

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.
SP	Specialty Drug	Coverage for this tier are for “specialty” drugs used to treat complex, chronic conditions that may require special handling, storage or clinical management
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, 3.75MG-3.75MG-3.75MG-3.75MG, 3.125MG-3.125MG-3.125MG-3.125MG (Use Amphetamine-Dextroamphetamine)	NF	QL(3 ea daily); AL; At least 6 yrs old
ADDERALL TABS 5MG-5MG-5MG-5MG, 2.5MG-2.5MG-2.5MG-2.5MG, 7.5MG-7.5MG-7.5MG-7.5MG, 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 2.5MG-2.5MG-2.5MG-2.5MG, 1.25MG-1.25MG-1.25MG-1.25MG, 3.75MG-3.75MG-3.75MG-3.75MG (Use Amphetamine-Dextroamphetamine)	NF	QL(1 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
ADDERALL XR CP24 5MG-5MG-5MG-5MG, 7.5MG-7.5MG-7.5MG-7.5MG, 6.25MG-6.25MG-6.25MG-6.25MG (Use Amphetamine-Dextroamphetamine)	NF	QL(2 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
amphetamine-dextroamphetamine cp24 2.5mg-2.5mg-2.5mg-2.5mg, 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg	1	QL(1 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
amphetamine-dextroamphetamine cp24 5mg-5mg-5mg-5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 6.25mg-6.25mg-6.25mg-6.25mg	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 1.25mg-1.25mg-1.25mg-1.25mg, 3.75mg-3.75mg-3.75mg-3.75mg, 3.125mg-3.125mg-3.125mg-3.125mg	1	QL(3 ea daily); AL; At least 6 yrs old
amphetamine-dextroamphetamine tabs 5mg-5mg-5mg-5mg, 2.5mg-2.5mg-2.5mg-2.5mg, 7.5mg-7.5mg-7.5mg-7.5mg, 1.875mg-1.875mg-1.875mg-1.875mg	1	QL(2 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 10 MG, 15 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 5 mg, 10 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, 30 MG, 40 MG, 50 MG, 60 MG, 70 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 10 mg, 18 mg, 25 mg, 40 mg	1	PA; QL(2 ea daily); AL; At least 6 yrs old

Drug Name	Drug Tier	Requirements/ Limits
<i>atomoxetine hcl caps 60 mg, 80 mg, 100 mg</i>	1	PA; QL(1 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 10 MG, 18 MG, 25 MG, 40 MG (Use Atomoxetine HCl)	NF	PA; QL(2 ea daily); AL; At least 6 yrs old
STRATTERA CAPS 60 MG, 80 MG, 100 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 50 mg, 150 mg, 250 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 36 MG, 54 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 5 mg, 2.5 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 5 MG/5ML, 10 MG/5ML (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 30 mg, 40 mg</i>	1	QL(2 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
<i>methylphenidate hcl cpcr 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL(1 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
METHYLPHENIDATE HCL ER TB24 18 MG, 27 MG, 36 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 5 mg/5ml, 10 mg/5ml</i>	1	QL(30 ml daily); AL; At least 6 yrs old
<i>methylphenidate hcl tabs 5 mg, 10 mg, 20 mg</i>	1	QL(3 ea daily); AL; At least 6 yrs old
<i>methylphenidate hcl tbc 10 mg, 20 mg</i>	1	QL(3 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
<i>methylphenidate hcl tbc 18 mg</i>	1	
<i>methylphenidate hcl tbc 27 mg</i>	1	QL(1 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
<i>methylphenidate hcl tbc 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 (Use Armodafinil)	NF	PA; QL(1 ea daily); AL; At least 17 yrs old
PROVIGIL TABS 100 MG (Use Modafinil)	NF	PA; QL(1 ea daily); AL; At least 16 yrs old
PROVIGIL TABS 200 MG (Use Modafinil)	NF	PA; QL(2 ea daily); AL; At least 16 yrs old
RITALIN LA CP24 20 MG (Use Methylphenidate HCl)	NF	QL(3 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
RITALIN LA CP24 30 MG, 40 MG (Use Methylphenidate HCl)	NF	QL(2 ea daily); AL; At least 6 yrs old - Up to 18 yrs old
RITALIN TABS (Use Methylphenidate HCl)	NF	QL(3 ea daily); AL; At least 6 yrs old
ALLERGENIC EXTRACTS/BIOLOGICALS MISC		
Biologicals Misc		
ADAGEN SOLN	4	PA; SP
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 0.9%-0.9MG/ML, 0.9%-1.4MG/ML	1	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE SOLN 0.9%-1.6MG/ML, 0.9%-1MG/ML	2	
ISOTONIC GENTAMICIN SOLN	2	
KITABIS PAK NEBU	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
<i>neomycin sulfate tabs</i>	1	
<i>paromomycin sulfate caps</i>	1	
STREPTOMYCIN SULFATE SOLR	3	
TOBI NEBU (Use Tobramycin)	NF	PA; SP
TOBRAMYCIN NEBU	4	PA; SP
<i>tobramycin nebu</i>	4	PA; SP
TOBRAMYCIN SULFATE POWD XX	4	PA; SP
TOBRAMYCIN SULFATE SOLN IJ 10 MG/ML, 40 MG/ML	4	SP
<i>tobramycin sulfate soln ij 40 mg/ml, 80 mg/2ml, 1.2 gm/30ml</i>	4	SP
<i>tobramycin sulfate solr ij 1.2 gm</i>	4	SP
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; SP
HUMIRA PEN PNKT	4	PA; SP
HUMIRA PEN-CROHNS DISEASESTARTER PNKT	4	PA; SP
HUMIRA PEN-PSORIASIS STARTER PNKT	4	PA; SP
HUMIRA PSKT 20 MG/0.4ML, 40 MG/0.8ML	4	PA; SP
SIMPONI SOAJ 50 MG/0.5ML	4	PA; SP
SIMPONI SOSY 50 MG/0.5ML	4	PA; SP
Antirheumatic - Enzyme Inhibitors		
XELJANZ TABS	4	PA; SP
Antirheumatic Antimetabolites		

