

## ANTIULCER AGENTS

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### Products Affected

#### Step 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*

### Details

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<b>Criteria</b>	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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## ARIPIRAZOLE FILM

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### Products Affected

#### Step 2:

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

### Details

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Criteria	TRIAL OF GENERIC ARIPIRAZOLE TABLETS IN THE PAST 120 DAYS
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## ARIPIPRAZOLE ODT

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### Products Affected

**Step 2:**

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

### Details

<b>Criteria</b>	PRIOR CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE (TAB, FILM, SOLN) ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS.
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## ASENAPINE PATCH

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### Products Affected

#### Step 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

### Details

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<b>Criteria</b>	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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## B VERSUS D ADMINISTRATIVE STEP

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### Products Affected

#### Step 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

### Details

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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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# CARIPRAZINE

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## Products Affected

### Step 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

## Details

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<b>Criteria</b>	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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# CLOZAPINE

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## Products Affected

### Step 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

## Details

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<b>Criteria</b>	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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## DEXTROMETHORPHAN HBR/BUPROPION

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### Products Affected

**Step 2:**

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

### Details

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<b>Criteria</b>	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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## DIHYDROERGOTAMINE MESYLATE

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### Products Affected

**Step 2:**

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

### Details

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<b>Criteria</b>	PRIOR CLAIM FOR 2 FORMULARY GENERIC TRIPTANS (e.g. SUMATRIPTAN and RIZATRIPTAN) WITHIN THE PAST 365 DAYS
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## DRIZALMA SPRINKLE

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### Products Affected

#### Step 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

### Details

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<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE CAPSULE WITHIN THE PAST 120 DAYS.
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## ELEPSIA XR

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### Products Affected

**Step 2:**

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

### Details

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<b>Criteria</b>	TRIAL OF GENERIC LEVETIRACETAM ER TABLETS WITHIN THE PAST 120 DAYS
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## EPRONTIA

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### Products Affected

**Step 2:**

- *topiramate 25 mg/ml oral solution*

### Details

<b>Criteria</b>	PRIOR CLAIM FOR GENERIC TOPIRAMATE (TABLETS OR CAPSULES) WITHIN THE PAST 120 DAYS.
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## ESLICARBAZEPINE ACETATE

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### Products Affected

#### Step 2:

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

### Details

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<b>Criteria</b>	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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## FIBRATES

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### Products Affected

**Step 2:**

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

### Details

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC FENOFIBRATE IN THE LAST 120 DAY
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## HIGH INTENSITY STATIN

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### Products Affected

#### Step 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

### Details

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<b>Criteria</b>	PRIOR 25 DAY TRIAL OF GENERIC HIGH INTENSITY STATIN: FORMULARY VERSION OF ATORVASTATIN (40 MG or 80 MG) OR ROSUVASTATIN (20 MG or 40 MG) WITHIN THE PAST 120 DAYS. OTHERWISE, A STEP EXCEPTION REQUEST IS REQUIRED IF PATIENT CANNOT TOLERATE A STATIN.
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## ILOPERIDONE

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### Products Affected

#### Step 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

### Details

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

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## Products Affected

### Step 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 3/16"
- ASSURE ID PEN NEEDLE 30 GAUGE X 5/16"
- ASSURE ID PEN NEEDLE 31 GAUGE X 3/16"
- ASSURE ID PRO PEN NEEDLE 30 GAUGE X 3/16"

## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria  
Updated 4/2026

- 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 ECLIPSE LUER-LOK 30 X 1/2" NEEDLE
- 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"

## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria

Updated 4/2026

- 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 31 GAUGE X 5/16"
- 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"
- COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"
- COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- COMFORT EZ INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- COMFORT EZ INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- COMFORT EZ INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- 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"
- COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16"
- COMFORT EZ PEN NEEDLES 32 GAUGE X 5/16"
- 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"





## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria  
Updated 4/2026

- 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 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 5/16"

## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria

Updated 4/2026

- 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 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
- 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
- FREESTYLE PRECISION 0.5 ML 30 GAUGE X 5/16" SYRINGE
- FREESTYLE PRECISION 0.5 ML 31 GAUGE X 5/16" SYRINGE
- FREESTYLE PRECISION 1 ML 30 GAUGE X 5/16" SYRINGE
- FREESTYLE PRECISION 1 ML 31 GAUGE X 5/16" 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

## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria  
Updated 4/2026

- 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 NEEDLELESS 1 ML
- 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
- 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"

## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria  
Updated 4/2026

- 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"

## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria

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- 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
- NOVOTWIST 32 GAUGE X 1/5" NEEDLE
- PEN NEEDLE 29 GAUGE X 1/2"
- PEN NEEDLE 30 GAUGE X 5/16"
- PEN NEEDLE 31 GAUGE X 1/4"
- 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"

## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria

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- 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"
- SIMPLI PEN NEEDLE 32 GAUGE X 5/32"
- SKY SAFETY PEN NEEDLE 30 GAUGE X 3/16"

## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria  
Updated 4/2026

- 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-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"

## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria

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- 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"
- TOPCARE CLICKFINE 31 GAUGE X 1/4" NEEDLE
- TOPCARE CLICKFINE 31 GAUGE X 5/16" NEEDLE
- TOPCARE ULTRA COMFORT 0.3 ML 29 GAUGE X 1/2" SYRINGE
- TOPCARE ULTRA COMFORT 0.3 ML 30 GAUGE X 5/16" SYRINGE
- TOPCARE ULTRA COMFORT 0.3 ML 31 GAUGE X 5/16" SYRINGE
- TOPCARE ULTRA COMFORT 0.5 ML 29 GAUGE X 1/2" SYRINGE

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Step Therapy Criteria  
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- TOPCARE ULTRA COMFORT 0.5 ML 30 GAUGE X 5/16" SYRINGE
- TOPCARE ULTRA COMFORT 0.5 ML 31 GAUGE X 5/16" SYRINGE
- TOPCARE ULTRA COMFORT 1 ML 29 GAUGE X 1/2" SYRINGE
- TOPCARE ULTRA COMFORT 1 ML 30 GAUGE X 5/16" SYRINGE
- TOPCARE ULTRA COMFORT 1 ML 31 GAUGE X 5/16" SYRINGE
- 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 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

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- 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

## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria  
Updated 4/2026

- 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 0.3 ML 31 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
- 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"

## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria  
Updated 4/2026

- 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"

## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria  
Updated 4/2026

- 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 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"

## 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria  
*Updated 4/2026*

- 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

### Details

<b>Criteria</b>	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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# 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria  
*Updated 4/2026*

## KLISYRI

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### Products Affected

#### Step 2:

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

### Details

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC TOPICAL FLUOROURACIL IN THE LAST 120 DAYS.
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# LEVOMILNACIPRAN

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## Products Affected

### Step 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

## Details

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

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## Products Affected

### Step 2:

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

## Details

<b>Criteria</b>	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
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## MEMANTINE ER

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### Products Affected

#### Step 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*

### Details

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<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF MEMANTINE IR WITHIN THE PAST 120 DAYS
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## METHOTREXATE INJECTOR

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### Products Affected

#### Step 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

### Details

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Criteria	TRIAL OF OR CONTRAINDICATION TO GENERIC ORAL METHOTREXATE TABLET
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## NICOTINE OTC

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### Products Affected

**Step 2:**

- NICOTROL NS 10 MG/ML NASAL SPRAY

### Details

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<b>Criteria</b>	PRIOR CLAIMS FOR OTC NICOTINE GUM OR LOZENGE AND OTC NICOTINE PATCHES IN THE PAST 365 DAYS
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## OPHTHALMIC ALLERGY - OTC

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### Products Affected

**Step 2:**

- *loteprednol etabonate 0.2 % eye drops,suspension*

### Details

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Criteria	PRIOR CLAIM FOR ONE OF THE FOLLOWING: OTC LORATADINE, OTC LORATADINE D, OTC CETIRIZINE, OTC CETIRIZINE D, OTC FEXOFENADINE, OTC FEXOFENADINE D, OTC LEVOCETIRIZINE, OTC OLOPATADINE, OTC GENERIC KETOTIFEN EYE DROPS 0.025%, LEVOCETIRIZINE, CROMOLYN SODIUM, OR EPINASTINE WITHIN THE PAST 120 DAYS.
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## PERAMPANEL

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### Products Affected

#### Step 2:

- *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*

### Details

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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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## RUFINAMIDE

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### Products Affected

#### Step 2:

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

### Details

<b>Criteria</b>	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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## SELEGILINE PATCH

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### Products Affected

#### Step 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

### Details

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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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## SPRITAM

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### Products Affected

#### Step 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

### Details

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
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## XANOMELINE/TROSPIUM

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### Products Affected

#### Step 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

### Details

<b>Criteria</b>	CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 120 DAYS
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# 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria  
*Updated 4/2026*

## XARELTO

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### Products Affected

#### Step 2:

- XARELTO 2.5 MG TABLET

### Details

<b>Criteria</b>	PRIOR CLAIM FOR GENERIC RIVAROXABAN 2.5MG TABLET IN THE LAST 120 DAYS.
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# 2026 Chinese Community Health Plan Senior Program (HMO)

Step Therapy Criteria  
Updated 4/2026

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COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2.....	19, 34		

