Criterio de Terapia Escalonada
Última Actualización: 21 de julio de 2026
Fecha de Entrada en Vigencia: 1 de agosto de 2026

Criterio de la Terapia Escalonada 2026
(Lista sobre el Criterio de la Terapia Escalonada)

POR FAVOR LEA DETALLADAMENTE: IEHP DUALCHOICE (HMO D-SNP), (MEDICARE-MEDICAID PLAN) REQUIERE QUE USTED PRIMERO UTILICE CIERTOS MEDICAMENTOS PARA TRATAR SU CONDICIÓN MÉDICA ANTES DE QUE CUBRAMOS OTRO MEDICAMENTO PARA ESA CONDICIÓN. ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DEL CRITERIO DE LA TERAPIA ESCALONADA (POR PASOS) QUE ES CUBIERTO POR ESTE PLAN.

Aviso para los Miembros existentes: Los beneficiarios deben recurrir a farmacias de la red para acceder al beneficio de medicamentos recetados. Los beneficios, la Lista de Medicamentos Cubiertos, las red de farmacias y de proveedores, así como los copagos podrían cambiar ocasionalmente a lo largo del año y el 1 de enero de cada año.
IEHP DualChoice (HMO D-SNP) es un Plan HMO con un contrato con Medicare. La inscripción en IEHP DualChoice (HMO D-SNP) depende de la renovación del contrato.

Puede obtener este documento gratis en otros formatos, como letra grande, Braille y/o audio. Llame a Servicios para Miembros de IEHP DualChoice al 1-877-273-IEHP (4347), 8am a 8pm (Hora del Pacífico), los 7 días de la semana, incluidos los días festivos. Los usuarios de TTY deben llamar al 1-800-718-4347. La llamada es gratuita.

You can get this document for free in other formats, such as large print, braille, and/or audio. Call IEHP DualChoice Member Services at 1-877-273-IEHP (4347), 8am-8pm (PST), 7 days a week, including holidays. TTY users should call 1-800-718-4347. The call is free.

您可以免費索取本文件的其他格式，例如大字版、盲文版和/或音訊版。請致電1-877-273-IEHP (4347) 與IEHP DualChoice會員服務處聯絡。服務時間為上午8點至晚上8點（太平洋標準時間），每週7天，包括節假日。TTY使用者應撥打1-800-718-4347。電話服務免費。

Quý vị có thể tải miễn phí tài liệu này ở các định dạng khác, chẳng hạn như bản in cỡ lớn, chữ nổi Braille và/hoặc tệp âm thanh. Hãy gọi Ban Dịch Vụ Hội Viên IEHP DualChoice theo số 1-877-273-IEHP (4347), 8 giờ sáng - 8 giờ tối (Múi giờ PST), 7 ngày ngày trong tuần, kể cả các ngày lễ. Người dùng TTY vui lòng gọi số 1-800-718-4347. Miễn phí cước gọi.

ANTIGOUT AGENTS

Productos Afectados

Paso 2:

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

Detalles

Criterios	REQUISITO PREVIO DE LA VERSIÓN DE LA LISTA DE MEDICAMENTOS CUBIERTOS (FORMULARY) DE TABLETAS DE ALLOPURINOL DENTRO DE LOS ÚLTIMOS 120 DÍAS.

ANTIULCER AGENTS

Productos Afectados

Paso 2:

- *esomeprazole magnesium dr 10 mg granules delayed release for susp*
- *esomeprazole magnesium dr 20 mg granules delayed release for susp*
- *esomeprazole magnesium dr 40 mg granules delayed release for susp*

Detalles

Criterios	REQUISITO PREVIO PARA LEYENDAS FEDERALES GENÉRICAS DE LA VERSIÓN DE LA LISTA DE MEDICAMENTOS CUBIERTOS (FORMULARY) DE CÁPSULAS ORALES DE LANSOPRAZOLE, CÁPSULAS ESOMEPRAZOLE MAG, RABEPRAZOLE, OMEPRAZOLE O PANTOPRAZOLE DENTRO DE LOS ÚLTIMOS 120 DÍAS.

ARIPIPRAZOLE FILM

Productos Afectados

Paso 2:

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

Detalles

Criterios	PRUEBA DE TABLETAS GENÉRICAS DE ARIPIPRAZOLE EN LOS ÚLTIMOS 120 DÍAS.

ARIPIPRAZOLE ODT

Productos Afectados

Paso 2:

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*

Detalles

Criterios	SE REQUIERE AUTORIZACIÓN PREVIA PARA UNO DE LOS SIGUIENTES ANTIPSICÓTICOS ORALES INCLUIDOS EN LA LISTA DE MEDICAMENTOS CUBIERTOS: RISPERIDONE, CLOZAPINE EN TABLETAS, OLANZAPINE, QUETIAPINE FUMARAT DE LIBERACIÓN INMEDIATA, ZIPRASIDONE, ARIPIPRAZOLE (TABLETA, RECUBIERTA, SOLUCIÓN), ASENAPINE, PALIPERIDONE, LURASIDONE, EN LOS ÚLTIMOS 120 DÍAS.

ASENAPINE PATCH

Productos Afectados

Paso 2:

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

Detalles

Criterios	REQUISITO DE 2 ANTIPSICÓTICOS GENÉRICOS ORALES DE LA LISTA DE MEDICAMENTOS CUBIERTOS (FORMULARY): LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE EN LOS ÚLTIMOS 365 DÍAS.

B VERSUS D ADMINISTRATIVE STEP

Productos Afectados

Paso 2:

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

Detalles

Criterios	PARA AYUDAR EN LA DETERMINACIÓN DE PAGO DE LA PARTE B VS. D, MOSTRAR UN REQUISITO PREVIO DE UN MEDICAMENTO PARA LA ARTRITIS REUMATOIDE, PSORIASIS O ARTRITIS IDIOPÁTICA JUVENIL POLIARTICULAR ACTIVA DENTRO DE LOS ÚLTIMOS 120 DÍAS CALIFICARÁ PARA EL PAGO DE LA PARTE D. TODAS LAS DEMÁS INDICACIONES TENDRÁ UNA DETERMINACIÓN DE PAGO DE LA PARTE B VS. D REALIZADA MEDIANTE EL PROCESO DE EXCEPCIÓN DE LA LISTA DE MEDICAMENTOS CUBIERTOS (FORMULARY) ANTES DE LA APROBACIÓN DEL MEDICAMENTO.

