GOLD KIDNEY HEALTH PLAN

Requisitos de Terapia Escalonada (Step Therapy) 11/1/2026

AMANTADINE ER

Productos Afectados

Paso 2:

- OSMOLEX ER 129 MG TABLETA DE LIBERACIÓN PROLONGADA
- OSMOLEX ER 193 MG TABLETA DE LIBERACIÓN PROLONGADA
- OSMOLEX ER 258 MG TABLETA DE LIBERACIÓN PROLONGADA
- OSMOLEX ER 322 MG/DÍA (129 MG AND 193 MG) TABLETA DE LIBERACIÓN PROLONGADA

Detalles

Criterios	RECLAMACIÓN PREVIA DE AMANTADINE HCL DE LIBERACIÓN INMEDIATA EN LOS ÚLTIMOS 120 DÍAS.

AMLODIPINE SUSPENSIÓN ORAL

Productos Afectados

Paso 2:

- KATERZIA 1 MG/ML SUSPENSIÓN ORAL

Detalles

Criterios	RECLAMACIÓN PREVIA DE TABLETAS DE AMLODIPINE EN LOS ÚLTIMOS 120 DÍAS.

AGENTES ANTIINFLAMATORIOS - GI

Productos Afectados

Paso 2:

- DIPENTUM 250 MG CÁPSULA

Detalles

Criterios	RECLAMACIÓN PREVIA DE LA VERSIÓN DEL FORMULARIO DE 1 DE LOS SIGUIENTES: BALSALAZIDE, MESALAMINE 400 MG CAP (DRTAB), MESALAMINE DR 800 MG TAB, MESALAMINE 0.375G ER CAP, O MESALAMINE 1.2G DR TAB EN LOS ÚLTIMOS 120 DÍAS

AGENTES ANTIULCEROSOS

Productos Afectados

Paso 2:

- *esomeprazole magnesium dr 10 mg gránulos de liberación retardada para suspensión*
- *esomeprazole magnesium dr 20 mg gránulos de liberación retardada para suspensión*
- *esomeprazole magnesium dr 40 mg gránulos de liberación retardada para suspensión*
- *omeprazole 20 mg-sodium bicarbonate 1.1 gramo cápsula*
- *omeprazole 40 mg-sodium bicarbonate 1.1 gramo cápsula*

Detalles

Criterios	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CÁPSULAS, ESOMEPRAZOLE MAG CÁPSULAS, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.

ARIPIPRAZOLE PELÍCULA

Productos Afectados

Paso 2:

- OPIPZA 10 MG PELÍCULA ORAL
- OPIPZA 2 MG PELÍCULA ORAL
- OPIPZA 5 MG PELÍCULA ORAL

Detalles

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

ARIPIPRAZOLE ODT

Productos Afectados

Paso 2:

- *aripiprazole 10 mg tableta de desintegración*
- *aripiprazole 15 mg tableta de desintegración*

Detalles

Criterios	RECLAMACIÓN PREVIA DE UN ANTIPSICÓTICO ORAL DEL FORMULARIO: RISPERIDONE, CLOZAPINE EN TABLETA, OLANZAPINE, QUETIAPINE FUMARATE DE LIBERACIÓN INMEDIATA, ZIPRASIDONE, ARIPIPRAZOLE (TAB, PELÍCULA, SOLUCIÓN), ASENAPINE, PALIPERIDONE, LURASIDONE EN LOS ÚLTIMOS 120 DÍAS.

ASENAPINE PARCHE

Productos Afectados

Paso 2:

- SECUADO 3.8 MG/24 HORAS PARCHE TRANSDÉRMICO DE 24 HORAS
- SECUADO 5.7 MG/24 HORAS PARCHE TRANSDÉRMICO DE 24 HORAS
- SECUADO 7.6 MG/24 HORAS PARCHE TRANSDÉRMICO DE 24 HORAS

Detalles

Criterios	RECLAMACIÓN DE 2 ANTIPSICÓTICOS ORALES GENÉRICOS DEL FORMULARIO: LURASIDONE, RISPERIDONE, CLOZAPINE EN TABLETA, OLANZAPINE, QUETIAPINE FUMARATE DE LIBERACIÓN INMEDIATA, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE EN LOS ÚLTIMOS 365 DÍAS.

B VERSUS D PASO ADMINISTRATIVO

Productos Afectados

Paso 2:

- *cyclophosphamide 25 mg cápsula*
- *cyclophosphamide 25 mg tableta*
- *cyclophosphamide 50 mg cápsula*
- *cyclophosphamide 50 mg tableta*
- JYLAMVO 2 MG/ML SOLUCIÓN ORAL
- *methotrexate sodium 2.5 mg tableta*
- XATMEP 2.5 MG/ML SOLUCIÓN ORAL

Detalles

Criterios	PARA AYUDAR A DETERMINAR EL PAGO DE LA PARTE B VS. D, UNA RECLAMACIÓN PREVIA DE UN MEDICAMENTO PARA ARTRITIS REUMATOIDE, PSORIASIS O ARTRITIS IDIOPÁTICA JUVENIL POLIARTICULAR ACTIVA EN LOS ÚLTIMOS 120 DÍAS CALIFICARÁ PARA EL PAGO DE LA PARTE D. TODAS LAS DEMÁS INDICACIONES REQUERIRÁN UNA DETERMINACIÓN DE PAGO DE LA PARTE B VS. D A TRAVÉS DEL PROCESO DE EXCEPCIÓN DEL FORMULARIO ANTES DE LA APROBACIÓN DEL MEDICAMENTO.