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Drug Name	Drug Tier	Requirements/Limits
RHEUMATREX TABS	4	SP
Gold Compounds		
RIDAURA CAPS	3	
Interleukin-1 Blockers		
ARCALYST SOLR	4	PA; SP
Interleukin-1 Receptor Antagonist (IL-1Ra)		
KINERET SOSY	4	PA; SP
Interleukin-6 Receptor Inhibitors		
ACTEMRA SOLN IV 80 MG/4ML, 200 MG/10ML, 400 MG/20ML	4	PA; SP
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 400 MG (Use Celecoxib)	NF	PA; QL(1 ea daily)
CELEBREX CAPS 50 MG, 100 MG, 200 MG (Use Celecoxib)	NF	PA; QL(2 ea daily)
<i>celecoxib caps 400 mg</i>	1	PA; QL(1 ea daily)
<i>celecoxib caps 50 mg, 100 mg, 200 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 or 100 mg</i>	1	
<i>diclofenac sodium tbec or 25 mg, 50 mg, 75 mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac w/ misoprostol tbec</i>	1	
EC-NAPROSYN TBEC 500 MG (Use Naproxen)	NF	
<i>etodolac caps 200 mg, 300 mg</i>	1	
<i>etodolac tabs 400 mg, 500 mg</i>	1	
FELDENE CAPS (Use Piroxicam)	NF	
<i>fenoprofen calcium tabs 600 mg</i>	1	QL(1 ea daily)
<i>flurbiprofen tabs</i>	1	
<i>ibuprofen susp 100 mg/5ml</i>	1	RX/OTC
<i>ibuprofen tabs 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin caps</i>	1	
<i>indomethacin cpcr</i>	1	
KETOPROFEN CAPS 50 MG, 75 MG	2	
<i>ketoprofen caps 50 mg, 75 mg</i>	1	
<i>ketorolac tromethamine tabs or 10 mg</i>	1	
LODINE TABS (Use Etodolac)	NF	
MECLOFENAMATE SODIUM CAPS	2	
<i>mefenamic acid caps</i>	1	PA
<i>meloxicam tabs</i>	1	QL(1 ea daily)
MOBIC TABS 15 MG, 7.5 MG (Use Meloxicam)	NF	QL(1 ea daily)
<i>nabumetone tabs</i>	1	
NAPROSYN SUSP 125 MG/5ML (Use Naproxen)	NF	PA; QL(60 ml daily)
NAPROSYN TABS 500 MG (Use Naproxen)	NF	
<i>naproxen sodium tabs 550 mg</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
NAPROXEN SUSP 125 MG/5ML	2	PA; QL(60 ml daily)
<i>naproxen susp 125 mg/5ml</i>	1	PA; QL(60 ml daily)
<i>naproxen tabs 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen tbec 500 mg</i>	1	
<i>oxaprozin tabs</i>	1	
<i>piroxicam caps</i>	1	
PONSTEL CAPS (Use Mefenamic Acid)	NF	PA
<i>sulindac tabs</i>	1	
<i>tolmetin sodium caps 400 mg</i>	1	
TOLMETIN SODIUM CAPS 400 MG	1	
TOLMETIN SODIUM TABS 200 MG	2	
TOLMETIN SODIUM TABS 600 MG	3	
Pyrimidine Synthesis Inhibitors		
ARAVA TABS (Use Leflunomide)	NF	QL(1 ea daily)
<i>leflunomide tabs</i>	1	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA SOLR IV 250 MG	4	PA; SP
ORENCIA SOSY SC 125 MG/ML	4	PA; SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOLR	4	PA; SP
ENBREL SOSY	4	PA; SP
ENBREL SURECLICK SOAJ	4	PA; SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		