CARIPRAZINE

Productos Afectados

Paso 2:

- VRAYLAR 0.5 MG CAPSULE
- VRAYLAR 0.75 MG CAPSULE
- VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK
- VRAYLAR 1.5 MG CAPSULE
- VRAYLAR 3 MG CAPSULE
- VRAYLAR 4.5 MG CAPSULE
- VRAYLAR 6 MG CAPSULE

Detalles

Criterios	REQUISITO DE 2 ANTIPSICÓTICOS GENÉRICOS ORALES DE LA LISTA DE MEDICAMENTOS CUBIERTOS (FORMULARY): LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE FUMARATE DE LIBERACIÓN INMEDIATA, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE EN LOS ÚLTIMOS 365 DÍAS.

CLOZAPINE

Productos Afectados

Paso 2:

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

Detalles

Criterios	REQUISITO PREVIO DE UN ANTIPSICÓTICO ORAL DE LA LISTA DE MEDICAMENTOS CUBIERTOS (FORMULARY): RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, QUETIAPINE FUMARATE DE LIBERACIÓN INMEDIATA, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE, LURASIDONE EN LOS ÚLTIMOS 120 DÍAS.

DEXTROMETHORPHAN HBR/BUPROPION

Productos Afectados

Paso 2:

- AUVELITY 30 MG-105 MG/45 MG-105 MG ORAL TABLET, IR ER, DOSE PACK
- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

Detalles

Criterios	REQUISITO PREVIO DE TRINTELLIX Y UN ANTIDEPRESIVO GENÉRICO (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE, DESVENLAFAXINE, DULOXETINE, VENLAFAXINE, MIRTAZAPINE, BUPROPION IR/SR/XL, O VILAZODONE) EN LOS ÚLTIMOS 365 DÍAS.

DIHYDROERGOTAMINE MESYLATE

Productos Afectados

Paso 2:

- *dihydroergotamine 0.5 mg/pump act. (4 mg/ml) nasal spray*

Detalles

Criterios	REQUISITO PREVIO DE 2 TRIPTANS GENÉRICOS DE LA LISTA DE MEDICAMENTOS CUBIERTOS (FORMULARY) (por ejemplo: SUMATRIPTAN y RIZATRIPTAN) EN LOS ÚLTIMOS 365 DÍAS.

DRIZALMA SPRINKLE

Productos Afectados

Paso 2:

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

Detalles

Criterios	REQUISITO PREVIO DE CÁPSULA DE DULOXETINE GENÉRICA DE LA LISTA DE MEDICAMENTOS CUBIERTOS (FORMULARY) DENTRO DE LOS ÚLTIMOS 120 DÍAS.

ELEPSIA XR

Productos Afectados

Paso 2:

- ELEPSIA XR 1,000 MG TABLET,EXTENDED RELEASE
- ELEPSIA XR 1,500 MG TABLET,EXTENDED RELEASE

Detalles

Criterios	PRUEBA DE TABLETAS GENÉRICAS DE LEVETIRACETAM ER EN LOS ÚLTIMOS 120 DÍAS.

EPRONTIA

Productos Afectados

Paso 2:

- EPRONTIA 25 MG/ML ORAL SOLUTION
- *topiramate 25 mg/ml oral solution*

Detalles

Criterios	REQUISITO PREVIO DE TOPIRAMATE GENÉRICO DENTRO DE LOS ÚLTIMOS 120 DÍAS.

ESLICARBAZEPINE ACETATE

Productos Afectados

Paso 2:

- *eslicarbazepine 200 mg tablet*
- *eslicarbazepine 400 mg tablet*
- *eslicarbazepine 600 mg tablet*
- *eslicarbazepine 800 mg tablet*

Detalles

Criterios	REQUISITO PREVIO DE 2 AGENTES ANTICONVULSIVOS GENÉRICOS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE O LACOSAMIDE), DENTRO DE LOS ÚLTIMOS 365 DÍAS.

FIBRATES

Productos Afectados

Paso 2:

- *omega-3 acid ethyl esters 1 gram capsule*

Detalles

Criterios	REQUISITO PREVIO DE FENOFIBRATE GENÉRICO EN LOS ÚLTIMOS 120 DÍAS.

HIGH INTENSITY STATIN

Productos Afectados

Paso 2:

- NEXLETOL 180 MG TABLET
- NEXLIZET 180 MG-10 MG TABLET
- REPATHA PUSHTRONEX 420 MG/3.5 ML SUBCUTANEOUS WEARABLE INJECTOR
- REPATHA SURECLICK 140 MG/ML SUBCUTANEOUS PEN INJECTOR
- REPATHA SYRINGE 140 MG/ML SUBCUTANEOUS SYRINGE

Detalles

Criterios	PRUEBA PREVIA DE 25 DÍAS DE STATIN GENÉRICO DE ALTA INTENSIDAD: VERSIÓN DE LA LISTA DE MEDICAMENTOS CUBIERTOS (FORMULARY) DE ATORVASTATIN (40 MG o 80 MG) O ROSUVASTATIN (20 MG o 40 MG) DENTRO DE LOS ÚLTIMOS 120 DÍAS.

ILOPERIDONE

Productos Afectados

Paso 2:

- FANAPT 1 MG TABLET
- FANAPT 10 MG TABLET
- FANAPT 12 MG TABLET
- FANAPT 2 MG TABLET
- FANAPT 4 MG TABLET
- FANAPT 6 MG TABLET
- FANAPT 8 MG TABLET
- FANAPT TITRATION PACK A 1 MG (2)-2 MG (2)-4 MG (2)-6 MG (2) TABLETS
- FANAPT TITRATION PACK B 1 MG (6)-2 MG (2)-6 MG (2)-8 MG (2) TABLETS
- FANAPT TITRATION PACK C 1 MG (4)-2 MG (2)-6 MG (2) TABLETS

Detalles

Criterios	REQUISITO DE 2 ANTIPSICÓTICOS GENÉRICOS ORALES DE LA LISTA DE MEDICAMENTOS CUBIERTOS (FORMULARY): LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE EN LOS ÚLTIMOS 365 DÍAS.

INSULIN- RAPID ACTING

Productos Afectados

Paso 2:

- *insulin lispro (u-100) 100 unit/ml subcutaneous solution*

Detalles

Criterios	REQUISITO PREVIO DE INSULIN ASPART O FIASP EN LOS ÚLTIMOS 120 DÍAS.

