



**MyTruAdvantage Select (HMO)
MyTruAdvantage Choice Plus (PPO)
MyTruAdvantage Choice Complete (PPO)**

2026 Prior Authorization Guidelines

Material ID No. Y0150_PBM249_C

Effective Date: 07/01/2026

Version: 12

Updated: 06/29/2026

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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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ARIPIPRAZOLE 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 ARIPIPRAZOLE TABLETS IN THE PAST 120 DAYS
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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.
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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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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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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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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 5/16"
- ASSURE ID PRO PEN NEEDLE 30 GAUGE X 3/16"
- AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16"
- BD ALCOHOL SWABS
- BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16"
- BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE
- BD ECLIPSE LUER-LOK 30 X 1/2" NEEDLE

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- 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 1/2 ML 31 GAUGE X 15/64"
- BORDERED GAUZE 2" X 2" BANDAGE
- CAREFINE PEN NEEDLE 29 GAUGE X 1/2"
- CAREFINE PEN NEEDLE 30 GAUGE X 5/16"
- CAREFINE PEN NEEDLE 31 GAUGE X 1/4"
- CAREFINE PEN NEEDLE 31 GAUGE X 5/16"
- CAREFINE PEN NEEDLE 32 GAUGE X 1/4"
- CAREFINE PEN NEEDLE 32 GAUGE X 3/16"
- CAREFINE PEN NEEDLE 32 GAUGE X 5/32"
- CARETOUCH ALCOHOL PREP PAD TOPICAL PADS
- CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- CARETOUCH PEN NEEDLE 29 GAUGE X 1/2"
- CARETOUCH PEN NEEDLE 31 GAUGE X 1/4"
- CARETOUCH PEN NEEDLE 31 GAUGE X 3/16"
- CARETOUCH PEN NEEDLE 31 GAUGE X 5/16"
- CARETOUCH PEN NEEDLE 32 GAUGE X 3/16"

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

- CARETOUCH PEN NEEDLE 32 GAUGE X 5/32"
- CLICKFINE PEN NEEDLE 31 GAUGE X 1/4"
- CLICKFINE PEN NEEDLE 32 GAUGE X 5/32"
- COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- 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 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"
- COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4"
- COMFORT TOUCH PEN NEEDLE 31 GAUGE X 3/16"
- COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/16"
- COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/32"
- COMFORT TOUCH PEN NEEDLE 32 GAUGE X 1/4"
- COMFORT TOUCH PEN NEEDLE 32 GAUGE X 3/16"
- COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/16"
- COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/32"
- COMFORT TOUCH PEN NEEDLE 33 GAUGE X 1/4"
- COMFORT TOUCH PEN NEEDLE 33 GAUGE X 3/16"

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

- COMFORT TOUCH PEN NEEDLE 33 GAUGE X 5/32"
- CURAD GAUZE PAD 2" X 2" BANDAGE
- CURITY ALCOHOL SWABS
- CURITY GAUZE 2" X 2" BANDAGE
- CURITY GAUZE 2" X 2" SPONGE
- DERMACEA 2" X 2" BANDAGE
- DERMACEA 2" X 2" SPONGE
- DERMACEA NON-WOVEN 2" X 2" SPONGE
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 29 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 15/64"
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 15/64"
- DROPLET INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 15/64"
- DROPLET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"
- DROPLET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 15/64"
- DROPLET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"
- DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64"
- DROPLET PEN NEEDLE 29 GAUGE X 1/2"
- DROPLET PEN NEEDLE 29 GAUGE X 3/8"
- DROPLET PEN NEEDLE 30 GAUGE X 5/16"
- DROPLET PEN NEEDLE 31 GAUGE X 1/4"
- DROPLET PEN NEEDLE 31 GAUGE X 3/16"
- DROPLET PEN NEEDLE 31 GAUGE X 5/16"
- DROPLET PEN NEEDLE 32 GAUGE X 1/4"
- DROPLET PEN NEEDLE 32 GAUGE X 3/16"
- DROPLET PEN NEEDLE 32 GAUGE X 5/16"
- DROPLET PEN NEEDLE 32 GAUGE X 5/32"
- DROPSAFE ALCOHOL PREP PADS

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

- HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 1/4" NEEDLE
- HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 3/16" NEEDLE
- HEALTHY ACCENTS UNIFINE PENTIP 31 GAUGE X 5/16" NEEDLE
- HEALTHY ACCENTS UNIFINE PENTIP 32 GAUGE X 5/32" NEEDLE
- INCONTROL ALCOHOL PADS
- INCONTROL PEN NEEDLE 29 GAUGE X 1/2"
- INCONTROL PEN NEEDLE 31 GAUGE X 1/4"
- INCONTROL PEN NEEDLE 31 GAUGE X 3/16"
- INCONTROL PEN NEEDLE 31 GAUGE X 5/16"
- INCONTROL PEN NEEDLE 32 GAUGE X 5/32"
- INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8"
- INSULIN SYRINGE 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 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"

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

- INSUPEN PEN NEEDLE 31 GAUGE X 3/16"
- INSUPEN PEN NEEDLE 31 GAUGE X 5/16"
- INSUPEN PEN NEEDLE 32 GAUGE X 1/4"
- INSUPEN PEN NEEDLE 32 GAUGE X 5/32"
- IV PREP WIPES MEDICATED
- LISCO 2" X 2" SPONGE
- LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2"
- LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4"
- LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 3/16"
- LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE
- LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE
- LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16"
- LITE TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE
- LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 1/2 ML 29 GAUGE
- 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"

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

- ULTRA COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- ULTRA COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 7/16"
- ULTRA COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- ULTRA COMFORT INSULIN SYRINGE 1/2 ML 29
- ULTRA COMFORT INSULIN SYRINGE 1/2 ML 30 GAUGE
- ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 1/2"
- ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16"
- ULTRA FLO INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"
- ULTRA FLO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- ULTRA FLO INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- ULTRA FLO INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- ULTRA FLO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- ULTRA FLO PEN NEEDLE 29 GAUGE X 1/2"
- ULTRA FLO PEN NEEDLE 31 GAUGE X 3/16"
- ULTRA FLO PEN NEEDLE 31 GAUGE X 5/16"
- ULTRA FLO PEN NEEDLE 32 GAUGE X 5/32"
- ULTRA FLO PEN NEEDLE 33 GAUGE X 5/32"
- ULTRA THIN PEN NEEDLE 32 GAUGE X 5/32"
- ULTRACARE INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- ULTRACARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- ULTRACARE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- ULTRACARE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- ULTRACARE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- ULTRACARE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- ULTRACARE PEN NEEDLE 31 GAUGE X 1/4"
- ULTRACARE PEN NEEDLE 31 GAUGE X 3/16"
- ULTRACARE PEN NEEDLE 31 GAUGE X 5/16"
- ULTRACARE PEN NEEDLE 32 GAUGE X 1/4"
- ULTRACARE PEN NEEDLE 32 GAUGE X 3/16"
- ULTRACARE PEN NEEDLE 32 GAUGE X 5/32"
- ULTRACARE PEN NEEDLE 33 GAUGE X 5/32"
- ULTRA-FINE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"
- ULTRA-FINE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"
- ULTRA-FINE INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2"
- ULTRA-FINE INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- ULTRA-FINE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- ULTRA-FINE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- ULTRA-FINE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- ULTRA-FINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- ULTRA-FINE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

- VANISHPOINT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16"
- VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2"
- VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2"
- VERIFINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- VERIFINE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- VERIFINE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- VERIFINE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- VERIFINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- VERIFINE PEN NEEDLE 29 GAUGE X 1/2"
- VERIFINE PEN NEEDLE 31 GAUGE X 1/4"
- VERIFINE PEN NEEDLE 31 GAUGE X 3/16"
- VERIFINE PEN NEEDLE 31 GAUGE X 5/16"
- VERIFINE PEN NEEDLE 32 GAUGE X 1/4"
- VERIFINE PEN NEEDLE 32 GAUGE X 3/16"
- VERIFINE PEN NEEDLE 32 GAUGE X 5/32"
- VERIFINE PLUS PEN NEEDLE 31 GAUGE X 3/16"
- VERIFINE PLUS PEN NEEDLE 31 GAUGE X 5/16"
- VERIFINE PLUS PEN NEEDLE 32 GAUGE X 5/32"
- VERIFINE PLUS PEN NEEDLE-SHARPS CONTAINER 32 GAUGE X 5/32"
- VERSALON 2" X 2" SPONGE
- WEBCOL TOPICAL PADS

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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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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.
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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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
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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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
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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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
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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

OPHTHALMIC ALLERGY - NO OTC

Products Affected

Step 2:

- *loteprednol etabonate 0.2 % eye drops,suspension*

Details

Criteria	PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, OR EPINASTINE WITHIN THE PAST 120 DAYS.
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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

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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MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.

INDEX

1

1ST TIER UNIFINE PENTIPS 31 GAUGE
X 1/4..... 16, 33
1ST TIER UNIFINE PENTIPS 31 GAUGE
X 3/16..... 16, 33
1ST TIER UNIFINE PENTIPS 31 GAUGE
X 5/16..... 16, 33
1ST TIER UNIFINE PENTIPS 32 GAUGE
X 5/32..... 16, 33
1ST TIER UNIFINE PENTIPS PLUS 29
GAUGE X 1/2..... 16, 33
1ST TIER UNIFINE PENTIPS PLUS 31
GAUGE X 3/16..... 16, 33
1ST TIER UNIFINE PENTIPS PLUS 32
GAUGE X 5/32..... 16, 33

A

ADVOCATE PEN NEEDLE 29 GAUGE X
1/2 16, 33
ADVOCATE PEN NEEDLE 31 GAUGE X
3/16 16, 33
ADVOCATE PEN NEEDLE 31 GAUGE X
5/16 16, 33
ADVOCATE PEN NEEDLE 32 GAUGE X
5/32 16, 33
ADVOCATE PEN NEEDLE 33 GAUGE X
5/32 16, 33
ADVOCATE SYRINGES 0.3 ML 29
GAUGE X 1/2..... 16, 33
ADVOCATE SYRINGES 0.3 ML 30
GAUGE X 5/16..... 16, 33
ADVOCATE SYRINGES 0.3 ML 31
GAUGE X 5/16..... 16, 33
ADVOCATE SYRINGES 0.5 ML 29
GAUGE X 1/2..... 16, 33
ADVOCATE SYRINGES 0.5 ML 30
GAUGE X 5/16..... 16, 33
ADVOCATE SYRINGES 0.5 ML 31
GAUGE X 5/16..... 16, 33
ADVOCATE SYRINGES 1 ML 29
GAUGE X 1/2..... 16, 33
ADVOCATE SYRINGES 1 ML 30
GAUGE X 5/16..... 16, 33
ADVOCATE SYRINGES 1 ML 31
GAUGE X 5/16..... 16, 33