Drug Name	Drug Tier	Requirements/ Limits
<i>butalbital-acetaminophen-caffeine caps</i>	1	
<i>butalbital-acetaminophen-caffeine tabs</i>	1	
<i>butalbital-aspirin-caffeine caps</i>	1	
ESGIC TABS (Use Butalbital-Acetaminophen-Caffeine)	NF	
FIORICET CAPS (Use Butalbital-Acetaminophen-Caffeine)	NF	
FIORINAL CAPS (Use Butalbital-Aspirin-Caffeine)	NF	
Salicylates		
<i>aspirin tbec or 81 mg</i>	0	AL; At least 45 yrs old - Up to 79 yrs old
<i>diflunisal tabs</i>	1	
DISALCID TABS (Use Salsalate)	NF	
<i>salsalate tabs</i>	1	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		
ACTIQ LPOP (Use Fentanyl Citrate)	NF	PA; QL(4 ea daily)
<i>codeine sulfate tabs 15 mg</i>	1	2 rtl MAX fill,30 rtl day(s) supply,; AL; At least 12 yrs old
CODEINE SULFATE TABS 15 MG (Use Codeine Sulfate)	NF	2 rtl MAX fill,30 rtl day(s) supply,; AL; At least 12 yrs old
DEMEROL SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML (Use Meperidine HCl)	NF	
DEMEROL TABS OR 50 MG, 100 MG (Use Meperidine HCl)	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DILAUDID LIQD OR 1 MG/ML (Use Hydromorphone HCl)	NF	
DILAUDID TABS OR 2 MG, 4 MG, 8 MG (Use Hydromorphone HCl)	NF	QL(8 ea daily)
DILAUDID-HP SOLN (Use Hydromorphone HCl)	NF	
DOLOPHINE TABS 10 MG (Use Methadone HCl)	NF	QL(10 ea daily)
DOLOPHINE TABS 5 MG (Use Methadone HCl)	NF	QL(4 ea daily)
DURAGESIC PT72 (Use Fentanyl)	NF	Limit 10 patches per month;QL(0.34 ea daily)
EMBEDA CPCR	3	PA; QL(2 ea daily)
EXALGO T24A 12 MG, 16 MG, 32 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 200 mcg, 400 mcg, 600 mcg, 800 mcg, 1200 mcg, 1600 mcg	1	PA; QL(4 ea daily)
fentanyl pt72 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr, 100 mcg/hr	1	Limit 10 patches per month;QL(0.34 ea daily)
hydromorphone hcl liqd or 1 mg/ml	1	
hydromorphone hcl soln ij 10 mg/ml, 50 mg/5ml, 500 mg/50ml	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 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG (Use Morphine Sulfate)	NF	PA; QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
LEVORPHANOL TARTRATE TABS	2	
meperidine hcl soln ij 25 mg/ml, 50 mg/ml, 100 mg/ml	1	
MEPERIDINE HCL SOLN OR 50 MG/5ML	2	QL(500 ml per fill retail)
meperidine hcl tabs or 50 mg, 100 mg	1	QL(6 ea daily)
methadone hcl conc or 10 mg/ml	1	QL(10 ml daily)
methadone hcl soln or 10 mg/5ml	1	QL(50 ml daily)
METHADONE HCL SOLN OR 10 MG/5ML (Use Methadone HCl)	NF	QL(50 ml daily)
methadone hcl soln or 5 mg/5ml	1	QL(300 ml daily)
METHADONE HCL SOLN OR 5 MG/5ML (Use Methadone HCl)	NF	QL(300 ml daily)
methadone hcl tabs or 10 mg	1	QL(10 ea daily)
methadone hcl tabs or 5 mg	1	QL(4 ea daily)
methadone hcl tbso or 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 20 mg, 30 mg, 50 mg, 60 mg, 80 mg, 100 mg	1	PA; QL(2 ea daily)
morphine sulfate soln ij 0.5 mg/ml, 1 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 15 MG, 30 MG	2	QL(6 ea daily)
morphine sulfate tbcr or 15 mg, 30 mg, 60 mg, 100 mg, 200 mg	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
MS CONTIN TBCR (<i>Use Morphine Sulfate</i>)	NF	QL(2 ea daily)
NUCYNTA ER TB12	2	PA; QL(2 ea daily)
NUCYNTA TABS	2	PA; QL(6 ea daily)
OPANA TABS OR 5 MG, 10 MG (<i>Use Oxymorphone HCl</i>)	NF	QL(12 ea daily)
OXYCODONE HCL ER T12A	3	PA; QL(2 ea daily)
<i>oxycodone hcl tabs 30 mg</i>	1	QL(24 ea daily)
<i>oxycodone hcl tabs 5 mg, 10 mg, 15 mg, 20 mg</i>	1	QL(12 ea daily)
OXYCONTIN T12A	3	PA; QL(2 ea daily)
<i>oxymorphone hcl tabs 5 mg, 10 mg</i>	1	QL(12 ea daily)
<i>oxymorphone hcl tb12 40 mg</i>	3	PA; QL(4 ea daily)
<i>oxymorphone hcl tb12 5 mg, 10 mg, 15 mg, 20 mg, 30 mg, 7.5 mg</i>	3	PA; QL(2 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 40 MG	3	PA; QL(4 ea daily)
OXYMORPHONE HYDROCHLORIDE ER TB12 5 MG, 10 MG, 15 MG, 20 MG, 30 MG, 7.5 MG	3	PA; QL(2 ea daily)
ROXICODONE TABS 30 MG (<i>Use Oxycodone HCl</i>)	NF	QL(24 ea daily)
ROXICODONE TABS 5 MG, 15 MG (<i>Use Oxycodone HCl</i>)	NF	QL(12 ea daily)
<i>tramadol hcl tabs 50 mg</i>	1	QL(8 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL; At least 12 yrs old
<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)