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COMFORT EZ PRO SAFETY PEN	DRIZALMA SPRINKLE 40 MG
NEEDLE 30 GAUGE X 5/16..... 19, 34	CAPSULE,DELAYED RELEASE ..... 10
COMFORT EZ PRO SAFETY PEN	DRIZALMA SPRINKLE 60 MG
NEEDLE 31 GAUGE X 3/16..... 19, 34	CAPSULE,DELAYED RELEASE ..... 10
COMFORT EZ PRO SAFETY PEN	DROPLET INSULIN SYRINGE (HALF
NEEDLE 31 GAUGE X 5/32..... 19, 34	UNIT) 0.3 ML 29 GAUGE X 1/2... 20, 34
COMFORT TOUCH PEN NEEDLE 31	DROPLET INSULIN SYRINGE (HALF
GAUGE X 1/4..... 19, 34	UNIT) 0.3 ML 30 GAUGE X 1/2... 20, 34
COMFORT TOUCH PEN NEEDLE 31	DROPLET INSULIN SYRINGE (HALF
GAUGE X 3/16..... 19, 34	UNIT) 0.3 ML 30 GAUGE X 5/16. 20, 34
COMFORT TOUCH PEN NEEDLE 31	DROPLET INSULIN SYRINGE (HALF
GAUGE X 5/16..... 19, 34	UNIT) 0.3 ML 31 GAUGE X 15/6420, 34
COMFORT TOUCH PEN NEEDLE 31	DROPLET INSULIN SYRINGE (HALF
GAUGE X 5/32..... 19, 34	UNIT) 0.3 ML 31 GAUGE X 5/16. 20, 34
COMFORT TOUCH PEN NEEDLE 32	DROPLET INSULIN SYRINGE (HALF
GAUGE X 1/4..... 19, 34	UNIT) 0.5 ML 29 GAUGE X 1/2... 20, 34
COMFORT TOUCH PEN NEEDLE 32	DROPLET INSULIN SYRINGE (HALF
GAUGE X 3/16..... 19, 34	UNIT) 0.5 ML 30 GAUGE X 1/2... 20, 34
COMFORT TOUCH PEN NEEDLE 32	DROPLET INSULIN SYRINGE (HALF
GAUGE X 5/16..... 20, 34	UNIT) 0.5 ML 30 GAUGE X 15/6420, 34
COMFORT TOUCH PEN NEEDLE 32	DROPLET INSULIN SYRINGE (HALF
GAUGE X 5/32..... 20, 34	UNIT) 0.5 ML 30 GAUGE X 5/16. 20, 34
COMFORT TOUCH PEN NEEDLE 33	DROPLET INSULIN SYRINGE (HALF
GAUGE X 1/4..... 20, 34	UNIT) 0.5 ML 31 GAUGE X 15/6420, 34
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cyclophosphamide 25 mg capsule ..... 5	GAUGE X 15/64..... 20, 34
cyclophosphamide 25 mg tablet..... 5	DROPLET INSULIN SYRINGE 0.3 ML 30
cyclophosphamide 50 mg capsule ..... 5	GAUGE X 5/16..... 20, 34
cyclophosphamide 50 mg tablet..... 5	DROPLET INSULIN SYRINGE 0.3 ML 31
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mg/ml) nasal spray ..... 9	GAUGE X 1/2..... 20, 34
DRIZALMA SPRINKLE 20 MG	DROPLET INSULIN SYRINGE 0.5 ML 30
CAPSULE,DELAYED RELEASE ..... 10	GAUGE X 1/2..... 20, 34

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DROPLET INSULIN SYRINGE 0.5 ML 31  
GAUGE X 5/16..... 20, 34  
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GAUGE X 1/2..... 20, 34  
DROPLET INSULIN SYRINGE 1 ML 30  
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DROPLET INSULIN SYRINGE 1 ML 30  
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DROPLET PEN NEEDLE 31 GAUGE X  
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DROPSAFE INSULIN SYRINGE 1 ML 31  
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DROPSAFE PEN NEEDLE 31 GAUGE X  
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EASY COMFORT INSULIN SYRINGE  
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EASY COMFORT INSULIN SYRINGE  
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EASY COMFORT INSULIN SYRINGE  
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EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4.....	21, 34	EASY TOUCH AUTORETRACT SYRINGE 1 ML 30 GAUGE X 5/16 ..	22, 34
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EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16.....	21, 34	EASY TOUCH FLIPLOCK INSULIN 1 ML 31 GAUGE X 5/16.....	22, 34
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EASY TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16.....	22, 34	EMBRACE PEN NEEDLE 31 GAUGE X 5/16 .....	23, 34
EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2.....	22, 34	EMBRACE PEN NEEDLE 32 GAUGE X 5/32 .....	23, 34
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INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE X 1/2 ...	23, 34
INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 30.....	23, 34

