



Clinical Prior Authorization Assistance Chart

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Pharmacy Clinical Prior Authorizations

HHSC bases clinical prior authorizations on evidence-based clinical criteria and nationally recognized peer-reviewed information. Prior authorization may apply to an individual drug or a drug class on the formulary, including some preferred and non-preferred drugs. Clinical prior authorizations approved by the Texas Drug Utilization Review Board are available for use by the Vendor Drug Program for traditional Medicaid and managed care organizations (MCO). There are specific clinical prior authorizations all MCOs are required to perform. Usage of all other clinical prior authorizations will vary between MCOs.

- Clinical Prior Authorizations for Managed Care
 - ▶ txvendordrug.com/formulary/clinical-prior-authorizations-managed-care
- Clinical Prior Authorizations for Traditional Medicaid
 - ▶ txvendordrug.com/formulary/clinical-prior-authorizations-traditional-medicaid

Obtaining Prior Authorization

Prescribing providers or their representatives must contact the client's MCO. Use the MCO Search to find the phone numbers for each MCO prior authorization and member call center.

- MCO Search
 - ▶ txvendordrug.com/resources/mco-search

About the Assistance Chart

Each prior authorization guide describes the steps of the prior authorization evaluation process. All steps apply to traditional Medicaid claims. This assistance chart identifies which MCO utilizes prior authorizations and how those prior authorizations relate to those used by VDP.

Revisions

- New clinical prior authorization approved for:
 - Systemic Corticosteroids
 - Agamree (vamorolone)
 - Wegovy (semaglutide)
 - Zoryve (roflumilast)
- Clinical prior authorization revisions approved for:
 - Biliary Cholangitis Agents (Formerly IBAT Inhibitors)
 - Iqirvo (ela fibranor)
 - Livdelzi (seladelpar)
 - Cytokine and CAM Antagonists
 - Bimzelx
 - Omvoh
 - Rinvoq LQ

Drugs Included Within categories

Prior Authorization	Drugs
Aliskiren Agents	Aliskiren, Tekturna, Tekturna HCT
Buprenorphine Agents	buprenorphine/naloxone, Suboxone, Zubsolv
Calcitonin Gene-Related Peptide Receptor Antagonists (CGRP), Prophylaxis	Aimovig, Ajovy, Emgality, Nurtec ODT, Qulipta
Calcitonin Gene-Related Peptide Receptor Antagonists (CGRP), Acute	Nurtec ODT, Ubrelvy, Zavzpret
Cystic Fibrosis	Kalydeco, Orkambi, Symdeko, Trikafta
Cytokine and CAM Antagonists	Actemra, Arcalyst, Bimzelx, Cibinco, Cimzia, Cosentyx, Enbrel, Enspryng, Entyvio, Humira, Ilaris, Ilumya, Kevzara, Kineret, Litfulo, Olumiant, Omvoh, Orenzia, Otezla, Rinvoq, Rinvoq LQ, Siliq, Simponi, Skyrizi, Sotyktu, Spevigo, Stelara, Taltz, Tremfya, Tyenne, Xeljanz

Prior Authorization	Drugs
Dipeptidyl Peptidase-4 Inhibitors	Alogliptin, Januvia (sitagliptin), Nesina, Onglyza (saxagliptin), Tradjenta, Zituvio Alogliptin-metformin, alogliptin-pioglipitin, Glyxambi, Janumet, Janumet XR, Jentadueto, Kazano, Kombiglyze XR, Oseni, Qtern, Saxagliptin-metformin ER, Sitagliptin-metformin, Steglujan, Trijardy XR, Zituvimet XR
Enzymes	Aldurazyme, Ceprotin, Elaprase, Fabrazyme, Galafold, Naglazyme, Nityr/Orfadin, Revcovi, Strensiq, Vimizim
Fentanyl Agents	Fentanyl, Fentora
Gastrointestinal (GI) Motility	Amitiza, Ibsrela, Linzess, Lotronex, Motegrity, Movantik, Relistor, Symproic, Trulance, Viberzi
Gaucher's Disease	Cerdelga, Cerezyme, Elelyso, Miglustat, Vpriv, Zavesca
Glucagon-Like Peptide-1 (GLP-1) Receptor Agonists	Bydureon, Byetta, Mounjaro, Ozempic, Rybelsus, Soliqua, Trulicity, Victoza, Xultophy
Hereditary Angioedema	Berinert, Cinryze, Firazyr, Haegarda, Icatibant, Kalbitor, Orladeyo, Ruconest, Takhzyro
Hyperlipidemia Agents	Juxtapid, Praluent, Repatha
Inhaled Antibiotics	Bethkis, Cayston, Kitabis, Tobi, Tobi Podhaler, Tobramycin
Leukotriene Modifiers	Singulair (montelukast), Accolate (zafirlukast), Zflo CR (zileuton ER)
Multiple Sclerosis Agents	Ampyra ER (dalfampridine), Aubagio (teriflunomide), Mavenclad, Mayzent, Ponvory, Tascenso ODT, Zeposia
Phosphate Binders	Auryxia, calcium acetate, Fosrenol, lanthanum carbonate, Renvela, Sevelamer, Velphoro
Proton Pump Inhibitors	Aciphex, Dexilant, dexlansoprazole, esomeprazole, Konvomep, lansoprazole, Nexium, omeprazole, pantoprazole, Prevacid, Protonix, rabeprazole, Zegerid
Pulmonary Hypertension Agents	Epoprostenol, Flolan, Remodulin, Treprostinil, Veletri, Winrevair Adempas, ambrisentan, Bosentan, Letairis, Opsumit, Opsynvi, Orenitram, Tracleer, Tyvaso, Uptravi, Ventavis
SGLT2 Inhibitor Agents	Farxiga, Inpefa, Invokana, Jardiance, Steglatro Invokamet, Invokamet XR, Segluromet, Synjardy, Synjardy XR, Xigduo XR
Topical Immunomodulators	Elidel, Eucrisa, Opzelura, Protopic, Tacrolimus, Zoryve