ALCOHOL PADS 16, 33
ALCOHOL PREP PADS..... 16, 33
ALCOHOL PREP SWABS 16, 33
ALCOHOL SWABS..... 16, 33
ALCOHOL WIPES 16, 33
AQINJECT PEN NEEDLE 31 GAUGE X
3/16 16, 33
AQINJECT PEN NEEDLE 32 GAUGE X
5/32 16, 33
aripiprazole 10 mg disintegrating tablet 3
aripiprazole 15 mg disintegrating tablet 3
ASSURE ID DUO PRO SAFETY PEN
NEEDLE 31 GAUGE X 3/16..... 16, 33
ASSURE ID DUO-SHIELD 30 GAUGE X
3/16 16, 33
ASSURE ID DUO-SHIELD 30 GAUGE X
5/16 16, 33
ASSURE ID INSULIN SAFETY 0.5 ML 31
GAUGE X 15/64..... 16, 33
ASSURE ID INSULIN SAFETY 1 ML 29
GAUGE X 1/2..... 16, 33
ASSURE ID INSULIN SAFETY 1 ML 31
GAUGE X 15/64..... 16, 33
ASSURE ID PEN NEEDLE 30 GAUGE X
5/16 16, 33
ASSURE ID PRO PEN NEEDLE 30
GAUGE X 3/16..... 16, 33
AUTOSHIELD DUO PEN NEEDLE 30
GAUGE X 3/16..... 16, 33

B

BD ALCOHOL SWABS 16, 33
BD AUTOSHIELD DUO PEN NEEDLE 30
GAUGE X 3/16..... 16, 33
BD ECLIPSE LUER-LOK 1 ML 30
GAUGE X 1/2..... 16, 33
BD ECLIPSE LUER-LOK 30 X 1/2 .. 16, 33
BD INSULIN SYRINGE 1 ML 27 GAUGE
X 1/2..... 17, 33
BD INSULIN SYRINGE ULTRA-FINE
(HALF UNIT) 0.3 ML 31 GAUGE X
5/16 17, 33
BD INSULIN SYRINGE ULTRA-FINE 0.3
ML 30 GAUGE X 1/2..... 17, 33

BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2..... 17, 33
 BD LO-DOSE ULTRA-FINE 0.5 ML 29 GAUGE X 1/2..... 17, 33
 BD NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32..... 17, 33
 BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2..... 17, 33
 BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64..... 17, 33
 BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16..... 17, 33
 BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2..... 17, 33
 BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16..... 17, 33
 BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64..... 17, 33
 BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2..... 17, 33
 BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64..... 17, 33
 BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8..... 17, 33
 BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4..... 17, 33
 BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16..... 17, 33
 BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32..... 17, 33
 BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2..... 17, 33
 BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16..... 17, 33
 BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64..... 17, 33
 BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64. 17, 33
 BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64.... 17, 33
 BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64. 17, 33
 BORDERED GAUZE 2 17, 33
C
 CAPLYTA 10.5 MG CAPSULE..... 36

CAPLYTA 21 MG CAPSULE..... 36
 CAPLYTA 42 MG CAPSULE..... 36
 CAREFINE PEN NEEDLE 29 GAUGE X 1/2 17, 33
 CAREFINE PEN NEEDLE 30 GAUGE X 5/16 17, 33
 CAREFINE PEN NEEDLE 31 GAUGE X 1/4 17, 33
 CAREFINE PEN NEEDLE 31 GAUGE X 5/16 17, 33
 CAREFINE PEN NEEDLE 32 GAUGE X 1/4 17, 33
 CAREFINE PEN NEEDLE 32 GAUGE X 3/16 17, 33
 CAREFINE PEN NEEDLE 32 GAUGE X 5/32 17, 33
 CARETOUCH ALCOHOL PREP PAD TOPICAL PADS 17, 33
 CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16..... 17, 33
 CARETOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16..... 17, 33
 CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16..... 17, 33
 CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16..... 17, 33
 CARETOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 5/16..... 17, 33
 CARETOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16..... 17, 33
 CARETOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16..... 17, 33
 CARETOUCH PEN NEEDLE 29 GAUGE X 1/2..... 17, 33
 CARETOUCH PEN NEEDLE 31 GAUGE X 1/4..... 17, 33
 CARETOUCH PEN NEEDLE 31 GAUGE X 3/16..... 17, 33
 CARETOUCH PEN NEEDLE 31 GAUGE X 5/16..... 17, 33
 CARETOUCH PEN NEEDLE 32 GAUGE X 3/16..... 17, 33
 CARETOUCH PEN NEEDLE 32 GAUGE X 5/32..... 18, 33
 CLICKFINE PEN NEEDLE 31 GAUGE X 1/4 18, 33

CLICKFINE PEN NEEDLE 32 GAUGE X 5/32	18, 33	COMFORT EZ INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2.....	18, 33
clozapine 100 mg disintegrating tablet	7	COMFORT EZ INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64.....	18, 33
clozapine 12.5 mg disintegrating tablet	7	COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2.....	18, 33
clozapine 150 mg disintegrating tablet	7	COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4.....	18, 33
clozapine 200 mg disintegrating tablet	7	COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16.....	18, 33
clozapine 25 mg disintegrating tablet	7	COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16.....	18, 33
COBENFY 100 MG-20 MG CAPSULE..	44	COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4.....	18, 33
COBENFY 125 MG-30 MG CAPSULE..	44	COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16.....	18, 33
COBENFY 50 MG-20 MG CAPSULE....	44	COMFORT EZ PEN NEEDLES 32 GAUGE X 5/16.....	18, 33
COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG CAPSULES IN A DOSE PACK	44	COMFORT EZ PEN NEEDLES 32 GAUGE X 5/32.....	18, 33
COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2.....	18, 33	COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4.....	18, 33
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 1/2.....	18, 33	COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16.....	18, 33
COMFORT EZ INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16.....	18, 33	COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16.....	18, 33
COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64.....	18, 33	COMFORT EZ PRO SAFETY PEN NEEDLE 30 GAUGE X 5/16.....	18, 33
COMFORT EZ INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16.....	18, 33	COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 3/16.....	18, 33
COMFORT EZ INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2.....	18, 33	COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 5/32.....	18, 33
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2.....	18, 33	COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4.....	18, 33
COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16.....	18, 33	COMFORT TOUCH PEN NEEDLE 31 GAUGE X 3/16.....	18, 33
COMFORT EZ INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16.....	18, 33	COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/16.....	18, 33
COMFORT EZ INSULIN SYRINGE 1 ML 27 GAUGE X 1/2.....	18, 33	COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/32.....	18, 33
COMFORT EZ INSULIN SYRINGE 1 ML 28 GAUGE X 1/2.....	18, 33	COMFORT TOUCH PEN NEEDLE 32 GAUGE X 1/4.....	18, 33
COMFORT EZ INSULIN SYRINGE 1 ML 29 GAUGE X 1/2.....	18, 33	COMFORT TOUCH PEN NEEDLE 32 GAUGE X 3/16.....	18, 33
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 1/2.....	18, 33		
COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 5/16.....	18, 33		
COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 15/64.....	18, 33		
COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 5/16.....	18, 33		

COMFORT TOUCH PEN NEEDLE 32
 GAUGE X 5/16..... 18, 33
 COMFORT TOUCH PEN NEEDLE 32
 GAUGE X 5/32..... 18, 33
 COMFORT TOUCH PEN NEEDLE 33
 GAUGE X 1/4..... 18, 33
 COMFORT TOUCH PEN NEEDLE 33
 GAUGE X 3/16..... 18, 33
 COMFORT TOUCH PEN NEEDLE 33
 GAUGE X 5/32..... 19, 33
 CURAD GAUZE PAD 2 19, 33
 CURITY ALCOHOL SWABS..... 19, 33
 CURITY GAUZE 2 19, 33
 cyclophosphamide 25 mg capsule 5
 cyclophosphamide 25 mg tablet..... 5
 cyclophosphamide 50 mg capsule 5
 cyclophosphamide 50 mg tablet..... 5
D
 DERMACEA 2 19, 33
 DERMACEA NON-WOVEN 2 19, 33
 dihydroergotamine 0.5 mg/pump act. (4
 mg/ml) nasal spray 8
 DRIZALMA SPRINKLE 20 MG
 CAPSULE,DELAYED RELEASE 9
 DRIZALMA SPRINKLE 30 MG
 CAPSULE,DELAYED RELEASE 9
 DRIZALMA SPRINKLE 40 MG
 CAPSULE,DELAYED RELEASE 9
 DRIZALMA SPRINKLE 60 MG
 CAPSULE,DELAYED RELEASE 9
 DROPLET INSULIN SYRINGE (HALF
 UNIT) 0.3 ML 29 GAUGE X 1/2... 19, 33
 DROPLET INSULIN SYRINGE (HALF
 UNIT) 0.3 ML 30 GAUGE X 1/2... 19, 33
 DROPLET INSULIN SYRINGE (HALF
 UNIT) 0.3 ML 30 GAUGE X 5/16. 19, 33
 DROPLET INSULIN SYRINGE (HALF
 UNIT) 0.3 ML 31 GAUGE X 15/64 19, 33
 DROPLET INSULIN SYRINGE (HALF
 UNIT) 0.3 ML 31 GAUGE X 5/16. 19, 33
 DROPLET INSULIN SYRINGE (HALF
 UNIT) 0.5 ML 29 GAUGE X 1/2... 19, 33
 DROPLET INSULIN SYRINGE (HALF
 UNIT) 0.5 ML 30 GAUGE X 1/2... 19, 33
 DROPLET INSULIN SYRINGE (HALF
 UNIT) 0.5 ML 30 GAUGE X 15/64 19, 33

