

COMPREHENSIVE
Preferred Drug List



Preferred Drug List

The Sunshine Health Preferred Drug List (PDL) is a guide to available brand and generic drugs that are approved by the Food and Drug Administration (FDA). Drugs may be covered through your prescription drug benefit for indications that are evidence based, meaning there is data showing the use for that condition is safe and effective. Generic drugs have the same active ingredient as their brand name counterparts and should be considered the first line of treatment. If there is no generic available, there may be more than one brand name medication to treat a condition. The preferred brand name medications are listed on Tier 2 to help identify prescription drugs that are clinically appropriate, safe and cost effective.

Please note, the preferred drug list is not meant to be a complete list of the drugs covered under your prescription benefit. Not all dosage forms or strengths of a drug may be covered. This list is periodically reviewed and updated and may be subject to change. Drugs may be added or removed or additional requirements may be added in order to approve continued use of a specific drug.

Pharmacy Benefit Manager

Sunshine Health works with Envolve Pharmacy Solutions to process pharmacy claims for prescribed drugs. Envolve Pharmacy Solutions is our Pharmacy Benefit Manager. Some drugs on the Sunshine Health PDL may require prior authorization which is performed by Envolve Pharmacy Solutions.

Specialty Drugs

Certain medications are only covered when supplied by Sunshine Health's specialty pharmacy provider AcariaHealth. Most specialty drugs, such as biopharmaceuticals and injectables, require a PA to be approved for payment by Sunshine Health.

Dispensing Limits

Drugs may be dispensed up to a maximum of thirty-one (31) day supply for each new prescription or refill. A total of 85% of the day supply must have elapsed before the prescription can be refilled for all drugs.

Filling a Prescription

Prescriptions may be filled at a Sunshine Health network pharmacy. To locate a network pharmacy, search online or contact Sunshine Health Member Services. At the pharmacy the member will need to provide the pharmacist with the prescription and their Sunshine Health ID card.

Prescription Drug Benefit Design

Sunshine Health Stars
Pharmacy Deductible: \$1,500
\$5 Copay for tier 1 preferred generic drug
\$25 copay for preferred drug, after Pharmacy Deductible has been met
\$50 Copay for non-preferred drug, after Pharmacy Deductible has been met
25% coinsurance for a Specialty drug after Pharmacy Deductible has been met
Pharmacy Max Out-of-pocket: \$2,350

Drug List Key

Brand name drugs are listed in CAPS and generic drugs are lower case. Drugs may be covered under different copay tiers depending on your benefit:

Tier 0 – No Copayment for those drugs that are used for prevention and are mandated by the Affordable Care Act. Select oral contraceptives, vitamin D, folic acid for women of child bearing age, and smoking cessation products may be covered under this tier. Certain age or gender limits apply.

Tier 1 – Lowest Copayment for preferred generic drugs that offer the greatest value compared to other agents used to treat similar conditions.

Tier 2 – Medium copayment cover drugs that are generally more affordable, or may be preferred compared to other drugs to treat the same conditions.

Tier 3 – Highest copayment covers higher cost drugs, including higher cost generics. This tier may also cover those brand name drugs that have a generic alternative.

Tier 4 – Coverage for this tier are for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management.

Tier NF – Non-Formulary

Abbreviations

The following notations and abbreviations may be found throughout the drug listing in the Requirements/Limits column.

Abbreviation	Term	Description
AL	Age Limit	Drug is limited to specific age.
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame.
PA	Prior Authorization	Prior Authorization required before prescription can be filled.
RX/OTC	Prescription and Over-The-Counter	Drug is available in both prescriptions and Over-The-Counter (OTC) forms.
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage.

Exclusions

The following drug categories are not part of the Sunshine Health PDL and are not covered by the 72 hour emergency supply policy:

- Anti-Hemophilia Products (anti-hemophilia drugs are only covered as a result of emergency stabilization, during a covered inpatient stay, or when needed before a surgical procedure is performed)
- Injectable/Oral drugs administered in an infusion center, mental health center or inpatient setting.
- Prostheses, appliances, and devices (except products for Diabetics and products used for contraception)
- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs (unless prescribed for an indication other than obesity)
- Experimental or investigational drugs
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- Oral vitamins and minerals or OTC drugs (except those listed in the PDL)
- Nutritional supplements
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs
- DESI drugs that are defined as less than effective by the Food and Drug Administration

Newly Approved Products

Sunshine Health reviews new drugs for safety and effectiveness before adding them to the PDL. During this period, access to these medications will be considered through the PA review process. If Sunshine does not grant PA we will notify the member and their practitioner and provide information regarding the appeal process.

Pharmacy Appeals and Grievances

If you disagree with a decision regarding coverage of a medication, you, your doctor, or someone that you name to help you, can ask us to change our decision. This is called an appeal. You can ask for an appeal in writing or by calling us. If you want to appeal, you must tell us within thirty (30) days of your notice letter. You can file an appeal by writing us at: Sunshine Health, Appeals and Grievances Coordinator, 1301 International Parkway Suite 400, Sunrise, FL 33323. You may also fax us (866) 534-5972 or call us at (866)796-0530, TTY/TDD (800)955-8770. If you appeal by phone, you must also send in a written, signed appeal within ten (10) calendar days after we get your phone call for an appeal.

You can ask for an “expedited appeal” if you or your doctor think that waiting up to thirty (30) calendar days could put your life or health in danger. You or your doctor should tell us this when asking for an appeal. If we agree, we will make a decision within 72 hours of receiving your appeal. If we are going to reduce, or stop a service we had approved you to receive in the past, you have the right to keep getting the service if we approved you to get the service from the provider and the time limit we approved hasn’t ended.

Disclaimer

Coverage of certain products listed in the guide may not apply to Sunshine Stars members due to member age. The Affordable Care Act (ACA) makes certain preventative medications available at no cost and these products were included in the guide for completeness. Coverage of any products listed (including over-the-counter (OTC) medications) requires a prescription from a licensed health care provider.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS 1.25MG-1.25MG-1.25MG-1.25MG, 3.125MG-3.125MG-3.125MG-3.125MG, 3.75MG-3.75MG-3.75MG-3.75MG (Use Amphetamine-Dextroamphetamine)	NF	QL(3 ea daily); AL; At least 6 yrs old
ADDERALL TABS 5MG-5MG-5MG-5MG, 7.5MG-7.5MG-7.5MG-7.5MG, 2.5MG-2.5MG-2.5MG-2.5MG, 1.875MG-1.875MG-1.875MG-1.875MG (Use Amphetamine-Dextroamphetamine)	NF	QL(2 ea daily); AL; At least 6 yrs old
ADDERALL XR CP24 3.75MG-3.75MG-3.75MG-3.75MG, 1.25MG-1.25MG-1.25MG-1.25MG, 2.5MG-2.5MG-2.5MG-2.5MG (Use Amphetamine-Dextroamphetamine)	NF	QL(1 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
ADDERALL XR CP24 6.25MG-6.25MG-6.25MG-6.25MG, 7.5MG-7.5MG-7.5MG-7.5MG, 5MG-5MG-5MG-5MG (Use Amphetamine-Dextroamphetamine)	NF	QL(2 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
amphetamine-dextroamphetamine cp24 3.75mg-3.75mg-3.75mg-3.75mg, 1.25mg-1.25mg-1.25mg-1.25mg, 2.5mg-2.5mg-2.5mg-2.5mg	1	QL(1 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
amphetamine-dextroamphetamine cp24 6.25mg-6.25mg-6.25mg-6.25mg, 5mg-5mg-5mg-5mg, 7.5mg-7.5mg-7.5mg-7.5mg	1	QL(2 ea daily); AL; At least 6 yrs old - Up to 18 yrs old

Drug Name	Drug Tier	Requirements/Limits
amphetamine-dextroamphetamine tabs 1.875mg-1.875mg-1.875mg-1.875mg, 2.5mg-2.5mg-2.5mg-2.5mg, 5mg-5mg-5mg-5mg, 7.5mg-7.5mg-7.5mg-7.5mg	1	QL(2 ea daily); AL; At least 6 yrs old
amphetamine-dextroamphetamine tabs 3.75mg-3.75mg-3.75mg-3.75mg, 3.125mg-3.125mg-3.125mg-3.125mg, 1.25mg-1.25mg-1.25mg-1.25mg	1	QL(3 ea daily); AL; At least 6 yrs old
DESOXYN TABS (Use Methamphetamine HCl)	NF	QL(5 ea daily); AL; At least 6 yrs old
DEXEDRINE CP24 15 MG, 10 MG (Use Dextroamphetamine Sulfate)	NF	QL(4 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
DEXEDRINE CP24 5 MG (Use Dextroamphetamine Sulfate)	NF	QL(2 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
dextroamphetamine sulfate cp24 10 mg, 15 mg	1	QL(4 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
dextroamphetamine sulfate cp24 5 mg	1	QL(2 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
dextroamphetamine sulfate tabs 10 mg, 5 mg	1	QL(4 ea daily); AL; At least 6 yrs old
methamphetamine hcl tabs	3	QL(5 ea daily); AL; At least 6 yrs old
VYVANSE CAPS 10 MG, 20 MG, 70 MG, 30 MG, 60 MG, 50 MG, 40 MG	2	QL(1 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
Attention-Deficit/Hyperactivity Disorder (ADHD)		
atomoxetine hcl caps 100 mg, 80 mg, 60 mg	1	PA; QL(1 ea daily); AL; At least 6 yrs old

Drug Name	Drug Tier	Requirements/ Limits
<i>atomoxetine hcl caps 40 mg, 18 mg, 10 mg, 25 mg</i>	1	PA; QL(2 ea daily); AL; At least 6 yrs old
<i>guanfacine hcl (adhd) tb24</i>	1	QL(1 ea daily); AL; At least 6 yrs old
INTUNIV TB24 (Use Guanfacine HCl (ADHD))	NF	QL(1 ea daily); AL; At least 6 yrs old
STRATTERA CAPS 40 MG, 10 MG, 25 MG, 18 MG (Use Atomoxetine HCl)	NF	PA; QL(2 ea daily); AL; At least 6 yrs old
STRATTERA CAPS 80 MG, 100 MG, 60 MG (Use Atomoxetine HCl)	NF	PA; QL(1 ea daily); AL; At least 6 yrs old
Stimulants - Misc.		
<i>armodafinil tabs 200 mg</i>	1	PA; QL(1 ea daily)
<i>armodafinil tabs 250 mg, 150 mg, 50 mg</i>	1	PA; QL(1 ea daily); AL; At least 17 yrs old
CONCERTA TBCR 18 MG (Use Methylphenidate HCl)	NF	
CONCERTA TBCR 27 MG (Use Methylphenidate HCl)	NF	QL(1 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
CONCERTA TBCR 54 MG, 36 MG (Use Methylphenidate HCl)	NF	QL(2 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
<i>dexmethylphenidate hcl tabs 10 mg</i>	1	QL(5 ea daily); AL; At least 6 yrs old
<i>dexmethylphenidate hcl tabs 2.5 mg, 5 mg</i>	1	QL(2 ea daily)
FOCALIN TABS 10 MG (Use Dexmethylphenidate HCl)	NF	QL(5 ea daily); AL; At least 6 yrs old
FOCALIN TABS 5 MG, 2.5 MG (Use Dexmethylphenidate HCl)	NF	QL(2 ea daily)
METADATE CD CPR (Use Methylphenidate HCl)	NF	QL(1 ea daily); AL; At least 6 yrs old - Up to 18 yrs old

Drug Name	Drug Tier	Requirements/ Limits
METHYLIN SOLN (Use Methylphenidate HCl)	NF	QL(30 ml daily); AL; At least 6 yrs old
<i>methylphenidate hcl cp24 20 mg</i>	1	QL(3 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
<i>methylphenidate hcl cp24 40 mg, 30 mg</i>	1	QL(2 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
<i>methylphenidate hcl cpcr 60 mg, 50 mg, 30 mg, 40 mg, 20 mg, 10 mg</i>	1	QL(1 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
METHYLPHENIDATE HCL ER TB24 36 MG, 18 MG, 27 MG, 54 MG	1	AL; At least 6 yrs old - Up to 18 yrs old
METHYLPHENIDATE HCL ER TBCR 18 MG	1	
<i>methylphenidate hcl soln 10 mg/5ml, 5 mg/5ml</i>	1	QL(30 ml daily); AL; At least 6 yrs old
<i>methylphenidate hcl tabs 10 mg, 5 mg, 20 mg</i>	1	QL(3 ea daily); AL; At least 6 yrs old
<i>methylphenidate hcl tbcr 18 mg</i>	1	
<i>methylphenidate hcl tbcr 20 mg, 10 mg</i>	1	QL(3 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
<i>methylphenidate hcl tbcr 27 mg</i>	1	QL(1 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
<i>methylphenidate hcl tbcr 36 mg, 54 mg</i>	1	QL(2 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
<i>modafinil tabs 100 mg</i>	1	PA; QL(1 ea daily); AL; At least 16 yrs old
<i>modafinil tabs 200 mg</i>	1	PA; QL(2 ea daily); AL; At least 16 yrs old
NUVIGIL TABS 200 MG (Use Armodafinil)	NF	PA; QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
NUVIGIL TABS 50 MG, 150 MG, 250 MG (<i>Use Armodafinil</i>)	NF	PA; QL(1 ea daily); AL; At least 17 yrs old
PROVIGIL TABS 100 MG (<i>Use Modafinil</i>)	NF	PA; QL(1 ea daily); AL; At least 16 yrs old
PROVIGIL TABS 200 MG (<i>Use Modafinil</i>)	NF	PA; QL(2 ea daily); AL; At least 16 yrs old
RITALIN LA CP24 20 MG (<i>Use Methylphenidate HCl</i>)	NF	QL(3 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
RITALIN LA CP24 40 MG, 30 MG (<i>Use Methylphenidate HCl</i>)	NF	QL(2 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
RITALIN TABS (<i>Use Methylphenidate HCl</i>)	NF	QL(3 ea daily); AL; At least 6 yrs old
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Biologicals Misc		
ADAGEN SOLN	4	PA
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate soln</i>	1	
<i>gentamicin in saline soln</i>	1	
<i>gentamicin sulfate soln</i>	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN	1	
KITABIS PAK NEBU	4	PA
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
STREPTOMYCIN SULFATE SOLR	3	
TOBI NEBU (<i>Use Tobramycin</i>)	NF	PA

Drug Name	Drug Tier	Requirements/ Limits
<i>tobramycin nebu</i>	4	PA
TOBRAMYCIN NEBU	4	PA
TOBRAMYCIN SULFATE POWD XX	4	PA
<i>tobramycin sulfate soln ij 1.2 gm/30ml, 40 mg/ml, 10 mg/ml, 80 mg/2ml</i>	4	
TOBRAMYCIN SULFATE SOLN IJ 40 MG/ML, 10 MG/ML	4	
<i>tobramycin sulfate solr ij 1.2 gm</i>	4	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Anti-TNF-alpha - Monoclonal Antibodies		
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	4	PA
HUMIRA PEN PNKT	4	PA
HUMIRA PEN-CROHNS DISEASE STARTER PNKT	4	PA
HUMIRA PEN-PSORIASIS STARTER PNKT	4	PA
HUMIRA PSKT	4	PA
SIMPONI SOAJ	4	PA
SIMPONI SOSY	4	PA
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS	4	PA
Antirheumatic Antimetabolites		
RHEUMATREX TABS	4	
Gold Compounds		
RIDAURA CAPS	3	
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA
Interleukin-1 Receptor Antagonist (IL-1Ra)		

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Drug Name	Drug Tier	Requirements/ Limits
KINERET SOSY	4	PA
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN	4	PA
Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
ANAPROX DS TABS (Use Naproxen Sodium)	NF	
ARTHROTEC 50 TBEC (Use Diclofenac w/ Misoprostol)	NF	
ARTHROTEC 75 TBEC (Use Diclofenac w/ Misoprostol)	NF	
CELEBREX CAPS 200 MG, 50 MG, 100 MG (Use Celecoxib)	NF	PA; QL(2 ea daily)
CELEBREX CAPS 400 MG (Use Celecoxib)	NF	PA; QL(1 ea daily)
<i>celecoxib caps 400 mg</i>	1	PA; QL(1 ea daily)
<i>celecoxib caps 50 mg, 200 mg, 100 mg</i>	1	PA; QL(2 ea daily)
CHILDRENS ADVIL SUSP (Use Ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP (Use Ibuprofen)	NF	RX/OTC
DAYPRO TABS (Use Oxaprozin)	NF	
<i>diclofenac potassium tabs</i>	1	
<i>diclofenac sodium tb24</i>	1	
<i>diclofenac sodium tbec</i>	1	
<i>diclofenac w/ misoprostol tbec</i>	1	
EC-NAPROSYN TBEC (Use Naproxen)	NF	
<i>etodolac caps</i>	1	
<i>etodolac tabs</i>	1	
FELDENE CAPS (Use Piroxicam)	NF	
FENOPROFEN CALCIUM TABS	2	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC
<i>ibuprofen tabs 600 mg, 400 mg, 800 mg</i>	1	
<i>indomethacin caps</i>	1	
<i>indomethacin cpcr</i>	1	
<i>ketoprofen caps</i>	1	
<i>ketorolac tromethamine tabs</i>	1	QL(20 ea per 30 days retail)
LODINE TABS (Use Etodolac)	NF	
MECLOFENAMATE SODIUM CAPS	2	
<i>mefenamic acid caps</i>	1	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tabs 15 mg, 7.5 mg</i>	1	QL(1 ea daily)
MOBIC SUSP 7.5 MG/5ML (Use Meloxicam)	NF	
MOBIC TABS 15 MG, 7.5 MG (Use Meloxicam)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NAPROSYN SUSP (Use Naproxen)	NF	
NAPROSYN TABS (Use Naproxen)	NF	
<i>naproxen sodium tabs</i>	1	
<i>naproxen susp 125 mg/5ml</i>	1	
NAPROXEN SUSP 125 MG/5ML	2	
<i>naproxen tabs 375 mg, 250 mg, 500 mg</i>	1	
<i>naproxen tbec 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
PONSTEL CAPS (<i>Use Mefenamic Acid</i>)	NF	
<i>sulindac tabs</i>	1	
TOLMETIN SODIUM CAPS 400 MG	1	
<i>tolmetin sodium caps 400 mg</i>	1	
TOLMETIN SODIUM TABS 200 MG	2	
TOLMETIN SODIUM TABS 600 MG	3	
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (<i>Use Leflunomide</i>)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOLR	4	PA
ORENCIA SOSY	4	PA
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	4	PA
ENBREL SOSY	4	PA
ENBREL SURECLICK SOAJ	4	PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
<i>butalbital-acetaminophen-caffeine caps</i>	1	
<i>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
ESGIC TABS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	NF	
FIORICET CAPS (<i>Use Butalbital-Acetaminophen-Caffeine</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
FIORINAL CAPS (<i>Use Butalbital-Aspirin-Caffeine</i>)	NF	
Salicylates		
<i>aspirin tbec</i>	0	AL; At least 45 yrs old - Up to 79 yrs old
<i>diflunisal tabs</i>	1	
DISALCID TABS (<i>Use Salsalate</i>)	NF	
<i>salsalate tabs</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (<i>Use Fentanyl Citrate</i>)	NF	PA; QL(4 ea daily)
<i>codeine sulfate tabs</i>	1	
CODEINE SULFATE TABS (<i>Use Codeine Sulfate</i>)	NF	
DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML (<i>Use Meperidine HCl</i>)	NF	
DEMEROL TABS OR 100 MG, 50 MG (<i>Use Meperidine HCl</i>)	NF	QL(6 ea daily)
DILAUDID LIQD 1 MG/ML (<i>Use Hydromorphone HCl</i>)	NF	
DILAUDID TABS 4 MG, 2 MG, 8 MG (<i>Use Hydromorphone HCl</i>)	NF	QL(8 ea daily)
DILAUDID-HP SOLN (<i>Use Hydromorphone HCl</i>)	NF	
DOLOPHINE TABS 10 MG (<i>Use Methadone HCl</i>)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (<i>Use Methadone HCl</i>)	NF	QL(4 ea daily)
DURAGESIC PT72 (<i>Use Fentanyl</i>)	NF	Limit 10 patches per month; QL(0.34 ea daily)
EMBEDA CPR	3	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EXALGO T24A 16 MG, 32 MG, 12 MG (Use Hydromorphone HCl)	NF	PA; QL(2 ea daily)
EXALGO T24A 8 MG (Use Hydromorphone HCl)	NF	PA; QL(1 ea daily)
fentanyl citrate lpop bu 600 mcg, 1200 mcg, 400 mcg, 800 mcg, 1600 mcg, 200 mcg	1	PA; QL(4 ea daily)
fentanyl pt72	1	Limit 10 patches per month; QL(0.34 ea daily)
hydromorphone hcl liqd or 1 mg/ml	1	
hydromorphone hcl soln ij 50 mg/5ml, 500 mg/50ml, 10 mg/ml	1	
hydromorphone hcl t24a or 12 mg, 16 mg, 32 mg	1	PA; QL(2 ea daily)
hydromorphone hcl t24a or 8mg, 8 mg	1	PA; QL(1 ea daily)
hydromorphone hcl tabs or 2 mg, 4 mg, 8 mg	1	QL(8 ea daily)
KADIAN CP24 (Use Morphine Sulfate)	NF	PA; QL(2 ea daily)
LEVORPHANOL TARTRATE TABS	2	
meperidine hcl soln ij 50 mg/ml, 25 mg/ml, 100 mg/ml	1	
MEPERIDINE HCL SOLN OR 50 MG/5ML	2	QL(500 ml per fill retail)
meperidine hcl tabs or 100 mg, 50 mg	1	QL(6 ea daily)
methadone hcl conc 10 mg/ml	1	QL(10 ml daily)
methadone hcl soln 10 mg/5ml	1	QL(50 ml daily)
METHADONE HCL SOLN 10 MG/5ML (Use Methadone HCl)	NF	QL(50 ml daily)
methadone hcl soln 5 mg/5ml	1	QL(300 ml daily)
METHADONE HCL SOLN 5 MG/5ML (Use Methadone HCl)	NF	QL(300 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
methadone hcl tabs 10 mg	1	QL(10 ea daily)
methadone hcl tabs 5 mg	1	QL(4 ea daily)
methadone hcl tbso 40 mg	3	
METHADOSE CONC (Use Methadone HCl)	NF	QL(10 ml daily)
METHADOSE SUGAR-FREE CONC (Use Methadone HCl)	NF	QL(10 ml daily)
morphine sulfate cp24 or 60 mg, 20 mg, 30 mg, 100 mg, 80 mg, 50 mg	1	PA; QL(2 ea daily)
morphine sulfate soln ij 1 mg/ml, 0.5 mg/ml	1	
morphine sulfate soln or 10 mg/5ml	1	QL(300 ml daily)
morphine sulfate soln or 20 mg/5ml	1	QL(50 ml daily)
MORPHINE SULFATE TABS OR 30 MG, 15 MG	2	QL(6 ea daily)
morphine sulfate tbcr or 200 mg, 60 mg, 100 mg, 15 mg, 30 mg	1	QL(2 ea daily)
MS CONTIN TBCR (Use Morphine Sulfate)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS (Use Oxymorphone HCl)	NF	QL(12 ea daily)
OXYCODONE HCL ER T12A	3	PA; QL(2 ea daily)
oxycodone hcl tabs 20 mg, 15 mg, 10 mg, 5 mg	1	QL(12 ea daily)
oxycodone hcl tabs 30 mg	1	QL(24 ea daily)
OXYCONTIN T12A	3	PA; QL(2 ea daily)
oxymorphone hcl tabs 10 mg, 5 mg	1	QL(12 ea daily)
oxymorphone hcl tb12 40 mg	3	PA; QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>oxymorphone hcl tb12 5 mg, 15 mg, 20 mg, 10 mg, 7.5 mg, 30 mg</i>	3	PA; QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 20 MG, 7.5 MG, 30 MG, 10 MG, 5 MG, 15 MG	3	PA; QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 40 MG	3	PA; QL(4 ea daily)
ROXICODONE TABS 15 MG, 5 MG (<i>Use Oxycodone HCl</i>)	NF	QL(12 ea daily)
ROXICODONE TABS 30 MG (<i>Use Oxycodone HCl</i>)	NF	QL(24 ea daily)
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)
<i>tramadol hcl tb24 100 mg, 200 mg, 300 mg</i>	1	QL(1 ea daily)
ULTRAM ER TB24 (<i>Use Tramadol HCl</i>)	NF	QL(1 ea daily)
ULTRAM TABS (<i>Use Tramadol HCl</i>)	NF	QL(8 ea daily)
ZOHYDRO ER C12A	3	PA; QL(2 ea daily)
Opioid Combinations		
<i>acetaminophen w/ codeine soln 120mg/5ml-12mg/5ml</i>	1	QL(75 ml daily); AL; At least 6 yrs old
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	1	QL(13 ea daily); AL; At least 6 yrs old
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	1	QL(12 ea daily); AL; At least 6 yrs old
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	1	QL(6 ea daily); AL; At least 6 yrs old
<i>butalbital-acetaminophen-caffeine w/ codeine caps</i>	1	QL(6 ea daily); AL; At least 6 yrs old
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	QL(6 ea daily); AL; At least 6 yrs old
FIORINAL/CODEINE #3 CAPS (<i>Use Butalbital-Aspirin-Caffeine w/Cod</i>)	NF	QL(6 ea daily); AL; At least 6 yrs old

Drug Name	Drug Tier	Requirements/Limits
HYCET SOLN (<i>Use Hydrocodone-Acetaminophen</i>)	NF	QL(180 ml daily)
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 7.5mg/15ml-325mg/15ml, 5mg/10ml-217mg/10ml</i>	1	QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 2.5mg-325mg</i>	1	
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 7.5mg-325mg, 10mg-325mg</i>	1	QL(12 ea daily)
<i>hydrocodone-acetaminophen tabs 7.5mg-300mg, 5mg-300mg, 10mg-300mg</i>	1	QL(13 ea daily)
<i>hydrocodone-ibuprofen tabs</i>	1	QL(5 ea daily)
NORCO TABS (<i>Use Hydrocodone-Acetaminophen</i>)	NF	QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs</i>	1	QL(12 ea daily)
OXYCODONE/IBUPROFEN TABS	1	QL(1 ea daily)
PERCOCET TABS (<i>Use Oxycodone w/ Acetaminophen</i>)	NF	QL(12 ea daily)
<i>tramadol-acetaminophen tabs</i>	1	QL(8 ea daily)
TYLENOL/CODEINE #3 TABS (<i>Use Acetaminophen w/ Codeine</i>)	NF	QL(12 ea daily); AL; At least 6 yrs old
TYLENOL/CODEINE #4 TABS (<i>Use Acetaminophen w/ Codeine</i>)	NF	QL(6 ea daily); AL; At least 6 yrs old
ULTRACET TABS (<i>Use Tramadol-Acetaminophen</i>)	NF	QL(8 ea daily)
VICOPROFEN TABS (<i>Use Hydrocodone-Ibuprofen</i>)	NF	QL(5 ea daily)
XODOL TABS (<i>Use Hydrocodone-Acetaminophen</i>)	NF	QL(13 ea daily)
Opioid Partial Agonists		

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Drug Name	Drug Tier	Requirements/ Limits
BUPRENEX SOLN (<i>Use Buprenorphine HCl</i>)	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1	
<i>buprenorphine hcl subl sl 8 mg, 2 mg</i>	1	PA; QL(3 ea daily)
<i>buprenorphine hcl-naloxone hcl dihydrate subl</i>	3	PA; QL(3 ea daily)
BUPRENORPHINE PTWK	3	PA; Limit 4 patches per month;QL(0.15 ea daily)
BUTORPHANOL TARTRATE SOLN IJ 1 MG/ML	2	
<i>butorphanol tartrate soln ij 2 mg/ml</i>	1	
<i>butorphanol tartrate soln na 10 mg/ml</i>	1	PA; Limit 1 inhaler per month
BUTRANS PTWK	3	PA; Limit 4 patches per month;QL(0.15 ea daily)
<i>nalbuphine hcl soln</i>	1	QL(8 ml daily)
<i>pentazocine w/ naloxone tabs</i>	1	
SUBOXONE FILM 12MG-3MG, 4MG-1MG	3	PA
SUBOXONE FILM 2MG-0.5MG	3	PA; QL(3 ea daily)
SUBOXONE FILM 8MG-2MG	3	PA; QL(2 ea daily)
TALWIN SOLN	3	
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Anabolic Steroids		
ANADROL-50 TABS	3	
OXANDRIN TABS (<i>Use Oxandrolone</i>)	NF	
<i>oxandrolone tabs</i>	1	
Androgens		

Drug Name	Drug Tier	Requirements/ Limits
ANDRODERM PT24	2	PA; QL(1 ea daily)
ANDROXY TABS	3	PA
<i>danazol caps</i>	1	PA
DEPO-TESTOSTERONE SOLN (<i>Use Testosterone Cypionate</i>)	NF	
METHITEST TABS	3	PA
<i>testosterone cypionate soln</i>	1	
<i>testosterone enanthate soln</i>	1	
ANORECTAL AGENTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA ENEM (<i>Use Hydrocortisone (Intrarectal)</i>)	NF	
<i>hydrocortisone (intrarectal) enem</i>	1	
Rectal Steroids		
ANUSOL-HC CREA (<i>Use Hydrocortisone (Rectal)</i>)	NF	
<i>hydrocortisone (rectal) crea</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT SUPP (<i>Use Hydrocortisone Acetate (Rectal)</i>)	NF	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
ALBENZA TABS	3	
BILTRICIDE TABS	3	
EMVERM CHEW	1	PA

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Drug Name	Drug Tier	Requirements/ Limits
<i>ivermectin tabs</i>	1	
STROMEKTOL TABS (<i>Use Ivermectin</i>)	NF	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AZACTAM SOLR (<i>Use Aztreonam</i>)	NF	
<i>aztreonam solr</i>	1	
<i>bacitracin solr im 50000 unit</i>	3	
FLAGYL TABS (<i>Use Metronidazole</i>)	NF	
<i>metronidazole tabs</i>	1	
NEBUPENT SOLR	3	
PENTAM 300 SOLR	3	
<i>trimethoprim tabs</i>	1	
VANCOGIN HCL CAPS (<i>Use Vancomycin HCl</i>)	NF	PA; 10 days supply per claim; QL(4 ea daily, 40 ea per fill retail)
<i>vancomycin hcl caps or 125 mg, 250 mg</i>	1	PA; 10 days supply per claim; QL(4 ea daily, 40 ea per fill retail)
<i>vancomycin hcl solr iv 10 gm</i>	1	
<i>vancomycin hcl solr iv 1000 mg</i>	1	QL(14 ea per fill retail)
<i>vancomycin hcl solr iv 500 mg</i>	1	QL(14 ea per 30 days retail)
VIBATIV SOLR	3	
XIFAXAN TABS	3	PA; AL; At least 12 yrs old
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
BACTRIM TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
SULFAMETHOXAZOLE/T RIMETHOPRIM SOLN	2	
Antiprotozoal Agents		
ALINIA SUSR	2	
ALINIA TABS	2	
<i>atovaquone susp</i>	1	
MEPRON SUSP (<i>Use Atovaquone</i>)	NF	
Carbapenems		
DORIBAX SOLR	3	
DORIPENEM SOLR	3	
<i>imipenem-cilastatin solr</i>	1	
INVANZ SOLR	3	
<i>meropenem solr</i>	1	
MERREM SOLR (<i>Use Meropenem</i>)	NF	
PRIMAXIN IV ADD-VANTAGE SOLR (<i>Use Imipenem-Cilastatin</i>)	NF	
PRIMAXIN IV SOLR (<i>Use Imipenem-Cilastatin</i>)	NF	
Chloramphenicols		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	
Cyclic Lipopeptides		
CUBICIN RF SOLR (<i>Use Daptomycin</i>)	NF	
CUBICIN SOLR (<i>Use Daptomycin</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>daptomycin solr</i>	1	
Glycylcyclines		
TIGECYCLINE SOLR	3	PA
TYGACIL SOLR	3	PA
Ketolides		
KETEK TABS	3	10 days supply per claim; QL(2 ea daily, 20 ea per fill retail)
Leprostatics		
<i>dapsone tabs</i>	3	
Lincosamides		
CLEOCIN CAPS (<i>Use Clindamycin HCl</i>)	NF	
CLEOCIN PEDIATRIC GRANULES SOLR (<i>Use Clindamycin Palmitate Hydrochloride</i>)	NF	AL; Up to 12 yrs old
CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 900 MG/6ML (<i>Use Clindamycin Phosphate</i>)	NF	
CLEOCIN PHOSPHATE SOLN IV 900 MG/6ML (<i>Use Clindamycin Phosphate</i>)	NF	
<i>clindamycin hcl caps</i>	1	
<i>clindamycin palmitate hydrochloride solr</i>	1	AL; Up to 12 yrs old
<i>clindamycin phosphate soln ij 900 mg/6ml, 300 mg/2ml</i>	1	
CLINDAMYCIN PHOSPHATE SOLN IV 150 MG/ML	2	
<i>clindamycin phosphate soln iv 150 mg/ml, 900 mg/6ml</i>	1	
LINCOCIN SOLN (<i>Use Lincomycin HCl</i>)	NF	
<i>lincomycin hcl soln</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
Oxazolidinones		
<i>linezolid soln iv 600 mg/300ml</i>	1	PA; 14 days supply per claim; QL(600 ml daily, 8400 ml per fill retail)
LINEZOLID SOLN IV 600MG/300ML-0.9%	1	PA; 14 days supply per claim; QL(600 ml daily, 8400 ml per fill retail)
<i>linezolid susr or 100 mg/5ml</i>	3	PA; 14 days supply per claim; QL(60 ml daily, 840 ml per fill retail)
<i>linezolid tabs or 600 mg</i>	1	PA; 14 days supply per claim; QL(2 ea daily, 28 ea per fill retail)
ZYVOX SOLN IV 200 MG/100ML	2	PA
ZYVOX SOLN IV 600 MG/300ML (<i>Use Linezolid</i>)	NF	PA; 14 days supply per claim; QL(600 ml daily, 8400 ml per fill retail)
ZYVOX SUSR OR 100 MG/5ML (<i>Use Linezolid</i>)	NF	PA; 14 days supply per claim; QL(60 ml daily, 840 ml per fill retail)
ZYVOX TABS OR 600 MG (<i>Use Linezolid</i>)	NF	PA; 14 days supply per claim; QL(2 ea daily, 28 ea per fill retail)
Polymyxins		
<i>polymyxin b sulfate solr</i>	1	
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12	2	QL(3 ea daily)
Nitrates		

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Drug Name	Drug Tier	Requirements/ Limits
ISORDIL TITRADOSE TABS (Use Isosorbide Dinitrate)	NF	
ISOSORBIDE DINITRATE ER TBCR	2	
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate tabs</i>	1	
<i>isosorbide mononitrate tb24</i>	1	
NITRO-BID OINT	3	
NITRO-DUR PT24 (Use Nitroglycerin)	NF	
<i>nitroglycerin pt24 td 0.4 mg/hr, 0.1 mg/hr, 0.2 mg/hr, 0.6 mg/hr</i>	1	
NITROGLYCERIN SOLN IV 5 MG/ML	2	
<i>nitroglycerin subl sl 0.4 mg, 0.3 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (Use Nitroglycerin)	NF	
ANTIANKXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs 15 mg, 10 mg, 7.5 mg, 30 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	QL(1 ea daily)
<i>hydroxyzine hcl soln</i>	1	
<i>hydroxyzine hcl syrp</i>	1	
<i>hydroxyzine hcl tabs</i>	1	
HYDROXYZINE PAMOATE CAPS	2	
<i>meprobamate tabs</i>	1	
Benzodiazepines		
<i>alprazolam tabs</i>	1	QL(4 ea daily)
ATIVAN TABS 1 MG (Use Lorazepam)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ATIVAN TABS 2 MG, 0.5 MG (Use Lorazepam)	NF	QL(3 ea daily)
<i>diazepam tabs or 10 mg, 2 mg, 5 mg</i>	1	QL(4 ea daily)
<i>lorazepam tabs 0.5 mg, 2 mg</i>	1	QL(3 ea daily)
<i>lorazepam tabs 1 mg</i>	1	QL(4 ea daily)
VALIUM TABS (Use Diazepam)	NF	QL(4 ea daily)
XANAX TABS (Use Alprazolam)	NF	QL(4 ea daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate caps</i>	1	
NORPACE CAPS (Use Disopyramide Phosphate)	NF	
PROCAINAMIDE HCL SOLN	1	
QUINIDINE SULFATE ER TBCR	2	
QUINIDINE SULFATE TABS 200 MG, 300 MG	2	
<i>quinidine sulfate tabs 300 mg</i>	1	
Antiarrhythmics Type I-B		
<i>mexiletine hcl caps</i>	1	
Antiarrhythmics Type I-C		
<i>flecainide acetate tabs</i>	1	
<i>propafenone hcl cp12</i>	1	
<i>propafenone hcl tabs</i>	1	
RYTHMOL SR CP12 (Use Propafenone HCl)	NF	
RYTHMOL TABS (Use Propafenone HCl)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>amiodarone hcl tabs</i>	1	
CORDARONE TABS (<i>Use Amiodarone HCl</i>)	NF	
<i>dofetilide caps</i>	1	
MULTAQ TABS	3	
TIKOSYN CAPS (<i>Use Dofetilide</i>)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
CROMOLYN SODIUM NEBU	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
XOLAIR SOLR	4	PA
Bronchodilators - Anticholinergics		
ATROVENT HFA AERS	3	Limit 1 inhaler per month
INCRUSE ELLIPTA AEPB	2	Limit 1 inhaler per month;QL(1 ea daily)
<i>ipratropium bromide soln</i>	1	QL(15 ml daily)
SPIRIVA HANDIHALER CAPS	2	Limit 1 inhaler per month;QL(3 ea daily)
SPIRIVA RESPIMAT AERS	2	Limit 1 inhaler per month
Leukotriene Modulators		
ACCOLATE TABS (<i>Use Zafirlukast</i>)	NF	QL(2 ea daily)
<i>montelukast sodium chew</i>	1	QL(1 ea daily)
<i>montelukast sodium pack</i>	1	QL(1 ea daily)
<i>montelukast sodium tabs</i>	1	QL(1 ea daily)
SINGULAIR CHEW (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
SINGULAIR TABS (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>zafirlukast tabs</i>	1	QL(2 ea daily)
<i>zileuton tb12</i>	3	QL(4 ea daily); AL; At least 12 yrs old
ZYFLO CR TB12 (<i>Use Zileuton</i>)	NF	QL(4 ea daily); AL; At least 12 yrs old
Steroid Inhalants		
ALVESCO AERS	3	PA; Limit 1 inhaler per month
ASMANEX TWISTHALER 120 METERED DOSES AEPB	2	Limit 1 inhaler per month
ASMANEX TWISTHALER 14 METERED DOSES AEPB	2	Limit 1 inhaler per month
ASMANEX TWISTHALER 30 METERED DOSES AEPB	2	Limit 1 inhaler per month
ASMANEX TWISTHALER 60 METERED DOSES AEPB	2	Limit 1 inhaler per month
ASMANEX TWISTHALER 7 METERED DOSES AEPB	2	Limit 1 inhaler per month
<i>budesonide (inhalation) susp 0.5 mg/2ml, 0.25 mg/2ml</i>	3	PA; QL(4 ml daily)
<i>budesonide (inhalation) susp 1 mg/2ml</i>	1	PA; QL(4 ml daily)
FLOVENT DISKUS AEPB	3	Limit 1 inhaler per month;QL(2 ea daily)
FLOVENT HFA AERO	3	Limit 1 inhaler per month
PULMICORT FLEXHALER AEPB	2	PA; Limit 1 inhaler per month
PULMICORT SUSP (<i>Use Budesonide (Inhalation)</i>)	NF	PA; QL(4 ml daily)
QVAR AERS	2	Limit 1 inhaler per month
Sympathomimetics		

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Drug Name	Drug Tier	Requirements/ Limits
ADVAIR DISKUS AEPB	2	PA; Limit 1 inhaler per month; QL(2 ea daily)
ADVAIR HFA AERO	2	PA; Limit 1 inhaler per month
<i>albuterol sulfate nebu in 0.5 %</i>	1	QL(2 ml daily)
<i>albuterol sulfate nebu in 0.63 mg/3ml, 1.25 mg/3ml, 0.083 %</i>	1	QL(15 ml daily)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 4 mg, 2 mg</i>	1	
<i>albuterol sulfate tb12 or 8 mg, 4 mg</i>	1	
ARCAPTA NEOHALER CAPS	2	PA; Limit 1 inhaler per month; QL(1 ea daily)
BREO ELLIPTA AEPB	2	Limit 1 inhaler per month; QL(2 ea daily)
BROVANA NEBU	3	PA; QL(4 ml daily)
<i>epinephrine hcl soln</i>	1	
<i>epinephrine hcl sosy</i>	1	
FORADIL AEROLIZER CAPS	2	PA; Limit 1 inhaler per month; QL(2 ea daily)
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.31 mg/3ml, 1.25 mg/3ml, 0.63 mg/3ml</i>	1	QL(12 ml daily)
<i>levalbuterol hcl nebu 1.25 mg/0.5ml</i>	1	QL(2 ea daily)
LEVALBUTEROL TARTRATE HFA AERO	3	PA; Limit 1 inhaler per month
METAPROTERENOL SULFATE TABS 10 MG	1	

Drug Name	Drug Tier	Requirements/ Limits
METAPROTERENOL SULFATE TABS 20 MG	2	
PROAIR HFA AERS	2	Limit 2 inhalers per month
PROVENTIL HFA AERS	2	Limit 2 inhalers per month
SEREVENT DISKUS AEPB	2	Limit 1 inhaler per month; QL(2 ea daily)
SYMBICORT AERO	2	PA; Limit 1 inhaler per month
<i>terbutaline sulfate soln</i>	1	
<i>terbutaline sulfate tabs</i>	1	
VENTOLIN HFA AERS	2	Limit 2 inhalers per month
VOSPIRE ER TB12 (<i>Use Albuterol Sulfate</i>)	NF	
XOPENEX CONCENTRATE NEBU (<i>Use Levalbuterol HCl</i>)	NF	QL(2 ea daily)
XOPENEX HFA AERO	3	PA; Limit 1 inhaler per month
XOPENEX NEBU (<i>Use Levalbuterol HCl</i>)	NF	QL(12 ml daily)
Xanthines		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	2	
THEO-24 CP24	2	
<i>theophylline tb12</i>	1	
<i>theophylline tb24</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
COUMADIN TABS (<i>Use Warfarin Sodium</i>)	2	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		

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Drug Name	Drug Tier	Requirements/Limits
ELIQUIS TABS	2	Limit 74 tablets per month; QL(74 ea per 30 days retail)
XARELTO TABS	2	
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (Use Fondaparinux Sodium)	NF	PA; QL(0.8 ml daily, 7.2 ml per 180 days retail)
ARIXTRA SOLN 2.5 MG/0.5ML (Use Fondaparinux Sodium)	NF	PA; QL(0.5 ml daily, 4.5 ml per 180 days retail)
ARIXTRA SOLN 5 MG/0.4ML (Use Fondaparinux Sodium)	NF	PA; QL(0.4 ml daily, 3.6 ml per 180 days retail)
ARIXTRA SOLN 7.5 MG/0.6ML (Use Fondaparinux Sodium)	NF	PA; QL(0.6 ml daily, 5.4 ml per 180 days retail)
enoxaparin sodium soln ij 300 mg/3ml	4	QL(42 ml per 7 days retail)
enoxaparin sodium soln sc 120 mg/0.8ml, 80 mg/0.8ml	4	QL(12 ml per 7 days retail)
enoxaparin sodium soln sc 150 mg/ml, 100 mg/ml	4	QL(14 ml per 7 days retail)
enoxaparin sodium soln sc 30 mg/0.3ml	4	QL(5 ml per 7 days retail)
enoxaparin sodium soln sc 40 mg/0.4ml	4	QL(6 ml per 7 days retail)
enoxaparin sodium soln sc 60 mg/0.6ml	4	QL(9 ml per 7 days retail)
fondaparinux sodium soln 10 mg/0.8ml	4	PA; QL(0.8 ml daily, 7.2 ml per 180 days retail)
fondaparinux sodium soln 2.5 mg/0.5ml	4	PA; QL(0.5 ml daily, 4.5 ml per 180 days retail)
fondaparinux sodium soln 5 mg/0.4ml	4	PA; QL(0.4 ml daily, 3.6 ml per 180 days retail)
fondaparinux sodium soln 7.5 mg/0.6ml	4	PA; QL(0.6 ml daily, 5.4 ml per 180 days retail)
FRAGMIN SOLN	4	PA

Drug Name	Drug Tier	Requirements/Limits
heparin sod (porcine) in d5w soln	1	
heparin sodium (porcine) soln	1	
HEPARIN SODIUM/NAACL 0.45% SOLN	1	
LOVENOX SOLN IJ 300 MG/3ML (Use Enoxaparin Sodium)	NF	QL(42 ml per 7 days retail)
LOVENOX SOLN SC 100 MG/ML, 150 MG/ML (Use Enoxaparin Sodium)	NF	QL(14 ml per 7 days retail)
LOVENOX SOLN SC 30 MG/0.3ML (Use Enoxaparin Sodium)	NF	QL(5 ml per 7 days retail)
LOVENOX SOLN SC 40 MG/0.4ML (Use Enoxaparin Sodium)	NF	QL(6 ml per 7 days retail)
LOVENOX SOLN SC 60 MG/0.6ML (Use Enoxaparin Sodium)	NF	QL(9 ml per 7 days retail)
LOVENOX SOLN SC 80 MG/0.8ML, 120 MG/0.8ML (Use Enoxaparin Sodium)	NF	QL(12 ml per 7 days retail)
Thrombin Inhibitors		
PRADAXA CAPS 150 MG	2	QL(2 ea daily)
PRADAXA CAPS 75 MG	2	QL(1 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
clonazepam tabs	1	
DIASTAT ACUDIAL GEL	3	QL(1 ea per fill retail)
DIASTAT PEDIATRIC GEL	3	QL(1 ea per fill retail)
DIAZEPAM GEL RE 10 MG, 2.5 MG, 20 MG	3	QL(1 ea per fill retail)
DIAZEPAM RECTAL GEL GEL	3	QL(1 ea per fill retail)
KLONOPIN TABS (Use Clonazepam)	NF	
ONFI SUSP 2.5 MG/ML	3	PA; QL(16 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
ONFI TABS 20 MG, 10 MG	3	PA; QL(2 ea daily)
Anticonvulsants - Misc.		
BANZEL SUSP 40 MG/ML	2	PA; QL(80 ml daily)
BANZEL TABS 200 MG	2	PA; QL(2 ea daily)
BANZEL TABS 400 MG	2	PA; QL(8 ea daily)
<i>carbamazepine chew 100 mg</i>	1	
<i>carbamazepine cp12 100 mg</i>	1	ST
<i>carbamazepine cp12 200 mg</i>	1	ST; QL(6 ea daily)
<i>carbamazepine cp12 300 mg</i>	1	ST; QL(4 ea daily)
<i>carbamazepine susp 100 mg/5ml</i>	1	
<i>carbamazepine tabs 200 mg</i>	1	
<i>carbamazepine tb12 200 mg</i>	1	ST; QL(6 ea daily)
<i>carbamazepine tb12 400 mg</i>	1	ST; QL(4 ea daily)
CARBATROL CP12 100 MG (Use Carbamazepine)	NF	ST
CARBATROL CP12 200 MG (Use Carbamazepine)	NF	ST; QL(6 ea daily)
CARBATROL CP12 300 MG (Use Carbamazepine)	NF	ST; QL(4 ea daily)
<i>gabapentin caps 400 mg, 300 mg, 100 mg</i>	1	
<i>gabapentin soln 300 mg/6ml, 250 mg/5ml</i>	1	QL(60 ml daily)
<i>gabapentin tabs 600 mg, 800 mg</i>	1	
KEPPRA SOLN IV 500 MG/5ML (Use Levetiracetam)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (Use Levetiracetam)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (Use Levetiracetam)	NF	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
KEPPRA TABS OR 500 MG, 250 MG, 750 MG (Use Levetiracetam)	NF	QL(4 ea daily)
KEPPRA XR TB24 (Use Levetiracetam)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use Lamotrigine)	NF	
LAMICTAL TABS (Use Lamotrigine)	NF	
<i>lamotrigine chew</i>	1	
<i>lamotrigine tabs</i>	1	
<i>levetiracetam soln iv 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam soln or 500 mg/5ml, 100 mg/ml</i>	1	QL(30 ml daily)
<i>levetiracetam tabs or 1000 mg</i>	1	QL(3 ea daily)
<i>levetiracetam tabs or 250 mg, 750 mg, 500 mg</i>	1	QL(4 ea daily)
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	QL(4 ea daily)
LYRICA CAPS 100 MG, 200 MG, 75 MG, 50 MG, 25 MG, 150 MG	2	PA; QL(3 ea daily)
LYRICA CAPS 300 MG, 225 MG	2	PA; QL(2 ea daily)
LYRICA SOLN 20 MG/ML	2	PA; QL(30 ml daily)
MYSOLINE TABS (Use Primidone)	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (Use Gabapentin)	NF	
NEURONTIN SOLN 250 MG/5ML (Use Gabapentin)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (Use Gabapentin)	NF	
<i>oxcarbazepine susp 300 mg/5ml, 60 mg/ml</i>	1	QL(40 ml daily)
<i>oxcarbazepine tabs 300 mg, 150 mg</i>	1	QL(3 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
POTIGA TABS	3	PA; QL(3 ea daily)
<i>primidone tabs</i>	1	
TEGRETOL SUSP (Use Carbamazepine)	2	
TEGRETOL TABS (Use Carbamazepine)	2	
TEGRETOL-XR TB12 200 MG (Use Carbamazepine)	NF	ST; QL(6 ea daily)
TEGRETOL-XR TB12 400 MG (Use Carbamazepine)	NF	ST; QL(4 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (Use Topiramate)	NF	QL(6 ea daily)
TOPAMAX SPRINKLE CPSP 25 MG (Use Topiramate)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG (Use Topiramate)	NF	QL(3 ea daily)
TOPAMAX TABS 200 MG (Use Topiramate)	NF	QL(8 ea daily)
TOPAMAX TABS 25 MG, 50 MG (Use Topiramate)	NF	QL(4 ea daily)
<i>topiramate cpsp 15 mg</i>	1	QL(6 ea daily)
<i>topiramate cpsp 25 mg</i>	1	QL(8 ea daily)
<i>topiramate tabs 100 mg</i>	1	QL(3 ea daily)
<i>topiramate tabs 200 mg</i>	1	QL(8 ea daily)
<i>topiramate tabs 50 mg, 25 mg</i>	1	QL(4 ea daily)
TRILEPTAL SUSP 300 MG/5ML (Use Oxcarbazepine)	NF	QL(40 ml daily)
TRILEPTAL TABS 300 MG, 150 MG (Use Oxcarbazepine)	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG (Use Oxcarbazepine)	NF	QL(4 ea daily)
VIMPAT SOLN IV 200 MG/20ML	3	QL(40 ml daily)
VIMPAT SOLN OR 10 MG/ML	3	PA; QL(40 ml daily)

