



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

2027 Step Therapy Guidelines

Material ID No. Y0150_STGL_PBM312_C

Effective Date: 01/01/2027

Version: 1

Updated: 09/24/2026

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

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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ARIPIRAZOLE 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, ARIPIRAZOLE (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, ARIPIRAZOLE, 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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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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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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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, ARIPIRAZOLE, 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 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"
- 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"

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

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

- COMFORT EZ INSULIN SYRINGE 0.5 ML 29 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 0.5 ML 30 GAUGE X 5/16"
- COMFORT EZ INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- COMFORT EZ INSULIN SYRINGE 1 ML 27 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 1 ML 28 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 1 ML 30 GAUGE X 5/16"
- COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- COMFORT EZ INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- COMFORT EZ INSULIN SYRINGE 1/2 ML 28 GAUGE X 1/2"
- COMFORT EZ INSULIN SYRINGE 1/2 ML 31 GAUGE X 15/64"
- COMFORT EZ PEN NEEDLES 29 GAUGE X 1/2"
- COMFORT EZ PEN NEEDLES 31 GAUGE X 1/4"
- COMFORT EZ PEN NEEDLES 31 GAUGE X 3/16"
- COMFORT EZ PEN NEEDLES 31 GAUGE X 5/16"
- COMFORT EZ PEN NEEDLES 32 GAUGE X 1/4"
- COMFORT EZ PEN NEEDLES 32 GAUGE X 3/16"
- COMFORT EZ PEN NEEDLES 32 GAUGE X 5/16"
- COMFORT EZ PEN NEEDLES 32 GAUGE X 5/32"
- COMFORT EZ PEN NEEDLES 33 GAUGE X 1/4"
- COMFORT EZ PEN NEEDLES 33 GAUGE X 3/16"
- COMFORT EZ PEN NEEDLES 33 GAUGE X 5/16"
- COMFORT EZ PEN NEEDLES 33 GAUGE X 5/32"
- COMFORT EZ PRO SAFETY PEN NEEDLE 30 GAUGE X 5/16"
- COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 3/16"
- COMFORT EZ PRO SAFETY PEN NEEDLE 31 GAUGE X 5/32"
- COMFORT TOUCH PEN NEEDLE 31 GAUGE X 1/4"
- COMFORT TOUCH PEN NEEDLE 31 GAUGE X 3/16"
- COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/16"
- COMFORT TOUCH PEN NEEDLE 31 GAUGE X 5/32"
- COMFORT TOUCH PEN NEEDLE 32 GAUGE X 1/4"
- COMFORT TOUCH PEN NEEDLE 32 GAUGE X 3/16"
- COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/16"
- COMFORT TOUCH PEN NEEDLE 32 GAUGE X 5/32"
- COMFORT TOUCH PEN NEEDLE 33 GAUGE X 1/4"
- COMFORT TOUCH PEN NEEDLE 33 GAUGE X 3/16"
- COMFORT TOUCH PEN NEEDLE 33 GAUGE X 5/32"
- 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"

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

- 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 MICRON PEN NEEDLE 34 GAUGE X 9/64"
- DROPLET PEN NEEDLE 29 GAUGE X 1/2"
- DROPLET PEN NEEDLE 29 GAUGE X 3/8"
- DROPLET PEN NEEDLE 30 GAUGE X 5/16"
- DROPLET PEN NEEDLE 31 GAUGE X 1/4"
- DROPLET PEN NEEDLE 31 GAUGE X 3/16"
- DROPLET PEN NEEDLE 31 GAUGE X 5/16"
- DROPLET PEN NEEDLE 32 GAUGE X 1/4"
- DROPLET PEN NEEDLE 32 GAUGE X 3/16"
- DROPLET PEN NEEDLE 32 GAUGE X 5/16"
- DROPLET PEN NEEDLE 32 GAUGE X 5/32"
- DROPSAFE ALCOHOL PREP PADS
- DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 15/64"
- DROPSAFE INSULIN SYRINGE 0.3 ML 31 GAUGE X 5/16"
- DROPSAFE INSULIN SYRINGE 0.5 ML 31 GAUGE X 15/64"
- DROPSAFE INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16"
- DROPSAFE INSULIN SYRINGE 1 ML 29 GAUGE X 1/2"
- DROPSAFE INSULIN SYRINGE 1 ML 31 GAUGE X 15/64"
- DROPSAFE INSULIN SYRINGE 1 ML 31 GAUGE X 5/16"
- DROPSAFE PEN NEEDLE 31 GAUGE X 1/4"
- DROPSAFE PEN NEEDLE 31 GAUGE X 3/16"

