

**Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

ANTIGOUT AGENTS

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF ALLOPURINOL TABLETS WITHIN THE PAST 120 DAYS.
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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria

ANTIULCER AGENTS

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, ESOMEPRAZOLE MAG CAPSULES, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.
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**Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

ARIPIPRAZOLE FILM

Products Affected

Step 2:

- OPIPZA FILM 10 MG ORAL
- OPIPZA FILM 2 MG ORAL
- OPIPZA FILM 5 MG ORAL

Details

Criteria	TRIAL OF GENERIC ARIPIPRAZOLE TABLETS IN THE PAST 120 DAYS
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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria

ARIPIPRAZOLE ODT

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE (TABLETS, SOLUTION OR FILM), ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS.
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ASENAPINE PATCH

Products Affected

Step 2:

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

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN PAST 365 DAYS
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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria

B VERSUS D ADMINISTRATIVE STEP

Products Affected

Step 2:

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

Details

Criteria	IN ORDER TO ASSIST IN A PART B VS. D PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR A RHEUMATOID ARTHRITIS, PSORIASIS OR ACTIVE POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS DRUG WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT. ALL OTHER INDICATIONS WILL HAVE A PART B VS. D PAYMENT DETERMINATION MADE THROUGH THE FORMULARY EXCEPTION PROCESS PRIOR TO THE APPROVAL OF THE DRUG.
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Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

CARIPRAZINE

Products Affected

Step 2:

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

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
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CSNP) 2025 Prior Authorization (ST) Criteria

CLOZAPINE

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS.
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**Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

DEXTROMETHORPHAN HBR/BUPROPION

Products Affected

Step 2:

- AUVELITY TABLET EXTENDED
RELEASE 45-105 MG ORAL

Details

Criteria	PRIOR CLAIM FOR TRINTELLIX AND ONE GENERIC ANTIDEPRESSANT (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE, DESVENLAFAXINE, DULOXETINE, VENLAFAXINE, MIRTAZAPINE, BUPROPION IR/SR/XL, OR VILAZODONE) WITHIN THE PAST 365 DAYS
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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria

DIHYDROERGOTAMINE MESYLATE

Products Affected

Step 2:

- *dihydroergotamine mesylate solution 4 mg/ml nasal*

Details

Criteria	PRIOR CLAIM FOR 2 FORMULARY GENERIC TRIPTANS (e.g. SUMATRIPTAN and RIZATRIPTAN) WITHIN THE PAST 365 DAYS
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Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

DRIZALMA SPRINKLE

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE CAPSULE WITHIN THE PAST 120 DAYS.
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**Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

EPRONTIA

Products Affected

Step 2:

- EPRONTIA SOLUTION 25 MG/ML
ORAL

Details

Criteria	PRIOR CLAIM FOR GENERIC TOPIRAMATE WITHIN THE PAST 120 DAYS.
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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria

ESLICARBAZEPINE ACETATE

Products Affected

Step 2:

- APTIOM TABLET 200 MG ORAL
- APTIOM TABLET 400 MG ORAL
- APTIOM TABLET 600 MG ORAL
- APTIOM TABLET 800 MG ORAL
- *eslicarbazepine acetate tablet 200 mg oral*
- *eslicarbazepine acetate tablet 400 mg oral*
- *eslicarbazepine acetate tablet 600 mg oral*
- *eslicarbazepine acetate tablet 800 mg oral*

Details

Criteria	PRIOR CLAIM FOR 2 GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
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**Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

FIBRATES

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR GENERIC FENOFIBRATE IN THE LAST 120 DAY
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**Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

HIGH INTENSITY STATIN

Products Affected

Step 2:

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

Details

Criteria	PRIOR 25 DAY TRIAL OF GENERIC HIGH INTENSITY STATIN: FORMULARY VERSION OF ATORVASTATIN (40 MG or 80 MG) OR ROSUVASTATIN (20 MG or 40 MG) WITHIN THE PAST 120 DAYS
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Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

ILOPERIDONE

Products Affected

Step 2:

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

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
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INSULIN SUPPLY PAYMENT DETERMINATION ST

Products Affected

Step 2:

- ABOUTTIME PEN NEEDLE 30G X 8 MM
- ABOUTTIME PEN NEEDLE 31G X 5 MM
- ABOUTTIME PEN NEEDLE 31G X 8 MM
- ABOUTTIME PEN NEEDLE 32G X 4 MM
- ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM
- ADVOCATE INSULIN PEN NEEDLES 29G X 12.7MM
- ADVOCATE INSULIN PEN NEEDLES 31G X 5 MM
- ADVOCATE INSULIN PEN NEEDLES 31G X 8 MM
- ADVOCATE INSULIN PEN NEEDLES 33G X 4 MM
- ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.3 ML
- ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML
- ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML
- ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML
- ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML
- ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML
- ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.3 ML
- ADVOCATE INSULIN SYRINGE 31G X 5/16" 0.5 ML
- ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML
- ALCOHOL PREP PAD
- ALCOHOL PREP PAD 70 %
- ALCOHOL PREP PADS PAD 70 %
- ALCOHOL SWABS PAD
- ALCOHOL SWABS PAD 70 %
- AQ INSULIN SYRINGE 31G X 5/16" 1 ML
- AQINJECT PEN NEEDLE 31G X 5 MM
- AQINJECT PEN NEEDLE 32G X 4 MM
- ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM
- ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 0.5 ML
- ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML
- ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 0.5 ML
- ASSURE ID INSULIN SAFETY SYR 31G X 15/64" 1 ML
- ASSURE ID PRO PEN NEEDLES 30G X 5 MM
- AUM ALCOHOL PREP PADS PAD 70 %
- AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM
- AUM INSULIN SAFETY PEN NEEDLE 31G X 5 MM
- AUM MINI INSULIN PEN NEEDLE 32G X 4 MM
- AUM MINI INSULIN PEN NEEDLE 32G X 5 MM
- AUM MINI INSULIN PEN NEEDLE 32G X 6 MM
- AUM MINI INSULIN PEN NEEDLE 32G X 8 MM
- AUM MINI INSULIN PEN NEEDLE 33G X 4 MM

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

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

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

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CSNP) 2025 Prior Authorization (ST) Criteria**

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

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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP), Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO CSNP) 2025 Prior Authorization (ST) Criteria

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

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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP), Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO CSNP) 2025 Prior Authorization (ST) Criteria

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

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- | | |
|--|---|
| • EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM | • GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM |
| • EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM | • GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM |
| • EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM | • GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM |
| • EMBRACE PEN NEEDLES 29G X 12MM | • GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM |
| • EMBRACE PEN NEEDLES 30G X 5 MM | • GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML |
| • EMBRACE PEN NEEDLES 30G X 8 MM | • GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML |
| • EMBRACE PEN NEEDLES 31G X 5 MM | • GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML |
| • EMBRACE PEN NEEDLES 31G X 6 MM | • GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 0.5 ML |
| • EMBRACE PEN NEEDLES 31G X 8 MM | • GLOBAL INJECT EASE INSULIN SYR 28G X 1/2" 1 ML |
| • EMBRACE PEN NEEDLES 32G X 4 MM | • GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML |
| • EQL ALCOHOL SWABS PAD 70 % | • GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML |
| • EQL GAUZE PAD 2"X2" | • GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML |
| • EQL INSULIN SYRINGE 30G X 5/16" 0.3 ML | • GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML |
| • EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML | • GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML |
| • EQL INSULIN SYRINGE 30G X 5/16" 1 ML | • GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML |
| • EXEL COMFORT POINT PEN NEEDLE 29G X 12MM | • GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML |
| • FIFTY50 PEN NEEDLES 32G X 6 MM | • GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML |
| • FREESTYLE PRECISION INS SYR 30G X 5/16" 0.5 ML | • GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML |
| • FREESTYLE PRECISION INS SYR 30G X 5/16" 1 ML | • GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML |
| • FREESTYLE PRECISION INS SYR 31G X 5/16" 0.5 ML | • GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML |
| • FREESTYLE PRECISION INS SYR 31G X 5/16" 1 ML | • GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| • GAUZE PADS PAD 2"X2" | • GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML |
| • GAUZE TYPE VII MEDI-PAK PAD 2"X2" | |
| • GLOBAL ALCOHOL PREP EASE PAD 70 % | |

