZ	48
PACK	52	ENTRESTO.....	55	EXEL COMFORT POINT PEN	
ELREXFIO.....	15	<i>enulose</i>	116	NEEDLE.....	87
<i>eluryng</i>	65	EPCLUSA	51	<i>exemestane</i>	15
EMBECTA AUTOSHIELD		EPIDIOLEX	26	EXTENCILLINE	11
DUO	86	<i>epinastine hcl</i>	113	EYSUVIS	115
EMBECTA INS SYR U/F 1/2		<i>epinephrine</i>	58	<i>ezetimibe</i>	60
UNIT	86	<i>epitol</i>	26	<i>ezetimibe-simvastatin</i>	60
EMBECTA INSULIN		EPIVIR HBV	48	F	
SYRINGE.....	86	EPKINLY	15	<i>falmina</i>	65
EMBECTA INSULIN		<i>eplerenone</i>	61	<i>famciclovir</i>	51
SYRINGE U/F	86, 87	EPRONTIA	26	<i>famotidine</i>	116
EMBECTA INSULIN		EQL ALCOHOL SWABS	87	FANAPT.....	44
SYRINGE U-100	87	EQL GAUZE.....	87	FANAPT TITRATION PACK	
EMBECTA PEN NEEDLE		EQL INSULIN SYRINGE.....	87	.....	44
NANO 2 GEN	87	ERBITUX.....	15	FARXIGA	32
EMBECTA PEN NEEDLE U/F		<i>ergoloid mesylates</i>	29	FASENRA	138
.....	87	ERIVEDGE	15	FASENRA PEN	137
EMBRACE PEN NEEDLES	87	ERLEADA	15	<i>febuxostat</i>	38
EMCYT.....	15	<i>erlotinib hcl</i>	15	<i>feirza 1.5/30</i>	66
EMGALITY	39	<i>errin</i>	65	<i>feirza 1/20</i>	66
EMGALITY (300 MG DOSE)		<i>ertapenem sodium</i>	10	<i>felbamate</i>	26
.....	39	<i>erythromycin</i>	70, 114	<i>felodipine er</i>	59
<i>emoquette</i>	65	<i>erythromycin base</i>	10	<i>femynor</i>	66
EMSAM	30	<i>erythromycin ethylsuccinate</i> ...10		<i>fenofibrate</i>	60
<i>emtricitabine</i>	48	ERZOFRI	43, 44	<i>fenofibrate micronized</i>	60
<i>emtricitabine-tenofovir df</i>	48	<i>escitalopram oxalate</i>	30, 31	<i>fentanyl</i>	3
EMTRIVA.....	48	<i>esomeprazole magnesium</i>	116	<i>fentanyl citrate</i>	3
<i>emzahn</i>	65	<i>estarylla</i>	65	<i>fesoterodine fumarate er</i>	118
<i>enalapril maleate</i>	55	<i>estradiol</i>	119, 120	FETZIMA.....	31
<i>enalapril-hydrochlorothiazide</i> 55		<i>estradiol-norethindrone acet</i> 120		FETZIMA TITRATION	31
ENBREL	124	<i>eszopiclone</i>	139	FIASP	34
ENBREL MINI	124	<i>ethambutol hcl</i>	39	FIASP FLEXTOUCH	34
ENBREL SURECLICK	124	<i>ethosuximide</i>	26	FIASP PENFILL	34
<i>endocet</i>	3	<i>ethynodiol diac-eth estradiol</i> ..65		FIFTY50 PEN NEEDLES.....	87
ENERGIX-B	128	<i>etodolac</i>	4	<i>finasteride</i>	118, 132
		<i>etonogestrel-ethinyl estradiol</i> ..65		<i>fin golimod hcl</i>	62

FINTEPLA26
 FIRMAGON.....16
 FIRMAGON (240 MG DOSE)
 16
flavoxate hcl118
flecainide acetate.....56
floxuridine16
fluconazole37
fluconazole in sodium chloride
 37
flucytosine.....37
fludrocortisone acetate.....120
flunisolide115
fluocinolone acetonide ...72, 115
fluocinonide.....72
fluorometholone115
fluorouracil.....16, 70
fluoxetine hcl31
fluphenazine decanoate44
fluphenazine hcl.....44
flurbiprofen.....4
 FLURBIPROFEN5
flurbiprofen sodium.....115
 FLUTAMIDE.....16
fluticasone propionate....72, 115
fluticasone propionate hfa....136
fluticasone-salmeterol136
fluvastatin sodium60
fluvastatin sodium er60
fluvoxamine maleate.....31
folic acid140
 FOLIVANE-OB140
fondaparinux sodium.....52
fosamprenavir calcium48
fosinopril sodium.....56
fosinopril sodium-hctz56
fosphenytoin sodium26
 FOTIVDA16
 FREESTYLE PRECISION INS
 SYR87
 FRUZAQLA.....16
fulvestrant.....16

furosemide59
 FUZEON48
 FYARRO.....16
 FYCOMPA.....26, 27
G
gabapentin27
galantamine hydrobromide ...29
galantamine hydrobromide er 29
gallifrey122
 GAMUNEX-C.....124
 GARDASIL 9.....128
 GAUZE PADS87
 GAUZE TYPE VII MEDI-PAK
 87
 GAVILYTE-C.....117
gavilyte-g117
gavilyte-n with flavor pack...117
 GAVRETO.....16
gefitinib.....16
gemfibrozil.....60
generlac117
gengraf.....124
 GENTAK.....114
gentamicin sulfate.....7, 70, 114
 GENVOYA48
 GILOTRIF.....16
glatiramer acetate62
glatopa.....62, 63
 GLEOSTINE.....16
glimepiride.....36
glipizide36
glipizide er36
glipizide-metformin hcl.....36
 GLOBAL ALCOHOL PREP
 EASE87
 GLOBAL EASE INJECT PEN
 NEEDLES87, 88
 GLOBAL EASY GLIDE
 INSULIN SYR88
 GLOBAL INJECT EASE
 INSULIN SYR88

GLUCOPRO INSULIN
 SYRINGE.....88, 89
glyburide.....36
glyburide micronized36
glyburide-metformin36
glycopyrrolate.....117
glydo5
 GLYXAMBI.....32
 GNP ALCOHOL SWABS89
 GNP INSULIN SYRINGE.....89
 GNP INSULIN SYRINGES...89
 GNP INSULIN SYRINGES
 29GX1/289
 GNP INSULIN SYRINGES
 30GX5/1689
 GNP INSULIN SYRINGES
 31GX5/1689
 GNP STERILE GAUZE.....89
 GNP ULTRA COM INSULIN
 SYRINGE.....89
 GOMEKLI.....16
 GOODSENSE ALCOHOL
 SWABS89
griseofulvin microsize.....37
griseofulvin ultramicrosize....37
 GRISEOFULVIN
 ULTRAMICROSIZE37
guanfacine hcl54
guanfacine hcl er63
 GVOKE HYPOPEN 2-PACK
 132
 GVOKE KIT133
 GVOKE PFS133
H
 HAEGARDA.....53
hailey 24 fe66
hailey fe 1.5/3066
hailey fe 1/2066
halobetasol propionate72
haloette66
haloperidol44
haloperidol decanoate44