CARIPRAZINE

Productos Afectados

Paso 2:

- VRAYLAR 0.5 MG CÁPSULA
- VRAYLAR 0.75 MG CÁPSULA
- VRAYLAR 1.5 MG CÁPSULA
- VRAYLAR 3 MG CÁPSULA
- VRAYLAR 4.5 MG CÁPSULA
- VRAYLAR 6 MG CÁPSULA

Detalles

Criterios	RECLAMACIÓN DE 2 ANTIPSICÓTICOS ORALES GENÉRICOS DEL FORMULARIO: LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE FUMARATE DE LIBERACIÓN INMEDIATA, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE EN LOS ÚLTIMOS 365 DÍAS.

CLOZAPINE

Productos Afectados

Paso 2:

- *clozapine 100 mg tableta de desintegración*
- *clozapine 12.5 mg tableta de desintegración*
- *clozapine 150 mg tableta de desintegración*
- *clozapine 200 mg tableta de desintegración*
- *clozapine 25 mg tableta de desintegración*
- VERSACLOZ 50 MG/ML SUSPENSIÓN ORAL

Detalles

Criterios	RECLAMACIÓN PREVIA DE UN ANTIPSICÓTICO ORAL DEL FORMULARIO: RISPERIDONE, CLOZAPINE EN TABLETA, OLANZAPINE, QUETIAPINE FUMARATE DE LIBERACIÓN INMEDIATA, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE, LURASIDONE EN LOS ÚLTIMOS 120 DÍAS.

DIHYDROERGOTAMINE MESYLATE

Productos Afectados

Paso 2:

- *dihydroergotamine 0.5 mg/acción de bomba (4 mg/ml) aerosol nasal*

Detalles

Criterios	RECLAMACIÓN PREVIA DE 2 TRIPTANES GENÉRICOS DEL FORMULARIO (p. ej., SUMATRIPTAN Y RIZATRIPTAN) EN LOS ÚLTIMOS 365 DÍAS

DRIZALMA SPRINKLE

Productos Afectados

Paso 2:

- DRIZALMA SPRINKLE 20 MG CÁPSULA,LIBERACIÓN RETARDADA
- DRIZALMA SPRINKLE 30 MG CÁPSULA,LIBERACIÓN RETARDADA
- DRIZALMA SPRINKLE 40 MG CÁPSULA,LIBERACIÓN RETARDADA
- DRIZALMA SPRINKLE 60 MG CÁPSULA,LIBERACIÓN RETARDADA

Detalles

Criterios	ECLAMACIÓN PREVIA DE CÁPSULA GENÉRICA DE DULOXETINE DEL FORMULARIO EN LOS ÚLTIMOS 120 DÍAS.

ELEPSIA XR

Productos Afectados

Paso 2:

- ELEPSIA XR 1,000 MG TABLETA,LIBERACIÓN PROLONGADA
- ELEPSIA XR 1,500 MG TABLETA,LIBERACIÓN PROLONGADA

Detalles

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

ENALAPRIL SOLUCIÓN ORAL

Productos Afectados

Paso 2:

- *enalapril maleate 1 mg/ml solución oral*

Detalles

Criterios	RECLAMACIÓN PREVIA DE TABLETAS ORALES GENÉRICAS DE ENALAPRIL EN LOS ÚLTIMOS 120 DÍAS.

EPRONTIA

Productos Afectados

Paso 2:

- *topiramate 25 mg/ml solución oral*

Detalles

Criterios	RECLAMACIÓN PREVIA DE TOPIRAMATE GENÉRICO (TABLETAS O CÁPSULAS) EN LOS ÚLTIMOS 120 DÍAS.

ESLICARBAZEPINE ACETATE

Productos Afectados

Paso 2:

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

Detalles

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

FIBRATES

Productos Afectados

Paso 2:

- *omega-3 acid ethyl esters 1 gramo cápsula*

Detalles

Criterios	RECLAMACIÓN PREVIA DE FENOFIBRATE GENÉRICO EN LOS ÚLTIMOS 120 DÍAS

ESTATINA DE ALTA INTENSIDAD

Productos Afectados

Paso 2:

- NEXLETOL 180 MG TABLETA
- NEXLIZET 180 MG-10 MG TABLETA
- REPATHA PUSHTRONEX 420 MG/3.5 ML INYECTOR SUBCUTÁNEO PARA USAR CON DISPOSITIVO ADHESIVO
- REPATHA SURECLICK 140 MG/ML INYECTOR DE BOLÍGRAFO SUBCUTÁNEO
- REPATHA SYRINGE 140 MG/ML JERINGA SUBCUTÁNEA

Detalles

Criterios	PRUEBA PREVIA DE 25 DÍAS DE ESTATINA GENÉRICA DE ALTA INTENSIDAD: VERSIÓN DEL FORMULARIO DE ATORVASTATIN (40 MG O 80 MG) O ROSUVASTATIN (20 MG O 40 MG) EN LOS ÚLTIMOS 120 DÍAS. DE LO CONTRARIO, SE REQUIERE UNA SOLICITUD DE EXCEPCIÓN DE PASO SI EL PACIENTE NO PUEDE TOLERAR UNA ESTATINA.