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INSULIN SYRINGE U-100 WITH  
NEEDLE 0.3 ML 30 GAUGE X 5/16. 23,  
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INSULIN SYRINGE U-100 WITH  
NEEDLE 0.3 ML 31 GAUGE X 1/4... 23,  
34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 0.3 ML 31 GAUGE X 15/64 23,  
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INSULIN SYRINGE U-100 WITH  
NEEDLE 0.3 ML 31 GAUGE X 5/16. 23,  
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INSULIN SYRINGE U-100 WITH  
NEEDLE 0.5 ML 29 GAUGE X 1/2... 24,  
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INSULIN SYRINGE U-100 WITH  
NEEDLE 0.5 ML 30 GAUGE X 1/2... 24,  
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INSULIN SYRINGE U-100 WITH  
NEEDLE 0.5 ML 30 GAUGE X 5/16. 24,  
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INSULIN SYRINGE U-100 WITH  
NEEDLE 0.5 ML 31 GAUGE X 5/16. 24,  
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INSULIN SYRINGE U-100 WITH  
NEEDLE 1 ML 27 GAUGE X 1/2. 24, 34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1 ML 27 GAUGE X 5/8. 24, 34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1 ML 28 GAUGE ..... 24, 34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1 ML 28 GAUGE X 1/2. 24, 34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1 ML 29 GAUGE X 1/2. 24, 34  
INSULIN SYRINGE U-100 WITH  
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INSULIN SYRINGE U-100 WITH  
NEEDLE 1 ML 30 GAUGE X 1/2. 24, 34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1 ML 30 GAUGE X 3/8. 24, 34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1 ML 30 GAUGE X 5/16 24, 34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1 ML 30 GAUGE X 7/16 24, 34

INSULIN SYRINGE U-100 WITH  
NEEDLE 1 ML 31 GAUGE X 1/4. 24, 34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1 ML 31 GAUGE X 15/64.. 24,  
34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1 ML 31 GAUGE X 5/16 24, 34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1/2 ML 27 GAUGE X 1/2... 24,  
34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1/2 ML 28 GAUGE ..... 24, 34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1/2 ML 28 GAUGE X 1/2... 24,  
34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1/2 ML 29 ..... 24, 34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1/2 ML 30 GAUGE ..... 24, 34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1/2 ML 31 GAUGE X 1/4... 24,  
34  
INSULIN SYRINGE U-100 WITH  
NEEDLE 1/2 ML 31 GAUGE X 15/64 24,  
34  
INSULIN SYRINGE-NEEDLE U-100  
HALF UNIT MARKING 0.3 ML 31  
GAUGE X 1/4 ..... 24, 34  
INSULIN U-500 SYRINGE-NEEDLE 1/2  
ML 31 GAUGE X 15/64 ..... 24, 34  
INSUPEN PEN NEEDLE 29 GAUGE X 1/2  
..... 24, 34  
INSUPEN PEN NEEDLE 31 GAUGE X  
3/16 ..... 24, 34  
INSUPEN PEN NEEDLE 31 GAUGE X  
5/16 ..... 24, 34  
INSUPEN PEN NEEDLE 32 GAUGE X 1/4  
..... 24, 34  
INSUPEN PEN NEEDLE 32 GAUGE X  
5/32 ..... 24, 34  
IV PREP WIPES MEDICATED ..... 24, 34  
**J**  
JYLAMVO 2 MG/ML ORAL SOLUTION 5

