

100-Day Supply List

Sunshine Health members can receive up to a 100-day supply on the medications listed below.

A-C

Acebutolol
Acetazolamide
Acarbose
Allopurinol
Amantadine
Amiloride
Amiloride-HCTZ
Amiodarone~
Amitriptyline Tab
Amlodipine Tab
Aspirin
Atenolol
Atenolol/Chlorthalidone
Atorvastatin Tab
Benazepril
Benazepril/Hydrochlorothiazide*
Benzotropine~
Bisoprol
Bisoprolol/Hydrochlorothiazide
Bumetanide
Captopril*
Captopril/Hydrochlorothiazide*
Carbidopa/Levodopa~
Carvedilol Tab
Chlorothiazide~
Chlorpropamide
Chlorthalidone
Citalopram Tab
Clonidine~
Clopidogrel~
Colestipol
Cortisone*

D-F

Desvenlafaxine ER Tab~
Dexamethasone~
Digoxin
Diltiazem~
Dipyridamole
Disopyramide
Doxazosin
Doxepin Cap
Duloxetine Cap
Enalapril
Enalapril/Hydrochlorothiazide
Escitalopram Tab
Estradiol~
Ezetimibe
Felodipine
Flavoxate*
Flecainide
Fluoxetine Cap
Folic Acid
Furosemide

G-L

Gemfibrozil
Glimepiride
Glipizide
Glipizide-Metformin
Glyburide
Glyburide-Metformin
Guanfacine
Hydralazine~
Hydrochlorothiazide
Hydrocortisone~
Imipramine Tab
Indapamide
Irbesartan
Isosorbide Dinitrate
Labetalol
Levothyroxine~
Lisinopril
Lisinopril/Hydrochlorothiazide
Losartan Tab
Losartan/Hydrochlorothiazide Tab
Lovastatin Tab

M-O

Medroxyprogesterone
Metformin Tab~
Methazolamide
Methimazole
Methyldopa
Methyldopa/Hydrochlorothiazide*
Methylprednisolone~
Metolazone
Metoprolol
Metoprolol/Hydrochlorothiazide*
Metoprolol Succinate ER Tab
Mexiletine
Minoxidil
Mirtazapine Tab
Mirtazapine ODT Tab
Montelukast Tab
Montelukast Chew
Nicardipine*
Nifedipine
Nitroglycerin~
Nortriptyline Cap
Olmesartan
Oxybutynin

P-U

Paroxetine Tab~
Pentoxifylline
Pindolol*
Pioglitazone Tab
Pravastatin
Prazosin
Prednisolone~
Prednisone
Propafenone~
Propranolol
Propranolol/Hydrochlorothiazide
Quinapril
Quinapril/HCTZ
Quinidine
Ramipril
Repaglinide
Risperidone Tab~
Rosuvastatin
Selegiline
Sertraline Tab
Simvastatin Tab
Sotalol
Spironolactone
Spironolactone/Hydrochlorothiazide
Terazosin
Thyroid Hormone
Toremide
Trazodone Tab
Triamterene/Hydrochlorothiazide
Trihexyphenidyl

V-Z

Valsartan Tab*
Valsartan/Hydrochlorothiazide Tab*
Venlafaxine Tab~
Venlafaxine ER Cap
Verapamil~
Warfarin

**Drug requires prior authorization*

~Certain formulations or strengths may require prior authorization

Disclaimer: Coverage of these drugs may change. The list of preferred medications is updated every three months