Drug Name	Drug Tier	Requirements/Limits
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS (Use Zonisamide)	NF	QL(6 ea daily)
<i>zonisamide caps</i>	1	QL(6 ea daily)
Carbamates		
<i>felbamate susp 600 mg/5ml</i>	1	QL(120 ml daily)
<i>felbamate tabs 400 mg</i>	1	QL(9 ea daily)
<i>felbamate tabs 600 mg</i>	1	QL(6 ea daily)
FELBATOL SUSP 600 MG/5ML (Use Felbamate)	NF	QL(120 ml daily)
FELBATOL TABS 400 MG (Use Felbamate)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (Use Felbamate)	NF	QL(6 ea daily)
GABA Modulators		
GABITRIL TABS (Use Tiagabine HCl)	NF	
SABRIL PACK (Use Vigabatrin)	NF	PA; QL(6 ea daily)
SABRIL TABS	4	PA; QL(6 ea daily)
<i>tiagabine hcl tabs</i>	1	
<i>vigabatrin pack</i>	4	PA; QL(6 ea daily)
Hydantoins		
CEREBYX SOLN (Use Fosphenytoin Sodium)	NF	
DILANTIN CAPS 100 MG (Use Phenytoin Sodium Extended)	2	
DILANTIN CAPS 30 MG	2	
DILANTIN INFATABS CHEW (Use Phenytoin)	2	
DILANTIN-125 SUSP (Use Phenytoin)	2	
<i>fosphenytoin sodium soln</i>	1	
PEGANONE TABS	3	

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Drug Name	Drug Tier	Requirements/ Limits
PHENYTEK CAPS 200 MG (Use Phenytoin Sodium Extended)	2	
PHENYTEK CAPS 300 MG (Use Phenytoin Sodium Extended)	NF	
<i>phenytoin chew</i>	1	
<i>phenytoin sodium extended caps</i>	1	
<i>phenytoin sodium soln</i>	1	
<i>phenytoin susp</i>	1	
Succinimides		
CELONTIN CAPS	3	
<i>ethosuximide caps 250 mg</i>	1	QL(6 ea daily)
<i>ethosuximide soln 250 mg/5ml</i>	1	QL(30 ml daily)
ZARONTIN CAPS 250 MG (Use Ethosuximide)	NF	QL(6 ea daily)
ZARONTIN SOLN 250 MG/5ML (Use Ethosuximide)	NF	QL(30 ml daily)
Valproic Acid		
DEPACON SOLN (Use Valproate Sodium)	NF	
DEPAKENE CAPS (Use Valproic Acid)	NF	
DEPAKOTE ER TB24 (Use Divalproex Sodium)	NF	
DEPAKOTE TBEC (Use Divalproex Sodium)	NF	
<i>divalproex sodium tb24</i>	1	
<i>divalproex sodium tbec</i>	1	
<i>valproate sodium soln</i>	1	
<i>valproic acid caps</i>	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		

Drug Name	Drug Tier	Requirements/ Limits
<i>mirtazapine tabs</i>	1	QL(1 ea daily)
<i>mirtazapine tbdp</i>	1	QL(1 ea daily)
REMERON SOLTAB TBDP (Use Mirtazapine)	NF	QL(1 ea daily)
REMERON TABS (Use Mirtazapine)	NF	QL(1 ea daily)
Antidepressants - Misc.		
<i>bupropion hcl tabs 75 mg, 100 mg</i>	1	QL(3 ea daily)
<i>bupropion hcl tb12 150 mg, 100 mg, 200 mg</i>	1	QL(2 ea daily)
<i>bupropion hcl tb24 300 mg, 150 mg</i>	1	QL(1 ea daily)
MAPROTILINE HCL TABS	3	
WELLBUTRIN SR TB12 (Use Bupropion HCl)	NF	QL(2 ea daily)
WELLBUTRIN TABS (Use Bupropion HCl)	NF	QL(3 ea daily)
WELLBUTRIN XL TB24 (Use Bupropion HCl)	NF	QL(1 ea daily)
Monoamine Oxidase Inhibitors (MAOIs)		
EMSAM PT24	3	PA; QL(1 ea daily)
MARPLAN TABS	2	ST; QL(6 ea daily)
NARDIL TABS (Use Phenelzine Sulfate)	NF	
PARNATE TABS (Use Tranylcypromine Sulfate)	NF	
<i>phenelzine sulfate tabs</i>	1	
<i>tranylcypromine sulfate tabs</i>	1	
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 10 MG (Use Citalopram Hydrobromide)	NF	QL(1.5 ea daily)
CELEXA TABS 20 MG (Use Citalopram Hydrobromide)	NF	
CELEXA TABS 40 MG (Use Citalopram Hydrobromide)	NF	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>citalopram hydrobromide soln 10 mg/5ml</i>	1	QL(20 ml daily)
<i>citalopram hydrobromide tabs 10 mg</i>	1	QL(1.5 ea daily)
<i>citalopram hydrobromide tabs 20 mg</i>	1	
<i>citalopram hydrobromide tabs 40 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate soln 5 mg/5ml</i>	1	QL(20 ml daily)
<i>escitalopram oxalate tabs 10 mg</i>	1	
<i>escitalopram oxalate tabs 20 mg</i>	1	QL(1 ea daily)
<i>escitalopram oxalate tabs 5 mg</i>	1	QL(1.5 ea daily)
<i>fluoxetine hcl caps 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl caps 20 mg</i>	1	QL(3 ea daily)
<i>fluoxetine hcl caps 40 mg</i>	1	QL(2 ea daily)
<i>fluoxetine hcl soln 20 mg/5ml</i>	1	QL(20 ml daily)
<i>fluoxetine hcl tabs 10 mg</i>	1	QL(1 ea daily)
<i>fluoxetine hcl tabs 20 mg</i>	1	QL(3 ea daily)
FLUOXETINE HCL TABS 60 MG	2	QL(1 ea daily)
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate tabs 50 mg, 25 mg</i>	1	QL(2 ea daily)
LEXAPRO SOLN 5 MG/5ML (Use <i>Escitalopram Oxalate</i>)	NF	QL(20 ml daily)
LEXAPRO TABS 10 MG (Use <i>Escitalopram Oxalate</i>)	NF	
LEXAPRO TABS 20 MG (Use <i>Escitalopram Oxalate</i>)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use <i>Escitalopram Oxalate</i>)	NF	QL(1.5 ea daily)
<i>paroxetine hcl tabs 10 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)
<i>paroxetine hcl tabs 30 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl tb24 12.5 mg</i>	1	PA; QL(1 ea daily)
<i>paroxetine hcl tb24 25 mg, 37.5 mg</i>	1	PA; QL(2 ea daily)
PAXIL CR TB24 12.5 MG (Use <i>Paroxetine HCl</i>)	NF	PA; QL(1 ea daily)
PAXIL CR TB24 25 MG, 37.5 MG (Use <i>Paroxetine HCl</i>)	NF	PA; QL(2 ea daily)
PAXIL SUSP 10 MG/5ML	3	PA; QL(30 ml daily)
PAXIL TABS 20 MG, 10 MG, 40 MG (Use <i>Paroxetine HCl</i>)	NF	QL(1 ea daily)
PAXIL TABS 30 MG (Use <i>Paroxetine HCl</i>)	NF	QL(2 ea daily)
PROZAC CAPS 10 MG (Use <i>Fluoxetine HCl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (Use <i>Fluoxetine HCl</i>)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (Use <i>Fluoxetine HCl</i>)	NF	QL(2 ea daily)
<i>sertraline hcl conc 20 mg/ml</i>	1	QL(10 ml daily)
<i>sertraline hcl tabs 100 mg</i>	1	QL(2 ea daily)
<i>sertraline hcl tabs 50 mg, 25 mg</i>	1	QL(1.5 ea daily)
ZOLOFT CONC 20 MG/ML (Use <i>Sertraline HCl</i>)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (Use <i>Sertraline HCl</i>)	NF	QL(2 ea daily)
ZOLOFT TABS 50 MG, 25 MG (Use <i>Sertraline HCl</i>)	NF	QL(1.5 ea daily)
Serotonin Modulators		
BRINTELLIX TABS	3	PA; QL(1 ea daily)
NEFAZODONE HCL TABS 100 MG, 200 MG, 150 MG	3	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	3	
OLEPTRO TB24	3	ST; QL(1 ea daily)
<i>trazodone hcl tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD TABS	2	QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (Use Duloxetine HCl)	NF	QL(2 ea daily)
desvenlafaxine succinate tb24 100 mg	1	ST; QL(4 ea daily)
desvenlafaxine succinate tb24 50 mg, 25 mg	1	ST; QL(1 ea daily)
duloxetine hcl cpep	1	QL(2 ea daily)
EFFEXOR XR CP24 150 MG (Use Venlafaxine HCl)	NF	QL(2 ea daily)
EFFEXOR XR CP24 37.5 MG, 75 MG (Use Venlafaxine HCl)	NF	QL(1 ea daily)
PRISTIQ TB24 100 MG (Use Desvenlafaxine Succinate)	NF	ST; QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (Use Desvenlafaxine Succinate)	NF	ST; QL(1 ea daily)
venlafaxine hcl cp24 150 mg	1	QL(2 ea daily)
venlafaxine hcl cp24 75 mg, 37.5 mg	1	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 150 MG (Use Venlafaxine HCl)	NF	QL(2 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	1	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 75 MG, 37.5 MG (Use Venlafaxine HCl)	NF	QL(1 ea daily)
venlafaxine hcl tabs 75 mg, 50 mg, 25 mg, 100 mg, 37.5 mg	1	QL(3 ea daily)
venlafaxine hcl tb24 150 mg	1	QL(2 ea daily)
venlafaxine hcl tb24 75 mg, 37.5 mg, 225 mg	1	QL(1 ea daily)
Tricyclic Agents		
amitriptyline hcl tabs	1	

Drug Name	Drug Tier	Requirements/Limits
AMOXAPINE TABS	3	
ANAFRANIL CAPS (Use Clomipramine HCl)	NF	
clomipramine hcl caps	1	
desipramine hcl tabs	1	
doxepin hcl caps 10 mg, 50 mg, 100 mg, 150 mg, 25 mg	1	
DOXEPIN HCL CAPS 75 MG	2	
doxepin hcl conc 10 mg/ml	1	
ELAVIL TABS (Use Amitriptyline HCl)	NF	
imipramine hcl tabs	1	
imipramine pamoate caps	1	
NORPRAMIN TABS (Use Desipramine HCl)	NF	
nortriptyline hcl caps	1	
PAMELOR CAPS (Use Nortriptyline HCl)	NF	
protriptyline hcl tabs	1	
SURMONTIL CAPS (Use Trimipramine Maleate)	NF	
TOFRANIL TABS (Use Imipramine HCl)	NF	
TOFRANIL-PM CAPS (Use Imipramine Pamoate)	NF	
trimipramine maleate caps	1	
ANTIDIABETICS - Drugs to Regulate Blood Sugar		
Alpha-Glucosidase Inhibitors		
acarbose tabs	1	QL(3 ea daily)
GLYSET TABS (Use Miglitol)	NF	QL(3 ea daily)
miglitol tabs	3	QL(3 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PRECOSE TABS (<i>Use Acarbose</i>)	NF	QL(3 ea daily)
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	2	PA; Limit 4 pens per month;QL(6 ml per 30 days retail)
SYMLINPEN 60 SOPN	2	PA; Limit 4 pens per month;QL(10.8 ml per 30 days retail)
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use Pioglitazone HCl-Metformin HCl</i>)	NF	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 2.5mg-250mg, 2.5mg-500mg</i>	1	QL(2 ea daily)
<i>glipizide-metformin hcl tabs 5mg-500mg</i>	1	QL(4 ea daily)
GLUCOVANCE TABS 2.5MG-500MG (<i>Use Glyburide-Metformin</i>)	NF	QL(2 ea daily)
GLUCOVANCE TABS 5MG-500MG (<i>Use Glyburide-Metformin</i>)	NF	QL(4 ea daily)
<i>glyburide-metformin tabs 1.25mg-250mg, 2.5mg-500mg</i>	1	QL(2 ea daily)
<i>glyburide-metformin tabs 5mg-500mg</i>	1	QL(4 ea daily)
<i>pioglitazone hcl-metformin hcl tabs</i>	1	QL(2 ea daily)
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	3	QL(2 ea daily)
Biguanides		
FORTAMET TB24 (<i>Use Metformin HCl</i>)	NF	QL(2 ea daily)
GLUCOPHAGE TABS 1000 MG (<i>Use Metformin HCl</i>)	NF	QL(2.5 ea daily)
GLUCOPHAGE TABS 500 MG (<i>Use Metformin HCl</i>)	NF	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GLUCOPHAGE TABS 850 MG (<i>Use Metformin HCl</i>)	NF	QL(3 ea daily)
GLUCOPHAGE XR TB24 500 MG (<i>Use Metformin HCl</i>)	NF	QL(4 ea daily)
GLUCOPHAGE XR TB24 750 MG (<i>Use Metformin HCl</i>)	NF	QL(2 ea daily)
<i>metformin hcl tabs 1000 mg</i>	1	QL(2.5 ea daily)
<i>metformin hcl tabs 500 mg</i>	1	QL(5 ea daily)
<i>metformin hcl tabs 850 mg</i>	1	QL(3 ea daily)
<i>metformin hcl tb24 500 mg</i>	1	QL(4 ea daily)
<i>metformin hcl tb24 750 mg, 1000 mg</i>	1	QL(2 ea daily)
Diabetic Other		
GLUCAGEN HYPOKIT SOLR	3	QL(12 ea per 365 days retail)
GLUCAGON EMERGENCY KIT KIT	3	QL(12 ea per 365 days retail)
PROGLYCEM SUSP	3	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA TABS	2	PA; QL(1 ea daily)
ONGLYZA TABS	3	PA; QL(1 ea daily)
TRADJENTA TABS	2	PA; QL(1 ea daily)
Dopamine Receptor Agonists - Antidiabetic		
CYCLOSET TABS	3	QL(6 ea daily)
Incretin Mimetic Agents (GLP-1 Receptor)		
BYETTA SOPN 10 MCG/0.04ML	2	PA; Limit 1 per month;QL(2.4 ml per 30 days retail)
BYETTA SOPN 5 MCG/0.02ML	2	PA; Limit 1 per month;QL(1.2 ml per 30 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
VICTOZA SOPN	2	PA; Limit 2 pens per month; QL(6 ml per 30 days retail)
Insulin Sensitizing Agents		
ACTOS TABS (<i>Use Pioglitazone HCl</i>)	NF	QL(1 ea daily)
AVANDIA TABS	3	QL(1 ea daily)
<i>pioglitazone hcl tabs</i>	1	QL(1 ea daily)
Insulin		
APIDRA SOLN	2	Limit 50ml per month; QL(1.67 ml daily)
APIDRA SOLOSTAR SOPN	3	Limit 50ml per month; QL(1.67 ml daily)
BASAGLAR KWIKPEN SOPN	2	QL(1 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	2	Limit 50ml per month; QL(1.67 ml daily)
HUMALOG KWIKPEN SOPN	2	Limit 50ml per month; QL(1.67 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	2	Limit 50ml per month; QL(1.67 ml daily)
HUMALOG MIX 50/50 SUSP	2	Limit 50ml per month; QL(1.67 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	2	Limit 50ml per month; QL(1.67 ml daily)
HUMALOG MIX 75/25 SUSP	2	Limit 50ml per month; QL(1.67 ml daily)
HUMALOG SOCT	2	Limit 50ml per month; QL(1.67 ml daily)
HUMALOG SOLN	2	Limit 50ml per month; QL(1.67 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
HUMULIN 70/30 KWIKPEN SUPN	2	Limit 50ml per month; QL(1.67 ml daily)
HUMULIN 70/30 SUSP	2	Limit 50ml per month; QL(1.67 ml daily)
HUMULIN N KWIKPEN SUPN	2	Limit 50ml per month; QL(1.67 ml daily)
HUMULIN N SUSP	2	Limit 50ml per month; QL(1.67 ml daily)
HUMULIN R SOLN	2	Limit 50ml per month; QL(1.67 ml daily)
HUMULIN R U-500 (<i>CONCENTRATED</i>) SOLN	2	Limit 40mls per month; QL(1.34 ml daily)
LANTUS SOLN	2	QL(1 ml daily)
LANTUS SOLOSTAR SOPN	2	QL(1 ml daily)
LEVEMIR FLEXTOUCH SOPN	2	QL(1 ml daily)
LEVEMIR SOLN	2	QL(1 ml daily)
NOVOLIN 70/30 RELION SUSP	2	Limit 50ml per month; QL(1.67 ml daily)
NOVOLIN 70/30 SUSP	2	Limit 50ml per month; QL(1.67 ml daily)
NOVOLIN N RELION SUSP	2	Limit 50ml per month; QL(1.67 ml daily)
NOVOLIN N SUSP	2	Limit 50ml per month; QL(1.67 ml daily)
NOVOLIN R RELION SOLN	2	Limit 50ml per month; QL(1.67 ml daily)
NOVOLIN R SOLN	2	Limit 50ml per month; QL(1.67 ml daily)
NOVOLOG FLEXPEN SOPN	2	Limit 50ml per month; QL(1.67 ml daily)

Drug Name	Drug Tier	Requirements/Limits
NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	2	Limit 50ml per month;QL(1.67 ml daily)
NOVOLOG MIX 70/30 SUSP	2	Limit 50ml per month;QL(1.67 ml daily)
NOVOLOG PENFILL SOCT	2	Limit 50ml per month;QL(1.67 ml daily)
NOVOLOG SOLN	2	Limit 50ml per month;QL(1.67 ml daily)
Meglitinide Analogues		
<i>nateglinide tabs</i>	1	QL(3 ea daily)
PRANDIN TABS (<i>Use Repaglinide</i>)	NF	QL(4 ea daily)
<i>repaglinide tabs</i>	1	QL(4 ea daily)
STARLIX TABS (<i>Use Nateglinide</i>)	NF	QL(3 ea daily)
Sodium-Glucose Co-Transporter 2 (SGLT2)		
INVOKANA TABS	3	PA
Sulfonylureas		
AMARYL TABS 1 MG, 2 MG (<i>Use Glimepiride</i>)	NF	QL(1 ea daily)
AMARYL TABS 4 MG (<i>Use Glimepiride</i>)	NF	QL(2 ea daily)
CHLORPROPAMIDE TABS	2	QL(3 ea daily)
DIABETA TABS 1.25 MG, 2.5 MG	2	QL(4 ea daily)
DIABETA TABS 5 MG	1	QL(4 ea daily)
<i>glimepiride tabs 1 mg, 2 mg</i>	1	QL(1 ea daily)
<i>glimepiride tabs 4 mg</i>	1	QL(2 ea daily)
<i>glipizide tabs 5 mg, 10 mg</i>	1	QL(4 ea daily)
<i>glipizide tb24 10 mg, 5 mg, 2.5 mg</i>	1	QL(2 ea daily)
GLUCOTROL TABS (<i>Use Glipizide</i>)	NF	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GLUCOTROL XL TB24 (<i>Use Glipizide</i>)	NF	QL(2 ea daily)
<i>glyburide micronized tabs</i>	1	QL(4 ea daily)
<i>glyburide tabs</i>	1	QL(4 ea daily)
GLYNASE TABS (<i>Use Glyburide Micronized</i>)	NF	QL(4 ea daily)
TOLAZAMIDE TABS 250 MG	1	QL(4 ea daily)
TOLAZAMIDE TABS 500 MG	2	QL(4 ea daily)
TOLBUTAMIDE TABS	2	QL(6 ea daily)
ANTIDIARRHEALS - Drugs to Treat Diarrhea		
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine tabs</i>	1	
DIPHENOXYLATE/ATROPINE LIQD	1	
IMODIUM A-D CAPS (<i>Use Loperamide HCl</i>)	NF	RX/OTC
LOMOTIL TABS (<i>Use Diphenoxylate w/ Atropine</i>)	NF	
<i>loperamide hcl caps</i>	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
EXJADE TBSO	4	PA
FERRIPROX TABS	3	
JADENU TABS	4	PA
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	
Opioid Antagonists		
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
NALOXONE HCL SOSY 2 MG/2ML	2	
<i>naltrexone hcl tabs</i>	1	
REVIA TABS (Use <i>Naltrexone HCl</i>)	NF	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ALOXI SOLN	3	ST
ANZEMET SOLN IV 20 MG/ML	3	PA
ANZEMET TABS OR 100 MG, 50 MG	3	PA; Limit 5 tablets per month; QL(5 ea per 30 days retail)
<i>granisetron hcl soln</i>	1	
<i>granisetron hcl tabs</i>	1	
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	100 ml / 30 days; QL(100 ml per 30 days retail)
<i>ondansetron hcl tabs or 24 mg</i>	1	Limit 4 tablets per month; QL(4 ea per 28 days retail)
<i>ondansetron hcl tabs or 8 mg, 4 mg</i>	1	QL(1 ea daily)
<i>ondansetron tbdp</i>	1	QL(1 ea daily)
ZOFRAN ODT TBDP (Use <i>Ondansetron</i>)	NF	QL(1 ea daily)
ZOFRAN SOLN 4 MG/5ML (Use <i>Ondansetron HCl</i>)	NF	100 ml / 30 days; QL(100 ml per 30 days retail)
ZOFRAN TABS 4 MG, 8 MG (Use <i>Ondansetron HCl</i>)	NF	QL(1 ea daily)
Antiemetics - Anticholinergic		

Drug Name	Drug Tier	Requirements/Limits
<i>meclizine hcl tabs</i>	1	RX/OTC
<i>scopolamine pt72</i>	1	
TIGAN CAPS (Use <i>Trimethobenzamide HCl</i>)	NF	
TRANSDERM-SCOP PT72	2	
TRANSDERM-SCOP PT72 (Use <i>Scopolamine</i>)	NF	
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
CESAMET CAPS	3	
<i>dronabinol caps</i>	1	
MARINOL CAPS (Use <i>Dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps 40 mg, 125 mg</i>	1	PA; QL(2 ea per 30 days retail)
<i>aprepitant caps 80 mg</i>	1	PA; Limit 4 capsules per month; QL(4 ea per 28 days retail)
EMEND CAPS 125 MG, 40 MG (Use <i>Aprepitant</i>)	NF	PA; QL(2 ea per 30 days retail)
EMEND CAPS 80 MG (Use <i>Aprepitant</i>)	NF	PA; Limit 4 capsules per month; QL(4 ea per 28 days retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR	3	
CASPOFUNGIN ACETATE SOLR	3	
ERAXIS SOLR	3	
MYCAMINE SOLR	3	

Drug Name	Drug Tier	Requirements/Limits
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
AMPHOTEC SUSR	3	
AMPHOTERICIN B SOLR	3	
ANCOBON CAPS (<i>Use Flucytosine</i>)	NF	
<i>flucytosine caps</i>	1	
GRIFULVIN V TABS (<i>Use Griseofulvin Microsize</i>)	NF	
GRIS-PEG TABS (<i>Use Griseofulvin Ultramicrosize</i>)	NF	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	AL; Up to 12 yrs old
<i>griseofulvin microsize tabs 500 mg</i>	1	
<i>griseofulvin ultramicrosize tabs</i>	1	
LAMISIL TABS (<i>Use Terbinafine HCl</i>)	NF	QL(1 ea daily)
<i>nystatin powd</i>	1	
<i>nystatin tabs</i>	1	
<i>terbinafine hcl tabs</i>	1	QL(1 ea daily)
Imidazole-Related Antifungals		
DIFLUCAN SUSR (<i>Use Fluconazole</i>)	NF	
DIFLUCAN TABS (<i>Use Fluconazole</i>)	NF	
<i>fluconazole susr</i>	1	
<i>fluconazole tabs</i>	1	
<i>itraconazole caps</i>	1	PA; QL(4 ea daily)
<i>ketoconazole tabs</i>	1	
NOXAFIL SUSP	3	

Drug Name	Drug Tier	Requirements/Limits
SPORANOX CAPS 100 MG (<i>Use Itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (<i>Use Itraconazole</i>)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML	3	PA; QL(40 ml daily)
VFEND TABS (<i>Use Voriconazole</i>)	NF	
<i>voriconazole tabs</i>	1	
ANTIHISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln</i>	1	
<i>carbinoxamine maleate tabs</i>	1	
CLEMASTINE FUMARATE SYRP 0.67 MG/5ML	2	
<i>clemastine fumarate tabs 2.68 mg</i>	1	
CLEMASTINE FUMARATE TABS 2.68 MG	1	
<i>diphenhydramine hcl caps or 50 mg</i>	1	RX/OTC
<i>diphenhydramine hcl elix or 12.5 mg/5ml</i>	1	RX/OTC
<i>diphenhydramine hcl soln ij 50 mg/ml</i>	1	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY CHILDRENS SUSP 30 MG/5ML (<i>Use Fexofenadine HCl</i>)	NF	
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS (<i>Use Fexofenadine HCl</i>)	NF	QL(2 ea daily)
<i>cetirizine hcl caps 10 mg</i>	1	
<i>cetirizine hcl chew 10 mg, 5 mg</i>	1	
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
<i>cetirizine hcl syrp 5 mg/5ml, 1 mg/ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl tabs 10 mg</i>	1	
CLARINEX TABS (Use <i>Desloratadine</i>)	NF	QL(1 ea daily)
CLARITIN CAPS 10 MG (Use <i>Loratadine</i>)	NF	
CLARITIN CHEW 5 MG	1	
CLARITIN CHILDRENS CHEW	1	
CLARITIN REDITABS TBDP 10 MG (Use <i>Loratadine</i>)	NF	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP 5 MG/5ML (Use <i>Loratadine</i>)	NF	
CLARITIN TABS 10 MG (Use <i>Loratadine</i>)	NF	
DESLORATADINE ODT TBDP	2	QL(1 ea daily)
<i>desloratadine tabs</i>	1	QL(1 ea daily)
<i>fexofenadine hcl susp 30 mg/5ml</i>	1	
<i>fexofenadine hcl tabs 60 mg, 180 mg</i>	1	QL(2 ea daily)
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>levocetirizine dihydrochloride tabs 5 mg</i>	1	QL(1 ea daily); RX/OTC
<i>loratadine caps</i>	1	
<i>loratadine soln</i>	1	
<i>loratadine syrp</i>	1	
<i>loratadine tabs</i>	1	
<i>loratadine tbdp</i>	1	
XYZAL ALLERGY 24HR CHILDRENS SOLN (Use <i>Levocetirizine Dihydrochloride</i>)	NF	QL(10 ml daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
XYZAL ALLERGY 24HR TABS (Use <i>Levocetirizine Dihydrochloride</i>)	NF	QL(1 ea daily); RX/OTC
XYZAL SOLN 2.5 MG/5ML (Use <i>Levocetirizine Dihydrochloride</i>)	NF	QL(10 ml daily); RX/OTC
XYZAL TABS 5 MG (Use <i>Levocetirizine Dihydrochloride</i>)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (Use <i>Cetirizine HCl</i>)	NF	
ZYRTEC ALLERGY TABS (Use <i>Cetirizine HCl</i>)	NF	
ZYRTEC CHILDRENS ALLERGY SYRP (Use <i>Cetirizine HCl</i>)	NF	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use <i>Promethazine HCl</i>)	NF	
<i>promethazine hcl soln</i>	1	
<i>promethazine hcl supp</i>	1	
<i>promethazine hcl syrp</i>	1	
<i>promethazine hcl tabs</i>	1	
Antihistamines - Piperidines		
<i>cyproheptadine hcl syrp</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	ST; QL(1 ea daily)
VYTORIN TABS (Use <i>Ezetimibe-Simvastatin</i>)	NF	ST; QL(1 ea daily)
Antihyperlipidemics - Misc.		
LOVAZA CAPS (Use <i>Omega-3-acid Ethyl Esters</i>)	NF	ST; QL(4 ea daily)
<i>omega-3-acid ethyl esters caps</i>	1	ST; QL(4 ea daily)
Bile Acid Sequestrants		

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Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine light powd 4 gm/dose</i>	1	QL(24 gm daily)
<i>cholestyramine pack 4 gm</i>	1	QL(6 ea daily)
<i>cholestyramine powd 4 gm/dose</i>	1	QL(6 gm daily)
COLESTID FLAVORED GRAN 5 GM (Use <i>Colestipol HCl</i>)	NF	QL(6 gm daily)
COLESTID GRAN 5 GM (Use <i>Colestipol HCl</i>)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (Use <i>Colestipol HCl</i>)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (Use <i>Colestipol HCl</i>)	NF	QL(16 ea daily)
<i>colestipol hcl gran 5 gm</i>	1	QL(6 gm daily)
<i>colestipol hcl pack 5 gm</i>	1	QL(6 ea daily)
<i>colestipol hcl tabs 1 gm</i>	1	QL(16 ea daily)
QUESTRAN LIGHT POWD (Use <i>Cholestyramine Light</i>)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (Use <i>Cholestyramine</i>)	NF	QL(6 ea daily)
QUESTRAN POWD 4 GM/DOSE (Use <i>Cholestyramine</i>)	NF	QL(6 gm daily)
WELCHOL PACK 3.75 GM	2	QL(1 ea daily)
WELCHOL TABS 625 MG	2	QL(7 ea daily)
Fibric Acid Derivatives		
<i>fenofibrate micronized caps</i>	1	QL(1 ea daily)
<i>fenofibrate tabs</i>	1	QL(1 ea daily)
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LOFIBRA CAPS (Use <i>Fenofibrate Micronized</i>)	NF	QL(1 ea daily)
LOFIBRA TABS (Use <i>Fenofibrate</i>)	NF	QL(1 ea daily)
LOPID TABS (Use <i>Gemfibrozil</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TRICOR TABS (Use <i>Fenofibrate</i>)	NF	QL(1 ea daily)
TRIGLIDE TABS	2	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ADVICOR TB24 20MG-1000MG	3	PA; QL(2 ea daily)
ADVICOR TB24 40MG-1000MG, 20MG-500MG, 20MG-750MG	3	PA; QL(1 ea daily)
ALTOPREV TB24	3	ST; QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (Use <i>Rosuvastatin Calcium</i>)	NF	ST; QL(1 ea daily)
<i>fluvastatin sodium caps 20 mg</i>	3	QL(1 ea daily)
<i>fluvastatin sodium caps 40 mg</i>	3	QL(2 ea daily)
LIPITOR TABS (Use <i>Atorvastatin Calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 20 mg, 10 mg</i>	1	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	1	QL(2 ea daily)
MEVACOR TABS (Use <i>Lovastatin</i>)	NF	QL(2 ea daily)
PRAVACHOL TABS (Use <i>Pravastatin Sodium</i>)	NF	QL(1 ea daily)
<i>pravastatin sodium tabs</i>	1	QL(1 ea daily)
<i>rosuvastatin calcium tabs</i>	1	ST; QL(1 ea daily)
SIMCOR TB24 20MG-1000MG	2	PA; QL(2 ea daily)
SIMCOR TB24 20MG-500MG, 40MG-500MG, 20MG-750MG, 40MG-1000MG	2	PA; QL(1 ea daily)
<i>simvastatin tabs</i>	1	QL(1 ea daily)
ZOCOR TABS (Use <i>Simvastatin</i>)	NF	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	ST; QL(1 ea daily)
ZETIA TABS (Use <i>Ezetimibe</i>)	NF	ST; QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	QL(2 ea daily)
NIASPAN TBCR (Use <i>Niacin (Antihyperlipidemic)</i>)	NF	QL(2 ea daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (Use <i>Quinapril HCl</i>)	NF	
ACEON TABS (Use <i>Perindopril Erbumine</i>)	NF	
ALTACE CAPS (Use <i>Ramipril</i>)	NF	
<i>benazepril hcl tabs</i>	1	
<i>captopril tabs</i>	1	
<i>enalapril maleate tabs</i>	1	
<i>fosinopril sodium tabs</i>	1	
<i>lisinopril tabs</i>	1	
LOTENSIN TABS (Use <i>Benazepril HCl</i>)	NF	
MAVIK TABS (Use <i>Trandolapril</i>)	NF	
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (Use <i>Lisinopril</i>)	NF	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
VASOTEC TABS (Use <i>Enalapril Maleate</i>)	NF	
ZESTRIL TABS (Use <i>Lisinopril</i>)	NF	
Agents for Pheochromocytoma		
DIBENZYLIN CAPS (Use <i>Phenoxybenzamine HCl</i>)	NF	
<i>phenoxybenzamine hcl caps</i>	3	
Angiotensin II Receptor Antagonists		
ATACAND TABS (Use <i>Candesartan Cilexetil</i>)	NF	QL(1 ea daily)
AVAPRO TABS (Use <i>Irbesartan</i>)	NF	QL(1 ea daily)
BENICAR TABS (Use <i>Olmesartan Medoxomil</i>)	NF	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1	QL(1 ea daily)
COZAAR TABS (Use <i>Losartan Potassium</i>)	NF	QL(1 ea daily)
DIOVAN TABS (Use <i>Valsartan</i>)	NF	QL(1 ea daily)
EDARBI TABS	3	ST; QL(1 ea daily)
EPROSARTAN MESYLATE TABS	2	QL(1 ea daily)
<i>irbesartan tabs</i>	1	QL(1 ea daily)
<i>losartan potassium tabs</i>	1	QL(1 ea daily)
MICARDIS TABS (Use <i>Telmisartan</i>)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs or 5 mg, 40 mg, 20 mg</i>	1	QL(1 ea daily)
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (Use <i>Doxazosin Mesylate</i>)	NF	
CATAPRES TABS (Use <i>Clonidine HCl</i>)	NF	QL(8 ea daily)
<i>clonidine hcl tabs</i>	1	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>doxazosin mesylate tabs</i>	1	
<i>guanfacine hcl tabs</i>	1	
<i>methyldopa tabs</i>	1	QL(6 ea daily)
METHYLDOPATE HCL SOLN	3	
MINIPRESS CAPS (<i>Use Prazosin HCl</i>)	NF	QL(4 ea daily)
<i>prazosin hcl caps</i>	1	QL(4 ea daily)
TENEX TABS (<i>Use Guanfacine HCl</i>)	NF	
<i>terazosin hcl caps</i>	1	
Antihypertensive Combinations		
<i>amlodipine besylate-benazepril hcl caps</i>	1	
<i>atenolol & chlorthalidone tabs</i>	1	
CAPTOPRIL/HYDROCHL OROTHIAZIDE TABS	2	
DIOVAN HCT TABS (<i>Use Valsartan-Hydrochlorothiazide</i>)	NF	
<i>enalapril maleate & hydrochlorothiazide tabs</i>	1	
HYZAAR TABS (<i>Use Losartan Potassium & Hydrochlorothiazide</i>)	NF	QL(1 ea daily)
<i>lisinopril & hydrochlorothiazide tabs</i>	1	
<i>losartan potassium & hydrochlorothiazide tabs</i>	1	QL(1 ea daily)
LOTREL CAPS (<i>Use Amlodipine Besylate-Benazepril HCl</i>)	NF	
TENORETIC 100 TABS (<i>Use Atenolol & Chlorthalidone</i>)	NF	
TENORETIC 50 TABS (<i>Use Atenolol & Chlorthalidone</i>)	NF	
<i>valsartan-hydrochlorothiazide tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
VASERETIC TABS (<i>Use Enalapril Maleate & Hydrochlorothiazide</i>)	NF	
ZESTORETIC TABS (<i>Use Lisinopril & Hydrochlorothiazide</i>)	NF	
Direct Renin Inhibitors		
TEKTURNA TABS 150 MG	2	QL(8 ea daily)
TEKTURNA TABS 300 MG	2	QL(1 ea daily)
Selective Aldosterone Receptor Antagonists		
<i>eplerenone tabs</i>	1	
INSPRA TABS (<i>Use Eplerenone</i>)	NF	
Vasodilators		
<i>hydralazine hcl soln</i>	1	
<i>hydralazine hcl tabs</i>	1	
<i>minoxidil tabs</i>	1	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl tabs</i>	1	QL(12 ea per 180 days retail)
COARTEM TABS	2	
MALARONE TABS (<i>Use Atovaquone-Proguanil HCl</i>)	NF	QL(12 ea per 180 days retail)
Antimalarials		
CHLOROQUINE PHOSPHATE TABS 250 MG	2	
<i>chloroquine phosphate tabs 500 mg, 250 mg</i>	1	
DARAPRIM TABS	3	
<i>hydroxychloroquine sulfate tabs</i>	1	
<i>mefloquine hcl tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
PLAQUENIL TABS (<i>Use Hydroxychloroquine Sulfate</i>)	NF	
PRIMAQUINE PHOSPHATE TABS	3	
QUALAQUIN CAPS (<i>Use Quinine Sulfate</i>)	NF	84 days supply within 365 Days; QL (6 ea daily, 504 ea per 365 days retail)
<i>quinine sulfate caps</i>	1	84 days supply within 365 Days; QL (6 ea daily, 504 ea per 365 days retail)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimychasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	2	
MESTINON SYRP 60 MG/5ML	2	
MESTINON TABS 60 MG (<i>Use Pyridostigmine Bromide</i>)	NF	
MESTINON TIMESPAN TBCR (<i>Use Pyridostigmine Bromide</i>)	NF	
<i>pyridostigmine bromide tabs</i>	1	
<i>pyridostigmine bromide tbc</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		
RIFAMATE CAPS	3	
RIFATER TABS	3	
Antimycobacterial Agents		
CAPASTAT SULFATE SOLR	3	
CYCLOSERINE CAPS	3	

Drug Name	Drug Tier	Requirements/ Limits
<i>ethambutol hcl tabs</i>	1	
ISONIAZID SOLN IJ 100 MG/ML	2	
ISONIAZID SYRP OR 50 MG/5ML	1	
<i>isoniazid tabs or 300 mg, 100 mg</i>	1	
MYAMBUTOL TABS (<i>Use Ethambutol HCl</i>)	NF	
MYCOBUTIN CAPS (<i>Use Rifabutin</i>)	NF	
PASER PACK	3	
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	
RIFADIN CAPS (<i>Use Rifampin</i>)	NF	
RIFADIN SOLR (<i>Use Rifampin</i>)	NF	
<i>rifampin caps</i>	1	
<i>rifampin solr</i>	1	
TRECTOR TABS	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN SOLR (<i>Use Melphalan HCl</i>)	NF	
ALKERAN TABS (<i>Use Melphalan</i>)	NF	
BICNU SOLR	4	
<i>busulfan soln</i>	4	
BUSULFEX SOLN (<i>Use Busulfan</i>)	NF	
<i>carboplatin soln</i>	4	
CISPLATIN SOLN 200 MG/200ML	4	

Drug Name	Drug Tier	Requirements/ Limits
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml</i>	4	
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG	4	
<i>cyclophosphamide solr ij 2 gm, 1 gm, 500 mg</i>	4	
ELOXATIN SOLN (Use Oxaliplatin)	NF	
GLEOSTINE CAPS	4	
HEXALEN CAPS	4	
IFEX SOLR 1 GM (Use Ifosfamide)	NF	
IFEX SOLR 3 GM	4	
<i>ifosfamide soln 1 gm/20ml, 3 gm/60ml</i>	4	
<i>ifosfamide solr 1 gm</i>	4	
IFOSFAMIDE SOLR 3 GM	4	
LEUKERAN TABS	4	
LOMUSTINE CAPS	4	
<i>melphalan hcl solr</i>	1	
<i>melphalan tabs</i>	1	
MUSTARGEN SOLR	4	
MYLERAN TABS	4	
<i>oxaliplatin soln</i>	4	
<i>oxaliplatin solr</i>	4	
TEMODAR CAPS OR 5 MG, 100 MG, 140 MG, 250 MG, 180 MG, 20 MG (Use Temozolomide)	NF	PA
TEMODAR SOLR IV 100 MG	4	PA
<i>temozolomide caps</i>	4	PA
TEPADINA SOLR (Use Thiotepa)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>thiotepa solr</i>	4	
TREANDA SOLR 100 MG	4	
TREANDA SOLR 25 MG	4	PA
ZANOSAR SOLR	4	
Antimetabolites		
ALIMTA SOLR	4	PA
ARRANON SOLN	4	
<i>azacitidine susr</i>	4	PA
<i>capecitabine tabs</i>	4	PA
<i>cladribine soln</i>	4	PA
<i>clofarabine soln</i>	4	
CLOLAR SOLN (Use Clofarabine)	NF	
<i>cytarabine soln</i>	4	PA
CYTARABINEAQUEOUS SOLN	4	PA
DACOGEN SOLR (Use Decitabine)	NF	PA
<i>decitabine solr</i>	4	PA
DEPOCYT SUSP	4	
FLOXURIDINE SOLR	4	
<i>fludarabine phosphate soln</i>	4	PA
<i>fludarabine phosphate solr</i>	4	PA
<i>fluorouracil soln iv 2.5 gm/50ml, 1 gm/20ml, 500 mg/10ml, 5 gm/100ml</i>	4	
FOLOTYN SOLN	4	
<i>gemcitabine hcl soln</i>	4	
<i>gemcitabine hcl solr</i>	4	

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Drug Name	Drug Tier	Requirements/ Limits
GEMZAR SOLR (<i>Use Gemcitabine HCl</i>)	NF	
<i>mercaptapurine tabs</i>	1	
<i>methotrexate sodium soln ij 1 gm/40ml, 200 mg/8ml, 250 mg/10ml, 50 mg/2ml, 100 mg/4ml</i>	1	PA
METHOTREXATE SODIUM SOLN IJ 250 MG/10ML	2	PA
<i>methotrexate sodium solr ij 1 gm</i>	1	PA
<i>methotrexate sodium tabs or 2.5 mg</i>	1	
TABLOID TABS	4	PA
TREXALL TABS	2	
VIDAZA SUSR (<i>Use Azacitidine</i>)	NF	PA
XELODA TABS (<i>Use Capecitabine</i>)	NF	PA
Antineoplastic - Angiogenesis Inhibitors		
AVASTIN SOLN	4	PA
ZALTRAP SOLN	4	PA
Antineoplastic - Antibodies		
ADCETRIS SOLR	4	PA
ARZERRA CONC 100 MG/5ML	4	PA
ARZERRA CONC 1000 MG/50ML	4	
CAMPATH SOLN	4	
ERBITUX SOLN	4	PA
HERCEPTIN SOLR 440 MG	4	PA
PERJETA SOLN	4	PA
RITUXAN SOLN	4	PA
VECTIBIX SOLN	4	PA

Drug Name	Drug Tier	Requirements/ Limits
YERVOY SOLN	4	PA
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	4	PA
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole tabs</i>	1	PA
ARIMIDEX TABS (<i>Use Anastrozole</i>)	NF	PA
AROMASIN TABS (<i>Use Exemestane</i>)	NF	
<i>bicalutamide tabs</i>	4	
CASODEX TABS (<i>Use Bicalutamide</i>)	NF	
ELIGARD KIT	4	PA
EMCYT CAPS	4	
<i>exemestane tabs</i>	4	
FARESTON TABS	2	
FASLODEX SOLN	4	
FEMARA TABS (<i>Use Letrozole</i>)	NF	
FIRMAGON SOLR	4	PA
<i>flutamide caps</i>	4	
<i>letrozole tabs</i>	1	
<i>leuprolide acetate kit</i>	4	PA
LUPRON DEPOT (1-MONTH) KIT	4	PA
LUPRON DEPOT (3-MONTH) KIT	4	PA
LUPRON DEPOT (4-MONTH) KIT	4	PA
LUPRON DEPOT (6-MONTH) KIT	4	PA
LYSODREN TABS	4	PA

Drug Name	Drug Tier	Requirements/ Limits
MEGACE ORAL SUSP (Use Megestrol Acetate)	NF	
<i>megestrol acetate susp</i>	1	
<i>megestrol acetate tabs</i>	1	
NILANDRON TABS (Use Nilutamide)	NF	QL(2 ea daily)
<i>nilutamide tabs</i>	3	QL(2 ea daily)
SOLTAMOX SOLN	3	PA
<i>tamoxifen citrate tabs</i>	0	
TRELSTAR MIXJECT SUSR	4	PA
TRELSTAR SUSR	4	PA
XTANDI CAPS	4	PA
ZOLADEX IMPL	4	PA
ZYTIGA TABS	4	PA
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr</i>	4	
COSMEGEN SOLR	4	
<i>daunorubicin hcl inj</i>	4	
DAUNOXOME INJ	4	
DOXIL INJ (Use Doxorubicin HCl Liposomal)	NF	
<i>doxorubicin hcl liposomal inj</i>	4	
<i>doxorubicin hcl soln 2 mg/ml</i>	4	
DOXORUBICIN HCL SOLR 10 MG	4	
ELLENCES SOLN (Use Epirubicin HCl)	NF	PA
<i>epirubicin hcl soln</i>	4	PA
IDAMYCIN PFS SOLN (Use Idarubicin HCl)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>idarubicin hcl soln</i>	4	
<i>mitomycin solr 40 mg, 20 mg</i>	4	
MITOMYCIN SOLR 5 MG	4	
<i>mitoxantrone hcl conc</i>	4	PA
VALSTAR SOLN	4	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS	4	PA
BOSULIF TABS	4	PA
CAPRELSA TABS	4	PA
COMETRIQ KIT	4	PA
GLEEVEC TABS 400 MG	4	PA
GLEEVEC TABS 400 MG, 100 MG (Use Imatinib Mesylate)	NF	PA
<i>imatinib mesylate tabs</i>	4	PA
INLYTA TABS	4	PA
ISTODAX (OVERFILL) SOLR	4	PA
ISTODAX SOLR	4	PA
JAKAFI TABS	4	PA
KYPROLIS SOLR	4	PA
NEXAVAR TABS	4	PA
NINLARO CAPS	4	PA; QL(1 ea per 7 days retail)
SPRYCEL TABS	4	PA
STIVARGA TABS	4	PA
SUTENT CAPS	4	PA
TARCEVA TABS	4	PA

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Drug Name	Drug Tier	Requirements/Limits
TASIGNA CAPS	4	PA
TORISEL SOLN	4	
TYKERB TABS	4	PA
VELCADE SOLR	4	PA
VOTRIENT TABS	4	PA
XALKORI CAPS	4	PA
ZELBORAF TABS	4	PA
ZOLINZA CAPS	4	PA
Antineoplastic Enzymes		
ERWINAZE SOLR	4	PA
ONCASPAR SOLN	4	PA
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA
<i>bexarotene caps</i>	4	PA
DACARBAZINE SOLR 100 MG	4	
<i>dacarbazine solr 200 mg</i>	4	
HYDREA CAPS (<i>Use Hydroxyurea</i>)	NF	
<i>hydroxyurea caps</i>	1	
INTRON A SOLR	4	PA
INTRON A W/DILUENT SOLR	4	PA
MATULANE CAPS	4	
NIPENT SOLR	4	
PHOTOFRIN SOLR	4	
PROLEUKIN SOLR	4	PA
SYLATRON KIT	4	PA

Drug Name	Drug Tier	Requirements/Limits
SYNRIBO SOLR	4	PA
TARGETIN CAPS OR 75 MG (<i>Use Bexarotene</i>)	NF	PA
<i>tretinoin (chemotherapy) caps</i>	1	
TRISENOX SOLN	4	
UVADEX SOLN	4	
Chemotherapy Adjuncts		
KEPIVANCE SOLR	4	
Chemotherapy Rescue/Antidote Agents		
<i>leucovorin calcium solr ij 50 mg, 200 mg, 100 mg, 350 mg</i>	1	
LEUCOVORIN CALCIUM SOLR IJ 500 MG	2	
LEUCOVORIN CALCIUM TABS OR 15 MG, 10 MG	2	
<i>leucovorin calcium tabs or 5 mg, 25 mg</i>	1	
VORAXAZE SOLR	4	PA
Mitotic Inhibitors		
ABRAXANE SUSR	4	PA
DOCEFREZ SOLR	4	
DOCETAXEL CONC 160 MG/8ML, 20 MG/ML, 20 MG/0.5ML, 80 MG/2ML, 80 MG/4ML, 140 MG/7ML	4	
<i>docetaxel conc 20 mg/ml, 80 mg/4ml</i>	4	
DOCETAXEL SOLN 20 MG/2ML, 80 MG/8ML, 160 MG/16ML	4	
ETOPOPHOS SOLR	4	
ETOPOSIDE CAPS OR 50 MG	4	
<i>etoposide soln iv 500 mg/25ml, 1 gm/50ml, 100 mg/5ml</i>	4	