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### K

KLISYRI 1 % (250 MG) TOPICAL  
OINTMENT IN PACKET ..... 35

### L

levetiracetam 250 mg tablet for oral  
suspension ..... 45

levetiracetam 500 mg tablet for oral  
suspension ..... 45

LISCO 2 ..... 24, 34

LITE TOUCH INSULIN PEN NEEDLES  
29 GAUGE X 1/2..... 24, 34

LITE TOUCH INSULIN PEN NEEDLES  
31 GAUGE X 1/4..... 24, 34

LITE TOUCH INSULIN PEN NEEDLES  
31 GAUGE X 3/16..... 24, 34

LITE TOUCH INSULIN PEN NEEDLES  
31 GAUGE X 5/16..... 24, 34

LITE TOUCH INSULIN SYRINGE 0.3 ML  
29 GAUGE X 1/2..... 24, 34

LITE TOUCH INSULIN SYRINGE 0.3 ML  
30 GAUGE X 5/16..... 24, 34

LITE TOUCH INSULIN SYRINGE 0.3 ML  
31 GAUGE X 5/16..... 24, 34

LITE TOUCH INSULIN SYRINGE 0.5 ML  
29 GAUGE X 1/2..... 24, 34

LITE TOUCH INSULIN SYRINGE 0.5 ML  
30 GAUGE X 5/16..... 24, 34

LITE TOUCH INSULIN SYRINGE 0.5 ML  
31 GAUGE X 5/16..... 24, 34

LITE TOUCH INSULIN SYRINGE 1 ML  
28 GAUGE..... 24, 34

LITE TOUCH INSULIN SYRINGE 1 ML  
28 GAUGE X 1/2..... 24, 34

LITE TOUCH INSULIN SYRINGE 1 ML  
29 GAUGE..... 24, 34

LITE TOUCH INSULIN SYRINGE 1 ML  
29 GAUGE X 1/2..... 25, 34

LITE TOUCH INSULIN SYRINGE 1 ML  
30 GAUGE X 5/16..... 25, 34

LITE TOUCH INSULIN SYRINGE 1 ML  
30 GAUGE X 7/16..... 25, 34

LITE TOUCH INSULIN SYRINGE 1 ML  
31 GAUGE X 5/16..... 25, 34

LITE TOUCH INSULIN SYRINGE 1/2 ML  
28 GAUGE..... 25, 34

LITE TOUCH INSULIN SYRINGE 1/2 ML  
28 GAUGE X 1/2..... 25, 34

LITE TOUCH INSULIN SYRINGE 1/2 ML  
29..... 25, 34

LITE TOUCH INSULIN SYRINGE 1/2 ML  
30 GAUGE..... 25, 34

loteprednol etabonate 0.2 % eye  
drops,suspension ..... 41

### M

MAGELLAN INSULIN SAFETY  
SYRINGE 0.3 ML 29 GAUGE X 1/2 . 25,  
34

MAGELLAN INSULIN SAFETY  
SYRINGE 0.5 ML 29 GAUGE X 1/2 . 25,  
34

MAGELLAN INSULIN SAFETY  
SYRINGE 1 ML 29 GAUGE X 1/2 25, 34

MAGELLAN INSULIN SAFETY  
SYRINGE 1 ML 30 GAUGE X 5/16 .. 25,  
34

MAGELLAN SYRINGE 0.3 ML 30 X 5/16  
..... 25, 34

MAGELLAN SYRINGE 0.5 ML 30  
GAUGE X 5/16..... 25, 34

MAXICOMFORT II PEN NEEDLE 31  
GAUGE X 1/4..... 25, 34

MAXICOMFORT INSULIN SYRINGE 1  
ML 27 GAUGE X 1/2..... 25, 34

MAXI-COMFORT INSULIN SYRINGE 1  
ML 28 GAUGE X 1/2..... 25, 34

MAXICOMFORT INSULIN SYRINGE 1/2  
ML 27 GAUGE X 1/2..... 25, 34

MAXI-COMFORT INSULIN SYRINGE  
1/2 ML 28 GAUGE X 1/2 ..... 25, 34

MAXICOMFORT SAFETY PEN NEEDLE  
29 GAUGE X 3/16..... 25, 34

MAXICOMFORT SAFETY PEN NEEDLE  
29 GAUGE X 5/16..... 25, 34

memantine 14 mg capsule sprinkle,extended  
release 24hr ..... 38

memantine 21 mg capsule sprinkle,extended  
release 24hr ..... 38

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memantine 28 mg capsule sprinkle,extended release 24hr .....	38	MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2.....	25, 34
memantine 7 mg capsule sprinkle,extended release 24hr .....	38	MONOJECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2.....	25, 34
methotrexate sodium 2.5 mg tablet.....	5	MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16.....	25, 34
MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4.....	25, 34	MONOJECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16.....	25, 34
MICRODOT INSULIN PEN NEEDLE 32 GAUGE X 5/32.....	25, 34	MONOJECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2.....	25, 34
MICRODOT INSULIN PEN NEEDLE 33 GAUGE X 5/32.....	25, 34	MONOJECT SYRINGE 1/2 ML 28 GAUGE.....	25, 34
MICRODOT READYGARD PEN NEEDLE 31 GAUGE X 3/16.....	25, 34	MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE .....	25, 34
MINI ULTRA-THIN II 31 GAUGE X 3/16 .....	25, 34	<b>N</b>	
MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16	25, 34	NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32.....	26, 34
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2 .	25, 34	NANO PEN NEEDLE 32 GAUGE X 5/32 .....	26, 34
MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16	25, 34	NEXLETOL 180 MG TABLET.....	15
MONOJECT INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2	25, 34	NEXLIZET 180 MG-10 MG TABLET....	15
MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2.....	25, 34	NICOTROL NS 10 MG/ML NASAL SPRAY .....	40
MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16.....	25, 34	NOVOFINE 30 NEEDLE.....	26, 34
MONOJECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16.....	25, 34	NOVOFINE 32 32 GAUGE X 1/4 .....	26, 34
MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2.....	25, 34	NOVOFINE PLUS 32 GAUGE X 1/6	26, 34
MONOJECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16.....	25, 34	NOVOTWIST 32 GAUGE X 1/5.....	26, 34
MONOJECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16.....	25, 34	<b>O</b>	
MONOJECT INSULIN SYRINGE 1 ML 25, 34		omega-3 acid ethyl esters 1 gram capsule.	14
MONOJECT INSULIN SYRINGE 1 ML 25 GAUGE X 5/8.....	25, 34	OPIPZA 10 MG ORAL FILM.....	2
MONOJECT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2.....	25, 34	OPIPZA 2 MG ORAL FILM.....	2
		OPIPZA 5 MG ORAL FILM.....	2
		<b>P</b>	
		PEN NEEDLE 29 GAUGE X 1/2 .....	26, 34
		PEN NEEDLE 30 GAUGE X 5/16 ....	26, 34
		PEN NEEDLE 31 GAUGE X 1/4 .....	26, 34
		PEN NEEDLE 31 GAUGE X 3/16 ....	26, 34
		PEN NEEDLE 31 GAUGE X 5/16 ....	26, 34
		PEN NEEDLE 32 GAUGE X 5/32 ....	26, 34
		PEN NEEDLE, DIABETIC 29 GAUGE X 1/2 .....	26, 34
		PEN NEEDLE, DIABETIC 29 GAUGE X 15/32 .....	26, 34