Prior Authorization	Drugs
Urea Cycle Disorder Agents	Buphenyl, Carbaglu, Olpruva, Ravicti, Sodium Phenylbutyrate
Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors	Austedo, Austedo XR, Ingrezza, tetrabenazine, Xenazine

Chart Abbreviations

Status

- ◆ = Follows all steps of the prior authorization
- ◇ = Does not follow all steps of the prior authorization
- Blank = Prior authorization does not apply

Items marked with an asterisk (*) identify clinical prior authorizations all MCOs must perform for Medicaid.

Payers

- VDP = Vendor Drug Program
- AET = Aetna Better Health
- BCS = Blue Cross Blue Shield of Texas
- CFT = Community First Health Plans
- CHC = Community Health Choice
- CKC = Cook Children's Health Plan
- DEL = Dell Children's Health Plan
- DRC = Driscoll Health Plan
- EPH = El Paso Health
- FCR = FirstCare Health Plan
- MHT = Molina Healthcare of Texas
- PRK = Parkland Community Health Plan
- SCW = Scott & White
- SUP = Superior HealthPlan
- TXC = Texas Children's Health Plan
- UHC = United Healthcare
- WPT = Wellpoint of Texas

Clinical Prior Authorizations

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT
ADD/ADHD Medications	◆		◆	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇		◆
Aliskiren-Containing Agents (except Valtuna)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Allergen Extracts	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆	◆
Altabax	◆	◆	◆													◆	◆
Amantadine ER Agents		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Amyotrophic Lateral Sclerosis (ALS) Agents		◆									◆			◆			◆
Androgenic Agents		◆	◆								◆			◆		◆	◆
Antiemetics	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Antifungal Agents, Topical		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Antimigraine Agents, Ergot Derivatives	◆	◆												◆			◆
Antimigraine Agents, Triptans	◆	◆												◆			◆
Antipsychotics	◆			◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇		◆
Antiseizure Agents		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Anxiolytics and Sedatives/Hypnotics	◆	◆		◆	◆	◆	◆	◆	◆	◆	◇	◆	◆	◇	◆		◆
Appetite Suppressant Agents																	◇

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT
Arikayce		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Biliary Cholangitis Agents (formerly IBAT Inhibitors)		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Binge Eating Disorder Agents		◆	◆								◆			◆			◆
Buprenorphine Agents	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆	◆
Carisoprodol Containing Agents		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Carisoprodol Overuse	◆																◆
CGRP Antagonists, Acute	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	◆
CGRP Antagonists, Prophylaxis	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
CNS Stimulants (Provigil/Nuvigil/Sunosi)	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Colchicine Agents											◆			◆			◆
Cortisol Receptor Antagonists (formerly Recorlev)		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Cough/Cold Medications	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆
COX-2 Inhibitors	◆	◆									◇						◆
Cyclobenzaprine	◆	◆	◆								◆			◇			◆
Cymbalta											◇			◆			◆
Cystic Fibrosis	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT
Cytokine and CAM Antagonists	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	◆
Daybue	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Desmopressin	◆	◆		◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇		◆
Dextromethorphan Overutilization	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Diabetic Test Strips			◆								◆						
Diclofenac		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆		◆
Dopamine Agonists		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Doxylamine/Pyridoxine		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Duplicate Therapy	◆													◇			
Emflaza	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Enzymes	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Eohilia		◆									◆			◆			◆
Erythropoiesis-Stimulating Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Evrysdi		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Fecal Microbiota Transplantation (FMT) Agents		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Fentanyl Agents	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆		◆