INSULIN SUPPLY PAYMENT DETERMINATION ST

Productos Afectados

Paso 2:

- 1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE
- 1ST TIER UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE
- 1ST TIER UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE
- 1ST TIER UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE
- 1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE
- 1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE
- 1ST TIER UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE
- ADVOCATE PEN NEEDLE 29 GAUGE X 1/2"
- ADVOCATE PEN NEEDLE 31 GAUGE X 3/16"
- ADVOCATE PEN NEEDLE 31 GAUGE X 5/16"
- ADVOCATE PEN NEEDLE 32 GAUGE X 5/32"
- ADVOCATE PEN NEEDLE 33 GAUGE X 5/32"
- ADVOCATE SYRINGES 0.3 ML 29 GAUGE X 1/2"
- ADVOCATE SYRINGES 0.3 ML 30 GAUGE X 5/16"
- ADVOCATE SYRINGES 0.3 ML 31 GAUGE X 5/16"
- ADVOCATE SYRINGES 0.5 ML 29 GAUGE X 1/2"
- ADVOCATE SYRINGES 0.5 ML 30 GAUGE X 5/16"
- ADVOCATE SYRINGES 0.5 ML 31 GAUGE X 5/16"
- ADVOCATE SYRINGES 1 ML 29 GAUGE X 1/2"
- ADVOCATE SYRINGES 1 ML 30 GAUGE X 5/16"
- ADVOCATE SYRINGES 1 ML 31 GAUGE X 5/16"
- ALCOHOL PADS
- ALCOHOL PREP PADS
- ALCOHOL PREP SWABS
- ALCOHOL SWABS
- ALCOHOL WIPES
- AQINJECT PEN NEEDLE 31 GAUGE X 3/16"
- AQINJECT PEN NEEDLE 32 GAUGE X 5/32"
- ASSURE ID DUO PRO SAFETY PEN NEEDLE 31 GAUGE X 3/16"
- ASSURE ID DUO-SHIELD 30 GAUGE X 3/16" NEEDLE
- ASSURE ID DUO-SHIELD 30 GAUGE X 5/16" NEEDLE
- ASSURE ID INSULIN SAFETY 0.5 ML 31 GAUGE X 15/64" SYRINGE
- ASSURE ID INSULIN SAFETY 1 ML 29 GAUGE X 1/2" SYRINGE
- ASSURE ID INSULIN SAFETY 1 ML 31 GAUGE X 15/64" SYRINGE
- ASSURE ID PEN NEEDLE 30 GAUGE X 5/16"
- ASSURE ID PRO PEN NEEDLE 30 GAUGE X 3/16"
- AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16"
- BD ALCOHOL SWABS
- BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16"
- BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE
- BD INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"

- BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"
- BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2"
- BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2"
- BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2" SYRINGE
- BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32"
- BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"
- BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"
- BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8"
- BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4"
- BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16"
- BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32"
- BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2"
- BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16"
- BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"
- BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64"
- BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64"
- BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64"
- BORDERED GAUZE 2" X 2" BANDAGE
- CAREFINE PEN NEEDLE 29 GAUGE X 1/2"
- CAREFINE PEN NEEDLE 30 GAUGE X 5/16"
- CAREFINE PEN NEEDLE 31 GAUGE X 1/4"
- CAREFINE PEN NEEDLE 31 GAUGE X 5/16"
- CAREFINE PEN NEEDLE 32 GAUGE X 1/4"
- CAREFINE PEN NEEDLE 32 GAUGE X 3/16"
- CAREFINE PEN NEEDLE 32 GAUGE X 5/32"
- CARETOUCH ALCOHOL PREP PAD TOPICAL PADS
- CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- CARETOUCH PEN NEEDLE 29 GAUGE X 1/2"
- CARETOUCH PEN NEEDLE 31 GAUGE X 1/4"
- CARETOUCH PEN NEEDLE 31 GAUGE X 3/16"
- CARETOUCH PEN NEEDLE 31 GAUGE X 5/16"
- CARETOUCH PEN NEEDLE 32 GAUGE X 3/16"
- CARETOUCH PEN NEEDLE 32 GAUGE X 5/32"

- CLICKFINE PEN NEEDLE 31 GAUGE X 1/4"
- CLICKFINE PEN NEEDLE 32 GAUGE X 5/32"
- COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
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- COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- COMFORT EZ INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"
- COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2"
- COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4"
- COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16"
- COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16"
- COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4"
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- COMFORT EZ PEN NEEDLES 32 GAUGE X 5/32"
- COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4"
- COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16"
- COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16"
- COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32"
- COMFORT EZ PRO SAFETY PEN NEEDLE 30 GAUGE X 5/16"
- COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 3/16"
- COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 5/32"
- COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4"
- COMFORT TOUCH PEN NEEDLE 31 GAUGE X 3/16"
- COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/16"
- COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/32"
- COMFORT TOUCH PEN NEEDLE 32 GAUGE X 1/4"
- COMFORT TOUCH PEN NEEDLE 32 GAUGE X 3/16"
- COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/16"
- COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/32"
- COMFORT TOUCH PEN NEEDLE 33 GAUGE X 1/4"
- COMFORT TOUCH PEN NEEDLE 33 GAUGE X 3/16"
- COMFORT TOUCH PEN NEEDLE 33 GAUGE X 5/32"

- CURAD GAUZE PAD 2" X 2" BANDAGE
- CURITY ALCOHOL SWABS
- CURITY GAUZE 2" X 2" BANDAGE
- CURITY GAUZE 2" X 2" SPONGE
- DERMACEA 2" X 2" BANDAGE
- DERMACEA 2" X 2" SPONGE
- DERMACEA NON-WOVEN 2" X 2" SPONGE
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"
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- DROPLET INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 15/64"
- DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"
- DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64"
- DROPLET PEN NEEDLE 29 GAUGE X 1/2"
- DROPLET PEN NEEDLE 29 GAUGE X 3/8"
- DROPLET PEN NEEDLE 30 GAUGE X 5/16"
- DROPLET PEN NEEDLE 31 GAUGE X 1/4"
- DROPLET PEN NEEDLE 31 GAUGE X 3/16"
- DROPLET PEN NEEDLE 31 GAUGE X 5/16"
- DROPLET PEN NEEDLE 32 GAUGE X 1/4"
- DROPLET PEN NEEDLE 32 GAUGE X 3/16"
- DROPLET PEN NEEDLE 32 GAUGE X 5/16"
- DROPLET PEN NEEDLE 32 GAUGE X 5/32"
- DROPSAFE ALCOHOL PREP PADS
- DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"

- DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- DROPSAFE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"
- DROPSAFE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- DROPSAFE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- DROPSAFE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- DROPSAFE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- DROPSAFE PEN NEEDLE 31 GAUGE X 1/4"
- DROPSAFE PEN NEEDLE 31 GAUGE X 3/16"
- DROPSAFE PEN NEEDLE 31 GAUGE X 5/16"
- DROPSAFE PEN NEEDLE 31 GAUGE X 5/32"
- EASY COMFORT ALCOHOL PAD TOPICAL PADS
- EASY COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 0.3 ML 31 X 1/2"
- EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 1 ML 32 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 1/2 ML 29 X 5/16"
- EASY COMFORT INSULIN SYRINGE 1/2 ML 32 GAUGE X 5/16"
- EASY COMFORT PEN NEEDLES 29 GAUGE X 3/16"
- EASY COMFORT PEN NEEDLES 29 GAUGE X 5/32"
- EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4"
- EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16"
- EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16"
- EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32"
- EASY COMFORT PEN NEEDLES 33 GAUGE X 1/4"
- EASY COMFORT PEN NEEDLES 33 GAUGE X 3/16"
- EASY COMFORT PEN NEEDLES 33 GAUGE X 5/32"
- EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"
- EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16"
- EASY COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"
- EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"
- EASY GLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- EASY GLIDE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"
- EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32"
- EASY TOUCH 29 GAUGE X 1/2" NEEDLE
- EASY TOUCH 31 GAUGE X 1/4" NEEDLE
- EASY TOUCH 31 GAUGE X 3/16" NEEDLE
- EASY TOUCH 31 GAUGE X 5/16" NEEDLE
- EASY TOUCH 32 GAUGE X 1/4" NEEDLE
- EASY TOUCH 32 GAUGE X 3/16" NEEDLE

- EASY TOUCH 32 GAUGE X 5/32" NEEDLE
- EASY TOUCH ALCOHOL PREP PADS
- EASY TOUCH AUTORETRACT SYRINGE 0.5 ML 30 GAUGE X 1/4"
- EASY TOUCH AUTORETRACT SYRINGE 0.5 ML 30 GAUGE X 5/16"
- EASY TOUCH AUTORETRACT SYRINGE 1 ML 30 GAUGE X 1/4"
- EASY TOUCH AUTORETRACT SYRINGE 1 ML 30 GAUGE X 5/16"
- EASY TOUCH FLIPLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE
- EASY TOUCH FLIPLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE
- EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- EASY TOUCH FLIPLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- EASY TOUCH FLIPLOCK SYRINGE 1 ML 27 GAUGE X 1/2"
- EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"
- EASY TOUCH INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16"
- EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"
- EASY TOUCH INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 1/2"
- EASY TOUCH INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16"
- EASY TOUCH INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 1/4"
- EASY TOUCH INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"
- EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"
- EASY TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- EASY TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- EASY TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- EASY TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- EASY TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"
- EASY TOUCH INSULIN SYRINGE 1 ML 27 GAUGE X 5/8"
- EASY TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- EASY TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- EASY TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- EASY TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 1/4"
- EASY TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"
- EASY TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- EASY TOUCH INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"
- EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE
- EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16"
- EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16"
- EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16"
- EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 1/4"
- EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 3/16"
- EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 5/16"
- EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE

- EASY TOUCH SHEATHLOCK INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE
- EASY TOUCH SHEATHLOCK INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE
- EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- EASY TOUCH UNI-SLIP 1 ML SYRINGE
- EASYLIFE ALCOHOL PADS
- EASYLIFE INSULIN PEN NEEDLE 29 GAUGE X 1/2"
- EASYLIFE INSULIN PEN NEEDLE 31 GAUGE X 1/4"
- EASYLIFE INSULIN PEN NEEDLE 31 GAUGE X 3/16"
- EASYLIFE INSULIN PEN NEEDLE 31 GAUGE X 5/16"
- EASYLIFE INSULIN PEN NEEDLE 31 GAUGE X 5/32"
- EASYLIFE INSULIN PEN NEEDLE 32 GAUGE X 1/4"
- EASYLIFE INSULIN PEN NEEDLE 32 GAUGE X 3/16"
- EASYLIFE INSULIN PEN NEEDLE 32 GAUGE X 5/16"
- EASYLIFE INSULIN PEN NEEDLE 32 GAUGE X 5/32"
- EASYLIFE INSULIN PEN NEEDLE 33 GAUGE X 1/4"
- EASYLIFE INSULIN PEN NEEDLE 33 GAUGE X 3/16"
- EASYLIFE INSULIN PEN NEEDLE 33 GAUGE X 5/16"
- EASYLIFE INSULIN PEN NEEDLE 33 GAUGE X 5/32"
- EASYLIFE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- EASYLIFE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- EASYLIFE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- EASYLIFE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- EASYLIFE SAFETY PEN NEEDLE 31 GAUGE X 3/16"
- EASYLIFE SAFETY PEN NEEDLE 31 GAUGE X 5/32"
- EMBRACE PEN NEEDLE 29 GAUGE X 1/2"
- EMBRACE PEN NEEDLE 30 GAUGE X 3/16"
- EMBRACE PEN NEEDLE 30 GAUGE X 5/16"
- EMBRACE PEN NEEDLE 31 GAUGE X 1/4"
- EMBRACE PEN NEEDLE 31 GAUGE X 3/16"
- EMBRACE PEN NEEDLE 31 GAUGE X 5/16"
- EMBRACE PEN NEEDLE 32 GAUGE X 5/32"
- EXEL INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE
- GAUZE BANDAGE 2" X 2"
- GAUZE PAD 2" X 2" BANDAGE
- HEALTHWISE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- HEALTHWISE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- HEALTHWISE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- HEALTHWISE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- HEALTHWISE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- HEALTHWISE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- HEALTHWISE PEN NEEDLE 31 GAUGE X 3/16"
- HEALTHWISE PEN NEEDLE 31 GAUGE X 5/16"
- HEALTHWISE PEN NEEDLE 32 GAUGE X 5/32"
- HEALTHY ACCENTS UNIFINE PENTIP 29 GAUGE X 1/2" NEEDLE
- HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLE
- HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 3/16" NEEDLE
- HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 5/16" NEEDLE

