

Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria
ANALGESICS, NARCOTICS

Products Affected

Step 2:

- *morphine sulfate er capsule extended release 24 hour 10 mg oral*
- *morphine sulfate er capsule extended release 24 hour 100 mg oral*
- *morphine sulfate er capsule extended release 24 hour 20 mg oral*
- *morphine sulfate er capsule extended release 24 hour 30 mg oral*
- *morphine sulfate er capsule extended release 24 hour 50 mg oral*
- *morphine sulfate er capsule extended release 24 hour 60 mg oral*
- *morphine sulfate er capsule extended release 24 hour 80 mg oral*

Details

Criteria	PRIOR CLAIM FOR MORPHINE SULFATE SUSTAINED ACTION TABLET (MS CONTIN) WITHIN THE PAST 120 DAYS.
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Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Provider Partners Health Plan
2025 Formulary – Step Therapy 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*
- *lansoprazole tablet delayed release dispersible 15 mg oral*
- *lansoprazole tablet delayed release dispersible 30 mg oral*
- *pantoprazole sodium 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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Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria
ASENAPINE PATCH

Products Affected

Step 2:

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

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN PAST 365 DAYS
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Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria
ELEPSIA XR

Products Affected

Step 2:

- ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL
- ELEPSIA XR TABLET EXTENDED RELEASE 24 HOUR 1500 MG ORAL

Details

Criteria	TRIAL OF GENERIC LEVETIRACETAM ER TABLETS WITHIN THE PAST 120 DAYS
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Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria
EPRONTIA

Products Affected

Step 2:

- *topiramate solution 25 mg/ml oral*

Details

Criteria	PRIOR CLAIM FOR GENERIC TOPIRAMATE (TABLETS OR CAPSULES) WITHIN THE PAST 120 DAYS.
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Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria
ESLICARBAZEPINE ACETATE

Products Affected

Step 2:

- *eslicarbazepine acetate tablet 200 mg oral* • *eslicarbazepine acetate tablet 600 mg oral*
- *eslicarbazepine acetate tablet 400 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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**Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Provider Partners Health Plan
2025 Formulary – Step Therapy 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 A
TABLET 1 & 2 & 4 & 6 MG ORAL
- FANAPT TITRATION PACK B
TABLET 1 & 2 & 6 & 8 MG ORAL
- FANAPT TITRATION PACK C
TABLET 1 & 2 & 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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Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria
INSULIN SUPPLY PAYMENT DETERMINATION
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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" 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
- AUM MINI INSULIN PEN NEEDLE 33G X 5 MM

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Provider Partners Health Plan 2025 Formulary – Step Therapy Criteria

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

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Provider Partners Health Plan 2025 Formulary – Step Therapy Criteria

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|--|---|
| • 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 8 MM |
| • CAREONE INSULIN SYRINGE 30G X 1/2" 1 ML | • CLICKFINE PEN NEEDLES 32G X 4 MM |
| • CAREONE INSULIN SYRINGE 31G X 5/16" 0.3 ML | • COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML |
| • CAREONE INSULIN SYRINGE 31G X 5/16" 0.5 ML | • COMFORT ASSIST INSULIN SYRINGE 31G X 5/16" 0.3 ML |
| • CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML | • COMFORT EZ INSULIN SYRINGE 28G X 1/2" 0.5 ML |
| • CARETOUCH ALCOHOL PREP PAD 70 % | • COMFORT EZ INSULIN SYRINGE 28G X 1/2" 1 ML |
| • CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML | • COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.3 ML |
| • CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML | • COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML |
| • CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML | • COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML |

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2025 Formulary – Step Therapy Criteria

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

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Provider Partners Health Plan 2025 Formulary – Step Therapy Criteria