Drug Name	Drug Tier	Requirements/Limits
HALAVEN SOLN	4	PA
IXEMPRA KIT SOLR	4	PA
JEVTANA SOLN	4	PA
NAVELBINE SOLN (Use Vinorelbine Tartrate)	NF	
PACLITAXEL CONC 150 MG/25ML	4	
<i>paclitaxel conc 300 mg/50ml, 100 mg/16.7ml, 30 mg/5ml</i>	4	
TAXOL CONC (Use Paclitaxel)	NF	
TAXOTERE CONC (Use Docetaxel)	NF	
TENIPOSIDE SOLN	4	
VINBLASTINE SULFATE SOLN	4	
<i>vincristine sulfate soln</i>	4	
<i>vinorelbine tartrate soln</i>	4	
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 300 MG/15ML	4	
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use Irinotecan HCl)	NF	PA
HYCAMTIN CAPS OR 1 MG, 0.25 MG	4	PA
HYCAMTIN SOLR IV 4 MG (Use Topotecan HCl)	NF	PA
<i>irinotecan hcl soln</i>	4	PA
IRINOTECAN SOLN	4	
<i>topotecan hcl solr</i>	4	PA
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
LODOSYN TABS (Use Carbidopa)	NF	
Antiparkinson Anticholinergics		
<i>benztropine mesylate soln</i>	1	
<i>benztropine mesylate tabs</i>	1	
COGENTIN SOLN (Use Benztropine Mesylate)	NF	
<i>trihexyphenidyl hcl elix</i>	1	
<i>trihexyphenidyl hcl tabs</i>	1	
Antiparkinson COMT Inhibitors		
COMTAN TABS (Use Entacapone)	NF	QL(8 ea daily)
<i>entacapone tabs</i>	1	QL(8 ea daily)
TASMAR TABS (Use Tolcapone)	NF	
<i>tolcapone tabs</i>	3	
Antiparkinson Dopaminergics		
<i>amantadine hcl caps</i>	1	
<i>amantadine hcl syrp</i>	1	
<i>amantadine hcl tabs</i>	1	
<i>bromocriptine mesylate caps</i>	1	
<i>bromocriptine mesylate tabs</i>	1	
<i>carbidopa-levodopa tabs</i>	1	
<i>carbidopa-levodopa tbcr</i>	1	
<i>carbidopa-levodopa tbdp</i>	1	
CARBIDOPA/LEVODOPA/ENTACAPONE TABS	2	
MIRAPEX TABS 0.125 MG (Use Pramipexole Dihydrochloride)	NF	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
MIRAPEX TABS 1.5 MG, 0.25 MG, 1 MG, 0.75 MG, 0.5 MG (Use Pramipexole Dihydrochloride)	NF	
NEUPRO PT24	2	
PARLODEL CAPS (Use Bromocriptine Mesylate)	NF	
PARLODEL TABS (Use Bromocriptine Mesylate)	NF	
pramipexole dihydrochloride tabs 0.125 mg	1	QL(4 ea daily)
pramipexole dihydrochloride tabs 1 mg, 0.5 mg, 0.25 mg, 0.75 mg, 1.5 mg	1	
REQUIP TABS (Use Ropinirole Hydrochloride)	NF	
REQUIP XL TB24 4 MG, 2 MG, 6 MG (Use Ropinirole Hydrochloride)	NF	ST; QL(1 ea daily)
REQUIP XL TB24 8 MG, 12 MG (Use Ropinirole Hydrochloride)	NF	ST; QL(2 ea daily)
ropinirole hydrochloride tabs 1 mg, 0.5 mg, 5 mg, 0.25 mg, 2 mg, 4 mg, 3 mg	1	
ropinirole hydrochloride tb24 2 mg, 6 mg, 4 mg	1	ST; QL(1 ea daily)
ropinirole hydrochloride tb24 8 mg, 12 mg	1	ST; QL(2 ea daily)
SINEMET CR TBCR (Use Carbidopa-Levodopa)	NF	
SINEMET TABS (Use Carbidopa-Levodopa)	NF	
STALEVO 100 TABS	2	
STALEVO 125 TABS	2	
STALEVO 150 TABS	2	
STALEVO 200 TABS	2	
STALEVO 50 TABS	2	
STALEVO 75 TABS	2	

Drug Name	Drug Tier	Requirements/Limits
Antiparkinson Monoamine Oxidase Inhibitors		
AZILECT TABS (Use Rasagiline Mesylate)	NF	PA; QL(1 ea daily)
ELDEPRYL CAPS (Use Selegiline HCl)	NF	
rasagiline mesylate tabs	1	PA; QL(1 ea daily)
selegiline hcl caps	1	
selegiline hcl tabs	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		
LITHIUM CARBONATE CAPS 600 MG, 150 MG (Use Lithium Carbonate)	NF	AL; At least 6 yrs old
lithium carbonate caps 600 mg, 300 mg, 150 mg	1	AL; At least 6 yrs old
lithium carbonate tabs 300 mg	1	AL; At least 6 yrs old
lithium carbonate tbcr 300 mg, 450 mg	1	AL; At least 6 yrs old
LITHIUM SOLN	1	AL; At least 6 yrs old
LITHOBID TBCR (Use Lithium Carbonate)	NF	AL; At least 6 yrs old
Antipsychotics - Misc.		
EQUETRO CP12 100 MG	3	ST; QL(2 ea daily); AL; At least 6 yrs old
EQUETRO CP12 200 MG	3	ST; QL(8 ea daily); AL; At least 6 yrs old
EQUETRO CP12 300 MG	3	ST; QL(4 ea daily); AL; At least 6 yrs old
GEODON CAPS (Use Ziprasidone HCl)	NF	QL(2 ea daily); AL; At least 18 yrs old
LATUDA TABS 120 MG	3	PA; AL; At least 6 yrs old
LATUDA TABS 20 MG, 40 MG, 80 MG	3	PA; QL(1 ea daily); AL; At least 6 yrs old

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Drug Name	Drug Tier	Requirements/Limits
<i>ziprasidone hcl caps</i>	1	QL(2 ea daily); AL; At least 18 yrs old
Benzisoxazoles		
FANAPT TABS	2	PA; QL(2 ea daily); AL; At least 6 yrs old
FANAPT TITRATION PACK TABS	2	PA; Limit 2 packs per year; QL(16 ea per 365 days retail); AL; At least 6 yrs old
INVEGA TB24 6 MG (<i>Use Paliperidone</i>)	NF	PA; QL(2 ea daily); AL; At least 6 yrs old
INVEGA TB24 9 MG, 3 MG, 1.5 MG (<i>Use Paliperidone</i>)	NF	PA; QL(1 ea daily); AL; At least 6 yrs old
<i>paliperidone tb24 3 mg, 9 mg, 1.5 mg</i>	1	PA; QL(1 ea daily); AL; At least 6 yrs old
<i>paliperidone tb24 6 mg</i>	1	PA; QL(2 ea daily); AL; At least 6 yrs old
RISPERDAL CONSTA SUSR	2	PA; QL(2 ea per 28 days retail); AL; At least 18 yrs old
RISPERDAL M-TAB TBDP (<i>Use Risperidone</i>)	NF	PA; QL(2 ea daily); AL; At least 6 yrs old
RISPERDAL SOLN 1 MG/ML (<i>Use Risperidone</i>)	NF	PA; QL(8 ml daily); AL; At least 6 yrs old
RISPERDAL TABS 3 MG, 2 MG, 0.5 MG, 1 MG, 0.25 MG (<i>Use Risperidone</i>)	NF	QL(2 ea daily); AL; At least 6 yrs old
RISPERDAL TABS 4 MG (<i>Use Risperidone</i>)	NF	QL(4 ea daily); AL; At least 6 yrs old
<i>risperidone soln 1 mg/ml</i>	1	PA; QL(8 ml daily); AL; At least 6 yrs old
<i>risperidone tabs 0.25 mg, 1 mg, 3 mg, 2 mg, 0.5 mg</i>	1	QL(2 ea daily); AL; At least 6 yrs old

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tabs 4 mg</i>	1	QL(4 ea daily); AL; At least 6 yrs old
<i>risperidone tbdp 0.5 mg, 4 mg, 0.25 mg, 2 mg, 1 mg, 3 mg</i>	1	PA; QL(2 ea daily); AL; At least 6 yrs old
Butyrophenones		
HALDOL DECANOATE 100 SOLN (<i>Use Haloperidol Decanoate</i>)	NF	Limit 1 injection per 28 days; QL(1 ml per 28 days retail); AL; At least 18 yrs old
HALDOL DECANOATE 50 SOLN (<i>Use Haloperidol Decanoate</i>)	NF	Limit 1 injection per 28 days; QL(1 ml per 28 days retail); AL; At least 18 yrs old
HALDOL SOLN (<i>Use Haloperidol Lactate</i>)	NF	AL; At least 18 yrs old
<i>haloperidol decanoate soln</i>	1	Limit 1 injection per 28 days; QL(1 ml per 28 days retail); AL; At least 18 yrs old
<i>haloperidol lactate soln</i>	1	AL; At least 18 yrs old
<i>haloperidol tabs</i>	1	AL; At least 6 yrs old
Dibenzapines		
<i>clozapine tabs</i>	1	AL; At least 6 yrs old
CLOZARIL TABS (<i>Use Clozapine</i>)	NF	AL; At least 6 yrs old
<i>loxapine succinate caps</i>	1	AL; At least 6 yrs old
<i>olanzapine solr im 10 mg</i>	1	Limit 6 per month; QL(6 ea per 28 days retail); AL; At least 18 yrs old
<i>olanzapine tabs or 10 mg, 7.5 mg, 2.5 mg, 5 mg</i>	1	QL(1 ea daily); AL; At least 6 yrs old

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Drug Name	Drug Tier	Requirements/ Limits
<i>olanzapine tabs or 20 mg, 15 mg</i>	1	QL(2 ea daily); AL; At least 6 yrs old
<i>quetiapine fumarate tabs 100 mg, 400 mg, 50 mg, 25 mg, 300 mg, 200 mg</i>	1	QL(2 ea daily); AL; At least 10 yrs old
<i>quetiapine fumarate tb24 200 mg, 150 mg, 50 mg</i>	1	PA; AL; At least 10 yrs old
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1	PA; QL(2 ea daily); AL; At least 10 yrs old
SAPHRIS SUBL	2	PA; QL(2 ea daily); AL; At least 6 yrs old
SEROQUEL TABS (<i>Use Quetiapine Fumarate</i>)	NF	QL(2 ea daily); AL; At least 10 yrs old
SEROQUEL XR TB24 150 MG, 200 MG, 50 MG (<i>Use Quetiapine Fumarate</i>)	NF	PA; AL; At least 10 yrs old
SEROQUEL XR TB24 300 MG, 400 MG (<i>Use Quetiapine Fumarate</i>)	NF	PA; QL(2 ea daily); AL; At least 10 yrs old
ZYPREXA SOLR IM 10 MG (<i>Use Olanzapine</i>)	NF	Limit 6 per month; QL(6 ea per 28 days retail); AL; At least 18 yrs old
ZYPREXA TABS OR 15 MG, 20 MG (<i>Use Olanzapine</i>)	NF	QL(2 ea daily); AL; At least 6 yrs old
ZYPREXA TABS OR 2.5 MG, 5 MG, 7.5 MG, 10 MG (<i>Use Olanzapine</i>)	NF	QL(1 ea daily); AL; At least 6 yrs old
Phenothiazines		
CHLORPROMAZINE HCL SOLN IJ 25 MG/ML, 50 MG/2ML	3	AL; At least 6 yrs old
<i>chlorpromazine hcl tabs or 100 mg, 10 mg, 25 mg, 200 mg, 50 mg</i>	1	AL; At least 6 yrs old
FLUPHENAZINE HCL CONC OR 5 MG/ML	2	AL; At least 6 yrs old
FLUPHENAZINE HCL ELIX OR 2.5 MG/5ML	2	AL; At least 6 yrs old
FLUPHENAZINE HCL SOLN IJ 2.5 MG/ML	2	AL; At least 6 yrs old

Drug Name	Drug Tier	Requirements/ Limits
<i>fluphenazine hcl tabs or 1 mg, 5 mg, 10 mg, 2.5 mg</i>	1	AL; At least 6 yrs old
<i>perphenazine tabs</i>	1	AL; At least 6 yrs old
<i>prochlorperazine maleate tabs</i>	1	
<i>prochlorperazine supp</i>	1	
<i>thioridazine hcl tabs</i>	1	AL; At least 6 yrs old
<i>trifluoperazine hcl tabs</i>	1	AL; At least 6 yrs old
Quinolinone Derivatives		
ABILIFY TABS (<i>Use Aripiprazole</i>)	NF	PA; QL(1 ea daily); AL; At least 6 yrs old
<i>aripiprazole soln 1 mg/ml</i>	3	PA; QL(10 ml daily); AL; At least 6 yrs old
<i>aripiprazole tabs 20 mg, 15 mg, 10 mg, 30 mg, 2 mg, 5 mg</i>	1	PA; QL(1 ea daily); AL; At least 6 yrs old
Thioxanthenes		
<i>thiothixene caps</i>	1	AL; At least 6 yrs old
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate tabs</i>	1	QL(2 ea daily)
<i>abacavir sulfate-lamivudine tabs</i>	2	PA; QL(1 ea daily)
<i>abacavir sulfate-lamivudine-zidovudine tabs</i>	1	PA; QL(2 ea daily)
APTIVUS CAPS 250 MG	2	QL(4 ea daily)
APTIVUS SOLN 100 MG/ML	2	
ATRIPLA TABS	3	QL(1 ea daily)
COMBIVIR TABS (<i>Use Lamivudine-Zidovudine</i>)	NF	QL(2 ea daily)
COMPLERA TABS	2	
CRIXIVAN CAPS 200 MG	2	PA; QL(9 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
CRIXIVAN CAPS 400 MG	2	PA; QL(6 ea daily)
DESCOVY TABS	3	QL(1 ea daily)
<i>didanosine cpdr 125 mg, 200 mg</i>	1	QL(2 ea daily)
<i>didanosine cpdr 250 mg, 400 mg</i>	1	QL(1 ea daily)
EDURANT TABS	2	QL(1 ea daily)
EMTRIVA CAPS 200 MG	2	QL(1 ea daily)
EMTRIVA SOLN 10 MG/ML	2	
EPIVIR SOLN 10 MG/ML (Use Lamivudine)	NF	QL(30 ml daily)
EPIVIR TABS 150 MG (Use Lamivudine)	NF	QL(2 ea daily)
EPIVIR TABS 300 MG (Use Lamivudine)	NF	QL(1 ea daily)
EPZICOM TABS (Use Abacavir Sulfate-Lamivudine)	NF	PA; QL(1 ea daily)
FUZEON SOLR	4	PA; Limit 1 injection per month; QL(0.04 ea daily)
GENVOYA TABS	3	QL(1 ea daily)
INTELENCE TABS 100 MG	2	QL(4 ea daily)
INTELENCE TABS 200 MG	2	QL(2 ea daily)
INTELENCE TABS 25 MG	2	QL(8 ea daily)
INVIRASE CAPS 200 MG	2	QL(10 ea daily)
INVIRASE TABS 500 MG	2	QL(4 ea daily)
ISENTRESS CHEW 25 MG, 100 MG	2	
ISENTRESS TABS 400 MG	2	QL(2 ea daily)
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	NF	PA; QL(12.5 ml daily)

Drug Name	Drug Tier	Requirements/Limits
KALETRA TABS 100MG-25MG, 200MG-50MG	2	PA; QL(4 ea daily)
<i>lamivudine soln 10 mg/ml</i>	1	QL(30 ml daily)
<i>lamivudine tabs 150 mg</i>	4	QL(2 ea daily)
<i>lamivudine tabs 300 mg</i>	4	QL(1 ea daily)
<i>lamivudine-zidovudine tabs</i>	3	QL(2 ea daily)
LEXIVA SUSP 50 MG/ML	2	PA; QL(56 ml daily)
LEXIVA TABS 700 MG	2	PA; QL(4 ea daily)
<i>lopinavir-ritonavir soln</i>	1	PA; QL(12.5 ml daily)
NEVIRAPINE SUSP 50 MG/5ML	2	QL(40 ml daily)
<i>nevirapine tabs 200 mg</i>	1	QL(2 ea daily)
<i>nevirapine tb24 400 mg</i>	1	QL(1 ea daily)
NORVIR CAPS 100 MG	2	QL(12 ea daily)
NORVIR SOLN 80 MG/ML	2	QL(15 ml daily)
NORVIR TABS 100 MG	2	QL(12 ea daily)
ODEFSEY TABS	3	QL(1 ea daily)
PREZISTA TABS 75 MG, 150 MG, 600 MG	2	QL(2 ea daily)
PREZISTA TABS 800 MG	2	QL(1 ea daily)
RESCRIPTOR TABS 100 MG	2	QL(12 ea daily)
RESCRIPTOR TABS 200 MG	2	QL(6 ea daily)
RETROVIR CAPS 100 MG (Use Zidovudine)	NF	QL(6 ea daily)
RETROVIR IV INFUSION SOLN	1	
RETROVIR SYRP 50 MG/5ML (Use Zidovudine)	NF	QL(60 ml daily)
REYATAZ CAPS 200 MG, 150 MG	2	QL(2 ea daily)
REYATAZ CAPS 300 MG	2	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
SELZENTRY TABS 150 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
<i>stavudine caps 20 mg, 30 mg, 40 mg, 15 mg</i>	1	QL(2 ea daily)
<i>stavudine solr 1 mg/ml</i>	1	QL(80 ml daily)
SUSTIVA CAPS 200 MG	2	QL(2 ea daily)
SUSTIVA CAPS 50 MG	2	QL(3 ea daily)
SUSTIVA TABS 600 MG	2	QL(1 ea daily)
TIVICAY TABS	2	
TRIZIVIR TABS (<i>Use Abacavir Sulfate-Lamivudine-Zidovudine</i>)	NF	PA; QL(2 ea daily)
TRUVADA TABS	2	PA; QL(1 ea daily)
VIDEX EC CPDR 200 MG, 125 MG (<i>Use Didanosine</i>)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG, 400 MG (<i>Use Didanosine</i>)	NF	QL(1 ea daily)
VIRACEPT TABS 250 MG	2	QL(10 ea daily)
VIRACEPT TABS 625 MG	2	QL(4 ea daily)
VIRAMUNE SUSP 50 MG/5ML	2	QL(40 ml daily)
VIRAMUNE TABS 200 MG (<i>Use Nevirapine</i>)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 (<i>Use Nevirapine</i>)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 250 MG, 150 MG, 200 MG	2	
VIREAD TABS 300 MG	2	QL(1 ea daily)
ZERIT CAPS 20 MG, 40 MG, 30 MG, 15 MG (<i>Use Stavudine</i>)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	2	QL(80 ml daily)
ZIAGEN TABS (<i>Use Abacavir Sulfate</i>)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine caps 100 mg</i>	1	QL(6 ea daily)
<i>zidovudine syrps 50 mg/5ml</i>	1	QL(60 ml daily)
<i>zidovudine tabs 300 mg</i>	1	QL(2 ea daily)
CMV Agents		
<i>cidofovir soln</i>	3	
CYTOVENE SOLR (<i>Use Ganciclovir Sodium</i>)	NF	
FOSCAVIR SOLN	3	
<i>ganciclovir sodium solr</i>	1	
VALCYTE SOLR 50 MG/ML (<i>Use Valganciclovir HCl</i>)	NF	PA; QL(18 ml daily)
VALCYTE TABS 450 MG (<i>Use Valganciclovir HCl</i>)	NF	PA; QL(4 ea daily)
<i>valganciclovir hcl solr 50 mg/ml</i>	2	PA; QL(18 ml daily)
<i>valganciclovir hcl tabs 450 mg</i>	1	PA; QL(4 ea daily)
Hepatitis Agents		
<i>adefovir dipivoxil tabs</i>	4	PA; QL(1 ea daily)
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily)
BARACLUDE TABS 1 MG, 0.5 MG (<i>Use Entecavir</i>)	NF	PA; QL(1 ea daily)
COPEGUS TABS (<i>Use Ribavirin (Hepatitis C)</i>)	NF	PA; QL(7 ea daily)
<i>entecavir tabs</i>	4	PA; QL(1 ea daily)
EPCLUSA TABS	4	PA; QL(1 ea daily)
EPIVIR HBV SOLN 5 MG/ML	2	PA; QL(60 ml daily)
EPIVIR HBV TABS 100 MG (<i>Use Lamivudine (HBV)</i>)	NF	PA; QL(3 ea daily)
HARVONI TABS	4	PA; QL(1 ea daily)
HEPSERA TABS (<i>Use Adefovir Dipivoxil</i>)	NF	PA; QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine (hbv) tabs</i>	1	PA; QL(3 ea daily)
PEG-INTRON KIT	4	PA; Limit 4 pens per month; QL(0.15 ea daily)
PEG-INTRON REDIPEN KIT	4	PA; Limit 4 pens per month; QL(0.15 ea daily)
PEG-INTRON REDIPEN PAK 4 KIT	4	PA; Limit 4 pens per month; QL(0.15 ea daily)
PEGASYS PROCLICK SOLN	4	PA; QL(2 ml per 28 days retail)
PEGASYS SOLN 180 MCG/0.5ML	4	PA; QL(2 ml per 28 days retail)
PEGASYS SOLN 180 MCG/ML	4	PA; Limit 4 pens per month; QL(0.15 ml daily)
PEGINTRON KIT	4	PA; Limit 4 pens per month; QL(0.15 ea daily)
REBETOL CAPS 200 MG (Use Ribavirin (Hepatitis C))	NF	PA; QL(7 ea daily)
REBETOL SOLN 40 MG/ML	4	PA; QL(35 ml daily)
<i>ribavirin (hepatitis c) caps</i>	1	PA; QL(7 ea daily)
<i>ribavirin (hepatitis c) tabs</i>	1	PA; QL(7 ea daily)
SOVALDI TABS	4	PA; QL(1 ea daily)
TYZEKA TABS	4	PA; QL(1 ea daily); AL; At least 16 yrs old
VICTRELIS CAPS	4	PA; QL(12 ea daily)
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	QL(50 ea per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>acyclovir susp 200 mg/5ml</i>	1	Limit 400ml per month; QL(13.3 4 ml daily)
<i>acyclovir tabs 400 mg</i>	1	QL(5 ea daily)
<i>acyclovir tabs 800 mg</i>	1	QL(50 ea per 30 days retail)
<i>famciclovir tabs 250 mg, 125 mg</i>	1	PA; QL(3 ea daily)
<i>famciclovir tabs 500 mg</i>	1	PA; QL(4 ea daily)
FAMVIR TABS 250 MG, 125 MG (Use Famciclovir)	NF	PA; QL(3 ea daily)
FAMVIR TABS 500 MG (Use Famciclovir)	NF	PA; QL(4 ea daily)
<i>valacyclovir hcl tabs 1000 mg, 1 gm</i>	1	QL(4 ea daily)
<i>valacyclovir hcl tabs 500 mg</i>	1	QL(2 ea daily)
VALTREX TABS 1 GM (Use Valacyclovir HCl)	NF	QL(4 ea daily)
VALTREX TABS 500 MG (Use Valacyclovir HCl)	NF	QL(2 ea daily)
ZOVIRAX CAPS OR 200 MG (Use Acyclovir)	NF	QL(50 ea per 30 days retail)
ZOVIRAX SUSP OR 200 MG/5ML (Use Acyclovir)	NF	Limit 400ml per month; QL(13.3 4 ml daily)
ZOVIRAX TABS OR 400 MG (Use Acyclovir)	NF	QL(5 ea daily)
ZOVIRAX TABS OR 800 MG (Use Acyclovir)	NF	QL(50 ea per 30 days retail)
Influenza Agents		
FLUMADINE TABS (Use Rimantadine Hydrochloride)	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps 30 mg</i>	2	QL(20 ea per 30 days retail)
<i>oseltamivir phosphate caps 45 mg, 75 mg</i>	2	QL(10 ea per 30 days retail)
RELENZA DISKHALER AEPB	2	Limit 1 inhaler per month; QL(0.67 ea daily)
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
TAMIFLU CAPS 30 MG (Use <i>Oseltamivir Phosphate</i>)	NF	QL(20 ea per 30 days retail)
TAMIFLU CAPS 45 MG, 75 MG (Use <i>Oseltamivir Phosphate</i>)	NF	QL(10 ea per 30 days retail)
TAMIFLU SUSR 6 MG/ML	2	QL(120 ml per 30 days retail)
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol tabs</i>	1	
COREG TABS (Use <i>Carvedilol</i>)	NF	
<i>labetalol hcl soln</i>	1	
<i>labetalol hcl tabs</i>	1	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl caps</i>	1	
<i>atenolol tabs</i>	1	
<i>betaxolol hcl tabs</i>	1	
<i>bisoprolol fumarate tabs</i>	1	
BYSTOLIC TABS 2.5 MG, 5 MG, 10 MG	2	QL(1 ea daily)
BYSTOLIC TABS 20 MG	2	QL(2 ea daily)
LOPRESSOR TABS (Use <i>Metoprolol Tartrate</i>)	NF	
<i>metoprolol succinate tb24</i>	1	
<i>metoprolol tartrate soln iv 5 mg/5ml</i>	1	
<i>metoprolol tartrate tabs or 25 mg, 100 mg, 50 mg</i>	1	
SECTRAL CAPS (Use <i>Acebutolol HCl</i>)	NF	
TENORMIN TABS (Use <i>Atenolol</i>)	NF	
TOPROL XL TB24 (Use <i>Metoprolol Succinate</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
ZEBETA TABS (Use <i>Bisoprolol Fumarate</i>)	NF	
Beta Blockers Non-Selective		
BETAPACE TABS (Use <i>Sotalol HCl</i>)	NF	QL(2 ea daily)
CORGARD TABS (Use <i>Nadolol</i>)	NF	
INDERAL LA CP24 (Use <i>Propranolol HCl</i>)	NF	
<i>nadolol tabs</i>	1	
<i>pindolol tabs</i>	1	
<i>propranolol hcl cp24 or 80 mg, 120 mg, 60 mg, 160 mg</i>	1	
<i>propranolol hcl soln iv 1 mg/ml</i>	1	
PROPRANOLOL HCL SOLN OR 20 MG/5ML, 40 MG/5ML	2	
<i>propranolol hcl tabs or 60 mg, 40 mg, 20 mg, 10 mg, 80 mg</i>	1	
<i>sotalol hcl tabs 160 mg, 120 mg, 80 mg</i>	1	QL(2 ea daily)
<i>sotalol hcl tabs 240 mg</i>	1	
TIMOLOL MALEATE TABS	2	
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
ADALAT CC TB24 (Use <i>Nifedipine</i>)	NF	
<i>amlodipine besylate tabs</i>	1	
CALAN SR TBCR (Use <i>Verapamil HCl</i>)	NF	
CALAN TABS (Use <i>Verapamil HCl</i>)	NF	
CARDIZEM CD CP24 (Use <i>Diltiazem HCl Coated Beads</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
CARDIZEM LA TB24 (<i>Use Diltiazem HCl Coated Beads</i>)	NF	
CARDIZEM TABS (<i>Use Diltiazem HCl</i>)	NF	
<i>diltiazem hcl coated beads cp24</i>	1	
<i>diltiazem hcl coated beads tb24</i>	1	
<i>diltiazem hcl cp12 or 90 mg, 120 mg, 60 mg</i>	1	
<i>diltiazem hcl cp24 or 240 mg, 120 mg, 180 mg</i>	1	
<i>diltiazem hcl extended release beads cp24</i>	1	
<i>diltiazem hcl soln iv 50 mg/10ml</i>	1	
DILTIAZEM HCL SOLR IV 100 MG	1	
<i>diltiazem hcl tabs or 60 mg, 90 mg, 30 mg, 120 mg</i>	1	
<i>felodipine tb24</i>	1	
<i>isradipine caps</i>	1	
<i>nicardipine hcl caps</i>	1	
<i>nicardipine hcl soln</i>	1	
<i>nifedipine caps</i>	1	
<i>nifedipine tb24</i>	1	
<i>nimodipine caps</i>	1	
NISOLDIPINE ER TB24	2	
<i>nisoldipine tb24</i>	1	
NORVASC TABS (<i>Use Amlodipine Besylate</i>)	NF	
PROCARDIA CAPS (<i>Use Nifedipine</i>)	NF	
PROCARDIA XL TB24 (<i>Use Nifedipine</i>)	NF	
SULAR TB24 (<i>Use Nisoldipine</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
TIAZAC CP24 (<i>Use Diltiazem HCl Extended Release Beads</i>)	NF	
<i>verapamil hcl cp24</i>	1	
<i>verapamil hcl soln</i>	1	
<i>verapamil hcl tabs</i>	1	
<i>verapamil hcl tbc</i>	1	
VERELAN CP24 (<i>Use Verapamil HCl</i>)	NF	
VERELAN PM CP24 (<i>Use Verapamil HCl</i>)	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln ij 0.25 mg/ml</i>	1	
DIGOXIN SOLN OR 0.05 MG/ML	2	
<i>digoxin tabs or 0.25 mg, 0.125 mg, 125 mcg, 250 mcg</i>	1	
LANOXIN PEDIATRIC SOLN	2	
LANOXIN SOLN IJ 0.25 MG/ML (<i>Use Digoxin</i>)	2	
LANOXIN TABS OR 187.5 MCG, 62.5 MCG	2	
LANOXIN TABS OR 250 MCG, 125 MCG (<i>Use Digoxin</i>)	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
BIDIL TABS	2	
Impotence Agents		
CIALIS TABS	3	PA; QL(1 ea daily)
STENDRA TABS	3	Limit 4 tablets per month; QL(4 ea per 28 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
Prostaglandin Vasodilators		
REMODULIN SOLN	4	PA
VENTAVIS SOLN	4	PA
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	4	PA
TRACLEER TABS 125 MG	4	PA; QL(2 ea daily)
TRACLEER TABS 62.5 MG	4	PA; QL(1 ea daily)
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS	4	PA
REVATIO SOLN (Use Sildenafil Citrate (Pulmonary Hypertension))	NF	PA
REVATIO TABS (Use Sildenafil Citrate (Pulmonary Hypertension))	NF	PA
<i>sildenafil citrate (pulmonary hypertension) soln</i>	4	PA
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	4	PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	
<i>cefazolin sodium solr ij 1 gm, 10 gm, 500 mg</i>	1	
CEFAZOLIN SODIUM SOLR IJ 20 GM	2	
<i>cephalexin caps 250 mg, 500 mg</i>	1	
<i>cephalexin susr 125 mg/5ml, 250 mg/5ml</i>	1	
CEPHALEXIN TABS 250 MG, 500 MG	2	
KEFLEX CAPS (Use Cephalexin)	NF	

Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
CEFACLOR ER TB12	2	
CEFACLOR SUSR 250 MG/5ML, 375 MG/5ML, 125 MG/5ML	2	
CEFOTAN SOLR (Use Cefotetan Disodium)	NF	
<i>cefotetan disodium solr</i>	3	
CEFOTETAN SOLR	3	
<i>cefoxitin sodium solr</i>	1	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
CEFTIN SUSR 125 MG/5ML	2	
CEFTIN TABS 250 MG, 500 MG (Use Cefuroxime Axetil)	NF	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium solr ij 1.5 gm, 750 mg, 7.5 gm</i>	1	
CEFUROXIME SODIUM SOLR IV 1.5 GM	2	
ZINACEF SOLR IJ 1.5 GM, 750 MG, 7.5 GM (Use Cefuroxime Sodium)	NF	
Cephalosporins - 3rd Generation		
CEDAX CAPS 400 MG	1	
CEDAX SUSR 180 MG/5ML	3	
<i>cefdinir caps 300 mg</i>	1	AL; At least 2 yrs old
<i>cefdinir susr 250 mg/5ml, 125 mg/5ml</i>	1	
CEFDITOREN PIVOXIL TABS 400 MG, 200 MG	3	
<i>cefixime susr</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
CEFOTAXIME SODIUM SOLR	2	
<i>cefepodoxime proxetil susr</i>	1	
<i>cefepodoxime proxetil tabs</i>	1	
<i>ceftazidime solr</i>	1	
CEFTIBUTEN CAPS 400 MG	1	
CEFTIBUTEN SUSR 180 MG/5ML	3	
<i>ceftriaxone sodium solr</i>	1	
FORTAZ SOLR IJ 1 GM, 6 GM, 2 GM (Use <i>Ceftazidime</i>)	NF	
FORTAZ SOLR IV 1 GM (Use <i>Ceftazidime</i>)	NF	
SPECTRACEF TABS	3	
SUPRAX SUSR (Use <i>Cefixime</i>)	NF	
TAZICEF SOLR	2	
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	1	
MAXIPIME SOLR (Use <i>Cefepime HCl</i>)	NF	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ TABS (Use <i>Drospirenone-Ethinyl Estradiol-Levomefolate Calcium</i>)	NF	
BREVICON-28 TABS (Use <i>Norethindrone & Eth Estradiol</i>)	NF	
CYCLESSA TABS (Use <i>Desogestrel-Ethinyl Estradiol (Triphasic)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
DESOGEN TABS (Use <i>Desogestrel & Ethinyl Estradiol</i>)	NF	
<i>desogestrel & ethinyl estradiol tabs</i>	0	
<i>desogestrel-ethinyl estradiol (biphasic) tabs</i>	0	
<i>desogestrel-ethinyl estradiol (triphasic) tabs</i>	0	
<i>drospirenone-ethinyl estradiol tabs</i>	0	
<i>drospirenone-ethinyl estradiol-levomefolate calcium tabs</i>	0	
DROSPIRENONE/ETHINYL ESTRADIOL/LEVOMEFOLATE CALCIUM TABS	0	
ESTROSTEP FE TABS (Use <i>Norethindrone Acetate-Ethinyl Estradiol-Fe</i>)	NF	
<i>ethynodiol diacet & eth estrad tabs</i>	0	
FEMCON FE CHEW (Use <i>Norethindrone & Ethinyl Estradiol-Fe</i>)	NF	
GENERESS FE CHEW (Use <i>Norethindrone & Ethinyl Estradiol-Fe</i>)	NF	
<i>levonorgestrel & eth estradiol tabs</i>	0	
LEVONORGESTREL AND ETHINYL ESTRADIOL TABS	0	
<i>levonorgestrel-eth estradiol (triphasic) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (91-day) tabs</i>	0	
<i>levonorgestrel-ethinyl estradiol (continuous) tabs</i>	0	
LO LOESTRIN FE TABS	0	
LOESTRIN 1.5/30-21 TABS (Use <i>Norethindrone Acet & Eth Estra</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
LOESTRIN 1/20-21 TABS (Use Norethindrone Acet & Eth Estra)	NF	
LOESTRIN FE 1.5/30 TABS (Use Norethin Acet & Estrad-Fe)	NF	
LOESTRIN FE 1/20 TABS (Use Norethin Acet & Estrad-Fe)	NF	
LOSEASONIQUE TABS (Use Levonorgestrel- Ethinyl Estradiol (91-Day))	NF	
MINASTRIN 24 FE CHEW (Use Norethin Acet & Estrad-Fe)	NF	
MIRCETTE TABS (Use Desogestrel-Ethinyl Estradiol (Biphasic))	NF	
MODICON TABS (Use Norethindrone & Eth Estradiol)	NF	
NATAZIA TABS	0	
NECON 10/11-28 TABS	0	
norethin acet & estrad-fe chew	0	
norethin acet & estrad-fe tabs	0	
norethindrone & eth estradiol tabs	0	
norethindrone & ethinyl estradiol-fe chew	0	
norethindrone acet & eth estra tabs	0	
norethindrone acetate- ethinyl estradiol-fe tabs	0	
norethindrone-eth estradiol (triphasic) tabs	0	
norgestimate-ethinyl estradiol (triphasic) tabs	0	
norgestimate-ethinyl estradiol tabs	0	
norgestrel & ethinyl estradiol tabs	0	

Drug Name	Drug Tier	Requirements/ Limits
NORINYL 1+35 TABS (Use Norethindrone & Eth Estradiol)	NF	
OGESTREL TABS	0	
ORTHO TRI-CYCLEN LO TABS (Use Norgestimate- Ethinyl Estradiol (Triphasic))	NF	
ORTHO TRI-CYCLEN TABS (Use Norgestimate- Ethinyl Estradiol (Triphasic))	NF	
ORTHO-CEPT TABS (Use Desogestrel & Ethinyl Estradiol)	NF	
ORTHO-CYCLEN TABS (Use Norgestimate-Ethinyl Estradiol)	NF	
ORTHO-NOVUM 1/35 TABS (Use Norethindrone & Eth Estradiol)	NF	
ORTHO-NOVUM 7/7/7 TABS (Use Norethindrone- Eth Estradiol (Triphasic))	NF	
OVCON-35 TABS (Use Norethindrone & Eth Estradiol)	NF	
QUARTETTE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	
SAFYRAL TABS	0	
SEASONIQUE TABS (Use Levonorgestrel-Ethinyl Estradiol (91-Day))	NF	
TRI-NORINYL 28 TABS (Use Norethindrone-Eth Estradiol (Triphasic))	NF	
YASMIN 28 TABS (Use Drospirenone-Ethinyl Estradiol)	NF	
YAZ TABS (Use Drospirenone-Ethinyl Estradiol)	NF	
Combination Contraceptives - Transdermal		
XULANE PTWK	0	

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Drug Name	Drug Tier	Requirements/ Limits
Combination Contraceptives - Vaginal		
NUVARING RING	0	
Copper Contraceptives - IUD		
PARAGARD INTRAUTERINE COPPER CONTRACEPTIVE T380A IUD	0	
Emergency Contraceptives		
ELLA TABS	0	
<i>levonorgestrel (emergency oc) tabs</i>	0	
PLAN B ONE-STEP TABS (Use <i>Levonorgestrel (Emergency OC)</i>)	NF	
Progestin Contraceptives - IUD		
LILETTA IUD	0	
MIRENA IUD	0	
SKYLA IUD	0	
Progestin Contraceptives - Implants		
NEXPLANON IMPL	0	
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	
DEPO-PROVERA CONTRACEPTIVE SUSY (Use <i>Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	
DEPO-SUBQ PROVERA 104 SUSY	0	
<i>medroxyprogesterone acetate (contraceptive) susp</i>	0	
<i>medroxyprogesterone acetate (contraceptive) susy</i>	0	
Progestin Contraceptives - Oral		

Drug Name	Drug Tier	Requirements/ Limits
NOR-QD TABS (Use <i>Norethindrone (Contraceptive)</i>)	NF	
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS (Use <i>Norethindrone (Contraceptive)</i>)	NF	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep</i>	1	
CORTEF TABS (Use <i>Hydrocortisone</i>)	NF	
CORTISONE ACETATE TABS	2	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 80 MG/ML, 40 MG/ML (Use <i>Methylprednisolone Acetate</i>)	NF	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	1	
<i>dexamethasone sodium phosphate soln ij 20 mg/5ml, 120 mg/30ml, 4 mg/ml</i>	1	
DEXAMETHASONE SOLN 0.5 MG/5ML	1	
<i>dexamethasone tabs 0.75 mg, 1.5 mg, 4 mg, 6 mg, 0.5 mg</i>	1	
DEXAMETHASONE TABS 1 MG, 2 MG	1	
ENTOCORT EC CPEP (Use <i>Budesonide</i>)	NF	
<i>hydrocortisone tabs</i>	1	
KENALOG-40 SUSP	3	
MEDROL DOSEPAK TBP (Use <i>Methylprednisolone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
MEDROL TABS 16 MG, 32 MG, 8 MG, 4 MG (<i>Use Methylprednisolone</i>)	NF	
MEDROL TABS 2 MG	3	
<i>methylprednisolone acetate susp</i>	1	
<i>methylprednisolone sod succ solr</i>	1	
<i>methylprednisolone tabs</i>	1	
<i>methylprednisolone tbpk</i>	1	
MILLIPRED DP TBPk	3	
MILLIPRED SOLN 10 MG/5ML (<i>Use Prednisolone Sodium Phosphate</i>)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBPk (<i>Use Prednisolone Sodium Phosphate</i>)	NF	
PEDIAPRED SOLN (<i>Use Prednisolone Sodium Phosphate</i>)	NF	
<i>prednisolone sodium phosphate soln or 20 mg/5ml, 10 mg/5ml</i>	3	
PREDNISOLONE SODIUM PHOSPHATE SOLN OR 25 MG/5ML	1	
<i>prednisolone sodium phosphate soln or 5 mg/5ml, 15 mg/5ml, 6.7 mg/5ml</i>	1	
<i>prednisolone sodium phosphate tbdp or 30 mg, 10 mg, 15 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisolone syrp</i>	1	
PREDNISONE SOLN 5 MG/5ML	2	
<i>prednisone tabs 1 mg, 10 mg, 2.5 mg, 5 mg, 20 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
PREDNISONE TABS 50 MG	1	
SOLU-CORTEF SOLR	3	
SOLU-MEDROL SOLR 125 MG, 1000 MG, 40 MG (<i>Use Methylprednisolone Sod Succ</i>)	NF	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 500 MG	2	
VERIPRED 20 SOLN (<i>Use Prednisolone Sodium Phosphate</i>)	NF	
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	1	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate caps 100 mg</i>	1	10 days supply per claim; QL(6 ea daily, 60 ea per fill retail)
<i>benzonatate caps 200 mg</i>	1	10 days supply per claim; QL(3 ea daily, 30 ea per fill retail)
TESSALON PERLES CAPS (<i>Use Benzonatate</i>)	NF	10 days supply per claim; QL(6 ea daily, 60 ea per fill retail)
Cough/Cold/Allergy Combinations		
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (<i>Use Fexofenadine-Pseudoephedrine</i>)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (<i>Use Fexofenadine-Pseudoephedrine</i>)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
CLARITIN-D 12 HOUR TB12 (Use Loratadine & Pseudoephedrine)	NF	
CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine)	NF	
fexofenadine-pseudoephedrine tb12 60mg-120mg	1	QL(2 ea daily)
fexofenadine-pseudoephedrine tb24 180mg-240mg	1	QL(1 ea daily)
loratadine & pseudoephedrine tb12	1	
loratadine & pseudoephedrine tb24	1	
ZYRTEC-D ALLERGY/CONGESTION TB12 (Use Cetirizine-Pseudoephedrine)	NF	QL(2 ea daily)
Misc. Respiratory Inhalants		
HYPER-SAL NEBU (Use Sodium Chloride (Inhalant))	NF	
HYPERSAL NEBU 3.5 %	2	
HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))	NF	
NEBUSAL NEBU	1	
sodium chloride (inhalant) nebu	1	
Mucolytics		
acetylcysteine soln	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS	3	PA; AL; At least 12 yrs old
adapalene crea 0.1 %	1	PA; AL; At least 12 yrs old
adapalene gel 0.1 %	1	PA; AL; At least 12 yrs old; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
adapalene gel 0.3 %	1	ST; AL; At least 12 yrs old
ADAPALENE LOTN 0.1 %	2	ST; AL; At least 12 yrs old
adapalene-benzoyl peroxide gel	3	ST; AL; At least 12 yrs old
AZELEX CREA	3	ST; AL; At least 12 yrs old
BENZAACLIN GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	PA; AL; At least 12 yrs old
BENZAACLIN WITH PUMP GEL (Use Clindamycin Phosphate-Benzoyl Peroxide)	NF	PA; AL; At least 12 yrs old
BENZAMYCIN GEL (Use Benzoyl Peroxide-Erythromycin)	NF	PA; Limit 1 package per claim; QL(45 gm per fill retail); AL; At least 12 yrs old
BENZEFOAM FOAM (Use Benzoyl Peroxide)	NF	AL; At least 12 yrs old; RX/OTC
BENZEFOAM ULTRA FOAM (Use Benzoyl Peroxide)	NF	AL; At least 12 yrs old
BENZEFOAMULTRA FOAM (Use Benzoyl Peroxide)	NF	AL; At least 12 yrs old
benzoyl peroxide foam 5.3 %	1	AL; At least 12 yrs old; RX/OTC
benzoyl peroxide foam 9.8 %	1	AL; At least 12 yrs old
benzoyl peroxide gel 10 %	1	AL; At least 12 yrs old; RX/OTC
benzoyl peroxide gel 5 %	1	AL; At least 12 yrs old
benzoyl peroxide liqd 10 %	1	AL; At least 12 yrs old; RX/OTC
benzoyl peroxide liqd 4 %	3	AL; At least 12 yrs old
benzoyl peroxide liqd 7 %	1	AL; At least 12 yrs old

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Drug Name	Drug Tier	Requirements/ Limits
<i>benzoyl peroxide lotn 6 %</i>	1	AL; At least 12 yrs old; RX/OTC
<i>benzoyl peroxide-erythromycin gel</i>	1	PA; Limit 1 package per claim; QL(45 gm per fill retail); AL; At least 12 yrs old
CLEOCIN-T GEL (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL; At least 12 yrs old
CLEOCIN-T LOTN (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL; At least 12 yrs old
CLEOCIN-T SOLN (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL; At least 12 yrs old
CLEOCIN-T SWAB (<i>Use Clindamycin Phosphate (Topical)</i>)	NF	AL; At least 12 yrs old
CLINDAGEL GEL	2	AL; At least 12 yrs old
<i>clindamycin phosphate (topical) gel</i>	1	AL; At least 12 yrs old
<i>clindamycin phosphate (topical) lotn</i>	1	AL; At least 12 yrs old
<i>clindamycin phosphate (topical) soln</i>	1	AL; At least 12 yrs old
<i>clindamycin phosphate (topical) swab</i>	1	AL; At least 12 yrs old
<i>clindamycin phosphate-benzoyl peroxide (refrigerate) gel</i>	1	PA; AL; At least 12 yrs old
<i>clindamycin phosphate-benzoyl peroxide gel</i>	1	PA; AL; At least 12 yrs old
<i>clindamycin phosphate-tretinoin gel</i>	1	ST; AL; At least 12 yrs old
DESQUAM-X WASH LIQD (<i>Use Benzoyl Peroxide</i>)	NF	AL; At least 12 yrs old; RX/OTC
DIFFERIN CREA 0.1 % (<i>Use Adapalene</i>)	NF	PA; AL; At least 12 yrs old
DIFFERIN GEL 0.1 % (<i>Use Adapalene</i>)	NF	PA; AL; At least 12 yrs old; RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
DIFFERIN GEL 0.3 % (<i>Use Adapalene</i>)	NF	ST; AL; At least 12 yrs old
DIFFERIN LOTN 0.1 %	2	ST; AL; At least 12 yrs old
DUAC GEL (<i>Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate)</i>)	NF	PA; AL; At least 12 yrs old
EPIDUO GEL (<i>Use Adapalene-Benzoyl Peroxide</i>)	NF	ST; AL; At least 12 yrs old
<i>erythromycin (acne aid) pads</i>	1	AL; At least 12 yrs old
<i>erythromycin (acne aid) soln</i>	1	AL; At least 12 yrs old
<i>isotretinoin caps</i>	3	PA; AL; At least 12 yrs old
KLARON LOTN (<i>Use Sulfacetamide Sodium (Acne)</i>)	NF	Limit 1 package per claim; QL(120 ml per fill retail); AL; At least 12 yrs old
PANOXYL-4 CREAMY WASH LIQD (<i>Use Benzoyl Peroxide</i>)	NF	AL; At least 12 yrs old
RETIN-A CREA (<i>Use Tretinoin</i>)	NF	AL; At least 12 yrs old
RETIN-A GEL (<i>Use Tretinoin</i>)	NF	AL; At least 12 yrs old
RETIN-A MICRO GEL (<i>Use Tretinoin Microsphere</i>)	NF	PA; AL; At least 12 yrs old
RETIN-A MICRO PUMP GEL (<i>Use Tretinoin Microsphere</i>)	NF	PA; AL; At least 12 yrs old
<i>sulfacetamide sodium (acne) lotn</i>	1	Limit 1 package per claim; QL(120 ml per fill retail); AL; At least 12 yrs old
<i>sulfacetamide sodium (acne) susp</i>	1	Limit 1 package per claim; QL(120 ml per fill retail); AL; At least 12 yrs old

Drug Name	Drug Tier	Requirements/ Limits
<i>sulfacetamide sodium w/ sulfur crea 5%-10%</i>	1	ST; AL; At least 12 yrs old
<i>sulfacetamide sodium w/ sulfur emul 5%-10%</i>	1	AL; At least 12 yrs old
<i>sulfacetamide sodium w/ sulfur liqd 4.5%-9%</i>	1	ST; AL; At least 12 yrs old
SUMADAN WASH LIQD (Use Sulfacetamide Sodium w/ Sulfur)	NF	ST; AL; At least 12 yrs old
<i>tretinoin crea</i>	1	AL; At least 12 yrs old
<i>tretinoin gel</i>	1	AL; At least 12 yrs old
<i>tretinoin microsphere gel</i>	1	PA; AL; At least 12 yrs old
VELTIN GEL	3	ST; AL; At least 12 yrs old
ZIANA GEL (Use Clindamycin Phosphate-Tretinoin)	NF	ST; AL; At least 12 yrs old
Agents for External Genital and Perianal Warts		
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel</i>	1	
FLECTOR PTCH	3	PA; QL(2 ea daily)
VOLTAREN GEL (Use Diclofenac Sodium (Topical))	NF	
Antibiotics - Topical		
ALTABAX OINT	2	
BACTROBAN CREA (Use Mupirocin Calcium (Topical))	NF	
BACTROBAN OINT (Use Mupirocin)	NF	
CENTANY OINT	2	
CORTISPORIN CREA	2	
CORTISPORIN OINT	2	

