

ANTIULCER AGENTS

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

Criteria	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, ESOMEPRAZOLE MAG CAPSULES, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.
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2026 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 4/2026

ARIPIRAZOLE FILM

Products Affected

Step 2:

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

Details

Criteria	TRIAL OF GENERIC ARIPIRAZOLE TABLETS IN THE PAST 120 DAYS
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2026 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 4/2026

ARIPIPRAZOLE ODT

Products Affected

Step 2:

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

Details

Criteria	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

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

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN PAST 365 DAYS
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B VERSUS D ADMINISTRATIVE STEP

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

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.

CARIPRAZINE

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

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
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CLOZAPINE

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

Criteria	PRIOR CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS.
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DEXTROMETHORPHAN HBR/BUPROPION

Products Affected

Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

Details

Criteria	PRIOR CLAIM FOR TRINTELLIX AND ONE GENERIC ANTIDEPRESSANT (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE, DESVENLAFAXINE, DULOXETINE, VENLAFAXINE, MIRTAZAPINE, BUPROPION IR/SR/XL, OR VILAZODONE) WITHIN THE PAST 365 DAYS
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DIHYDROERGOTAMINE MESYLATE

Products Affected

Step 2:

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

Details

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

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

Criteria	PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE CAPSULE WITHIN THE PAST 120 DAYS.
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2026 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 4/2026

ELEPSIA XR

Products Affected

Step 2:

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

Details

Criteria	TRIAL OF GENERIC LEVETIRACETAM ER TABLETS WITHIN THE PAST 120 DAYS
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2026 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
Updated 4/2026

EPRONTIA

Products Affected

Step 2:

- *topiramate 25 mg/ml oral solution*

Details

Criteria	PRIOR CLAIM FOR GENERIC TOPIRAMATE (TABLETS OR CAPSULES) WITHIN THE PAST 120 DAYS.
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ESLICARBAZEPINE ACETATE

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR 2 GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
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FIBRATES

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR GENERIC FENOFIBRATE IN THE LAST 120 DAY
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HIGH INTENSITY STATIN

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

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

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

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

Products Affected

Step 2:

- 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 Value 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 Value 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 Value 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"

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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

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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 Value 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 Value 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 Value Program (HMO)

Step Therapy Criteria

Updated 4/2026

- 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 Value Program (HMO)

Step Therapy Criteria

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- 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"

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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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Step Therapy Criteria

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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

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- 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"
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- ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29
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- 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"

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- 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"
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- 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"

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- 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"

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- 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

Criteria	IN ORDER TO ASSIST IN PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR AN INJECTABLE INSULIN WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT.
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2026 Chinese Community Health Plan Senior Value Program (HMO)

Step Therapy Criteria
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KLISYRI

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR GENERIC TOPICAL FLUOROURACIL IN THE LAST 120 DAYS.
-----------------	--

2026 Chinese Community Health Plan Senior Value Program (HMO)

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LEVOMILNACIPRAN

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

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

LUMATEPERONE TOSYLATE

Products Affected

Step 2:

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

Details

Criteria	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
-----------------	--

MEMANTINE ER

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

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

METHOTREXATE INJECTOR

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

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

Products Affected

Step 2:

- NICOTROL NS 10 MG/ML NASAL SPRAY

Details

Criteria	PRIOR CLAIMS FOR OTC NICOTINE GUM OR LOZENGE AND OTC NICOTINE PATCHES IN THE PAST 365 DAYS
-----------------	--

OPHTHALMIC ALLERGY - OTC

Products Affected

Step 2:

- *loteprednol etabonate 0.2 % eye drops,suspension*

Details

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.

PERAMPANEL

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

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

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE), WITHIN THE PAST 120 DAYS.
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SELEGILINE PATCH

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

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

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

Criteria	PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
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XANOMELINE/TROSPIUM

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

Criteria	CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 120 DAYS
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XARELTO

Products Affected

Step 2:

- XARELTO 2.5 MG TABLET

Details

Criteria	PRIOR CLAIM FOR GENERIC RIVAROXABAN 2.5MG TABLET IN THE LAST 120 DAYS.
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CAREFINE PEN NEEDLE 32 GAUGE X 5/32	18, 34
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CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16.....	18, 34
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CARETOUCH PEN NEEDLE 31 GAUGE X 5/16.....	19, 34	COMFORT EZ INSULIN SYRINGE 1 ML 28 GAUGE X 1/2.....	19, 34
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clozapine 150 mg disintegrating tablet	7	COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2.....	19, 34
clozapine 200 mg disintegrating tablet	7	COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4.....	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
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COMFORT TOUCH PEN NEEDLE 31	DROPLET INSULIN SYRINGE (HALF
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COMFORT TOUCH PEN NEEDLE 31	DROPLET INSULIN SYRINGE (HALF
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COMFORT TOUCH PEN NEEDLE 32	DROPLET INSULIN SYRINGE (HALF
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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
D	GAUGE X 15/64..... 20, 34
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DERMACEA NON-WOVEN 2 20, 34	GAUGE X 5/16..... 20, 34
dihydroergotamine 0.5 mg/pump act. (4	DROPLET INSULIN SYRINGE 0.5 ML 29
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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EASY COMFORT INSULIN SYRINGE 0.3 ML 31 X 1/2..... 21, 34
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2..... 21, 34
EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16..... 21, 34
EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16..... 21, 34
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EASY TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2.....	22, 34	EMBRACE PEN NEEDLE 30 GAUGE X 5/16	23, 34
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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,
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INSULIN SYRINGE U-100 WITH
NEEDLE 1/2 ML 31 GAUGE X 15/64 24,
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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

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29 GAUGE X 1/2..... 24, 34

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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,
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MAGELLAN INSULIN SAFETY
SYRINGE 0.5 ML 29 GAUGE X 1/2 . 25,
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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,
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MAGELLAN SYRINGE 0.3 ML 30 X 5/16
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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
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MINI ULTRA-THIN II 31 GAUGE X 3/16	25, 34	N	
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
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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
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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
		P	
		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 31 GAUGE X 1/3	26, 34	perampanel 0.5 mg/ml oral suspension.....	42
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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
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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	
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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
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GAUGE X 5/16..... 27, 34
PRODIGY INSULIN SYRINGE 1 ML 28
GAUGE X 1/2..... 27, 34
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PURE COMFORT PEN NEEDLE 32
GAUGE X 1/4..... 27, 34
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GAUGE X 5/16..... 27, 34
PURE COMFORT PEN NEEDLE 32
GAUGE X 5/32..... 27, 34
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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
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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
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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
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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

TERUMO INSULIN SYRINGE 1 ML 27
GAUGE X 1/2..... 28, 34

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

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

TERUMO INSULIN SYRINGE 1/2 ML 27
GAUGE X 1/2..... 29, 34

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

TERUMO INSULIN SYRINGE 1/2 ML 30
X 3/8..... 29, 34

THINPRO INSULIN SYRINGE 0.3 ML 29
GAUGE X 1/2..... 29, 34

THINPRO INSULIN SYRINGE 0.3 ML 30
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THINPRO INSULIN SYRINGE 0.3 ML 31
X 3/8..... 29, 34

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

THINPRO INSULIN SYRINGE 0.5 ML 31
X 3/8..... 29, 34

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

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

THINPRO INSULIN SYRINGE 1 ML 30
GAUGE X 3/8..... 29, 34

THINPRO INSULIN SYRINGE 1 ML 31 X
3/8 29, 34

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

THINPRO INSULIN SYRINGE 1/2 ML 30
X 3/8..... 29, 34

TOPCARE CLICKFINE 31 GAUGE X 1/4
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TOPCARE CLICKFINE 31 GAUGE X
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TOPCARE ULTRA COMFORT 0.3 ML 31 GAUGE X 5/16.....	29, 34	TRUE COMFORT PRO INS SYRINGE 0.5 ML 30 GAUGE X 5/16.....	29, 34
TOPCARE ULTRA COMFORT 0.5 ML 29 GAUGE X 1/2.....	29, 34	TRUE COMFORT PRO INS SYRINGE 0.5 ML 31 GAUGE X 5/16.....	29, 34
TOPCARE ULTRA COMFORT 0.5 ML 30 GAUGE X 5/16.....	29, 34	TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 1/2.....	29, 34
TOPCARE ULTRA COMFORT 0.5 ML 31 GAUGE X 5/16.....	29, 34	TRUE COMFORT PRO INS SYRINGE 1 ML 30 GAUGE X 5/16.....	29, 34
TOPCARE ULTRA COMFORT 1 ML 29 GAUGE X 1/2.....	29, 34	TRUE COMFORT PRO INS SYRINGE 1 ML 31 GAUGE X 5/16.....	29, 34
TOPCARE ULTRA COMFORT 1 ML 30 GAUGE X 5/16.....	29, 34	TRUE COMFORT PRO INS SYRINGE 1 ML 32 GAUGE X 5/16.....	29, 34
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