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| • DIATHRIVE PEN NEEDLE 31G X 6 MM | • DROPLET PEN NEEDLES 29G X 10MM |
| • DIATHRIVE PEN NEEDLE 31G X 8 MM | • DROPLET PEN NEEDLES 29G X 12MM |
| • DIATHRIVE PEN NEEDLE 32G X 4 MM | • DROPLET PEN NEEDLES 30G X 8 MM |
| • DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML | • DROPLET PEN NEEDLES 31G X 5 MM |
| • DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML | • DROPLET PEN NEEDLES 31G X 6 MM |
| • DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML | • DROPLET PEN NEEDLES 31G X 8 MM |
| • DROPLET INSULIN SYRINGE 30G X 1/2" 0.3 ML | • DROPLET PEN NEEDLES 32G X 4 MM |
| • DROPLET INSULIN SYRINGE 30G X 1/2" 0.5 ML | • DROPLET PEN NEEDLES 32G X 5 MM |
| • DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML | • DROPLET PEN NEEDLES 32G X 6 MM |
| • DROPLET INSULIN SYRINGE 30G X 15/64" 0.3 ML | • DROPLET PEN NEEDLES 32G X 8 MM |
| • DROPLET INSULIN SYRINGE 30G X 15/64" 0.5 ML | • DROPSAFE ALCOHOL PREP PAD 70 % |
| • DROPLET INSULIN SYRINGE 30G X 15/64" 1 ML | • DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM |
| • DROPLET INSULIN SYRINGE 30G X 5/16" 0.3 ML | • DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM |
| • DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML | • DROPSAFE SAFETY PEN NEEDLES 31G X 8 MM |
| • DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML | • DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML |
| • DROPLET INSULIN SYRINGE 31G X 15/64" 0.3 ML | • DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.3 ML |
| • DROPLET INSULIN SYRINGE 31G X 15/64" 0.5 ML | • DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 0.5 ML |
| • DROPLET INSULIN SYRINGE 31G X 15/64" 1 ML | • DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 15/64" 1 ML |
| • DROPLET INSULIN SYRINGE 31G X 5/16" 0.3 ML | • DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.3 ML |
| • DROPLET INSULIN SYRINGE 31G X 5/16" 0.5 ML | • DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 0.5 ML |
| • DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML | • DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML |
| • DROPLET MICRON 34G X 3.5 MM | • 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 |

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- | | |
|---|--|
| • DRUG MART UNIFINE PENTIPS 31G X 5 MM | • EASY COMFORT PEN NEEDLES 33G X 6 MM |
| • EASY COMFORT ALCOHOL PADS PAD | • EASY GLIDE PEN NEEDLES 33G X 4 MM |
| • EASY COMFORT INSULIN SYRINGE 29G X 5/16" 0.5 ML | • EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % |
| • EASY COMFORT INSULIN SYRINGE 29G X 5/16" 1 ML | • EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML |
| • EASY COMFORT INSULIN SYRINGE 30G X 1/2" 0.5 ML | • EASY TOUCH FLIPLOCK INSULIN SY 30G X 1/2" 1 ML |
| • EASY COMFORT INSULIN SYRINGE 30G X 1/2" 1 ML | • EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML |
| • EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML | • EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML |
| • EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML | • EASY TOUCH FLIPLOCK SAFETY SYR 27G X 1/2" 1 ML |
| • EASY COMFORT INSULIN SYRINGE 31G X 1/2" 0.3 ML | • EASY TOUCH INSULIN BARRELS U-100 1 ML |
| • EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.3 ML | • EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML |
| • EASY COMFORT INSULIN SYRINGE 31G X 5/16" 0.5 ML | • EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML |
| • EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML | • EASY TOUCH INSULIN SAFETY SYR 30G X 1/2" 1 ML |
| • EASY COMFORT INSULIN SYRINGE 32G X 5/16" 0.5 ML | • EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML |
| • EASY COMFORT INSULIN SYRINGE 32G X 5/16" 1 ML | • EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML |
| • EASY COMFORT PEN NEEDLES 29G X 4MM | • EASY TOUCH INSULIN SYRINGE 27G X 1/2" 1 ML |
| • EASY COMFORT PEN NEEDLES 29G X 5MM | • EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML |
| • EASY COMFORT PEN NEEDLES 31G X 5 MM | • EASY TOUCH INSULIN SYRINGE 28G X 1/2" 0.5 ML |
| • EASY COMFORT PEN NEEDLES 31G X 6 MM | • EASY TOUCH INSULIN SYRINGE 28G X 1/2" 1 ML |
| • EASY COMFORT PEN NEEDLES 31G X 8 MM | • EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML |
| • EASY COMFORT PEN NEEDLES 32G X 4 MM | • EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML |
| • EASY COMFORT PEN NEEDLES 33G X 4 MM | • EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.3 ML |
| • EASY COMFORT PEN NEEDLES 33G X 5 MM | • EASY TOUCH INSULIN SYRINGE 30G X 1/2" 0.5 ML |

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- 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 15/64" 0.5 ML
- EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML
- EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 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
- EMBECTA INSULIN SYRINGE U-500 31G X 6MM 0.5 ML
- EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM
- EMBECTA PEN NEEDLE NANO 32G X 4 MM
- EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM
- EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM
- EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM

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- EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM
- EMBRACE PEN NEEDLES 29G X 12MM
- EMBRACE PEN NEEDLES 30G X 5 MM
- EMBRACE PEN NEEDLES 30G X 8 MM
- EMBRACE PEN NEEDLES 31G X 5 MM
- EMBRACE PEN NEEDLES 31G X 6 MM
- EMBRACE PEN NEEDLES 31G X 8 MM
- EMBRACE PEN NEEDLES 32G X 4 MM
- EQL ALCOHOL SWABS PAD 70 %
- EQL GAUZE PAD 2"X2"
- EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML
- EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML
- EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.3 ML
- EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.3 ML
- EXEL COMFORT POINT PEN NEEDLE 29G X 12MM
- GAUZE PADS PAD 2"X2"
- GAUZE TYPE VII MEDI-PAK PAD 2"X2"
- GLOBAL ALCOHOL PREP EASE PAD 70 %
- GLOBAL EASE INJECT PEN NEEDLES 29G X 12MM
- GLOBAL EASE INJECT PEN NEEDLES 31G X 5 MM
- GLOBAL EASE INJECT PEN NEEDLES 31G X 8 MM
- GLOBAL EASE INJECT PEN NEEDLES 32G X 4 MM
- GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML
- GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.5 ML
- GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML
- GLOBAL INJECT EASE INSULIN SYR 30G X 1/2" 1 ML
- GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML
- GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML
- GLUCOPRO INSULIN SYRINGE 30G X 1/2" 1 ML
- GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.3 ML
- GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML
- GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML
- GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.3 ML
- GLUCOPRO INSULIN SYRINGE 31G X 5/16" 0.5 ML
- GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML
- GNP ALCOHOL SWABS PAD
- GNP CLICKFINE PEN NEEDLES 31G X 6 MM
- GNP CLICKFINE PEN NEEDLES 31G X 8 MM
- GNP INSULIN SYRINGE 28G X 1/2" 1 ML
- GNP INSULIN SYRINGE 29G X 1/2" 1 ML
- GNP INSULIN SYRINGE 30G X 5/16" 0.3 ML
- GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML
- GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 0.5 ML
- GNP INSULIN SYRINGES 29GX1/2" 29G X 1/2" 1 ML
- GNP INSULIN SYRINGES 30G X 5/16" 1 ML

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

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- 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
- INSUPEN32G EXTR3ME 32G X 6 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 INSULIN SYRINGE 30G X 5/16" 0.5 ML
- KROGER PEN NEEDLES 29G X 12MM
- KROGER PEN NEEDLES 31G X 6 MM
- LEADER INSULIN SYRINGE 28G X 1/2" 0.5 ML
- LEADER INSULIN SYRINGE 28G X 1/2" 1 ML
- 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

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

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

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- PRODIGY INSULIN SYRINGE 31G X 5/16" 0.5 ML
- PURE COMFORT ALCOHOL PREP PAD
- PURE COMFORT PEN NEEDLE 32G X 4 MM
- PURE COMFORT PEN NEEDLE 32G X 5 MM
- PURE COMFORT PEN NEEDLE 32G X 6 MM
- PURE COMFORT PEN NEEDLE 32G X 8 MM
- PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM
- PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM
- PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM
- PX SHORTLENGTH PEN NEEDLES 31G X 8 MM
- QC ALCOHOL 70 % EXTERNAL
- QC ALCOHOL SWABS PAD 70 %
- QC BORDER ISLAND GAUZE PAD 2"X2"
- QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM
- QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM
- QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM
- QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM
- QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 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" 0.5 ML
- 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 X 1/2" 1 ML
- RELION INSULIN SYRINGE 31G X 15/64" 0.3 ML

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Provider Partners Health Plan 2025 Formulary – Step Therapy Criteria

- 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 29G X 12MM
- RELION PEN NEEDLES 31G X 6 MM
- RELION PEN NEEDLES 31G X 8 MM
- RESTORE CONTACT LAYER PAD 2"X2"
- SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML
- SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML
- SAFETY INSULIN SYRINGES 30G X 1/2" 1 ML
- SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML
- SAFETY PEN NEEDLES 30G X 5 MM
- SAFETY PEN NEEDLES 30G X 8 MM
- SB ALCOHOL PREP PAD 70 %
- SB INSULIN SYRINGE 29G X 1/2" 0.5 ML
- SB INSULIN SYRINGE 29G X 1/2" 1 ML
- SB INSULIN SYRINGE 30G X 5/16" 0.5 ML
- SB INSULIN SYRINGE 30G X 5/16" 1 ML
- SB INSULIN SYRINGE 31G X 5/16" 1 ML
- SECURESAFE INSULIN SYRINGE 29G X 1/2" 0.5 ML
- SECURESAFE INSULIN SYRINGE 29G X 1/2" 1 ML
- SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM
- SM ALCOHOL PREP PAD
- SM ALCOHOL PREP PAD 6-70 % EXTERNAL
- SM 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

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Provider Partners Health Plan 2025 Formulary – Step Therapy Criteria

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

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Provider Partners Health Plan

2025 Formulary – Step Therapy Criteria

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

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2025 Formulary – Step Therapy Criteria