<i>haloperidol lactate</i>	44	HUMULIN R U-500		INFANRIX	129
HARVONI	51	KWIKPEN	34	<i>infliximab</i>	125
HAVRIX	129	<i>hydralazine hcl</i>	58	INGREZZA	63
HEALTHWISE INSULIN		<i>hydrochlorothiazide</i>	59	INLYTA	17
SYR/NEEDLE	89	<i>hydrocodone-acetaminophen</i> ...	3	INPEN 100-BLUE-LILLY-	
HEALTHWISE MICRON PEN		<i>hydrocortisone</i>	72, 120, 131	HUMALOG	91
NEEDLES	89	<i>hydrocortisone (perianal)</i>	72	INPEN 100-BLUE-	
HEALTHWISE SHORT PEN		<i>hydrocortisone valerate</i>	72	NOVOLOG-FIASP	91
NEEDLES	90	<i>hydrocortisone-acetic acid</i> ...	114	INQOVI	17
HEALTHY ACCENTS		<i>hydromorphone hcl</i>	3	INREBIC	17
UNIFINE PENTIP	90	<i>hydroxychloroquine sulfate</i>	41	<i>insulin asp prot & asp flexpen</i>	34
<i>heather</i>	66	<i>hydroxyurea</i>	16	INSULIN ASPART	35
H-E-B INCONTROL		<i>hydroxyzine hcl</i>	38	INSULIN ASPART FLEXPEN	
ALCOHOL	90	<i>hydroxyzine pamoate</i>	133	.....	34
H-E-B INCONTROL PEN		I		INSULIN ASPART PENFILL	
NEEDLES	90	<i>ibandronate sodium</i>	132	.....	35
<i>heparin sodium (porcine)</i>	52	IBRANCE	16	<i>insulin aspart prot & aspart</i> ...	35
HEPLISAV-B	129	<i>ibu</i>	5	INSULIN SYRINGE	91
HERCEPTIN HYLECTA	16	<i>ibuprofen</i>	5	INSULIN SYRINGE/NEEDLE	
HERZUMA	16	<i>icatibant acetate</i>	58	.....	91
HIBERIX	129	<i>iclevia</i>	66	INSULIN SYRINGE-NEEDLE	
HM STERILE PADS	90	ICLUSIG	16	U-100	91
HM ULTICARE INSULIN		<i>icosapent ethyl</i>	60	INSUPEN PEN NEEDLES	91
SYRINGE	90	IDHIFA	17	INSUPEN ULTRAFIN	91
HM ULTICARE SHORT PEN		<i>ifosfamide</i>	17	INTELENCE	48
NEEDLES	90	ILEVRO	115	INTRON A	51
HUMIRA (2 PEN)	124	<i>imatinib mesylate</i>	17	<i>introvale</i>	66
HUMIRA (2 SYRINGE)	124	IMBRUVICA	17	INVEGA HAFYERA	44
HUMIRA-CD/UC/HS		IMDELLTRA	17	INVEGA SUSTENNA	44, 45
STARTER	125	<i>imipenem-cilastatin</i>	10	INVEGA TRINZA	45
HUMIRA-PED<40KG		<i>imipramine hcl</i>	31	INVELTYS	115
CROHNS STARTER	125	<i>imiquimod</i>	70	IPOL	129
HUMIRA-PED>/=40KG		IMJUDO	17	<i>ipratropium bromide</i>	113, 137
CROHNS START	125	IMKELDI	17	<i>ipratropium-albuterol</i>	137
HUMIRA-PED>/=40KG UC		IMOVAX RABIES	129	<i>irbesartan</i>	55
STARTER	125	IMPAVIDO	41	<i>irbesartan-hydrochlorothiazide</i>	
HUMIRA-PS/UV/ADOL HS		<i>incassia</i>	66	.....	55
STARTER	125	INCONTROL ULTICARE PEN		ISENTRESS	48, 49
HUMIRA-PSORIASIS/UEIT		NEEDLES	90	ISENTRESS HD	48
STARTER	125	INCRELEX	121	<i>isibloom</i>	66
HUMULIN R U-500		<i>indapamide</i>	59	<i>isoniazid</i>	39
(CONCENTRATED)	34	<i>indomethacin</i>	5	<i>isosorbide dinitrate</i>	61

<i>isosorbide mononitrate</i>	61	KERENDIA.....	61	<i>lactulose</i>	117
<i>isosorbide mononitrate er</i>	61	KESIMPTA.....	63	<i>lamivudine</i>	49
ITOVEBI.....	17	<i>ketoconazole</i>	37	<i>lamivudine-zidovudine</i>	49
<i>itraconazole</i>	37	<i>ketorolac tromethamine</i>	5, 115	<i>lamotrigine</i>	27
<i>ivabradine hcl</i>	58	KEYTRUDA.....	17	LANREOTIDE ACETATE..	121
<i>ivermectin</i>	41	KIMMTRAK.....	17	<i>lansoprazole</i>	116
IWILFIN.....	17	KINERET.....	125	LANTUS	35
IXCHIQ.....	129	KINRAY INSULIN SYRINGE		LANTUS SOLOSTAR.....	35
IXIARO.....	129	.....	92	<i>lapatinib ditosylate</i>	18
J		KINRIX.....	129	<i>larin 1.5/30</i>	66
J & J GAUZE	92	<i>kionex</i>	117	<i>larin 1/20</i>	66
JAKAFI	17	KISQALI (200 MG DOSE) ...	17	<i>larin 24 fe</i>	66
<i>jantoven</i>	52	KISQALI (400 MG DOSE) ...	18	<i>larin fe 1.5/30</i>	66
JANUMET	32	KISQALI (600 MG DOSE) ...	18	<i>larin fe 1/20</i>	66
JANUMET XR.....	32	KISQALI FEMARA (200 MG		<i>larissia</i>	66
JANUVIA.....	32	DOSE)	18	<i>latanoprost</i>	134
JARDIANCE.....	32	KISQALI FEMARA (400 MG		LAZCLUZE	18
<i>javygtor</i>	113	DOSE)	18	LEADER UNIFINE PENTIPS	
JAYPIRCA.....	17	KISQALI FEMARA (600 MG		.....	92
JEMPERLI	17	DOSE)	18	LEADER UNIFINE PENTIPS	
<i>jencycla</i>	66	KLISYRI (250 MG)	70	PLUS	92
JENTADUETO	32	<i>klor-con m10</i>	134	<i>leflunomide</i>	125
JENTADUETO XR.....	32, 33	<i>klor-con m15</i>	134	<i>lenalidomide</i>	18
<i>jolessa</i>	66	<i>klor-con m20</i>	134	LENTOCILIN	11
<i>juleber</i>	66	KLOXXADO	6	LENVIMA (10 MG DAILY	
JULUCA.....	49	KMART VALU INSULIN		DOSE)	18
<i>junel 1.5/30</i>	66	SYRINGE 29G.....	92	LENVIMA (12 MG DAILY	
<i>junel 1/20</i>	66	KMART VALU INSULIN		DOSE)	18
<i>junel fe 1.5/30</i>	66	SYRINGE 30G.....	92	LENVIMA (14 MG DAILY	
<i>junel fe 1/20</i>	66	KOSELUGO	18	DOSE)	18
<i>junel fe 24</i>	66	KOSHER PRENATAL PLUS		LENVIMA (18 MG DAILY	
JYLAMVO.....	17	IRON	140	DOSE)	18
JYNNEOS	129	KRAZATI	18	LENVIMA (20 MG DAILY	
K		KROGER PEN NEEDLES ...	92	DOSE)	18
KALYDECO.....	138	<i>kurvelo</i>	66	LENVIMA (24 MG DAILY	
<i>kariva</i>	66	KYLEENA	66	DOSE)	18
<i>kelnor 1/35</i>	66	KYNMOBI.....	42	LENVIMA (4 MG DAILY	
<i>kelnor 1/50</i>	66	KYNMOBI TITRATION KIT		DOSE)	18
KENDALL HYDROPHILIC		.....	42	LENVIMA (8 MG DAILY	
FOAM DRESS.....	92	L		DOSE)	18
KENDALL HYDROPHILIC		<i>labetalol hcl</i>	57	<i>lessina</i>	66
FOAM PLUS.....	92	<i>lacosamide</i>	27	<i>letrozole</i>	18