Drug Name	Drug Tier	Requirements/ Limits
<i>mupirocin calcium (topical) crea</i>	1	
<i>mupirocin oint</i>	1	
Antifungals - Topical		
<i>ciclopirox gel</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham</i>	1	
<i>ciclopirox soln</i>	1	
<i>clotrimazole (topical) crea</i>	1	RX/OTC
<i>clotrimazole (topical) soln</i>	1	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	1	
<i>clotrimazole w/ betamethasone lotn</i>	1	
<i>econazole nitrate crea</i>	1	
ERTACZO CREA	3	
EXELDERM CREA	3	
EXELDERM SOLN	3	
<i>ketconazole (topical) crea</i>	1	
<i>ketconazole (topical) sham</i>	1	
LOPROX CREA (Use Ciclopirox Olamine)	NF	
LOPROX SHAMPOO SHAM (Use Ciclopirox)	NF	
LOPROX SUSP (Use Ciclopirox Olamine)	NF	
LOTRIMIN AF CREA (Use Clotrimazole (Topical))	NF	RX/OTC
LOTRIMIN AF FOR HER CREA (Use Clotrimazole (Topical))	NF	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LOTRIMIN AF JOCK ITCH CREA (Use Clotrimazole (Topical))	NF	RX/OTC
LOTRIMIN ULTRA CREA	2	RX/OTC
LOTRISONE CREA (Use Clotrimazole w/ Betamethasone)	NF	
MENTAX CREA	2	RX/OTC
<i>naftifine hcl crea 1 %</i>	3	
<i>naftifine hcl crea 2 %</i>	1	
NAFTIN CREA 2 %, 1 % (Use Naftifine HCl)	NF	
NAFTIN GEL 1 %	3	
NIZORAL SHAM (Use Ketoconazole (Topical))	NF	
<i>nystatin (topical) crea</i>	1	
<i>nystatin (topical) oint</i>	1	
<i>nystatin-triamcinolone crea</i>	1	
<i>nystatin-triamcinolone oint</i>	1	
<i>oxiconazole nitrate crea</i>	1	
OXISTAT CREA (Use Oxiconazole Nitrate)	NF	
OXISTAT LOTN	2	
PENLAC NAIL LACQUER SOLN (Use Ciclopirox)	NF	
Antineoplastic or Premalignant Lesion Agents -		
<i>diclofenac sodium (actinic keratoses) gel</i>	1	Limit 1 package per claim; QL(105 gm per fill retail)
EFUDEX CREA (Use Fluorouracil (Topical))	NF	Limit 1 package per claim; QL(40 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>fluorouracil (topical) crea 5 %</i>	1	Limit 1 package per claim; QL(40 gm per fill retail)
<i>fluorouracil (topical) soln 5 %, 2 %</i>	1	Limit 1 package per claim; QL(10 ml per fill retail)
FLUOROURACIL SOLN EX 5 %, 2 %	2	Limit 1 package per claim; QL(10 ml per fill retail)
PANRETIN GEL	3	
PICATO GEL	2	
SOLARAZE GEL (Use Diclofenac Sodium (Actinic Keratoses))	NF	Limit 1 package per claim; QL(105 gm per fill retail)
TARGRETIN GEL EX 1 %	4	PA
Antipruritics - Topical		
DOXEPIN HYDROCHLORIDE CREA	3	
PRUDOXIN CREA	3	
ZONALON CREA	3	
Antipsoriatics		
<i>acitretin caps 17.5 mg, 10 mg</i>	1	QL(1 ea daily)
<i>acitretin caps 25 mg</i>	1	QL(2 ea daily)
<i>calcipotriene crea</i>	1	Limit 1 package per claim; QL(120 gm per fill retail)
<i>calcipotriene oint</i>	1	Limit 1 package per claim; QL(120 gm per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
<i>calcipotriene soln</i>	1	Limit 1 package per claim; QL (60 ml per fill retail)
CALCITRIOL OINT EX 3 MCG/GM	1	Limit 1 package per claim; QL (105 gm per fill retail)
DOVONEX CREA (Use <i>Calcipotriene</i>)	NF	Limit 1 package per claim; QL (120 gm per fill retail)
<i>methoxsalen rapid caps</i>	1	QL (4 ea daily)
OXSORALEN ULTRA CAPS (Use <i>Methoxsalen Rapid</i>)	NF	QL (4 ea daily)
SORIATANE CAPS 10 MG, 17.5 MG (Use <i>Acitretin</i>)	NF	QL (1 ea daily)
SORIATANE CAPS 25 MG (Use <i>Acitretin</i>)	NF	QL (2 ea daily)
STELARA SOSY 90 MG/ML, 45 MG/0.5ML	4	PA
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (Use <i>Tazarotene</i>)	NF	
TAZORAC GEL 0.05 %, 0.1 %	2	
VECTICAL OINT	1	Limit 1 package per claim; QL (105 gm per fill retail)
Antiseborrheic Products		
<i>selenium sulfide lotn</i>	1	Limit 1 package per claim; QL (120 ml per fill retail)
Antivirals - Topical		
<i>acyclovir topical oint</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 %	3	
ZOVIRAX OINT EX 5 % (Use <i>Acyclovir Topical</i>)	NF	
Burn Products		
SILVADENE CREA (Use <i>Silver Sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA	3	
SULFAMYLON PACK	3	
Corticosteroids - Topical		
ACLOVATE CREA (Use <i>Alclometasone Dipropionate</i>)	NF	
<i>alclometasone dipropionate crea</i>	1	
<i>alclometasone dipropionate oint</i>	1	
AMCINONIDE CREA	2	
AMCINONIDE LOTN	3	
AMCINONIDE OINT	3	
<i>betamethasone dipropionate (topical) crea</i>	1	
<i>betamethasone dipropionate (topical) lotn</i>	1	
<i>betamethasone dipropionate (topical) oint</i>	1	
<i>betamethasone dipropionate augmented crea</i>	1	
<i>betamethasone dipropionate augmented lotn</i>	1	
<i>betamethasone dipropionate augmented oint</i>	1	
<i>betamethasone valerate crea</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone valerate foam</i>	1	
<i>betamethasone valerate lotn</i>	1	
<i>betamethasone valerate oint</i>	1	
<i>calcipotriene- betamethasone dipropionate oint</i>	1	ST
<i>clobetasol propionate crea</i>	1	
<i>clobetasol propionate emollient base crea</i>	1	
<i>clobetasol propionate foam</i>	1	
<i>clobetasol propionate gel</i>	1	
<i>clobetasol propionate oint</i>	1	
<i>clobetasol propionate soln</i>	1	
CLOCORTOLONE PIVALATE CREA	3	
CLOCORTOLONE PIVALATE PUMP CREA	3	
CLODERM CREA	3	
CLODERM PUMP CREA	3	
CORDRAN CREA 0.05 % (Use <i>Flurandrenolide</i>)	NF	
CORDRAN LOTN 0.05 % (Use <i>Flurandrenolide</i>)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CORDRAN TAPE TAPE	3	
CUTIVATE CREA (Use <i>Fluticasone Propionate</i>)	NF	
DERMA-SMOOTH/FS SCALP OIL (Use <i>Fluocinolone Acetonide</i>)	NF	
DERMATOP CREA (Use <i>Prednicarbate</i>)	NF	
DERMATOP OINT (Use <i>Prednicarbate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<i>desonide crea</i>	1	
<i>desonide lotn</i>	1	
<i>desonide oint</i>	1	
DESOWEN CREA (Use <i>Desonide</i>)	NF	
DESOWEN LOTN (Use <i>Desonide</i>)	NF	
<i>desoximetasone crea</i>	1	
<i>desoximetasone gel</i>	1	
<i>desoximetasone oint</i>	1	
DIFLORASONE DIACETATE CREA	2	
DIFLORASONE DIACETATE OINT	1	
DIPROLENE AF CREA (Use <i>Betamethasone Dipropionate Augmented</i>)	NF	
DIPROLENE LOTN (Use <i>Betamethasone Dipropionate Augmented</i>)	NF	
DIPROLENE OINT (Use <i>Betamethasone Dipropionate Augmented</i>)	NF	
ELOCON CREA (Use <i>Mometasone Furoate</i>)	NF	
ELOCON OINT (Use <i>Mometasone Furoate</i>)	NF	
<i>fluocinolone acetonide crea</i>	1	
<i>fluocinolone acetonide oil</i>	1	
<i>fluocinolone acetonide oint</i>	1	
<i>fluocinolone acetonide soln</i>	1	
<i>fluocinonide crea</i>	1	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>fluocinonide oint</i>	1	
<i>fluocinonide soln</i>	1	
<i>flurandrenolide crea</i>	1	
<i>flurandrenolide lotn</i>	1	
<i>fluticasone propionate crea</i>	1	
<i>fluticasone propionate oint</i>	1	
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	
HALOG CREA	3	
HALOG OINT	3	
<i>hydrocortisone (topical) crea 1 %, 1%</i>	1	RX/OTC
<i>hydrocortisone (topical) crea 2.5 %</i>	1	
<i>hydrocortisone (topical) lotn 2.5 %</i>	1	
<i>hydrocortisone (topical) oint 1 %</i>	1	RX/OTC
<i>hydrocortisone (topical) oint 2.5 %</i>	1	
<i>hydrocortisone butyrate crea</i>	1	
<i>hydrocortisone butyrate oint</i>	1	
<i>hydrocortisone butyrate soln</i>	1	
<i>hydrocortisone valerate crea</i>	1	
<i>hydrocortisone valerate oint</i>	1	
LOCOID CREA (Use Hydrocortisone Butyrate)	NF	
LOCOID OINT (Use Hydrocortisone Butyrate)	NF	
LOCOID SOLN (Use Hydrocortisone Butyrate)	NF	

Drug Name	Drug Tier	Requirements/ Limits
LUXIQ FOAM (Use Betamethasone Valerate)	NF	
<i>mometasone furoate crea</i>	1	
<i>mometasone furoate oint</i>	1	
<i>mometasone furoate soln</i>	1	
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use Hydrocortisone (Topical))	NF	RX/OTC
OLUX FOAM (Use Clobetasol Propionate)	NF	
<i>prednicarbate crea</i>	1	
<i>prednicarbate oint</i>	1	
PSORCON CREA	2	
SYNALAR CREA (Use Fluocinolone Acetonide)	NF	
SYNALAR OINT (Use Fluocinolone Acetonide)	NF	
SYNALAR SOLN (Use Fluocinolone Acetonide)	NF	
TACLONEX OINT (Use Calcipotriene-Betamethasone Dipropionate)	NF	ST
TACLONEX SUSP	3	ST
TEMOVATE CREA (Use Clobetasol Propionate)	NF	
TEMOVATE E CREA (Use Clobetasol Propionate Emollient Base)	NF	
TEMOVATE GEL (Use Clobetasol Propionate)	NF	
TEMOVATE OINT (Use Clobetasol Propionate)	NF	
TEMOVATE SOLN (Use Clobetasol Propionate)	NF	
TOPICORT CREA (Use Desoximetasone)	NF	
TOPICORT GEL (Use Desoximetasone)	NF	

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Drug Name	Drug Tier	Requirements/Limits
TOPICORT OINT (<i>Use Desoximetasone</i>)	NF	
<i>triamcinolone acetonide (topical) crea 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide (topical) lotn 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide (topical) oint 0.5 %</i>	2	
TRIDESILON CREA (<i>Use Desonide</i>)	NF	
ULTRAVATE CREA (<i>Use Halobetasol Propionate</i>)	NF	
ULTRAVATE OINT (<i>Use Halobetasol Propionate</i>)	NF	
WESTCORT OINT (<i>Use Hydrocortisone Valerate</i>)	NF	
Emollients		
LAC-HYDRIN CREA (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
LAC-HYDRIN LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (<i>Use Lactic Acid (Ammonium Lactate)</i>)	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	
Hair Growth Agents		
<i>finasteride (alopecia) tabs</i>	1	
PROPECIA TABS (<i>Use Finasteride (Alopecia)</i>)	NF	
Immunomodulating Agents - Topical		

Drug Name	Drug Tier	Requirements/Limits
ALDARA CREA (<i>Use Imiquimod</i>)	NF	QL(48 ea per 180 days retail)
<i>imiquimod crea</i>	1	QL(48 ea per 180 days retail)
Immunosuppressive Agents - Topical		
ELIDEL CREA	2	PA; Limit1 package per month;QL(3.5 gm daily); AL; At least 2 yrs old
PROTOPIC OINT (<i>Use Tacrolimus (Topical)</i>)	NF	Limit1 package per month;QL(3.5 gm daily); AL; At least 2 yrs old
<i>tacrolimus (topical) oint</i>	1	Limit1 package per month;QL(3.5 gm daily); AL; At least 2 yrs old
Keratolytic/Antimitotic Agents		
CONDYLOX SOLN (<i>Use Podofilox</i>)	NF	
<i>podofilox soln</i>	1	
Local Anesthetics - Topical		
EMLA CREA (<i>Use Lidocaine-Prilocaine</i>)	NF	
<i>lidocaine hcl gel ex 2 %</i>	1	RX/OTC
<i>lidocaine hcl soln ex 4 %</i>	1	
<i>lidocaine oint</i>	1	
<i>lidocaine ptch</i>	1	
<i>lidocaine-prilocaine crea</i>	1	
<i>lidocaine-prilocaine kit</i>	1	
LIDODERM PTCH (<i>Use Lidocaine</i>)	NF	
SYNERA PTCH	3	

Drug Name	Drug Tier	Requirements/ Limits
XYLOCAINE SOLN (<i>Use Lidocaine HC</i>)	NF	
Pigmenting-Depigmenting Agents		
OXSORALEN LOTN	2	
Rosacea Agents		
FINACEA GEL	2	
METROCREAM CREA (<i>Use Metronidazole Topical</i>)	NF	
METROGEL GEL (<i>Use Metronidazole Topical</i>)	NF	
METROLOTION LOTN (<i>Use Metronidazole Topical</i>)	NF	
<i>metronidazole (topical) crea</i>	1	
<i>metronidazole (topical) gel</i>	1	
<i>metronidazole (topical) lotn</i>	1	
Scabicides & Pediculicides		
ELIMITE CREA (<i>Use Permethrin</i>)	NF	
EURAX CREA	3	
EURAX LOTN	3	
<i>lindane lotn</i>	3	
LINDANE LOTN	3	
LINDANE SHAM	3	
<i>lindane sham</i>	3	
<i>malathion lotn</i>	1	
NATROBA SUSP	2	
OVIDE LOTN (<i>Use Malathion</i>)	NF	
<i>permethrin crea</i>	1	
SKLICE LOTN	3	

Drug Name	Drug Tier	Requirements/ Limits
SPINOSAD SUSP	2	
ULESFIA LOTN	3	
Wound Care Products		
REGRANEX GEL	3	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	QL(12 ea per 365 days retail)
Diagnostic Tests		
CHEK-STIX CONTROL STRP	1	QL(6.67 ea daily)
CHEMSTRIP-K STRP	1	Limit 200 per month;QL(6.67 ea daily)
KETOCARE STRP	1	Limit 200 per month;QL(6.67 ea daily)
KETONE TEST STRIPS STRP	1	QL(6.67 ea daily)
KETOSTIX STRP	1	QL(6.67 ea daily)
TRUE METRIX BLOOD GLUCOSETEST STRIPS STRP	1	Limit 200 per month;QL(6.67 ea daily); RX/OTC
TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS STRP	1	Limit 200 per month;QL(6.67 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRIPS STRP	1	Limit 200 per month;QL(6.67 ea daily); RX/OTC
TRUETEST BLOOD GLUCOSE TEST STRP	1	Limit 200 per month;QL(6.67 ea daily); RX/OTC
TRUETEST STRIPS STRP	1	Limit 200 per month;QL(6.67 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
TRUETRACK BLOOD GLUCOSE TEST STRP	1	Limit 200 per month;QL(6.67 ea daily); RX/OTC
TRUETRACK TEST STRP	1	Limit 200 per month;QL(6.67 ea daily); RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	2	
PANCREAZE CPEP	2	
PANCRELIPASE CPEP	2	
SUCRAID SOLN	3	
ZENPEP CPEP	2	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide cp12 500 mg</i>	1	QL(2 ea daily)
<i>acetazolamide sodium solr</i>	1	
<i>acetazolamide tabs 125 mg</i>	1	QL(8 ea daily)
<i>acetazolamide tabs 250 mg</i>	1	QL(4 ea daily)
DIAMOX CP12 (Use Acetazolamide)	NF	QL(2 ea daily)
<i>methazolamide tabs</i>	1	QL(6 ea daily)
NEPTAZANE TABS (Use Methazolamide)	NF	QL(6 ea daily)
Diuretic Combinations		
ALDACTAZIDE TABS (Use Spironolactone & Hydrochlorothiazide)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	NF	

Drug Name	Drug Tier	Requirements/ Limits
MAXZIDE TABS (Use Triamterene & Hydrochlorothiazide)	NF	
MAXZIDE-25 TABS (Use Triamterene & Hydrochlorothiazide)	NF	
<i>spironolactone & hydrochlorothiazide tabs</i>	1	
<i>triamterene & hydrochlorothiazide caps</i>	1	
<i>triamterene & hydrochlorothiazide tabs</i>	1	
Loop Diuretics		
<i>bumetanide soln ij 0.25 mg/ml</i>	1	
<i>bumetanide tabs or 0.5 mg, 1 mg, 2 mg</i>	1	QL(5 ea daily)
BUMEX TABS (Use Bumetanide)	NF	QL(5 ea daily)
DEMADEX TABS (Use Torsemide)	NF	
EDECIN TABS (Use Ethacrynic Acid)	NF	QL(16 ea daily)
<i>ethacrynic acid tabs</i>	3	QL(16 ea daily)
<i>furosemide soln ij 10 mg/ml</i>	1	
<i>furosemide soln or 10 mg/ml</i>	1	
FUROSEMIDE SOLN OR 8 MG/ML	2	
<i>furosemide tabs or 20 mg, 40 mg, 80 mg</i>	1	
LASIX TABS (Use Furosemide)	NF	
<i>torsemide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (Use Spironolactone)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS	3	QL(3 ea daily)
<i>spironolactone tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Thiazides and Thiazide-Like Diuretics		
CHLOROTHIAZIDE TABS 250 MG	2	
<i>chlorothiazide tabs 500 mg</i>	1	
<i>chlorthalidone tabs</i>	1	
<i>hydrochlorothiazide caps</i>	1	QL(2 ea daily)
<i>hydrochlorothiazide tabs</i>	1	QL(2 ea daily)
<i>indapamide tabs 1.25 mg</i>	1	QL(1 ea daily)
<i>indapamide tabs 2.5 mg</i>	1	QL(2 ea daily)
METHYCLOTHIAZIDE TABS	2	
<i>metolazone tabs</i>	1	QL(2 ea daily)
MICROZIDE CAPS (<i>Use Hydrochlorothiazide</i>)	NF	QL(2 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
ACTONEL TABS 150 MG (<i>Use Risedronate Sodium</i>)	NF	PA; Limit 1 tablet per 28 days;QL(1 ea per 28 days retail)
ACTONEL TABS 30 MG, 5 MG (<i>Use Risedronate Sodium</i>)	NF	PA; QL(1 ea daily)
ACTONEL TABS 35 MG (<i>Use Risedronate Sodium</i>)	NF	PA; Limit 4 tablets per month;QL(4 ea per 28 days retail)
<i>alendronate sodium tabs 10 mg, 5 mg</i>	1	QL(1 ea daily)
ALENDRONATE SODIUM TABS 40 MG	2	
<i>alendronate sodium tabs 70 mg, 35 mg</i>	1	Limit 4 tablets per month;QL(4 ea per 28 days retail)

Drug Name	Drug Tier	Requirements/Limits
ATELVIA TBEC (<i>Use Risedronate Sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (<i>Use Ibandronate Sodium</i>)	NF	
BONIVA TABS OR 150 MG (<i>Use Ibandronate Sodium</i>)	NF	Limit 1 tablet per 28 days;QL(1 ea per 28 days retail)
<i>calcitonin (salmon) soln</i>	1	Limit 1 inhaler per month;QL(3.7 ml per 30 days retail)
ETIDRONATE DISODIUM TABS	2	
FORTEO SOLN	4	PA; Limit 1 per per month;QL(2.4 ml per 28 days retail)
FORTICAL SOLN	2	Limit 1 inhaler per month;QL(3.7 ml per 30 days retail)
FOSAMAX PLUS D TABS	3	PA; Limit 4 tablets per month;QL(4 ea per 28 days retail)
FOSAMAX TABS (<i>Use Alendronate Sodium</i>)	NF	Limit 4 tablets per month;QL(4 ea per 28 days retail)
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	
<i>ibandronate sodium tabs or 150 mg</i>	1	Limit 1 tablet per 28 days;QL(1 ea per 28 days retail)
MIACALCIN SOLN (<i>Use Calcitonin (Salmon)</i>)	NF	Limit 1 inhaler per month;QL(3.7 ml per 30 days retail)

Drug Name	Drug Tier	Requirements/Limits
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA
<i>pamidronate disodium soln 30 mg, 90 mg</i>	4	PA
PROLIA SOLN	4	PA
RECLAST SOLN (<i>Use Zoledronic Acid</i>)	NF	PA
<i>risedronate sodium tabs 150 mg</i>	1	PA; Limit 1 tablet per 28 days; QL(1 ea per 28 days retail)
<i>risedronate sodium tabs 30 mg, 5 mg</i>	1	PA; QL(1 ea daily)
<i>risedronate sodium tabs 35 mg</i>	1	PA; Limit 4 tablets per month; QL(4 ea per 28 days retail)
<i>risedronate sodium tbec 35 mg</i>	1	PA
XGEVA SOLN	4	PA
<i>zoledronic acid conc 4 mg/5ml</i>	4	PA
ZOLEDRONIC ACID SOLN 4 MG/100ML	4	PA
<i>zoledronic acid soln 5 mg/100ml</i>	4	PA
ZOMETA CONC 4 MG/5ML (<i>Use Zoledronic Acid</i>)	NF	PA
ZOMETA SOLN 4 MG/100ML	4	PA
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA
NOVAREL SOLR	4	PA
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA
Growth Hormone Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
SOMAVERT SOLR	4	PA
Growth Hormones		
GENOTROPIN MINIQUICK SOLR	4	PA
GENOTROPIN SOLR	4	PA
HUMATROPE COMBO PACK SOLR	4	PA
HUMATROPE SOLR	4	PA
NORDITROPIN FLEXPRO SOLN	4	PA
NUTROPIN AQ NUSPIN 10 SOLN	4	PA
OMNITROPE SOLN	4	PA
SAIZEN CLICK.EASY SOLR	4	PA
SAIZEN SOLR	4	PA
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA
SEROSTIM SOLR	4	PA
ZOMACTON SOLR	4	PA
ZORBTIVE SOLR	4	PA
Hormone Receptor Modulators		
EVISTA TABS (<i>Use Raloxifene HCl</i>)	NF	QL(1 ea daily)
<i>raloxifene hcl tabs</i>	0	QL(1 ea daily)
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX SOLN	4	PA
LHRH/GnRH Agonist Analog Pituitary		
LUPRON DEPOT-PED (1-MONTH) KIT	4	PA
LUPRON DEPOT-PED (3-MONTH) KIT	4	PA
SYNAREL SOLN	4	PA
Metabolic Modifiers		

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Drug Name	Drug Tier	Requirements/Limits
ALDURAZYME SOLN	4	PA
BUPHENYL POWD 3 GM/TSP (Use Sodium Phenylbutyrate)	NF	
BUPHENYL TABS 500 MG	3	
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol soln iv 1 mcg/ml</i>	1	
<i>calcitriol soln or 1 mcg/ml</i>	1	
CARBAGLU TABS	4	
CYSTADANE POWD	4	PA
<i>doxercalciferol caps</i>	1	
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA
FABRAZYME SOLR	4	PA
HECTOROL CAPS OR 2.5 MCG, 0.5 MCG, 1 MCG (Use Doxercalciferol)	NF	
HECTOROL SOLN IV 2 MCG/ML	2	
HECTOROL SOLN IV 4 MCG/2ML (Use Doxercalciferol)	NF	
KUVAN TBSO	4	PA
LUMIZYME SOLR	4	PA
NAGLAZYME SOLN	4	PA
ORFADIN CAPS	4	PA
<i>paricalcitol caps or 1 mcg, 4 mcg, 2 mcg</i>	1	
<i>paricalcitol soln iv 5 mcg/ml, 2 mcg/ml</i>	4	
ROCALTROL CAPS (Use Calcitriol)	NF	

Drug Name	Drug Tier	Requirements/Limits
ROCALTROL SOLN (Use Calcitriol)	NF	
SENSIPAR TABS	4	PA
<i>sodium phenylbutyrate powd</i>	3	
ZEMPLAR CAPS (Use Paricalcitol)	NF	
ZEMPLAR SOLN (Use Paricalcitol)	NF	
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (Use Desmopressin Acetate)	NF	PA
DDAVP SOLN NA 0.01 % (Use Desmopressin Acetate Spray)	NF	
DDAVP TABS OR 0.1 MG (Use Desmopressin Acetate)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use Desmopressin Acetate)	NF	QL(8 ea daily)
<i>desmopressin acetate soln ij 4 mcg/ml</i>	1	PA
<i>desmopressin acetate spray refrigerated soln</i>	1	
<i>desmopressin acetate spray soln</i>	1	
<i>desmopressin acetate tabs or 0.1 mg</i>	1	QL(6 ea daily)
<i>desmopressin acetate tabs or 0.2 mg</i>	1	QL(8 ea daily)
STIMATE SOLN	4	PA
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA
SANDOSTATIN SOLN (Use Octreotide Acetate)	NF	PA
SOMATULINE DEPOT SOLN	4	PA
Vasopressin Receptor Antagonists		

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Drug Name	Drug Tier	Requirements/Limits
SAMSCA TABS	4	PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
ALORA PTTW	3	
CLIMARA PTWK (Use Estradiol)	NF	
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (Use Estradiol Valerate)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL	3	
ELESTRIN GEL	3	
ENJUVIA TABS	3	
ESTRACE TABS OR 0.5 MG, 1 MG, 2 MG (Use Estradiol)	NF	
<i>estradiol pttw td 0.0375 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr, 0.05 mg/24hr, 0.025 mg/24hr</i>	3	
<i>estradiol ptwk td 0.05 mg/24hr, 0.1 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 37.5 mcg/24hr, 0.025 mg/24hr</i>	1	
<i>estradiol tabs or 1 mg, 2 mg, 0.5 mg</i>	1	
<i>estradiol valerate oil</i>	1	
ESTROGEL GEL	3	
ESTROPIPATE TABS 0.75 MG	1	

Drug Name	Drug Tier	Requirements/Limits
<i>estropipate tabs 0.75 mg, 1.5 mg</i>	1	
ESTROPIPATE TABS 3 MG, 1.5 MG	2	
EVAMIST SOLN	3	
MENEST TABS	3	
MENOSTAR PTWK	3	
MINIVELLE PTTW	3	
PREMARIN SOLR	2	
PREMARIN TABS	2	
VIVELLE-DOT PTTW (Use Estradiol)	NF	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
AVELOX ABC PACK TABS (Use Moxifloxacin HCl)	NF	
AVELOX SOLN IV 400MG/250ML-0.8%	2	
AVELOX TABS OR 400 MG (Use Moxifloxacin HCl)	NF	
CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin)	NF	AL; Up to 12 yrs old
CIPRO TABS 500 MG, 250 MG (Use Ciprofloxacin HCl)	NF	
CIPRO XR TB24 (Use Ciprofloxacin-Ciprofloxacin HCl)	NF	
CIPROFLOXACIN HCL TABS 100 MG	2	
<i>ciprofloxacin hcl tabs 500 mg, 750 mg, 250 mg</i>	1	
<i>ciprofloxacin in d5w soln</i>	3	
CIPROFLOXACIN SOLN IV 400 MG/40ML	1	
<i>ciprofloxacin soln iv 400 mg/40ml</i>	1	
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	1	AL; Up to 12 yrs old

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Drug Name	Drug Tier	Requirements/ Limits
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	
FACTIVE TABS	3	
LEVAQUIN SOLN (<i>Use Levofloxacin in D5W</i>)	NF	
LEVAQUIN SOLN (<i>Use Levofloxacin</i>)	NF	
LEVAQUIN TABS (<i>Use Levofloxacin</i>)	NF	
<i>levofloxacin in d5w soln</i>	1	
<i>levofloxacin soln iv 25 mg/ml</i>	1	
<i>levofloxacin soln or 25 mg/ml</i>	1	
LEVOFLOXACIN SOLN OR 25 MG/ML	2	
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl tabs</i>	1	
OFLOXACIN TABS 300 MG	2	
<i>ofloxacin tabs 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Bile Acid Synthesis Disorder Agents		
CHOLBAM CAPS	4	PA
Gallstone Solubilizing Agents		
ACTIGALL CAPS (<i>Use Ursodiol</i>)	NF	
URSO 250 TABS (<i>Use Ursodiol</i>)	NF	
URSO FORTE TABS (<i>Use Ursodiol</i>)	NF	
<i>ursodiol caps</i>	1	
<i>ursodiol tabs</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
Gastrointestinal Stimulants		
<i>metoclopramide hcl soln ij 5 mg/ml</i>	1	
<i>metoclopramide hcl soln or 5 mg/5ml, 10 mg/10ml</i>	1	84 days supply within 365 Days;QL(60 ml daily,5040 ml per 365 days retail)
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	84 days supply within 365 Days;QL(6 ea daily,504 ea per 365 days retail)
REGLAN TABS (<i>Use Metoclopramide HCl</i>)	NF	84 days supply within 365 Days;QL(6 ea daily,504 ea per 365 days retail)
Inflammatory Bowel Agents		
APRISO CP24	2	
ASACOL HD TBEC	2	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (<i>Use Sulfasalazine</i>)	NF	
AZULFIDINE TABS (<i>Use Sulfasalazine</i>)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP	2	
CIMZIA KIT	4	PA
CIMZIA STARTER KIT KIT	4	PA
COLAZAL CAPS (<i>Use Balsalazide Disodium</i>)	NF	
DIPENTUM CAPS	2	
LIALDA TBEC (<i>Use Mesalamine</i>)	NF	
MESALAMINE DR TBEC	2	QL(6 ea daily)
<i>mesalamine enem</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>mesalamine tbec</i>	1	
PENTASA CPCR	2	
REMICADE SOLR	4	PA
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosetron hcl tabs</i>	1	
LOTRONEX TABS (<i>Use Alosetron HCl</i>)	NF	
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	PA
RELISTOR SOLN	2	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) caps</i>	1	
<i>calcium acetate (phosphate binder) tabs</i>	1	RX/OTC
ELIPHOS TABS (<i>Use Calcium Acetate (Phosphate Binder)</i>)	NF	RX/OTC
FOSRENOL CHEW (<i>Use Lanthanum Carbonate</i>)	NF	
<i>lanthanum carbonate chew</i>	1	
PHOSLYRA SOLN	2	
RENAGEL TABS	3	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc</i>	1	

Drug Name	Drug Tier	Requirements/Limits
SHOHL'S SOLUTION MODIFIED SOLN (<i>Use Sodium Citrate & Citric Acid</i>)	NF	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (<i>Use Potassium Citrate (Alkalinizer)</i>)	NF	
Cystinosis Agents		
CYSTAGON CAPS	3	PA
Genitourinary Irrigants		
<i>acetic acid soln</i>	1	
<i>glycine (gu irrigant) soln</i>	1	
RESECTISOL SOLN	1	
<i>sodium chloride (gu irrigant) soln</i>	1	
SORBITOL SOLN	1	
SORBITOL-MANNITOL SOLN	1	
Interstitial Cystitis Agents		
ELMIRON CAPS	2	
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl tb24</i>	1	QL(1 ea daily)
AVODART CAPS (<i>Use Dutasteride</i>)	NF	PA; QL(1 ea daily)
<i>dutasteride caps</i>	1	PA; QL(1 ea daily)
<i>finasteride tabs</i>	1	
FLOMAX CAPS (<i>Use Tamsulosin HCl</i>)	NF	
PROSCAR TABS (<i>Use Finasteride</i>)	NF	
RAPAFLO CAPS	2	
<i>tamsulosin hcl caps</i>	1	

Drug Name	Drug Tier	Requirements/Limits
UROXATRAL TB24 (Use Alfuzosin HCl)	NF	QL(1 ea daily)
Urinary Analgesics		
phenazopyridine hcl tabs	1	
PYRIDIUM TABS (Use Phenazopyridine HCl)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
colchicine w/ probenecid tabs	1	QL(6 ea per fill retail)
Gout Agents		
allopurinol tabs	1	
COLCHICINE TABS	2	QL(6 ea per fill retail)
COLCRYS TABS	2	QL(6 ea per fill retail)
ULORIC TABS	3	PA; QL(1 ea daily)
ZYLOPRIM TABS (Use Allopurinol)	NF	
Uricosurics		
probenecid tabs	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Hematorheologic Agents		
pentoxifylline tbcr	1	QL(3 ea daily)
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (Use Aspirin-Dipyridamole)	NF	PA; QL(2 ea daily)
AGRYLIN CAPS (Use Anagrelide HCl)	NF	
anagrelide hcl caps	1	
aspirin-dipyridamole cp12	1	PA; QL(2 ea daily)
BRILINTA TABS	2	
cilostazol tabs	1	

Drug Name	Drug Tier	Requirements/Limits
clopidogrel bisulfate tabs or 300 mg	1	
clopidogrel bisulfate tabs or 75 mg	1	QL(1 ea daily)
dipyridamole tabs	1	
EFFIENT TABS 10 MG (Use Prasugrel HCl)	NF	
EFFIENT TABS 5 MG (Use Prasugrel HCl)	NF	QL(1 ea daily)
PERSANTINE TABS (Use Dipyridamole)	NF	
PLAVIX TABS 300 MG (Use Clopidogrel Bisulfate)	NF	
PLAVIX TABS 75 MG (Use Clopidogrel Bisulfate)	NF	QL(1 ea daily)
PLETAL TABS (Use Cilostazol)	NF	
prasugrel hcl tabs 10 mg	1	
prasugrel hcl tabs 5 mg	1	QL(1 ea daily)
REOPRO SOLN	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CEREZYME SOLR	4	PA
ELELYSO SOLR	4	PA
VPRIV SOLR	4	PA
ZAVESCA CAPS	4	PA
Agents for Sickle Cell Anemia		
DROXIA CAPS	4	
Folic Acid/Folates		
folic acid tabs	0	AL; At least 12 yrs old - Up to 55 yrs old; RX/OTC
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN	4	PA

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Drug Name	Drug Tier	Requirements/Limits
ARANESP ALBUMIN FREE SOSY	4	PA
EPOGEN SOLN	4	PA
LEUKINE SOLR	4	PA
NEULASTA ONPRO KIT PSKT	4	
NEULASTA SOSY	4	PA
NEUPOGEN SOLN	4	PA
NEUPOGEN SOSY	4	PA
NPLATE SOLR	4	PA
PROCRIT SOLN 4000 UNIT/ML, 40000 UNIT/ML, 2000 UNIT/ML, 10000 UNIT/ML, 3000 UNIT/ML, 20000 UNIT/ML	4	PA
PROMACTA TABS	4	PA
Hematopoietic Mixtures		
<i>ferrous fumarate-folic acid tabs</i>	1	QL(1 ea daily)
Iron		
FER-IN-SOL SOLN (<i>Use Ferrous Sulfate</i>)	NF	AL; Up to 1 yrs old
<i>ferrous sulfate soln</i>	0	AL; Up to 1 yrs old
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
CYKLOKAPRON SOLN (<i>Use Tranexamic Acid</i>)	NF	
LYSTEDA TABS (<i>Use Tranexamic Acid</i>)	NF	
<i>tranexamic acid soln</i>	1	
<i>tranexamic acid tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Barbiturate Hypnotics		
<i>phenobarbital elix 20 mg/5ml</i>	1	
<i>phenobarbital soln 20 mg/5ml</i>	1	
PHENOBARBITAL TABS 100 MG	2	
PHENOBARBITAL TABS 30 MG	1	
<i>phenobarbital tabs 32.4 mg, 16.2 mg, 64.8 mg, 97.2 mg</i>	1	
Non-Barbiturate Hypnotics		
AMBIEN TABS (<i>Use Zolpidem Tartrate</i>)	NF	QL(1 ea daily); AL; At least 18 yrs old
<i>estazolam tabs</i>	1	
<i>eszopiclone tabs 1 mg, 3 mg</i>	1	ST; QL(1 ea daily); AL; At least 18 yrs old
<i>eszopiclone tabs 2 mg</i>	3	ST; QL(1 ea daily); AL; At least 18 yrs old
HALCION TABS (<i>Use Triazolam</i>)	NF	
LUNESTA TABS (<i>Use Eszopiclone</i>)	NF	ST; QL(1 ea daily); AL; At least 18 yrs old
SONATA CAPS 10 MG (<i>Use Zaleplon</i>)	NF	QL(2 ea daily); AL; At least 18 yrs old
SONATA CAPS 5 MG (<i>Use Zaleplon</i>)	NF	QL(1 ea daily); AL; At least 18 yrs old
TRIAZOLAM TABS 0.125 MG	1	
<i>triazolam tabs 0.25 mg</i>	1	
<i>zaleplon caps 10 mg</i>	1	QL(2 ea daily); AL; At least 18 yrs old

Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon caps 5 mg</i>	1	QL(1 ea daily); AL; At least 18 yrs old
<i>zolpidem tartrate tabs</i>	1	QL(1 ea daily); AL; At least 18 yrs old
Selective Melatonin Receptor Agonists		
ROZEREM TABS	3	ST; QL(1 ea daily); AL; At least 18 yrs old
LAXATIVES - Bowel Treatment Drugs		
Laxative Combinations		
GOLYTELY SOLR (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NF	
MOVIPREP SOLR	2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr</i>	0	
PREPOPIK PACK	3	
SUPREP BOWEL PREP KIT SOLN	0	
Laxatives - Miscellaneous		
<i>lactulose soln</i>	1	
Saline Laxatives		
OSMOPREP TABS	3	
Stimulant Laxatives		
<i>bisacodyl tbec</i>	1	
DULCOLAX TBEC (<i>Use Bisacodyl</i>)	NF	
Surfactant Laxatives		
COLACE CAPS (<i>Use Docusate Sodium</i>)	NF	
<i>docusate calcium caps</i>	1	
<i>docusate sodium caps</i>	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		

Drug Name	Drug Tier	Requirements/Limits
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln</i>	1	
XYLOCAINE SOLN (<i>Use Lidocaine HCl (Local Anesth.)</i>)	NF	
XYLOCAINE-MPF SOLN (<i>Use Lidocaine HCl (Local Anesth.)</i>)	NF	
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
AZITHROMYCIN PACK OR 1 GM	1	QL(2 ea per fill retail)
<i>azithromycin solr iv 500 mg</i>	1	
<i>azithromycin susr or 100 mg/5ml</i>	1	QL(15 ml per fill retail)
<i>azithromycin susr or 200 mg/5ml</i>	1	Limit 1 package per claim; QL(30 ml per fill retail)
<i>azithromycin tabs or 250 mg</i>	1	QL(6 ea per fill retail)
<i>azithromycin tabs or 500 mg</i>	1	QL(4 ea per fill retail)
<i>azithromycin tabs or 600 mg</i>	1	QL(8 ea per 28 days retail)
ZITHROMAX PACK OR 1 GM	1	QL(2 ea per fill retail)
ZITHROMAX SOLR IV 500 MG (<i>Use Azithromycin</i>)	NF	
ZITHROMAX SUSR OR 100 MG/5ML (<i>Use Azithromycin</i>)	NF	QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML (<i>Use Azithromycin</i>)	NF	Limit 1 package per claim; QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG (<i>Use Azithromycin</i>)	NF	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (<i>Use Azithromycin</i>)	NF	QL(4 ea per fill retail)
ZITHROMAX TABS OR 600 MG (<i>Use Azithromycin</i>)	NF	QL(8 ea per 28 days retail)

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Drug Name	Drug Tier	Requirements/ Limits
ZITHROMAX TRI-PAK TABS (<i>Use Azithromycin</i>)	NF	QL(4 ea per fill retail)
ZITHROMAX Z-PAK TABS (<i>Use Azithromycin</i>)	NF	QL(6 ea per fill retail)
Clarithromycin		
BIAXIN SUSR (<i>Use Clarithromycin</i>)	NF	
BIAXIN TABS (<i>Use Clarithromycin</i>)	NF	
<i>clarithromycin susr 250 mg/5ml, 125 mg/5ml</i>	1	
CLARITHROMYCIN SUSR 250 MG/5ML, 125 MG/5ML	2	
<i>clarithromycin tabs 250 mg, 500 mg</i>	1	
<i>clarithromycin tb24 500 mg</i>	1	
Erythromycins		
E.E.S. 400 TABS	3	
E.E.S. GRANULES SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	NF	
ERY-TAB TBEC	3	
ERYPED 200 SUSR (<i>Use Erythromycin Ethylsuccinate</i>)	NF	
ERYPED 400 SUSR	3	
ERYTHROMYCIN BASE TABS	3	
<i>erythromycin ethylsuccinate susr 200 mg/5ml</i>	3	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	3	
Fidaxomicin		
DIFICID TABS	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	

Drug Name	Drug Tier	Requirements/ Limits
ATLAS COLORED LUBRICATED CONDOM DEVI	0	
ATLAS LUBRICATED CONDOM DEVI	0	
ATLAS LUBRICATED CONDOM/SPERMICIDE DEVI	0	
CLASS ACT LUBRICATED MISC	0	
DUREX EXTRA SENSITIVE DEVI	0	
ELEXA NATURAL FEEL MISC	0	
ELEXA STIMULATING MISC	0	
ELEXA ULTRA SENSITIVE MISC	0	
EXTRA SENSITIVE SPERMICIDAL DEVI	0	
FANTASY LUBRICATED MISC	0	
FANTASY LUBRICATED/SPERMICIDE MISC	0	
FC FEMALE CONDOM MISC	0	
FC2 FEMALE CONDOM MISC	0	
FEMCAP DEVI	0	
HIGH SENSATION SPERMICIDAL DEVI	0	
INTENSE SENSATION DEVI	0	
KAMELEON LUBRICATED MISC	0	
KIMONO COLORS DEVI	0	
KIMONO LUBRICATED MISC	0	
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO PLUS SPERMICIDE LUBRICATED MISC	0	

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Drug Name	Drug Tier	Requirements/ Limits
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	
KIMONO PS LUBRICATED MISC	0	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	
KIMONO SENSATION LUBRICATED MISC	0	
KIMONO SENSATION PLUS SPERMICIDE LUBRICATED MISC	0	
KIMONO SPECIAL DEVI	0	
MAXX LUBRICATED MISC	0	
MAXX PLUS SPERMICIDE LUBRICATED MISC	0	
OMNIFLEX DIAPHRAGM DPRH	0	
PREMIUM CONDOMS LUBRICATED MISC	0	
PRENTIF CAVITY-RIM CERVICAL CAP DEVI	0	
PRENTIF FITTING SET MISC	0	
REALITY LATEX CONDOMS/LUBRICATED MISC	0	
REALITY LATEX/ULTRA TEXTURED DEVI	0	
REALITY LATEX/ULTRA THIN DEVI	0	
TROJAN EXTENDED PLEASURE/LUBRICATED DEVI	0	
TROJAN MAGNUM MISC	0	
TROJAN MAGNUM WARM SENSATIONS DEVI	0	
TROJAN MAGNUM XL LUBRICATED DEVI	0	
TROJAN PLEASURE MESH/SPERMICIDAL DEVI	0	

Drug Name	Drug Tier	Requirements/ Limits
TROJAN RIBBED W/SPERMICIDAL MISC	0	
TROJAN SHARED SENSATION/LUBRICATED DEVI	0	
TROJAN SUPRAS SPERMICIDAL DEVI	0	
TROJAN TWISTED PLEASURE DEVI	0	
TROJAN ULTRA PLEASURE/LUBRICATED DEVI	0	
TROJAN VERY SENSITIVE LUBRICATED MISC	0	
TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT MISC	0	
TROJAN VERY THIN LUBRICATED MISC	0	
TROJAN VERY THIN SPERMICIDAL LUBRICANT MISC	0	
TROJAN-ENZ LUBRICANT MISC	0	
TROJAN-ENZ LUBRICATED MISC	0	
TROJAN-ENZ W/SPERMICIDAL MISC	0	
TRUSTEX COLOR CONDOMS + LUBE MISC	0	
TRUSTEX LUBRICATED EXTRALARGE MISC	0	
TRUSTEX LUBRICATED EXTRASTRENGTH MISC	0	
TRUSTEX LUBRICATED MISC	0	
TRUSTEX LUBRICATED/RIBBED/STUDED MISC	0	
TRUSTEX LUBRICATED/SPERMICIDAL EXTRA LARGE MISC	0	
TRUSTEX LUBRICATED/SPERMICIDAL EXTRA STRENGTH MISC	0	

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Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX LUBRICATED/SPERMICIDE MISC	0	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDED MISC	0	
TRUSTEX/RIA LUBRICATED MISC	0	
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	
TRUSTEX/RIA LUBRICATED/SPERMICIDE MISC	0	
ULTIMATE FEELING DEVI	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 60 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 65 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 70 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 75 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 80 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 85 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90 DPRH	0	
WIDE-SEAL SILICONE DIAPHRAGM KIT 95 DPRH	0	
Diabetic Supplies		

Drug Name	Drug Tier	Requirements/ Limits
1ST CHOICE LANCETS SUPERTHIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
1ST CHOICE LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
1ST CHOICE LANCETS ULTRATHIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
ADJUSTABLE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
ADVOCATE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	2	QL(1 ea per 180 days retail)
AURORA LANCET SUPER THIN30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
AURORA LANCET THIN 23G MISC	1	Limit 200 per month;QL(6.67 ea daily)
AUTO-LANCET MINI MISC	2	QL(1 ea per 180 days retail)
AUTO-LANCET MISC	2	QL(1 ea per 180 days retail)
AUTOLET IMPRESSION LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
AUTOLET MINI MISC	2	QL(1 ea per 180 days retail)
AUTOLET PLUS MISC	2	QL(1 ea per 180 days retail)