- HEALTHY ACCENTS UNIFINE PENTIP 32 GAUGE X 5/32" NEEDLE
- INCONTROL ALCOHOL PADS
- INCONTROL PEN NEEDLE 29 GAUGE X 1/2"
- INCONTROL PEN NEEDLE 31 GAUGE X 1/4"
- INCONTROL PEN NEEDLE 31 GAUGE X 3/16"
- INCONTROL PEN NEEDLE 31 GAUGE X 5/16"
- INCONTROL PEN NEEDLE 32 GAUGE X 5/32"
- INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8"
- INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE
- INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30
- INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30 GAUGE X 5/16"
- INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 1/4"
- INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 15/64"
- INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 31 GAUGE X 5/16"
- INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 29 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 30 GAUGE X 5/16"
- INSULIN SYRINGE U-100 WITH NEEDLE 0.5 ML 31 GAUGE X 5/16"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 27 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 27 GAUGE X 5/8"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 28 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 7/16"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 3/8"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 5/16"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 7/16"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 1/4"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 15/64"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 5/16"
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 27 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 29
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 30 GAUGE
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 1/4"
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 15/64"
- INSULIN SYRINGE-NEEDLE U-100 HALF UNIT MARKING 0.3 ML 31 GAUGE X 1/4"
- INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64"
- INSUPEN PEN NEEDLE 29 GAUGE X 1/2"
- INSUPEN PEN NEEDLE 31 GAUGE X 3/16"
- INSUPEN PEN NEEDLE 31 GAUGE X 5/16"
- INSUPEN PEN NEEDLE 32 GAUGE X 1/4"
- INSUPEN PEN NEEDLE 32 GAUGE X 5/32"
- IV PREP WIPES MEDICATED

- LISCO 2" X 2" SPONGE
- LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2"
- LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4"
- LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 3/16"
- LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE
- LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE
- LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16"
- LITE TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE
- LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 1/2 ML 29
- LITE TOUCH INSULIN SYRINGE 1/2 ML 30 GAUGE
- MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2"
- MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"
- MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"
- MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 5/16"
- MAGELLAN SYRINGE 0.3 ML 30 X 5/16"
- MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4"
- MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"
- MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- MAXICOMFORT INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"
- MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16"
- MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 5/16"
- MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4"
- MICRODOT INSULIN PEN NEEDLE 32 GAUGE X 5/32"
- MICRODOT INSULIN PEN NEEDLE 33 GAUGE X 5/32"
- MICRODOT READYGARD PEN NEEDLE 31 GAUGE X 3/16"
- MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE
- MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16"
- MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"
- MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16"
- MONOJECT INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"
- MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"

- MONOJECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- MONOJECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- MONOJECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- MONOJECT INSULIN SYRINGE 1 ML
- MONOJECT INSULIN SYRINGE 1 ML 25 GAUGE X 5/8"
- MONOJECT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"
- MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- MONOJECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- MONOJECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- MONOJECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- MONOJECT SYRINGE 1/2 ML 28 GAUGE
- MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE
- NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32"
- NANO PEN NEEDLE 32 GAUGE X 5/32"
- NOVOFINE 30 NEEDLE
- NOVOFINE 32 32 GAUGE X 1/4" NEEDLE
- NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE
- PEN NEEDLE 29 GAUGE X 1/2"
- PEN NEEDLE 30 GAUGE X 5/16"
- PEN NEEDLE 31 GAUGE X 3/16"
- PEN NEEDLE 31 GAUGE X 5/16"
- PEN NEEDLE 32 GAUGE X 5/32"
- PEN NEEDLE, DIABETIC 29 GAUGE X 1/2"
- PEN NEEDLE, DIABETIC 29 GAUGE X 15/32"
- PEN NEEDLE, DIABETIC 30 GAUGE X 3/16"
- PEN NEEDLE, DIABETIC 30 GAUGE X 5/16"
- PEN NEEDLE, DIABETIC 31 GAUGE X 1/3"
- PEN NEEDLE, DIABETIC 31 GAUGE X 1/4"
- PEN NEEDLE, DIABETIC 31 GAUGE X 1/6"
- PEN NEEDLE, DIABETIC 31 GAUGE X 13/64"
- PEN NEEDLE, DIABETIC 31 GAUGE X 15/64"
- PEN NEEDLE, DIABETIC 31 GAUGE X 3/16"
- PEN NEEDLE, DIABETIC 31 GAUGE X 5/16"
- PEN NEEDLE, DIABETIC 31 GAUGE X 5/32"
- PEN NEEDLE, DIABETIC 32 GAUGE X 1/4"
- PEN NEEDLE, DIABETIC 32 GAUGE X 3/16"
- PEN NEEDLE, DIABETIC 32 GAUGE X 5/16"
- PEN NEEDLE, DIABETIC 32 GAUGE X 5/32"
- PEN NEEDLE, DIABETIC 33 GAUGE X 1/4"
- PEN NEEDLE, DIABETIC 33 GAUGE X 3/16"
- PEN NEEDLE, DIABETIC 33 GAUGE X 5/32"
- PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 5/32"
- PENTIPS PEN NEEDLE 29 GAUGE X 1/2"
- PENTIPS PEN NEEDLE 31 GAUGE X 1/4"
- PENTIPS PEN NEEDLE 31 GAUGE X 3/16"
- PENTIPS PEN NEEDLE 31 GAUGE X 5/16"
- PENTIPS PEN NEEDLE 32 GAUGE X 1/4"

- PENTIPS PEN NEEDLE 32 GAUGE X 5/32"
- PIP PEN NEEDLE 31 GAUGE X 3/16"
- PIP PEN NEEDLE 32 GAUGE X 5/32"
- PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4"
- PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 5/16"
- PRO COMFORT ALCOHOL PADS
- PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- PRO COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4"
- PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16"
- PRO COMFORT PEN NEEDLE 32 GAUGE X 5/16"
- PRO COMFORT PEN NEEDLE 32 GAUGE X 5/32"
- PRO-COMFORT ALCOHOL PADS
- PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- PRODIGY INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- PURE COMFORT ALCOHOL PADS
- PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4"
- PURE COMFORT PEN NEEDLE 32 GAUGE X 3/16"
- PURE COMFORT PEN NEEDLE 32 GAUGE X 5/16"
- PURE COMFORT PEN NEEDLE 32 GAUGE X 5/32"
- PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"
- PURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16"
- PURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"
- SAFESNAP INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- SAFESNAP INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- SAFESNAP INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- SAFESNAP INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- SAFESNAP INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- SAFETY PEN NEEDLE 31 GAUGE X 3/16"
- SECURESAFE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- SECURESAFE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- SECURESAFE PEN NEEDLE 30 GAUGE X 5/16"
- SECURESAFE PEN NEEDLE 31 GAUGE X 3/16"
- SIMPLI PEN NEEDLE 32 GAUGE X 5/32"
- SKY SAFETY PEN NEEDLE 30 GAUGE X 3/16"
- SKY SAFETY PEN NEEDLE 30 GAUGE X 5/16"
- STERILE PADS 2" X 2" BANDAGE
- SURE COMFORT ALCOHOL PREP PADS
- SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"
- SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4"
- SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"

- SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- SURE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- SURE COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- SURE COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 1/4"
- SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- SURE COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- SURE COMFORT INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"
- SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2"
- SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2"
- SURE COMFORT PEN NEEDLE 30 GAUGE X 5/16"
- SURE COMFORT PEN NEEDLE 31 GAUGE X 3/16"
- SURE COMFORT PEN NEEDLE 31 GAUGE X 5/16"
- SURE COMFORT PEN NEEDLE 32 GAUGE X 1/4"
- SURE COMFORT PEN NEEDLE 32 GAUGE X 5/32"
- SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"
- SURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"
- SURE-FINE PEN NEEDLES 29 GAUGE X 1/2"
- SURE-FINE PEN NEEDLES 31 GAUGE X 3/16"
- SURE-FINE PEN NEEDLES 31 GAUGE X 5/16"
- SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- SURE-JECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- SURE-JECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- SURE-JECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- SURE-JECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- SURE-JECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- SURE-JECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- SURE-JECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- SURE-PREP ALCOHOL PREP PADS
- SYRINGE WITH NEEDLE, SAFETY 0.5 ML 30 GAUGE X 1/2"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 1/2"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 5/16"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 15/64"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16"
- TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"

- TECHLITE PEN NEEDLE 29 GAUGE X 1/2"
- TECHLITE PEN NEEDLE 29 GAUGE X 3/8"
- TECHLITE PEN NEEDLE 31 GAUGE X 1/4"
- TECHLITE PEN NEEDLE 31 GAUGE X 3/16"
- TECHLITE PEN NEEDLE 31 GAUGE X 5/16"
- TECHLITE PEN NEEDLE 32 GAUGE X 1/4"
- TECHLITE PEN NEEDLE 32 GAUGE X 5/16"
- TECHLITE PEN NEEDLE 32 GAUGE X 5/32"
- TECHLITE PLUS PEN NEEDLE 32 GAUGE X 5/32"
- TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8"
- TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- TERUMO INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"
- TERUMO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- TERUMO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- TERUMO INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"
- TERUMO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8"
- THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8"
- THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8"
- THINPRO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8"
- THINPRO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- THINPRO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- THINPRO INSULIN SYRINGE 1 ML 30 GAUGE X 3/8"
- THINPRO INSULIN SYRINGE 1 ML 31 X 3/8"
- THINPRO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8"
- TRUE COMFORT ALCOHOL PADS
- TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- TRUE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4"
- TRUE COMFORT PEN NEEDLE 31 GAUGE X 3/16"
- TRUE COMFORT PEN NEEDLE 31 GAUGE X 5/16"
- TRUE COMFORT PEN NEEDLE 32 GAUGE X 1/4"
- TRUE COMFORT PEN NEEDLE 32 GAUGE X 3/16"
- TRUE COMFORT PEN NEEDLE 32 GAUGE X 5/32"
- TRUE COMFORT PEN NEEDLE 33 GAUGE X 1/4"
- TRUE COMFORT PEN NEEDLE 33 GAUGE X 3/16"
- TRUE COMFORT PEN NEEDLE 33 GAUGE X 5/32"
- TRUE COMFORT PRO ALCOHOL PADS
- TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 1/2"
- TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 5/16"
- TRUE COMFORT PRO INS SYRINGE 0.5 ML 31 GAUGE X 5/16"
- TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 1/2"
- TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 5/16"

- TRUE COMFORT PRO INS SYRINGE 1 ML 31 GAUGE X 5/16"
- TRUE COMFORT PRO INS SYRINGE 1 ML 32 GAUGE X 5/16"
- TRUE COMFORT PRO INS SYRINGE 1/2 ML 32 GAUGE X 5/16"
- TRUE COMFORT SAFETY INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- TRUE COMFORT SAFETY INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- TRUE COMFORT SAFETY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- TRUE COMFORT SAFETY INSULIN SYRINGE 1 ML 32 GAUGE X 5/16"
- TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"
- TRUE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16"
- TRUE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"
- TRUE-COMFORT PRO PEN NEEDLE 31 GAUGE X 15/64"
- TRUE-COMFORT PRO PEN NEEDLE 31 GAUGE X 3/16"
- TRUE-COMFORT PRO PEN NEEDLE 31 GAUGE X 5/16"
- TRUE-COMFORT PRO PEN NEEDLE 32 GAUGE X 5/32"
- TRUEPLUS INSULIN 0.3 ML 29 GAUGE X 1/2" SYRINGE
- TRUEPLUS INSULIN 0.3 ML 30 GAUGE X 5/16" SYRINGE
- TRUEPLUS INSULIN 0.3 ML 31 GAUGE X 5/16" SYRINGE
- TRUEPLUS INSULIN 0.5 ML 29 GAUGE X 1/2" SYRINGE
- TRUEPLUS INSULIN 0.5 ML 30 GAUGE X 5/16" SYRINGE
- TRUEPLUS INSULIN 0.5 ML 31 GAUGE X 5/16" SYRINGE
- TRUEPLUS INSULIN 1 ML 28 GAUGE X 1/2" SYRINGE
- TRUEPLUS INSULIN 1 ML 29 GAUGE X 1/2" SYRINGE
- TRUEPLUS INSULIN 1 ML 30 GAUGE X 5/16" SYRINGE
- TRUEPLUS INSULIN 1 ML 31 GAUGE X 5/16" SYRINGE
- TRUEPLUS INSULIN 1/2 ML 28 GAUGE X 1/2" SYRINGE
- TRUEPLUS PEN NEEDLE 29 GAUGE X 1/2"
- TRUEPLUS PEN NEEDLE 31 GAUGE X 1/4"
- TRUEPLUS PEN NEEDLE 31 GAUGE X 3/16"
- TRUEPLUS PEN NEEDLE 31 GAUGE X 5/16"
- TRUEPLUS PEN NEEDLE 32 GAUGE X 5/32"
- ULTICARE 0.3 ML 30 GAUGE X 1/2" SYRINGE
- ULTICARE 0.3 ML 31 GAUGE X 5/16" SYRINGE
- ULTICARE 0.5 ML 30 GAUGE X 1/2" SYRINGE
- ULTICARE 0.5 ML 31 GAUGE X 5/16" SYRINGE
- ULTICARE 1 ML 30 GAUGE X 1/2" SYRINGE
- ULTICARE 1 ML 31 GAUGE X 5/16" SYRINGE
- ULTICARE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 1/4"
- ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4"
- ULTICARE INSULIN SYRINGE 1 ML 31 GAUGE X 1/4"
- ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"
- ULTICARE PEN NEEDLE 29 GAUGE X 1/2"
- ULTICARE PEN NEEDLE 31 GAUGE X 1/4"
- ULTICARE PEN NEEDLE 31 GAUGE X 3/16"