ILOPERIDONE

Productos Afectados

Paso 2:

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

Detalles

Criterios	RECLAMACIÓN DE 2 ANTIPSICÓTICOS ORALES GENÉRICOS DEL FORMULARIO: LURASIDONE, RISPERIDONE, CLOZAPINE EN TABLETA, OLANZAPINE, QUETIAPINE FUMARATE DE LIBERACIÓN INMEDIATA, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE EN LOS ÚLTIMOS 365 DÍAS.

DETERMINACIÓN DE PAGO DE SUMINISTROS DE INSULINA

Productos Afectados

Paso 2:

- 1ST TIER UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE
- 1ST TIER UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE
- 1ST TIER UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE
- 1ST TIER UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE
- 1ST TIER UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE
- 1ST TIER UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE
- 1ST TIER UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE
- ADVOCATE PEN NEEDLE 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 30 GAUGE X 5/16"
- ADVOCATE SYRINGES 0.3 ML 31 GAUGE X 5/16"
- ADVOCATE SYRINGES 0.5 ML 30 GAUGE X 5/16"
- ADVOCATE SYRINGES 0.5 ML 31 GAUGE X 5/16"
- ADVOCATE SYRINGES 1 ML 30 GAUGE X 5/16"
- ADVOCATE SYRINGES 1 ML 31 GAUGE X 5/16"
- ALCOHOL PADS
- ALCOHOL PREP PADS
- 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"
- AUTOKEEPER SAFETY PEN NEEDLE 30 GAUGE X 3/16"
- AUTOKEEPER SAFETY PEN NEEDLE 30 GAUGE X 5/16"
- BD ALCOHOL SWABS
- BD AUTOSHIELD DUO PEN NEEDLE 30 GAUGE X 3/16"
- BD ECLIPSE LUER-LOK 1 ML 30 GAUGE X 1/2" SYRINGE
- BD INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"
- BD INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"
- BD INSULIN SYRINGE ULTRA-FINE 0.3 ML 30 GAUGE X 1/2"
- BD INSULIN SYRINGE ULTRA-FINE 0.5 ML 30 GAUGE X 1/2"

- BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"
- BD SAFETYGLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- BD SAFETYGLIDE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"
- BD SAFETYGLIDE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- BD SAFETYGLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- BD SAFETYGLIDE SYRINGE 1 ML 27 GAUGE X 5/8"
- BD ULTRA-FINE MICRO PEN NEEDLE 32 GAUGE X 1/4"
- BD ULTRA-FINE MINI PEN NEEDLE 31 GAUGE X 3/16"
- BD ULTRA-FINE NANO PEN NEEDLE 32 GAUGE X 5/32"
- BD ULTRA-FINE ORIGINAL PEN NEEDLE 29 GAUGE X 1/2"
- BD ULTRA-FINE SHORT PEN NEEDLE 31 GAUGE X 5/16"
- BD VEO INSULIN SYRINGE ULTRA-FINE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"
- BD VEO INSULIN SYRINGE ULTRA-FINE 0.3 ML 31 GAUGE X 15/64"
- BD VEO INSULIN SYRINGE ULTRA-FINE 1 ML 31 GAUGE X 15/64"
- BD VEO INSULIN SYRINGE ULTRA-FINE 1/2 ML 31 GAUGE X 15/64"
- BORDERED GAUZE 2" X 2" BANDAGE
- CAREFINE PEN NEEDLE 29 GAUGE X 1/2"
- CAREFINE PEN NEEDLE 30 GAUGE X 5/16"
- CAREFINE PEN NEEDLE 31 GAUGE X 1/4"
- CAREFINE PEN NEEDLE 31 GAUGE X 5/16"
- CAREFINE PEN NEEDLE 32 GAUGE X 1/4"
- CAREFINE PEN NEEDLE 32 GAUGE X 3/16"
- CAREFINE PEN NEEDLE 32 GAUGE X 5/32"
- CARETOUCH ALCOHOL PREP PAD TOPICAL PADS
- CARETOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- CARETOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 5/16"
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- CARETOUCH PEN NEEDLE 29 GAUGE X 1/2"
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- CARETOUCH PEN NEEDLE 31 GAUGE X 5/16"
- CARETOUCH PEN NEEDLE 32 GAUGE X 3/16"
- CARETOUCH PEN NEEDLE 32 GAUGE X 5/32"
- CLICKFINE PEN NEEDLE 31 GAUGE X 1/4"
- CLICKFINE PEN NEEDLE 32 GAUGE X 5/32"
- COMFORT EZ INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
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- COMFORT EZ INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
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- COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32"
- COMFORT EZ PLUS PEN NEEDLE 32 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"
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- COMFORT TOUCH PEN NEEDLE 33 GAUGE X 5/32"
- 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"
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- DROPLET INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- DROPLET INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"
- DROPLET MICRON PEN NEEDLE 34 GAUGE X 9/64"
- DROPLET PEN NEEDLE 29 GAUGE X 1/2"
- DROPLET PEN NEEDLE 29 GAUGE X 3/8"
- DROPLET PEN NEEDLE 30 GAUGE X 5/16"
- DROPLET PEN NEEDLE 31 GAUGE X 1/4"
- DROPLET PEN NEEDLE 31 GAUGE X 3/16"
- DROPLET PEN NEEDLE 31 GAUGE X 5/16"
- DROPLET PEN NEEDLE 32 GAUGE X 1/4"
- DROPLET PEN NEEDLE 32 GAUGE X 3/16"
- DROPLET PEN NEEDLE 32 GAUGE X 5/16"
- DROPLET PEN NEEDLE 32 GAUGE X 5/32"
- DROPSAFE ALCOHOL PREP PADS
- DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"
- DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- DROPSAFE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"
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- DROPSAFE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
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- 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 31 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 0.3 ML 31 X 1/2"
- EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- EASY COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 1 ML 29 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- EASY COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 1 ML 32 GAUGE X 5/16"
- EASY COMFORT INSULIN SYRINGE 1/2 ML 29 X 5/16"
- EASY COMFORT INSULIN SYRINGE 1/2 ML 32 GAUGE X 5/16"
- EASY COMFORT PEN NEEDLES 29 GAUGE X 3/16"
- EASY COMFORT PEN NEEDLES 29 GAUGE X 5/32"
- EASY COMFORT PEN NEEDLES 31 GAUGE X 1/4"
- EASY COMFORT PEN NEEDLES 31 GAUGE X 3/16"
- EASY COMFORT PEN NEEDLES 31 GAUGE X 5/16"
- EASY COMFORT PEN NEEDLES 32 GAUGE X 5/32"
- EASY COMFORT PEN NEEDLES 33 GAUGE X 1/4"
- EASY COMFORT PEN NEEDLES 33 GAUGE X 3/16"
- EASY COMFORT PEN NEEDLES 33 GAUGE X 5/32"
- EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"
- EASY COMFORT SAFETY PEN NEEDLE 31 GAUGE X 3/16"
- EASY COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"
- EASY GLIDE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"
- EASY GLIDE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- EASY GLIDE INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"
- EASY GLIDE PEN NEEDLE 33 GAUGE X 5/32"
- EASY TOUCH 29 GAUGE X 1/2" NEEDLE
- EASY TOUCH 31 GAUGE X 1/4" NEEDLE
- EASY TOUCH 31 GAUGE X 3/16" NEEDLE
- EASY TOUCH 31 GAUGE X 5/16" NEEDLE
- EASY TOUCH 32 GAUGE X 1/4" NEEDLE
- EASY TOUCH 32 GAUGE X 3/16" NEEDLE
- EASY TOUCH 32 GAUGE X 5/32" NEEDLE
- EASY TOUCH ALCOHOL PREP PADS
- EASY TOUCH AUTORETRACT SYRINGE 0.5 ML 30 GAUGE X 1/4"
- EASY TOUCH AUTORETRACT SYRINGE 0.5 ML 30 GAUGE X 5/16"
- EASY TOUCH AUTORETRACT SYRINGE 1 ML 30 GAUGE X 1/4"
- EASY TOUCH AUTORETRACT SYRINGE 1 ML 30 GAUGE X 5/16"