Drug Name	Drug Tier	Requirements/ Limits
BAYER MICROLET 2 LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
BD LANCET DEVICE MISC	2	QL(1 ea per 180 days retail)
BD LANCET ULTRAFINE 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CARDIOCOM LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
CAREONE ADVANCED LANCINGDEVICE MISC	2	QL(1 ea per 180 days retail)
CAREONE LANCET THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
CAREONE LANCET ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
CARETOUCH LANCING DEVICEWITH EJECTOR MISC	2	QL(1 ea per 180 days retail)
CLEANLET LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CLOSERCARE MISC	2	QL(1 ea per 180 days retail)
COMFORT ASSURED LANCETS SUPER THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
COMFORT LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS MICRO THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS ORIGINAL MISC	1	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CVS LANCETS ULTRA THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CVS LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
CVS ULTRA THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
DROPLET LANCETS ULTRA THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
DROPLET LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
DRUG MART ADJUSTABLE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
DRUG MART LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSSUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
DRUG MART UNILET LANCETSULTRA THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
DUANE READE LANCET ALTERNATE SITE 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
DUANE READE LANCET SUPERTHIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
DUANE READE LANCET ULTRATHIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS COLOR MISC	1	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
E-Z JECT LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
E-ZJECT LANCETS MICRO-THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
EASY MINI LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
EASY TOUCH LANCETS 26G/PULL-TOP MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 26G/TWIST MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/PULL-TOP MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 28G/TWIST MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/PULL-TOP MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 30G/TWIST MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/PULL-TOP MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 32G/TWIST MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCETS 33G/TWIST MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY TOUCH LANCING DEVICE/EJECTOR MISC	2	QL(1 ea per 180 days retail)
EASYTEST II LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASYTEST LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
EQL COLOR LANCETS 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EQL COLOR LANCETS MICRO THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
EQL SUPER THIN LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
EQL THIN LANCETS 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
EZ SMART BLOOD GLUCOSE LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 23G MISC	1	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 26G SUPER-SOFT MISC	1	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 28G ULTRA-SOFT MISC	1	Limit 200 per month;QL(6.67 ea daily)
EZ-LETS LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
FIFTY50 LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
FORA LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
FORA LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
FORA LANCING DEVICE/CLEARCAP MISC	2	QL(1 ea per 180 days retail)
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
FREDS PHARMACY UNILET LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET GP LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT MISC	1	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT MISC	1	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/FINE POINT MISC	1	Limit 200 per month;QL(6.67 ea daily)
GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT MISC	1	Limit 200 per month;QL(6.67 ea daily)
GLOBAL LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
GLUCOLET 2 AUTOMATIC LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
GLUCOSOURCE LANCET DEVICE MISC	2	QL(1 ea per 180 days retail)
GLUCOSOURCE LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
GMATE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
GNP LANCETS 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS MICRO THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
GNP MICRO THIN LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GNP SUPER THIN LANCETS/30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
H-E-B INCONTROL ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
H-E-B INCONTROL LANCETS MICRO THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
H-E-B INCONTROL LANCETS ULTRA THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
HEALTH CARE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
HEALTHWISE LANCING PEN MISC	2	QL(1 ea per 180 days retail)
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
HY-VEE LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
HY-VEE THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
IN TOUCH LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
KINNEY LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
KINNEY THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS MICRO THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
KROGER LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS SUPER THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCETS ULTRATHIN30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
KROGER LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
LANCET DEVICE ADJUSTABLE MISC	2	QL(1 ea per 180 days retail)
LANCET DEVICE WITH EJECTOR MISC	2	QL(1 ea per 180 days retail)
LANCETS 26G TWIST TOP MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS SAFETY SEAL 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LANCETS ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCING DEVICE ADJUSTABLE MISC	2	QL(1 ea per 180 days retail)
LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
LANZO MISC	2	QL(1 ea per 180 days retail)
LEADER ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
LIBERTY MINI LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
LITE TOUCH LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
LITE TOUCH LANCING PEN MISC	2	QL(1 ea per 180 days retail)
LIVE BETTER ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
LIVE BETTER LANCET SUPERTHIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LIVE BETTER LANCET ULTRATHIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
LONGS LANCETS STANDARD MISC	1	Limit 200 per month;QL(6.67 ea daily)
LONGS LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEDISENSE THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEIJER COLOR LANCETS UNIVERSAL 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL21G MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MEIJER LANCETS UNIVERSAL30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEIJER LANCETS UNIVERSAL33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
MEIJER SUPER THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
MICROLET NEXT MISC	2	QL(1 ea per 180 days retail)
MINI LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
MONOLET LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
MONOLET OPD LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
MULTI-LANCET DEVICE MISC	2	QL(1 ea per 180 days retail)
NOVA SUREFLEX LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
ON CALL LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
ON CALL PLUS LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
ONETOUCH DELICA LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
ONETOUCH LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
PC LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
PERFECT LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
PHARMACY COUNTER LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
PRECISION THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
PRECISION THINS GP LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
PRECISION ULTRA LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS COLORED 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
PREFERRED PLUS LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
PRODIGY LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
PRODIGY TWIST TOP LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
PSS SELECT GP LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
PSS SELECT SAFETY LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
PX ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
PX LANCET AUTO INJECTOR MISC	2	QL(1 ea per 180 days retail)
PX LANCETS ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
QC ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
QC LANCETS SUPER THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
QC LANCETS ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
QC UNILET LANCETS 33G/MICRO THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT COLOR LANCETSMICRO-THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
RA E-ZJECT LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RA E-ZJECT LANCETS ULTRATHIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RA LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
REALITY LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION 2-IN-1 LANCING DEVICE 25G MISC	2	QL(1 ea per 180 days retail)
RELION 2-IN-1 LANCING DEVICE 30G MISC	2	QL(1 ea per 180 days retail)
RELION LANCETS MICRO-THIN33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION LANCETS STANDARD 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION LANCETS ULTRA-THIN30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
RELION ULTRA THIN LANCETS30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 32G MISC	1	Limit 200 per month;QL(6.67 ea daily)
RELION ULTRA THIN PLUS LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
REXALL LANCETS ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RIGHTEST GD500 LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
RIGHTEST GL300 LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SAFETY SEAL LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SB LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
SB LANCETS ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
SELECT-LITE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
SHOPKO AUTOLET LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
SHOPKO UNILET LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SHOPKO UNILET LANCETS ULTRA THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SIMPLE DIAGNOSTICS LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
SM MICRO THIN LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SMART DIABETES VANTAGE LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
SMART SENSE COLOR LANCETS UNIVERSAL 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SMART SENSE STANDARD LANCETS UNIVERSAL 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SMART SENSE THIN LANCETSUNIVERSAL 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
SOLUS V2 LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
STERILANCE TL MISC	1	Limit 200 per month;QL(6.67 ea daily)
SUPER THIN LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
SURE COMFORT LANCING PEN MISC	2	QL(1 ea per 180 days retail)
SURE-PEN MISC	2	QL(1 ea per 180 days retail)
SURELITE LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
TECHLITE AST LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
TECHLITE LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TECHLITE LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
TGT ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
TGT LANCET ALTERNATE SITE MISC	1	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET MICRO THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET THIN 23G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET ULTRA THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TGT LANCET ULTRA THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
TGT LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
THINLETS GP LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
THINLETS LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
TODAYS HEALTH ADVANCED LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	1	QL(1 ea per 90 days retail)
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	1	QL(1 ea per 90 days retail)
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	QL(1 ea per 90 days retail)
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	1	QL(1 ea per 90 days retail)
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	1	QL(1 ea per 90 days retail)
TRUEDRAW LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
TRUEPLUS LANCETS 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 28G SUPER THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS LANCETS 30G ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUEPLUS LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUETEST GLUCOSE CONTROLLEVEL 1 LIQD	1	QL(1 ea per 90 days retail)
TRUETEST GLUCOSE CONTROLLEVEL 2 LIQD	1	QL(1 ea per 90 days retail)
TRUETEST GLUCOSE CONTROLLEVEL 3 LIQD	1	QL(1 ea per 90 days retail)
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC	2	QL(1 ea per 180 days retail)
ULTILET CLASSIC LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
ULTRA THIN LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
ULTRA THIN LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET COMFORTOUCH LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET EXCELITE II MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET EXCELITE MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET G.P. LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET G.P. SUPERLITE LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET GP 28 ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET LANCETS MICRO-THIN33G MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
UNILET LANCETS SUPER-THIN30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET LANCETS ULTRA-THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNILET SUPERLITE LANCET MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS THIN26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
UNIVERSAL 1 LANCETS ULTRA THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCETS STANDARD 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCETS SUPERTHIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCETS THIN 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
VALUE PLUS LANCING DEVICE MISC	2	QL(1 ea per 180 days retail)
VALUMARK LANCET SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
VALUMARK LANCET ULTRA THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
VIDA MIA AUTOLET LANCINGDEVICE MISC	2	QL(1 ea per 180 days retail)
VIDA MIA UNILET LANCETS SUPER THIN 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
VIDA MIA UNILET LANCETS ULTRA THIN 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
W&F LANCETS 26G MISC	1	Limit 200 per month;QL(6.67 ea daily)
W&F LANCETS COLORED 21G MISC	1	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G MISC	1	Limit 200 per month; QL(6.67 ea daily)
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G MISC	1	Limit 200 per month; QL(6.67 ea daily)
WALGREENS THIN LANCETS MISC	1	Limit 200 per month; QL(6.67 ea daily)
Misc. Devices		
ALCOHOL PREP PADS PADS	1	RX/OTC
ALCOHOL PREPS PADS	1	RX/OTC
ALCOHOL SWABS PADS	1	RX/OTC
ALCOHOL WIPES PADS	1	RX/OTC
BD SWABS SINGLE USE BUTTERFLY PADS	1	RX/OTC
BD SWABS SINGLE USE PADS	1	RX/OTC
CURITY ALCOHOL PREPS/MEDIUM 2 PLY PADS	1	RX/OTC
CURITY ALCOHOL SWABS PADS	1	RX/OTC
CVS ALCOHOL PREP SWABS PADS	1	RX/OTC
CVS ALCOHOL SWABS PADS	1	RX/OTC
CVS PREP PADS PADS	1	RX/OTC
EASY TOUCH ALCOHOL PREP PADS/MEDIUM PADS	1	RX/OTC
EQL ALCOHOL SWABS PADS	1	RX/OTC
FIFTY50 ALCOHOL PREP PADS PADS	1	RX/OTC
GNP ALCOHOL SWABS PADS	1	RX/OTC
H-E-B INCONTROL ALCOHOL PADS PADS	1	RX/OTC
MEIJER ALCOHOL SWABS EXTRA-THICK PADS	1	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
QC ALCOHOL SWABS PADS	1	RX/OTC
RA ALCOHOL SWABS PADS	1	RX/OTC
REALITY SWABS PADS	1	RX/OTC
RELION ALCOHOL SWABS PADS	1	RX/OTC
SB ALCOHOL PREP PADS PADS	1	RX/OTC
SHOPKO ALCOHOL SWABS PADS	1	RX/OTC
SM ALCOHOL PREP PADS PADS	1	RX/OTC
TGT ALCOHOL SWABS PADS	1	RX/OTC
ULTICARE ALCOHOL SWABS PADS	1	RX/OTC
WEBCOL ALCOHOL PREP LARGE 1 PLY PADS	1	RX/OTC
WEBCOL ALCOHOL PREP LARGE 2 PLY PADS	1	RX/OTC
WEBCOL ALCOHOL PREP MEDIUM 2 PLY PADS	1	RX/OTC
Parenteral Therapy Supplies		
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS29GX12MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPS31GX6MM MISC	2	QL(5 ea daily)
1ST TIER UNIFINE PENTIPS31GX8MM MISC	2	RX/OTC
1ST TIER UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM MISC	2	RX/OTC
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNIFINE PENTIPSPPLUS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPPLUS/ORIGINAL/29GX12MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPPLUS/ULTRA SHORT/31GX6MM MISC	2	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM MISC	2	QL(5 ea daily)
ADVOCATE INSULIN PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN PEN NEEDLES 31GX8MM MISC	2	RX/OTC
ADVOCATE INSULIN PEN NEEDLES MISC	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.3ML/31GX5/16" MISC	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/0.5ML/31GX5/16" MISC	2	QL(5 ea daily)
ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ADVOCATE INSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	2	QL(5 ea daily)
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ANTI-STICK INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETYSYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
AURORA PEN NEEDLES 31G X6MM MISC	2	QL(5 ea daily)
AURORA PEN NEEDLES 31G X8MM MISC	2	RX/OTC
AURORA UNIFINE PENTIPS/32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
AURORA UNIFINE PENTIPS/MINI/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
B-D INSULIN SYRINGE ULTRAFINE II/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE II/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
B-D INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
B-D INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD LO-DOSE INSULIN SYRINGE MICROFINE IV/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE LUER-LOK/U-100/1ML MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/0.3ML/28G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/27G X 5/8" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE IV/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/0.3ML/28G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE MICROFINE/U-100/1ML/27G X 5/8" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE MICROFINE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE SAFETYGLIDE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
BD INSULIN SYRINGE SLIP TIP/U-100/1ML MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE HALF-UNIT/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE II/SHORT/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE II/SHORT/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
BD INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1" MISC	2	QL(5 ea daily)
BD PEN NEEDLE/MINI/ULTRAFINE /31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BD PEN NEEDLE/NANO/ULTRAFINE/32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
BD PEN NEEDLE/SHORT/ULTRAFINE/31G X 5/16" MISC	2	RX/OTC
BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM MISC	2	QL(5 ea daily)
BD PEN NEEDLE/ULTRAFINE/29G X 1/2" 12.7MM MISC	2	QL(5 ea daily)
BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16" MISC	2	RX/OTC
BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
BD SAFETYGLIDE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G MISC	2	QL(5 ea daily)
CAREFINE PEN NEEDLE 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
CAREFINE PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
CAREFINE PEN NEEDLES 31GX8MM MISC	2	RX/OTC
CAREFINE PEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CAREFINE PEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
CAREONE INSULIN SYRINGES/1ML/31GX5/16" MISC	2	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS 31GX6MM MISC	2	QL(5 ea daily)
CAREONE UNIFINE PENTIPS 31GX8MM MISC	2	RX/OTC
CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM MISC	2	RX/OTC
CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31G X 6 MM MISC	2	QL(5 ea daily)
CARETOUCH PEN NEEDLES 31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 31GX 8MM MISC	2	RX/OTC
CARETOUCH PEN NEEDLES 32GX 4MM MISC	2	QL(5 ea daily); RX/OTC
CARETOUCH PEN NEEDLES 32GX 5MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 31GX8MM MISC	2	RX/OTC
CLEVER CHOICE COMFORT EZINSULIN PEN NEEDLES 33GX4MM MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1.0ML/30G X 1/2" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZINSULIN SYRINGE/U-100/1ML/31GX5/16" MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM MISC	2	RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM MISC	2	QL(5 ea daily)
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM MISC	2	QL(5 ea daily)
CLICKFINE PEN NEEDLE 32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4" MISC	2	QL(5 ea daily)
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16" MISC	2	RX/OTC
CLICKFINE PEN NEEDLES/31GX1/4" MISC	2	QL(5 ea daily)
CLICKFINE PEN NEEDLES/31GX5/16" MISC	2	RX/OTC
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 31GX8MM MISC	2	RX/OTC
DROPLET PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32GX6MM MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 32GX8MM MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
DRUG MART UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPS31GX6MM MISC	2	QL(5 ea daily)
DRUG MART UNIFINE PENTIPS31GX8MM MISC	2	RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
DUANE READE UNIFINE PENTIPS 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
DUANE READE UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	2	QL(5 ea daily)
DUANE READE UNIFINE PENTIPS 31G X 8MM SHORT MISC	2	RX/OTC
EASY COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY COMFORT PEN NEEDLES31GX1/4" MISC	2	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
EASY COMFORT PEN NEEDLES31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	2	RX/OTC
EASY COMFORT PEN NEEDLES32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH 32GX6MM MISC	2	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2" MISC	2	QL(5 ea daily)
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EASY TOUCH PEN NEEDLES 31GX1/4" MISC	2	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
EASY TOUCH PEN NEEDLES 32GX1/4" MISC	2	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 32GX3/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES/31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16" MISC	2	QL(5 ea daily)
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2" MISC	2	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ELITE-THIN INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ELITE-THIN INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
EQL INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
EQL INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
EQL INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
EQL INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EQL INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
EQL INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EQL SHORT PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
EQL ULTRA COMFORT INSULINSYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
EQL ULTRA COMFORT INSULINSYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EQL ULTRA SHORT PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM MISC	2	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X3/16" (5MM) MISC	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES 31G X5/16" (8MM) MISC	2	RX/OTC
FIFTY50 PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/31GX8MM MISC	2	RX/OTC
FIFTY50 PEN NEEDLES/32GX4MM MISC	2	QL(5 ea daily); RX/OTC
FIFTY50 PEN NEEDLES/32GX6MM MISC	2	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	2	RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM MISC	2	RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL EASY GLIDE INSULINSYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLOBAL INSULIN SYRINGES/U-100/0.3ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
GNP CLICKFINE PEN NEEDLEUNIVERSAL/31G X5/16" MISC	2	RX/OTC
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
GNP INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
GNP INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
GNP INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
GNP INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT MISC	2	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT MISC	2	QL(5 ea daily)
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT MISC	2	QL(5 ea daily); RX/OTC
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT MISC	2	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
H-E-B IN CONTROL PEN NEEDLES 31GX8MM MISC	2	RX/OTC
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4M M MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
HEALTHWISE PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHWISE SHORT PEN NEEDLES 31GX8MM MISC	2	RX/OTC
HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM MISC	2	RX/OTC
HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/29G X 1" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/27G X 1/2" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/27GX1/2" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/0.5ML/31GX 5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/0.5ML/31GX5/16" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/1ML/27GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/27GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
INSULIN SYRINGES/1ML/30GX1/2" MISC	2	QL(5 ea daily)
INSULIN SYRINGES/1ML/31GX5/16" MISC	2	QL(5 ea daily)
INSUPEN 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
INSUPEN 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN 31G X 8MM MISC	2	RX/OTC
INSUPEN 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN 33GX4MM MISC	2	QL(5 ea daily)
INSUPEN PEN NEEDLES 32G X4MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN SENSITIVE 32GX6MM MISC	2	QL(5 ea daily)
INSUPEN SENSITIVE 32GX8MM MISC	2	QL(5 ea daily)
INSUPEN ULTRAFIN 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 30GX8MM MISC	2	QL(5 ea daily); RX/OTC
INSUPEN ULTRAFIN 31GX6MM MISC	2	QL(5 ea daily)
INSUPEN ULTRAFIN 31GX8MM MISC	2	RX/OTC
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/29G MISC	2	QL(5 ea daily); RX/OTC
KMART VALU PLUS INSULIN SYRINGE/1ML/30G MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
KROGER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
KROGER INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
KROGER INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
KROGER PEN NEEDLES 29G X12MM MISC	2	QL(5 ea daily); RX/OTC
KROGER PEN NEEDLES 31G X8MM MISC	2	RX/OTC
KROGER PEN NEEDLES 31GX1/4" MISC	2	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
LEADER INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16" MISC	2	RX/OTC
LEADER UNIFINE PENTIPS/MINI/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/NANO/32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
LEADER UNIFINE PENTIPS/PLUS/32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
LITE TOUCH PEN NEEDLES/31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
LITETOUCH PEN NEEDLES 29GX12.7MM MISC	2	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
LITETOUCH PEN NEEDLES 31GX8MM SHORT MISC	2	RX/OTC
LIVE BETTER PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
LIVE BETTER PEN NEEDLES 31G X 12MM MISC	2	RX/OTC
LIVE BETTER PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS29GX12MM MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX5MM MISC	2	QL(5 ea daily); RX/OTC
MARATHON MEDICAL PENTIPS31GX8MM MISC	2	RX/OTC
MARATHON MEDICAL PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2" MISC	2	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MEDIC INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MEDICINE SHOPPE PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
MEDICINE SHOPPE PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
MEIJER PEN NEEDLES 29G X12MM MISC	2	QL(5 ea daily); RX/OTC
MEIJER PEN NEEDLES 31G X6MM MISC	2	QL(5 ea daily)
MEIJER PEN NEEDLES 31G X8MM MISC	2	RX/OTC
MONOJECT INSULIN SYRINGE/1ML MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	2	QL(5 ea daily)
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
MS INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
MS INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
MS INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
NOVOFINE 30GX8MM MISC	2	QL(5 ea daily); RX/OTC
NOVOFINE 32GX6MM MISC	2	QL(5 ea daily)
NOVOFINE AUTOCOVER 30GX8MM MISC	2	QL(5 ea daily); RX/OTC
NOVOFINE PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
NOVOTWIST 30GX8MM MISC	2	QL(5 ea daily); RX/OTC
NOVOTWIST 32GX5MM MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 29G X1/2" MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X5MM MINI MISC	2	QL(5 ea daily); RX/OTC
PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT MISC	2	QL(5 ea daily)
PC UNIFINE PENTIPS 31G X8MM SHORT MISC	2	RX/OTC
PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 30GX8MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 1/4" SHORT MISC	2	QL(5 ea daily)
PEN NEEDLES 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
PEN NEEDLES 31GX6MM (1/4") MISC	2	QL(5 ea daily)
PEN NEEDLES 31GX8MM (5/16") MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLES 31GX8MM MISC	2	RX/OTC
PEN NEEDLES 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PEN NEEDLES 32G X 6MM MISC	2	QL(5 ea daily)
PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31G X 8MM MISC	2	RX/OTC
PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 31GX6MM MISC	2	QL(5 ea daily)
PENTIPS 31GX8MM MISC	2	RX/OTC
PENTIPS 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8" MISC	2	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT MISC	2	QL(5 ea daily)
PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT MISC	2	RX/OTC
PREFERRED PLUS UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/31G X 8MM MISC	2	RX/OTC
PRO COMFORT PEN NEEDLES/32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 5MM MISC	2	QL(5 ea daily); RX/OTC
PRO COMFORT PEN NEEDLES/32G X 6MM MISC	2	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1/2ML/31G X 5/16" MISC	2	QL(5 ea daily)
PRODIGY INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
PX EXTRA SHORT PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/Limits
PX INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
PX INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
PX MINI PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
PX PEN NEEDLE 31GX8MM MISC	2	RX/OTC
PX SHORTLENGTH PEN NEEDLES/31GX8MM MISC	2	RX/OTC
QC PEN NEEDLES 29G X 12MM MISC	2	QL(5 ea daily); RX/OTC
QC PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)
QC PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
QC UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RA INSULIN SYRINGE/U-100/1 ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 5MM3/16" MISC	2	QL(5 ea daily); RX/OTC
RA PEN NEEDLES 31G X 8MM5/16" MISC	2	RX/OTC
REALITY INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
REALITY INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
REALITY INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
RELION MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
RELION PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
RELION PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
RELION PEN NEEDLES 31GX8MM MISC	2	RX/OTC
RELION PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
RELION SHORT PEN NEEDLES31GX8MM MISC	2	RX/OTC
SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/27GX1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
SAFETY INSULIN SYRINGES 1ML/30GX1/2" MISC	2	QL(5 ea daily)
SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SB INSULIN SYRINGE/U- 100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U- 100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SB INSULIN SYRINGE/U- 100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
SCHNUCKS INSULIN SYRINGEULTI-FINE/U- 100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SCHNUCKS INSULIN SYRINGEULTI-FINE/U- 100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MICRO/32GX4 MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29G X12MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8 MM MISC	2	RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MICRO/REMOV R/32GX4MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/MINI/REMOVE R/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/REMOVER/29G X12MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMO VR/31GX8MM MISC	2	RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SM INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM MISC	2	QL(5 ea daily)
SURE COMFORT PEN NEEDLES30GX5/16" SHORT MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX3/16" (5MM) MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES31GX5/16" (8MM) MISC	2	RX/OTC
SURE COMFORT PEN NEEDLES32GX5/32" MISC	2	QL(5 ea daily); RX/OTC
SURE COMFORT PEN NEEDLES32GX6MM MISC	2	QL(5 ea daily)
SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM MISC	2	QL(5 ea daily)
SURE-FINE PEN NEEDLES 31GX3/16" 5MM MISC	2	QL(5 ea daily); RX/OTC
SURE-FINE PEN NEEDLES 31GX5/16" 8MM MISC	2	RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
TECHLITE PEN NEEDLES 29GX 12 MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES 31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
TECHLITE PEN NEEDLES/31GX 6 MM MISC	2	QL(5 ea daily)
TECHLITE PEN NEEDLES/31GX 8MM MISC	2	RX/OTC
TECHLITE PEN NEEDLES/32GX 4MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE PEN NEEDLES/32GX 6MM MISC	2	QL(5 ea daily)
TECHLITE PEN NEEDLES/32GX 8MM MISC	2	QL(5 ea daily)
TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4" MISC	2	QL(5 ea daily)
TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16" MISC	2	RX/OTC
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4" MISC	2	QL(5 ea daily)
TOPCARE CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" MISC	2	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TOPCO INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
TRUEPLUS PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
TRUEPLUS PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
TRUEPLUS PEN NEEDLES 31GX8MM MISC	2	RX/OTC
TRUEPLUS PEN NEEDLES 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SAFETY SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTICARE INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE INSULIN SYRINGEULTRAFINE U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTICARE MICRO PEN NEEDLES 31G X 8MM MISC	2	RX/OTC
ULTICARE MICRO PEN NEEDLES 32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MICRO PEN NEEDLES/32G X 4MM MISC	2	QL(5 ea daily); RX/OTC
ULTICARE MINI PEN NEEDLES 31GX6MM MISC	2	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES ULTI-FINE IV MISC	2	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES/31G X 6MM MISC	2	QL(5 ea daily)
ULTICARE MINI PEN NEEDLES31GX6MM MISC	2	QL(5 ea daily)
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE MISC	2	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES 31GX 5MM/MINI MISC	2	QL(5 ea daily); RX/OTC
ULTICARE PEN NEEDLES/29GX 12.7MM MISC	2	QL(5 ea daily)
ULTICARE SHORT PEN NEEDLES 31GX8MM MISC	2	RX/OTC
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
ULTICARE SHORT PEN NEEDLES/31G X 8MM MISC	2	RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/30G X 8MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/1ML/31G X 8MM MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2" MISC	2	QL(5 ea daily)
ULTILET PEN NEEDLE 29GX12.7MM MISC	2	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
ULTILET PEN NEEDLE 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 31GX8MM MISC	2	RX/OTC
ULTILET PEN NEEDLE 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
ULTILET PEN NEEDLE 32GX4MM/SHORT MISC	2	QL(5 ea daily); RX/OTC
ULTILET SHORT PEN NEEDLES 31GX5/16" MISC	2	RX/OTC
ULTILET SHORT PEN NEEDLES 31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U- 100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
ULTRA-COMFORT INSULIN SYRINGE/U- 100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U- 100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U- 100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-COMFORT INSULIN SYRINGE/U- 100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/31GX5/16" MISC	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16" MISC	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16" MISC	2	QL(5 ea daily)
ULTRA-THIN II INSULIN SYRINGE/U- 100/0.3ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U- 100/0.5ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE/U- 100/1ML/29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
ULTRA-THIN II MINI PEN NEEDLES/31GX3/16" MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
ULTRA-THIN II PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily)
ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16" MISC	2	RX/OTC
UNIFINE PENTIPS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS 31GX6MM MISC	2	QL(5 ea daily)
UNIFINE PENTIPS 31GX8MM MISC	2	RX/OTC
UNIFINE PENTIPS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC
UNIFINE PENTIPS PLUS 31GX6MM MISC	2	QL(5 ea daily)
UNIFINE PENTIPS PLUS 31GX8MM MISC	2	RX/OTC
UNIFINE PENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
V-R MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
VALUE HEALTH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VALUE HEALTH INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
VALUMARK PEN NEEDLES 31GX 6MM MISC	2	QL(5 ea daily)
VALUMARK PEN NEEDLES 31GX 8MM MISC	2	RX/OTC
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 1/2" MISC	2	QL(5 ea daily)
VANISHPOINT INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
VANISHPOINT INSULIN SYRINGE/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSMINI 31GX6MM MISC	2	QL(5 ea daily)
VIDA MIA UNIFINE PENTIPSORIGINAL 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
VIDA MIA UNIFINE PENTIPSSHORT 31GX8MM MISC	2	RX/OTC
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS 32GX4MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM MISC	2	RX/OTC
WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM MISC	2	QL(5 ea daily)
Respiratory Therapy Supplies		
AEROCHAMBER MINI AEROSOLCHAMBER DEVI	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER MV MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	2	QL(1 ea per 365 days retail); RX/OTC
EASIVENT MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER ADVANTAGE MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	QL(1 ea per 365 days retail); RX/OTC
VALVED HOLDING CHAMBER DEVI	2	QL(1 ea per 365 days retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (<i>Use Ergotamine w/ Caffeine</i>)	NF	
<i>ergotamine w/ caffeine tabs</i>	1	
Migraine Products		
D.H.E. 45 SOLN (<i>Use Dihydroergotamine Mesylate</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	2	ST; Limit 8 per month; QL(8 ml per 30 days retail)
ERGOMAR SUBL	3	
MIGRANAL SOLN	2	ST; Limit 8 per month; QL(8 ml per 30 days retail)
Serotonin Agonists		
<i>almotriptan malate tabs 12.5 mg</i>	3	ST; QL(12 ea per 30 days retail); AL; At least 12 yrs old
<i>almotriptan malate tabs 6.25 mg</i>	3	ST; Limit 9 tablets per month; QL(9 ea per 30 days retail); AL; At least 12 yrs old
AMERGE TABS (<i>Use Naratriptan HCl</i>)	NF	Limit 9 tablets per month; QL(9 ea per 30 days retail); AL; At least 18 yrs old
AXERT TABS 12.5 MG (<i>Use Almotriptan Malate</i>)	NF	ST; QL(12 ea per 30 days retail); AL; At least 12 yrs old
AXERT TABS 6.25 MG (<i>Use Almotriptan Malate</i>)	NF	ST; Limit 9 tablets per month; QL(9 ea per 30 days retail); AL; At least 12 yrs old
<i>eletriptan hydrobromide tabs</i>	3	ST; Limit 6 tablets per month; QL(6 ea per 30 days retail); AL; At least 18 yrs old
FROVA TABS (<i>Use Frovatriptan Succinate</i>)	NF	ST; QL(12 ea per 30 days retail); AL; At least 18 yrs old

Drug Name	Drug Tier	Requirements/ Limits
<i>frovatriptan succinate tabs</i>	1	ST; QL(12 ea per 30 days retail); AL; At least 18 yrs old
IMITREX SOLN NA 20 MG/ACT, 5 MG/ACT (<i>Use Sumatriptan</i>)	NF	Limit 6 per month; QL(6 ea per 30 days retail); AL; At least 18 yrs old
IMITREX SOLN SC 6 MG/0.5ML (<i>Use Sumatriptan Succinate</i>)	NF	Limit 4 injections per month; QL(4 ml per 30 days retail); AL; At least 18 yrs old
IMITREX STATDOSE SYSTEM SOAJ (<i>Use Sumatriptan Succinate</i>)	NF	Limit 4 injections per month; QL(4 ml per 30 days retail); AL; At least 18 yrs old
IMITREX TABS OR 100 MG, 25 MG, 50 MG (<i>Use Sumatriptan Succinate</i>)	NF	Limit 9 tablets per month; QL(9 ea per 30 days retail); AL; At least 18 yrs old
MAXALT TABS 10 MG (<i>Use Rizatriptan Benzoate</i>)	NF	Limit 18 tablets per month; QL(18 ea per 30 days retail); AL; At least 6 yrs old
MAXALT TABS 5 MG (<i>Use Rizatriptan Benzoate</i>)	NF	QL(12 ea per 30 days retail); AL; At least 6 yrs old
MAXALT-MLT TBDP 10 MG (<i>Use Rizatriptan Benzoate</i>)	NF	Limit 18 tablets per month; QL(18 ea per 30 days retail); AL; At least 6 yrs old
MAXALT-MLT TBDP 5 MG (<i>Use Rizatriptan Benzoate</i>)	NF	QL(12 ea per 30 days retail); AL; At least 6 yrs old

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Drug Name	Drug Tier	Requirements/ Limits
<i>naratriptan hcl tabs</i>	1	Limit 9 tablets per month; QL(9 ea per 30 days retail); AL; At least 18 yrs old
RELPAK TABS (Use <i>Eletriptan Hydrobromide</i>)	NF	ST; Limit 6 tablets per month; QL(6 ea per 30 days retail); AL; At least 18 yrs old
<i>rizatriptan benzoate tabs 10 mg</i>	1	Limit 18 tablets per month; QL(18 ea per 30 days retail); AL; At least 6 yrs old
<i>rizatriptan benzoate tabs 5 mg</i>	1	QL(12 ea per 30 days retail); AL; At least 6 yrs old
<i>rizatriptan benzoate tbdp 10 mg</i>	1	Limit 18 tablets per month; QL(18 ea per 30 days retail); AL; At least 6 yrs old
<i>rizatriptan benzoate tbdp 5 mg</i>	1	QL(12 ea per 30 days retail); AL; At least 6 yrs old
<i>sumatriptan soln</i>	1	Limit 6 per month; QL(6 ea per 30 days retail); AL; At least 18 yrs old
<i>sumatriptan succinate soaj sc 4 mg/0.5ml, 6 mg/0.5ml</i>	1	Limit 4 injections per month; QL(4 ml per 30 days retail); AL; At least 18 yrs old
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	Limit 4 injections per month; QL(4 ml per 30 days retail); AL; At least 18 yrs old

Drug Name	Drug Tier	Requirements/ Limits
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	2	Limit 4 injections per month; QL(4 ml per 30 days retail); AL; At least 18 yrs old
<i>sumatriptan succinate tabs or 100 mg, 25 mg, 50 mg</i>	1	Limit 9 tablets per month; QL(9 ea per 30 days retail); AL; At least 18 yrs old
<i>zolmitriptan tabs</i>	1	ST; Limit 9 tablets per month; QL(9 ea per 30 days retail); AL; At least 18 yrs old
<i>zolmitriptan tbdp</i>	1	ST; Limit 9 tablets per month; QL(9 ea per 30 days retail); AL; At least 18 yrs old
ZOMIG SOLN NA 5 MG, 2.5 MG	2	ST; Limit 6 per month; QL(6 ea per 30 days retail); AL; At least 18 yrs old
ZOMIG TABS OR 5 MG, 2.5 MG (Use <i>Zolmitriptan</i>)	NF	ST; Limit 9 tablets per month; QL(9 ea per 30 days retail); AL; At least 18 yrs old
ZOMIG ZMT TBDP (Use <i>Zolmitriptan</i>)	NF	ST; Limit 9 tablets per month; QL(9 ea per 30 days retail); AL; At least 18 yrs old
MINERALS & ELECTROLYTES		
Bicarbonates		
<i>sodium acetate soln</i>	1	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>calcium gluconate soln</i>	1	
Electrolyte Mixtures		
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX SOLN	1	
<i>dextrose in lactated ringers soln</i>	1	
IONOSOL-B/DEXTROSE 5% SOLN	1	
IONOSOL-MB/DEXTROSE 5% SOLN	1	
ISOLYTE-P/DEXTROSE 5% SOLN	1	
ISOLYTE-S SOLN	1	
KCL 0.3%/D5W/NACL 0.9% SOLN	1	
<i>lactated ringer's soln</i>	1	
NORMOSOL-M IN D5W SOLN	1	
NORMOSOL-R SOLN	1	
<i>parenteral electrolytes conc</i>	1	
<i>parenteral electrolytes soln</i>	1	
PLASMA-LYTE A SOLN	1	
PLASMA-LYTE-148 SOLN	1	
PLASMA-LYTE-56/D5W SOLN	1	
<i>potassium chloride in dextrose & sodium chloride soln</i>	1	
<i>potassium chloride in dextrose soln</i>	1	
<i>potassium chloride in nacl soln</i>	1	
POTASSIUM CHLORIDE/DEXTROSE SOLN	1	

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN	1	
<i>ringer's soln</i>	1	
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	
<i>magnesium sulfate soln iv 2 gm/50ml, 4 gm/50ml, 4 gm/100ml, 40 gm/1000ml, 20 gm/500ml</i>	1	
MAGNESIUM SULFATE SOLN IV 40 GM/1000ML, 4 GM/50ML, 20 GM/500ML, 4 GM/100ML, 2 GM/50ML (Use Magnesium Sulfate)	NF	
Phosphate		
<i>potassium phosphates soln</i>	1	
POTASSIUM PHOSPHATES SOLN	2	
Potassium		
K-TAB TBCR 10 MEQ (Use Potassium Chloride)	NF	
K-TAB TBCR 8 MEQ	2	
KLOR-CON M15 TBCR	1	
MICRO-K CPCR (Use Potassium Chloride)	NF	
<i>potassium acetate soln 2 meq/ml</i>	1	
POTASSIUM ACETATE SOLN 2 MEQ/ML (Use Potassium Acetate)	NF	
POTASSIUM ACETATE SOLN 4 MEQ/ML	2	
<i>potassium bicarb & chloride tbf</i>	1	
<i>potassium bicarbonate tbf</i>	1	
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>potassium chloride microencapsulated crystals cr tbc</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
<i>potassium chloride soln iv 0.4 meq/ml, 20 meq/50ml, 10 meq/100ml, 2 meq/ml</i>	1	
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML	1	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbc or 10 meq, 8 meq</i>	1	
Sodium		
<i>sodium chloride soln</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	3	
SYPRINE CAPS	4	
Immunomodulators		
REVLIMID CAPS	4	PA
THALOMID CAPS	4	PA
Immunosuppressive Agents		
ATGAM INJ	4	
AZASAN TABS	3	
AZATHIOPRINE SOLR IJ 100 MG	2	
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS (Use Mycophenolate Mofetil)	NF	
CELLCEPT INTRAVENOUS SOLR (Use Mycophenolate Mofetil HCl)	NF	
CELLCEPT TABS (Use Mycophenolate Mofetil)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine caps</i>	1	
<i>cyclosporine modified (for microemulsion) caps</i>	1	
<i>cyclosporine modified (for microemulsion) soln</i>	1	
CYCLOSPORINE MODIFIED CAPS (Use Cyclosporine Modified (For Microemulsion))	NF	
<i>cyclosporine soln</i>	1	
IMURAN TABS (Use Azathioprine)	NF	
<i>mycophenolate mofetil caps</i>	1	
<i>mycophenolate mofetil hcl solr</i>	3	
<i>mycophenolate mofetil tabs</i>	1	
<i>mycophenolate sodium tbc</i>	1	
MYFORTIC TBEC (Use Mycophenolate Sodium)	NF	
NEORAL CAPS (Use Cyclosporine Modified (For Microemulsion))	NF	
NEORAL SOLN (Use Cyclosporine Modified (For Microemulsion))	NF	
NULOJIX SOLR	4	PA
PROGRAF CAPS OR 5 MG, 1 MG, 0.5 MG (Use Tacrolimus)	NF	
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE SOLN 1 MG/ML	2	
RAPAMUNE TABS 2 MG, 0.5 MG, 1 MG (Use Sirolimus)	NF	
SANDIMMUNE CAPS (Use Cyclosporine)	NF	
SANDIMMUNE SOLN (Use Cyclosporine)	NF	

Drug Name	Drug Tier	Requirements/Limits
SIMULECT SOLR	3	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR	4	PA
ZORTRESS TABS	4	
Irrigation Solutions		
<i>irrigation solutions, physiological soln</i>	1	
<i>lactated ringer's (irrigation) soln</i>	1	
<i>ringer's irrigation soln</i>	1	
<i>water for irrigation, sterile soln</i>	1	
Peritoneal Dialysis Solutions		
DELFLEX-LC/1.5% DEXTROSE SOLN	1	
DELFLEX-LC/2.5% DEXTROSE SOLN	1	
DELFLEX-LC/4.25% DEXTROSE SOLN	1	
DIANEAL LOW CALCIUM/1.5% DEXTROSE SOLN	1	
DIANEAL LOW CALCIUM/4.25% DEXTROSE SOLN	1	
DIANEAL PD-2/1.5% DEXTROSE SOLN	1	
DIANEAL PD-2/2.5% DEXTROSE SOLN	1	
DIANEAL PD-2/4.25% DEXTROSE SOLN	1	
EXTRANEAL SOLN	1	
ULTRABAG/DIANEAL LOW CALCIUM/1.5% DEXTROSE SOLN	1	
ULTRABAG/DIANEAL LOW CALCIUM/4.25% DEXTROSE SOLN	1	

Drug Name	Drug Tier	Requirements/Limits
ULTRABAG/DIANEAL PD-2/1.5% DEXTROSE SOLN	1	
ULTRABAG/DIANEAL PD-2/2.5% DEXTROSE SOLN	1	
ULTRABAG/DIANEAL PD-2/4.25% DEXTROSE SOLN	1	
Potassium Removing Agents		
KAYEXALATE POWD (<i>Use Sodium Polystyrene Sulfonate</i>)	NF	
<i>sodium polystyrene sulfonate powd</i>	1	
<i>sodium polystyrene sulfonate susp</i>	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) soln</i>	1	Limit 120ml per month; QL(4 ml daily)
LIDOCAINE HCL SOLN MT 4 %	2	
Anti-infectives - Throat		
<i>clotrimazole lozg</i>	1	
<i>clotrimazole troc</i>	1	
<i>nystatin (mouth-throat) susp</i>	1	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat) soln</i>	1	
PERIDEX SOLN (<i>Use Chlorhexidine Gluconate (Mouth-Throat)</i>)	NF	
Dental Products		
GEL-KAM ORAL CARE RINSE CONC (<i>Use Stannous Fluoride</i>)	NF	RX/OTC
<i>stannous fluoride conc</i>	0	RX/OTC
Periodontal Products		
ARESTIN MISC	3	PA

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Drug Name	Drug Tier	Requirements/ Limits
Steroids - Mouth/Throat		
<i>triamcinolone acetonide (mouth) pste</i>	1	
Throat Products - Misc.		
<i>cevimeline hcl caps</i>	1	
EVOXAC CAPS (<i>Use Cevimeline HCl</i>)	NF	
<i>pilocarpine hcl (oral) tabs</i>	1	
SALAGEN TABS (<i>Use Pilocarpine HCl (Oral)</i>)	NF	
MULTIVITAMINS		
Prenatal Vitamins		
CO-NATAL FA TABS	1	QL(1 ea daily)
COMPLETENATE CHEW	1	QL(1 ea daily)
INATAL ADVANCE TABS	1	QL(1 ea daily)
INATAL GT TABS	1	QL(1 ea daily)
INATAL ULTRA TABS	1	QL(1 ea daily)
M-VIT TABS	1	QL(1 ea daily); RX/OTC
MULTI PRENATAL TABS	1	QL(1 ea daily)
MYNATAL ADVANCE TABS	1	QL(1 ea daily)
MYNATAL CAPS	1	QL(1 ea daily)
MYNATAL PLUS TABS	1	QL(1 ea daily)
MYNATAL ULTRACAPLET TABS	1	QL(1 ea daily)
MYNATAL-Z TABS	1	QL(1 ea daily)
MYNATE 90 PLUS TBCR	1	QL(1 ea daily)
NATALVIT TABS	1	QL(1 ea daily)
NIVA-PLUS TABS	1	QL(1 ea daily); RX/OTC
O-CAL FA TABS	1	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
O-CAL PRENATAL TABS	1	QL(1 ea daily)
PNV FOLIC ACID + IRON MULTIVITAMIN TABS	1	QL(1 ea daily); RX/OTC
PNV PRENATAL PLUS MULTIVITAMIN TABS	1	QL(1 ea daily); RX/OTC
PNV TABS 29-1 TABS	1	QL(1 ea daily)
PNV-VP-U CAPS	1	QL(1 ea daily)
PRE-NATAL FORMULA TABS	1	QL(1 ea daily)
PRENATABS FA TABS	1	QL(1 ea daily)
PRENATABS RX TABS	1	QL(1 ea daily)
PRENATAL 19 CHEW	1	QL(1 ea daily)
PRENATAL AND IRON TABS	1	QL(1 ea daily)
PRENATAL FORTE TABS	1	QL(1 ea daily)
PRENATAL LOW IRON TABS	1	QL(1 ea daily)
PRENATAL ONE DAILY TABS	1	QL(1 ea daily)
PRENATAL PLUS IRON TABS	1	QL(1 ea daily)
PRENATAL PLUS TABS	1	QL(1 ea daily); RX/OTC
PRENATAL TABS 11UNIT-263MG-25MG-1.5MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-0.8MG-2.6MG-100MG, 160MG-11UNIT-200MG-25MG-1.84MG-27MG-4000UNIT-18MG-1.7MG-4MCG-400UNIT-800MCG-2.6MG-100MG	1	QL(1 ea daily)
PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	1	QL(1 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
PRENATAL TABS 4000UNIT-200MG- 11UNIT-27MG-25MG- 1.84MG-18MG-1.7MG- 4MCG-400UNIT-0.8MG- 2.6MG-100MG	1	QL(1 ea daily)
PRENATAL VITAMIN TABS	1	QL(1 ea daily)
PRENATAL VITAMINS PLUS LOW IRON TABS	1	QL(1 ea daily); RX/OTC
PRENATAL VITAMINS TABS	1	QL(1 ea daily)
PRENATAL-U CAPS	1	QL(1 ea daily)
PREPLUS TABS	1	QL(1 ea daily); RX/OTC
PRETAB TABS	1	QL(1 ea daily)
RIGHT STEP PRENATAL TABS	1	QL(1 ea daily)
SE-NATAL 19 CHEW	1	QL(1 ea daily)
THERANATAL CORE NUTRITION TABS	1	QL(1 ea daily); RX/OTC
THRIVITE RX TABS	1	QL(1 ea daily)
TRIADVANCE TABS	1	QL(1 ea daily)
TRICARE TABS	1	QL(1 ea daily); RX/OTC
TRINATAL GT TABS	1	QL(1 ea daily)
TRINATAL RX 1 TABS	1	QL(1 ea daily)
VINATE M TABS	1	QL(1 ea daily)
VINATE ONE TABS	1	QL(1 ea daily)
VIRT-ADVANCE TABS	1	QL(1 ea daily)
VIRT-VITE GT TABS	1	QL(1 ea daily)
VITAFOL-OB TABS	1	QL(1 ea daily)
VOL-PLUS TABS	1	QL(1 ea daily); RX/OTC
VOL-TAB RX TABS	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs</i>	1	
<i>carisoprodol tabs</i>	1	
<i>chlorzoxazone tabs</i>	1	
<i>cyclobenzaprine hcl tabs</i>	1	QL(3 ea daily)
FEXMID TABS (<i>Use Cyclobenzaprine HCl</i>)	NF	QL(3 ea daily)
<i>metaxalone tabs</i>	1	QL(4 ea daily)
<i>methocarbamol tabs</i>	1	
<i>orphenadrine citrate tb12</i>	1	QL(2 ea daily)
PARAFON FORTE DSC TABS (<i>Use Chlorzoxazone</i>)	NF	
ROBAXIN TABS (<i>Use Methocarbamol</i>)	NF	
ROBAXIN-750 TABS (<i>Use Methocarbamol</i>)	NF	
SKELAXIN TABS (<i>Use Metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (<i>Use Carisoprodol</i>)	NF	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	
ZANAFLEX CAPS (<i>Use Tizanidine HCl</i>)	NF	
ZANAFLEX TABS (<i>Use Tizanidine HCl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (<i>Use Dantrolene Sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		

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Drug Name	Drug Tier	Requirements/Limits
ASTEPRO SOLN (<i>Use Azelastine HCl</i>)	NF	
<i>azelastine hcl soln 0.1 %</i>	1	Limit 1 inhaler per month; QL(1 ml daily)
<i>azelastine hcl soln 0.15 %</i>	1	
<i>olopatadine hcl (nasal) soln</i>	1	
PATANASE SOLN (<i>Use Olopatadine HCl (Nasal)</i>)	NF	
Nasal Anticholinergics		
ATROVENT SOLN 0.03 % (<i>Use Ipratropium Bromide (Nasal)</i>)	NF	QL(1 ml daily)
ATROVENT SOLN 0.06 % (<i>Use Ipratropium Bromide (Nasal)</i>)	NF	
<i>ipratropium bromide (nasal) soln 0.03 %</i>	1	QL(1 ml daily)
<i>ipratropium bromide (nasal) soln 0.06 %</i>	1	
Nasal Steroids		
<i>budesonide (nasal) susp</i>	1	Limit 2 inhalers per month; QL(18 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (<i>Use Fluticasone Propionate (Nasal)</i>)	NF	Limit 1 inhaler per month; QL(16 ml per 30 days retail); RX/OTC
FLONASE ALLERGY RELIEF SUSP (<i>Use Fluticasone Propionate (Nasal)</i>)	NF	Limit 1 inhaler per month; QL(16 ml per 30 days retail); RX/OTC
<i>fluticasone propionate (nasal) susp</i>	1	Limit 1 inhaler per month; QL(16 ml per 30 days retail); RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	PA; Limit 1 inhaler per month

Drug Name	Drug Tier	Requirements/Limits
NASONEX SUSP (<i>Use Mometasone Furoate (Nasal)</i>)	NF	PA; Limit 1 inhaler per month
RHINOCORT AQUA SUSP (<i>Use Budesonide (Nasal)</i>)	NF	Limit 2 inhalers per month; QL(18 ml per 30 days retail); RX/OTC
Sympathomimetic Decongestants		
TYZINE PEDIATRIC NASAL DROPS SOLN	3	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (<i>Use Riluzole</i>)	NF	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORT SOLR	3	PA
XEOMIN SOLR	3	PA
NUTRIENTS		
Proteins		
CLINIMIX 2.75%/DEXTROSE 5% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 10% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 25% SOLN	3	
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	

Drug Name	Drug Tier	Requirements/Limits
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT INST	3	
Beta-blockers - Ophthalmic		
BETAGAN SOLN (Use Levobunolol HCl)	NF	Limit 1 package per claim; QL(15 ml per fill retail)
<i>betaxolol hcl (ophth) soln</i>	1	Limit 1 package per claim; QL(15 ml per fill retail)
<i>carteolol hcl (ophth) soln</i>	1	
COMBIGAN SOLN	2	
COSOPT SOLN (Use Dorzolamide HCl-Timolol Maleate)	NF	Limit 1 package per claim; QL(10 ml per fill retail)
<i>dorzolamide hcl-timolol maleate soln</i>	1	Limit 1 package per claim; QL(10 ml per fill retail)
<i>levobunolol hcl soln</i>	1	Limit 1 package per claim; QL(15 ml per fill retail)
METIPRANOLOL SOLN	2	
<i>timolol maleate (ophth) solg</i>	1	
<i>timolol maleate (ophth) soln</i>	1	
TIMOPTIC SOLN (Use Timolol Maleate (Ophth))	NF	
TIMOPTIC-XE SOLG (Use Timolol Maleate (Ophth))	NF	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (Use Tropicamide)	NF	
<i>tropicamide soln</i>	1	
Miotics		