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT
Filspari		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Forteo		◆									◆			◆			◆
Gabapentin Agents	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆	◆
Gattex	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Gaucher's Disease Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
GI Motility Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆
Glatiramer Acetate Injection		◆									◆			◆		◆	◆
Glucagon-like Peptide-1 (GLP-1) Receptor Agonists	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Gonadotropin Releasing Hormone (GnRH) Receptor Antagonists		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Growth Hormones	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
H.P. Acthar	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hemady		◆									◆			◆		◆	◆
Hereditary Angioedema Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hormonal Therapy Agents *	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Hyperlipidemia Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Imcivree		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Imiquimod	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT
Immunomodulator Agents for Dry Eye		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Increlex	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Inhaled Antibiotics	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Ketorolac	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Keveyis		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆
Leukotriene Modifiers	◆	◆		◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◆	◇		◆
Lidocaine Patches		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆
Lupus Agents		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Lyrica		◆		◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	◆
Monoclonal Antibody Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Multiple Sclerosis Agents		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Nitazoxanide	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Nuedexta	◆	◆	◆								◆			◆		◆	◆
Nuplazid		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Omega-3 Fatty Acids	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Opiate Overutilization	◆	◆															◆
Opiate/Benzodiazepine/Muscle Relaxant Combinations	◆	◆									◆						◆
Orilissa		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT
Oxervate		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Oxycodone Extended-Release Products	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆		◆
Palforzia		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
PDE5 Inhibitors	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Phosphate Binders	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Plavix (criteria retired Nov 10, 2024)		◆															◆
Promethazine Agents *	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Propylthiouracil	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Proton Pump Inhibitors		◆									◇			◆			◆
Pulmonary Arterial Hypertension	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	◆
Pulmozyme		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Ranexa	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Rezurock		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
RVVC Agents		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Savella		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT
SGLT2 Inhibitors	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Sickle Cell Agents	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Skyclarys		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Sphingosine 1-Phosphate (S1P) Receptor Modulators		◆									◆						◆
Symlin	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆
Synagis *	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Thiazolidinediones	◆	◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆		◆
Topical Acne Agents		◆		◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◇	◇		◆
Topical Immunomodulators	◆	◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇	◆	◇	◆	◆
Topical Retinoids		◆	◆	◇	◇	◇	◇	◇	◇	◇	◆	◇	◇		◇		◆
Transthyretin Agents		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Urea Cycle Disorder Agents		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Veozah		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
VMAT2 Inhibitors	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆

Prior Authorization	VDP	AET	BCS	CFT	CHC	CKC	DEL	DRC	EPH	FCR	MHT	PRK	SCW	SUP	TXC	UHC	WPT
Voxzogo		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Xifaxan	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◇	◆	◆	◆
Xyrem/Xywav	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆
Zelboraf	◆	◆	◆								◆			◆		◆	◆
Ztalmy		◆		◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆	◆		◆
Zurzuvae		◆									◆						◆

Diabetic Test Strips

Some MCOs have a preferred brand of glucose monitoring test strips. The prescriber may choose any brand on the Medicaid Formulary if no brand is listed. Refer to the Drug Search at txvendordrug.com/formulary/formulary-search to search.

- **Aetna:**
 - OneTouch
- **Blue Cross Blue Shield:**
 - One Touch
- **Community First:**
 - Trividia True Metrix and Abbott products Freestyle and Precision
- **Community Health Choice:**
 - Trividia True Metrix and Abbott products Freestyle and Precision
- **Cook Children's:**
 - Trividia True Metrix and Abbott products Freestyle and Precision
- **Dell Children's:**
 - Trividia True Metrix and Abbott products Freestyle and Precision
- **Driscoll Children's:**
 - Trividia True Metrix and Abbott products Freestyle and Precision
- **El Paso Health:**
 - Trividia True Metrix and Abbott products Freestyle and Precision
- **FirstCare:**
 - Trividia True Metrix and Abbott products Freestyle and Precision
- **Molina Healthcare:**
 - Trividia True Metrix
- **Parkland:**
 - Trividia True Metrix and Abbott products Freestyle and Precision
- **Scott & White:**
 - NA
- **Superior HealthPlan:**
 - One Touch
- **Texas Children's:**
 - Trividia True Metrix and Abbott products Freestyle and Precision
- **United Healthcare:** OneTouch
- **Wellpoint:**
 - Truetest and True Metrix Test Strips - Nipro