DROPLET INSULIN SYRINGE (HALF
 UNIT) 0.5 ML 30 GAUGE X 5/16. 19, 33
 DROPLET INSULIN SYRINGE (HALF
 UNIT) 0.5 ML 31 GAUGE X 15/64 19, 33
 DROPLET INSULIN SYRINGE (HALF
 UNIT) 0.5 ML 31 GAUGE X 5/16. 19, 33
 DROPLET INSULIN SYRINGE 0.3 ML 29
 GAUGE X 1/2..... 19, 33
 DROPLET INSULIN SYRINGE 0.3 ML 30
 GAUGE X 1/2..... 19, 33
 DROPLET INSULIN SYRINGE 0.3 ML 30
 GAUGE X 15/64..... 19, 33
 DROPLET INSULIN SYRINGE 0.3 ML 30
 GAUGE X 5/16..... 19, 33
 DROPLET INSULIN SYRINGE 0.3 ML 31
 GAUGE X 15/64..... 19, 33
 DROPLET INSULIN SYRINGE 0.3 ML 31
 GAUGE X 5/16..... 19, 33
 DROPLET INSULIN SYRINGE 0.5 ML 29
 GAUGE X 1/2..... 19, 33
 DROPLET INSULIN SYRINGE 0.5 ML 30
 GAUGE X 1/2..... 19, 33
 DROPLET INSULIN SYRINGE 0.5 ML 30
 GAUGE X 5/16..... 19, 33
 DROPLET INSULIN SYRINGE 0.5 ML 31
 GAUGE X 5/16..... 19, 33
 DROPLET INSULIN SYRINGE 1 ML 29
 GAUGE X 1/2..... 19, 33
 DROPLET INSULIN SYRINGE 1 ML 30
 GAUGE X 1/2..... 19, 33
 DROPLET INSULIN SYRINGE 1 ML 30
 GAUGE X 15/64..... 19, 33
 DROPLET INSULIN SYRINGE 1 ML 30
 GAUGE X 5/16..... 19, 33
 DROPLET INSULIN SYRINGE 1 ML 31
 GAUGE X 15/64..... 19, 33
 DROPLET INSULIN SYRINGE 1 ML 31
 GAUGE X 5/16..... 19, 33
 DROPLET INSULIN SYRINGE 1/2 ML 31
 GAUGE X 15/64..... 19, 33
 DROPLET MICRON PEN NEEDLE 34
 GAUGE X 9/64..... 19, 33
 DROPLET PEN NEEDLE 29 GAUGE X
 1/2 19, 33
 DROPLET PEN NEEDLE 29 GAUGE X
 3/8 19, 33

DROPLET PEN NEEDLE 30 GAUGE X
 5/16 19, 33
 DROPLET PEN NEEDLE 31 GAUGE X
 1/4 19, 33
 DROPLET PEN NEEDLE 31 GAUGE X
 3/16 19, 33
 DROPLET PEN NEEDLE 31 GAUGE X
 5/16 19, 33
 DROPLET PEN NEEDLE 32 GAUGE X
 1/4 19, 33
 DROPLET PEN NEEDLE 32 GAUGE X
 3/16 19, 33
 DROPLET PEN NEEDLE 32 GAUGE X
 5/16 19, 33
 DROPLET PEN NEEDLE 32 GAUGE X
 5/32 19, 33
 DROPSAFE ALCOHOL PREP PADS ... 19,
 33
 DROPSAFE INSULIN SYRINGE 0.3 ML
 31 GAUGE X 15/64..... 20, 33
 DROPSAFE INSULIN SYRINGE 0.3 ML
 31 GAUGE X 5/16..... 20, 33
 DROPSAFE INSULIN SYRINGE 0.5 ML
 31 GAUGE X 15/64..... 20, 33
 DROPSAFE INSULIN SYRINGE 0.5 ML
 31 GAUGE X 5/16..... 20, 33
 DROPSAFE INSULIN SYRINGE 1 ML 29
 GAUGE X 1/2..... 20, 33
 DROPSAFE INSULIN SYRINGE 1 ML 31
 GAUGE X 15/64..... 20, 33
 DROPSAFE INSULIN SYRINGE 1 ML 31
 GAUGE X 5/16..... 20, 33
 DROPSAFE PEN NEEDLE 31 GAUGE X
 1/4 20, 33
 DROPSAFE PEN NEEDLE 31 GAUGE X
 3/16 20, 33
 DROPSAFE PEN NEEDLE 31 GAUGE X
 5/16 20, 33
 DROPSAFE PEN NEEDLE 31 GAUGE X
 5/32 20, 33

E

EASY COMFORT ALCOHOL PAD
 TOPICAL PADS 20, 33
 EASY COMFORT INSULIN SYRINGE
 0.3 ML 30 GAUGE X 5/16..... 20, 33

EASY COMFORT INSULIN SYRINGE
 0.3 ML 31 GAUGE X 5/16..... 20, 33
 EASY COMFORT INSULIN SYRINGE
 0.3 ML 31 X 1/2..... 20, 33
 EASY COMFORT INSULIN SYRINGE
 0.5 ML 30 GAUGE X 1/2..... 20, 33
 EASY COMFORT INSULIN SYRINGE
 0.5 ML 30 GAUGE X 5/16..... 20, 33
 EASY COMFORT INSULIN SYRINGE
 0.5 ML 31 GAUGE X 5/16..... 20, 33
 EASY COMFORT INSULIN SYRINGE 1
 ML 29 GAUGE X 5/16..... 20, 33
 EASY COMFORT INSULIN SYRINGE 1
 ML 30 GAUGE X 1/2..... 20, 33
 EASY COMFORT INSULIN SYRINGE 1
 ML 30 GAUGE X 5/16..... 20, 33
 EASY COMFORT INSULIN SYRINGE 1
 ML 31 GAUGE X 5/16..... 20, 33
 EASY COMFORT INSULIN SYRINGE 1
 ML 32 GAUGE X 5/16..... 20, 33
 EASY COMFORT INSULIN SYRINGE
 1/2 ML 29 X 5/16 20, 33
 EASY COMFORT INSULIN SYRINGE
 1/2 ML 32 GAUGE X 5/16 20, 33
 EASY COMFORT PEN NEEDLES 29
 GAUGE X 3/16..... 20, 33
 EASY COMFORT PEN NEEDLES 29
 GAUGE X 5/32..... 20, 33
 EASY COMFORT PEN NEEDLES 31
 GAUGE X 1/4..... 20, 33
 EASY COMFORT PEN NEEDLES 31
 GAUGE X 3/16..... 20, 33
 EASY COMFORT PEN NEEDLES 31
 GAUGE X 5/16..... 20, 33
 EASY COMFORT PEN NEEDLES 32
 GAUGE X 5/32..... 20, 33
 EASY COMFORT PEN NEEDLES 33
 GAUGE X 1/4..... 20, 33
 EASY COMFORT PEN NEEDLES 33
 GAUGE X 3/16..... 20, 33
 EASY COMFORT PEN NEEDLES 33
 GAUGE X 5/32..... 20, 33
 EASY COMFORT SAFETY PEN
 NEEDLE 31 GAUGE X 1/4..... 20, 33
 EASY COMFORT SAFETY PEN
 NEEDLE 31 GAUGE X 3/16..... 20, 33

EASY COMFORT SAFETY PEN
 NEEDLE 32 GAUGE X 5/32 20, 33
 EASY GLIDE INSULIN SYRINGE 0.3 ML
 31 GAUGE X 15/64..... 20, 33
 EASY GLIDE INSULIN SYRINGE 1 ML
 31 GAUGE X 15/64..... 20, 33
 EASY GLIDE INSULIN SYRINGE 1/2 ML
 31 GAUGE X 15/64..... 20, 33
 EASY GLIDE PEN NEEDLE 33 GAUGE
 X 5/32..... 20, 33
 EASY TOUCH 29 GAUGE X 1/2 20, 33
 EASY TOUCH 31 GAUGE X 1/4 20, 33
 EASY TOUCH 31 GAUGE X 3/16 ... 20, 33
 EASY TOUCH 31 GAUGE X 5/16 ... 20, 33
 EASY TOUCH 32 GAUGE X 1/4 20, 33
 EASY TOUCH 32 GAUGE X 3/16 ... 21, 33
 EASY TOUCH 32 GAUGE X 5/32 ... 21, 33
 EASY TOUCH ALCOHOL PREP PADS
 21, 33
 EASY TOUCH AUTORETRACT
 SYRINGE 0.5 ML 30 GAUGE X 1/4 . 21,
 33
 EASY TOUCH AUTORETRACT
 SYRINGE 0.5 ML 30 GAUGE X 5/16 21,
 33
 EASY TOUCH AUTORETRACT
 SYRINGE 1 ML 30 GAUGE X 1/4 21, 33
 EASY TOUCH AUTORETRACT
 SYRINGE 1 ML 30 GAUGE X 5/16 .. 21,
 33
 EASY TOUCH FLIPLOCK INSULIN 1
 ML 29 GAUGE X 1/2..... 21, 33
 EASY TOUCH FLIPLOCK INSULIN 1
 ML 31 GAUGE X 5/16..... 21, 33
 EASY TOUCH FLIPLOCK INSULIN
 SYRINGE 1 ML 30 GAUGE X 1/2 21, 33
 EASY TOUCH FLIPLOCK INSULIN
 SYRINGE 1 ML 30 GAUGE X 5/16 .. 21,
 33
 EASY TOUCH FLIPLOCK SYRINGE 1
 ML 27 GAUGE X 1/2..... 21, 33
 EASY TOUCH INSULIN SAFETY
 SYRINGE 0.5 ML 29 GAUGE X 1/2 . 21,
 33

EASY TOUCH INSULIN SAFETY
 SYRINGE 0.5 ML 30 GAUGE X 5/16 21,
 33
 EASY TOUCH INSULIN SAFETY
 SYRINGE 1 ML 29 GAUGE X 1/2 21, 33
 EASY TOUCH INSULIN SAFETY
 SYRINGE 1 ML 30 GAUGE X 1/2 21, 33
 EASY TOUCH INSULIN SYRINGE
 (HALF UNIT) 0.3 ML 30 GAUGE X
 5/16 21, 33
 EASY TOUCH INSULIN SYRINGE
 (HALF UNIT) 0.3 ML 31 GAUGE X 1/4
 21, 33
 EASY TOUCH INSULIN SYRINGE
 (HALF UNIT) 0.3 ML 31 GAUGE X
 5/16 21, 33
 EASY TOUCH INSULIN SYRINGE 0.3
 ML 30 GAUGE X 1/2..... 21, 33
 EASY TOUCH INSULIN SYRINGE 0.3
 ML 30 GAUGE X 5/16..... 21, 33
 EASY TOUCH INSULIN SYRINGE 0.3
 ML 31 GAUGE X 5/16..... 21, 33
 EASY TOUCH INSULIN SYRINGE 0.5
 ML 29 GAUGE X 1/2..... 21, 33
 EASY TOUCH INSULIN SYRINGE 0.5
 ML 30 GAUGE X 1/2..... 21, 33
 EASY TOUCH INSULIN SYRINGE 0.5
 ML 30 GAUGE X 5/16..... 21, 33
 EASY TOUCH INSULIN SYRINGE 0.5
 ML 31 GAUGE X 5/16..... 21, 33
 EASY TOUCH INSULIN SYRINGE 1 ML
 27 GAUGE X 1/2..... 21, 33
 EASY TOUCH INSULIN SYRINGE 1 ML
 27 GAUGE X 5/8..... 21, 33
 EASY TOUCH INSULIN SYRINGE 1 ML
 28 GAUGE X 1/2..... 21, 33
 EASY TOUCH INSULIN SYRINGE 1 ML
 29 GAUGE X 1/2..... 21, 33
 EASY TOUCH INSULIN SYRINGE 1 ML
 30 GAUGE X 1/2..... 21, 33
 EASY TOUCH INSULIN SYRINGE 1 ML
 30 GAUGE X 5/16..... 21, 33
 EASY TOUCH INSULIN SYRINGE 1 ML
 31 GAUGE X 1/4..... 21, 33
 EASY TOUCH INSULIN SYRINGE 1 ML
 31 GAUGE X 5/16..... 21, 33