Drug Name	Drug Tier	Requirements/Limits
ULTRAM TABS (<i>Use Tramadol HCl</i>)	NF	QL(8 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL; At least 12 yrs old
ZOXYDRO 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 12 yrs old
<i>acetaminophen w/ codeine tabs 300mg-15mg</i>	1	QL(13 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL; At least 12 yrs old
<i>acetaminophen w/ codeine tabs 300mg-30mg</i>	1	QL(12 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL; At least 12 yrs old
<i>acetaminophen w/ codeine tabs 300mg-60mg</i>	1	QL(6 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL; At least 12 yrs old
<i>butalbital-acetaminophen-caffeine w/ codeine caps 325mg-50mg-40mg-30mg</i>	1	QL(6 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL; At least 12 yrs old
<i>butalbital-aspirin-caffeine w/cod caps</i>	1	QL(6 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL; At least 12 yrs old
FIORINAL/CODEINE #3 CAPS (<i>Use Butalbital-Aspirin-Caffeine w/Cod</i>)	NF	QL(6 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL; At least 12 yrs old
HYCET SOLN (<i>Use Hydrocodone-Acetaminophen</i>)	NF	QL(180 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>hydrocodone-acetaminophen soln 2.5mg/5ml-108mg/5ml, 5mg/10ml-217mg/10ml, 7.5mg/15ml-325mg/15ml</i>	1	QL(180 ml daily)
<i>hydrocodone-acetaminophen tabs 2.5mg-325mg</i>	1	
<i>hydrocodone-acetaminophen tabs 5mg-300mg, 10mg-300mg, 7.5mg-300mg</i>	1	QL(13 ea daily)
<i>hydrocodone-acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	QL(12 ea daily)
<i>hydrocodone-ibuprofen tabs 200mg-7.5mg</i>	1	QL(5 ea daily)
NORCO TABS (Use Hydrocodone-Acetaminophen)	NF	QL(12 ea daily)
<i>oxycodone w/ acetaminophen tabs 5mg-325mg, 10mg-325mg, 7.5mg-325mg</i>	1	QL(12 ea daily)
OXYCODONE/IBUPROFEN TABS	1	QL(1 ea daily)
PERCOCET TABS 5MG-325MG, 10MG-325MG, 7.5MG-325MG (Use Oxycodone w/ Acetaminophen)	NF	QL(12 ea daily)
<i>tramadol-acetaminophen tabs</i>	1	QL(8 ea daily)
TYLENOL/CODEINE #3 TABS (Use Acetaminophen w/ Codeine)	NF	QL(12 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL; At least 12 yrs old
TYLENOL/CODEINE #4 TABS (Use Acetaminophen w/ Codeine)	NF	QL(6 ea daily)2 rtl MAX fill,30 rtl day(s) supply,; AL; At least 12 yrs old
ULTRACET TABS (Use Tramadol-Acetaminophen)	NF	QL(8 ea daily)
VICOPROFEN TABS (Use Hydrocodone-Ibuprofen)	NF	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
XODOL TABS (Use Hydrocodone-Acetaminophen)	NF	QL(13 ea daily)
Opioid Partial Agonists		
BUPRENEX SOLN (Use Buprenorphine HCl)	NF	
<i>buprenorphine hcl soln ij 0.3 mg/ml</i>	1	
<i>buprenorphine hcl subl sl 2 mg, 8 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 2MG-0.5MG	3	PA; QL(3 ea daily)
SUBOXONE FILM 4MG-1MG, 12MG-3MG	3	PA
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	

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Drug Name	Drug Tier	Requirements/ Limits
OXANDRIN TABS (<i>Use Oxandrolone</i>)	NF	
<i>oxandrolone tabs</i>	1	
Androgens		
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 2.5 %</i>	1	
<i>hydrocortisone acetate (rectal) supp</i>	1	
PROCTOCORT SUPP 30 MG (<i>Use Hydrocortisone Acetate (Rectal)</i>)	NF	
Vasodilating Agents		
RECTIV OINT	3	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		

Drug Name	Drug Tier	Requirements/ Limits
ALBENZA TABS	3	
BILTRICIDE TABS	3	
EMVERM CHEW	1	PA
<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 250 MG, 500 MG (<i>Use Metronidazole</i>)	NF	
<i>metronidazole tabs or 250 mg, 500 mg</i>	1	
NEBUPENT SOLR	3	
PENTAM 300 SOLR	3	
<i>trimethoprim tabs</i>	1	
VANCOCIN 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, 500 mg</i>	1	
<i>vancomycin hcl solr iv 1000 mg</i>	1	QL(14 ea per fill retail)
VIBATIV SOLR	3	

Drug Name	Drug Tier	Requirements/ Limits
XIFAXAN TABS	3	PA; AL; At least 12 yrs old
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	
BACTRIM TABS (<i>Use Sulfamethoxazole-Trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim soln</i>	1	
<i>sulfamethoxazole-trimethoprim susp</i>	1	
<i>sulfamethoxazole-trimethoprim tabs</i>	1	
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 ADVANTAGE SOLR (<i>Use Imipenem-Cilastatin</i>)	NF	
PRIMAXIN IV SOLR (<i>Use Imipenem-Cilastatin</i>)	NF	
Chloramphenicols		
CHLORAMPHENICOL SODIUM SUCCINATE SOLR	4	SP