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

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

- INCONTROL PEN NEEDLE 31 GAUGE X 5/16"
- INCONTROL PEN NEEDLE 32 GAUGE X 5/32"
- INSULIN SYRINGE MICROFINE 1 ML 27 GAUGE X 5/8"
- INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 29 GAUGE
- INSULIN SYRINGE U-100 WITH NEEDLE 0.3 ML 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 28 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 29 GAUGE X 7/16"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 3/8"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 5/16"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 30 GAUGE X 7/16"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 1/4"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 15/64"
- INSULIN SYRINGE U-100 WITH NEEDLE 1 ML 31 GAUGE X 5/16"
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 27 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 28 GAUGE X 1/2"
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 29
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 30 GAUGE
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 1/4"
- INSULIN SYRINGE U-100 WITH NEEDLE 1/2 ML 31 GAUGE X 15/64"
- INSULIN SYRINGE-NEEDLE U-100 HALF UNIT MARKING 0.3 ML 31 GAUGE X 1/4"
- INSULIN U-500 SYRINGE-NEEDLE 1/2 ML 31 GAUGE X 15/64"
- INSUPEN PEN NEEDLE 29 GAUGE X 1/2"
- INSUPEN PEN NEEDLE 31 GAUGE X 3/16"
- INSUPEN PEN NEEDLE 31 GAUGE X 5/16"
- INSUPEN PEN NEEDLE 32 GAUGE X 1/4"
- INSUPEN PEN NEEDLE 32 GAUGE X 5/32"
- IV PREP WIPES MEDICATED
- LISCO 2" X 2" SPONGE
- LITE TOUCH INSULIN PEN NEEDLES 29 GAUGE X 1/2"
- LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 1/4"
- LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 3/16"
- LITE TOUCH INSULIN PEN NEEDLES 31 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"