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PEN NEEDLE, DIABETIC 30 GAUGE X 3/16 .....	26, 34	PENTIPS PEN NEEDLE 32 GAUGE X 1/4 .....	26, 34
PEN NEEDLE, DIABETIC 30 GAUGE X 5/16 .....	26, 34	PENTIPS PEN NEEDLE 32 GAUGE X 5/32 .....	26, 34
PEN NEEDLE, DIABETIC 31 GAUGE X 1/3 .....	26, 34	perampanel 0.5 mg/ml oral suspension.....	42
PEN NEEDLE, DIABETIC 31 GAUGE X 1/4 .....	26, 34	perampanel 10 mg tablet.....	42
PEN NEEDLE, DIABETIC 31 GAUGE X 1/6 .....	26, 34	perampanel 12 mg tablet.....	42
PEN NEEDLE, DIABETIC 31 GAUGE X 13/64 .....	26, 34	perampanel 2 mg tablet.....	42
PEN NEEDLE, DIABETIC 31 GAUGE X 15/64 .....	26, 34	perampanel 4 mg tablet.....	42
PEN NEEDLE, DIABETIC 31 GAUGE X 3/16 .....	26, 34	perampanel 6 mg tablet.....	42
PEN NEEDLE, DIABETIC 31 GAUGE X 5/16 .....	26, 34	perampanel 8 mg tablet.....	42
PEN NEEDLE, DIABETIC 31 GAUGE X 5/32 .....	26, 34	PIP PEN NEEDLE 31 GAUGE X 3/16... 26,	34
PEN NEEDLE, DIABETIC 32 GAUGE X 1/4 .....	26, 34	PIP PEN NEEDLE 32 GAUGE X 5/32... 26,	34
PEN NEEDLE, DIABETIC 32 GAUGE X 3/16 .....	26, 34	PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4.....	26, 34
PEN NEEDLE, DIABETIC 32 GAUGE X 5/16 .....	26, 34	PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 5/16.....	26, 34
PEN NEEDLE, DIABETIC 32 GAUGE X 5/32 .....	26, 34	PRO COMFORT ALCOHOL PADS. 26, 34	
PEN NEEDLE, DIABETIC 33 GAUGE X 1/4 .....	26, 34	PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2.....	26, 34
PEN NEEDLE, DIABETIC 33 GAUGE X 3/16 .....	26, 34	PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16.....	26, 34
PEN NEEDLE, DIABETIC 33 GAUGE X 5/16 .....	26, 34	PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16.....	26, 34
PEN NEEDLE, DIABETIC 33 GAUGE X 5/32 .....	26, 34	PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2.....	26, 34
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 5/32.....	26, 34	PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16.....	26, 34
PENTIPS PEN NEEDLE 29 GAUGE X 1/2 .....	26, 34	PRO COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16.....	26, 34
PENTIPS PEN NEEDLE 31 GAUGE X 1/4 .....	26, 34	PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4.....	26, 34
PENTIPS PEN NEEDLE 31 GAUGE X 3/16 .....	26, 34	PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16.....	27, 34
PENTIPS PEN NEEDLE 31 GAUGE X 5/16 .....	26, 34	PRO COMFORT PEN NEEDLE 32 GAUGE X 5/16.....	27, 34
		PRO COMFORT PEN NEEDLE 32 GAUGE X 5/32.....	27, 34
		PRO-COMFORT ALCOHOL PADS. 27, 34	
		PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16.....	27, 34