Drug Name	Drug Tier	Requirements/ Limits
Cyclic Lipopeptides		
CUBICIN RF SOLR (<i>Use Daptomycin</i>)	NF	
CUBICIN SOLR (<i>Use Daptomycin</i>)	NF	
<i>daptomycin solr</i>	1	
Glycylcyclines		
<i>tigecycline solr</i>	3	PA
TIGECYCLINE SOLR	3	PA
TYGACIL SOLR (<i>Use Tigecycline</i>)	NF	PA
Ketolides		
KETEK TABS	3	10 days supply per claim; QL (2 ea daily, 20 ea per fill retail)
Leprostics		
<i>dapsone tabs</i>	3	
Lincosamides		
CLEOCIN CAPS OR 75 MG, 150 MG, 300 MG (<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 300 MG/2ML, 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 300 mg/2ml, 900 mg/6ml</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>clindamycin phosphate soln iv 150 mg/ml, 300 mg/2ml, 900 mg/6ml</i>	1	
LINCOCIN SOLN (Use <i>Lincomycin HCl</i>)	NF	
<i>lincomycin hcl soln</i>	3	
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 (Use <i>Linezolid</i>)	NF	PA; 14 days supply per claim; QL(600 ml daily, 8400 ml per fill retail)
ZYVOX SUSR OR 100 MG/5ML (Use <i>Linezolid</i>)	NF	PA; 14 days supply per claim; QL(60 ml daily, 840 ml per fill retail)
ZYVOX TABS OR 600 MG (Use <i>Linezolid</i>)	NF	PA; 14 days supply per claim; QL(2 ea daily, 28 ea per fill retail)
Polymyxins		
<i>polymyxin b sulfite solr</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 500 MG	2	QL(3 ea daily)
Nitrates		
ISORDIL TITRADOSE TABS 5 MG (Use <i>Isosorbide Dinitrate</i>)	NF	
ISOSORBIDE DINITRATE ER TBCR	2	
<i>isosorbide dinitrate tabs</i>	1	
<i>isosorbide mononitrate tabs 20 mg</i>	1	
<i>isosorbide mononitrate tb24 30 mg, 60 mg, 120 mg</i>	1	
NITRO-BID OINT	3	
NITRO-DUR PT24 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (Use <i>Nitroglycerin</i>)	NF	
<i>nitroglycerin pt24 td 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
NITROGLYCERIN SOLN IV 5 MG/ML	2	
<i>nitroglycerin subl sl 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
NITROSTAT SUBL (Use <i>Nitroglycerin</i>)	NF	
ANTIANSXIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
<i>bupirone hcl tabs 10 mg, 15 mg, 30 mg, 7.5 mg</i>	1	
<i>bupirone hcl tabs 5 mg</i>	1	QL(1 ea daily)
<i>hydroxyzine hcl soln im 50 mg/ml</i>	1	
<i>hydroxyzine hcl syrps or 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tabs or 10 mg, 25 mg, 50 mg</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
HYDROXYZINE PAMOATE CAPS 100 MG	2	
<i>meprobamate tabs</i>	1	
Benzodiazepines		
<i>alprazolam tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	QL(4 ea daily)
ATIVAN TABS OR 0.5 MG, 2 MG (Use Lorazepam)	NF	QL(3 ea daily)
ATIVAN TABS OR 1 MG (Use Lorazepam)	NF	QL(4 ea daily)
<i>diazepam tabs or 2 mg, 5 mg, 10 mg</i>	1	QL(4 ea daily)
<i>lorazepam tabs or 0.5 mg, 2 mg</i>	1	QL(3 ea daily)
<i>lorazepam tabs or 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	
<i>procainamide hcl soln 500 mg/ml</i>	1	
QUINIDINE SULFATE ER TBCR	2	
QUINIDINE SULFATE TABS	2	
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	

Drug Name	Drug Tier	Requirements/Limits
RYTHMOL SR CP12 (Use Propafenone HCl)	NF	
RYTHMOL TABS (Use Propafenone HCl)	NF	
Antiarrhythmics Type III		
<i>amiodarone hcl soln iv 50 mg/ml, 150 mg/3ml</i>	1	
<i>amiodarone hcl tabs or 100 mg, 200 mg, 400 mg</i>	1	
<i>dofetilide caps</i>	1	
MULTAQ TABS	3	
TIKOSYN CAPS (Use Dofetilide)	NF	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Anti-Inflammatory Agents		
<i>cromolyn sodium nebu</i>	1	QL(8 ml daily)
Antiasthmatic - Monoclonal Antibodies		
XOLAIR SOLR	4	PA; SP
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 (Use Zafirlukast)	NF	QL(2 ea daily)
<i>montelukast sodium chew 4 mg, 5 mg</i>	1	QL(1 ea daily)
<i>montelukast sodium pack 4 mg</i>	1	PA; QL(1 ea daily)
<i>montelukast sodium tabs 10 mg</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
SINGULAIR CHEW 4 MG, 5 MG (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK 4 MG (<i>Use Montelukast Sodium</i>)	NF	PA; QL(1 ea daily)
SINGULAIR TABS 10 MG (<i>Use Montelukast Sodium</i>)	NF	QL(1 ea daily)
<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 0.25 mg/2ml, 0.5 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 250 MCG/BLIST	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