EASY TOUCH INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2.....	21, 33	EASYLIFE INSULIN PEN NEEDLE 32 GAUGE X 5/16.....	22, 33
EASY TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2.....	21, 33	EASYLIFE INSULIN PEN NEEDLE 32 GAUGE X 5/32.....	22, 33
EASY TOUCH INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4.....	21, 33	EASYLIFE INSULIN PEN NEEDLE 33 GAUGE X 1/4.....	22, 33
EASY TOUCH LUER LOCK INSULIN 1 ML SYRINGE	21, 33	EASYLIFE INSULIN PEN NEEDLE 33 GAUGE X 3/16.....	22, 33
EASY TOUCH PEN NEEDLE 30 GAUGE X 5/16.....	21, 33	EASYLIFE INSULIN PEN NEEDLE 33 GAUGE X 5/16.....	22, 33
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 3/16.....	21, 33	EASYLIFE INSULIN PEN NEEDLE 33 GAUGE X 5/32.....	22, 33
EASY TOUCH SAFETY PEN NEEDLE 29 GAUGE X 5/16.....	21, 33	EASYLIFE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16.....	22, 33
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 1/4.....	21, 33	EASYLIFE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2.....	22, 33
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 3/16.....	21, 33	EASYLIFE INSULIN SYRINGE 1 ML 30 GAUGE X 5/16.....	22, 33
EASY TOUCH SAFETY PEN NEEDLE 30 GAUGE X 5/16.....	21, 33	EASYLIFE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16.....	22, 33
EASY TOUCH SHEATHLOCK INSULIN 1 ML 29 GAUGE X 1/2.....	22, 33	EASYLIFE SAFETY PEN NEEDLE 31 GAUGE X 3/16.....	22, 33
EASY TOUCH SHEATHLOCK INSULIN 1 ML 30 GAUGE X 5/16.....	22, 33	EASYLIFE SAFETY PEN NEEDLE 31 GAUGE X 5/32.....	22, 33
EASY TOUCH SHEATHLOCK INSULIN 1 ML 31 GAUGE X 5/16.....	22, 33	ELEPSIA XR 1,000 MG TABLET,EXTENDED RELEASE	10
EASY TOUCH SHEATHLOCK INSULIN SYRINGE 1 ML 30 GAUGE X 1/2	22, 33	ELEPSIA XR 1,500 MG TABLET,EXTENDED RELEASE	10
EASY TOUCH UNI-SLIP 1 ML SYRINGE	22, 33	EMBRACE PEN NEEDLE 29 GAUGE X 1/2	22, 33
EASYLIFE ALCOHOL PADS	22, 33	EMBRACE PEN NEEDLE 30 GAUGE X 3/16	22, 33
EASYLIFE INSULIN PEN NEEDLE 29 GAUGE X 1/2.....	22, 33	EMBRACE PEN NEEDLE 30 GAUGE X 5/16	22, 33
EASYLIFE INSULIN PEN NEEDLE 31 GAUGE X 1/4.....	22, 33	EMBRACE PEN NEEDLE 31 GAUGE X 1/4	22, 33
EASYLIFE INSULIN PEN NEEDLE 31 GAUGE X 3/16.....	22, 33	EMBRACE PEN NEEDLE 31 GAUGE X 3/16	22, 33
EASYLIFE INSULIN PEN NEEDLE 31 GAUGE X 5/16.....	22, 33	EMBRACE PEN NEEDLE 31 GAUGE X 5/16	22, 33
EASYLIFE INSULIN PEN NEEDLE 31 GAUGE X 5/32.....	22, 33	EMBRACE PEN NEEDLE 32 GAUGE X 5/32	22, 33
EASYLIFE INSULIN PEN NEEDLE 32 GAUGE X 1/4.....	22, 33	EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH	42
EASYLIFE INSULIN PEN NEEDLE 32 GAUGE X 3/16.....	22, 33	EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH	42

EMSAM 9 MG/24 HR TRANSDERMAL
 24 HOUR PATCH 42
 eslicarbazepine 200 mg tablet..... 12
 eslicarbazepine 400 mg tablet..... 12
 eslicarbazepine 600 mg tablet..... 12
 eslicarbazepine 800 mg tablet..... 12
 esomeprazole magnesium dr 10 mg granules
 delayed release for susp 1
 esomeprazole magnesium dr 20 mg granules
 delayed release for susp 1
 esomeprazole magnesium dr 40 mg granules
 delayed release for susp 1
 EXEL INSULIN 0.3 ML 29 GAUGE X 1/2
 22, 33

F

FANAPT 1 MG TABLET 15
 FANAPT 10 MG TABLET 15
 FANAPT 12 MG TABLET 15
 FANAPT 2 MG TABLET 15
 FANAPT 4 MG TABLET 15
 FANAPT 6 MG TABLET 15
 FANAPT 8 MG TABLET 15
 FANAPT TITRATION PACK A 1 MG (2)-
 2 MG (2)-4 MG (2)-6 MG (2) TABLETS
 15
 FANAPT TITRATION PACK B 1 MG (6)-
 2 MG (2)-6 MG (2)-8 MG (2) TABLETS
 15
 FANAPT TITRATION PACK C 1 MG (4)-
 2 MG (2)-6 MG (2) TABLETS 15
 FETZIMA 120 MG
 CAPSULE,EXTENDED RELEASE.... 35
 FETZIMA 20 MG (2)-40 MG (26)
 CAPSULE,EXTENDED RELEASE,24
 HR,DOSE PACK..... 35
 FETZIMA 20 MG CAPSULE,EXTENDED
 RELEASE 35
 FETZIMA 40 MG CAPSULE,EXTENDED
 RELEASE 35
 FETZIMA 80 MG CAPSULE,EXTENDED
 RELEASE 35

G

GAUZE BANDAGE 2 22, 33
 GAUZE PAD 2 22, 33

H

HEALTHWISE INSULIN SYRINGE 0.3
 ML 30 GAUGE X 5/16..... 22, 33
 HEALTHWISE INSULIN SYRINGE 0.3
 ML 31 GAUGE X 5/16..... 22, 33
 HEALTHWISE INSULIN SYRINGE 0.5
 ML 30 GAUGE X 5/16..... 22, 33
 HEALTHWISE INSULIN SYRINGE 0.5
 ML 31 GAUGE X 5/16..... 22, 33
 HEALTHWISE INSULIN SYRINGE 1 ML
 30 GAUGE X 5/16..... 22, 33
 HEALTHWISE INSULIN SYRINGE 1 ML
 31 GAUGE X 5/16..... 22, 33
 HEALTHWISE PEN NEEDLE 31 GAUGE
 X 3/16..... 22, 33
 HEALTHWISE PEN NEEDLE 31 GAUGE
 X 5/16..... 22, 33
 HEALTHWISE PEN NEEDLE 32 GAUGE
 X 5/32..... 22, 33
 HEALTHY ACCENTS UNIFINE PENTIP
 29 GAUGE X 1/2..... 22, 33
 HEALTHY ACCENTS UNIFINE PENTIP
 31 GAUGE X 1/4..... 23, 33
 HEALTHY ACCENTS UNIFINE PENTIP
 31 GAUGE X 3/16..... 23, 33
 HEALTHY ACCENTS UNIFINE PENTIP
 31 GAUGE X 5/16..... 23, 33
 HEALTHY ACCENTS UNIFINE PENTIP
 32 GAUGE X 5/32..... 23, 33

I

INCONTROL ALCOHOL PADS 23, 33
 INCONTROL PEN NEEDLE 29 GAUGE
 X 1/2..... 23, 33
 INCONTROL PEN NEEDLE 31 GAUGE
 X 1/4..... 23, 33
 INCONTROL PEN NEEDLE 31 GAUGE
 X 3/16..... 23, 33
 INCONTROL PEN NEEDLE 31 GAUGE
 X 5/16..... 23, 33
 INCONTROL PEN NEEDLE 32 GAUGE
 X 5/32..... 23, 33
 INSULIN SYRINGE MICROFINE 1 ML
 27 GAUGE X 5/8..... 23, 33
 INSULIN SYRINGE NEEDLELESS 1 ML
 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 0.3 ML 29 GAUGE 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 0.3 ML 29 GAUGE X 1/2 ... 23,
33

INSULIN SYRINGE U-100 WITH
NEEDLE 0.3 ML 30 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 0.3 ML 30 GAUGE X 5/16. 23,
33

INSULIN SYRINGE U-100 WITH
NEEDLE 0.3 ML 31 GAUGE X 1/4 ... 23,
33

INSULIN SYRINGE U-100 WITH
NEEDLE 0.3 ML 31 GAUGE X 15/64 23,
33

INSULIN SYRINGE U-100 WITH
NEEDLE 0.3 ML 31 GAUGE X 5/16. 23,
33

INSULIN SYRINGE U-100 WITH
NEEDLE 0.5 ML 29 GAUGE X 1/2 ... 23,
33

INSULIN SYRINGE U-100 WITH
NEEDLE 0.5 ML 30 GAUGE X 1/2 ... 23,
33

INSULIN SYRINGE U-100 WITH
NEEDLE 0.5 ML 30 GAUGE X 5/16. 23,
33

INSULIN SYRINGE U-100 WITH
NEEDLE 0.5 ML 31 GAUGE X 5/16. 23,
33

INSULIN SYRINGE U-100 WITH
NEEDLE 1 ML 27 GAUGE X 1/2. 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1 ML 27 GAUGE X 5/8. 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1 ML 28 GAUGE X 1/2. 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1 ML 29 GAUGE X 1/2. 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1 ML 29 GAUGE X 7/16 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1 ML 30 GAUGE X 1/2. 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1 ML 30 GAUGE X 3/8. 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1 ML 30 GAUGE X 5/16 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1 ML 30 GAUGE X 7/16 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1 ML 31 GAUGE X 1/4. 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1 ML 31 GAUGE X 15/64.. 23,
33