<i>leucovorin calcium</i>	133	LOKELMA	117	LYTGOBI (20 MG DAILY	
LEUKERAN	18	LONSURF	19	DOSE)	19
<i>leuprolide acetate</i>	19	<i>loperamide hcl</i>	117	<i>lyza</i>	67
LEUPROLIDE ACETATE (3		<i>lopinavir-ritonavir</i>	49	M	
MONTH)	19	LOQTORZI	19	MAGELLAN INSULIN	
<i>levetiracetam</i>	27	<i>lorazepam</i>	7	SAFETY SYR	93
<i>levetiracetam er</i>	27	<i>lorazepam intensol</i>	7	<i>magnesium sulfate</i>	134
<i>levobunolol hcl</i>	134	LORBRENA	19	<i>malathion</i>	73
<i>levocetirizine dihydrochloride</i>	38	<i>losartan potassium</i>	55	<i>maraviroc</i>	49
<i>levofloxacin</i>	11	<i>losartan potassium-hctz</i>	55	MARGENZA	19
<i>levofloxacin in d5w</i>	11	LOTEMAX	115	<i>marlissa</i>	67
<i>levonest</i>	66	LOTEMAX SM	115	MARPLAN	31
<i>levonorgest-eth estrad 91-day</i>	66	<i>loteprednol etabonate</i>	115	MATULANE	19
<i>levonorgest-eth estradiol-iron</i>	67	<i>lovastatin</i>	60	MAVENCLAD (10 TABS)	63
<i>levonorgestrel-ethinyl estrad.</i>	67	<i>low-ogestrel</i>	67	MAVENCLAD (4 TABS)	63
<i>levonorg-eth estrad triphasic</i>	67	<i>loxapine succinate</i>	45	MAVENCLAD (5 TABS)	63
<i>levora 0.15/30 (28)</i>	67	<i>lubiprostone</i>	117	MAVENCLAD (6 TABS)	63
<i>levothyroxine sodium</i>	122	LUMAKRAS	19	MAVENCLAD (7 TABS)	63
LEXIVA	49	LUMIGAN	134	MAVENCLAD (8 TABS)	63
<i>l-glutamine</i>	133	LUNSUMIO	19	MAVENCLAD (9 TABS)	63
LIBERVANT	27	LUPRON DEPOT (1-MONTH)		MAXICOMFORT II PEN	
<i>lidocaine</i>	5	.....	19, 121	NEEDLE	93
<i>lidocaine hcl urethral/mucosal</i>	5	LUPRON DEPOT (3-MONTH)		MAXI-COMFORT INSULIN	
<i>lidocaine viscous hcl</i>	5	.....	19, 121	SYRINGE	93
<i>lidocaine-prilocaine</i>	5	LUPRON DEPOT (4-MONTH)		MAXI-COMFORT SAFETY	
<i>lidocan</i>	5	.....	19	PEN NEEDLE	93
LILETTA (52 MG)	67	LUPRON DEPOT (6-MONTH)		MAXICOMFORT SYR 27G X	
<i>lillow</i>	67	.....	19	1/2	93
<i>linezolid</i>	8	LUPRON DEPOT-PED (3-		MAYZENT	63
LINZESS	117	MONTH)	121	MAYZENT STARTER PACK	
<i>liothyronine sodium</i>	122	LUPRON DEPOT-PED (6-		.....	63
<i>lisinopril</i>	56	MONTH)	121	<i>meclizine hcl</i>	40
<i>lisinopril-hydrochlorothiazide</i>	56	<i>lurasidone hcl</i>	45	MEDIC INSULIN SYRINGE	
LITETOUCH INSULIN		<i>lutra</i>	67	.....	93, 94
SYRINGE	92, 93	LYBALVI	45	MEDICINE SHOPPE PEN	
LITETOUCH PEN NEEDLES		<i>lyleq</i>	67	NEEDLES	94
.....	93	LYNPARZA	19	MEDPURA ALCOHOL PADS	
<i>lithium</i>	63	LYSODREN	19	.....	94
<i>lithium carbonate</i>	63	LYTGOBI (12 MG DAILY		<i>medroxyprogesterone acetate</i>	
LITHIUM CARBONATE	63	DOSE)	19	.....	122
<i>lithium carbonate er</i>	63	LYTGOBI (16 MG DAILY		<i>mefloquine hcl</i>	41
LIVTENCITY	50	DOSE)	19	<i>megestrol acetate</i>	19, 122