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PRODIGY INSULIN SYRINGE 0.5 ML 31  
GAUGE X 5/16..... 27, 34  
PRODIGY INSULIN SYRINGE 1 ML 28  
GAUGE X 1/2..... 27, 34  
PURE COMFORT ALCOHOL PADS 27, 34  
PURE COMFORT PEN NEEDLE 32  
GAUGE X 1/4..... 27, 34  
PURE COMFORT PEN NEEDLE 32  
GAUGE X 3/16..... 27, 34  
PURE COMFORT PEN NEEDLE 32  
GAUGE X 5/16..... 27, 34  
PURE COMFORT PEN NEEDLE 32  
GAUGE X 5/32..... 27, 34  
PURE COMFORT SAFETY PEN NEEDLE  
31 GAUGE X 1/4..... 27, 34  
PURE COMFORT SAFETY PEN NEEDLE  
31 GAUGE X 3/16..... 27, 34  
PURE COMFORT SAFETY PEN NEEDLE  
32 GAUGE X 5/32..... 27, 34

### R

RASUVO (PF) 10 MG/0.2 ML  
SUBCUTANEOUS AUTO-INJECTOR  
..... 39  
RASUVO (PF) 12.5 MG/0.25 ML  
SUBCUTANEOUS AUTO-INJECTOR  
..... 39  
RASUVO (PF) 15 MG/0.3 ML  
SUBCUTANEOUS AUTO-INJECTOR  
..... 39  
RASUVO (PF) 17.5 MG/0.35 ML  
SUBCUTANEOUS AUTO-INJECTOR  
..... 39  
RASUVO (PF) 20 MG/0.4 ML  
SUBCUTANEOUS AUTO-INJECTOR  
..... 39  
RASUVO (PF) 22.5 MG/0.45 ML  
SUBCUTANEOUS AUTO-INJECTOR  
..... 39  
RASUVO (PF) 25 MG/0.5 ML  
SUBCUTANEOUS AUTO-INJECTOR  
..... 39  
RASUVO (PF) 30 MG/0.6 ML  
SUBCUTANEOUS AUTO-INJECTOR  
..... 39

RASUVO (PF) 7.5 MG/0.15 ML  
SUBCUTANEOUS AUTO-INJECTOR  
..... 39  
REPATHA PUSHTRONEX 420 MG/3.5  
ML SUBCUTANEOUS WEARABLE  
INJECTOR..... 15  
REPATHA SURECLICK 140 MG/ML  
SUBCUTANEOUS PEN INJECTOR.. 15  
REPATHA SYRINGE 140 MG/ML  
SUBCUTANEOUS SYRINGE ..... 15  
rufinamide 200 mg tablet ..... 43  
rufinamide 40 mg/ml oral suspension..... 43  
rufinamide 400 mg tablet ..... 43

### S

SAFESNAP INSULIN SYRINGE 0.3 ML  
30 GAUGE X 5/16..... 27, 34  
SAFESNAP INSULIN SYRINGE 0.5 ML  
29 GAUGE X 1/2..... 27, 34  
SAFESNAP INSULIN SYRINGE 0.5 ML  
30 GAUGE X 5/16..... 27, 34  
SAFESNAP INSULIN SYRINGE 1 ML 28  
GAUGE X 1/2..... 27, 34  
SAFESNAP INSULIN SYRINGE 1 ML 29  
GAUGE X 1/2..... 27, 34  
SAFETY PEN NEEDLE 31 GAUGE X  
3/16 ..... 27, 34  
SECUADO 3.8 MG/24 HOUR  
TRANSDERMAL 24 HOUR PATCH... 4  
SECUADO 5.7 MG/24 HOUR  
TRANSDERMAL 24 HOUR PATCH... 4  
SECUADO 7.6 MG/24 HOUR  
TRANSDERMAL 24 HOUR PATCH... 4  
SECURESAFE INSULIN SYRINGE 0.5  
ML 29 GAUGE X 1/2..... 27, 34  
SECURESAFE INSULIN SYRINGE 1 ML  
29 GAUGE X 1/2..... 27, 34  
SECURESAFE PEN NEEDLE 30 GAUGE  
X 5/16..... 27, 34  
SIMPLI PEN NEEDLE 32 GAUGE X 5/32  
..... 27, 34  
SKY SAFETY PEN NEEDLE 30 GAUGE  
X 3/16..... 27, 34  
SKY SAFETY PEN NEEDLE 30 GAUGE  
X 5/16..... 27, 34