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- 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"

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- 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 1/2 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"

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

- 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

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

- 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
- 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"

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

- 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 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"

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

- 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 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"

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

- 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"

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

- 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"

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

- 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"

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

- 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 SAFEPAK-INSULIN SYRINGE 0.3 ML 30 X 1/2"
- ULTIGUARD SAFEPAK-INSULIN SYRINGE 0.3 ML 31 X 5/16"
- ULTIGUARD SAFEPAK-INSULIN SYRINGE 1 ML 30 X 1/2"
- ULTIGUARD SAFEPAK-INSULIN SYRINGE 1 ML 31 X 5/16"
- ULTIGUARD SAFEPAK-PEN NEEDLE 29 GAUGE X 1/2"
- ULTIGUARD SAFEPAK-PEN NEEDLE 31 GAUGE X 1/4"
- ULTIGUARD SAFEPAK-PEN NEEDLE 31 GAUGE X 3/16"
- ULTIGUARD SAFEPAK-PEN NEEDLE 31 GAUGE X 5/16"
- ULTIGUARD SAFEPAK-PEN NEEDLE 32 GAUGE X 1/4"
- ULTIGUARD SAFEPAK-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

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

- 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 30 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"

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

- 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-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

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

- 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

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.

IVABRADINE

Products Affected

Step 2:

- *ivabradine 5 mg tablet*
- *ivabradine 7.5 mg tablet*

Details

Criteria	PRIOR CLAIM FOR GENERIC FORMULARY VERSION OF BISOPROLOL, CARVEDILOL, OR METOPROLOL SUCCINATE WITHIN THE PAST 120 DAYS.
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KLISYRI

Products Affected

Step 2:

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

Details

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

Products Affected

Step 2:

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

Details

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

Products Affected

Step 2:

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

Details

Criteria	CLAIM FOR 1 GEN ATYPICAL ANTIPSYCHOTIC (LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE FUMARATE IR, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE) AND 1 PREF AGENT: VRAYLAR, REXULTI, OR LYBALVI IN LAST 365 D
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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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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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SELEGILINE PATCH

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM OF FORMULARY ORAL VERSION OF SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE), SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE), MIRTAZAPINE, OR BUPROPION IR/SR/XL IN THE PAST 120 DAYS
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SPRITAM

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
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TOPIRAMATE SOLUTION

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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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.

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 X 5/16 23, 27
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 X 5/16 23, 27
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 TRUEPLUS INSULIN 1 ML 29 GAUGE X
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 TRUEPLUS INSULIN 1 ML 30 GAUGE X
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 TRUEPLUS INSULIN 1/2 ML 28 GAUGE
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 ULTRA COMFORT INSULIN SYRINGE
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 ULTRA-FINE INSULIN SYRINGE 1 ML
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ULTRA-FINE INSULIN SYRINGE 1 ML
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 X 1/2..... 26, 27
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VANISHPOINT SYRINGE 1 ML 29	
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VERIFINE INSULIN SYRINGE 0.3 ML 31	
GAUGE X 5/16	27
VERIFINE INSULIN SYRINGE 0.5 ML 29	
GAUGE X 1/2	27
VERIFINE INSULIN SYRINGE 0.5 ML 31	
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VERIFINE INSULIN SYRINGE 1 ML 29	
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