MEIJER ALCOHOL SWABS	94	<i>microgestin 1/20</i>	67	MVASI	20
MEIJER PEN NEEDLES.....	94	<i>microgestin 24 fe</i>	67	<i>mycophenolate mofetil</i>	125
MEKINIST	19	<i>microgestin fe 1.5/30</i>	67	<i>mycophenolate mofetil hcl</i>	125
MEKTOVI	20	<i>microgestin fe 1/20</i>	67	<i>mycophenolate sodium</i>	125
<i>meloxicam</i>	5	<i>midodrine hcl</i>	54	MYRBETRIQ.....	118
<i>memantine hcl</i>	29	<i>mifepristone</i>	33	N	
<i>memantine hcl er</i>	29	<i>mili</i>	67	<i>na sulfate-k sulfate-mg sulf</i> ...	117
MENACTRA	129	<i>mimvey</i>	120	<i>nabumetone</i>	5
MENQUADFI.....	129	<i>minitran</i>	61	<i>nafcillin sodium</i>	11
MENVEO.....	129	<i>minocycline hcl</i>	12	<i>naloxone hcl</i>	6
<i>mercaptopurine</i>	20	<i>minoxidil</i>	61	<i>naltrexone hcl</i>	6
<i>meropenem</i>	10	MIPLYFFA	112	<i>naproxen</i>	5
<i>mesalamine</i>	131	MIRASORB SPONGES	94	<i>naratriptan hcl</i>	39
<i>mesalamine er</i>	131	MIRENA (52 MG)	67	NATACYN.....	114
<i>mesna</i>	133	<i>mirtazapine</i>	31	<i>nateglinide</i>	33
<i>metformin hcl</i>	33	<i>misoprostol</i>	116	NATPARA	132
<i>metformin hcl er</i>	33	<i>mitoxantrone hcl</i>	20	NAYZILAM.....	27
<i>methadone hcl</i>	3	MM PEN NEEDLES.....	94	<i>nebivolol hcl</i>	57
<i>methazolamide</i>	134	M-M-R II.....	129	<i>nefazodone hcl</i>	31
<i>methenamine hippurate</i>	8	M-NATAL PLUS.....	140	NEFAZODONE HCL	31
<i>methimazole</i>	122	<i>modafinil</i>	139	<i>neomycin sulfate</i>	7
<i>methocarbamol</i>	139	<i>moexipril hcl</i>	56	<i>neomycin-bacitracin zn-polymyx</i>	114
<i>methotrexate sodium</i>	20	<i>molindone hcl</i>	45	<i>neomycin-polymyxin-dexameth</i>	114
METHOTREXATE SODIUM	20	<i>mometasone furoate</i>	72, 116	<i>neomycin-polymyxin-gramicidin</i>	114
<i>methotrexate sodium (pf)</i>	20	MONOJECT INSULIN SYRINGE.....	94, 95	<i>neomycin-polymyxin-hc</i>	114
<i>methoxsalen rapid</i>	70	MONOJECT ULTRA COMFORT SYRINGE	95	<i>neo-polycin</i>	114
<i>methsuximide</i>	27	<i>mono-lynyah</i>	67	<i>neo-polycin hc</i>	114
<i>methylphenidate hcl</i>	64	<i>montelukast sodium</i>	136	NERLYNX	20
<i>methylprednisolone</i>	120	MORPHINE SULFATE.....	4	<i>neuac</i>	71
<i>methylprednisolone acetate</i> ..	120	<i>morphine sulfate (concentrate)</i> 3		NEULASTA ONPRO	53
<i>metoclopramide hcl</i>	117	<i>morphine sulfate er</i>	3, 4	<i>nevirapine</i>	49
<i>metolazone</i>	59	MOUNJARO.....	33	<i>nevirapine er</i>	49
<i>metoprolol succinate er</i>	57	MOVANTIK	117	NEXLETOL	60
<i>metoprolol tartrate</i>	57	<i>moxifloxacin hcl</i>	12, 114	NEXLIZET	60
<i>metronidazole</i>	8, 38, 71	MOXIFLOXACIN HCL	12	NEXPLANON.....	67
<i>metryrosine</i>	58	MOXIFLOXACIN HCL IN NACL	12	NIACIN	
<i>micafungin sodium</i>	37	MRESVIA	129	(ANTHYPERLIPIDEMIC)	
MICONAZOLE 3	37	MULTAQ.....	56	.....	60
MICRODOT PEN NEEDLE .	94	<i>mupirocin</i>	71	<i>niacin er (antihyperlipidemic)</i>	60
<i>microgestin 1.5/30</i>	67				

NIACOR.....	60	NOVOTWIST PEN NEEDLE	95	OMNIPOD 5 LIBRE2 PLUS	
NICOTROL NS.....	6	NUBEQA	20	G6	95
<i>nifedipine er</i>	59	NUCALA	138	OMNIPOD 5 LIBRE2 PLUS	
<i>nifedipine er osmotic release</i> ..	59	NULOJIX	125	G6 PODS	95
NIKTIMVO.....	125	NUPLAZID.....	45	OMNIPOD CLASSIC PDM	
<i>nilutamide</i>	20	NURTEC.....	39	(GEN 3)	95
NINLARO.....	20	<i>nyamyc</i>	37	OMNIPOD CLASSIC PODS	
<i>nitazoxanide</i>	41	<i>nylia 1/35</i>	68	(GEN 3)	95
<i>nitisinone</i>	113	<i>nylia 7/7/7</i>	68	OMNIPOD DASH INTRO	
<i>nitrofurantoin macrocrystal</i>	8	<i>nymyo</i>	68	(GEN 4)	95
<i>nitrofurantoin monohyd macro</i>	8	<i>nystatin</i>	37	OMNIPOD DASH PDM (GEN	
<i>nitroglycerin</i>	61, 133	<i>nystatin-triamcinolone</i>	37	4).....	95
NIVA-PLUS.....	140	<i>nystop</i>	38	OMNIPOD DASH PODS (GEN	
NIVESTYM	53	NYVEPRIA.....	53	4).....	95
NORDITROPIN FLEXPROM	121	O		ONAPGO	42
<i>norelgestromin-eth estradiol</i> ..	67	OBSTETRIX DHA	140	<i>ondansetron</i>	40
<i>norethin ace-eth estrad-fe</i>	67	OCREVUS	64	<i>ondansetron hcl</i>	40
<i>norethindrone</i>	67	OCREVUS ZUNOVO	64	ONTRUZANT.....	20
<i>norethindrone acetate</i>	122	<i>octreotide acetate</i>	121	ONUREG	20
<i>norethindron-ethinyl estrad-fe</i>	67	ODEFSEY	49	OPDIVO	20
<i>norgestimate-eth estradiol</i>	67	ODOMZO	20	OPDIVO QVANTIG.....	20
<i>norgestim-eth estrad triphasic</i>	67	OFEV.....	138	OPDUALAG	21
<i>norlyda</i>	68	<i>ofloxacin</i>	114	OPSUMIT.....	139
<i>norlyroc</i>	68	OGIVRI	20	ORENCIA	125, 126
<i>nortrel 1/35 (21)</i>	68	OGSIVEO	20	ORENCIA CLICKJECT	125
<i>nortrel 1/35 (28)</i>	68	OJEMDA.....	20	ORFADIN	113
<i>nortrel 7/7/7</i>	68	OJJAARA.....	20	ORGOVYX	121
<i>nortriptyline hcl</i>	31	<i>olanzapine</i>	45	ORILISSA	121
NORVIR.....	49	<i>olmesartan medoxomil</i>	55	ORKAMBI	138
NOVOFINE AUTOCOVER..	95	<i>olmesartan medoxomil-hctz</i>	55	ORSERDU	21
NOVOFINE PEN NEEDLE ..	95	<i>olmesartan-amlodipine-hctz</i> ...55		<i>oseltamivir phosphate</i>	50
NOVOFINE PLUS PEN		<i>olopatadine hcl</i>	113	OTEZLA.....	126
NEEDLE	95	<i>omega-3-acid ethyl esters</i>	60	<i>oxandrolone</i>	119
NOVOLIN 70/30.....	35	<i>omeprazole</i>	116	<i>oxcarbazepine</i>	27
NOVOLIN 70/30 FLEXPEN	35	OMNIPOD 5 DEXG7G6		<i>oxybutynin chloride</i>	118
NOVOLIN 70/30 RELION....	35	INTRO GEN 5.....	95	<i>oxybutynin chloride er</i>	118
NOVOLIN N.....	35	OMNIPOD 5 DEXG7G6 PODS		<i>oxycodone hcl</i>	4
NOVOLIN N FLEXPEN	35	GEN 5.....	95	<i>oxycodone-acetaminophen</i>	4
NOVOLIN N RELION	35	OMNIPOD 5 G7 INTRO (GEN		OZEMPIC (0.25 OR 0.5	
NOVOLIN R.....	35	5).....	95	MG/DOSE).....	33
NOVOLIN R FLEXPEN	35	OMNIPOD 5 G7 PODS (GEN		OZEMPIC (1 MG/DOSE).....	33
NOVOLIN R RELION	35	5).....	95	OZEMPIC (2 MG/DOSE).....	33