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SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION .....	45	SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2.....	27, 34
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION .....	45	SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2.....	27, 34
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION .....	45	SURE COMFORT PEN NEEDLE 30 GAUGE X 5/16.....	28, 34
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION .....	45	SURE COMFORT PEN NEEDLE 31 GAUGE X 3/16.....	28, 34
STERILE PADS 2 .....	27, 34	SURE COMFORT PEN NEEDLE 31 GAUGE X 5/16.....	28, 34
SURE COMFORT ALCOHOL PREP PADS .....	27, 34	SURE COMFORT PEN NEEDLE 32 GAUGE X 1/4.....	28, 34
SURE COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2.....	27, 34	SURE COMFORT PEN NEEDLE 32 GAUGE X 5/32.....	28, 34
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2.....	27, 34	SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4.....	28, 34
SURE COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16.....	27, 34	SURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32.....	28, 34
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4.....	27, 34	SURE-FINE PEN NEEDLES 29 GAUGE X 1/2 .....	28, 34
SURE COMFORT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16.....	27, 34	SURE-FINE PEN NEEDLES 31 GAUGE X 3/16 .....	28, 34
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2.....	27, 34	SURE-FINE PEN NEEDLES 31 GAUGE X 5/16 .....	28, 34
SURE COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16.....	27, 34	SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2.....	28, 34
SURE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16.....	27, 34	SURE-JECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16.....	28, 34
SURE COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2.....	27, 34	SURE-JECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2.....	28, 34
SURE COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2.....	27, 34	SURE-JECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16.....	28, 34
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2.....	27, 34	SURE-JECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2.....	28, 34
SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16.....	27, 34	SURE-JECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2.....	28, 34
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 1/4.....	27, 34	SURE-JECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16.....	28, 34
SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16.....	27, 34	SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16.....	28, 34
SURE COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2 .....	27, 34	SURE-JECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2.....	28, 34
SURE COMFORT INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4 .....	27, 34	SURE-PREP ALCOHOL PREP PADS ..	28, 34

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SYRINGE WITH NEEDLE, SAFETY 0.5  
ML 30 GAUGE X 1/2..... 28, 34

### T

TECHLITE INSULIN SYRINGE (HALF  
UNIT) 0.3 ML 29 GAUGE X 1/2... 28, 34

TECHLITE INSULIN SYRINGE (HALF  
UNIT) 0.3 ML 30 GAUGE X 5/16. 28, 34

TECHLITE INSULIN SYRINGE (HALF  
UNIT) 0.3 ML 31 GAUGE X 15/64 28, 34

TECHLITE INSULIN SYRINGE (HALF  
UNIT) 0.3 ML 31 GAUGE X 5/16. 28, 34

TECHLITE INSULIN SYRINGE (HALF  
UNIT) 0.5 ML 30 GAUGE X 1/2... 28, 34

TECHLITE INSULIN SYRINGE (HALF  
UNIT) 0.5 ML 30 GAUGE X 5/16. 28, 34

TECHLITE INSULIN SYRINGE (HALF  
UNIT) 0.5 ML 31 GAUGE X 15/64 28, 34

TECHLITE INSULIN SYRINGE (HALF  
UNIT) 0.5 ML 31 GAUGE X 5/16. 28, 34

TECHLITE INSULIN SYRINGE 1 ML 29  
GAUGE X 1/2..... 28, 34

TECHLITE INSULIN SYRINGE 1 ML 30  
GAUGE X 1/2..... 28, 34

TECHLITE INSULIN SYRINGE 1 ML 31  
GAUGE X 15/64..... 28, 34

TECHLITE INSULIN SYRINGE 1 ML 31  
GAUGE X 5/16..... 28, 34

TECHLITE PEN NEEDLE 29 GAUGE X  
1/2 ..... 28, 34

TECHLITE PEN NEEDLE 29 GAUGE X  
3/8 ..... 28, 34

TECHLITE PEN NEEDLE 31 GAUGE X  
1/4 ..... 28, 34

TECHLITE PEN NEEDLE 31 GAUGE X  
3/16 ..... 28, 34

TECHLITE PEN NEEDLE 31 GAUGE X  
5/16 ..... 28, 34

TECHLITE PEN NEEDLE 32 GAUGE X  
1/4 ..... 28, 34

TECHLITE PEN NEEDLE 32 GAUGE X  
5/16 ..... 28, 34

TECHLITE PEN NEEDLE 32 GAUGE X  
5/32 ..... 28, 34

TECHLITE PLUS PEN NEEDLE 32

GAUGE X 5/32..... 28, 34

TERUMO INSULIN SYRINGE 0.3 ML 30  
X 3/8..... 28, 34

TERUMO INSULIN SYRINGE 0.5 ML 29  
GAUGE X 1/2..... 28, 34

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