- ULTICARE PEN NEEDLE 31 GAUGE X 5/16"
- ULTICARE PEN NEEDLE 32 GAUGE X 1/4"
- ULTICARE PEN NEEDLE 32 GAUGE X 5/32"
- ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16"
- ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 5/16"
- ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 30 X 1/2"
- ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 31 X 5/16"
- ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 30 X 1/2"
- ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 31 X 5/16"
- ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 30 X 1/2"
- ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 31 X 5/16"
- ULTIGUARD SAFEPACK-PEN NEEDLE 29 GAUGE X 1/2"
- ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 1/4"
- ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 3/16"
- ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 5/16"
- ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 1/4"
- ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 5/32"
- ULTILET ALCOHOL SWAB
- ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE
- ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- ULTILET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- ULTILET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- ULTILET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- ULTILET INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- ULTILET INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- ULTILET INSULIN SYRINGE 1 ML 29 GAUGE
- ULTILET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- ULTILET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- ULTILET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- ULTILET INSULIN SYRINGE 1/2 ML 29
- ULTILET PEN NEEDLE 29 GAUGE
- ULTILET PEN NEEDLE 32 GAUGE X 5/32"
- ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2"
- ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"
- ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30
- ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- ULTRA COMFORT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- ULTRA COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- ULTRA COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- ULTRA COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 7/16"
- ULTRA COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"

- ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29
- ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE
- ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2"
- ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16"
- ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"
- ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- ULTRA FLO INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- ULTRA FLO INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- ULTRA FLO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2"
- ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16"
- ULTRA FLO PEN NEEDLE 31 GAUGE X 5/16"
- ULTRA FLO PEN NEEDLE 32 GAUGE X 5/32"
- ULTRA FLO PEN NEEDLE 33 GAUGE X 5/32"
- ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32"
- ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- ULTRACARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- ULTRACARE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- ULTRACARE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- ULTRACARE PEN NEEDLE 31 GAUGE X 1/4"
- ULTRACARE PEN NEEDLE 31 GAUGE X 3/16"
- ULTRACARE PEN NEEDLE 31 GAUGE X 5/16"
- ULTRACARE PEN NEEDLE 32 GAUGE X 1/4"
- ULTRACARE PEN NEEDLE 32 GAUGE X 3/16"
- ULTRACARE PEN NEEDLE 32 GAUGE X 5/32"
- ULTRACARE PEN NEEDLE 33 GAUGE X 5/32"
- ULTRA-FINE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"
- ULTRA-FINE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"
- ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"
- ULTRA-FINE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- ULTRA-FINE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- ULTRA-FINE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- ULTRA-FINE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- ULTRA-FINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- ULTRA-FINE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"
- ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2"
- ULTRA-FINE PEN NEEDLE 31 GAUGE X 3/16"
- ULTRA-FINE PEN NEEDLE 31 GAUGE X 5/16"
- ULTRA-FINE PEN NEEDLE 32 GAUGE X 1/4"

- ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16" NEEDLE
- ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2"
- ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- ULTRA-THIN II INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- UNIFINE OTC PEN NEEDLE 31 GAUGE X 3/16"
- UNIFINE OTC PEN NEEDLE 32 GAUGE X 5/32"
- UNIFINE PEN NEEDLE 32 GAUGE X 5/32"
- UNIFINE PENTIPS 29 GAUGE NEEDLE
- UNIFINE PENTIPS 29 GAUGE X 1/2" NEEDLE
- UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE
- UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE
- UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE
- UNIFINE PENTIPS 32 GAUGE X 1/4" NEEDLE
- UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE
- UNIFINE PENTIPS 33 GAUGE X 5/32" NEEDLE
- UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE
- UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE
- UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE
- UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE
- UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE
- UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE
- UNIFINE PENTIPS PLUS 33 GAUGE X 5/32" NEEDLE
- UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE
- UNIFINE PROTECT 30 GAUGE X 3/16" NEEDLE
- UNIFINE PROTECT 30 GAUGE X 5/16" NEEDLE
- UNIFINE PROTECT 32 GAUGE X 5/32" NEEDLE
- UNIFINE SAFECONTROL PEN NEEDLE 30 GAUGE X 3/16"
- UNIFINE SAFECONTROL PEN NEEDLE 30 GAUGE X 5/16"
- UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 1/4"
- UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 3/16"
- UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 5/16"
- UNIFINE SAFECONTROL PEN NEEDLE 32 GAUGE X 5/32"
- UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 1/4"
- UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 3/16"
- UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 5/16"
- UNIFINE ULTRA PEN NEEDLE 32 GAUGE X 5/32"
- VANISHPOINT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16"
- VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2"
- VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2"

- VERIFINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- VERIFINE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- VERIFINE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- VERIFINE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- VERIFINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- VERIFINE PEN NEEDLE 29 GAUGE X 1/2"
- VERIFINE PEN NEEDLE 31 GAUGE X 1/4"
- VERIFINE PEN NEEDLE 31 GAUGE X 3/16"
- VERIFINE PEN NEEDLE 31 GAUGE X 5/16"
- VERIFINE PEN NEEDLE 32 GAUGE X 1/4"
- VERIFINE PEN NEEDLE 32 GAUGE X 3/16"
- VERIFINE PEN NEEDLE 32 GAUGE X 5/32"
- VERIFINE PLUS PEN NEEDLE 31 GAUGE X 3/16"
- VERIFINE PLUS PEN NEEDLE 31 GAUGE X 5/16"
- VERIFINE PLUS PEN NEEDLE 32 GAUGE X 5/32"
- VERIFINE PLUS PEN NEEDLE-SHARPS CONTAINER 32 GAUGE X 5/32"
- VERSALON 2" X 2" SPONGE
- WEBCOL TOPICAL PADS

Detalles

Criterios	PARA AYUDAR EN LA DETERMINACIÓN DEL PAGO, MOSTRAR UN REQUISITO PREVIO DE INSULIN INYECTABLE DENTRO DE LOS ÚLTIMOS 120 DÍAS CALIFICARÁ PARA EL PAGO DE LA PARTE D.