P		
<i>pacerone</i>	56	
PACLITAXEL PROTEIN- BOUND PART	21	
<i>paliperidone er</i>	45, 46	
PANRETIN	70	
<i>pantoprazole sodium</i>	116	
<i>paricalcitol</i>	132	
<i>paromomycin sulfate</i>	41	
<i>paroxetine hcl</i>	31	
<i>paroxetine hcl er</i>	31	
PAXLOVID (150/100)	50	
PAXLOVID (300/100)	50	
<i>pazopanib hcl</i>	21	
PC UNIFINE PENTIPS ...	95, 96	
PEDIARIX	129	
PEDVAX HIB	129	
<i>peg 3350-kcl-na bicarb-nacl</i>	117	
<i>peg-3350/electrolytes</i>	118	
PEGASYS	51	
PEMAZYRE	21	
<i>pemetrexed disodium</i>	21	
PEMETREXED DISODIUM	21	
<i>pemetrexed ditromethamine</i> ...	21	
PEMRYDI RTU	21	
PEN NEEDLES	96	
PENBRAYA	129	
<i>penicillamine</i>	119	
<i>penicillin g potassium</i>	11	
<i>penicillin g procaine</i>	11	
<i>penicillin v potassium</i>	11	
PENTACEL	130	
<i>pentamidine isethionate</i>	41	
PENTIPS	96	
PENTIPS GENERIC PEN NEEDLES	96	
<i>pentoxifylline er</i>	54	
<i>perindopril erbumine</i>	56	
<i>periogard</i>	69	
<i>permethrin</i>	73	
<i>perphenazine</i>	46	
<i>perphenazine-amitriptyline</i>	31	
PERSERIS	46	
<i>phenelzine sulfate</i>	31	
<i>phenobarbital</i>	27	
<i>phenytek</i>	27	
<i>phenytoin</i>	27	
<i>phenytoin sodium</i>	28	
<i>phenytoin sodium extended</i> ...	27	
PIFELTRO	49	
<i>pilocarpine hcl</i>	69, 134	
<i>pimecrolimus</i>	72	
<i>pimozide</i>	46	
<i>pimtreea</i>	68	
<i>pioglitazone hcl</i>	33	
<i>pioglitazone hcl-metformin hcl</i>	33	
PIP PEN NEEDLES 31G X 5MM	96	
PIP PEN NEEDLES 32G X 4MM	96	
<i>piperacillin sod-tazobactam so</i>	11	
PIQRAY (200 MG DAILY DOSE)	21	
PIQRAY (250 MG DAILY DOSE)	21	
PIQRAY (300 MG DAILY DOSE)	21	
<i>pirfenidone</i>	138	
<i>pirmella 1/35</i>	68	
<i>pirmella 7/7/7</i>	68	
<i>pitavastatin calcium</i>	60	
PLEGRIDY	64	
PLEGRIDY STARTER PACK	64	
PNV PRENATAL PLUS MULTIVITAMIN	140	
PNV TABS 29-1	140	
PNV-DHA+DOCUSATE ...	140	
PNV-OMEGA	140	
<i>podofilox</i>	70	
<i>polycin</i>	114	
<i>polymyxin b-trimethoprim</i>	114	
POMALYST	21	
<i>portia-28</i>	68	
<i>posaconazole</i>	38	
<i>potassium chloride</i>	135	
<i>potassium chloride crys er</i> ...	134	
<i>potassium chloride er</i>	135	
<i>potassium citrate er</i>	135	
<i>pramipexole dihydrochloride</i> ..	42	
<i>prasugrel hcl</i>	54	
<i>pravastatin sodium</i>	60	
<i>praziquantel</i>	41	
<i>prazosin hcl</i>	54	
PRECISION SUREDOSE PLUS SYR	96	
PRECISION SURE-DOSE SYRINGE	96	
<i>prednisolone</i>	120	
<i>prednisolone acetate</i>	116	
<i>prednisolone sodium phosphate</i>	120	
<i>prednisone</i>	120	
PREFERRED PLUS INSULIN SYRINGE	96	
PREFERRED PLUS UNIFINE PENTIPS	97	
<i>pregabalin</i>	28	
PREHEVBRIO	130	
PREMARIN	120	
PREMPHASE	120	
PREMPRO	120	
PRENA 1 TRUE	140	
PRENAISSANCE	140	
PRENAISSANCE PLUS	140	
PRENATABS FA	140	
PRENATAL	140	
PRENATAL 19	140	
PRENATAL PLUS IRON ...	140	
PRENATAL-U	140	
PREPLUS	140	
PRETAB	140	
<i>prevalite</i>	60	