- LITE TOUCH INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE
- LITE TOUCH INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE
- LITE TOUCH INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 1 ML 30 GAUGE X 7/16"
- LITE TOUCH INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE
- LITE TOUCH INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- LITE TOUCH INSULIN SYRINGE 1/2 ML 29
- LITE TOUCH INSULIN SYRINGE 1/2 ML 30 GAUGE
- MAGELLAN INSULIN SAFETY SYRINGE 0.3 ML 29 GAUGE X 1/2"
- MAGELLAN INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"
- MAGELLAN INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"
- MAGELLAN INSULIN SAFETY SYRINGE 1 ML 30 GAUGE X 5/16"
- MAGELLAN SYRINGE 0.3 ML 30 X 5/16"
- MAGELLAN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- MAXICOMFORT II PEN NEEDLE 31 GAUGE X 1/4"
- MAXICOMFORT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"
- MAXI-COMFORT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- MAXICOMFORT INSULIN SYRINGE 1/2 ML 27 GAUGE X 1/2"
- MAXI-COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 3/16"
- MAXICOMFORT SAFETY PEN NEEDLE 29 GAUGE X 5/16"
- MICRODOT INSULIN PEN NEEDLE 31 GAUGE X 1/4"
- MICRODOT INSULIN PEN NEEDLE 32 GAUGE X 5/32"
- MICRODOT INSULIN PEN NEEDLE 33 GAUGE X 5/32"
- MICRODOT READYGARD PEN NEEDLE 31 GAUGE X 3/16"
- MINI ULTRA-THIN II 31 GAUGE X 3/16" NEEDLE
- MONOJECT INSULIN SAFETY SYRINGE 0.3 ML 30 GAUGE X 5/16"
- MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 29 GAUGE X 1/2"
- MONOJECT INSULIN SAFETY SYRINGE 0.5 ML 30 GAUGE X 5/16"
- MONOJECT INSULIN SAFETY SYRINGE 1 ML 29 GAUGE X 1/2"
- MONOJECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- MONOJECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- MONOJECT INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- MONOJECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- MONOJECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- MONOJECT INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- MONOJECT INSULIN SYRINGE 1 ML
- MONOJECT INSULIN SYRINGE 1 ML 25 GAUGE X 5/8"
- MONOJECT INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"

- MONOJECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- MONOJECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- MONOJECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- MONOJECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- MONOJECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- MONOJECT SYRINGE 1/2 ML 28 GAUGE
- MONOJECT ULTRA COMFORT INSULIN 1/2 ML 28 GAUGE SYRINGE
- NANO 2ND GEN PEN NEEDLE 32 GAUGE X 5/32"
- NANO PEN NEEDLE 32 GAUGE X 5/32"
- NOVOFINE 32 32 GAUGE X 1/4" NEEDLE
- NOVOFINE AUTOCOVER 30 GAUGE X 1/3" NEEDLE
- NOVOFINE PLUS 32 GAUGE X 1/6" NEEDLE
- PEN NEEDLE 29 GAUGE X 1/2"
- PEN NEEDLE 30 GAUGE X 5/16"
- PEN NEEDLE 31 GAUGE X 3/16"
- PEN NEEDLE 31 GAUGE X 5/16"
- PEN NEEDLE 32 GAUGE X 5/32"
- PEN NEEDLE, DIABETIC 29 GAUGE X 1/2"
- PEN NEEDLE, DIABETIC 29 GAUGE X 15/32"
- PEN NEEDLE, DIABETIC 30 GAUGE X 3/16"
- PEN NEEDLE, DIABETIC 30 GAUGE X 5/16"
- PEN NEEDLE, DIABETIC 31 GAUGE X 1/3"
- PEN NEEDLE, DIABETIC 31 GAUGE X 1/4"
- PEN NEEDLE, DIABETIC 31 GAUGE X 1/6"
- PEN NEEDLE, DIABETIC 31 GAUGE X 13/64"
- PEN NEEDLE, DIABETIC 31 GAUGE X 15/64"
- PEN NEEDLE, DIABETIC 31 GAUGE X 3/16"
- PEN NEEDLE, DIABETIC 31 GAUGE X 5/16"
- PEN NEEDLE, DIABETIC 31 GAUGE X 5/32"
- PEN NEEDLE, DIABETIC 32 GAUGE X 1/4"
- PEN NEEDLE, DIABETIC 32 GAUGE X 3/16"
- PEN NEEDLE, DIABETIC 32 GAUGE X 5/16"
- PEN NEEDLE, DIABETIC 32 GAUGE X 5/32"
- PEN NEEDLE, DIABETIC 33 GAUGE X 1/4"
- PEN NEEDLE, DIABETIC 33 GAUGE X 3/16"
- PEN NEEDLE, DIABETIC 33 GAUGE X 5/32"
- PEN NEEDLE, DIABETIC, SAFETY 31 GAUGE X 5/32"
- PENTIPS PEN NEEDLE 29 GAUGE X 1/2"
- PENTIPS PEN NEEDLE 31 GAUGE X 1/4"
- PENTIPS PEN NEEDLE 31 GAUGE X 3/16"
- PENTIPS PEN NEEDLE 31 GAUGE X 5/16"
- PENTIPS PEN NEEDLE 32 GAUGE X 1/4"
- PENTIPS PEN NEEDLE 32 GAUGE X 5/32"
- PIP PEN NEEDLE 31 GAUGE X 3/16"
- PIP PEN NEEDLE 32 GAUGE X 5/32"
- PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 1/4"
- PREVENT DROPSAFE PEN NEEDLE 31 GAUGE X 5/16"
- PRO COMFORT ALCOHOL PADS
- PRO COMFORT INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"