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- | | |
|---|--|
| • GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML | • HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM |
| • GNP ALCOHOL SWABS PAD | • HEALTHY ACCENTS UNIFINE PENTIP 29G X 12MM |
| • GNP INSULIN SYRINGE 28G X 1/2" 1 ML | • HEALTHY ACCENTS UNIFINE PENTIP 31G X 5 MM |
| • GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML | • HEALTHY ACCENTS UNIFINE PENTIP 31G X 6 MM |
| • GNP INSULIN SYRINGE 29G X 1/2" 1 ML | • HEALTHY ACCENTS UNIFINE PENTIP 31G X 8 MM |
| • GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML | • HEALTHY ACCENTS UNIFINE PENTIP 32G X 4 MM |
| • GNP INSULIN SYRINGE 30G X 5/16" 1 ML | • H-E-B INCONTROL ALCOHOL PAD |
| • GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML | • H-E-B INCONTROL PEN NEEDLES 29G X 12MM |
| • GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML | • H-E-B INCONTROL PEN NEEDLES 31G X 5 MM |
| • GNP INSULIN SYRINGES 30G X 5/16" 1 ML | • H-E-B INCONTROL PEN NEEDLES 31G X 6 MM |
| • GNP INSULIN SYRINGES 30GX5/16" 30G X 5/16" 0.3 ML | • H-E-B INCONTROL PEN NEEDLES 31G X 8 MM |
| • GNP INSULIN SYRINGES 31GX5/16" 31G X 5/16" 0.3 ML | • H-E-B INCONTROL PEN NEEDLES 32G X 4 MM |
| • GNP STERILE GAUZE PAD 2"X2" | • HM STERILE ALCOHOL PREP PAD |
| • GNP ULTRA COM INSULIN SYRINGE 30G X 5/16" 0.3 ML | • HM STERILE PADS PAD 2"X2" |
| • GOODSENSE ALCOHOL SWABS PAD 70 % | • HM ULTICARE INSULIN SYRINGE 30G X 1/2" 1 ML |
| • HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.3 ML | • HM ULTICARE INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| • HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML | • HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM |
| • HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML | • INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM |
| • HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.3 ML | • INCONTROL ULTICARE PEN NEEDLES 31G X 8 MM |
| • HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 0.5 ML | • INCONTROL ULTICARE PEN NEEDLES 32G X 4 MM |
| • HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML | • INSULIN SYRINGE 29G X 1/2" 1 ML |
| • HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM | • INSULIN SYRINGE 30G X 5/16" 1 ML |
| • HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM | • INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| | • INSULIN SYRINGE 31G X 5/16" 0.5 ML |
| | • INSULIN SYRINGE/NEEDLE 27G X 1/2" 0.5 ML |

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

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Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