Drug Name	Drug Tier	Requirements/Limits
ISOPTO CARPINE SOLN (Use Pilocarpine HCl)	NF	
PHOSPHOLINE IODIDE SOLR	3	
<i>pilocarpine hcl soln</i>	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN (Use Brimonidine Tartrate)	NF	Limit 1 package per claim; QL(15 ml per fill retail)
<i>apraclonidine hcl soln</i>	1	
<i>brimonidine tartrate soln</i>	1	Limit 1 package per claim; QL(15 ml per fill retail)
IOPIDINE SOLN 0.5 % (Use Apraclonidine HCl)	NF	
IOPIDINE SOLN 1 %	3	
Ophthalmic Anti-infectives		
AZASITE SOLN	3	
BACITRACIN OINT OP 500 UNIT/GM	3	
BESIVANCE SUSP	3	
BLEPH-10 SOLN (Use Sulfacetamide Sodium (Ophth))	NF	Limit 1 package per claim; QL(15 ml per fill retail)
CILOXAN SOLN (Use Ciprofloxacin HCl (Ophth))	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	1	
<i>erythromycin (ophth) oint</i>	1	
<i>gatifloxacin (ophth) soln</i>	1	
GENTAK OINT	2	
<i>gentamicin sulfate (ophth) oint</i>	1	
<i>gentamicin sulfate (ophth) soln</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin (ophth) soln</i>	1	
NATACYN SUSP	2	
<i>neomycin-bacitracin zn-polymyxin oint</i>	1	
OCUFLOX SOLN (Use Ofloxacin (Ophth))	NF	
<i>ofloxacin (ophth) soln</i>	1	
<i>polymyxin b-trimethoprim soln</i>	1	
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	NF	
<i>sulfacetamide sodium (ophth) soln</i>	1	Limit 1 package per claim; QL (15 ml per fill retail)
<i>tobramycin (ophth) soln</i>	1	
TOBEX SOLN (Use Tobramycin (Ophth))	NF	
<i>trifluridine soln</i>	1	
VIROPTIC SOLN (Use Trifluridine)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (Use Gatifloxacin (Ophth))	NF	
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (Use Proparacaine HCl)	NF	
<i>proparacaine hcl soln</i>	1	
Ophthalmic Steroids		
ALREX SUSP	2	
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	2	

Drug Name	Drug Tier	Requirements/ Limits
DUREZOL EMUL	2	
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	
FML LIQUIFILM SUSP (Use Fluorometholone (Ophth))	NF	
FML OINT	3	
LOTEMAX GEL	2	
LOTEMAX OINT	2	
LOTEMAX SUSP	2	
MAXIDEX SUSP	3	
MAXITROL OINT (Use Neomycin-Polymy-Dexameth)	NF	
MAXITROL SUSP (Use Neomycin-Polymy-Dexameth)	NF	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	1	
OMNIPRED SUSP (Use Prednisolone Acetate (Ophth))	NF	
PRED FORTE SUSP (Use Prednisolone Acetate (Ophth))	NF	
PRED MILD SUSP	3	
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX OINT	3	

Drug Name	Drug Tier	Requirements/ Limits
TOBRADEX SUSP (<i>Use Tobramycin-Dexamethasone</i>)	NF	
<i>tobramycin-dexamethasone susp</i>	1	
VEXOL SUSP	3	
Ophthalmics - Misc.		
ACULAR LS SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	Limit 1 package per claim;QL(5 ml per fill retail)
ACULAR SOLN (<i>Use Ketorolac Tromethamine (Ophth)</i>)	NF	Limit 1 package per claim;QL(5 ml per fill retail)
ALOCRIOL SOLN	3	
ALOMIDE SOLN	3	
<i>azelastine hcl (ophth) soln</i>	1	Limit 1 package per claim;QL(6 ml per fill retail)
AZOPT SUSP	2	Limit 1 package per claim;QL(15 ml per fill retail)
BEPREVE SOLN	3	
<i>bromfenac sodium (ophth) soln</i>	1	
BROMFENAC SOLN	1	
<i>cromolyn sodium (ophth) soln</i>	1	
<i>diclofenac sodium (ophth) soln</i>	1	
<i>dorzolamide hcl soln</i>	1	Limit 1 package per claim;QL(10 ml per fill retail)
ELESTAT SOLN (<i>Use Epinastine HCl (Ophth)</i>)	NF	
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>flurbiprofen sodium soln</i>	1	
FLURBIPROFEN SODIUM SOLN	2	
ILEVRO SUSP	3	
<i>ketorolac tromethamine (ophth) soln</i>	1	Limit 1 package per claim;QL(5 ml per fill retail)
<i>ketotifen fumarate (ophth) soln</i>	1	
LASTACAFT SOLN	2	
NEVANAC SUSP	3	
OCUFEN SOLN (<i>Use Flurbiprofen Sodium</i>)	NF	
<i>olopatadine hcl soln</i>	1	
PATADAY SOLN (<i>Use Olopatadine HCl</i>)	NF	
PATANOL SOLN (<i>Use Olopatadine HCl</i>)	NF	
TRUSOPT SOLN (<i>Use Dorzolamide HCl</i>)	NF	Limit 1 package per claim;QL(10 ml per fill retail)
ZADITOR SOLN (<i>Use Ketotifen Fumarate (Ophth)</i>)	NF	
Prostaglandins - Ophthalmic		
BIMATOPROST SOLN	3	ST
<i>latanoprost soln</i>	1	
LUMIGAN SOLN	3	ST
TRAVATAN Z SOLN	2	
XALATAN SOLN (<i>Use Latanoprost</i>)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Otic Anti-infectives		
CETRAXAL SOLN (Use Ciprofloxacin HCl (Otic))	NF	
<i>ciprofloxacin hcl (otic) soln</i>	1	
FLOXIN OTIC SOLN (Use Ofloxacin (Otic))	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
<i>antipyrine-benzocaine soln</i>	1	
CIPRO HC SUSP	3	
CIPRODEX SUSP	2	
COLY-MYCIN S SUSP	3	
CORTISPORIN-TC SUSP	3	
<i>neomycin-polymyxin-hc (otic) soln</i>	1	
<i>neomycin-polymyxin-hc (otic) susp</i>	1	
Otic Steroids		
DERMOTIC OIL (Use Fluocinolone Acetonide (Otic))	NF	
<i>fluocinolone acetonide (otic) oil</i>	1	
<i>hydrocortisone w/acetic acid soln</i>	1	
PASSIVE IMMUNIZING AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
CUVITRU SOLN	4	PA
GAMMAGARD LIQUID SOLN	4	PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA
GAMMAKED SOLN	4	PA
GAMUNEX-C SOLN	4	PA

Drug Name	Drug Tier	Requirements/Limits
HIZENTRA SOLN	4	PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 500 mg, 250 mg</i>	1	
AMOXICILLIN CHEW 125 MG, 250 MG	2	
<i>amoxicillin susr 250 mg/5ml, 400 mg/5ml, 125 mg/5ml, 200 mg/5ml</i>	1	
<i>amoxicillin tabs 875 mg, 500 mg</i>	1	
<i>ampicillin caps 250 mg, 500 mg</i>	1	
<i>ampicillin sodium solr ij 1 gm, 10 gm</i>	1	
AMPICILLIN SODIUM SOLR IV 1 GM	2	
<i>ampicillin sodium solr iv 10 gm</i>	1	
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN	1	
<i>penicillin g potassium solr</i>	1	
PENICILLIN G PROCAINE SUSP	3	
PENICILLIN G SODIUM SOLR	3	
<i>penicillin v potassium solr</i>	1	
<i>penicillin v potassium tabs</i>	1	
PFIZERPEN-G SOLR (Use Penicillin G Potassium)	NF	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate tb12</i>	1	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW 200MG-28.5MG	2	
AMOXICILLIN/CLAVULANATE POTASSIUM CHEW 400MG-57MG	1	
<i>ampicillin & sulbactam sodium solr</i>	1	
AUGMENTIN ES-600 SUSR (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN SUSR (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN TABS (Use Amoxicillin & Pot Clavulanate)	NF	
AUGMENTIN XR TB12 (Use Amoxicillin & Pot Clavulanate)	NF	
<i>piperacillin sodium-tazobactam sodium solr</i>	1	
UNASYN BULK PACK SOLR (Use Ampicillin & Sulbactam Sodium)	NF	
UNASYN SOLR (Use Ampicillin & Sulbactam Sodium)	NF	
ZOSYN SOLR (Use Piperacillin Sodium-Tazobactam Sodium)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 10 gm, 1 gm</i>	1	
NAFCILLIN SODIUM SOLR IV 1 GM	2	
<i>oxacillin sodium solr</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		

Drug Name	Drug Tier	Requirements/Limits
AYGESTIN TABS (Use Norethindrone Acetate)	NF	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	NF	
<i>megestrol acetate (appetite) susp</i>	3	
<i>norethindrone acetate tabs</i>	0	
<i>progesterone micronized caps</i>	1	
PROMETRIUM CAPS (Use Progesterone Micronized)	NF	
PROVERA TABS (Use Medroxyprogesterone Acetate)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium tbec</i>	1	
ANTABUSE TABS (Use Disulfiram)	NF	
<i>disulfiram tabs</i>	1	
Anti-Cataplectic Agents		
XYREM SOLN	4	PA; QL(18 ml daily)
Antidementia Agents		
ARICEPT TABS 10 MG (Use Donepezil Hydrochloride)	NF	QL(2 ea daily)
ARICEPT TABS 5 MG (Use Donepezil Hydrochloride)	NF	QL(1 ea daily)
<i>donepezil hydrochloride tabs 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tabs 5 mg</i>	1	QL(1 ea daily)
<i>donepezil hydrochloride tbdp 10 mg</i>	1	QL(2 ea daily)
<i>donepezil hydrochloride tbdp 5 mg</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
EXELON CAPS (<i>Use Rivastigmine Tartrate</i>)	NF	
<i>galantamine hydrobromide cp24 16 mg, 8 mg, 24 mg</i>	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	QL(6 ml daily)
<i>galantamine hydrobromide tabs 8 mg, 12 mg, 4 mg</i>	1	QL(2 ea daily)
<i>memantine hcl soln 2 mg/ml</i>	2	
<i>memantine hcl tabs</i>	1	
<i>memantine hcl tabs 10 mg</i>	1	QL(2 ea daily)
<i>memantine hcl tabs 5 mg</i>	1	QL(1 ea daily)
NAMENDA TABS 10 MG (<i>Use Memantine HCl</i>)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (<i>Use Memantine HCl</i>)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (<i>Use Memantine HCl</i>)	NF	
RAZADYNE ER CP24 (<i>Use Galantamine Hydrobromide</i>)	NF	QL(1 ea daily)
RAZADYNE TABS (<i>Use Galantamine Hydrobromide</i>)	NF	QL(2 ea daily)
<i>rivastigmine tartrate caps</i>	1	
Combination Psychotherapeutics		
PERPHENAZINE/AMITRIPTYLINE TABS	3	QL(4 ea daily)
Fibromyalgia Agents		
SAVELLA TABS	2	PA; QL(2 ea daily)
SAVELLA TITRATION PACK MISC	2	PA
Movement Disorder Drug Therapy		
<i>tetrabenazine tabs</i>	4	PA
XENAZINE TABS (<i>Use Tetrabenazine</i>)	NF	PA
Multiple Sclerosis Agents		

Drug Name	Drug Tier	Requirements/Limits
AMPYRA TB12	4	PA
AVONEX KIT	4	PA
AVONEX PEN AJKT	4	PA
AVONEX PSKT	4	PA
BETASERON KIT	4	PA
COPAXONE SOSY (<i>Use Glatiramer Acetate</i>)	NF	PA
EXTAVIA KIT	4	PA
GILENYA CAPS	4	PA
<i>glatiramer acetate sosy</i>	4	PA
REBIF REBIDOSE SOAJ	4	PA
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA
REBIF SOSY	4	PA
REBIF TITRATION PACK SOSY	4	PA
TYSABRI CONC	4	PA
ZINBRYTA SOSY	4	PA
Premenstrual Dysphoric Disorder (PMDD) Agents		
FLUOXETINE CAPS 10 MG	2	QL(1 ea daily)
FLUOXETINE CAPS 20 MG	2	QL(3 ea daily)
Pseudobulbar Affect (PBA) Agents		
NUDEXTA CAPS	3	
Psychotherapeutic and Neurological Agents -		
<i>ergoloid mesylates tabs</i>	3	
ERGOLOID MESYLATES TABS	3	
ORAP TABS (<i>Use Pimozide</i>)	NF	
<i>pimozide tabs</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR	3	
Smoking Deterrents		
<i>bupropion hcl (smoking deterrent) tb12</i>	0	QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS	0	QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS	0	
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 21 MG/24HR, 14 MG/24HR (Use Nicotine)	NF	QL(1 ea daily)
NICODERM CQ PT24 7 MG/24HR (Use Nicotine)	NF	
NICORETTE GUM (Use Nicotine Polacrilex)	NF	
NICORETTE LOZG (Use Nicotine Polacrilex)	NF	
NICORETTE MINI LOZG (Use Nicotine Polacrilex)	NF	
NICORETTE STARTER KIT GUM (Use Nicotine Polacrilex)	NF	
<i>nicotine polacrilex gum</i>	0	
<i>nicotine polacrilex lozg</i>	0	
<i>nicotine pt24 21 mg/24hr, 14 mg/24hr</i>	0	QL(1 ea daily)
<i>nicotine pt24 7 mg/24hr</i>	0	
NICOTINE TRANSDERMAL SYSTEM KIT	0	
NICOTROL INHALER INHA	0	Limit 1 inhaler per claim;QL(168 ea per fill retail)
NICOTROL NS SOLN	0	
ZYBAN TB12 (Use Bupropion HCl (Smoking Deterrent))	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR	4	PA
PROLASTIN-C SOLR	4	PA
ZEMAIRA SOLR	4	PA
Cystic Fibrosis Agents		
KALYDECO TABS	4	PA
PULMOZYME SOLN	4	PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
SULFADIAZINE TABS	2	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
ADOXA PAK 1/100 TABS (Use Doxycycline (Monohydrate))	NF	QL(2 ea daily)
ADOXA PAK 2/100 TABS (Use Doxycycline (Monohydrate))	NF	QL(2 ea daily)
ADOXA TABS (Use Doxycycline (Monohydrate))	NF	QL(2 ea daily)
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs</i>	1	QL(2 ea daily)
<i>doxycycline hyclate caps or 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline hyclate solr iv 100 mg</i>	1	
<i>doxycycline hyclate tabs or 100 mg, 20 mg</i>	1	QL(2 ea daily)
MINOCIN CAPS (Use Minocycline HCl)	NF	QL(3 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl caps</i>	1	QL(3 ea daily)
<i>minocycline hcl tabs</i>	1	QL(3 ea daily)
MONODOX CAPS (Use Doxycycline Monohydrate)	NF	QL(2 ea daily)
<i>tetracycline hcl caps 250 mg, 500 mg</i>	1	QL(8 ea daily)
TETRACYCLINE HCL CAPS 500 MG, 250 MG (Use Tetracycline HCl)	NF	QL(8 ea daily)
VIBRAMYCIN CAPS (Use Doxycycline Hyclate)	NF	QL(2 ea daily)
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	1	
<i>propylthiouracil tabs</i>	1	
TAPAZOLE TABS (Use Methimazole)	NF	
Thyroid Hormones		
CYTOMEL TABS (Use Liothyronine Sodium)	NF	
LEVOTHYROXINE SODIUM SOLR IV 100 MCG, 500 MCG	2	
<i>levothyroxine sodium tabs or 50 mcg, 300 mcg, 200 mcg, 25 mcg, 125 mcg, 150 mcg, 100 mcg, 88 mcg, 175 mcg, 75 mcg, 137 mcg, 112 mcg</i>	1	
<i>liothyronine sodium soln</i>	1	
<i>liothyronine sodium tabs</i>	1	
SYNTHROID TABS (Use Levothyroxine Sodium)	NF	
THYROLAR-1 TABS	3	
THYROLAR-1/2 TABS	3	
THYROLAR-1/4 TABS	3	

Drug Name	Drug Tier	Requirements/Limits
THYROLAR-2 TABS	3	
THYROLAR-3 TABS	3	
TRIOSTAT SOLN (Use Liothyronine Sodium)	NF	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BENTYL CAPS (Use Dicyclomine HCl)	NF	
BENTYL TABS (Use Dicyclomine HCl)	NF	
CANTIL TABS	3	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
<i>dicyclomine hcl caps</i>	1	
<i>dicyclomine hcl soln</i>	1	
<i>dicyclomine hcl tabs</i>	1	
<i>glycopyrrolate soln ij 4 mg/20ml</i>	1	
<i>glycopyrrolate tabs or 1 mg, 2 mg</i>	1	
LIBRAX CAPS (Use Chlordiazepoxide HCl-Clidinium Bromide)	NF	
<i>methscopolamine bromide tabs</i>	1	
PAMINE FORTE TABS (Use Methscopolamine Bromide)	NF	
PAMINE TABS (Use Methscopolamine Bromide)	NF	
ROBINUL FORTE TABS (Use Glycopyrrolate)	NF	
ROBINUL SOLN (Use Glycopyrrolate)	NF	
ROBINUL TABS (Use Glycopyrrolate)	NF	
H-2 Antagonists		
<i>cimetidine hcl soln</i>	1	QL(20 ml daily)

Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 400 mg, 300 mg, 800 mg</i>	1	
FAMOTIDINE PREMIXED SOLN	1	
<i>famotidine soln iv 200 mg/20ml, 20 mg/2ml, 40 mg/4ml</i>	1	
<i>famotidine susr or 40 mg/5ml</i>	1	QL(10 ml daily)
<i>famotidine tabs or 20 mg</i>	1	RX/OTC
<i>famotidine tabs or 40 mg</i>	1	
<i>nizatidine caps 300 mg, 150 mg</i>	1	
NIZATIDINE SOLN 15 MG/ML	2	QL(20 ml daily)
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>Famotidine</i>)	NF	RX/OTC
PEPCID SUSR 40 MG/5ML (Use <i>Famotidine</i>)	NF	QL(10 ml daily)
PEPCID TABS 20 MG (Use <i>Famotidine</i>)	NF	RX/OTC
PEPCID TABS 40 MG (Use <i>Famotidine</i>)	NF	
<i>ranitidine hcl caps or 300 mg, 150 mg</i>	1	
<i>ranitidine hcl soln ij 150 mg/6ml</i>	1	
<i>ranitidine hcl syrp or 150 mg/10ml, 75 mg/5ml, 15 mg/ml</i>	1	QL(20 ml daily)
<i>ranitidine hcl tabs or 150 mg</i>	1	RX/OTC
<i>ranitidine hcl tabs or 300 mg</i>	1	
TAGAMET HB TABS (Use <i>Cimetidine</i>)	NF	RX/OTC
ZANTAC 150 MAXIMUM STRENGTH TABS (Use <i>Ranitidine HCl</i>)	NF	RX/OTC
ZANTAC TABS OR 150 MG (Use <i>Ranitidine HCl</i>)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ZANTAC TABS OR 300 MG (Use <i>Ranitidine HCl</i>)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	QL(40 ml daily)
CARAFATE TABS 1 GM (Use <i>Sucralfate</i>)	NF	QL(4 ea daily)
<i>sucralfate tabs</i>	1	QL(4 ea daily)
Proton Pump Inhibitors		
ACIPHEX TBEC (Use <i>Rabeprazole Sodium</i>)	NF	QL(1 ea daily)
CVS OMEPRAZOLE TBEC	1	QL(2 ea daily)
DEXILANT CPDR	3	ST; QL(1 ea daily)
EQ OMEPRAZOLE TBEC	1	QL(2 ea daily)
EQL OMEPRAZOLE TBEC	1	QL(2 ea daily)
<i>esomeprazole magnesium cpdr 20 mg</i>	3	ST; QL(2 ea daily); RX/OTC
GNP OMEPRAZOLE TBEC	1	QL(2 ea daily)
HM OMEPRAZOLE TBEC	1	QL(2 ea daily)
KLS OMEPRAZOLE TBEC	1	QL(2 ea daily)
<i>lansoprazole cpdr 15 mg</i>	1	QL(1 ea daily); RX/OTC
<i>lansoprazole cpdr 30 mg</i>	1	
NEXIUM 24HR CLEAR MINIS CPDR	3	ST; QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR	3	ST; QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (Use <i>Esomeprazole Magnesium</i>)	NF	ST; QL(2 ea daily); RX/OTC
NEXIUM PACK 5 MG, 2.5 MG, 10 MG, 20 MG, 40 MG	3	ST; QL(1 ea daily)
<i>omeprazole cpdr 40 mg, 10 mg, 20 mg</i>	1	QL(2 ea daily)
<i>omeprazole magnesium cpdr</i>	1	QL(4 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
OMEPRAZOLE TBEC 20 MG	1	QL(2 ea daily)
<i>pantoprazole sodium tbec or 20 mg</i>	1	QL(1 ea daily)
<i>pantoprazole sodium tbec or 40 mg</i>	1	
PREVACID 24HR CPDR (Use <i>Lansoprazole</i>)	NF	QL(1 ea daily); RX/OTC
PREVACID CPDR 15 MG (Use <i>Lansoprazole</i>)	NF	QL(1 ea daily); RX/OTC
PREVACID CPDR 30 MG (Use <i>Lansoprazole</i>)	NF	
PRILOSEC CPDR (Use <i>Omeprazole</i>)	NF	QL(2 ea daily)
PRILOSEC OTC TBEC	1	QL(4 ea daily)
PROTONIX TBEC 20 MG (Use <i>Pantoprazole Sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC 40 MG (Use <i>Pantoprazole Sodium</i>)	NF	
PX OMEPRAZOLE TBEC	1	QL(2 ea daily)
RA OMEPRAZOLE TBEC	1	QL(2 ea daily)
<i>rabeprazole sodium tbec</i>	1	QL(1 ea daily)
SB OMEPRAZOLE TBEC	1	QL(2 ea daily)
SM OMEPRAZOLE TBEC	1	QL(2 ea daily)
SW OMEPRAZOLE TBEC	1	QL(2 ea daily)
TGT OMEPRAZOLE TBEC	1	QL(2 ea daily)
Ulcer Drugs - Prostaglandins		
CYTOTEC TABS (Use <i>Misoprostol</i>)	NF	QL(4 ea daily)
<i>misoprostol tabs</i>	1	QL(4 ea daily)
Ulcer Therapy Combinations		
<i>omeprazole-sodium bicarbonate caps</i>	1	QL(1 ea daily); RX/OTC
ZEGERID CAPS (Use <i>Omeprazole-Sodium Bicarbonate</i>)	NF	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ZEGERID OTC CAPS (Use <i>Omeprazole-Sodium Bicarbonate</i>)	NF	QL(1 ea daily); RX/OTC
URINARY ANTI-INFECTIVES - Drugs to Treat Bladder/Kidney Infections		
Urinary Anti-infectives		
FURADANTIN SUSP (Use <i>Nitrofurantoin</i>)	NF	
HIPREX TABS (Use <i>Methenamine Hippurate</i>)	NF	
MACROBID CAPS (Use <i>Nitrofurantoin Monohyd Macro</i>)	NF	
MACRODANTIN CAPS (Use <i>Nitrofurantoin Macrocrystal</i>)	NF	
<i>methenamine hippurate tabs</i>	1	
MONUROL PACK	3	
<i>nitrofurantoin macrocrystal caps</i>	1	
<i>nitrofurantoin monohyd macro caps</i>	1	
<i>nitrofurantoin susp</i>	1	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics		
<i>darifenacin hydrobromide tb24</i>	3	PA; QL(1 ea daily)
DETROL LA CP24 (Use <i>Tolterodine Tartrate</i>)	NF	QL(1 ea daily)
DETROL TABS (Use <i>Tolterodine Tartrate</i>)	NF	
DITROPAN XL TB24 (Use <i>Oxybutynin Chloride</i>)	NF	
ENABLEX TB24 (Use <i>Darifenacin Hydrobromide</i>)	NF	PA; QL(1 ea daily)
<i>oxybutynin chloride syr</i>	1	
<i>oxybutynin chloride tabs</i>	1	
<i>oxybutynin chloride tb24</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
<i>tolterodine tartrate cp24 4 mg, 2 mg</i>	1	QL(1 ea daily)
<i>tolterodine tartrate tabs 1 mg, 2 mg</i>	1	
TOVIAZ TB24	3	PA; QL(1 ea daily)
<i>tropium chloride cp24 60 mg</i>	1	QL(1 ea daily)
<i>tropium chloride tabs 20 mg</i>	1	
VESICARE TABS	2	PA; QL(1 ea daily)
Urinary Antispasmodics - Beta-3 Adrenergic		
MYRBETRIQ TB24	3	PA
Urinary Antispasmodics - Cholinergic Agonists		
<i>bethanechol chloride tabs</i>	1	QL(4 ea daily)
URECHOLINE TABS (Use <i>Bethanechol Chloride</i>)	NF	QL(4 ea daily)
Urinary Antispasmodics - Direct Muscle Relaxants		
<i>flavoxate hcl tabs</i>	1	
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Vaginal Anti-infectives		
CLEOCIN CREA (Use <i>Clindamycin Phosphate Vaginal</i>)	NF	
<i>clindamycin phosphate vaginal crea</i>	1	
<i>clotrimazole vaginal crea</i>	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (Use <i>Clotrimazole Vaginal</i>)	NF	
METROGEL-VAGINAL GEL (Use <i>Metronidazole Vaginal</i>)	NF	
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP	3	

Drug Name	Drug Tier	Requirements/Limits
TERAZOL 3 CREA (Use <i>Terconazole Vaginal</i>)	NF	Limit 1 package per claim;QL(20 gm per fill retail)
TERAZOL 7 CREA (Use <i>Terconazole Vaginal</i>)	NF	Limit 1 package per claim;QL(45 gm per fill retail)
<i>terconazole vaginal crea 0.4 %</i>	1	Limit 1 package per claim;QL(45 gm per fill retail)
<i>terconazole vaginal crea 0.8 %</i>	1	Limit 1 package per claim;QL(20 gm per fill retail)
<i>terconazole vaginal supp 80 mg</i>	1	
Vaginal Estrogens		
ESTRACE CREA VA 0.1 MG/GM	3	
FEMRING RING	3	
PREMARIN CREA	2	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj</i>	2	1 kit / 30 days
EPINEPHRINE SOAJ 0.3 MG/0.3ML, 0.15 MG/0.3ML	2	1 kit / 30 days;QL(0.07 ea daily)
Vasopressors		
<i>midodrine hcl tabs</i>	1	
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS (Use <i>Ergocalciferol</i>)	NF	
<i>ergocalciferol caps</i>	0	

Sunshine Healthy Kids Formulary, Updated September 22, 2017

Drug Name	Drug Tier	Requirements/ Limits
VITAMIN D2 TABS	0	AL; At least 65 yrs old

Index

1ST CHOICE LANCETS SUPERTHIN	69	acetylcysteine	48	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/29GX1/2"	79
1ST CHOICE LANCETS THIN	69	ACIPHEX	124	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16"	79
1ST CHOICE LANCETS ULTRATHIN	69	acitretin	51	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16"	79
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM ..	78	ACLOVATE	52	ADVOCATE INSULIN SYRINGE/U- 100/1ML/29GX1/2"	79
1ST TIER UNIFINE PENTIPS29GX12MM	78	ACTEMRA	4	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	79
1ST TIER UNIFINE PENTIPS31GX6MM	78	ACTIGALL	62	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	79
1ST TIER UNIFINE PENTIPS31GX8MM	78	ACTIMMUNE	33	ADVOCATE LANCING DEVICE	69
1ST TIER UNIFINE PENTIPS32GX4MM	78	ACTIQ	5	ADVOCATE RAPID-SAFE LANCING DEVICE	69
1ST TIER UNIFINE PENTIPSPLUS 31GX8MM ..	78	ACTONEL	58	AEROCHAMBER MINI AEROSOLCHAMBER	107
1ST TIER UNIFINE PENTIPSPLUS 32GX4MM ..	78	ACTOPLUS MET	20	AEROCHAMBER MV	107
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX5MM	79	ACTOS	21	AEROCHAMBER PLUS FLOW VU	107
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/29GX 12MM	79	ACULAR	118	AEROCHAMBER PLUS FLOW- VU	107
1ST TIER UNIFINE PENTIPSPLUS/ULTRA SHORT/31GX6MM	79	ACULAR LS	118	AEROCHAMBER PLUS FLOW- VU/LARGE MASK	107
1ST TIER UNILET COMFORTOUCH LANCETS 28G	69	acyclovir	40	AEROCHAMBER PLUS FLOW- VU/MASK	107
1ST TIER UNILET COMFORTOUCH LANCETS 30G	69	acyclovir topical	52	AEROCHAMBER PLUS FLOW- VU/MEDIUM MASK	107
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ABILIFY	37	adapalene-benzoyl peroxide	48	AEROCHAMBER Z-STAT PLUS/SMALL MASK	107
ABRAXANE	33	ADCETRIS	31	AEROCHAMBER/FLOWSIGNAL	107
ABSORICA	48	ADCIRCA	43	AFINITOR	32
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ACCOLATE	12	adefovir dipivoxil	39	AGRYLIN	64
ACCUPRIL	27	ADJUSTABLE LANCING DEVICE	69	AIMSCO LUBRICATED	67
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ACEON	27	ADOXA PAK 1/100	122	albuterol sulfate	13
acetaminophen w/ codeine ..	7	ADOXA PAK 2/100	122	ALCAINE	117
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acetazolamide sodium	57	ADVAIR HFA	13		
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		ADVOCATE INSULIN PEN NEEDLES 29GX12.7MM ..	79		
		ADVOCATE INSULIN PEN NEEDLES 31GX5MM	79		
		ADVOCATE INSULIN PEN NEEDLES 31GX8MM	79		
		ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/29GX1/2"	79		
		ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/30GX5/16"	79		
		ADVOCATE INSULIN SYRINGE/U- 100/0.3ML/31GX5/16"	79		

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ALCOHOL SWABS.....	78	AMITIZA.....	62	APRISO.....	62
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ALDACTAZIDE.....	57	amlodipine besylate.....	41	AQUA LANCE ADJUSTABLE LANCING DEVICE.....	69
ALDACTONE.....	57	amlodipine besylate-benazepril hcl.....	28	ARALAST NP.....	122
ALDARA.....	55	AMOXAPINE.....	19	ARANESP ALBUMIN FREE.....	64
ALDURAZYME.....	60	amoxicillin.....	119	ARAVA.....	5
alendronate sodium.....	58	AMOXICILLIN.....	119	ARCALYST.....	3
ALENDRONATE SODIUM.....	58	amoxicillin.....	119	ARCAPTA NEOHALER.....	13
alendronate sodium.....	58	amoxicillin & pot clavulanate.....	119	ARESTIN.....	112
alfuzosin hcl.....	63	AMOXICILLIN/CLAVULANATE POTASSIUM.....	120	ARICEPT.....	120
ALIMTA.....	30	amphetamine- dextroamphetamine.....	1	ARIMIDEX.....	31
ALINIA.....	9	AMPHOTEC.....	24	aripiprazole.....	37
ALKERAN.....	29	AMPHOTERICIN B.....	24	ARIXTRA.....	14
ALLEGRA ALLERGY.....	24	ampicillin.....	119	armodafinil.....	2
ALLEGRA ALLERGY CHILDRENS.....	24	AMPICILLIN.....	119	AROMASIN.....	31
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION.....	47	ampicillin & sulbactam sodium.....	120	ARRANON.....	30
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION.....	47	ampicillin sodium.....	119	ARTHROTEC 50.....	4
allopurinol.....	64	AMPICILLIN SODIUM.....	119	ARTHROTEC 75.....	4
almotriptan malate.....	108	ampicillin sodium.....	119	ARZERRA.....	31
ALOCRIL.....	118	AMPYRA.....	121	ASACOL HD.....	62
ALOMIDE.....	118	ANADROL-50.....	8	ASMANEX TWISTHALER 120 METERED DOSES.....	12
ALORA.....	61	ANAFRANIL.....	19	ASMANEX TWISTHALER 14 METERED DOSES.....	12
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ALOXI.....	23	ANAPROX DS.....	4	ASMANEX TWISTHALER 60 METERED DOSES.....	12
ALPHAGAN P.....	116	anastrozole.....	31	ASMANEX TWISTHALER 7 METERED DOSES.....	12
alprazolam.....	11	ANCOBON.....	24	aspirin.....	5
ALREX.....	117	ANDRODERM.....	8	aspirin-dipyridamole.....	64
ALTABAX.....	50	ANDROXY.....	8	ASSURE ID INSULIN SAFETYSYRINGE/U- 100/0.5ML/29G X 1/2".....	79
ALTACE.....	27	ANTABUSE.....	120	ASSURE ID INSULIN SAFETYSYRINGE/U- 100/1ML/29G X 1/2".....	79
ALTERNATE SITE LANCING DEVICE.....	69	ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	79	ASTEPRO.....	115
ALTOPREV.....	26	ANTI-STICK INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	79	ATACAND.....	27
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amantadine hcl.....	34	antipyrine-benzocaine.....	119	atenolol.....	41
AMARYL.....	22	ANUSOL-HC.....	8	atenolol & chlorthalidone.....	28
AMBIEN.....	65	ANZEMET.....	23	ATGAM.....	111
AMBISOME.....	24	APIDRA.....	21	ATIVAN.....	11
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AMERGE.....	108				
amikacin sulfate.....	3				
amiloride & hydrochlorothiazide.....	57				
amiloride hcl.....	57				

ATLAS LUBRICATED		azathioprine.....	111	BD INSULIN SYRINGE	
CONDOM.....	67	azelastine hcl.....	115	MICROFINE IV/U-100/1ML/27G	
ATLAS LUBRICATED		azelastine hcl (ophth).....	118	X 5/8".....	80
CONDOM/SPERMICIDE.....	67	AZELEX.....	48	BD INSULIN SYRINGE	
atomoxetine hcl.....	1,2	AZILECT.....	35	MICROFINE IV/U-100/1ML/28G	
atorvastatin calcium.....	26	AZITHROMYCIN.....	66	X 1/2".....	80
atovaquone.....	9	azithromycin.....	66	BD INSULIN SYRINGE	
atovaquone-proguanil hcl.....	28	AZOPT.....	118	MICROFINE/U-100/0.3ML/28G X	
ATRIPLA.....	37	aztreonam.....	9	1/2".....	80
ATROVENT.....	115	AZULFIDINE.....	62	BD INSULIN SYRINGE	
ATROVENT HFA.....	12	AZULFIDINE EN-TABS.....	62	MICROFINE/U-100/1ML/27G X	
AUGMENTIN.....	120	B-D INSULIN SYRINGE		5/8".....	80
AUGMENTIN ES-600.....	120	ULTRAFINE II/0.3ML/31G X		BD INSULIN SYRINGE	
AUGMENTIN XR.....	120	5/16".....	79	MICROFINE/U-100/1ML/28G X	
AURORA LANCET SUPER		B-D INSULIN SYRINGE		1/2".....	80
THIN30G.....	69	ULTRAFINE II/0.5ML/31G X		BD INSULIN SYRINGE	
AURORA LANCET THIN		5/16".....	79	SAFETYGLIDE/0.5ML/29G X	
23G.....	69	B-D INSULIN SYRINGE		1/2".....	80
AURORA PEN NEEDLES		ULTRAFINE II/1ML/31G X		BD INSULIN SYRINGE	
29GX12MM.....	79	5/16".....	79	SAFETYGLIDE/1ML/29G X	
AURORA PEN NEEDLES 31G		B-D INSULIN SYRINGE		1/2".....	80
X6MM.....	79	ULTRAFINE/0.3ML/30G X		BD INSULIN SYRINGE	
AURORA PEN NEEDLES 31G		1/2".....	79	SAFETYGLIDE/U-	
X8MM.....	79	B-D INSULIN SYRINGE		100/0.3ML/31G X 5/16".....	80
AURORA UNIFINE		ULTRAFINE/0.5ML/30G X		BD INSULIN SYRINGE SLIP	
PENTIPS/32GX5/32".....	79	1/2".....	79	TIP/U-100/1ML.....	80
AURORA UNIFINE		B-D INSULIN SYRINGE		BD INSULIN SYRINGE	
PENTIPS/MINI/31GX3/16".....	79	ULTRAFINE/1ML/30G X		ULTRAFINE HALF-	
AUTO-LANCET.....	69	1/2".....	80	UNIT/0.3ML/31G X 5/16".....	80
AUTO-LANCET MINI.....	69	bacitracin.....	9	BD INSULIN SYRINGE	
AUTOLET IMPRESSION		BACITRACIN.....	116	ULTRAFINE	
LANCING DEVICE.....	69	baclofen.....	114	II/SHORT/0.5ML/31G X	
AUTOLET LANCING		BACTRIM.....	9	5/16".....	80
DEVICE.....	69	BACTRIM DS.....	9	BD INSULIN SYRINGE	
AUTOLET MINI.....	69	BACTROBAN.....	50	ULTRAFINE II/SHORT/1ML/31G	
AUTOLET PLUS.....	69	balsalazide disodium.....	62	X 5/16".....	80
AVANDIA.....	21	BANZEL.....	15	BD INSULIN SYRINGE	
AVAPRO.....	27	BARACLUDE.....	39	ULTRAFINE/0.3ML/30G X	
AVASTIN.....	31	BASAGLAR KWIKPEN.....	21	1/2".....	80
AVELOX.....	61	BAYER MICROLET 2		BD INSULIN SYRINGE	
AVELOX ABC PACK.....	61	LANCING DEVICE.....	70	ULTRAFINE/0.3ML/31G X	
AVODART.....	63	BD LO-DOSE INSULIN		5/16".....	80
AVONEX.....	121	SYRINGE MICROFINE		BD INSULIN SYRINGE	
AVONEX PEN.....	121	IV/0.5ML/28G X 1/2".....	80	ULTRAFINE/0.5ML/31G X	
AXERT.....	108	BD INSULIN SYRINGE LUER-		5/16".....	80
AYGESTIN.....	120	LOK/U-100/1ML.....	80	BD INSULIN SYRINGE	
azacitidine.....	30	BD INSULIN SYRINGE		ULTRAFINE/1ML/30G X	
AZACTAM.....	9	MICROFINE IV/U-		1/2".....	80
AZASAN.....	111	100/0.3ML/28G X 1/2".....	80	BD INSULIN SYRINGE	
AZASITE.....	116	BD INSULIN SYRINGE		ULTRAFINE/1ML/31G X	
AZATHIOPRINE.....	111	MICROFINE IV/U-		5/16".....	80
		100/0.5ML/28G X 1/2".....	80		

BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/29G X 1/2".....	80	BD PEN NEEDLE/NANO/ULTRAFINE/3 2G X 4MM.....	81	betaxolol hcl.....	41
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/30G X 1/2".....	80	BD PEN NEEDLE/SHORT/ULTRAFINE/ 31G X 5/16".....	81	betaxolol hcl (ophth).....	116
BD INSULIN SYRINGE ULTRAFINE/U-100/0.3ML/31G X 5/16".....	80	BD PEN NEEDLE/ULTRAFINE/29G X 12.7MM.....	81	bethanechol chloride.....	126
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/29G X 1/2".....	80	BD PEN NEEDLE/ULTRAFINE/29GX1/2 " 12.7MM.....	81	bexarotene.....	33
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/30G X 1/2".....	81	BD PEN NEEDLES SHORT/ULTRAFINE/31G X 5/16".....	81	BEYAZ.....	44
BD INSULIN SYRINGE ULTRAFINE/U-100/0.5ML/31G X 5/16".....	81	BD SAFETY-GLIDE INSULIN SYRINGE/0.5ML/29G X 1/2".....	81	BIAXIN.....	67
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/29G X 1/2".....	81	BD SAFETY-LOK INSULIN SYRINGE/PERM NEEDLE/UF/1ML/29G X 1/2".....	81	bicalutamide.....	31
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/30G X 1/2".....	81	BD SAFETYGLIDE INSULIN SYSYRINGE/0.5ML/30G X 5/16".....	81	BICNU.....	29
BD INSULIN SYRINGE ULTRAFINE/U-100/1ML/31G X 5/16".....	81	BD SWABS SINGLE USE.....	78	BIDIL.....	42
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 1".....	81	BD SWABS SINGLE USE BUTTERFLY.....	78	BILTRICIDE.....	8
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/25G X 5/8".....	81	BD ULTRA-FINE MICRO PEN NEEDLES 6MM X 32G.....	81	BIMATOPROST.....	118
BD INSULIN SYRINGE/DETACHABLE NEEDLE/U-100/1ML/26G X 1/2".....	81	benazepril hcl.....	27	bisacodyl.....	66
BD INSULIN SYRINGE/U- 100/0.5ML/30G X 1/2".....	81	BENICAR.....	27	bisoprolol fumarate.....	41
BD INSULIN SYRINGE/U- 100/1ML/27G X 1/2".....	81	BENTYL.....	123	bleomycin sulfate.....	32
BD INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	81	BENZAACLIN.....	48	BLEPH-10.....	116
BD INTEGRA INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	81	BENZAACLIN WITH PUMP.....	48	BONIVA.....	58
BD INTEGRA SYRINGE/RETRACTING NEEDLE/1ML/25G X 1".....	81	BENZAMYCIN.....	48	BOSULIF.....	32
BD LANCET DEVICE.....	70	BENZEFOAM.....	48	BOTOX.....	115
BD LANCET ULTRAFINE 30G.....	70	BENZEFOAM ULTRA.....	48	BREO ELLIPTA.....	13
BD PEN NEEDLE/MINI/ULTRAFINE/31G X 3/16".....	81	BENZEFOAMULTRA.....	48	BREVICON-28.....	44
		benzonatate.....	47	BRILINTA.....	64
		benzoyl peroxide.....	48,49	brimonidine tartrate.....	116
		benzoyl peroxide- erythromycin.....	49	BRINTELLIX.....	18
		benztropine mesylate.....	34	BROMFENAC.....	118
		BEPREVE.....	118	bromfenac sodium (ophth).....	118
		BESIVANCE.....	116	bromocriptine mesylate.....	34
		BETAGAN.....	116	BROVANA.....	13
		betamethasone dipropionate (topical).....	52	budesonide.....	46
		betamethasone dipropionate augmented.....	52	budesonide (inhalation).....	12
		betamethasone valerate.....	52	budesonide (nasal).....	115
		BETAPACE.....	41	bumetanide.....	57
		BETASERON.....	121	BUMEX.....	57
				BUPHENYL.....	60
				BUPRENEX.....	8
				BUPRENORPHINE.....	8
				buprenorphine hcl.....	8
				buprenorphine hcl-naloxone hcl dihydrate.....	8
				bupropion hcl.....	17
				bupropion hcl (smoking deterrent).....	122
				buspirone hcl.....	11
				busulfan.....	29
				BUSULFEX.....	29
				butalbital-acetaminophen- caffeine.....	5
				butalbital-acetaminophen- caffeine w/ codeine.....	7

butalbital-aspirin-caffeine	5	CARDURA	27	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES	
butalbital-aspirin-caffeine w/cod	7	CAREFINE PEN NEEDLE 32GX4MM	81	31GX8MM	82
BUTORPHANOL TARTRATE	8	CAREFINE PEN NEEDLES 29GX1/2"	81	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	82
butorphanol tartrate	8	CAREFINE PEN NEEDLES 30GX5/16"	81	CARETOUCH LANCING DEVICE WITH EJECTOR	70
BUTRANS	8	CAREFINE PEN NEEDLES 31GX6MM	81	CARETOUCH PEN NEEDLES 31G X 6 MM	82
BYETTA	20	CAREFINE PEN NEEDLES 31GX8MM	81	CARETOUCH PEN NEEDLES 31GX 5MM	82
BYSTOLIC	41	CAREFINE PEN NEEDLES 32GX5MM	81	CARETOUCH PEN NEEDLES 31GX 8MM	82
cabergoline	60	CAREFINE PEN NEEDLES 32GX6MM	82	CARETOUCH PEN NEEDLES 32GX 4MM	82
CAFERGOT	107	CAREONE ADVANCED LANCING DEVICE	70	CARETOUCH PEN NEEDLES 32GX 5MM	82
CALAN	41	CAREONE INSULIN SYRINGES/0.3ML/30G X 1/2"	82	carisoprodol	114
CALAN SR	41	CAREONE INSULIN SYRINGES/0.3ML/31G X 5/16"	82	carteolol hcl (ophth)	116
calcipotriene	51	CAREONE INSULIN SYRINGES/0.5ML/30G X 1/2"	82	carvedilol	41
calcipotriene-betamethasone dipropionate	53	CAREONE INSULIN SYRINGES/0.5ML/31G X 5/16"	82	CASODEX	31
calcitonin (salmon)	58	CAREONE INSULIN SYRINGES/1ML/30G X 1/2"	82	CASPOFUNGIN ACETATE	23
CALCITRIOL	52	CAREONE INSULIN SYRINGES/1ML/31GX5/16"	82	CATAPRES	27
calcitriol	60	CAREONE LANCET THIN	70	CEDAX	43
calcium acetate (phosphate binder)	63	CAREONE LANCET ULTRA THIN	70	cefaclor	43
calcium chloride (dihydrate)	109	CAREONE UNIFINE PENTIPS 29GX12MM	82	CEFACLOR	43
calcium gluconate	110	CAREONE UNIFINE PENTIPS 31GX5MM	82	CEFACLOR ER	43
CAMPATH	31	CAREONE UNIFINE PENTIPS 31GX6MM	82	cefadroxil	43
CAMPTOSAR	34	CAREONE UNIFINE PENTIPS 31GX8MM	82	cefazolin sodium	43
CANASA	62	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	82	CEFAZOLIN SODIUM	43
CANCIDAS	23	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	82	cefdinir	43
candesartan cilexetil	27	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	82	CEFDITOREN PIVOXIL	43
CANTIL	123	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	82	cefepime hcl	44
CAPASTAT SULFATE	29	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	82	cefexime	43
capecitabine	30	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	82	CEFOTAN	43
CAPRELSA	32	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	82	CEFOTAXIME SODIUM	44
captopril	27	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	82	CEFOTETAN	43
CAPTOPRIL/HYDROCHLOROT HIAZIDE	28	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	82	cefotetan disodium	43
CARAFATE	124	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	82	cefoxitin sodium	43
CARBAGLU	60	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	82	cefpodoxime proxetil	44
carbamazepine	15	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	82	cefprozil	43
CARBATROL	15	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	82	ceftazidime	44
carbidopa	34	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	82	CEFTIBUTEN	44
carbidopa-levodopa	34	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	82	CEFTIN	43
CARBIDOPA/LEVODOPA/ENTA	34	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	82	ceftriaxone sodium	44
CAPONE	34			cefuroxime axetil	43
carbinoxamine maleate	24			cefuroxime sodium	43
carboplatin	29			CEFUROXIME SODIUM	43
CARDIOCOM LANCING DEVICE	70			CELEBREX	4
CARDIZEM	42				
CARDIZEM CD	41				
CARDIZEM LA	42				

celecoxib	4	cidofovir	39	CLEVER CHOICE COMFORT	
CELEXA	17	cilostazol	64	EZINSULIN PEN NEEDLES	
CELLCEPT	111	CILOXAN	116	31GX8MM	82
CELLCEPT		cimetidine	124	CLEVER CHOICE COMFORT	
INTRAVENOUS	111	cimetidine hcl	123	EZINSULIN PEN NEEDLES	
CELONTIN	17	CIMZIA	62	33GX4MM	82
CENTANY	50	CIMZIA STARTER KIT	62	CLEVER CHOICE COMFORT	
cephalexin	43	CIPRO	61	EZINSULIN	
CEPHALEXIN	43	CIPRO HC	119	SYRINGE/0.3ML/29G X 1/2"	82
CEREBYX	16	CIPRO XR	61	CLEVER CHOICE COMFORT	
CEREZYME	64	CIPRODEX	119	EZINSULIN	
CESAMET	23	CIPROFLOXACIN	61	SYRINGE/0.3ML/30G X	
cetirizine hcl	24,25	ciprofloxacin	61	5/16"	82
cetirizine-pseudoephedrine	47	CIPROFLOXACIN HCL	61	CLEVER CHOICE COMFORT	
CETRAXAL	119	ciprofloxacin hcl	61	EZINSULIN	
cevimeline hcl	113	ciprofloxacin hcl (ophth)	116	SYRINGE/0.3ML/31G X	
CHANTIX	122	ciprofloxacin hcl (otic)	119	5/16"	82
CHANTIX CONTINUING		ciprofloxacin in d5w	61	CLEVER CHOICE COMFORT	
MONTHPAK	122	ciprofloxacin-ciprofloxacin		EZINSULIN	
CHANTIX STARTING MONTH		hcl	62	SYRINGE/0.5ML/28G X 1/2"	83
PAK	122	CISPLATIN	29	CLEVER CHOICE COMFORT	
CHEK-STIX CONTROL	56	cisplatin	30	EZINSULIN	
CHEMET	22	citalopram hydrobromide	18	SYRINGE/0.5ML/29G X 1/2"	83
CHEMSTRIP-K	56	cladribine	30	CLEVER CHOICE COMFORT	
CHILDRENS ADVIL	4	CLARINEX	25	EZINSULIN	
CHILDRENS MOTRIN	4	clarithromycin	67	SYRINGE/0.5ML/30G X	
CHLORAMPHENICOL SODIUM		CLARITHROMYCIN	67	5/16"	83
SUCCINATE	9	clarithromycin	67	CLEVER CHOICE COMFORT	
chlordiazepoxide hcl-clidinium		CLARITIN	25	EZINSULIN	
bromide	123	CLARITIN CHILDRENS	25	SYRINGE/0.5ML/31G X	
chlorhexidine gluconate (mouth-		CLARITIN REDITABS	25	5/16"	83
throat)	112	CLARITIN-D 12 HOUR	48	CLEVER CHOICE COMFORT	
CHLOROQUINE		CLARITIN-D 24 HOUR	48	EZINSULIN	
PHOSPHATE	28	CLASS ACT		SYRINGE/1.0ML/30G X 1/2"	83
chloroquine phosphate	28	LUBRICATED	67	CLEVER CHOICE COMFORT	
CHLOROTHIAZIDE	58	CLEANLET LANCETS		EZINSULIN SYRINGE/1ML/28G	
chlorothiazide	58	28G	70	X 1/2"	83
CHLORPROMAZINE HCL	37	CLEMASTINE		CLEVER CHOICE COMFORT	
chlorpromazine hcl	37	FUMARATE	24	EZINSULIN SYRINGE/1ML/29G	
CHLORPROPAMIDE	22	clemastine fumarate	24	X 1/2"	83
chlorthalidone	58	CLEMASTINE		CLEVER CHOICE COMFORT	
chlorzoxazone	114	FUMARATE	24	EZINSULIN SYRINGE/1ML/30G	
CHOLBAM	62	CLEOCIN	10	X 5/16"	83
cholestyramine	26	CLEOCIN PEDIATRIC		CLEVER CHOICE COMFORT	
cholestyramine light	26	GRANULES	10	EZINSULIN SYRINGE/U-	
CHORIONIC		CLEOCIN PHOSPHATE	10	100/1ML/31GX5/16"	83
GONADOTROPIN	59	CLEOCIN-T	49	CLEVER CHOICE COMFORT	
CIALIS	42			EZPEN NEEDLES	
ciclopirox	50			29GX12MM	83
ciclopirox olamine	50			CLEVER CHOICE COMFORT	
				EZPEN NEEDLES	
				31GX5MM	83

CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM.....	83	CLINIMIX 4.25%/DEXTROSE 25%.....	115	COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" 83
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM.....	83	CLINIMIX 4.25%/DEXTROSE 5%.....	115	COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM.....	83	CLINIMIX 5%/DEXTROSE 25%.....	115	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	83	CLINIMIX E 5%/DEXTROSE 20%.....	115	COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" 84
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	83	clobetasol propionate.....	53	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM.....	83	clobetasol propionate emollient base.....	53	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....
CLEVER CHOICE COMFORT EZPEN NEEDLES 33GX4MM.....	83	CLOCORTOLONE PIVALATE.....	53	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" 84
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4".....	83	CLOCORTOLONE PIVALATE PUMP.....	53	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" 84
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16".....	83	CLODERM.....	53	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" 84
CLICKFINE PEN NEEDLES/31GX1/4".....	83	CLODERM PUMP.....	53	COMFORT ASSURED LANCETS SUPER THIN 28G.....
CLICKFINE PEN NEEDLES/31GX5/16".....	83	clofarabine.....	30	COMFORT LANCETS.....
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	83	CLOLAR.....	30	COMPLERA.....
CLIMARA.....	61	clomipramine hcl.....	19	COMPLETENATE.....
CLIMARA PRO.....	61	clonazepam.....	14	COMTAN.....
CLINDAGEL.....	49	clonidine hcl.....	27	CONCERTA.....
clindamycin hcl.....	10	clopidogrel bisulfate.....	64	CONDYLOX.....
clindamycin palmitate hydrochloride.....	10	CLOSERCARE.....	70	COPAXONE.....
clindamycin phosphate.....	10	clotrimazole.....	112	COPEGUS.....
CLINDAMYCIN PHOSPHATE.....	10	clotrimazole (topical).....	50	CORDARONE.....
clindamycin phosphate.....	10	clotrimazole vaginal.....	126	CORDRAN.....
clindamycin phosphate (topical).....	49	clotrimazole w/ betamethasone.....	50	CORDRAN TAPE.....
clindamycin phosphate vaginal.....	126	clozapine.....	36	COREG.....
clindamycin phosphate-benzoyl peroxide.....	49	CLOZARIL.....	36	CORGARD.....
clindamycin phosphate-benzoyl peroxide (refrigerate).....	49	CO-NATAL FA.....	113	CORTEF.....
clindamycin phosphate-tretinoin.....	49	COARTEM.....	28	CORTENEMA.....
CLINIMIX 2.75%/DEXTROSE 5%.....	115	codeine sulfate.....	5	CORTISONE ACETATE.....
CLINIMIX 4.25%/DEXTROSE 10%.....	115	CODEINE SULFATE.....	5	CORTISPORIN.....
		COGENTIN.....	34	CORTISPORIN-TC.....
		COLACE.....	66	COSMEGEN.....
		COLAZAL.....	62	COSOPT.....
		COLCHICINE.....	64	COUMADIN.....
		colchicine w/ probenecid.....	64	COZAAR.....
		COLCRYS.....	64	CREON.....
		COLESTID.....	26	CRESTOR.....
		COLESTID FLAVORED.....	26	CRIVAN.....
		colestipol hcl.....	26	CROMOLYN SODIUM.....
		COLY-MYCIN S.....	119	
		COMBIGAN.....	116	
		COMBIVIR.....	37	
		COMETRIQ.....	32	

cromolyn sodium (ophth)...	118	danazol.....	8	desogestrel & ethinyl	
CUBICIN.....	9	DANTRIUM.....	114	estradiol.....	44
CUBICIN RF.....	9	dantrolene sodium.....	114	desogestrel-ethinyl estradiol	
CUPRIMINE.....	111	dapsone.....	10	(biphasic).....	44
CURITY ALCOHOL		daptomycin.....	10	desogestrel-ethinyl estradiol	
PREPS/MEDIUM 2 PLY.....	78	DARAPRIM.....	28	(triphasic).....	44
CURITY ALCOHOL SWABS.....	78	darifenacin hydrobromide.....	125	desonide.....	53
CUTIVATE.....	53	daunorubicin hcl.....	32	DESOWEN.....	53
CUVITRU.....	119	DAUNOXOME.....	32	desoximetasone.....	53
CVS ALCOHOL PREP		DAYPRO.....	4	DESOXYN.....	1
SWABS.....	78	DDAVP.....	60	DESQUAM-X WASH.....	49
CVS ALCOHOL SWABS.....	78	decitabine.....	30	desvenlafaxine succinate.....	19
CVS LANCETS 21G.....	70	DELESTROGEN.....	61	DETROL.....	125
CVS LANCETS MICRO THIN		DELFLEX-LC/1.5%		DETROL LA.....	125
33G.....	70	DEXTROSE.....	112	dexamethasone.....	46
CVS LANCETS ORIGINAL.....	70	DELFLEX-LC/2.5%		DEXAMETHASONE.....	46
CVS LANCETS THIN 26G.....	70	DEXTROSE.....	112	dexamethasone.....	46
CVS LANCETS ULTRA THIN		DELFLEX-LC/4.25%		DEXAMETHASONE.....	46
30G.....	70	DEXTROSE.....	112	DEXAMETHASONE	
CVS LANCING DEVICE.....	70	DEMADEX.....	57	INTENSOL.....	46
CVS OMEPRAZOLE.....	124	demeclocycline hcl.....	122	dexamethasone sodium	
CVS PREP PADS.....	78	DEMEROL.....	5	phosphate.....	46
CVS ULTRA THIN		DENAVIR.....	52	DEXAMETHASONE SODIUM	
LANCETS.....	70	DEPACON.....	17	PHOSPHATE.....	117
CYCLESSA.....	44	DEPAKENE.....	17	DEXEDRINE.....	1
cyclobenzaprine hcl.....	114	DEPAKOTE.....	17	DEXILANT.....	124
CYCLOPHOSPHAMIDE.....	30	DEPAKOTE ER.....	17	dexmethylphenidate hcl.....	2
cyclophosphamide.....	30	DEPO-ESTRADIOL.....	61	dextroamphetamine sulfate.....	1
CYCLOSERINE.....	29	DEPO-MEDROL.....	46	DEXTROSE 5%/ELECTROLYTE	
CYCLOSET.....	20	DEPO-PROVERA		#48 VIAFLEX.....	110
cyclosporine.....	111	CONTRACEPTIVE.....	46	dextrose in lactated ringers.....	110
CYCLOSPORINE		DEPO-SUBQ PROVERA		DIABETA.....	22
MODIFIED.....	111	104.....	46	DIAMOX.....	57
cyclosporine modified (for		DEPO-TESTOSTERONE.....	8	DIANEAL LOW	
microemulsion).....	111	DEPOCYT.....	30	CALCIUM/1.5%DEXTROSE	
CYKLOKAPRON.....	65	DERMA-SMOOTH/FS		112
CYMBALTA.....	19	SCALP.....	53	DIANEAL LOW	
cyproheptadine hcl.....	25	DERMATOP.....	53	CALCIUM/4.25%DEXTROSE	
CYSTADANE.....	60	DERMOTIC.....	119	112
CYSTAGON.....	63	DESCOVY.....	38	DIANEAL PD-2/1.5%	
cytarabine.....	30	desipramine hcl.....	19	DEXTROSE.....	112
CYTARABINEAQUEOUS.....	30	desloratadine.....	25	DIANEAL PD-2/2.5%	
CYTOMEL.....	123	DESCLORATADINE ODT.....	25	DEXTROSE.....	112
CYTOTEC.....	125	desmopressin acetate.....	60	DIANEAL PD-2/4.25%	
CYTOVENE.....	39	desmopressin acetate		DEXTROSE.....	112
D.H.E. 45.....	107	spray.....	60	DIASTAT ACUDIAL.....	14
DACARBAZINE.....	33	desmopressin acetate spray		DIASTAT PEDIATRIC.....	14
dacarbazine.....	33	refrigerated.....	60	diazepam.....	11
DACOGEN.....	30	DESOGEN.....	44	DIAZEPAM.....	14
				DIAZEPAM RECTAL GEL.....	14
				DIBENZYLINE.....	27
				diclofenac potassium.....	4

diclofenac sodium.....	4	DOCEFREZ.....	33	drospirenone-ethinyl	
diclofenac sodium (actinic		DOCETAXEL.....	33	estradiol.....	44
keratoses).....	51	docetaxel.....	33	drospirenone-ethinyl estradiol-	
diclofenac sodium (ophth) ..	118	DOCETAXEL.....	33	levomefolate calcium.....	44
diclofenac sodium (topical) ..	50	docusate calcium.....	66	DROSPIRENONE/ETHINYL	
diclofenac w/ misoprostol	4	docusate sodium.....	66	ESTRADIOL/LEVOMEFOLATE	
dicloxacin sodium.....	120	dofetilide.....	12	CALCIUM.....	44
dicyclomine hcl.....	123	DOLOPHINE.....	5	DROXIA.....	64
didanosine.....	38	donepezil hydrochloride ..	120	DRUG MART ADJUSTABLE	
DIFFERIN.....	49	DORIBAX.....	9	LANCING DEVICE.....	70
DIFICID.....	67	DORIPENEM.....	9	DRUG MART LANCETS	
DIFLORASONE		dorzolamide hcl.....	118	THIN.....	70
DIACETATE.....	53	dorzolamide hcl-timolol		DRUG MART UNIFINE PENTIPS	
DIFLUCAN.....	24	maleate.....	116	31GX5MM.....	84
diflunisal.....	5	DOVONEX.....	52	DRUG MART UNIFINE	
digoxin.....	42	doxazosin mesylate.....	28	PENTIPS29G X 12MM.....	84
DIGOXIN.....	42	doxepin hcl.....	19	DRUG MART UNIFINE	
digoxin.....	42	DOXEPIN HCL.....	19	PENTIPS31GX6MM.....	84
dihydroergotamine		doxepin hcl.....	19	DRUG MART UNIFINE	
mesylate.....	108	DOXEPIN		PENTIPS31GX8MM.....	84
DIHYDROERGOTAMINE		HYDROCHLORIDE.....	51	DRUG MART UNIFINE	
MESYLATE.....	108	doxercalciferol.....	60	PENTIPSPLUS 32GX4MM ..	84
DILANTIN.....	16	DOXIL.....	32	DRUG MART UNILET	
DILANTIN INFATABS.....	16	doxorubicin hcl.....	32	LANCETSSUPER THIN 30G70	
DILANTIN-125.....	16	DOXORUBICIN HCL.....	32	DRUG MART UNILET	
DILAUDID.....	5	doxorubicin hcl liposomal ..	32	LANCETSULTRA THIN 28G.70	
DILAUDID-HP.....	5	doxycycline		DUAC.....	49
diltiazem hcl.....	42	(monohydrate).....	122	DUANE READE LANCET	
DILTIAZEM HCL.....	42	doxycycline hyclate.....	122	ALTERNATE SITE 26G.....	70
diltiazem hcl.....	42	DRISDOL.....	126	DUANE READE LANCET	
diltiazem hcl coated beads ..	42	dronabinol.....	23	SUPERTHIN 30G.....	70
diltiazem hcl extended release		DROPLET LANCETS ULTRA		DUANE READE LANCET	
beads.....	42	THIN 30G.....	70	ULTRATHIN 28G.....	70
DIOVAN.....	27	DROPLET LANCING		DUANE READE UNIFINE	
DIOVAN HCT.....	28	DEVICE.....	70	PENTIPS 29G X 12MM.....	84
DIPENTUM.....	62	DROPLET PEN NEEDLES		DUANE READE UNIFINE	
diphenhydramine hcl.....	24	29GX12MM.....	84	PENTIPS 31G X 6MM ULTRA	
diphenoxylate w/ atropine...	22	DROPLET PEN NEEDLES		SHORT.....	84
DIPHENOXYLATE/ATROPINE		31GX5MM.....	84	DUANE READE UNIFINE	
.....	22	DROPLET PEN NEEDLES		PENTIPS 31G X 8MM	
DIPROLENE.....	53	31GX6MM.....	84	SHORT.....	84
DIPROLENE AF.....	53	DROPLET PEN NEEDLES		DULCOLAX.....	66
dipyridamole.....	64	31GX8MM.....	84	duloxetine hcl.....	19
DISALCID.....	5	DROPLET PEN NEEDLES		DURAGESIC.....	5
disopyramide phosphate.....	11	32GX4MM.....	84	DUREX EXTRA SENSITIVE.67	
disulfiram.....	120	DROPLET PEN NEEDLES		DUREZOL.....	117
DITROPAN XL.....	125	32GX5MM.....	84	dutasteride.....	63
divalproex sodium.....	17	DROPLET PEN NEEDLES		DYAZIDE.....	57
DIVIGEL.....	61	32GX6MM.....	84	DYRENIUM.....	57
		DROPLET PEN NEEDLES		DYSPORT.....	115
		32GX8MM.....	84	E-Z JECT LANCETS.....	70
				E-Z JECT LANCETS 21G ..	70
				E-Z JECT LANCETS	
				COLOR.....	70

E-Z JECT LANCETS SUPER THIN 30G.....	70	EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	85	EASY TOUCH LANCETS 26G/TWIST.....	71
E-Z JECT LANCETS THIN 26G.....	70	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	85	EASY TOUCH LANCETS 28G/PULL-TOP.....	71
E-ZJECT LANCETS MICRO-THIN 33G.....	71	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	85	EASY TOUCH LANCETS 28G/TWIST.....	71
E.E.S. 400.....	67	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	85	EASY TOUCH LANCETS 30G/PULL-TOP.....	71
E.E.S. GRANULES.....	67	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	85	EASY TOUCH LANCETS 30G/TWIST.....	71
EASIVENT.....	107	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/29G X 1/2".....	85	EASY TOUCH LANCETS 32G/PULL-TOP.....	71
EASY COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	84	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/0.5ML/30G X 5/16".....	85	EASY TOUCH LANCETS 32G/TWIST.....	71
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	84	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/29G X 1/2".....	85	EASY TOUCH LANCETS 33G/TWIST.....	71
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	84	EASY TOUCH INSULIN SYRINGE/SAFETY/U-100/1ML/30G X 1/2".....	85	EASY TOUCH LANCING DEVICE/EJECTOR.....	71
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	84	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	85	EASY TOUCH PEN NEEDLES 29GX1/2".....	85
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	84	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	85	EASY TOUCH PEN NEEDLES 31GX1/4".....	86
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	84	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	85	EASY TOUCH PEN NEEDLES 31GX5/16".....	86
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	84	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	85	EASY TOUCH PEN NEEDLES 32GX1/4".....	86
EASY COMFORT PEN NEEDLES31GX1/4".....	84	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	85	EASY TOUCH PEN NEEDLES 32GX3/16".....	86
EASY COMFORT PEN NEEDLES31GX3/16".....	85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	85	EASY TOUCH PEN NEEDLES 32GX5/32".....	86
EASY COMFORT PEN NEEDLES31GX5/16".....	85	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	85	EASY TOUCH PEN NEEDLES 32GX5/32".....	86
EASY COMFORT PEN NEEDLES32GX5/32".....	85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	85	EASY TOUCH PEN NEEDLES 32GX5/32".....	86
EASY MINI EJECT LANCING DEVICE.....	71	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	85	EASY TOUCH PEN NEEDLES 32GX5/32".....	86
EASY MINI LANCING DEVICE.....	71	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	85	EASY TOUCH PEN NEEDLES 32GX5/32".....	86
EASY TOUCH 32GX5MM.....	85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	85	EASY TOUCH PEN NEEDLES 32GX5/32".....	86
EASY TOUCH 32GX6MM.....	85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	85	EASY TOUCH PEN NEEDLES 32GX5/32".....	86
EASY TOUCH ALCOHOL PREP PADS/MEDIUM.....	78	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	85	EASY TOUCH PEN NEEDLES 32GX5/32".....	86
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	85	EASY TOUCH PEN NEEDLES 32GX5/32".....	86
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	85	EASY TOUCH PEN NEEDLES 32GX5/32".....	86
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	85	EASY TOUCH PEN NEEDLES 32GX5/32".....	86
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	85	EASY TOUCH PEN NEEDLES 32GX5/32".....	86
		EASY TOUCH LANCETS 26G/PULL-TOP.....	71		

ELDEPRYL.....	35	EMVERM.....	8	EQL INSULIN	
ELELYSO.....	64	ENABLEX.....	125	SYRINGE/1ML/29G X 1/2" ..	86
ELESTAT.....	118	enalapril maleate.....	27	EQL INSULIN	
ELESTRIN.....	61	enalapril maleate &		SYRINGE/1ML/30G X 5/16" .	86
eletriptan hydrobromide....	108	hydrochlorothiazide.....	28	EQL INSULIN	
ELEXA NATURAL FEEL.....	67	ENBREL.....	5	SYRINGE/1ML/31G X 5/16" .	86
ELEXA STIMULATING.....	67	ENBREL SURECLICK.....	5	EQL INSULIN SYRINGE/U-	
ELEXA ULTRA SENSITIVE.....	67	ENJUVA.....	61	100/0.3ML/29G X 1/2".....	86
ELIDEL.....	55	enoxaparin sodium.....	14	EQL INSULIN SYRINGE/U-	
ELIGARD.....	31	entacapone.....	34	100/0.5ML/29G X 1/2".....	86
ELIMITE.....	56	entecavir.....	39	EQL INSULIN SYRINGE/U-	
ELIPHOS.....	63	ENTEREG.....	63	100/1ML/29G X 1/2".....	87
ELIQUIS.....	14	ENTOCORT EC.....	46	EQL OMEPRAZOLE.....	124
ELITE-THIN INSULIN		EPCLUSA.....	39	EQL SHORT PEN NEEDLES	
SYRINGE/0.3ML/31G X		EPIDUO.....	49	31G X 8MM.....	87
5/16".....	86	epinastine hcl (ophth)....	118	EQL SUPER THIN LANCETS	
ELITE-THIN INSULIN		EPINEPHRINE.....	126	30G.....	71
SYRINGE/0.5ML/29G X 1/2" .	86	epinephrine (anaphylaxis)	126	EQL THIN LANCETS 26G...71	
ELITE-THIN INSULIN		epinephrine hcl.....	13	EQL ULTRA COMFORT	
SYRINGE/0.5ML/30G X		epirubicin hcl.....	32	INSULINSYRINGE/0.3ML/31G X	
5/16".....	86	EPIVIR.....	38	5/16".....	87
ELITE-THIN INSULIN		EPIVIR HBV.....	39	EQL ULTRA COMFORT	
SYRINGE/U-100/0.5ML/28G X		eplerenone.....	28	INSULINSYRINGE/1ML/30G X	
1/2".....	86	EPOGEN.....	65	5/16".....	87
ELITE-THIN INSULIN		EPROSARTAN		EQL ULTRA SHORT PEN	
SYRINGE/U-100/0.5ML/31G X		MESYLATE.....	27	NEEDLES 31G X 6MM.....	87
5/16".....	86	EPZICOM.....	38	EQUETRO.....	35
ELITE-THIN INSULIN		EQ OMEPRAZOLE.....	124	ERAXIS.....	23
SYRINGE/U-100/1ML/28G X		EQL ALCOHOL SWABS...78		ERBITUX.....	31
1/2".....	86	EQL COLOR LANCETS		ergocalciferol.....	126
ELITE-THIN INSULIN		21G.....	71	ergoloid mesylates.....	121
SYRINGE/U-100/1ML/29G X		EQL COLOR LANCETS		ERGOLOID MESYLATES...121	
1/2".....	86	MICRO THIN 33G.....	71	ERGOMAR.....	108
ELITE-THIN INSULIN		EQL INSULIN		ergotamine w/ caffeine....	107
SYRINGE/U-100/1ML/31G X		SYRINGE/0.3ML/29G X		ERIVEDGE.....	31
5/16".....	86	1/2".....	86	ERTACZO.....	50
ELIXOPHYLLIN.....	13	EQL INSULIN		ERWINAZE.....	33
ELLA.....	46	SYRINGE/0.3ML/30G X		ERY-TAB.....	67
ELLEENCE.....	32	5/16".....	86	ERYPED 200.....	67
ELMIRON.....	63	EQL INSULIN		ERYPED 400.....	67
ELOCON.....	53	SYRINGE/0.3ML/31G X		erythromycin (acne aid)....	49
ELOXATIN.....	30	5/16".....	86	erythromycin (ophth).....	116
EMADINE.....	118	EQL INSULIN		ERYTHROMYCIN BASE....	67
EMBEDA.....	5	SYRINGE/0.5ML/29G X		erythromycin ethylsuccinate .	67
EMCYT.....	31	1/2".....	86	ERYTHROMYCIN	
EMEND.....	23	EQL INSULIN		ETHYLSUCCINATE.....	67
EMLA.....	55	SYRINGE/0.5ML/30G X		escitalopram oxalate.....	18
EMSAM.....	17	5/16".....	86	ESGIC.....	5
EMTRIVA.....	38	EQL INSULIN		esomeprazole magnesium...124	
		SYRINGE/0.5ML/31G X		estazolam.....	65
		5/16".....	86	ESTRACE.....	61,126
				estradiol.....	61

estradiol valerate.....	61	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2".....	87	fenofibrate micronized.....	26
ESTROGEL.....	61	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16".....	87	FENOPROFEN CALCIUM....	4
ESTROPIPATE.....	61	EXELDERM.....	50	fentanyl.....	6
estropipate.....	61	EXELON.....	121	fentanyl citrate.....	6
ESTROPIPATE.....	61	exemestane.....	31	FER-IN-SOL.....	65
ESTROSTEP FE.....	44	EXJADE.....	22	FERRIPROX.....	22
eszopiclone.....	65	EXTAVIA.....	121	ferrous fumarate-folic acid... 65	
ethacrynic acid.....	57	EXTRA SENSITIVE SPERMICIDAL.....	67	ferrous sulfate.....	65
ethambutol hcl.....	29	EXTRANEAL.....	112	FEXMID.....	114
ethosuximide.....	17	EZ SMART BLOOD GLUCOSE LANCETS.....	71	fexofenadine hcl.....	25
ethynodiol diacet & eth estradiol.....	44	EZ-LETS LANCETS 23G... 71		fexofenadine-pseudoephedrine 48	
ETIDRONATE DISODIUM... 58		EZ-LETS LANCETS 26G SUPER-SOFT.....	71	FIFTY50 ALCOHOL PREP PADS.....	78
etodolac.....	4	EZ-LETS LANCETS 28G ULTRA-SOFT.....	71	FIFTY50 LANCING DEVICE. 71	
ETOPOPHOS.....	33	EZ-LETS LANCETS 30G... 71		FIFTY50 PEN NEEDLES 31G X3/16" (5MM).....	87
ETOPOSIDE.....	33	ezetimibe.....	27	FIFTY50 PEN NEEDLES 31G X5/16" (8MM).....	87
etoposide.....	33	ezetimibe-simvastatin... 25		FIFTY50 PEN NEEDLES 31GX5MM.....	87
EURAX.....	56	FABRAZYME.....	60	FIFTY50 PEN NEEDLES/31GX8MM.....	87
EVAMIST.....	61	FACTIVE.....	62	FIFTY50 PEN NEEDLES/32GX4MM.....	87
EVISTA.....	59	famciclovir.....	40	FIFTY50 PEN NEEDLES/32GX6MM.....	87
EVOXAC.....	113	famotidine.....	124	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16".....	87
EXALGO.....	6	FAMOTIDINE PREMIXED.....	124	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16".....	87
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM.....	87	FAMVIR.....	40	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16" 87	
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM.....	87	FANAPT.....	36	FINACEA.....	56
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM.....	87	FANAPT TITRATION PACK.....	36	finasteride.....	63
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 8MM.....	87	FANTASY LUBRICATED... 67		finasteride (alopecia)..... 55	
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2".....	87	FANTASY LUBRICATED/SPERMICIDE	67	FIORICET.....	5
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16".....	87	FARESTON.....	31	FIORINAL.....	5
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2".....	87	FASLODEX.....	31	FIORINAL/CODEINE #3... 7	
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2".....	87	FC FEMALE CONDOM... 67		FIRMAGON.....	31
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16".....	87	FC2 FEMALE CONDOM... 67		FLAGYL.....	9
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2".....	87	felbamate.....	16	flavoxate hcl.....	126
		FELBATOL.....	16	flecainide acetate.....	11
		FELDENE.....	4	FLECTOR.....	50
		felodipine.....	42	FLOMAX.....	63
		FEMARA.....	31	FLONASE ALLERGY RELIEF.....	115
		FEMCAP.....	67		
		FEMCON FE.....	44		
		FEMRING.....	126		
		fenofibrate.....	26		

FLONASE ALLERGY RELIEF CHILDRENS.....	115	FORTAZ.....	44	galantamine hydrobromide.....	121
FLOVENT DISKUS.....	12	FORTEO.....	58	GAMMAGARD LIQUID.....	119
FLOVENT HFA.....	12	FORTICAL.....	58	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	119
FLOXIN OTIC.....	119	FOSAMAX.....	58	GAMMAKED.....	119
FLOXURIDINE.....	30	FOSAMAX PLUS D.....	58	GAMUNEX-C.....	119
fluconazole.....	24	FOSCAVIR.....	39	ganciclovir sodium.....	39
flucytosine.....	24	fosinopril sodium.....	27	gatifloxacin (ophth).....	116
fludarabine phosphate.....	30	fosphenytoin sodium.....	16	GEL-KAM ORAL CARE RINSE.....	112
fludrocortisone acetate.....	47	FOSRENOL.....	63	gemcitabine hcl.....	30
FLUMADINE.....	40	FRAGMIN.....	14	gemfibrozil.....	26
fluocinolone acetonide.....	53	FREDS PHARMACY AUTOLET LANCING DEVICE.....	71	GEMZAR.....	31
fluocinolone acetonide (otic).....	119	FREDS PHARMACY UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	87	GENERESS FE.....	44
fluocinonide.....	53	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX5MM.....	87	GENOTROPIN.....	59
fluocinonide emulsified base.....	53	FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM.....	88	GENOTROPIN MINIQUICK.....	59
fluorometholone (ophth).....	117	FREDS PHARMACY UNILET LANCETS SUPER THIN 30G.....	71	GENTAK.....	116
fluorouracil.....	30	FREDS PHARMACY UNILET LANCETS ULTRA THIN 28G.....	71	gentamicin in saline.....	3
FLUOROURACIL.....	51	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	88	gentamicin sulfate.....	3
fluorouracil (topical).....	51	FREESTYLE PRECISION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	88	gentamicin sulfate (ophth).....	116
FLUOXETINE.....	121	FREESTYLE PRECISION INSULIN SYRINGES/U-100/1ML/31G X 5/16".....	88	GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE.....	3
fluoxetine hcl.....	18	FROVA.....	108	GENTLE-LET GP LANCETS.....	71
FLUOXETINE HCL.....	18	frovatriptan succinate.....	108	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/FINE POINT.....	72
FLUPHENAZINE HCL.....	37	FURADANTIN.....	125	GENTLE-LET LANCETS GENERAL PURPOSE STYLE/MEDIUM POINT.....	72
fluphenazine hcl.....	37	furosemide.....	57	GENTLE-LET LANCETS SAFETY STYLE/FINE POINT.....	72
flurandrenolide.....	54	FUROSEMIDE.....	57	GENTLE-LET LANCETS SAFETY STYLE/MEDIUM POINT.....	72
flurbiprofen.....	4	FUZEON.....	38	GENVOYA.....	38
flurbiprofen sodium.....	118	gabapentin.....	15	GEODON.....	35
FLURBIPROFEN SODIUM.....	118	GABITRIL.....	16	GILENYA.....	121
flutamide.....	31	galantamine hydrobromide.....	121	glatiramer acetate.....	121
fluticasone propionate.....	54	GALANTAMINE HYDROBROMIDE.....	121	GLEEVEC.....	32
fluticasone propionate (nasal).....	115			GLEOSTINE.....	30
fluvastatin sodium.....	26			glimepiride.....	22
fluvoxamine maleate.....	18			glipizide.....	22
FML.....	117			glipizide-metformin hcl.....	20
FML FORTE.....	117			GLOBAL EASE INJECT PEN NEEDLES 29GX12MM.....	88
FML LIQUIFILM.....	117			GLOBAL EASE INJECT PEN NEEDLES 31GX8MM.....	88
FOCALIN.....	2			GLOBAL EASE INJECT PEN NEEDLES 32GX4MM.....	88
folic acid.....	64			GLOBAL EASE INJECT PEN NEEDLES 31GX5MM.....	88
FOLOTYN.....	30				
fondaparinux sodium.....	14				
FORA LANCETS.....	71				
FORA LANCING DEVICE.....	71				
FORA LANCING DEVICE/CLEARCAP.....	71				
FORADIL AEROLIZER.....	13				
FORTAMET.....	20				

GLOBAL EASY GLIDE			
INSULINSYRINGE/U-			
100/0.3ML/31G X 5/16"	88		
GLOBAL EASY GLIDE PEN			
NEEDLES 32GX4MM	88		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/0.3ML/29G X			
1/2"	88		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/0.3ML/30G X			
1/2"	88		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/0.3ML/30G X			
5/16"	88		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/0.3ML/31G X			
5/16"	88		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/0.5ML/28G X			
1/2"	88		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/0.5ML/29G X			
1/2"	88		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/0.5ML/30G X			
1/2"	88		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/0.5ML/30G X			
5/16"	88		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/0.5ML/31G X			
5/16"	88		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/1ML/28G X			
1/2"	88		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/1ML/30G X			
1/2"	88		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/1ML/30G X			
5/16"	88		
GLOBAL INJECT EASE INSULIN			
SYRINGE/U-100/1ML/31G X			
5/16"	88		
GLOBAL INSULIN SYRINGE/U-			
100/0.3ML/30G X 1/2"	89		
GLOBAL INSULIN SYRINGES/U-			
100/0.3ML/30GX5/16"	89		
GLOBAL LANCING DEVICE	72		
GLUCAGEN DIAGNOSTIC	56		
GLUCAGEN HYPOKIT	20		
GLUCAGON EMERGENCY			
KIT	20		
GLUCOLET 2 AUTOMATIC			
LANCING DEVICE	72		
GLUCOPHAGE	20		
GLUCOPHAGE XR	20		
GLUCOPRO INSULIN			
SYRINGE/U-100/0.3ML/30G X			
1/2"	89		
GLUCOPRO INSULIN			
SYRINGE/U-100/0.3ML/30G X			
5/16"	89		
GLUCOPRO INSULIN			
SYRINGE/U-100/0.3ML/31G X			
5/16"	89		
GLUCOPRO INSULIN			
SYRINGE/U-100/0.5ML/30G X			
1/2"	89		
GLUCOPRO INSULIN			
SYRINGE/U-100/0.5ML/30G X			
5/16"	89		
GLUCOPRO INSULIN			
SYRINGE/U-100/0.5ML/31G X			
5/16"	89		
GLUCOPRO INSULIN			
SYRINGE/U-100/1ML/30G X			
1/2"	89		
GLUCOPRO INSULIN			
SYRINGE/U-100/1ML/30G X			
5/16"	89		
GLUCOPRO INSULIN			
SYRINGE/U-100/1ML/31G X			
5/16"	89		
GLUCOSOURCE LANCET			
DEVICE	72		
GLUCOSOURCE			
LANCETS	72		
GLUCOTROL	22		
GLUCOTROL XL	22		
GLUCOVANCE	20		
glyburide	22		
glyburide micronized	22		
glyburide-metformin	20		
glycine (gu irrigant)	63		
glycopyrrolate	123		
GLYNASE	22		
GLYSET	19		
GMATE LANCING			
DEVICE	72		
GNP ALCOHOL SWABS	78		
GNP CLICKFINE PEN			
NEEDLEUNIVERSAL/31GX5/1			
6"	89		
GNP CLICKFINE UNIVERSAL			
PEN NEEDLES 31GX1/4"	89		
GNP CLICKFINE UNIVERSAL			
PEN NEEDLES			
31GX5/16"	89		
GNP INSULIN			
SYRINGE/0.3ML/29G X 1/2"	89		
GNP INSULIN			
SYRINGE/0.3ML/30G X			
5/16"	89		
GNP INSULIN			
SYRINGE/0.3ML/31G X			
5/16"	89		
GNP INSULIN			
SYRINGE/0.5ML/28G X 1/2"	89		
GNP INSULIN			
SYRINGE/0.5ML/29G X 1/2"	89		
GNP INSULIN			
SYRINGE/0.5ML/30G X			
5/16"	89		
GNP INSULIN			
SYRINGE/0.5ML/31G X			
5/16"	89		
GNP INSULIN			
SYRINGE/1ML/28G X 1/2"	89		
GNP INSULIN			
SYRINGE/1ML/29G X 1/2"	89		
GNP INSULIN			
SYRINGE/1ML/30G X 5/16"	89		
GNP INSULIN			
SYRINGE/1ML/31G X 5/16"	89		
GNP LANCETS	72		
GNP LANCETS 21G	72		
GNP LANCETS MICRO THIN			
33G	72		
GNP LANCETS SUPER THIN			
30G	72		
GNP LANCETS THIN	72		
GNP LANCETS THIN 26G	72		
GNP MICRO THIN LANCETS			
33G	72		
GNP OMEPRAZOLE	124		
GNP SUPER THIN			
LANCETS/30G	72		
GNP ULTRA COMFORT			
INSULIN SYRINGE/0.3ML/29G X			
1/2"	89		
GNP ULTRA COMFORT			
INSULIN SYRINGE/0.3ML/30G X			
5/16" SHORT	89		
GNP ULTRA COMFORT			
INSULIN SYRINGE/0.3ML/31G X			
5/16" SHORT	90		
GNP ULTRA COMFORT			
INSULIN SYRINGE/0.5ML/28G X			
1/2"	90		
GNP ULTRA COMFORT			
INSULIN SYRINGE/0.5ML/29G X			
1/2"	90		
GNP ULTRA COMFORT			
INSULIN SYRINGE/0.5ML/30G X			
5/16" SHORT	90		

GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT	90	HALAVEN	34	HIGH SENSATION SPERMICIDAL	67
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2"	90	HALCION	65	HIPREX	125
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2"	90	HALDOL	36	HIZENTRA	119
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT	90	HALDOL DECANOATE 100	36	HM OMEPRAZOLE	124
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT	90	HALDOL DECANOATE 50	36	HORIZANT	122
GOLYTELY	66	halobetasol propionate	54	HUMALOG	21
GOODSENSE LANCING DEVICE	72	HALOG	54	HUMALOG JUNIOR KWIKPEN	21
granisetron hcl	23	haloperidol	36	HUMALOG KWIKPEN	21
GRIFULVIN V	24	haloperidol decanoate	36	HUMALOG MIX 50/50	21
GRIS-PEG	24	haloperidol lactate	36	HUMALOG MIX 50/50 KWIKPEN	21
griseofulvin microsize	24	HARVONI	39	HUMALOG MIX 75/25	21
griseofulvin ultramicrosize	24	HEALTH CARE LANCING DEVICE	72	HUMALOG MIX 75/25 KWIKPEN	21
guanfacine hcl	28	HEALTHWISE LANCING PEN	72	HUMATROPE	59
guanfacine hcl (adhd)	2	HEALTHWISE MINI PEN NEEDLES 31GX6MM	90	HUMATROPE COMBO PACK	59
GUANIDINE HCL	29	HEALTHWISE PEN NEEDLES 29GX12MM	90	HUMIRA	3
GYNAZOLE-1	126	HEALTHWISE SHORT PEN NEEDLES 31GX8MM	90	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK	3
GYNE-LOTRIMIN	126	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	90	HUMIRA PEN	3
H-E-B IN CONTROL PEN NEEDLES 31GX5MM	90	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE	72	HUMIRA PEN-CROHNS DISEASESTARTER	3
H-E-B IN CONTROL PEN NEEDLES 31GX6MM	90	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM	90	HUMIRA PEN-PSORIASIS STARTER	3
H-E-B IN CONTROL PEN NEEDLES 31GX8MM	90	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM	90	HUMULIN 70/30	21
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	90	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM	90	HUMULIN 70/30 KWIKPEN	21
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM	90	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM	90	HUMULIN N	21
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM	90	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G	72	HUMULIN N KWIKPEN	21
H-E-B INCONTROL ADVANCEDLANCING DEVICE	72	HECTOROL	60	HUMULIN R	21
H-E-B INCONTROL ALCOHOL PADS	78	heparin sod (porcine) in d5w	14	HUMULIN R U-500 (CONCENTRATED)	21
H-E-B INCONTROL LANCETS MICRO THIN 33G	72	heparin sodium (porcine)	14	HY-VEE LANCETS	72
H-E-B INCONTROL LANCETS SUPER THIN 30G	72	HEPARIN SODIUM/NACL 0.45%	14	HY-VEE THIN LANCETS	72
H-E-B INCONTROL LANCETS ULTRA THIN 28G	72	HEPSERA	39	HYCANTIN	34
H-E-B INCONTROL PEN NEEDLES 29GX12MM	90	HERCEPTIN	31	HYCET	7
		HEXALEN	30	hydralazine hcl	28
				HYDREA	33
				hydrochlorothiazide	58
				hydrocodone-acetaminophen	7
				hydrocodone-ibuprofen	7
				hydrocortisone	46
				hydrocortisone (intrarectal)	8
				hydrocortisone (rectal)	8
				hydrocortisone (topical)	54
				hydrocortisone acetate (rectal)	8
				hydrocortisone butyrate	54

hydrocortisone valerate.....	54	INSULIN SYRINGE/0.5ML/27G X 1/2".....	91	INSULIN SYRINGES/1ML/28GX1/2" .	91
hydrocortisone w/acetic acid.....	119	INSULIN SYRINGE/0.5ML/28G X 1/2".....	91	INSULIN SYRINGES/1ML/29GX1/2" .	91
hydromorphone hcl.....	6	INSULIN SYRINGE/0.5ML/29G X 1/2".....	91	INSULIN SYRINGES/1ML/30GX1/2" .	91
hydroxychloroquine sulfate..	28	INSULIN SYRINGE/0.5ML/30G X 1/2".....	91	INSULIN SYRINGES/1ML/31GX5/16" .	91
hydroxyurea.....	33	INSULIN SYRINGE/0.5ML/30G X 5/16".....	91	INSUPEN 29G X 12MM.....	91
hydroxyzine hcl.....	11	INSULIN SYRINGE/0.5ML/31G X 5/16".....	91	INSUPEN 31G X 5MM.....	92
HYDROXYZINE PAMOATE.....	11	INSULIN SYRINGE/1ML/28G X 1/2".....	91	INSUPEN 31G X 8MM.....	92
HYPER-SAL.....	48	INSULIN SYRINGE/1ML/29G X 1/2".....	91	INSUPEN 32G X 4MM.....	92
HYPERSAL.....	48	INSULIN SYRINGE/1ML/30G X 5/16".....	91	INSUPEN 33GX4MM.....	92
HYZAAR.....	28	INSULIN SYRINGE/1ML/31G X 5/16".....	91	INSUPEN PEN NEEDLES 32G X4MM.....	92
ibandronate sodium.....	58	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	91	INSUPEN SENSITIVE 32GX6MM.....	92
ibuprofen.....	4	INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	91	INSUPEN SENSITIVE 32GX8MM.....	92
IDAMYCIN PFS.....	32	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	91	INSUPEN ULTRAFIN 29GX12MM.....	92
idarubicin hcl.....	32	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	91	INSUPEN ULTRAFIN 30GX8MM.....	92
IFEX.....	30	INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	91	INSUPEN ULTRAFIN 31GX6MM.....	92
ifosfamide.....	30	INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	91	INSUPEN ULTRAFIN 31GX8MM.....	92
IFOSFAMIDE.....	30	INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	91	INTELENCE.....	38
ILEVRO.....	118	INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	91	INTENSE SENSATION.....	67
imatinib mesylate.....	32	INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	91	INTRON A.....	33
imipenem-cilastatin.....	9	INSULIN SYRINGES/0.5ML/27GX1/2".....	91	INTRON A W/DILUENT.....	33
imipramine hcl.....	19	INSULIN SYRINGES/0.5ML/28GX1/2".....	91	INTUNIV.....	2
imipramine pamoate.....	19	INSULIN SYRINGES/0.5ML/29GX1/2".....	91	INVANZ.....	9
imiquimod.....	55	INSULIN SYRINGES/0.5ML/30GX5/16".....	91	INVEGA.....	36
IMITREX.....	108	INSULIN SYRINGES/0.5ML/31GX5/16".....	91	INVIRASE.....	38
IMITREX STATDOSE SYSTEM.....	108	INSULIN SYRINGES/1ML/27GX1/2".....	91	INVOKANA.....	22
IMODIUM A-D.....	22	INSULIN SYRINGES/1ML/27GX1/2".....	91	IONOSOL-B/DEXTROSE 5%.....	110
IMURAN.....	111	INSULIN SYRINGES/1ML/27GX1/2".....	91	IONOSOL-MB/DEXTROSE 5%.....	110
IN TOUCH LANCING DEVICE.....	72	INSULIN SYRINGES/1ML/27GX1/2".....	91	IOPIDINE.....	116
INATAL ADVANCE.....	113	INSULIN SYRINGES/0.5ML/31GX5/16".....	91	ipratropium bromide.....	12
INATAL GT.....	113	INSULIN SYRINGES/0.5ML/31GX5/16".....	91	ipratropium bromide (nasal).....	115
INATAL ULTRA.....	113	INSULIN SYRINGES/0.5ML/31GX5/16".....	91	ipratropium-albuterol.....	13
INCRELEX.....	59	INSULIN SYRINGES/1ML/27GX1/2".....	91	irbesartan.....	27
INCRUSE ELLIPTA.....	12	INSULIN SYRINGES/1ML/27GX1/2".....	91	IRINOTECAN.....	34
indapamide.....	58	INSULIN SYRINGES/1ML/27GX1/2".....	91	irinotecan hcl.....	34
INDERAL LA.....	41	INSULIN SYRINGES/1ML/27GX1/2".....	91	irrigation solutions, physiological.....	112
indomethacin.....	4	INSULIN SYRINGES/1ML/27GX1/2".....	91	ISENTRESS.....	38
INLYTA.....	32	INSULIN SYRINGES/1ML/27GX1/2".....	91	ISOLYTE-P/DEXTROSE 5%.....	110
INSPIRA.....	28	INSULIN SYRINGES/1ML/27GX1/2".....	91	ISOLYTE-S.....	110
INSULIN SYRINGE/0.3ML/29G X 1".....	90				
INSULIN SYRINGE/0.3ML/29G X 1/2".....	90				
INSULIN SYRINGE/0.3ML/30G X 5/16".....	91				
INSULIN SYRINGE/0.3ML/31G X 5/16".....	91				

ISONIAZID.....	29	KIMONO PLUS SPERMICIDE LUBRICATED.....	67	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	92
isoniazid.....	29	KIMONO PLUS SPERMICIDE/LUBRICATED	68	KROGER INSULIN SYRINGE/1ML/29G X 1/2" ..	92
ISOPTO CARPINE.....	116	KIMONO PS LUBRICATED.....	68	KROGER INSULIN SYRINGE/1ML/30G X 5/16" .	92
ISORDIL TITRADOSE.....	11	KIMONO PS PLUS SPERMICIDE/LUBRICATED	68	KROGER LANCETS.....	73
isosorbide dinitrate.....	11	KIMONO SENSATION LUBRICATED.....	68	KROGER LANCETS 21G ..	72
ISOSORBIDE DINITRATE ER.....	11	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	68	KROGER LANCETS MICRO THIN33G.....	72
isosorbide mononitrate.....	11	KIMONO SPECIAL.....	68	KROGER LANCETS SUPER THIN.....	73
isotretinoin.....	49	KINERET.....	4	KROGER LANCETS THIN ..	73
isradipine.....	42	KINNEY LANCETS.....	72	KROGER LANCETS THIN 26G.....	73
ISTODAX.....	32	KINNEY THIN LANCETS ..	72	KROGER LANCETS ULTRATHIN30G.....	73
ISTODAX (OVERFILL).....	32	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16" ..	92	KROGER LANCING DEVICE.....	73
itraconazole.....	24	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16" ..	92	KROGER PEN NEEDLES 29G X12MM.....	92
ivermectin.....	9	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	92	KROGER PEN NEEDLES 31G X8MM.....	92
IXEMPRA KIT.....	34	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2".....	92	KROGER PEN NEEDLES 31GX1/4".....	92
JADENU.....	22	KITABIS PAK.....	3	KUVAN.....	60
JAKAFI.....	32	KLARON.....	49	KYPROLIS.....	32
JANUVIA.....	20	KLONOPIN.....	14	labetalol hcl.....	41
JEVTANA.....	34	KLOR-CON M15.....	110	LAC-HYDRIN.....	55
K-TAB.....	110	KLS OMEPRAZOLE.....	124	LAC-HYDRIN TWELVE.....	55
KADIAN.....	6	KMART VALU PLUS INSULIN SYRINGE/1ML/29G.....	92	LACRISERT.....	116
KALETRA.....	38	KMART VALU PLUS INSULIN SYRINGE/1ML/30G.....	92	lactated ringer's.....	110
KALYDECO.....	122	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2".....	92	lactated ringer's (irrigation) .	112
KAMELEON LUBRICATED ..	67	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16".....	92	lactic acid (ammonium lactate).....	55
KAYEXALATE.....	112	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16".....	92	lactulose.....	66
KCL 0.3%/D5W/NACL 0.9%.....	110	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	92	lactulose (encephalopathy) ..	63
KEFLEX.....	43	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	92	LAMICTAL.....	15
KENALOG-40.....	46	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	92	LAMICTAL CHEWABLE DISPERSIBLE.....	15
KEPIVANCE.....	33	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	92	LAMISIL.....	24
KEPPRA.....	15	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	92	lamivudine.....	38
KEPPRA XR.....	15	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	92	lamivudine (hbv).....	40
KETEK.....	10	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	92	lamivudine-zidovudine.....	38
KETOCARE.....	56	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	92	lamotrigine.....	15
ketoconazole.....	24	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	92	LANCET DEVICE ADJUSTABLE.....	73
ketoconazole (topical).....	50	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	92	LANCET DEVICE WITH EJECTOR.....	73
KETONE TEST STRIPS.....	56	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	92	LANCETS.....	73
ketoprofen.....	4				
ketorolac tromethamine.....	4				
ketorolac tromethamine (ophth).....	118				
KETOSTIX.....	56				
ketotifen fumarate (ophth) ..	118				
KIMONO COLORS.....	67				
KIMONO LUBRICATED.....	67				
KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED	67				

LANCETS 26G TWIST TOP	73	LEADER UNIFINE PENTIPS PLUS/MINI/31GX3/16"	93	levothyroxine sodium	123
LANCETS 28G	73	LEADER UNIFINE PENTIPS PLUS/SHORT/31GX5/16"	93	LEXAPRO	18
LANCETS 30G	73	LEADER UNIFINE PENTIPS/MINI/31GX3/16"	93	LEXIVA	38
LANCETS SAFETY SEAL 21G	73	LEADER UNIFINE PENTIPS/NANO/32GX5/32"	93	LIALDA	62
LANCETS SAFETY SEAL 26G	73	LEADER UNIFINE PENTIPS/PLUS/32GX5/32"	93	LIBERTY MINI LANCING DEVICE	73
LANCETS SAFETY SEAL 28G	73	leflunomide	5	LIBRAX	123
LANCETS THIN	73	LETAIRIS	43	lidocaine	55
LANCETS ULTRA THIN	73	letrozole	31	lidocaine hcl	55
LANCING DEVICE	73	leucovorin calcium	33	LIDOCAINE HCL	112
LANCING DEVICE ADJUSTABLE	73	LEUCOVORIN CALCIUM	33	lidocaine hcl (local anesth.)	66
LANOXIN	42	leucovorin calcium	33	lidocaine hcl (mouth-throat)	112
LANOXIN PEDIATRIC	42	LEUKERAN	30	lidocaine-prilocaine	55
lansoprazole	124	LEUKINE	65	LIDODERM	55
lanthanum carbonate	63	leuprolide acetate	31	LILETTA	46
LANTUS	21	levabuterol hcl	13	LINCOCIN	10
LANTUS SOLOSTAR	21	LEVALBUTEROL TARTRATE HFA	13	lincomycin hcl	10
LANZO	73	LEVAQUIN	62	lindane	56
LASIX	57	LEVEMIR	21	LINDANE	56
LASTACFT	118	LEVEMIR FLEXTOUCH	21	linezolid	10
latanoprost	118	levetiracetam	15	LINEZOLID	10
LATUDA	35	levobunolol hcl	116	linezolid	10
LEADER ADVANCED LANCING DEVICE	73	levocetirizine dihydrochloride	25	liothyronine sodium	123
LEADER INSULIN SYRINGE/0.3ML/29G X 1/2"	92	levofloxacin	62	LIPITOR	26
LEADER INSULIN SYRINGE/0.3ML/30G X 5/16"	92	LEVOFLOXACIN	62	lisinopril	27
LEADER INSULIN SYRINGE/0.3ML/31G X 5/16"	92	levofloxacin	62	lisinopril & hydrochlorothiazide	28
LEADER INSULIN SYRINGE/0.5ML/28G X 1/2"	92	levofloxacin (ophth)	117	LITE TOUCH LANCING DEVICE	73
LEADER INSULIN SYRINGE/0.5ML/29G X 1/2"	92	levofloxacin in d5w	62	LITE TOUCH LANCING PEN	73
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16"	93	levonorgestrel & eth estradiol	44	LITE TOUCH PEN NEEDLES/31G X 3/16"	93
LEADER INSULIN SYRINGE/0.5ML/31G X 5/16"	93	levonorgestrel (emergency oc)	46	LITETOUCH INSULIN SYRINGE/0.3ML/29G X 1/2"	93
LEADER INSULIN SYRINGE/1ML/28G X 1/2"	93	LEVONORGESTREL AND ETHINYL ESTRADIOL	44	LITETOUCH INSULIN SYRINGE/0.3ML/30G X 5/16"	93
LEADER INSULIN SYRINGE/1ML/29G X 1/2"	93	levonorgestrel-eth estradiol (triphasic)	44	LITETOUCH INSULIN SYRINGE/0.3ML/31G X 5/16"	93
LEADER INSULIN SYRINGE/1ML/30G X 5/16"	93	levonorgestrel-ethinyl estradiol (91-day)	44	LITETOUCH INSULIN SYRINGE/0.5ML/28G X 1/2"	93
LEADER INSULIN SYRINGE/1ML/31G X 5/16"	93	levonorgestrel-ethinyl estradiol (continuous)	44	LITETOUCH INSULIN SYRINGE/1ML/30G X 5/16"	93
		LEVORPHANOL TARTRATE	6	LITETOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	93
		LEVOTHYROXINE SODIUM	123		