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

- SURE COMFORT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 1/4"
- SURE COMFORT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- SURE COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- SURE COMFORT INSULIN SYRINGE 1/2 ML 31 GAUGE X 1/4"
- SURE COMFORT INSULIN SYRINGE U-100 0.5 ML 29 GAUGE X 1/2"
- SURE COMFORT PEN NEEDLE 29 GAUGE X 1/2"
- SURE COMFORT PEN NEEDLE 30 GAUGE X 5/16"
- SURE COMFORT PEN NEEDLE 31 GAUGE X 3/16"
- SURE COMFORT PEN NEEDLE 31 GAUGE X 5/16"
- SURE COMFORT PEN NEEDLE 32 GAUGE X 1/4"
- SURE COMFORT PEN NEEDLE 32 GAUGE X 5/32"
- SURE COMFORT SAFETY PEN NEEDLE 31 GAUGE X 1/4"
- SURE COMFORT SAFETY PEN NEEDLE 32 GAUGE X 5/32"
- SURE-FINE PEN NEEDLES 29 GAUGE X 1/2"
- SURE-FINE PEN NEEDLES 31 GAUGE X 3/16"
- SURE-FINE PEN NEEDLES 31 GAUGE X 5/16"
- SURE-JECT INSULIN SYRINGE 0.3 ML 29 GAUGE X 1/2"
- SURE-JECT INSULIN SYRINGE 0.3 ML 30 GAUGE X 5/16"
- SURE-JECT INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- SURE-JECT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- SURE-JECT INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- SURE-JECT INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- SURE-JECT INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- SURE-JECT INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- SURE-JECT INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- SURE-PREP ALCOHOL PREP PADS
- SYRINGE WITH NEEDLE, SAFETY 0.5 ML 30 GAUGE X 1/2"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 29 GAUGE X 1/2"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 30 GAUGE X 5/16"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 15/64"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.3 ML 31 GAUGE X 5/16"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 1/2"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 30 GAUGE X 5/16"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 15/64"
- TECHLITE INSULIN SYRINGE (HALF UNIT) 0.5 ML 31 GAUGE X 5/16"
- TECHLITE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- TECHLITE INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- TECHLITE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- TECHLITE PEN NEEDLE 29 GAUGE X 1/2"
- TECHLITE PEN NEEDLE 29 GAUGE X 3/8"

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

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

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

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

- ULTRA-FINE PEN NEEDLE 31 GAUGE X 3/16"
- ULTRA-FINE PEN NEEDLE 31 GAUGE X 5/16"
- ULTRA-FINE PEN NEEDLE 32 GAUGE X 1/4"
- ULTRA-FINE SAFETY INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- ULTRA-FINE SAFETY INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"
- 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 PENTIPS 29 GAUGE X 1/2" NEEDLE
- UNIFINE PENTIPS 31 GAUGE X 1/4" NEEDLE
- UNIFINE PENTIPS 31 GAUGE X 3/16" NEEDLE
- UNIFINE PENTIPS 31 GAUGE X 5/16" NEEDLE
- UNIFINE PENTIPS 32 GAUGE X 1/4" NEEDLE
- UNIFINE PENTIPS 32 GAUGE X 5/32" NEEDLE
- UNIFINE PENTIPS 33 GAUGE X 5/32" NEEDLE
- UNIFINE PENTIPS MAXFLOW 30 GAUGE X 3/16" NEEDLE
- UNIFINE PENTIPS PLUS 29 GAUGE X 1/2" NEEDLE
- UNIFINE PENTIPS PLUS 31 GAUGE X 1/4" NEEDLE
- UNIFINE PENTIPS PLUS 31 GAUGE X 3/16" NEEDLE
- UNIFINE PENTIPS PLUS 31 GAUGE X 5/16" NEEDLE
- UNIFINE PENTIPS PLUS 32 GAUGE X 5/32" NEEDLE
- UNIFINE PENTIPS PLUS 33 GAUGE X 5/32" NEEDLE
- UNIFINE PENTIPS PLUS MAXFLOW 30 GAUGE X 3/16" NEEDLE
- UNIFINE PROTECT 30 GAUGE X 3/16" NEEDLE
- UNIFINE PROTECT 30 GAUGE X 5/16" NEEDLE
- UNIFINE PROTECT 32 GAUGE X 5/32" NEEDLE
- UNIFINE SAFECONTROL PEN NEEDLE 30 GAUGE X 3/16"
- UNIFINE SAFECONTROL PEN NEEDLE 30 GAUGE X 5/16"
- UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 1/4"
- UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 3/16"
- UNIFINE SAFECONTROL PEN NEEDLE 31 GAUGE X 5/16"
- UNIFINE SAFECONTROL PEN NEEDLE 32 GAUGE X 5/32"
- UNIFINE ULTRA PEN NEEDLE 29 GAUGE X 1/2"
- 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 1/4"

- UNIFINE ULTRA PEN NEEDLE 32 GAUGE X 5/32"
- UNIFINE ULTRA PEN NEEDLE 34 GAUGE X 9/64"
- VANISHPOINT INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- VANISHPOINT INSULIN SYRINGE 1 ML 30 GAUGE X 3/16"
- VANISHPOINT SYRINGE 0.5 ML 30 GAUGE X 1/2"
- VANISHPOINT SYRINGE 1 ML 29 GAUGE X 1/2"
- VERIFINE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- VERIFINE INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- VERIFINE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- VERIFINE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- VERIFINE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- VERIFINE PEN NEEDLE 29 GAUGE X 1/2"
- VERIFINE PEN NEEDLE 31 GAUGE X 1/4"
- VERIFINE PEN NEEDLE 31 GAUGE X 3/16"
- VERIFINE PEN NEEDLE 31 GAUGE X 5/16"
- VERIFINE PEN NEEDLE 32 GAUGE X 1/4"
- VERIFINE PEN NEEDLE 32 GAUGE X 3/16"
- VERIFINE PEN NEEDLE 32 GAUGE X 5/32"
- VERIFINE PLUS PEN NEEDLE 31 GAUGE X 3/16"
- VERIFINE PLUS PEN NEEDLE 31 GAUGE X 5/16"
- VERIFINE PLUS PEN NEEDLE 32 GAUGE X 5/32"
- VERIFINE PLUS PEN NEEDLE-SHARPS CONTAINER 32 GAUGE X 5/32"
- VERSALON 2" X 2" SPONGE
- WEBCOL TOPICAL PADS