PREVENT DROPSAFE PEN		
NEEDLES	97	
PREVENT SAFETY PEN		
NEEDLES	97	
<i>previfem</i>	68	
PREVYMIS	51	
PREZCOBIX	49	
PREZISTA	49	
PRIFTIN	39	
PRIMAQUINE PHOSPHATE		
.....	41	
<i>primidone</i>	28	
PRIORIX	130	
PRO COMFORT ALCOHOL	97	
PRO COMFORT INSULIN		
SYRINGE	97	
PRO COMFORT PEN		
NEEDLES	97	
<i>probenecid</i>	38	
PROCALAMINE	54	
<i>prochlorperazine</i>	40	
<i>prochlorperazine edisylate</i>	40,	
46		
<i>prochlorperazine maleate</i>	40	
<i>procto-med hc</i>	72	
<i>procto-pak</i>	72	
<i>proctosol hc</i>	72	
<i>proctozone-hc</i>	72	
PRODIGY INSULIN		
SYRINGE	97	
<i>progesterone</i>	122	
PROGRAF	126	
PROLIA	132	
PROMACTA	53	
<i>promethazine hcl</i>	40	
<i>promethegan</i>	40	
<i>propafenone hcl</i>	56	
<i>propafenone hcl er</i>	56	
<i>propranolol hcl</i>	57	
<i>propranolol hcl er</i>	57	
<i>propylthiouracil</i>	122	
PROQUAD	130	
<i>protriptyline hcl</i>	31	
<i>pseudoeph-bromphen-dm</i>	69	
PULMOZYME	113	
PURE COMFORT ALCOHOL		
PREP	97	
PURE COMFORT PEN		
NEEDLE	97	
PURE COMFORT SAFETY		
PEN NEEDLE	98	
PURIXAN	21	
PX SHORTLENGTH PEN		
NEEDLES	98	
<i>pyrazinamide</i>	39	
<i>pyridostigmine bromide</i>	133	
<i>pyrimethamine</i>	41	
Q		
QC ALCOHOL	98	
QC ALCOHOL SWABS	98	
QC BORDER ISLAND		
GAUZE	98	
QINLOCK	21	
QUADRACEL	130	
<i>quetiapine fumarate</i>	46	
<i>quetiapine fumarate er</i>	46	
QUICK TOUCH INSULIN		
PEN NEEDLE	98	
<i>quinapril hcl</i>	56	
<i>quinapril-hydrochlorothiazide</i>	56	
<i>quinidine sulfite</i>	56	
<i>quinine sulfite</i>	41	
QULIPTA	39	
R		
RA ALCOHOL SWABS	98	
RA INSULIN SYRINGE	98	
<i>ra isopropyl alcohol wipes</i>	98	
RA PEN NEEDLES	98	
RA STERILE	99	
RABAVERT	130	
<i>rabeprazole sodium</i>	116	
RALDESY	31	
<i>raloxifene hcl</i>	120	
<i>ramipril</i>	56	
<i>ranolazine er</i>	58	
<i>rasagiline mesylate</i>	42	
RASUVO	126	
RAYA SURE PEN NEEDLE	99	
RAYALDEE	132	
REALITY INSULIN SYRINGE		
.....	99	
REALITY SWABS	99	
<i>reclipsen</i>	68	
RECOMBIVAX HB	130	
RELENZA DISKHALER	51	
RELION ALCOHOL SWABS		
.....	99	
RELION INSULIN SYRINGE		
.....	99	
RELI-ON INSULIN SYRINGE		
.....	99	
RELION MINI PEN NEEDLES		
.....	99	
RELION PEN NEEDLES	99	
<i>repaglinide</i>	33	
REPATHA	61	
REPATHA PUSHTRONEX		
SYSTEM	61	
REPATHA SURECLICK	61	
RESTORE CONTACT LAYER		
.....	99	
RETACRIT	53	
RETEVMO	21	
RETROVIR	49	
REVUFORJ	21	
REXULTI	46	
REYATAZ	49	
REZLIDHIA	22	
REZUROCK	126	
RHOPRESSA	134	
RIABNI	22	
<i>ribavirin</i>	51	
<i>rifabutin</i>	39	
<i>rifampin</i>	40	
<i>riluzole</i>	64	
RINVOQ	126	

RINVOQ LQ.....	126	scopolamine.....	40	sodium polystyrene sulfonate	117
risperidone	46	SECUADO	46	solifenacin succinate	118
risperidone microspheres er...	46	SECURESAFE INSULIN		SOLQUA.....	35
ritonavir.....	49	SYRINGE.....	100	SOLTAMOX.....	22
RITUXAN HYCELA.....	22	SECURESAFE SAFETY PEN		SOMATULINE DEPOT	122
rivastigmine.....	29	NEEDLES	100	SOMAVERT	122
rivastigmine tartrate.....	29	SELARSDI.....	126	sorafenib tosylate.....	22
rizatriptan benzoate.....	39	SELECT-OB	141	sorine	57
ROCKLATAN	134	selegiline hcl.....	42	sotalol hcl	57
roflumilast	138	selenium sulfide	71	sotalol hcl (af).....	57
ROMVIMZA.....	22	SELZENTRY	49	SPIRIVA RESPIMAT	137
ropinirole hcl.....	42	SEMGLEE (YFGN).....	35	spironolactone	59
ropinirole hcl er	42	SE-NATAL 19	141	spironolactone-hctz	59
rosadan.....	71	SEREVENT DISKUS	137	SPRAVATO (56 MG DOSE) 31	
rosuvastatin calcium	61	SEROSTIM	121	SPRAVATO (84 MG DOSE) 32	
ROTARIX	130	sertraline hcl.....	31	sprintec 28	68
ROTATEQ	130	setlakin.....	68	SPRITAM.....	28
ROZLYTREK	22	sevelamer carbonate.....	118	sps (sodium polystyrene sulf)	117
RUBRACA.....	22	sevelamer hcl.....	118	sronyx	68
rufinamide	28	SEZABY	28	ssd	71
RUKOBIA.....	49	sf 5000 plus.....	69	STELARA	126, 127
RUXIENCE.....	22	sharobel	68	STERILE	100
RYBELSUS	33	SHINGRIX.....	130	STERILE GAUZE.....	100
RYBELSUS (FORMULATION		SIGNIFOR.....	121	STIOLTO RESPIMAT	137
R2).....	33	sildenafil citrate.....	139	STIVARGA.....	22
RYBREVANT	22	silver sulfadiazine.....	71	STRENSIQ.....	113
RYDAPT	22	SIMBRINZA	134	streptomycin sulfate.....	7
RYKINDO	46	simliya	68	STRIBILD	49
RYTELO	22	simvastatin.....	61	STRIVERDI RESPIMAT	137
S		sirolimus	126	subvenite	28
SAFETY INSULIN SYRINGES		SIRTURO.....	40	sucrafate	116
.....	99	SKYLA.....	68	sulfacetamide sodium	114
SAFETY PEN NEEDLES	99,	SKYRIZI	126	sulfacetamide-prednisolone..	114
100		SKYRIZI (150 MG DOSE)..	126	sulfadiazine	12
SANTYL	70	SKYRIZI PEN.....	126	sulfamethoxazole-trimethoprim	
sapropterin dihydrochloride	113	SM ALCOHOL PREP.....	100	.....	12
SAVELLA.....	64	SM GAUZE.....	100	sulfasalazine	131
SAVELLA TITRATION PACK		sodium chloride	135	sulindac.....	5
.....	64	sodium fluoride.....	70	sumatriptan.....	39
SB ALCOHOL PREP	100	SODIUM FLUORIDE 5000		sumatriptan succinate.....	39
SB INSULIN SYRINGE.....	100	SENSITIVE.....	70	sumatriptan succinate refill....	39
SCEMBLIX.....	22	sodium oxybate	139	sunitinib malate	22