KLISYRI

Productos Afectados

Paso 2:

- KLISYRI 1 % (250 MG) TOPICAL OINTMENT IN PACKET

Detalles

Criterios	REQUISITO PREVIO DE FLUOROURACIL TÓPICO GENÉRICO EN LOS ÚLTIMOS 120 DÍAS.

LEVOMILNACIPRAN

Productos Afectados

Paso 2:

- FETZIMA 120 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK
- FETZIMA 20 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 40 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 80 MG CAPSULE,EXTENDED RELEASE

Detalles

Criterios	REQUISITO PREVIO DE TRINTELLIX Y 1 ANTIDEPRESIVO GENÉRICO: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE o VILAZODONE EN LOS ÚLTIMOS 365 DÍAS.

LUMATEPERONE TOSYLATE

Productos Afectados

Paso 2:

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

Detalles

Criterios	REQUISITO DE 2 ANTIPSICÓTICOS GENÉRICOS ORALES DE LA LISTA DE MEDICAMENTOS CUBIERTOS (FORMULARY): LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE EN LOS ÚLTIMOS 365 DÍAS.

MEMANTINE ER

Productos Afectados

Paso 2:

- *memantine 14 mg capsule sprinkle,extended release 24hr*
- *memantine 21 mg capsule sprinkle,extended release 24hr*
- *memantine 28 mg capsule sprinkle,extended release 24hr*
- *memantine 7 mg capsule sprinkle,extended release 24hr*

Detalles

Criterios	REQUISITO PREVIO DE LA VERSIÓN DE LA LISTA DE MEDICAMENTOS CUBIERTOS (FORMULARY) DE MEMANTINE IR DENTRO DE LOS ÚLTIMOS 120 DÍAS.

METHOTREXATE INJECTOR

Productos Afectados

Paso 2:

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

Detalles

Criterios	PRUEBA O CONTRAINDICACIÓN DE LA TABLETA ORAL GENÉRICA DE METHOTREXATE.

MILSAPERIDONE

Productos Afectados

Paso 2:

- BYSANTI 1 MG TABLET
- BYSANTI 10 MG TABLET
- BYSANTI 12 MG TABLET
- BYSANTI 2 MG TABLET
- BYSANTI 4 MG TABLET
- BYSANTI 6 MG TABLET
- BYSANTI 8 MG TABLET
- BYSANTI TITRATION PACK A 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLET PK
- BYSANTI TITRATION PACK B 1MG(6)-2MG(2)-6MG(2)-8MG(2) TABLET PK
- BYSANTI TITRATION PACK C 1 MG (4)-2 MG (2)-6 MG (2) TABLET PK

Detalles

Criterios	SOLICITUD DE 2 ANTIPSICÓTICOS GENÉRICOS ORALES INCLUIDOS EN LA LISTA DE MEDICAMENTOS CUBIERTOS: LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE FUMARATE DE LIBERACIÓN INMEDIATA, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE EN LOS ÚLTIMOS 365 DÍAS.

OPHTHALMIC ALLERGY - NO OTC

Productos Afectados

Paso 2:

- *loteprednol etabonate 0.2 % eye drops,suspension*

Detalles

Criterios	REQUISITO PREVIO PARA LEYENDAS FEDERALES DE LEVOCETIRIZINE, CROMOLYN SODIUM, O EPINASTINE DENTRO DE LOS ÚLTIMOS 120 DÍAS.

PERAMPANEL

Productos Afectados

Paso 2:

- FYCOMPA 10 MG TABLET
- FYCOMPA 12 MG TABLET
- FYCOMPA 2 MG TABLET
- FYCOMPA 4 MG TABLET
- FYCOMPA 6 MG TABLET
- FYCOMPA 8 MG TABLET
- *perampanel 0.5 mg/ml oral suspension*
- *perampanel 10 mg tablet*
- *perampanel 12 mg tablet*
- *perampanel 2 mg tablet*
- *perampanel 4 mg tablet*
- *perampanel 6 mg tablet*
- *perampanel 8 mg tablet*

Detalles

Criterios	REQUISITO PREVIO DE 2 AGENTES ANTICONVULSIVOS GENÉRICOS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE O LACOSAMIDE), DENTRO DE LOS ÚLTIMOS 365 DÍAS.

RUFINAMIDE

Productos Afectados

Paso 2:

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

Detalles

Criterios	REQUISITO PREVIO DE AGENTE ANTICONVULSIVO GENÉRICO (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, O ZONISAMIDE), DENTRO DE LOS ÚLTIMOS 120 DÍAS.

SELEGILINE PATCH

Productos Afectados

Paso 2:

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

Detalles

Criterios	REQUISITO PREVIO DE LA VERSIÓN ORAL DEL SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE O SERTRALINE), SNRI (DESVENLAFAXINE, DULOXETINE O VENLAFAXINE), MIRTAZAPINE, O BUPROPION IR/SR/XL EN LOS ÚLTIMOS 120 DÍAS.

SPRITAM

Productos Afectados

Paso 2:

- *levetiracetam 250 mg tablet for oral suspension*
- *levetiracetam 500 mg tablet for oral suspension*
- SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 250 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 500 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 750 MG TABLET FOR ORAL SUSPENSION

Detalles

Criterios	REQUISITO PREVIO DE SOLUCIÓN GENÉRICA DE LEVETIRACETAM EN LOS ÚLTIMOS 120 DÍAS.

TENOFOVIR ALAFENAMIDE

Productos Afectados

Paso 2:

- VEMLIDY 25 MG TABLET

Detalles

Criterios	PRUEBA DE TENOFOVIR DISOPROXIL FUMARATE GENÉRICO EN LOS ÚLTIMOS 120 DÍAS.

XANOMELINE/TROSPIUM

Productos Afectados

Paso 2:

- COBENFY 100 MG-20 MG CAPSULE
- COBENFY 125 MG-30 MG CAPSULE
- COBENFY 50 MG-20 MG CAPSULE
- COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG CAPSULES IN A DOSE PACK

Detalles

Criterios	REQUISITO DE UN ANTIPSICÓTICO ORAL DE LA LISTA DE MEDICAMENTOS CUBIERTOS (FORMULARY): LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE EN LOS ÚLTIMOS 120 DÍAS.

XARELTO

Productos Afectados

Paso 2:

- XARELTO 2.5 MG TABLET

Detalles

Criterios	REQUISITO PREVIO DE TABLETA GENÉRICA DE RIVAROXABAN 2.5 MG EN LOS ÚLTIMOS 120 DÍAS.