LITETOUCH INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	93	lopinavir-ritonavir	38	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/30G X 5/16"	94
LITETOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2"	93	LOPRESSOR	41	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2"	94
LITETOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2"	93	LOPROX	50	MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.5ML/30G X 5/16"	94
LITETOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16"	93	LOPROX SHAMPOO	50	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/29G X 1/2"	94
LITETOUCH PEN NEEDLES 29GX12.7MM	93	loratadine	25	MAGELLAN INSULIN SAFETY SYRINGE/U-100/1ML/30G X 5/16"	94
LITETOUCH PEN NEEDLES 31G X 6MM	93	loratadine & pseudoephedrine	48	magnesium sulfate	110
LITETOUCH PEN NEEDLES 31GX8MM SHORT	93	lorazepam	11	MAGNESIUM SULFATE	110
LITHIUM	35	losartan potassium	27	MALARONE	28
LITHIUM CARBONATE	35	losartan potassium & hydrochlorothiazide	28	malathion	56
lithium carbonate	35	LOSEASONIQUE	45	MAPROTILINE HCL	17
LITHOBID	35	LOTEMAX	117	MARATHON MEDICAL PENTIPS29GX12MM	94
LIVALO	26	LOTENSIN	27	MARATHON MEDICAL PENTIPS31GX5MM	94
LIVE BETTER ADVANCED LANCING DEVICE	73	LOTREL	28	MARATHON MEDICAL PENTIPS31GX8MM	94
LIVE BETTER LANCET SUPERTHIN 30G	73	LOTRIMIN AF	50	MARATHON MEDICAL PENTIPS32GX4MM	94
LIVE BETTER LANCET ULTRATHIN 28G	73	LOTRIMIN AF FOR HER	50	MARINOL	23
LIVE BETTER PEN NEEDLES 29G X 12MM	93	LOTRIMIN AF JOCK ITCH	51	MARPLAN	17
LIVE BETTER PEN NEEDLES 31G X 12MM	93	LOTRIMIN ULTRA	51	MATULANE	33
LIVE BETTER PEN NEEDLES 31G X 6MM	93	LOTRISONE	51	MAVIK	27
LO LOESTRIN FE	44	LOTRONEX	63	MAXALT	108
LOCOID	54	lovastatin	26	MAXALT-MLT	108
LODINE	4	LOVAZA	25	MAXI-COMFORT INSULIN SYRINGE/U-100/0.5ML/28GX1/2"	94
LODOSYN	34	LOVENOX	14	MAXI-COMFORT INSULIN SYRINGE/U-100/1ML/28GX1/2"	94
LOESTRIN 1.5/30-21	44	loxapine succinate	36	MAXIDEX	117
LOESTRIN 1/20-21	45	LUMIGAN	118	MAXIPIME	44
LOESTRIN FE 1.5/30	45	LUMIZYME	60	MAXITROL	117
LOESTRIN FE 1/20	45	LUNESTA	65	MAXX LUBRICATED	68
LOFIBRA	26	LUPRON DEPOT (1-MONTH)	31	MAXX PLUS SPERMICIDE LUBRICATED	68
LOMOTIL	22	LUPRON DEPOT (3-MONTH)	31	MAXZIDE	57
LOMUSTINE	30	LUPRON DEPOT (4-MONTH)	31	MAXZIDE-25	57
LONGS INSULIN SYRINGE/0.5ML/31G X 5/16"	93	LUPRON DEPOT (6-MONTH)	31	meclizine hcl	23
LONGS LANCETS STANDARD	73	LUPRON DEPOT-PED (1-MONTH)	59	MECLOFENAMATE SODIUM 4	
LONGS LANCETS THIN	73	LUPRON DEPOT-PED (3-MONTH)	59	MEDIC INSULIN SYRINGE/0.3ML/30G X 5/16"	94
loperamide hcl	22	LUXIQ	54		
LOPID	26	LYRICA	15		
		LYSODREN	31		
		LYSTEDA	65		
		M-VIT	113		
		MACROBID	125		
		MACRODANTIN	125		
		MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2"	94		

MEDIC INSULIN			
SYRINGE/0.5ML/30G X			
5/16"	94		
MEDICINE SHOPPE PEN			
NEEDLES 29G X 12MM	94		
MEDICINE SHOPPE PEN			
NEEDLES 31G X 6MM	94		
MEDICINE SHOPPE PEN			
NEEDLES 31G X 8MM	94		
MEDISENSE THIN			
LANCETS	73		
MEDROL	47		
MEDROL DOSEPAK	46		
medroxyprogesterone			
acetate	120		
medroxyprogesterone acetate			
(contraceptive)	46		
mefenamic acid	4		
mefloquine hcl	28		
MEGACE ES	120		
MEGACE ORAL	32		
megestrol acetate	32		
megestrol acetate			
(appetite)	120		
MEIJER ALCOHOL SWABS			
EXTRA-THICK	78		
MEIJER COLOR LANCETS			
UNIVERSAL 33G	73		
MEIJER LANCETS	73		
MEIJER LANCETS THIN	73		
MEIJER LANCETS			
UNIVERSAL21G	73		
MEIJER LANCETS			
UNIVERSAL30G	74		
MEIJER LANCETS			
UNIVERSAL33G	74		
MEIJER PEN NEEDLES 29G			
X12MM	94		
MEIJER PEN NEEDLES 31G			
X6MM	94		
MEIJER PEN NEEDLES 31G			
X8MM	94		
MEIJER SUPER THIN			
LANCETS	74		
meloxicam	4		
melphalan	30		
melphalan hcl	30		
memantine hcl	121		
MENEST	61		
MENOSTAR	61		
MENTAX	51		
mepерidine hcl	6		
MEPERIDINE HCL	6		
mepерidine hcl	6		
meprobamate	11		
MEPRON	9		
mercaptopurine	31		
meropenem	9		
MERREM	9		
mesalamine	62		
MESALAMINE DR	62		
MESTINON	29		
MESTINON TIMESPAN	29		
METADATE CD	2		
METAPROTERENOL			
SULFATE	13		
metaxalone	114		
metformin hcl	20		
methadone hcl	6		
METHADONE HCL	6		
methadone hcl	6		
METHADONE HCL	6		
methadone hcl	6		
METHADOSE	6		
METHADOSE SUGAR-			
FREE	6		
methamphetamine hcl	1		
methazolamide	57		
methenamine hippurate	125		
methimazole	123		
METHITEST	8		
methocarbamol	114		
methotrexate sodium	31		
METHOTREXATE			
SODIUM	31		
methotrexate sodium	31		
methoxsalen rapid	52		
methscopolamine			
bromide	123		
METHYLCLOTHIAZIDE	58		
methyl dopa	28		
METHYLDOPATE HCL	28		
METHYLIN	2		
methylphenidate hcl	2		
METHYLPHENIDATE HCL			
ER	2		
methylprednisolone	47		
methylprednisolone			
acetate	47		
methylprednisolone sod			
succ	47		
METIPRANOLOL	116		
metoclopramide hcl	62		
metolazone	58		
metoprolol succinate	41		
metoprolol tartrate	41		
METROCREAM	56		
METROGEL	56		
METROGEL-VAGINAL	126		
METROLOTION	56		
metronidazole	9		
metronidazole (topical)	56		
metronidazole vaginal	126		
MEVACOR	26		
mexiletine hcl	11		
MIACALCIN	58		
MICARDIS	27		
MICONAZOLE 3	126		
MICRO-K	110		
MICROLET NEXT	74		
MICROZIDE	58		
midodrine hcl	126		
miglitol	19		
MIGRANAL	108		
MILLIPRED	47		
MILLIPRED DP	47		
MINASTRIN 24 FE	45		
MINI LANCING DEVICE	74		
MINIPRESS	28		
MINIVELLE	61		
MINOCIN	122		
minocycline hcl	123		
minoxidil	28		
MIRAPEX	34,35		
MIRCETTE	45		
MIRENA	46		
mirtazapine	17		
misoprostol	125		
mitomycin	32		
MITOMYCIN	32		
mitoxantrone hcl	32		
MOBIC	4		
modafinil	2		
MODICON	45		
moexipril hcl	27		
mometasone furoate	54		
mometasone furoate			
(nasal)	115		
MONISTAT SOOTHING CARE			
ITCH RELIEF	54		

MONODOX.....	123	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	95	MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	95
MONOJECT INSULIN SYRINGE/1ML.....	94	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	95	MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	95
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16".....	94	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	95	MS INSULIN SYRINGE/1ML/31G X 5/16".....	95
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8".....	94	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	95	MULTAQ.....	12
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2".....	94	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	95	MULTI PRENATAL.....	113
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2".....	94	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	95	MULTI-LANCET DEVICE.....	74
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U- 100/0.5ML/28G X 1/2".....	94	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	95	mupirocin.....	50
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2".....	94	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 1/2".....	95	mupirocin calcium (topical).....	50
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2".....	94	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	95	MUSTARGEN.....	30
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	94	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	95	MYAMBUTOL.....	29
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	95	MONOLET LANCETS.....	74	MYCAMINE.....	23
MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2".....	95	MONOLET OPD LANCETS.....	74	MYCOBUTIN.....	29
MONOJECT INSULIN SYRINGE/SOFTPACK/U- 100/0.5ML/28G X 1/2".....	95	montelukast sodium.....	12	mycophenolate mofetil.....	111
MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	95	MONUROL.....	125	mycophenolate mofetil hcl.....	111
MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	95	MOORE MED MONOJECT INSULIN SYRINGE/U- 100/0.5ML/28G X 1/2".....	95	mycophenolate sodium.....	111
MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	95	MOORE MED MONOJECT INSULIN SYRINGE/U- 100/0.5ML/29G X 1/2".....	95	MYDRIACYL.....	116
MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	95	MOORE MED MONOJECT INSULIN SYRINGE/U- 100/1ML/28G X 1/2".....	95	MYFORTIC.....	111
MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	95	MOORE MED MONOJECT INSULIN SYRINGE/U- 100/1ML/29G X 1/2".....	95	MYLERAN.....	30
MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML.....	95	MORPHINE SULFATE.....	6	MYNATAL.....	113
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	95	MORPHINE SULFATE.....	6	MYNATAL ADVANCE.....	113
MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	95	MOTOFEN.....	22	MYNATAL PLUS.....	113
		MOVIPREP.....	66	MYNATAL ULTRACAPLET.....	113
		moxifloxacin hcl.....	62	MYNATAL-Z.....	113
		MOZOBIL.....	65	MYNATE 90 PLUS.....	113
		MS CONTIN.....	6	MYRBETRIQ.....	126
				MYSOLINE.....	15
				nabumetone.....	4
				nadolol.....	41
				nafcillin sodium.....	120
				NAFCILLIN SODIUM.....	120
				naftifine hcl.....	51
				NAFTIN.....	51
				NAGLAZYME.....	60
				nalbuphine hcl.....	8
				naloxone hcl.....	22
				NALOXONE HCL.....	23
				naltrexone hcl.....	23
				NAMENDA.....	121
				NAMENDA TITRATION PAK.....	121
				NAPROSYN.....	4
				naproxen.....	4
				NAPROXEN.....	4

naproxen	4	nicotine	122	norgestrel & ethinyl estradiol	45
naproxen sodium	4	nicotine polacrilex	122	NORINYL 1+35	45
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neomycin sulfate	3	nitrofurantoin macrocrystal	125	NOVOLIN 70/30	21
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RETIN-A.....	49	ROBAXIN-750.....	114	SB INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	99
RETIN-A MICRO.....	49	ROBINUL.....	123	SB INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	99
RETIN-A MICRO PUMP.....	49	ROBINUL FORTE.....	123	SB LANCETS THIN.....	75
RETROVIR.....	38	ROCALTROL.....	60	SB LANCETS ULTRA THIN.....	75
RETROVIR IV INFUSION.....	38	ropinirole hydrochloride.....	35	SB OMEPRAZOLE.....	125
REVATIO.....	43	rosuvastatin calcium.....	26	SCHNUCKS INSULIN SYRINGEULTI-FINE/U-100/0.5ML/29G X 1/2".....	99
REVIAM.....	23	ROXICODONE.....	7		
REVLIMID.....	111	ROZEREM.....	66		
REXALL LANCETS ULTRA THIN.....	75	RYTHMOL.....	11		
		RYTHMOL SR.....	11		
		SABRIL.....	16		
		SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16".....	99		
		SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2".....	99		

SCHNUCKS INSULIN SYRINGE/ULTI-FINE/U-100/0.5ML/30G X 5/16"	99	SHOPKO UNILET LANCETS SUPER THIN 30G	75	SOLTAMOX	32
scopolamine	23	SHOPKO UNILET LANCETS ULTRA THIN 28G	75	SOLU-CORTEF	47
SE-NATAL 19	114	sildenafil citrate (pulmonary hypertension)	43	SOLU-MEDROL	47
SEASONIQUE	45	SILVADENE	52	SOLUS V2 LANCING DEVICE	76
SECTRAL	41	silver sulfadiazine	52	SOMA	114
SELECT-LITE LANCING DEVICE	75	SIMCOR	26	SOMATULINE DEPOT	60
selegiline hcl	35	SIMPLE DIAGNOSTICS LANCING DEVICE	75	SOMAVERT	59
selenium sulfide	52	SIMPONI	3	SONATA	65
SELZENTRY	39	SIMULECT	112	SORBITOL	63
SENSIPAR	60	simvastatin	26	SORBITOL-MANNITOL	63
SEREVENT DISKUS	13	SINEMET	35	SORIATANE	52
SEROQUEL	37	SINEMET CR	35	sotalol hcl	41
SEROQUEL XR	37	SINGULAIR	12	SOVALDI	40
SEROSTIM	59	sirolimus	112	SPECTRACEF	44
sertraline hcl	18	SKELAXIN	114	SPINOSAD	56
SHOHL'S SOLUTION MODIFIED	63	SKLICE	56	SPIRIVA HANDIHALER	12
SHOPKO ALCOHOL SWABS	78	SKYLA	46	SPIRIVA RESPIMAT	12
SHOPKO AUTOLET LANCING DEVICE	75	SM ALCOHOL PREP PADS	78	spironolactone	57
SHOPKO UNIFINE PENTIPS PEN	99	SM INSULIN SYRINGE/1ML/31G X 5/16"	100	spironolactone & hydrochlorothiazide	57
NEEDLES/MICRO/32GX4MM	99	SM MICRO THIN LANCETS 33G	75	SPORANOX	24
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM	99	SM OMEPRAZOLE	125	SPORANOX PULSEPAK	24
SHOPKO UNIFINE PENTIPS PEN	99	SMART DIABETES VANTAGE LANCING DEVICE	75	SPRYCEL	32
NEEDLES/ORIGINAL/29GX12MM	99	SMART SENSE COLOR LANCETS UNIVERSAL 33G	75	STALEVO 100	35
SHOPKO UNIFINE PENTIPS PLUS PEN	99	SMART SENSE STANDARD LANCETS UNIVERSAL 21G	75	STALEVO 125	35
NEEDLES/MICRO/REMOVR/32GX4MM	99	SMART SENSE SUPER THIN LANCETS UNIVERSAL 30G	75	STALEVO 150	35
SHOPKO UNIFINE PENTIPS PLUS PEN	99	SMART SENSE THIN LANCETS UNIVERSAL 26G	75	STALEVO 200	35
NEEDLES/MINI/REMOVER/31GX5MM	99	sodium acetate	109	STALEVO 50	35
SHOPKO UNIFINE PENTIPS PLUS PEN	99	sodium chloride	111	STALEVO 75	35
NEEDLES/REMOVER/29GX12MM	99	sodium chloride (gu irrigant)	63	stannous fluoride	112
SHOPKO UNIFINE PENTIPS PLUS PEN	99	sodium chloride (inhalant)	48	STARLIX	22
NEEDLES/SHORT/REMOVR/31GX8MM	99	sodium citrate & citric acid	63	stavudine	39
		sodium phenylbutyrate	60	STELARA	52
		sodium polystyrene sulfonate	112	STENDRA	42
		SOLARAZE	51	STERILANCE TL	76
				STIMATE	60
				STIVARGA	32
				STRATTERA	2
				STREPTOMYCIN SULFATE	3
				STROMECTOL	9
				SUBOXONE	8
				SUCRAID	57
				sucrafate	124
				SULAR	42
				sulfacetamide sodium (acne)	49

sulfacetamide sodium (ophth).....	117	SURE COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	100	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	101
sulfacetamide sodium w/ sulfur.....	50	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	100	SURE-JECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	101
SULFADIAZINE.....	122	SURE COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	100	SURE-JECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	101
sulfamethoxazole- trimethoprim.....	9	SURE COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	100	SURE-JECT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	101
SULFAMETHOXAZOLE/TRIMET HOPRIM.....	9	SURE COMFORT LANCING PEN.....	76	SURE-PEN.....	76
SULFAMYLON.....	52	SURE COMFORT PEN NEEDLES29GX1/2" 12.7MM.....	100	SURELITE LANCETS.....	76
sulfasalazine.....	63	SURE COMFORT PEN NEEDLES30GX5/16" SHORT.....	100	SURMONTIL.....	19
sulindac.....	5	SURE COMFORT PEN NEEDLES31GX3/16" (5MM).....	100	SUSTIVA.....	39
SUMADAN WASH.....	50	SURE COMFORT PEN NEEDLES31GX5/16" (8MM).....	100	SUTENT.....	32
sumatriptan.....	109	SURE COMFORT PEN NEEDLES32GX5/32" SURE COMFORT PEN NEEDLES32GX6MM.....	100	SW OMEPRAZOLE.....	125
sumatriptan succinate.....	109	SURE-FINE PEN NEEDLES 29GX1/2" 12.7MM.....	100	SYLATRON.....	33
SUMATRIPTAN SUCCINATE.....	109	SURE-FINE PEN NEEDLES 31GX3/16" 5MM.....	100	SYMBICORT.....	13
sumatriptan succinate.....	109	SURE-FINE PEN NEEDLES 31GX5/16" 8MM.....	100	SYMLINPEN 120.....	20
SUPER THIN LANCETS.....	76	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	100	SYMLINPEN 60.....	20
SUPRAX.....	44	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	100	SYNALAR.....	54
SUPREP BOWEL PREP KIT66		SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	100	SYNAREL.....	59
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	100	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	100	SYNERA.....	55
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	100	SURE-JECT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	101	SYNRIBO.....	33
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	100	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	101	SYNTHROID.....	123
SURE COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	100	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	101	SYPRINE.....	111
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	100	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	101	TABLOID.....	31
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	100	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	101	TACLONEX.....	54
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	100	SURE-JECT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	101	tacrolimus.....	112
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	100	SURE-JECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	100	tacrolimus (topical).....	55
SURE COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	100			TAGAMET HB.....	124
SURE COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	100			TALWIN.....	8
				TAMIFLU.....	41
				tamoxifen citrate.....	32
				tamsulosin hcl.....	63
				TAPAZOLE.....	123
				TARCEVA.....	32
				TARGRETIN.....	33,51
				TASIGNA.....	33
				TASMAR.....	34
				TAXOL.....	34
				TAXOTERE.....	34
				tazarotene.....	52
				TAZICEF.....	44
				TAZORAC.....	52
				TECHLITE AST LANCETS.....	76
				TECHLITE LANCETS.....	76

TECHLITE LANCETS 30G .. 76	TGT LANCET SUPER THIN 30G.....76	tobramycin-dexamethasone..... 118
TECHLITE PEN NEEDLES 29GX 12 MM.....101	TGT LANCET THIN 23G.. 76	TOBREX..... 117
TECHLITE PEN NEEDLES 31GX 5MM.....101	TGT LANCET THIN 26G.. 76	TODAYS HEALTH ADVANCED LANCING DEVICE..... 76
TECHLITE PEN NEEDLES/31GX 5MM.....101	TGT LANCET ULTRA THIN 28G.....76	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4".....101
TECHLITE PEN NEEDLES/31GX 6 MM.....101	TGT LANCET ULTRA THIN 30G.....76	TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2" 101
TECHLITE PEN NEEDLES/31GX 8MM.....101	TGT LANCING DEVICE... 76	TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16".....101
TECHLITE PEN NEEDLES/32GX 4MM.....101	TGT OMEPRAZOLE..... 125	TODAYS HEALTH SUPER THINLANCETS 30G.....76
TECHLITE PEN NEEDLES/32GX 6MM.....101	THALOMID..... 111	TODAYS HEALTH ULTRA THINLANCETS 28G.....76
TECHLITE PEN NEEDLES/32GX 8MM.....101	THEO-24..... 13	TOFRANIL.....19
TEFLARO..... 44	theophylline..... 13	TOFRANIL-PM..... 19
TEGRETOL.....16	THERANATAL CORE NUTRITION..... 114	TOLAZAMIDE..... 22
TEGRETOL-XR.....16	THINLETS GP LANCETS. 76	TOLBUTAMIDE.....22
TEKTURNA.....28	THINLETS LANCET.....76	tolcapone..... 34
telmisartan.....27	thioridazine hcl..... 37	TOLMETIN SODIUM..... 5
TEMODAR.....30	thiotepa.....30	tolmetin sodium..... 5
TEMOVATE.....54	thiothixene.....37	TOLMETIN SODIUM..... 5
TEMOVATE E.....54	THRIVITE RX..... 114	tolterodine tartrate.....126
temozolomide.....30	THYMOGLOBULIN..... 112	TOPAMAX.....16
TENEX.....28	THYROLAR-1..... 123	TOPAMAX SPRINKLE.....16
TENIPOSIDE.....34	THYROLAR-1/2..... 123	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX1/4".....101
TENORETIC 100.....28	THYROLAR-1/4..... 123	TOPCARE CLICKFINE UNIVERSAL PEN EEDLES 31GX5/16".....101
TENORETIC 50.....28	THYROLAR-2..... 123	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....101
TENORMIN.....41	THYROLAR-3..... 123	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....101
TEPADINA.....30	tiagabine hcl..... 16	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....101
TERAZOL 3.....126	TIAZAC.....42	TOPCARE ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....101
TERAZOL 7.....126	TIGAN.....23	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....101
terazosin hcl.....28	TIGECYCLINE.....10	TOPCARE ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....101
terbinafine hcl.....24	TIKOSYN.....12	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....102
terbutaline sulfate.....13	TIMOLOL MALEATE..... 41	TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....102
terconazole vaginal.....126	timolol maleate (ophth)... 116	
TESSALON PERLES.....47	TIMOPTIC.....116	
testosterone cypionate..... 8	TIMOPTIC-XE.....116	
testosterone enanthate..... 8	TIVICAY.....39	
tetrabenazine.....121	tizanidine hcl..... 114	
tetracycline hcl.....123	TOBI.....3	
TETRACYCLINE HCL.....123	TOBRADEX.....117	
TGT ADVANCED LANCING DEVICE.....76	tobramycin.....3	
TGT ALCOHOL SWABS.....78	TOBRAMYCIN.....3	
TGT LANCET ALTERNATE SITE.....76	tobramycin (ophth)..... 117	
TGT LANCET MICRO THIN 33G.....76	TOBRAMYCIN SULFATE... 3	
	tobramycin sulfate..... 3	
	TOBRAMYCIN SULFATE... 3	
	tobramycin sulfate..... 3	

TOPCARE ULTRA COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2"	102	TRIDESILON	55	tropium chloride	126
TOPCO INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	102	trifluoperazine hcl	37	TRUE METRIX BLOOD GLUCOSETEST STRIPS	56
TOPCO INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	102	trifluridine	117	TRUE METRIX CONTROL SOLUTION LEVEL 1	76
TOPCO INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	102	TRIGLIDE	26	TRUE METRIX CONTROL SOLUTION LEVEL 2	76
TOPCO INSULIN SYRINGE/U-100/1ML/28G X 1/2"	102	trihexyphenidyl hcl	34	TRUE METRIX CONTROL SOLUTION LEVEL 3	76
TOPCO INSULIN SYRINGE/U-100/1ML/29G X 1/2"	102	TRILEPTAL	16	TRUE METRIX SELF MONITORING BLOOD GLUCOSE STRIPS	56
TOPICORT	54	trimethobenzamide hcl	23	TRUECONTROL GLUCOSE CONTROL LEVEL 0	76
topiramate	16	trimethoprim	9	TRUECONTROL GLUCOSE CONTROL LEVEL 1	76
topotecan hcl	34	trimipramine maleate	19	TRUEDRAW LANCING DEVICE	76
TOPROL XL	41	TRINATAL GT	114	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	102
TORISEL	33	TRINATAL RX 1	114	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	102
toremide	57	TRINTELLIX	19	TRUEPLUS INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	102
TOVIAZ	126	TRIOSTAT	123	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	102
TRACLEER	43	TRISENOX	33	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	102
TRADJENTA	20	TRIZIVIR	39	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	102
tramadol hcl	7	TROJAN EXTENDED PLEASURE/LUBRICATED	68	TRUEPLUS INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	102
tramadol-acetaminophen	7	TROJAN MAGNUM	68	TRUEPLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2"	102
trandolapril	27	TROJAN MAGNUM WARM SENSATIONS	68	TRUEPLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2"	102
tranexamic acid	65	TROJAN MAGNUM XL LUBRICATED	68	TRUEPLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16"	102
TRANSDERM-SCOP	23	TROJAN PLEASURE MESH/SPERMICIDAL	68	TRUEPLUS INSULIN SYRINGE/U-100/1ML/31G X 5/16"	102
tranylcypromine sulfate	17	TROJAN RIBBED W/SPERMICIDAL	68	TRUEPLUS LANCETS 26G	76
TRAVATAN Z	118	TROJAN SHARED SENSATION/LUBRICATED	68	TRUEPLUS LANCETS 28G	76
trazodone hcl	18	TROJAN SUPRAS SPERMICIDAL	68	TRUEPLUS LANCETS 28G SUPER THIN	76
TREANDA	30	TROJAN TWISTED PLEASURE	68	TRUEPLUS LANCETS 30G	76
TRECATOR	29	TROJAN ULTRA PLEASURE/LUBRICATED	68	TRUEPLUS LANCETS 30G ULTRA THIN	77
TRELSTAR	32	TROJAN VERY SENSITIVE LUBRICATED	68		
TRELSTAR MIXJECT	32	TROJAN VERY SENSITIVE SPERMICIDAL LUBRICANT	68		
tretinoin	50	TROJAN VERY THIN LUBRICATED	68		
tretinoin (chemotherapy)	33	TROJAN VERY THIN SPERMICIDAL LUBRICANT	68		
tretinoin microsphere	50	TROJAN-ENZ LUBRICANT	68		
TREXALL	31	TROJAN-ENZ LUBRICATED	68		
TRI-NORINYL 28	45	TROJAN-ENZ W/SPERMICIDAL	68		
TRIADVANCE	114	tropicamide	116		
triamcinolone acetonide (mouth)	113				
triamcinolone acetonide (topical)	55				
triamterene & hydrochlorothiazide	57				
TRIAZOLAM	65				
triazolam	65				
TRICARE	114				
TRICOR	26				

TRUEPLUS LANCETS 33G	77	TRUVADA	39	ULTICARE INSULIN	
TRUEPLUS PEN NEEDLES		TYGACIL	10	SYRINGE/SHORT/0.3ML/30G X	
29GX12MM	102	TYKERB	33	5/16"	103
TRUEPLUS PEN NEEDLES		TYLENOL/CODEINE #3	7	ULTICARE INSULIN	
31GX5MM	102	TYLENOL/CODEINE #4	7	SYRINGE/SHORT/0.3ML/31G X	
TRUEPLUS PEN NEEDLES		TYSABRI	121	5/16"	103
31GX6MM	102	TYZEKA	40	ULTICARE INSULIN	
TRUEPLUS PEN NEEDLES		TYZINE PEDIATRIC NASAL		SYRINGE/SHORT/0.5ML/30G X	
31GX8MM	102	DROPS	115	5/16"	103
TRUEPLUS PEN NEEDLES		ULESFIA	56	ULTICARE INSULIN	
32GX4MM	102	ULORIC	64	SYRINGE/SHORT/0.5ML/31G X	
TRUETEST BLOOD GLUCOSE		ULTI-LANCE AUTOMATIC/		5/16"	103
TEST	56	CLEAR TIP	77	ULTICARE INSULIN	
TRUETEST BLOOD GLUCOSE		ULTICARE ALCOHOL		SYRINGE/SHORT/1ML/30G X	
TEST STRIPS	56	SWABS	78	5/16"	103
TRUETEST GLUCOSE		ULTICARE INSULIN SAFETY		SYRINGE/SHORT/1ML/31G X	
CONTROLLEVEL 1	77	SYRINGE/0.5ML/29G X		5/16"	103
TRUETEST GLUCOSE		1/2"	102	ULTICARE INSULIN	
CONTROLLEVEL 2	77	ULTICARE INSULIN SAFETY		SYRINGE/U-100/0.3ML/29G X	
TRUETEST GLUCOSE		SYRINGE/1ML/29G X		1/2"	103
CONTROLLEVEL 3	77	1/2"	102	ULTICARE INSULIN	
TRUETEST STRIPS	56	ULTICARE INSULIN		SYRINGE/0.3ML/29G X	
TRUETRACK BLOOD		SYRINGE/0.3ML/29G X		1/2"	103
GLUCOSE TEST	57	1/2"	103	ULTICARE INSULIN	
TRUETRACK TEST	57	ULTICARE INSULIN		SYRINGE/0.3ML/30G X	
TRUSOPT	118	SYRINGE/0.3ML/30G X		1/2"	103
TRUSTEX COLOR CONDOMS +		1/2"	103	ULTICARE INSULIN	
LUBE	68	ULTICARE INSULIN		SYRINGE/0.3ML/30G X	
TRUSTEX LUBRICATED	68	SYRINGE/0.3ML/30G X		1/2"	103
TRUSTEX LUBRICATED		1/2"	103	ULTICARE INSULIN	
EXTRALARGE	68	ULTICARE INSULIN		SYRINGE/0.3ML/30G X	
TRUSTEX LUBRICATED		SYRINGE/0.3ML/30G X		5/16"	103
EXTRASTRENGTH	68	5/16"	103	ULTICARE INSULIN	
TRUSTEX		ULTICARE INSULIN		SYRINGE/U-100/0.5ML/29G X	
LUBRICATED/RIBBED/STUDDE		SYRINGE/0.5ML/28G X		1/2"	103
D	68	1/2"	103	ULTICARE INSULIN	
TRUSTEX		ULTICARE INSULIN		SYRINGE/0.5ML/29G X	
LUBRICATED/SPERMICIDE		SYRINGE/0.5ML/29G X		1/2"	103
	69	1/2"	103	ULTICARE INSULIN	
TRUSTEX		ULTICARE INSULIN		SYRINGE/0.5ML/30G X	
LUBRICATED/SPERMICIDE		SYRINGE/0.5ML/30G X		1/2"	103
EXTRA LARGE	68	1/2"	103	ULTICARE INSULIN	
TRUSTEX		ULTICARE INSULIN		SYRINGE/U-100/0.5ML/30G X	
LUBRICATED/SPERMICIDE		SYRINGE/0.5ML/30G X		5/16"	103
EXTRA STRENGTH	68	5/16"	103	ULTICARE INSULIN	
TRUSTEX NATURAL		ULTICARE INSULIN		SYRINGE/U-100/0.5ML/31G X	
CONDOMS		SYRINGE/1ML/28G X		5/16"	103
+LUBE/LUBRICATED	69	1/2"	103	ULTICARE INSULIN	
TRUSTEX WITH NONOXYNOL-		ULTICARE INSULIN		SYRINGE/U-100/1ML/29G X	
9/RIBBED/STUDD	69	SYRINGE/1ML/29G X		1/2"	103
TRUSTEX/RIA		1/2"	103	ULTICARE INSULIN	
LUBRICATED	69	ULTICARE INSULIN		SYRINGE/U-100/1ML/30G X	
TRUSTEX/RIA LUBRICATED		SYRINGE/1ML/30G X		5/16"	103
SPERMICIDE	69	1/2"	103	ULTICARE INSULIN	
TRUSTEX/RIA		ULTICARE INSULIN		SYRINGE/U-100/1ML/31G X	
LUBRICATED/SPERMICIDE		SYRINGE/1ML/30G X		5/16"	103
	69	5/16"	103	ULTICARE INSULIN	
				SYRINGEULTRAFINE U-	
				100/0.3ML/31G X 5/16"	104

ULTICARE INSULIN SYRINGE/ULTRAFINE U- 100/0.5ML/31G X 5/16".....	104	ULTILET INSULIN SYRINGE/SHORT/0.5ML/31G X 5/16".....	104	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	105
ULTICARE INSULIN SYRINGE/ULTRAFINE U- 100/1ML/31G X 5/16".....	104	ULTILET INSULIN SYRINGE/SHORT/1ML/30G X 5/16".....	104	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	105
ULTICARE MICRO PEN NEEDLES 31G X 8MM.....	104	ULTILET INSULIN SYRINGE/SHORT/1ML/31G X 5/16".....	104	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	105
ULTICARE MICRO PEN NEEDLES 32G X 4MM.....	104	ULTILET INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	104	ULTRA-COMFORT INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	105
ULTICARE MICRO PEN NEEDLES/32G X 4MM.....	104	ULTILET INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	104	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/30GX5/16".....	105
ULTICARE MINI PEN NEEDLES 31GX6MM.....	104	ULTILET PEN NEEDLE 29GX12.7MM.....	104	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.3ML/31GX5/16".....	105
ULTICARE MINI PEN NEEDLES ULTI-FINE IV.....	104	ULTILET PEN NEEDLE 31GX5MM.....	105	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/30GX5/16".....	105
ULTICARE MINI PEN NEEDLES/31G X 6MM.....	104	ULTILET PEN NEEDLE 31GX8MM.....	105	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	105
ULTICARE MINI PEN NEEDLES31GX6MM.....	104	ULTILET PEN NEEDLE 32GX4MM.....	105	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/0.5ML/31GX5/16".....	105
ULTICARE ORIGINAL PEN NEEDLES ULTI-FINE.....	104	ULTILET PEN NEEDLE 32GX4MM/SHORT.....	105	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/30GX5/16".....	105
ULTICARE PEN NEEDLES 31GX 5MM/MINI.....	104	ULTILET SHORT PEN NEEDLES 31GX5/16".....	105	ULTRA-THIN II INSULIN SYRINGE SHORT/U- 100/1ML/31GX5/16".....	105
ULTICARE PEN NEEDLES/29GX 12.7MM.....	104	ULTILET SHORT PEN NEEDLES31GX3/16".....	105	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.3ML/29GX1/2".....	105
ULTICARE SHORT PEN NEEDLES 31GX8MM.....	104	ULTIMATE FEELING.....	69	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.5ML/29GX1/2".....	105
ULTICARE SHORT PEN NEEDLES ULTI-FINE IV.....	104	ULTRA COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	105	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.3ML/29GX1/2".....	105
ULTICARE SHORT PEN NEEDLES/31G X 8MM.....	104	ULTRA THIN LANCETS 28G.....	77	ULTRA-THIN II INSULIN SYRINGE/U- 100/0.5ML/29GX1/2".....	105
ULTILET CLASSIC LANCETS.....	77	ULTRA THIN LANCETS 30G.....	77	ULTRA-THIN II INSULIN SYRINGE/U-100/1ML/29GX1/2"	105
ULTILET INSULIN SYRINGE/0.3ML/30G X 8MM.....	104	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	105	ULTRA-THIN II MINI PEN NEEDLES/31GX3/16".....	105
ULTILET INSULIN SYRINGE/0.3ML/31G X 8MM.....	104	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	105	ULTRA-THIN II PEN NEEDLES 29GX1/2".....	106
ULTILET INSULIN SYRINGE/0.5ML/30G X 8MM.....	104	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	105	ULTRA-THIN II PEN NEEDLES/SHORT/31GX5/16"	106
ULTILET INSULIN SYRINGE/1ML/30G X 8MM.....	104	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	105	ULTRABAG/DIANEAL LOW CALCIUM/1.5% DEXTROSE.....	112
ULTILET INSULIN SYRINGE/1ML/31G X 8MM.....	104	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	105	ULTRABAG/DIANEAL LOW CALCIUM/4.25% DEXTROSE.....	112
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 12.7MM.....	104	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	105	ULTRABAG/DIANEAL PD- 2/1.5% DEXTROSE.....	112
ULTILET INSULIN SYRINGE/SHORT/0.3ML/30G X 5/16".....	104	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	105	ULTRABAG/DIANEAL PD- 2/2.5% DEXTROSE.....	112
ULTILET INSULIN SYRINGE/SHORT/0.3ML/31G X 5/16".....	104	ULTRA-COMFORT INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	105	ULTRABAG/DIANEAL PD- 2/4.25% DEXTROSE.....	112
ULTILET INSULIN SYRINGE/SHORT/0.5ML/30G X 5/16".....	104			ULTRACET.....	7

ULTRAM.....	7	V-R MONOJECT INSULIN		VANISHPOINT INSULIN	
ULTRAM ER.....	7	SYRINGE/U-100/0.3ML/29G X		SYRINGE/0.5ML/30G X	
ULTRAVATE.....	55	1/2".....	106	1/2".....	106
UNASYN.....	120	V-R MONOJECT INSULIN		VANISHPOINT INSULIN	
UNASYN BULK PACK.....	120	SYRINGE/U-100/0.5ML/28G X		SYRINGE/0.5ML/30G X	
UNIFINE PENTIPS		1/2".....	106	5/16".....	106
29GX12MM.....	106	V-R MONOJECT INSULIN		VANISHPOINT INSULIN	
UNIFINE PENTIPS 31G X		SYRINGE/U-100/0.5ML/29G X		SYRINGE/1ML/29G X 1/2".....	106
3/16".....	106	1/2".....	106	VANISHPOINT INSULIN	
UNIFINE PENTIPS		V-R MONOJECT INSULIN		SYRINGE/1ML/30G X	
31GX5MM.....	106	SYRINGE/U-100/1ML/28G X		5/16".....	106
UNIFINE PENTIPS		1/2".....	106	VASERETIC.....	28
31GX6MM.....	106	V-R MONOJECT INSULIN		VASOTEC.....	27
UNIFINE PENTIPS		SYRINGE/U-100/1ML/29G X		VECTIBIX.....	31
31GX8MM.....	106	1/2".....	106	VECTICAL.....	52
UNIFINE PENTIPS		valacyclovir hcl.....	40	VELCADE.....	33
32GX4MM.....	106	VALCYTE.....	39	VELTIN.....	50
UNIFINE PENTIPS PLUS		valganciclovir hcl.....	39	venlafaxine hcl.....	19
29GX12MM.....	106	VALIUM.....	11	VENLAFAXINE HCL ER.....	19
UNIFINE PENTIPS PLUS		valproate sodium.....	17	VENTAVIS.....	43
31GX5MM.....	106	valproic acid.....	17	VENTOLIN HFA.....	13
UNIFINE PENTIPS PLUS		valsartan.....	27	verapamil hcl.....	42
31GX6MM.....	106	valsartan-hydrochlorothiazide		VEREGEN.....	50
UNIFINE PENTIPS PLUS		28	VERELAN.....	42
31GX8MM.....	106	VALSTAR.....	32	VERELAN PM.....	42
UNIFINE PENTIPS PLUS		VALTrex.....	40	VERIPRED 20.....	47
32GX4MM.....	106	VALUE HEALTH INSULIN		VESICARE.....	126
UNILET COMFORTOUCH		SYRINGE/U-100/0.5ML/29G X		VEXOL.....	118
LANCET.....	77	1/2".....	106	VFEND.....	24
UNILET EXCELITE.....	77	VALUE HEALTH INSULIN		VIBATIV.....	9
UNILET EXCELITE II.....	77	SYRINGE/U-100/1ML/29G X		VIBRAMYCIN.....	123
UNILET G.P. LANCET.....	77	1/2".....	106	VICOPROFEN.....	7
UNILET G.P. SUPERLITE		VALUE PLUS LANCETS		VICTOZA.....	21
LANCET.....	77	STANDARD 21G.....	77	VICTRELIS.....	40
UNILET GP 28 ULTRA THIN		VALUE PLUS LANCETS		VIDA MIA AUTOLET	
77		SUPERTHIN 30G.....	77	LANCINGDEVICE.....	77
UNILET LANCET.....	77	VALUE PLUS LANCETS THIN		VIDA MIA UNIFINE	
UNILET LANCETS MICRO-		26G.....	77	PENTIPS32GX4MM.....	106
THIN33G.....	77	VALUE PLUS LANCING		VIDA MIA UNIFINE	
UNILET LANCETS SUPER-		DEVICE.....	77	PENTIPSMINI 31GX6MM.....	106
THIN30G.....	77	VALUMARK LANCET SUPER		VIDA MIA UNIFINE	
UNILET LANCETS ULTRA-THIN		THIN 30G.....	77	PENTIPSORIGINAL	
28G.....	77	VALUMARK LANCET ULTRA		29GX12MM.....	106
UNILET SUPERLITE		THIN 28G.....	77	VIDA MIA UNIFINE	
LANCET.....	77	VALUMARK PEN NEEDLES		PENTIPSMINI 31GX6MM.....	106
UNIVERSAL 1 LANCETS		29GX12MM.....	106	VIDA MIA UNIFINE	
THIN26G.....	77	VALUMARK PEN NEEDLES		PENTIPSORIGINAL	
UNIVERSAL 1 LANCETS ULTRA		31GX 6MM.....	106	29GX12MM.....	106
THIN 30G.....	77	VALUMARK PEN NEEDLES		VIDA MIA UNILET LANCETS	
URECHOLINE.....	126	31GX 8MM.....	106	SUPER THIN 30G.....	77
UROCIT-K 10.....	63	VALVED HOLDING		VIDA MIA UNILET LANCETS	
UROXATRAL.....	64	CHAMBER.....	107	ULTRA THIN 28G.....	77
URSO 250.....	62	VANCOCIN HCL.....	9	VIDA MIA UNIPFINE	
URSO FORTE.....	62	vancomycin hcl.....	9	PENTIPSSHORT	
ursodiol.....	62			31GX8MM.....	106
UVADEX.....	33			VIDAZA.....	31
				VIDEX EC.....	39

vigabatrin.....	16	WEGMANS UNIFINE PENTIPS PLUS 32GX4MM.....	106	XYZAL ALLERGY 24HR.....	25
VIIBRYD.....	19	WEGMANS UNIFINE PENTIPS PLUS/MINI/31GX5MM.....	107	XYZAL ALLERGY 24HR CHILDRENS.....	25
VIMPAT.....	16	WEGMANS UNIFINE PENTIPS PLUS/SHORT/31GX8MM.....	107	YASMIN 28.....	45
VINATE M.....	114	WEGMANS UNIFINE PENTIPS PLUS/ULTRA SHORT/31GX6MM.....	107	YAZ.....	45
VINATE ONE.....	114	WELCHOL.....	26	YERVOY.....	31
VINBLASTINE SULFATE.....	34	WELLBUTRIN.....	17	ZADITOR.....	118
vincristine sulfate.....	34	WELLBUTRIN SR.....	17	zafirlukast.....	12
vinorelbine tartrate.....	34	WELLBUTRIN XL.....	17	zaleplon.....	65,66
VIRACEPT.....	39	WESTCORT.....	55	ZALTRAP.....	31
VIRAMUNE.....	39	WIDE-SEAL SILICONE DIAPHRAGM KIT 60.....	69	ZANAFLEX.....	114
VIRAMUNE XR.....	39	WIDE-SEAL SILICONE DIAPHRAGM KIT 65.....	69	ZANOSAR.....	30
VIREAD.....	39	WIDE-SEAL SILICONE DIAPHRAGM KIT 70.....	69	ZANTAC.....	124
VIROPTIC.....	117	WIDE-SEAL SILICONE DIAPHRAGM KIT 75.....	69	ZANTAC 150 MAXIMUM STRENGTH.....	124
VIRT-ADVANCE.....	114	WIDE-SEAL SILICONE DIAPHRAGM KIT 80.....	69	ZARONTIN.....	17
VIRT-VITE GT.....	114	WIDE-SEAL SILICONE DIAPHRAGM KIT 85.....	69	ZAVESCA.....	64
VISTOGARD.....	22	WIDE-SEAL SILICONE DIAPHRAGM KIT 90.....	69	ZEBETA.....	41
VITAFOL-OB.....	114	WIDE-SEAL SILICONE DIAPHRAGM KIT 95.....	69	ZEGERID.....	125
VITAMIN D2.....	127	XALATAN.....	118	ZEGERID OTC.....	125
VIVELLE-DOT.....	61	XALKORI.....	33	ZELBORAF.....	33
VOL-PLUS.....	114	XANAX.....	11	ZEMAIRA.....	122
VOL-TAB RX.....	114	XARELTO.....	14	ZEMPLAR.....	60
VOLTAREN.....	50	XELJANZ.....	3	ZENPEP.....	57
VORAXAZE.....	33	XELODA.....	31	ZERIT.....	39
voriconazole.....	24	XENAZINE.....	121	ZESTORETIC.....	28
VOSPIRE ER.....	13	XEOMIN.....	115	ZESTRIL.....	27
VOTRIENT.....	33	XGEVA.....	59	ZETIA.....	27
VP INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	106	XIFAXAN.....	9	ZIAGEN.....	39
VPRIV.....	64	XODOL.....	7	ZIANA.....	50
VYTORIN.....	25	XOLAIR.....	12	zidovudine.....	39
VYVANSE.....	1	XOPENEX.....	13	zileuton.....	12
W&F LANCETS 26G.....	77	XOPENEX CONCENTRATE.....	13	ZINACEF.....	43
W&F LANCETS COLORED 21G.....	77	XOPENEX HFA.....	13	ZINBRYTA.....	121
WALGREENS COMFORT ASSURED LANCETS MICRO THIN/33G.....	78	XTANDI.....	32	ZIOPTAN.....	118
WALGREENS COMFORT ASSURED LANCETS SUPER THIN/28G.....	78	XULANE.....	45	ziprasidone hcl.....	36
WALGREENS THIN LANCETS.....	78	XYLOCAINE.....	56	ZIRGAN.....	117
warfarin sodium.....	13	XYLOCAINE-MPF.....	66	ZITHROMAX.....	66
water for irrigation, sterile.....	112	XYREM.....	120	ZITHROMAX TRI-PAK.....	67
WEBCOL ALCOHOL PREP LARGE 1 PLY.....	78	XYZAL.....	25	ZITHROMAX Z-PAK.....	67
WEBCOL ALCOHOL PREP LARGE 2 PLY.....	78			ZOCOR.....	26
WEBCOL ALCOHOL PREP MEDIUM 2 PLY.....	78			ZOFRAN.....	23
				ZOFRAN ODT.....	23
				ZOHYDRO ER.....	7
				ZOLADEX.....	32
				zoledronic acid.....	59
				ZOLEDRONIC ACID.....	59

zoledronic acid	59
ZOLINZA	33
zolmitriptan	109
ZOLOFT	18
zolpidem tartrate	66
ZOMACTON	59
ZOMETA	59
ZOMIG	109
ZOMIG ZMT	109
ZONALON	51
ZONEGRAN	16
zonisamide	16
ZORBTIVE	59
ZORTRESS	112
ZOSYN	120
ZOVIRAX	40,52
ZYBAN	122
ZYFLO CR	12
ZYLOPRIM	64
ZYMAXID	117
ZYPREXA	37
ZYRTEC ALLERGY	25
ZYRTEC CHILDRENS ALLERGY	25
ZYRTEC-D ALLERGY/CONGESTION	48
ZYTIGA	32
ZYVOX	10