SUNLENCA.....	50	TDVAX.....	130	TIVDAK.....	23
SURE COMFORT ALCOHOL PREP	100	TECHLITE PLUS PEN NEEDLES	102	TIVICAY.....	50
SURE COMFORT INSULIN SYRINGE.....	100, 101	TECVAYLI.....	23	TIVICAY PD.....	50
SURE COMFORT PEN NEEDLES	101	TEFLARO.....	9	<i>tizanidine hcl</i>	139
SURE-JECT INSULIN SYRINGE.....	101, 102	<i>telmisartan</i>	55	TOBI PODHALER	7
SURE-PREP ALCOHOL PREP	102	<i>telmisartan-hctz</i>	55	<i>tobramycin</i>	7, 114
SURGICAL GAUZE SPONGE	102	<i>temazepam</i>	7	<i>tobramycin pak</i>	7
SUTAB.....	118	TEMIXYS	50	<i>tobramycin sulfate</i>	7
SYMPAZAN.....	28	TENIVAC	130	<i>tobramycin-dexamethasone</i> ..	115
SYMTUZA.....	50	<i>tenofovir disoproxil fumarate</i> ..	50	TODAYS HEALTH PEN NEEDLES	102
SYNJARDY	33	TEPMETKO.....	23	TODAYS HEALTH SHORT PEN NEEDLE	102
SYNJARDY XR	34	<i>terazosin hcl</i>	119	<i>tolterodine tartrate</i>	118
SYNRIBO	22	<i>terbinafine hcl</i>	38	<i>tolterodine tartrate er</i>	118
T		<i>terconazole</i>	38	TOPCARE CLICKFINE PEN NEEDLES	102
TABLOID	22	TERIPARATIDE	132	TOPCARE ULTRA COMFORT INS SYR.....	102
TABRECTA.....	22	TERUMO INSULIN SYRINGE	102	<i>topiramate</i>	28
<i>tacrolimus</i>	72, 127	<i>testosterone</i>	119	<i>toposar</i>	23
<i>tadalafil</i>	139	<i>testosterone cypionate</i>	119	<i>toremifene citrate</i>	23
TAFINLAR	22	<i>testosterone enanthate</i>	119	<i>torpenz</i>	23
<i>tafluprost (pf)</i>	134	<i>tetrabenazine</i>	64	<i>torsemide</i>	59
TAGRISSO	22	<i>tetracycline hcl</i>	12	TOUJEO MAX SOLOSTAR ..	35
TALVEY	22	TEVIMBRA	23	TOUJEO SOLOSTAR	36
TALZENNA.....	23	THALOMID.....	133	TRADJENTA	34
<i>tamoxifen citrate</i>	23	<i>theophylline</i>	137	<i>tramadol hcl</i>	4
<i>tamsulosin hcl</i>	118	<i>theophylline er</i>	137	<i>tramadol-acetaminophen</i>	4
<i>tarina 24 fe</i>	68	THERAGAUZE	102	<i>trandolapril</i>	56
<i>tarina fe 1/20 eq</i>	68	<i>thioridazine hcl</i>	46	<i>trandolapril-verapamil hcl er</i> ..	56
TARON-C DHA	141	<i>thiothixene</i>	46	<i>tranexamic acid</i>	53
TARON-PREX.....	141	<i>tiadylt er</i>	58	<i>tranylcypromine sulfate</i>	32
TASIGNA	23	<i>tiagabine hcl</i>	28	<i>travoprost (bak free)</i>	134
TAVNEOS	127	TIBSOVO.....	23	TRAZIMERA.....	23
<i>tazarotene</i>	72	TICE BCG	23	<i>trazodone hcl</i>	32
<i>tazicef</i>	9	TICOVAC	130	TRECATOR	40
TAZICEF	9	TIGECYCLINE.....	12	TRELEGY ELLIPTA.....	137
<i>taztia xt</i>	57	<i>tilia fe</i>	68	TRELSTAR MIXJECT	23
TAZVERIK.....	23	<i>timolol hemihydrate</i>	134	TREMFYA	127
		<i>timolol maleate</i>	57, 134	TREMFYA ONE-PRESS.....	127
		<i>tinidazole</i>	41	TREMFYA PEN	127
		<i>tiotropium bromide</i> <i>monohydrate</i>	137		

TRESIBA	36	TRUE COMFORT PEN		ULTIGUARD SAFEPAK	
TRESIBA FLEXTOUCH	36	NEEDLES	103	SYR/NEEDLE.....	107
tretinoin	23, 72	TRUE COMFORT PRO		ULTILET ALCOHOL SWABS	
tri femynor	68	ALCOHOL PREP	103	.....	107
triamcinolone acetanide..	70, 72,	TRUE COMFORT PRO		ULTILET INSULIN SYRINGE	
120		INSULIN SYR	103	.....	107, 108
triamterene-hctz	59	TRUE COMFORT PRO PEN		ULTILET INSULIN SYRINGE	
triazolam.....	7	NEEDLES	103, 104	SHORT	108
trientine hcl	119	TRUEPLUS 5-BEVEL PEN		ULTILET PEN NEEDLE.....	108
tri-estarylla.....	68	NEEDLES	104	ULTRA COMFORT INSULIN	
trifluoperazine hcl	46	TRUEPLUS INSULIN		SYRINGE.....	108
trifluridine	115	SYRINGE.....	104, 105	ULTRA FLO INSULIN PEN	
trihexyphenidyl hcl	42	TRUEPLUS PEN NEEDLES		NEEDLES	108
TRIJARDY XR.....	34	.....	105	ULTRA FLO INSULIN SYR	
tri-legest fe.....	68	TRULICITY	34	1/2 UNIT	108, 109
tri-linyah.....	68	TRUMENBA.....	130	ULTRA FLO INSULIN	
tri-lo-estarylla	68	TRUQAP	23	SYRINGE.....	109
tri-lo-marzia	68	TRUXIMA	23	ULTRA THIN PEN NEEDLES	
tri-lo-mili	68	TUKYSA.....	23	.....	109
tri-lo-sprintec	68	TURALIO	23	ULTRACARE INSULIN	
trimethoprim.....	8	turqoz.....	69	SYRINGE.....	109, 110
tri-mili.....	69	TWINRIX.....	130	ULTRACARE PEN NEEDLES	
trimipramine maleate	32	TYBOST	133	.....	110
TRINTELLIX.....	32	TYENNE	127	ULTRA-COMFORT INSULIN	
tri-nymyo	69	TYMLOS.....	132	SYRINGE.....	110
tri-previfem.....	69	TYPHIM VI	131	ULTRA-THIN II INS SYR	
tri-sprintec.....	69	U		SHORT	110
TRIUMEQ.....	50	UBRELVY	39	ULTRA-THIN II INSULIN	
TRIUMEQ PD.....	50	ULTICARE INSULIN		SYRINGE.....	110
TRIVEEN-DUO DHA	141	SAFETY SYR	105	ULTRA-THIN II MINI PEN	
trivora (28)	69	ULTICARE INSULIN		NEEDLE.....	110
tri-vylibra	69	SYRINGE.....	105, 106	ULTRA-THIN II PEN	
tri-vylibra lo	69	ULTICARE MICRO PEN		NEEDLE SHORT	110
TRIZIVIR.....	50	NEEDLES	106	ULTRA-THIN II PEN	
TROGARZO	50	ULTICARE MINI PEN		NEEDLES	110
tropium chloride	118	NEEDLES	106	UNIFINE PEN NEEDLES..	110
tropium chloride er	118	ULTICARE PEN NEEDLES		UNIFINE PENTIPS	111
TRUE COMFORT ALCOHOL		.....	106	UNIFINE PENTIPS PLUS..	111
PREP PADS	102	ULTICARE SHORT PEN		UNIFINE PROTECT PEN	
TRUE COMFORT INSULIN		NEEDLES	106	NEEDLE.....	111
SYRINGE.....	102, 103	ULTIGUARD SAFEPAK		UNIFINE SAFECONTROL	
		PEN NEEDLE.....	106, 107	PEN NEEDLE	111