Detalles

Criterios	PARA AYUDAR A DETERMINAR EL PAGO, UNA RECLAMACIÓN PREVIA DE INSULINA INYECTABLE EN LOS ÚLTIMOS 120 DÍAS CALIFICARÁ PARA EL PAGO DE LA PARTE D.

KETOCONAZOLE TÓPICO

Productos Afectados

Paso 2:

- *ketoconazole 2 % espuma tópica*

Detalles

Criterios	RECLAMACIÓN PREVIA DE LA VERSIÓN DE CREMA DE KETOCONAZOLE DEL FORMULARIO EN LOS ÚLTIMOS 120 DÍAS

KLISYRI

Productos Afectados

Paso 2:

- KLISYRI 1 % (250 MG) UNGÜENTO TÓPICO EN SOBRE

Detalles

Criterios	RECLAMACIÓN PREVIA DE FLUOROURACIL TÓPICO GENÉRICO EN LOS ÚLTIMOS 120 DÍAS.

LEVOMILNACIPRAN

Productos Afectados

Paso 2:

- FETZIMA 120 MG CÁPSULA,LIBERACIÓN PROLONGADA
- FETZIMA 20 MG (2)-40 MG (26) CÁPSULA,LIBERACIÓN PROLONGADA,24 HR,DOSE PACK
- FETZIMA 20 MG CÁPSULA,LIBERACIÓN PROLONGADA
- FETZIMA 40 MG CÁPSULA,LIBERACIÓN PROLONGADA
- FETZIMA 80 MG CÁPSULA,LIBERACIÓN PROLONGADA

Detalles

Criterios	RECLAMACIÓN PREVIA DE TRINTELLIX Y 1 ANTIDEPRESIVO GENÉRICO: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE O VILAZODONE EN LOS ÚLTIMOS 365 DÍAS

LUMATEPERONE TOSYLATE

Productos Afectados

Paso 2:

- CAPLYTA 10.5 MG CÁPSULA
- CAPLYTA 21 MG CÁPSULA
- CAPLYTA 42 MG CÁPSULA

Detalles

Criterios	RECLAMACIÓN DE 2 ANTIPSICÓTICOS ORALES GENÉRICOS DEL FORMULARIO: LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE FUMARATE DE LIBERACIÓN INMEDIATA, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE EN LOS ÚLTIMOS 365 DÍAS

MEMANTINE - DONEPEZIL

Productos Afectados

Paso 2:

- *memantine er 14 mg-donepezil 10 mg cápsula en polvo, liberación prolongada 24 hr*
- *memantine er 21 mg-donepezil 10 mg cápsula en polvo, liberación prolongada 24 hr*
- *memantine er 28 mg-donepezil 10 mg cápsula en polvo, liberación prolongada 24 hr*
- NAMZARIC 7 MG-10 MG CÁPSULA SPRINKLE,LIBERACIÓN PROLONGADA
- NAMZARIC 7/14/21/28 MG-10 MG CÁPSULA EN POLVO, LIBERACIÓN PROLONGADA, PAQUETE DE DOSIS

Detalles

Criterios	RECLAMACIÓN PREVIA DE DONEPEZIL GENÉRICO Y MEMANTINE IR EN LOS ÚLTIMOS 365 DÍAS

MEMANTINE ER

Productos Afectados

Paso 2:

- *memantine 14 mg cápsula en polvo, liberación prolongada 24hr*
- *memantine 21 mg cápsula en polvo, liberación prolongada 24hr*
- *memantine 28 mg cápsula en polvo, liberación prolongada 24hr*
- *memantine 7 mg cápsula en polvo, liberación prolongada 24hr*

Detalles

Criterios	RECLAMACIÓN PREVIA DE LA VERSIÓN DEL FORMULARIO DE MEMANTINE IR EN LOS ÚLTIMOS 120 DÍAS

METHOTREXATE INYECTOR

Productos Afectados

Paso 2:

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

Detalles

Criterios	PRUEBA O CONTRAINDICACIÓN A LA TABLETA ORAL GENÉRICA DE METHOTREXATE

MILSAPERIDONE

Productos Afectados

Paso 2:

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

Detalles

Criterios	RECLAMACIÓN DE 2 ANTIPSICÓTICOS ORALES GENÉRICOS DEL FORMULARIO: LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE FUMARATE DE LIBERACIÓN INMEDIATA, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE EN LOS ÚLTIMOS 365 DÍAS

ALERGIA OFTÁLMICA - SIN MEDICAMENTO DE VENTA LIBRE

Productos Afectados

Paso 2:

- *bepotastine besilate 1.5 % gotas oftálmicas*
- *loteprednol etabonate 0.2 % gotas oftálmicas,suspensión*

Detalles

Criterios	RECLAMACIÓN PREVIA DE LEVOCETIRIZINE, CROMOLYN SODIUM O EPINASTINE FEDERAL EN LOS ÚLTIMOS 120 DÍAS.