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

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- | | |
|--|--|
| • PC UNIFINE PENTIPS 31G X 6 MM | • PREVENT SAFETY PEN NEEDLES 31G X 6 MM |
| • PC UNIFINE PENTIPS 31G X 8 MM | • PREVENT SAFETY PEN NEEDLES 31G X 8 MM |
| • PEN NEEDLE/5-BEVEL TIP 32G X 4 MM | • PRO COMFORT ALCOHOL PAD 70 % |
| • PEN NEEDLES 30G X 5 MM | • PRO COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML |
| • PEN NEEDLES 30G X 8 MM | • PRO COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML |
| • PEN NEEDLES 32G X 4 MM | • PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML |
| • PEN NEEDLES 32G X 5 MM | • PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML |
| • PENTIPS 29G X 12MM | • PRO COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML |
| • PENTIPS 31G X 5 MM | • PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML |
| • PENTIPS 31G X 8 MM | • PRO COMFORT PEN NEEDLES 31G X 8 MM |
| • PENTIPS 32G X 4 MM | • PRO COMFORT PEN NEEDLES 32G X 4 MM |
| • PENTIPS GENERIC PEN NEEDLES 29G X 12MM | • PRO COMFORT PEN NEEDLES 32G X 5 MM |
| • PENTIPS GENERIC PEN NEEDLES 31G X 6 MM | • PRO COMFORT PEN NEEDLES 32G X 6 MM |
| • PENTIPS GENERIC PEN NEEDLES 32G X 6 MM | • PRODIGY INSULIN SYRINGE 28G X 1/2" 1 ML |
| • PIP PEN NEEDLES 31G X 5MM 31G X 5 MM | • PRODIGY INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| • PIP PEN NEEDLES 32G X 4MM 32G X 4 MM | • PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML |
| • PRECISION SUREDOSE PLUS SYR 29G X 1/2" 0.3 ML | • PURE COMFORT ALCOHOL PREP PAD |
| • PRECISION SUREDOSE PLUS SYR 29G X 1/2" 1 ML | • PURE COMFORT PEN NEEDLE 32G X 4 MM |
| • PRECISION SURE-DOSE SYRINGE 28G X 1/2" 0.5 ML | • PURE COMFORT PEN NEEDLE 32G X 5 MM |
| • PRECISION SURE-DOSE SYRINGE 28G X 1/2" 1 ML | • PURE COMFORT PEN NEEDLE 32G X 6 MM |
| • PRECISION SURE-DOSE SYRINGE 29G X 1/2" 0.5 ML | • PURE COMFORT PEN NEEDLE 32G X 8 MM |
| • PRECISION SURE-DOSE SYRINGE 30G X 3/8" 0.5 ML | • PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM |
| • PRECISION SURE-DOSE SYRINGE 30G X 5/16" 0.3 ML | • PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM |
| • PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML | |
| • PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM | |
| • PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM | |
| • PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM | |

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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP), Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO CSNP) 2025 Prior Authorization (ST) Criteria

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

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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP), Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO CSNP) 2025 Prior Authorization (ST) Criteria

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

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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP), Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO CSNP) 2025 Prior Authorization (ST) Criteria

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

Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP), Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO CSNP) 2025 Prior Authorization (ST) Criteria

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

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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP), Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO CSNP) 2025 Prior Authorization (ST) Criteria

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

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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP), Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO CSNP) 2025 Prior Authorization (ST) Criteria

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

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- | | |
|--|--|
| • UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM | • VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML |
| • UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM | • VERIFINE INSULIN PEN NEEDLE 29G X 12MM |
| • UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM | • VERIFINE INSULIN PEN NEEDLE 31G X 5 MM |
| • UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM | • VERIFINE INSULIN PEN NEEDLE 32G X 6 MM |
| • UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM | • VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML |
| • UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM | • VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML |
| • UNIFINE ULTRA PEN NEEDLE 31G X 5 MM | • VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| • UNIFINE ULTRA PEN NEEDLE 31G X 6 MM | • VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML |
| • UNIFINE ULTRA PEN NEEDLE 31G X 8 MM | • VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML |
| • UNIFINE ULTRA PEN NEEDLE 32G X 4 MM | • VERIFINE PLUS PEN NEEDLE 31G X 5 MM |
| • VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML | • VERIFINE PLUS PEN NEEDLE 31G X 8 MM |
| • VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML | • VERIFINE PLUS PEN NEEDLE 32G X 4 MM |
| • VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML | • VP INSULIN SYRINGE 29G X 1/2" 0.3 ML |
| • VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML | • WEBCOL ALCOHOL PREP LARGE PAD 70 % |
| • VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML | • WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM |
| • VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML | • ZEVRX STERILE ALCOHOL PREP PAD PAD 70 % |

Details

Criteria	IN ORDER TO ASSIST IN PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR AN INJECTABLE INSULIN WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT.
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**Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

LEVOMILNACIPRAN

Products Affected

Step 2:

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

Details

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

Products Affected

Step 2:

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

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria

MEMANTINE ER

Products Affected

Step 2:

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

Details

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

Products Affected

Step 2:

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

Details

Criteria	TRIAL OF OR CONTRAINDICATION TO GENERIC ORAL METHOTREXATE TABLET
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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria

OPHTHALMIC ALLERGY - NO OTC

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, OR EPINASTINE WITHIN THE PAST 120 DAYS.
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**Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

PERAMPANEL

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR 2 GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria

RUFINAMIDE

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE), WITHIN THE PAST 120 DAYS.
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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP), Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO CSNP) 2025 Prior Authorization (ST) Criteria

SELEGILINE PATCH

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM OF FORMULARY ORAL VERSION OF SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE), SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE), MIRTAZAPINE, OR BUPROPION IR/SR/XL IN THE PAST 120 DAYS
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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP), Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO CSNP) 2025 Prior Authorization (ST) Criteria

SPRITAM

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
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Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria

TENOFOVIR ALAFENAMIDE

Products Affected

Step 2:

- VEMLIDY TABLET 25 MG ORAL

Details

Criteria	TRIAL OF GENERIC TENOFOVIR DISOPROXIL FUMARATE WITHIN THE PAST 120 DAYS
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**Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

XANOMELINE/TROSPIUM

Products Affected

Step 2:

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

Details

Criteria	CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 120 DAYS
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**Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

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**Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
CSNP) 2025 Prior Authorization (ST) Criteria**

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**Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
Heart Healthy (HMO C-SNP), Mind Matters (HMO C-SNP), and Renal Health (HMO
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**Sonder Health Plans Breathe Well (HMO C-SNP), Diabetes Wellness (HMO C-SNP),
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INSUPEN ULTRAFIN 31G X 6 MM 26, 35
INSUPEN ULTRAFIN 31G X 8 MM 26, 35

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J & J GAUZE PAD 2..... 26, 35
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DRESS PAD 2 26, 35
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memantine hcl er capsule extended release
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24 hour 28 mg oral..... 38
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24 hour 7 mg oral..... 38
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MICRODOT PEN NEEDLE 32G X 4 MM
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MICRODOT PEN NEEDLE 33G X 4 MM
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MONOJECT INSULIN SYRINGE 28G X
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MONOJECT INSULIN SYRINGE 29G X
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MONOJECT INSULIN SYRINGE 31G X
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MONOJECT INSULIN SYRINGE U-100 1 ML.....	27, 35	PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	28, 35
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2	27, 35	PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	28, 35
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NOVOFINE PEN NEEDLE 32G X 6 MM	27, 35	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM.....	28, 35
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM	27, 35	PREVENT DROPSAFE PEN NEEDLES 31G X 6 MM.....	28, 35
NOVOTWIST PEN NEEDLE 32G X 5 MM	27, 35	PREVENT DROPSAFE PEN NEEDLES 31G X 8 MM.....	28, 35
O		PREVENT SAFETY PEN NEEDLES 31G X 6 MM.....	28, 35
omega-3-acid ethyl esters capsule 1 gm oral	14	PREVENT SAFETY PEN NEEDLES 31G X 8 MM.....	28, 35
OPIPZA FILM 10 MG ORAL.....	3	PRO COMFORT ALCOHOL PAD 70 %28, 35	
OPIPZA FILM 2 MG ORAL.....	3	PRO COMFORT INSULIN SYRINGE 30G X 1/2.....	28, 35
OPIPZA FILM 5 MG ORAL.....	3	PRO COMFORT INSULIN SYRINGE 30G X 5/16.....	28, 35
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PEN NEEDLES 30G X 8 MM	28, 35	PRODIGY INSULIN SYRINGE 31G X 5/16	28, 35
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PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM.....	28, 35	RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS	39
PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM.....	28, 35	RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS.	39
PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM.....	29, 35	RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS	39
PX SHORTLENGTH PEN NEEDLES 31G X 8 MM.....	29, 35	RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS.	39
Q		RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS	39
QC ALCOHOL 70 % EXTERNAL ...	29, 35	RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS.	39
QC ALCOHOL SWABS PAD 70 %..	29, 35	RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS	39
QC BORDER ISLAND GAUZE PAD 2.	29, 35	RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS	39
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SB INSULIN SYRINGE 30G X 5/16 30, 35	SURE COMFORT PEN NEEDLES 31G X 5 MM 30, 35
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VERIFINE INSULIN PEN NEEDLE 32G X 6 MM.....	35	VRAYLAR CAPSULE 6 MG ORAL	7
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VERIFINE INSULIN SYRINGE 31G X 5/16	35	W	
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		Z	
		ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %	35