UNIFINE ULTRA PEN		
NEEDLE	111	
UPTRAVI.....	139	
UPTRAVI TITRATION	140	
ursodiol.....	117	
URSODIOL.....	117	
UZEDY	46, 47	
V		
valacyclovir hcl	51	
VALCHLOR.....	70	
valganciclovir hcl	51	
valproate sodium	28	
valproic acid.....	28	
valsartan.....	55	
valsartan-hydrochlorothiazide		
.....	55	
VALTOCO 10 MG DOSE	28	
VALTOCO 15 MG DOSE	28	
VALTOCO 20 MG DOSE	28	
VALTOCO 5 MG DOSE	28	
valtya 1/50	69	
VALUE HEALTH INSULIN		
SYRINGE.....	111	
vancomycin hcl	8	
VANCOMYCIN HCL	8	
VANFLYTA	23	
VANISHPOINT INSULIN		
SYRINGE.....	111, 112	
VAQTA.....	131	
vardenafil hcl.....	140	
varenicline tartrate.....	6	
VARENICLINE TARTRATE .	6	
varenicline tartrate (starter)	6	
VARIVAX	131	
VAXCHORA	131	
VEGZELMA.....	23	
VELTASSA	117	
VEMLIDY	50	
VENCLEXTA.....	24	
VENCLEXTA STARTING		
PACK	24	
venlafaxine hcl.....	32	
venlafaxine hcl er	32	
VEOZAH.....	133	
verapamil hcl	58	
verapamil hcl er.....	58	
VERAPAMIL HCL ER.....	58	
VERIFINE INSULIN PEN		
NEEDLE	112	
VERIFINE INSULIN		
SYRINGE.....	112	
VERIFINE PLUS PEN		
NEEDLE	112	
VERQUVO	58	
VERSACLOZ	47	
VERZENIO	24	
V-GO 20.....	112	
V-GO 30.....	112	
V-GO 40.....	112	
vienva.....	69	
vigabatrin	28, 29	
vigadrone.....	29	
vigpoder	29	
vilazodone hcl.....	32	
VIMKUNYA.....	131	
vinorelbine tartrate.....	24	
viorele	69	
VIRACEPT	50	
VIREAD.....	50	
VIRT-C DHA	141	
VIRT-NATE DHA	141	
VIRT-PN DHA.....	141	
VIRT-PN PLUS	141	
VITAFOL GUMMIES	141	
VITAFOL-NANO	141	
VITAFOL-OB+DHA	141	
vitamin d (ergocalciferol).....	141	
VITRAKVI.....	24	
VIVOTIF	131	
VIZIMPRO.....	24	
VOCABRIA	50	
volnea	69	
VONJO.....	24	
VORANIGO.....	24	
voriconazole	38	
VOSEVI	51	
VOWST.....	133	
VP INSULIN SYRINGE.....	112	
VP-PNV-DHA.....	141	
VRAYLAR.....	47	
VUMERITY	64	
VYALEV	42	
vylibra.....	69	
VYLOY	24	
VYZULTA	134	
W		
warfarin sodium.....	52	
WEBCOL ALCOHOL PREP		
LARGE.....	112	
WEGMANS UNIFINE		
PENTIPS PLUS.....	112	
WELIREG	24	
WINREVAIR	138	
wixela inhub.....	136	
X		
XALKORI	24	
xarah fe.....	69	
XARELTO	52, 53	
XARELTO STARTER PACK		
.....	53	
XATMEP.....	24	
XCOPRI	29	
XCOPRI (250 MG DAILY		
DOSE)	29	
XCOPRI (350 MG DAILY		
DOSE)	29	
XDEMVEY.....	115	
XELJANZ.....	127	
XELJANZ XR.....	127	
XERMELO.....	117	
XGEVA	132	
XIFAXAN	8	
XIGDUO XR.....	34	
XIIDRA	116	
XOLAIR	138	
XOSPATA.....	24	

XPOVIO (100 MG ONCE WEEKLY).....	24	YF-VAX.....	131	ZIIHERA.....	25
XPOVIO (40 MG ONCE WEEKLY).....	24	YONSA.....	25	<i>ziprasidone hcl</i>	47
XPOVIO (40 MG TWICE WEEKLY).....	24	YUFLYMA (1 PEN).....	127	<i>ziprasidone mesylate</i>	47
XPOVIO (60 MG ONCE WEEKLY).....	24	YUFLYMA (2 SYRINGE) ..	127	ZIRABEV.....	25
XPOVIO (60 MG TWICE WEEKLY).....	25	YUFLYMA-CD/UC/HS STARTER.....	128	ZIRGAN.....	115
XPOVIO (80 MG ONCE WEEKLY).....	25	<i>yuvafem</i>	120	ZOLADEx.....	25
XPOVIO (80 MG TWICE WEEKLY).....	25	Z		ZOLINZA.....	25
XTANDI.....	25	<i>zafemy</i>	69	<i>zolpidem tartrate</i>	139
<i>xulane</i>	69	<i>zafirlukast</i>	136	<i>zolpidem tartrate er</i>	139
XULTOPHY	36	<i>zaleplon</i>	139	ZONISADE	29
XYOSTED	119	ZATEAN-PN DHA.....	141	<i>zonisamide</i>	29
Y		ZATEAN-PN PLUS.....	141	<i>zovia 1/35 (28)</i>	69
YERVOY.....	25	ZEGALOGUE.....	133	ZTALMY	29
YESINTEK	127	ZEJULA	25	ZTLIDO.....	5
		ZELBORAF	25	ZURZUVAE.....	32
		<i>zenatane</i>	70	ZYDELIG.....	25
		ZENPEP	113	ZYKADIA.....	25
		ZEVRX STERILE ALCOHOL PREP PAD	112	ZYLET	115
		<i>zidovudine</i>	50	ZYNLONTA	25
				ZYNYZ.....	25
				ZYPREXA RELPREVV	47

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Multi-Language Insert

Multi-language Interpreter Services

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