PERAMPANEL

Productos Afectados

Paso 2:

- *perampanel 0.5 mg/ml suspensión oral*
- *perampanel 10 mg tableta*
- *perampanel 12 mg tableta*
- *perampanel 2 mg tableta*
- *perampanel 4 mg tableta*
- *perampanel 6 mg tableta*
- *perampanel 8 mg tableta*

Detalles

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

ROSUVASTATIN EN POLVO

Productos Afectados

Paso 2:

- EZALLOR SPRINKLE 10 MG CÁPSULA
- EZALLOR SPRINKLE 20 MG CÁPSULA
- EZALLOR SPRINKLE 40 MG CÁPSULA
- EZALLOR SPRINKLE 5 MG CÁPSULA

Detalles

Criterios	RECLAMACIÓN PREVIA DE LA VERSIÓN EN TABLETA DE ROSUVASTATIN DEL FORMULARIO EN LOS ÚLTIMOS 120 DÍAS.

ROTIGOTINE PARCHE

Productos Afectados

Paso 2:

- NEUPRO 1 MG/24 HORAS PARCHE TRANSDÉRMICO DE 24 HORAS
- NEUPRO 2 MG/24 HORAS PARCHE TRANSDÉRMICO DE 24 HORAS
- NEUPRO 3 MG/24 HORAS PARCHE TRANSDÉRMICO DE 24 HORAS
- NEUPRO 4 MG/24 HORAS PARCHE TRANSDÉRMICO DE 24 HORAS
- NEUPRO 6 MG/24 HORAS PARCHE TRANSDÉRMICO DE 24 HORAS
- NEUPRO 8 MG/24 HORAS PARCHE TRANSDÉRMICO DE 24 HORAS

Detalles

Criterios	PRUEBA DE PRAMIPEXOLE DE LIBERACIÓN INMEDIATA (IR) O ROPINIROLE IR EN LOS ÚLTIMOS 120 DÍAS

RUFINAMIDE

Productos Afectados

Paso 2:

- *rufinamide 200 mg tableta*
- *rufinamide 400 mg tableta*
- *rufinamide 40 mg/ml suspensión oral*

Detalles

Criterios	RECLAMACIÓN PREVIA DE UN AGENTE ANTICONVULSIVO GENÉRICO (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID O ZONISAMIDE) EN LOS ÚLTIMOS 120 DÍAS.

SELEGILINE PARCHE

Productos Afectados

Paso 2:

- EMSAM 12 MG/24 HR PARCHE TRANSDÉRMICO DE 24 HORAS
- EMSAM 6 MG/24 HR TRANSDÉRMICO DE 24 HORAS
- EMSAM 9 MG/24 HR TRANSDÉRMICO DE 24 HORAS

Detalles

Criterios	RECLAMACIÓN PREVIA DE LA VERSIÓN ORAL DEL FORMULARIO DE ISRS (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE O SERTRALINE), IRSN (DESVENLAFAXINE, DULOXETINE O VENLAFAXINE), MIRTAZAPINE O BUPROPION IR/SR/XL EN LOS ÚLTIMOS 120 DÍAS

SPIRONOLACTONE SUSPENSIÓN ORAL

Productos Afectados

Paso 2:

- *spironolactone 25 mg/5 ml suspensión oral*

Detalles

Criterios	RECLAMACIÓN PREVIA DE TABLETAS GENÉRICAS DE SPIRONOLACTONE EN LOS ÚLTIMOS 120 DÍAS

SPRITAM

Productos Afectados

Paso 2:

- *levetiracetam 250 mg tableta para suspensión oral*
- *levetiracetam 500 mg tableta para suspensión oral*
- SPRITAM 1,000 MG TABLETA PARA SUSPENSIÓN ORAL
- SPRITAM 250 MG TABLETA PARA SUSPENSIÓN ORAL
- SPRITAM 500 MG TABLETA PARA SUSPENSIÓN ORAL
- SPRITAM 750 MG TABLETA PARA SUSPENSIÓN ORAL

Detalles

Criterios	RECLAMACIÓN PREVIA DE SOLUCIÓN GENÉRICA DE LEVETIRACETAM EN LOS ÚLTIMOS 120 DÍAS

XANOMELINE/TROSPIUM

Productos Afectados

Paso 2:

- COBENFY 100 MG-20 MG CÁPSULA
- COBENFY 125 MG-30 MG CÁPSULA
- COBENFY 50 MG-20 MG CÁPSULA
- COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG CÁPSULAS EN PAQUETE DE DOSIS

Detalles

Criterios	RECLAMACIÓN DE UN ANTIPSICÓTICO ORAL DEL FORMULARIO: LURASIDONE, RISPERIDONE, CLOZAPINE EN TABLETA, OLANZAPINE, QUETIAPINE FUMARATE DE LIBERACIÓN INMEDIATA, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE EN LOS ÚLTIMOS 120 DÍAS

XARELTO

Productos Afectados

Paso 2:

- XARELTO 2.5 MG TABLETA

Detalles

Criterios	RECLAMACIÓN PREVIA DE TABLETA GENÉRICA DE RIVAROXABAN 2.5MG EN LOS ÚLTIMOS 120 DÍAS.

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