INSULIN SYRINGE U-100 WITH
NEEDLE 1 ML 31 GAUGE X 5/16 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1/2 ML 27 GAUGE X 1/2... 23,
33

INSULIN SYRINGE U-100 WITH
NEEDLE 1/2 ML 28 GAUGE 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1/2 ML 28 GAUGE X 1/2 ... 23,
33

INSULIN SYRINGE U-100 WITH
NEEDLE 1/2 ML 29 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1/2 ML 30 GAUGE 23, 33

INSULIN SYRINGE U-100 WITH
NEEDLE 1/2 ML 31 GAUGE X 1/4... 23,
33

INSULIN SYRINGE U-100 WITH
NEEDLE 1/2 ML 31 GAUGE X 15/64 23,
33

INSULIN SYRINGE-NEEDLE U-100
HALF UNIT MARKING 0.3 ML 31
GAUGE X 1/4 23, 33

INSULIN U-500 SYRINGE-NEEDLE 1/2
ML 31 GAUGE X 15/64 23, 33

INSUPEN PEN NEEDLE 29 GAUGE X 1/2
..... 23, 33

INSUPEN PEN NEEDLE 31 GAUGE X
3/16 24, 33

INSUPEN PEN NEEDLE 31 GAUGE X
5/16 24, 33

INSUPEN PEN NEEDLE 32 GAUGE X 1/4
..... 24, 33

INSUPEN PEN NEEDLE 32 GAUGE X
5/32 24, 33

IV PREP WIPES MEDICATED 24, 33

J

JYLAMVO 2 MG/ML ORAL SOLUTION 5

K

KLISYRI 1 % (250 MG) TOPICAL

OINTMENT IN PACKET 34

L

levetiracetam 250 mg tablet for oral

suspension 43

levetiracetam 500 mg tablet for oral

suspension 43

LISCO 2 24, 33

LITE TOUCH INSULIN PEN NEEDLES

29 GAUGE X 1/2..... 24, 33

LITE TOUCH INSULIN PEN NEEDLES

31 GAUGE X 1/4..... 24, 33

LITE TOUCH INSULIN PEN NEEDLES

31 GAUGE X 3/16..... 24, 33

LITE TOUCH INSULIN PEN NEEDLES

31 GAUGE X 5/16..... 24, 33

LITE TOUCH INSULIN SYRINGE 0.3 ML

29 GAUGE X 1/2..... 24, 33

LITE TOUCH INSULIN SYRINGE 0.3 ML

30 GAUGE X 5/16..... 24, 33

LITE TOUCH INSULIN SYRINGE 0.3 ML

31 GAUGE X 5/16..... 24, 33

LITE TOUCH INSULIN SYRINGE 0.5 ML

29 GAUGE X 1/2..... 24, 33

LITE TOUCH INSULIN SYRINGE 0.5 ML

30 GAUGE X 5/16..... 24, 33

LITE TOUCH INSULIN SYRINGE 0.5 ML

31 GAUGE X 5/16..... 24, 33

LITE TOUCH INSULIN SYRINGE 1 ML

28 GAUGE..... 24, 33

LITE TOUCH INSULIN SYRINGE 1 ML

28 GAUGE X 1/2..... 24, 33

LITE TOUCH INSULIN SYRINGE 1 ML

29 GAUGE..... 24, 33

LITE TOUCH INSULIN SYRINGE 1 ML

29 GAUGE X 1/2..... 24, 33

LITE TOUCH INSULIN SYRINGE 1 ML

30 GAUGE X 5/16..... 24, 33

LITE TOUCH INSULIN SYRINGE 1 ML

30 GAUGE X 7/16..... 24, 33

LITE TOUCH INSULIN SYRINGE 1 ML

31 GAUGE X 5/16..... 24, 33

LITE TOUCH INSULIN SYRINGE 1/2 ML

28 GAUGE..... 24, 33

LITE TOUCH INSULIN SYRINGE 1/2 ML

28 GAUGE X 1/2..... 24, 33

LITE TOUCH INSULIN SYRINGE 1/2 ML

29..... 24, 33

LITE TOUCH INSULIN SYRINGE 1/2 ML

30 GAUGE..... 24, 33

loteprednol etabonate 0.2 % eye

drops,suspension 39

M

MAGELLAN INSULIN SAFETY

SYRINGE 0.3 ML 29 GAUGE X 1/2 . 24,

33

MAGELLAN INSULIN SAFETY

SYRINGE 0.5 ML 29 GAUGE X 1/2 . 24,

33

MAGELLAN INSULIN SAFETY

SYRINGE 1 ML 29 GAUGE X 1/2 24, 33

MAGELLAN INSULIN SAFETY

SYRINGE 1 ML 30 GAUGE X 5/16 .. 24,

33

MAGELLAN SYRINGE 0.3 ML 30 X 5/16

..... 24, 33

MAGELLAN SYRINGE 0.5 ML 30

GAUGE X 5/16..... 24, 33

MAXICOMFORT II PEN NEEDLE 31

GAUGE X 1/4..... 24, 33

MAXICOMFORT INSULIN SYRINGE 1

ML 27 GAUGE X 1/2..... 24, 33

MAXI-COMFORT INSULIN SYRINGE 1

ML 28 GAUGE X 1/2..... 24, 33

MAXICOMFORT INSULIN SYRINGE 1/2

ML 27 GAUGE X 1/2..... 24, 33

MAXI-COMFORT INSULIN SYRINGE

1/2 ML 28 GAUGE X 1/2 24, 33

MAXICOMFORT SAFETY PEN NEEDLE

29 GAUGE X 3/16..... 24, 33

MAXICOMFORT SAFETY PEN NEEDLE

29 GAUGE X 5/16..... 24, 33

memantine 14 mg capsule sprinkle,extended

release 24hr 37

memantine 21 mg capsule sprinkle,extended

release 24hr 37

memantine 28 mg capsule sprinkle,extended

release 24hr 37

memantine 7 mg capsule sprinkle,extended
 release 24hr 37
 methotrexate sodium 2.5 mg tablet..... 5
 MICRODOT INSULIN PEN NEEDLE 31
 GAUGE X 1/4..... 24, 33
 MICRODOT INSULIN PEN NEEDLE 32
 GAUGE X 5/32..... 24, 33
 MICRODOT INSULIN PEN NEEDLE 33
 GAUGE X 5/32..... 24, 33
 MICRODOT READYGARD PEN
 NEEDLE 31 GAUGE X 3/16..... 24, 33
 MINI ULTRA-THIN II 31 GAUGE X 3/16
 24, 33
 MONOJECT INSULIN SAFETY
 SYRINGE 0.3 ML 30 GAUGE X 5/16 24,
 33
 MONOJECT INSULIN SAFETY
 SYRINGE 0.5 ML 29 GAUGE X 1/2 . 24,
 33
 MONOJECT INSULIN SAFETY
 SYRINGE 0.5 ML 30 GAUGE X 5/16 25,
 33
 MONOJECT INSULIN SAFETY
 SYRINGE 1 ML 29 GAUGE X 1/2 25, 33
 MONOJECT INSULIN SYRINGE 0.3 ML
 29 GAUGE X 1/2..... 25, 33
 MONOJECT INSULIN SYRINGE 0.3 ML
 30 GAUGE X 5/16..... 25, 33
 MONOJECT INSULIN SYRINGE 0.3 ML
 31 GAUGE X 5/16..... 25, 33
 MONOJECT INSULIN SYRINGE 0.5 ML
 29 GAUGE X 1/2..... 25, 33
 MONOJECT INSULIN SYRINGE 0.5 ML
 30 GAUGE X 5/16..... 25, 33
 MONOJECT INSULIN SYRINGE 0.5 ML
 31 GAUGE X 5/16..... 25, 33
 MONOJECT INSULIN SYRINGE 1 ML 25,
 33
 MONOJECT INSULIN SYRINGE 1 ML 25
 GAUGE X 5/8..... 25, 33
 MONOJECT INSULIN SYRINGE 1 ML 27
 GAUGE X 1/2..... 25, 33
 MONOJECT INSULIN SYRINGE 1 ML 28
 GAUGE X 1/2..... 25, 33
 MONOJECT INSULIN SYRINGE 1 ML 29
 GAUGE X 1/2..... 25, 33

MONOJECT INSULIN SYRINGE 1 ML 30
 GAUGE X 5/16..... 25, 33
 MONOJECT INSULIN SYRINGE 1 ML 31
 GAUGE X 5/16..... 25, 33
 MONOJECT INSULIN SYRINGE 1/2 ML
 28 GAUGE X 1/2..... 25, 33
 MONOJECT SYRINGE 1/2 ML 28
 GAUGE..... 25, 33
 MONOJECT ULTRA COMFORT
 INSULIN 1/2 ML 28 GAUGE SYRINGE
 25, 33
N
 NANO 2ND GEN PEN NEEDLE 32
 GAUGE X 5/32..... 25, 33
 NANO PEN NEEDLE 32 GAUGE X 5/32
 25, 33
 NEXLETOL 180 MG TABLET..... 14
 NEXLIZET 180 MG-10 MG TABLET... 14
 NOVOFINE 30 NEEDLE..... 25, 33
 NOVOFINE 32 32 GAUGE X 1/4 25, 33
 NOVOFINE PLUS 32 GAUGE X 1/6 25, 33
O
 omega-3 acid ethyl esters 1 gram capsule. 13
 OPIPZA 10 MG ORAL FILM..... 2
 OPIPZA 2 MG ORAL FILM..... 2
 OPIPZA 5 MG ORAL FILM..... 2
P
 PEN NEEDLE 29 GAUGE X 1/2 25, 33
 PEN NEEDLE 30 GAUGE X 5/16 25, 33
 PEN NEEDLE 31 GAUGE X 3/16 25, 33
 PEN NEEDLE 31 GAUGE X 5/16 25, 33
 PEN NEEDLE 32 GAUGE X 5/32 25, 33
 PEN NEEDLE, DIABETIC 29 GAUGE X
 1/2 25, 33
 PEN NEEDLE, DIABETIC 29 GAUGE X
 15/32 25, 33
 PEN NEEDLE, DIABETIC 30 GAUGE X
 3/16 25, 33
 PEN NEEDLE, DIABETIC 30 GAUGE X
 5/16 25, 33
 PEN NEEDLE, DIABETIC 31 GAUGE X
 1/3 25, 33
 PEN NEEDLE, DIABETIC 31 GAUGE X
 1/4 25, 33
 PEN NEEDLE, DIABETIC 31 GAUGE X
 1/6 25, 33