Drug Name	Drug Tier	Requirements/ Limits
PULMICORT SUSP (<i>Use Budesonide (Inhalation)</i>)	NF	PA; QL(4 ml daily)
QVAR AERS	2	Limit 1 inhaler per month
Sympathomimetics		
ADVAIR DISKUS AEPB	2	PA; Limit 1 inhaler per month; QL(2 ea daily)
ADVAIR HFA AERO	2	PA; Limit 1 inhaler per month
ALBUTEROL SULFATE ER TB12	2	
<i>albuterol sulfate nebu in 0.5 %</i>	1	QL(2 ml daily)
<i>albuterol sulfate nebu in 0.63 mg/3ml, 0.083 %, 1.25 mg/3ml</i>	1	QL(15 ml daily)
<i>albuterol sulfate syrp or 2 mg/5ml</i>	1	
<i>albuterol sulfate tabs or 2 mg, 4 mg</i>	1	
<i>albuterol sulfate tb12 or 4 mg, 8 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 1 mg/ml</i>	1	
<i>ipratropium-albuterol soln</i>	1	QL(18 ml daily)
<i>levalbuterol hcl nebu 0.31 mg/3ml, 0.63 mg/3ml, 1.25 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

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Drug Name	Drug Tier	Requirements/Limits
METAPROTERENOL SULFATE TABS 10 MG	1	
METAPROTERENOL SULFATE TABS 20 MG	2	
PROAIR HFA AERS	2	Limit 2 inhalers per month; 1 inhaler per fill
PROVENTIL HFA AERS	2	Limit 2 inhalers per month; 1 inhaler per fill
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; 1 inhaler per fill
VOSPIRE ER TB12 (Use Albuterol Sulfate)	NF	
XOPENEX CONCENTRATE NEBU (Use Levalbuterol HCl)	NF	QL(2 ea daily)
XOPENEX HFA AERO	3	PA; Limit 1 inhaler per month
XOPENEX NEBU (Use Levalbuterol HCl)	NF	QL(12 ml daily)
Xanthines		
<i>aminophylline soln</i>	1	
ELIXOPHYLLIN ELIX	2	
THEO-24 CP24	2	
<i>theophylline tb12 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline tb24 400 mg, 600 mg</i>	1	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		

Drug Name	Drug Tier	Requirements/Limits
COUMADIN TABS (Use Warfarin Sodium)	2	
<i>warfarin sodium tabs</i>	1	
Direct Factor Xa Inhibitors		
ELIQUIS STARTER PACK TABS	2	Limit 74 tablets per month;
ELIQUIS TABS	2	Limit 74 tablets per month;
XARELTO TABS	2	
Heparins And Heparinoid-Like Agents		
ARIXTRA SOLN 10 MG/0.8ML (Use Fondaparinux Sodium)	NF	PA; QL(0.8 ml daily); SP
ARIXTRA SOLN 2.5 MG/0.5ML (Use Fondaparinux Sodium)	NF	PA; QL(0.5 ml daily); SP
ARIXTRA SOLN 5 MG/0.4ML (Use Fondaparinux Sodium)	NF	PA; QL(0.4 ml daily); SP
ARIXTRA SOLN 7.5 MG/0.6ML (Use Fondaparinux Sodium)	NF	PA; QL(0.6 ml daily); SP
<i>enoxaparin sodium soln</i>	4	SP
<i>fondaparinux sodium soln 10 mg/0.8ml</i>	4	PA; QL(0.8 ml daily); SP
<i>fondaparinux sodium soln 2.5 mg/0.5ml</i>	4	PA; QL(0.5 ml daily); SP
<i>fondaparinux sodium soln 5 mg/0.4ml</i>	4	PA; QL(0.4 ml daily); SP
<i>fondaparinux sodium soln 7.5 mg/0.6ml</i>	4	PA; QL(0.6 ml daily); SP
FRAGMIN SOLN 10000 UNIT/ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML	4	PA; SP
<i>heparin sod (porcine) in d5w soln</i>	1	
<i>heparin sodium (porcine) soln 5000 unit/ml, 10000 unit/ml, 20000 unit/ml</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
HEPARIN SODIUM/D5W SOLN 40UNIT/ML-5%	2	
HEPARIN SODIUM/NACL 0.45% SOLN	1	
LOVENOX SOLN (<i>Use Enoxaparin Sodium</i>)	NF	SP
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		
<i>clonazepam tabs 0.5 mg, 1 mg, 2 mg</i>	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, 20 MG, 2.5 MG	3	QL(1 ea per fill retail)
DIAZEPAM RECTAL GEL GEL	3	QL(1 ea per fill retail)
KLONOPIN TABS (<i>Use Clonazepam</i>)	NF	
ONFI SUSP 2.5 MG/ML	3	PA; QL(16 ml daily)
ONFI TABS 10 MG, 20 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)