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

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2025 Formulary – Step Therapy Criteria

- | | |
|---|---|
| • 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 32G X 4 MM |
| • ULTRACARE PEN NEEDLES 32G X 5 MM | • UNIFINE PENTIPS PLUS 29G X 12MM |
| • ULTRACARE PEN NEEDLES 32G X 6 MM | • UNIFINE PENTIPS PLUS 31G X 6 MM |
| • ULTRACARE PEN NEEDLES 33G X 4 MM | • UNIFINE PENTIPS PLUS 32G X 4 MM |
| • ULTRA-COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML | • UNIFINE PROTECT PEN NEEDLE 30G X 5 MM |
| | • UNIFINE PROTECT PEN NEEDLE 30G X 8 MM |
| | • UNIFINE PROTECT PEN NEEDLE 32G X 4 MM |
| | • UNIFINE SAFECONTROL PEN NEEDLE 30G X 5 MM |
| | • UNIFINE SAFECONTROL PEN NEEDLE 30G X 8 MM |

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- UNIFINE SAFECONTROL PEN NEEDLE 31G X 5 MM
- UNIFINE SAFECONTROL PEN NEEDLE 31G X 6 MM
- UNIFINE SAFECONTROL PEN NEEDLE 31G X 8 MM
- UNIFINE SAFECONTROL PEN NEEDLE 32G X 4 MM
- UNIFINE ULTRA PEN NEEDLE 31G X 5 MM
- UNIFINE ULTRA PEN NEEDLE 31G X 6 MM
- UNIFINE ULTRA PEN NEEDLE 31G X 8 MM
- UNIFINE ULTRA PEN NEEDLE 32G X 4 MM
- VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 0.5 ML
- VALUE HEALTH INSULIN SYRINGE 29G X 1/2" 1 ML
- VANISHPOINT INSULIN SYRINGE 29G X 5/16" 1 ML
- VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML
- VANISHPOINT INSULIN SYRINGE 30G X 3/16" 1 ML
- VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML
- VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML
- VERIFINE INSULIN PEN NEEDLE 29G X 12MM
- VERIFINE INSULIN PEN NEEDLE 31G X 5 MM
- VERIFINE INSULIN PEN NEEDLE 32G X 6 MM
- VERIFINE INSULIN SYRINGE 28G X 1/2" 1 ML
- VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML
- VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML
- VERIFINE INSULIN SYRINGE 30G X 1/2" 1 ML
- VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML
- VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML
- VERIFINE INSULIN SYRINGE 31G X 5/16" 0.3 ML
- VERIFINE INSULIN SYRINGE 31G X 5/16" 0.5 ML
- VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML
- VERIFINE PLUS PEN NEEDLE 31G X 5 MM
- VERIFINE PLUS PEN NEEDLE 31G X 8 MM
- VERIFINE PLUS PEN NEEDLE 32G X 4 MM
- VP INSULIN SYRINGE 29G X 1/2" 0.3 ML
- WEBCOL ALCOHOL PREP LARGE PAD 70 %
- WEGMANS UNIFINE PENTIPS PLUS 31G X 8 MM
- ZEVRX STERILE ALCOHOL PREP PAD PAD 70 %

Details

Criteria	IN ORDER TO ASSIST IN PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR AN INJECTABLE INSULIN WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT.
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Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria
LUMATEPERONE TOSYLATE

Products Affected

Step 2:

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

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
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Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria
METHOTREXATE INJECTOR

Products Affected

Step 2:

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

Details

Criteria	TRIAL OF OR CONTRAINDICATION TO GENERIC ORAL METHOTREXATE TABLET
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Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria
PERAMPANEL

Products Affected

Step 2:

- FYCOMPA SUSPENSION 0.5 MG/ML ORAL
- *perampanel tablet 10 mg oral*
- *perampanel tablet 12 mg oral*
- *perampanel tablet 2 mg oral*
- *perampanel tablet 4 mg oral*
- *perampanel tablet 6 mg oral*
- *perampanel 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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Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Y0135_ST25_C
Formulary ID: 25261
Last Updated:12/04/2025
Effective: 12/01/2025

Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Y0135_ST25_C
Formulary ID: 25261
Last Updated:12/04/2025
Effective: 12/01/2025

**Provider Partners Health Plan
2025 Formulary – Step Therapy 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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Y0135_ST25_C
Formulary ID: 25261
Last Updated: 12/04/2025
Effective: 12/01/2025

Provider Partners Health Plan
2025 Formulary – Step Therapy Criteria
XANOMELINE/TROSPIUM

Products Affected

Step 2:

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

Details

Criteria	CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 120 DAYS
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Y0135_ST25_C
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Last Updated:12/04/2025
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