PEN NEEDLE, DIABETIC 31 GAUGE X 13/64	25, 33	PIP PEN NEEDLE 31 GAUGE X 3/16... 26, 33	
PEN NEEDLE, DIABETIC 31 GAUGE X 15/64	25, 33	PIP PEN NEEDLE 32 GAUGE X 5/32... 26, 33	
PEN NEEDLE, DIABETIC 31 GAUGE X 3/16	25, 33	PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4.....	26, 33
PEN NEEDLE, DIABETIC 31 GAUGE X 5/16	25, 33	PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 5/16.....	26, 33
PEN NEEDLE, DIABETIC 31 GAUGE X 5/32	25, 33	PRO COMFORT ALCOHOL PADS. 26, 33	
PEN NEEDLE, DIABETIC 32 GAUGE X 1/4	25, 33	PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2.....	26, 33
PEN NEEDLE, DIABETIC 32 GAUGE X 3/16	25, 33	PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16.....	26, 33
PEN NEEDLE, DIABETIC 32 GAUGE X 5/16	25, 33	PRO COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16.....	26, 33
PEN NEEDLE, DIABETIC 32 GAUGE X 5/32	25, 33	PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2.....	26, 33
PEN NEEDLE, DIABETIC 33 GAUGE X 1/4	25, 33	PRO COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16.....	26, 33
PEN NEEDLE, DIABETIC 33 GAUGE X 3/16	25, 33	PRO COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16.....	26, 33
PEN NEEDLE, DIABETIC 33 GAUGE X 5/32	25, 33	PRO COMFORT PEN NEEDLE 32 GAUGE X 1/4.....	26, 33
PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 5/32.....	25, 33	PRO COMFORT PEN NEEDLE 32 GAUGE X 3/16.....	26, 33
PENTIPS PEN NEEDLE 29 GAUGE X 1/2	25, 33	PRO COMFORT PEN NEEDLE 32 GAUGE X 5/16.....	26, 33
PENTIPS PEN NEEDLE 31 GAUGE X 1/4	26, 33	PRO COMFORT PEN NEEDLE 32 GAUGE X 5/32.....	26, 33
PENTIPS PEN NEEDLE 31 GAUGE X 3/16	26, 33	PRO-COMFORT ALCOHOL PADS. 26, 33	
PENTIPS PEN NEEDLE 31 GAUGE X 5/16	26, 33	PRODIGY INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16.....	26, 33
PENTIPS PEN NEEDLE 32 GAUGE X 1/4	26, 33	PRODIGY INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16.....	26, 33
PENTIPS PEN NEEDLE 32 GAUGE X 5/32	26, 33	PRODIGY INSULIN SYRINGE 1 ML 28 GAUGE X 1/2.....	26, 33
perampanel 0.5 mg/ml oral suspension.....	40	PURE COMFORT ALCOHOL PADS 26, 33	
perampanel 10 mg tablet.....	40	PURE COMFORT PEN NEEDLE 32 GAUGE X 1/4.....	26, 33
perampanel 12 mg tablet.....	40	PURE COMFORT PEN NEEDLE 32 GAUGE X 3/16.....	26, 33
perampanel 2 mg tablet.....	40	PURE COMFORT PEN NEEDLE 32 GAUGE X 5/16.....	26, 33
perampanel 4 mg tablet.....	40	PURE COMFORT PEN NEEDLE 32 GAUGE X 5/32.....	26, 33
perampanel 6 mg tablet.....	40		
perampanel 8 mg tablet.....	40		

PURE COMFORT SAFETY PEN NEEDLE
 31 GAUGE X 1/4..... 26, 33
 PURE COMFORT SAFETY PEN NEEDLE
 31 GAUGE X 3/16..... 26, 33
 PURE COMFORT SAFETY PEN NEEDLE
 32 GAUGE X 5/32..... 26, 33
R
 RASUVO (PF) 10 MG/0.2 ML
 SUBCUTANEOUS AUTO-INJECTOR
 38
 RASUVO (PF) 12.5 MG/0.25 ML
 SUBCUTANEOUS AUTO-INJECTOR
 38
 RASUVO (PF) 15 MG/0.3 ML
 SUBCUTANEOUS AUTO-INJECTOR
 38
 RASUVO (PF) 17.5 MG/0.35 ML
 SUBCUTANEOUS AUTO-INJECTOR
 38
 RASUVO (PF) 20 MG/0.4 ML
 SUBCUTANEOUS AUTO-INJECTOR
 38
 RASUVO (PF) 22.5 MG/0.45 ML
 SUBCUTANEOUS AUTO-INJECTOR
 38
 RASUVO (PF) 25 MG/0.5 ML
 SUBCUTANEOUS AUTO-INJECTOR
 38
 RASUVO (PF) 30 MG/0.6 ML
 SUBCUTANEOUS AUTO-INJECTOR
 38
 RASUVO (PF) 7.5 MG/0.15 ML
 SUBCUTANEOUS AUTO-INJECTOR
 38
 REPATHA PUSHTRONEX 420 MG/3.5
 ML SUBCUTANEOUS WEARABLE
 INJECTOR..... 14
 REPATHA SURECLICK 140 MG/ML
 SUBCUTANEOUS PEN INJECTOR.. 14
 REPATHA SYRINGE 140 MG/ML
 SUBCUTANEOUS SYRINGE 14
 rufinamide 200 mg tablet..... 41
 rufinamide 40 mg/ml oral suspension..... 41
 rufinamide 400 mg tablet..... 41

S
 SAFESNAP INSULIN SYRINGE 0.3 ML
 30 GAUGE X 5/16..... 26, 33
 SAFESNAP INSULIN SYRINGE 0.5 ML
 29 GAUGE X 1/2..... 26, 33
 SAFESNAP INSULIN SYRINGE 0.5 ML
 30 GAUGE X 5/16..... 26, 33
 SAFESNAP INSULIN SYRINGE 1 ML 28
 GAUGE X 1/2..... 26, 33
 SAFESNAP INSULIN SYRINGE 1 ML 29
 GAUGE X 1/2..... 26, 33
 SAFETY PEN NEEDLE 31 GAUGE X
 3/16 26, 33
 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
 SECURES SAFE INSULIN SYRINGE 0.5
 ML 29 GAUGE X 1/2..... 26, 33
 SECURES SAFE INSULIN SYRINGE 1 ML
 29 GAUGE X 1/2..... 26, 33
 SECURES SAFE PEN NEEDLE 30 GAUGE
 X 5/16..... 26, 33
 SECURES SAFE PEN NEEDLE 31 GAUGE
 X 3/16..... 26, 33
 SIMPLI PEN NEEDLE 32 GAUGE X 5/32
 26, 33
 SKY SAFETY PEN NEEDLE 30 GAUGE
 X 3/16..... 26, 33
 SKY SAFETY PEN NEEDLE 30 GAUGE
 X 5/16..... 26, 33
 SPRITAM 1,000 MG TABLET FOR ORAL
 SUSPENSION 43
 SPRITAM 250 MG TABLET FOR ORAL
 SUSPENSION 43
 SPRITAM 500 MG TABLET FOR ORAL
 SUSPENSION 43
 SPRITAM 750 MG TABLET FOR ORAL
 SUSPENSION 43
 STERILE PADS 2 26, 33
 SURE COMFORT ALCOHOL PREP
 PADS 26, 33
 SURE COMFORT INSULIN SYRINGE 0.3
 ML 29 GAUGE X 1/2..... 26, 33