Drug Name	Drug Tier	Requirements/Limits
<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 (<i>Use Carbamazepine</i>)	NF	ST
CARBATROL CP12 200 MG (<i>Use Carbamazepine</i>)	NF	ST; QL(6 ea daily)
CARBATROL CP12 300 MG (<i>Use Carbamazepine</i>)	NF	ST; QL(4 ea daily)
<i>gabapentin caps 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin soln 250 mg/5ml, 300 mg/6ml</i>	1	QL(60 ml daily)
<i>gabapentin tabs 600 mg, 800 mg</i>	1	
KEPPRA SOLN IV 500 MG/5ML (<i>Use Levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA SOLN OR 100 MG/ML (<i>Use Levetiracetam</i>)	NF	QL(30 ml daily)
KEPPRA TABS OR 1000 MG (<i>Use Levetiracetam</i>)	NF	QL(3 ea daily)
KEPPRA TABS OR 250 MG, 500 MG, 750 MG (<i>Use Levetiracetam</i>)	NF	QL(4 ea daily)
KEPPRA XR TB24 (<i>Use Levetiracetam</i>)	NF	QL(4 ea daily)
LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use Lamotrigine</i>)	NF	
LAMICTAL TABS (<i>Use Lamotrigine</i>)	NF	
<i>lamotrigine chew 5 mg, 25 mg</i>	1	
<i>lamotrigine tabs 25 mg, 100 mg, 150 mg, 200 mg</i>	1	
<i>levetiracetam soln iv 500 mg/5ml</i>	1	QL(30 ml daily)
<i>levetiracetam soln or 100 mg/ml, 500 mg/5ml</i>	1	QL(30 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
<i>levetiracetam tabs or 1000 mg</i>	1	QL(3 ea daily)
<i>levetiracetam tabs or 250 mg, 500 mg, 750 mg</i>	1	QL(4 ea daily)
<i>levetiracetam tb24 or 500 mg, 750 mg</i>	1	QL(4 ea daily)
LYRICA CAPS 225 MG, 300 MG	2	PA; QL(2 ea daily)
LYRICA CAPS 25 MG, 50 MG, 75 MG, 100 MG, 150 MG, 200 MG	2	PA; QL(3 ea daily)
LYRICA SOLN 20 MG/ML	2	PA; QL(30 ml daily)
MYSOLINE TABS (<i>Use Primidone</i>)	NF	
NEURONTIN CAPS 100 MG, 300 MG, 400 MG (<i>Use Gabapentin</i>)	NF	
NEURONTIN SOLN 250 MG/5ML (<i>Use Gabapentin</i>)	NF	QL(60 ml daily)
NEURONTIN TABS 600 MG, 800 MG (<i>Use Gabapentin</i>)	NF	
<i>oxcarbazepine susp 60 mg/ml, 300 mg/5ml</i>	1	QL(40 ml daily)
<i>oxcarbazepine tabs 150 mg, 300 mg</i>	1	QL(3 ea daily)
<i>oxcarbazepine tabs 600 mg</i>	1	QL(4 ea daily)
POTIGA TABS	3	PA; QL(3 ea daily)
<i>primidone tabs</i>	1	
TEGRETOL SUSP (<i>Use Carbamazepine</i>)	2	
TEGRETOL TABS (<i>Use Carbamazepine</i>)	2	
TEGRETOL-XR TB12 200 MG (<i>Use Carbamazepine</i>)	NF	ST; QL(6 ea daily)
TEGRETOL-XR TB12 400 MG (<i>Use Carbamazepine</i>)	NF	ST; QL(4 ea daily)
TOPAMAX SPRINKLE CPSP 15 MG (<i>Use Topiramate</i>)	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TOPAMAX SPRINKLE CPSP 25 MG (<i>Use Topiramate</i>)	NF	QL(8 ea daily)
TOPAMAX TABS 100 MG (<i>Use Topiramate</i>)	NF	QL(3 ea daily)
TOPAMAX TABS 200 MG (<i>Use Topiramate</i>)	NF	QL(8 ea daily)
TOPAMAX TABS 25 MG, 50 MG (<i>Use Topiramate</i>)	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 25 mg, 50 mg</i>	1	QL(4 ea daily)
TRILEPTAL SUSP 300 MG/5ML (<i>Use Oxcarbazepine</i>)	NF	QL(40 ml daily)
TRILEPTAL TABS 150 MG, 300 MG (<i>Use Oxcarbazepine</i>)	NF	QL(3 ea daily)
TRILEPTAL TABS 600 MG (<i>Use Oxcarbazepine</i>)	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)
VIMPAT TABS OR 50 MG, 100 MG, 150 MG, 200 MG	3	PA; QL(2 ea daily)
ZONEGRAN CAPS (<i>Use Zonisamide</i>)	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 (<i>Use Felbamate</i>)	NF	QL(120 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
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 2 MG, 4 MG (Use Tiagabine HCl)	NF	
SABRIL PACK (Use Vigabatrin)	NF	PA; QL(6 ea daily); SP
SABRIL TABS	4	PA; QL(6 ea daily); SP
tiagabine hcl tabs	1	
vigabatrin pack	4	PA; QL(6 ea daily); SP
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	
fosphenytoin sodium soln	1	
PEGANONE TABS	3	
PHENYTEK CAPS 200 MG (Use Phenytoin Sodium Extended)	2	
PHENYTEK CAPS 300 MG (Use Phenytoin Sodium Extended)	NF	
phenytoin chew	1	
phenytoin sodium extended caps	1	
phenytoin sodium soln	1	
phenytoin susp	1	
Succinimides		