SURE COMFORT INSULIN SYRINGE 0.3
ML 30 GAUGE X 1/2..... 27, 33

SURE COMFORT INSULIN SYRINGE 0.3
ML 30 GAUGE X 5/16..... 27, 33

SURE COMFORT INSULIN SYRINGE 0.3
ML 31 GAUGE X 1/4..... 27, 33

SURE COMFORT INSULIN SYRINGE 0.3
ML 31 GAUGE X 5/16..... 27, 33

SURE COMFORT INSULIN SYRINGE 0.5
ML 30 GAUGE X 1/2..... 27, 33

SURE COMFORT INSULIN SYRINGE 0.5
ML 30 GAUGE X 5/16..... 27, 33

SURE COMFORT INSULIN SYRINGE 0.5
ML 31 GAUGE X 5/16..... 27, 33

SURE COMFORT INSULIN SYRINGE 1
ML 28 GAUGE X 1/2..... 27, 33

SURE COMFORT INSULIN SYRINGE 1
ML 29 GAUGE X 1/2..... 27, 33

SURE COMFORT INSULIN SYRINGE 1
ML 30 GAUGE X 1/2..... 27, 33

SURE COMFORT INSULIN SYRINGE 1
ML 30 GAUGE X 5/16..... 27, 33

SURE COMFORT INSULIN SYRINGE 1
ML 31 GAUGE X 1/4..... 27, 33

SURE COMFORT INSULIN SYRINGE 1
ML 31 GAUGE X 5/16..... 27, 33

SURE COMFORT INSULIN SYRINGE
1/2 ML 28 GAUGE X 1/2 27, 33

SURE COMFORT INSULIN SYRINGE
1/2 ML 31 GAUGE X 1/4 27, 33

SURE COMFORT INSULIN SYRINGE U-
100 0.5 ML 29 GAUGE X 1/2..... 27, 33

SURE COMFORT PEN NEEDLE 29
GAUGE X 1/2..... 27, 33

SURE COMFORT PEN NEEDLE 30
GAUGE X 5/16..... 27, 33

SURE COMFORT PEN NEEDLE 31
GAUGE X 3/16..... 27, 33

SURE COMFORT PEN NEEDLE 31
GAUGE X 5/16..... 27, 33

SURE COMFORT PEN NEEDLE 32
GAUGE X 1/4..... 27, 33

SURE COMFORT PEN NEEDLE 32
GAUGE X 5/32..... 27, 33

SURE COMFORT SAFETY PEN NEEDLE
31 GAUGE X 1/4..... 27, 33

SURE COMFORT SAFETY PEN NEEDLE
32 GAUGE X 5/32..... 27, 33

SURE-FINE PEN NEEDLES 29 GAUGE X
1/2 27, 33

SURE-FINE PEN NEEDLES 31 GAUGE X
3/16 27, 33

SURE-FINE PEN NEEDLES 31 GAUGE X
5/16 27, 33

SURE-JECT INSULIN SYRINGE 0.3 ML
29 GAUGE X 1/2..... 27, 33

SURE-JECT INSULIN SYRINGE 0.3 ML
30 GAUGE X 5/16..... 27, 33

SURE-JECT INSULIN SYRINGE 0.5 ML
29 GAUGE X 1/2..... 27, 33

SURE-JECT INSULIN SYRINGE 0.5 ML
30 GAUGE X 5/16..... 27, 33

SURE-JECT INSULIN SYRINGE 1 ML 28
GAUGE X 1/2..... 27, 33

SURE-JECT INSULIN SYRINGE 1 ML 29
GAUGE X 1/2..... 27, 33

SURE-JECT INSULIN SYRINGE 1 ML 30
GAUGE X 5/16..... 27, 33

SURE-JECT INSULIN SYRINGE 1 ML 31
GAUGE X 5/16..... 27, 33

SURE-JECT INSULIN SYRINGE 1/2 ML
28 GAUGE X 1/2..... 27, 33

SURE-PREP ALCOHOL PREP PADS .. 27,
33

SYRINGE WITH NEEDLE, SAFETY 0.5
ML 30 GAUGE X 1/2..... 27, 33

T

TECHLITE INSULIN SYRINGE (HALF
UNIT) 0.3 ML 29 GAUGE X 1/2... 27, 33

TECHLITE INSULIN SYRINGE (HALF
UNIT) 0.3 ML 30 GAUGE X 5/16. 27, 33

TECHLITE INSULIN SYRINGE (HALF
UNIT) 0.3 ML 31 GAUGE X 15/64 27, 33

TECHLITE INSULIN SYRINGE (HALF
UNIT) 0.3 ML 31 GAUGE X 5/16. 27, 33

TECHLITE INSULIN SYRINGE (HALF
UNIT) 0.5 ML 30 GAUGE X 1/2... 27, 33

TECHLITE INSULIN SYRINGE (HALF
UNIT) 0.5 ML 30 GAUGE X 5/16. 27, 33

TECHLITE INSULIN SYRINGE (HALF
UNIT) 0.5 ML 31 GAUGE X 15/64 27, 33

TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16.	27, 33	THINPRO INSULIN SYRINGE 0.3 ML 30 X 3/8.....	28, 33
TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2.....	28, 33	THINPRO INSULIN SYRINGE 0.3 ML 31 X 3/8.....	28, 33
TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2.....	28, 33	THINPRO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2.....	28, 33
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64.....	28, 33	THINPRO INSULIN SYRINGE 0.5 ML 31 X 3/8.....	28, 33
TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16.....	28, 33	THINPRO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2.....	28, 33
TECHLITE PEN NEEDLE 29 GAUGE X 1/2	28, 33	THINPRO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2.....	28, 33
TECHLITE PEN NEEDLE 29 GAUGE X 3/8	28, 33	THINPRO INSULIN SYRINGE 1 ML 30 GAUGE X 3/8.....	28, 33
TECHLITE PEN NEEDLE 31 GAUGE X 1/4	28, 33	THINPRO INSULIN SYRINGE 1 ML 31 X 3/8	28, 33
TECHLITE PEN NEEDLE 31 GAUGE X 3/16	28, 33	THINPRO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2.....	28, 33
TECHLITE PEN NEEDLE 31 GAUGE X 5/16	28, 33	THINPRO INSULIN SYRINGE 1/2 ML 30 X 3/8.....	28, 33
TECHLITE PEN NEEDLE 32 GAUGE X 1/4	28, 33	topiramate 25 mg/ml oral solution.....	11
TECHLITE PEN NEEDLE 32 GAUGE X 5/16	28, 33	TRUE COMFORT ALCOHOL PADS ...	28, 33
TECHLITE PEN NEEDLE 32 GAUGE X 5/32	28, 33	TRUE COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16.....	28, 33
TECHLITE PLUS PEN NEEDLE 32 GAUGE X 5/32.....	28, 33	TRUE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16.....	28, 33
TERUMO INSULIN SYRINGE 0.3 ML 30 X 3/8.....	28, 33	TRUE COMFORT PEN NEEDLE 31 GAUGE X 1/4.....	28, 33
TERUMO INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2.....	28, 33	TRUE COMFORT PEN NEEDLE 31 GAUGE X 3/16.....	28, 33
TERUMO INSULIN SYRINGE 1 ML 27 GAUGE X 1/2.....	28, 33	TRUE COMFORT PEN NEEDLE 31 GAUGE X 5/16.....	28, 33
TERUMO INSULIN SYRINGE 1 ML 28 GAUGE X 1/2.....	28, 33	TRUE COMFORT PEN NEEDLE 32 GAUGE X 1/4.....	28, 33
TERUMO INSULIN SYRINGE 1 ML 29 GAUGE X 1/2.....	28, 33	TRUE COMFORT PEN NEEDLE 32 GAUGE X 3/16.....	28, 33
TERUMO INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2.....	28, 33	TRUE COMFORT PEN NEEDLE 32 GAUGE X 5/32.....	28, 33
TERUMO INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2.....	28, 33	TRUE COMFORT PEN NEEDLE 33 GAUGE X 1/4.....	28, 33
TERUMO INSULIN SYRINGE 1/2 ML 30 X 3/8.....	28, 33	TRUE COMFORT PEN NEEDLE 33 GAUGE X 3/16.....	28, 33
THINPRO INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2.....	28, 33	TRUE COMFORT PEN NEEDLE 33 GAUGE X 5/32.....	28, 33

TRUE COMFORT PRO ALCOHOL PADS
 28, 33
 TRUE COMFORT PRO INS SYRINGE 0.5
 ML 30 GAUGE X 1/2..... 28, 33
 TRUE COMFORT PRO INS SYRINGE 0.5
 ML 30 GAUGE X 5/16..... 29, 33
 TRUE COMFORT PRO INS SYRINGE 0.5
 ML 31 GAUGE X 5/16..... 29, 33
 TRUE COMFORT PRO INS SYRINGE 1
 ML 30 GAUGE X 1/2..... 29, 33
 TRUE COMFORT PRO INS SYRINGE 1
 ML 30 GAUGE X 5/16..... 29, 33
 TRUE COMFORT PRO INS SYRINGE 1
 ML 31 GAUGE X 5/16..... 29, 33
 TRUE COMFORT PRO INS SYRINGE 1
 ML 32 GAUGE X 5/16..... 29, 33
 TRUE COMFORT PRO INS SYRINGE 1/2
 ML 32 GAUGE X 5/16..... 29, 33
 TRUE COMFORT SAFETY INSULIN
 SYRINGE 0.5 ML 30 GAUGE X 1/2 . 29,
 33
 TRUE COMFORT SAFETY INSULIN
 SYRINGE 0.5 ML 30 GAUGE X 5/16 29,
 33
 TRUE COMFORT SAFETY INSULIN
 SYRINGE 0.5 ML 31 GAUGE X 5/16 29,
 33
 TRUE COMFORT SAFETY INSULIN
 SYRINGE 1 ML 30 GAUGE X 1/2 29, 33
 TRUE COMFORT SAFETY INSULIN
 SYRINGE 1 ML 30 GAUGE X 5/16 .. 29,
 33
 TRUE COMFORT SAFETY INSULIN
 SYRINGE 1 ML 31 GAUGE X 5/16 .. 29,
 33
 TRUE COMFORT SAFETY INSULIN
 SYRINGE 1 ML 32 GAUGE X 5/16 .. 29,
 33
 TRUE COMFORT SAFETY PEN
 NEEDLE 31 GAUGE X 1/4..... 29, 33
 TRUE COMFORT SAFETY PEN
 NEEDLE 31 GAUGE X 3/16..... 29, 33
 TRUE COMFORT SAFETY PEN
 NEEDLE 32 GAUGE X 5/32..... 29, 33
 TRUE-COMFORT PRO PEN NEEDLE 31
 GAUGE X 15/64..... 29, 33

TRUE-COMFORT PRO PEN NEEDLE 31
 GAUGE X 3/16..... 29, 33
 TRUE-COMFORT PRO PEN NEEDLE 31
 GAUGE X 5/16..... 29, 33
 TRUE-COMFORT PRO PEN NEEDLE 32
 GAUGE X 5/32..... 29, 33
 TRUEPLUS INSULIN 0.3 ML 29 GAUGE
 X 1/2..... 29, 33
 TRUEPLUS INSULIN 0.3 ML 30 GAUGE
 X 5/16..... 29, 33
 TRUEPLUS INSULIN 0.3 ML 31 GAUGE
 X 5/16..... 29, 33
 TRUEPLUS INSULIN 0.5 ML 29 GAUGE
 X 1/2..... 29, 33
 TRUEPLUS INSULIN 0.5 ML 30 GAUGE
 X 5/16..... 29, 33
 TRUEPLUS INSULIN 0.5 ML 31 GAUGE
 X 5/16..... 29, 33
 TRUEPLUS INSULIN 1 ML 28 GAUGE X
 1/2 29, 33
 TRUEPLUS INSULIN 1 ML 29 GAUGE X
 1/2 29, 33
 TRUEPLUS INSULIN 1 ML 30 GAUGE X
 5/16 29, 33
 TRUEPLUS INSULIN 1 ML 31 GAUGE X
 5/16 29, 33
 TRUEPLUS INSULIN 1/2 ML 28 GAUGE
 X 1/2..... 29, 33
 TRUEPLUS PEN NEEDLE 29 GAUGE X
 1/2 29, 33
 TRUEPLUS PEN NEEDLE 31 GAUGE X
 1/4 29, 33
 TRUEPLUS PEN NEEDLE 31 GAUGE X
 3/16 29, 33
 TRUEPLUS PEN NEEDLE 31 GAUGE X
 5/16 29, 33
 TRUEPLUS PEN NEEDLE 32 GAUGE X
 5/32 29, 33
U
 ULTICARE 0.3 ML 30 GAUGE X 1/2... 29,
 33
 ULTICARE 0.3 ML 31 GAUGE X 5/16. 29,
 33
 ULTICARE 0.5 ML 30 GAUGE X 1/2... 29,
 33

ULTICARE 0.5 ML 31 GAUGE X 5/16. 29, 33
 ULTICARE 1 ML 30 GAUGE X 1/2. 29, 33
 ULTICARE 1 ML 31 GAUGE X 5/16 29, 33
 ULTICARE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 1/4... 29, 33
 ULTICARE INSULIN SYRINGE 0.3 ML 31 GAUGE X 1/4..... 29, 33
 ULTICARE INSULIN SYRINGE 1 ML 31 GAUGE X 1/4..... 29, 33
 ULTICARE INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4..... 30, 33
 ULTICARE PEN NEEDLE 29 GAUGE X 1/2 30, 33
 ULTICARE PEN NEEDLE 31 GAUGE X 1/4 30, 33
 ULTICARE PEN NEEDLE 31 GAUGE X 3/16 30, 33
 ULTICARE PEN NEEDLE 31 GAUGE X 5/16 30, 33
 ULTICARE PEN NEEDLE 32 GAUGE X 1/4 30, 33
 ULTICARE PEN NEEDLE 32 GAUGE X 5/32 30, 33
 ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 3/16..... 30, 33
 ULTICARE SAFETY PEN NEEDLE 30 GAUGE X 5/16..... 30, 33
 ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 30 X 1/2 30, 33
 ULTIGUARD SAFEPACK-INSULIN SYRINGE 0.3 ML 31 X 5/16 30, 33
 ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 30 X 1/2 30, 33
 ULTIGUARD SAFEPACK-INSULIN SYRINGE 1 ML 31 X 5/16 30, 33
 ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 30 X 1/2 30, 33
 ULTIGUARD SAFEPACK-INSULIN SYRINGE 1/2 ML 31 X 5/16 30, 33
 ULTIGUARD SAFEPACK-PEN NEEDLE 29 GAUGE X 1/2..... 30, 33
 ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 1/4..... 30, 33
 ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 3/16..... 30, 33

ULTIGUARD SAFEPACK-PEN NEEDLE 31 GAUGE X 5/16..... 30, 33
 ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 1/4..... 30, 33
 ULTIGUARD SAFEPACK-PEN NEEDLE 32 GAUGE X 5/32..... 30, 33
 ULTILET ALCOHOL SWAB 30, 33
 ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE..... 30, 33
 ULTILET INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2..... 30, 33
 ULTILET INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16..... 30, 33
 ULTILET INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16..... 30, 33
 ULTILET INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2..... 30, 33
 ULTILET INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16..... 30, 33
 ULTILET INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16..... 30, 33
 ULTILET INSULIN SYRINGE 1 ML 29 GAUGE..... 30, 33
 ULTILET INSULIN SYRINGE 1 ML 29 GAUGE X 1/2..... 30, 33
 ULTILET INSULIN SYRINGE 1 ML 30 GAUGE X 5/16..... 30, 33
 ULTILET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16..... 30, 33
 ULTILET INSULIN SYRINGE 1/2 ML 29 30, 33
 ULTILET INSULIN SYRINGE 1/2 ML 30 30, 33
 ULTILET PEN NEEDLE 29 GAUGE 30, 33
 ULTILET PEN NEEDLE 32 GAUGE X 5/32 30, 33
 ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2 30, 33
 ULTRA COMFORT INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16 30, 33
 ULTRA COMFORT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2..... 30, 33
 ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30..... 30, 33
 ULTRA COMFORT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16..... 30, 33

ULTRA COMFORT INSULIN SYRINGE
 0.5 ML 29 GAUGE X 1/2..... 30, 33
 ULTRA COMFORT INSULIN SYRINGE
 0.5 ML 30 GAUGE X 5/16..... 30, 33
 ULTRA COMFORT INSULIN SYRINGE
 0.5 ML 31 GAUGE X 5/16..... 30, 33
 ULTRA COMFORT INSULIN SYRINGE
 1 ML 28 GAUGE X 1/2..... 30, 33
 ULTRA COMFORT INSULIN SYRINGE
 1 ML 29 GAUGE X 1/2..... 31, 33
 ULTRA COMFORT INSULIN SYRINGE
 1 ML 30 GAUGE X 5/16..... 31, 33
 ULTRA COMFORT INSULIN SYRINGE
 1 ML 30 GAUGE X 7/16..... 31, 33
 ULTRA COMFORT INSULIN SYRINGE
 1 ML 31 GAUGE X 5/16..... 31, 33
 ULTRA COMFORT INSULIN SYRINGE
 1/2 ML 28 GAUGE X 1/2 31, 33
 ULTRA COMFORT INSULIN SYRINGE
 1/2 ML 29 31, 33
 ULTRA COMFORT INSULIN SYRINGE
 1/2 ML 30 GAUGE 31, 33
 ULTRA FLO INSULIN SYRINGE (HALF
 UNIT) 0.3 ML 30 GAUGE X 1/2... 31, 33
 ULTRA FLO INSULIN SYRINGE (HALF
 UNIT) 0.3 ML 30 GAUGE X 5/16. 31, 33
 ULTRA FLO INSULIN SYRINGE (HALF
 UNIT) 0.3 ML 31 GAUGE X 5/16. 31, 33
 ULTRA FLO INSULIN SYRINGE 0.3 ML
 29 GAUGE X 1/2..... 31, 33
 ULTRA FLO INSULIN SYRINGE 0.3 ML
 30 GAUGE X 5/16..... 31, 33
 ULTRA FLO INSULIN SYRINGE 0.3 ML
 31 GAUGE X 5/16..... 31, 33
 ULTRA FLO INSULIN SYRINGE 0.5 ML
 29 GAUGE X 1/2..... 31, 33
 ULTRA FLO PEN NEEDLE 29 GAUGE X
 1/2 31, 33
 ULTRA FLO PEN NEEDLE 31 GAUGE X
 3/16 31, 33
 ULTRA FLO PEN NEEDLE 31 GAUGE X
 5/16 31, 33
 ULTRA FLO PEN NEEDLE 32 GAUGE X
 5/32 31, 33
 ULTRA FLO PEN NEEDLE 33 GAUGE X
 5/32 31, 33

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

ULTRA-FINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16.....	31, 33	UNIFINE PENTIPS 29 GAUGE X 1/2... 32, 33
ULTRA-FINE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64.....	31, 33	UNIFINE PENTIPS 31 GAUGE X 1/4... 32, 33
ULTRA-FINE PEN NEEDLE 29 GAUGE X 1/2.....	32, 33	UNIFINE PENTIPS 31 GAUGE X 3/16. 32, 33
ULTRA-FINE PEN NEEDLE 31 GAUGE X 3/16.....	32, 33	UNIFINE PENTIPS 31 GAUGE X 5/16. 32, 33
ULTRA-FINE PEN NEEDLE 31 GAUGE X 5/16.....	32, 33	UNIFINE PENTIPS 32 GAUGE X 1/4... 32, 33
ULTRA-FINE PEN NEEDLE 32 GAUGE X 1/4.....	32, 33	UNIFINE PENTIPS 32 GAUGE X 5/32. 32, 33
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16 32, 33		UNIFINE PENTIPS 33 GAUGE X 5/32. 32, 33
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16 32, 33		UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16..... 32, 33
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16 32, 33		UNIFINE PENTIPS PLUS 29 GAUGE X 1/2 32, 33
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16 32, 33		UNIFINE PENTIPS PLUS 31 GAUGE X 1/4 32, 33
ULTRA-THIN II (SHORT) INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16 32, 33		UNIFINE PENTIPS PLUS 31 GAUGE X 3/16 32, 33
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 30 GAUGE X 5/16 .. 32, 33		UNIFINE PENTIPS PLUS 31 GAUGE X 5/16 32, 33
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 .. 32, 33		UNIFINE PENTIPS PLUS 32 GAUGE X 5/32 32, 33
ULTRA-THIN II (SHORT) INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 .. 32, 33		UNIFINE PENTIPS PLUS 33 GAUGE X 5/32 32, 33
ULTRA-THIN II (SHORT) PEN NDL 31 GAUGE X 5/16.....	32, 33	UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16..... 32, 33
ULTRA-THIN II INSULIN PEN NEEDLES 29 GAUGE X 1/2.....	32, 33	UNIFINE PROTECT 30 GAUGE X 3/16 32, 33
ULTRA-THIN II INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2.....	32, 33	UNIFINE PROTECT 30 GAUGE X 5/16 32, 33
ULTRA-THIN II INSULIN SYRINGE 1 ML 29 GAUGE X 1/2.....	32, 33	UNIFINE PROTECT 32 GAUGE X 5/32 32, 33
UNIFINE OTC PEN NEEDLE 31 GAUGE X 3/16.....	32, 33	UNIFINE SAFECONTROL PEN NEEDLE 30 GAUGE X 3/16..... 32, 33
UNIFINE OTC PEN NEEDLE 32 GAUGE X 5/32.....	32, 33	UNIFINE SAFECONTROL PEN NEEDLE 30 GAUGE X 5/16..... 32, 33
UNIFINE PEN NEEDLE 32 GAUGE X 5/32	32, 33	UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 1/4..... 32, 33
UNIFINE PENTIPS 29 GAUGE NEEDLE	32, 33	UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 3/16..... 32, 33
		UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 5/16..... 32, 33

UNIFINE SAFECONTROL PEN NEEDLE 32 GAUGE X 5/32.....	32, 33	VERIFINE PLUS PEN NEEDLE 31 GAUGE X 5/16.....	33
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 1/4.....	32, 33	VERIFINE PLUS PEN NEEDLE 32 GAUGE X 5/32.....	33
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 3/16.....	32, 33	VERIFINE PLUS PEN NEEDLE-SHARPS CONTAINER 32 GAUGE X 5/32	33
UNIFINE ULTRA PEN NEEDLE 31 GAUGE X 5/16.....	32, 33	VERSACLOZ 50 MG/ML ORAL SUSPENSION	7
UNIFINE ULTRA PEN NEEDLE 32 GAUGE X 5/32.....	32, 33	VERSALON 2	33
V		VRAYLAR 0.5 MG CAPSULE	6
VANISHPOINT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16.....	33	VRAYLAR 0.75 MG CAPSULE	6
VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16.....	33	VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK	6
VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2.....	33	VRAYLAR 1.5 MG CAPSULE	6
VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2.....	33	VRAYLAR 3 MG CAPSULE	6
VERIFINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16.....	33	VRAYLAR 4.5 MG CAPSULE	6
VERIFINE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2.....	33	VRAYLAR 6 MG CAPSULE	6
VERIFINE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16.....	33	W	
VERIFINE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2.....	33	WEBCOL TOPICAL PADS.....	33
VERIFINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16.....	33	X	
VERIFINE PEN NEEDLE 29 GAUGE X 1/2	33	XARELTO 2.5 MG TABLET	45
VERIFINE PEN NEEDLE 31 GAUGE X 1/4	33	XATMEP 2.5 MG/ML ORAL SOLUTION5	
VERIFINE PEN NEEDLE 31 GAUGE X 3/16	33		
VERIFINE PEN NEEDLE 31 GAUGE X 5/16	33		
VERIFINE PEN NEEDLE 32 GAUGE X 1/4	33		
VERIFINE PEN NEEDLE 32 GAUGE X 3/16	33		
VERIFINE PEN NEEDLE 32 GAUGE X 5/32	33		
VERIFINE PLUS PEN NEEDLE 31 GAUGE X 3/16.....	33		

MyTruAdvantage has HMO and PPO plans with a Medicare contract. Enrollment in MyTruAdvantage depends on contract renewal.