Drug Name	Drug Tier	Requirements/Limits
CELONTIN CAPS	3	
ethosuximide caps 250 mg	1	QL(6 ea daily)
ethosuximide soln 250 mg/5ml	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 250 MG (Use Valproic Acid)	NF	
DEPAKOTE ER TB24 (Use Divalproex Sodium)	NF	
DEPAKOTE TBEC (Use Divalproex Sodium)	NF	
divalproex sodium tb24 250 mg, 500 mg	1	
divalproex sodium tbec 125 mg, 250 mg, 500 mg	1	
valproate sodium soln iv 100 mg/ml, 500 mg/5ml	1	
valproic acid caps	1	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
mirtazapine tabs	1	QL(1 ea daily)
mirtazapine tbdp	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.		
bupropion hcl tabs 75 mg, 100 mg	1	QL(3 ea daily)
bupropion hcl tb12 100 mg, 150 mg, 200 mg	1	QL(2 ea daily)
bupropion hcl tb24 150 mg, 300 mg	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
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)
<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)

Drug Name	Drug Tier	Requirements/Limits
<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, 60 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)
FLUOXETINE HCL TABS 60 MG (Use Fluoxetine HCl)	NF	QL(1 ea daily)
<i>fluvoxamine maleate tabs 100 mg</i>	1	QL(3 ea daily)
<i>fluvoxamine maleate tabs 25 mg, 50 mg</i>	1	QL(2 ea daily)
LEXAPRO SOLN 5 MG/5ML (Use Escitalopram Oxalate)	NF	QL(20 ml daily)
LEXAPRO TABS 10 MG (Use Escitalopram Oxalate)	NF	
LEXAPRO TABS 20 MG (Use Escitalopram Oxalate)	NF	QL(1 ea daily)
LEXAPRO TABS 5 MG (Use Escitalopram Oxalate)	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)
<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 Paroxetine HCl)	NF	PA; QL(1 ea daily)
PAXIL CR TB24 25 MG, 37.5 MG (Use Paroxetine HCl)	NF	PA; QL(2 ea daily)
PAXIL SUSP 10 MG/5ML	3	PA; QL(30 ml daily)

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Drug Name	Drug Tier	Requirements/ Limits
PAXIL TABS 10 MG, 20 MG, 40 MG (<i>Use Paroxetine HCl</i>)	NF	QL(1 ea daily)
PAXIL TABS 30 MG (<i>Use Paroxetine HCl</i>)	NF	QL(2 ea daily)
PROZAC CAPS 10 MG (<i>Use Fluoxetine HCl</i>)	NF	QL(1 ea daily)
PROZAC CAPS 20 MG (<i>Use Fluoxetine HCl</i>)	NF	QL(3 ea daily)
PROZAC CAPS 40 MG (<i>Use 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 25 mg, 50 mg</i>	1	QL(1.5 ea daily)
ZOLOFT CONC 20 MG/ML (<i>Use Sertraline HCl</i>)	NF	QL(10 ml daily)
ZOLOFT TABS 100 MG (<i>Use Sertraline HCl</i>)	NF	QL(2 ea daily)
ZOLOFT TABS 25 MG, 50 MG (<i>Use Sertraline HCl</i>)	NF	QL(1.5 ea daily)
Serotonin Modulators		
BRINTELLIX TABS	3	PA; QL(1 ea daily)
NEFAZODONE HCL TABS 100 MG, 150 MG, 200 MG	3	
<i>nefazodone hcl tabs 50 mg, 250 mg</i>	3	
<i>trazodone hcl tabs</i>	1	
TRINTELLIX TABS	3	PA; QL(1 ea daily)
VIIBRYD TABS	2	PA; QL(1 ea daily)
Serotonin-Norepinephrine Reuptake Inhibitors		
CYMBALTA CPEP (<i>Use Duloxetine HCl</i>)	NF	QL(2 ea daily)
<i>desvenlafaxine succinate tb24 100 mg</i>	1	ST; QL(4 ea daily)
<i>desvenlafaxine succinate tb24 25 mg, 50 mg</i>	1	ST; QL(1 ea daily)
<i>duloxetine hcl cpep 20 mg, 30 mg, 60 mg</i>	1	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
EFFEXOR XR CP24 150 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(2 ea daily)
EFFEXOR XR CP24 75 MG, 37.5 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(1 ea daily)
PRISTIQ TB24 100 MG (<i>Use Desvenlafaxine Succinate</i>)	NF	ST; QL(4 ea daily)
PRISTIQ TB24 25 MG, 50 MG (<i>Use Desvenlafaxine Succinate</i>)	NF	ST; QL(1 ea daily)
<i>venlafaxine hcl cp24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl cp24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)
VENLAFAXINE HCL ER TB24 150 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(2 ea daily)
VENLAFAXINE HCL ER TB24 225 MG	1	PA; QL(1 ea daily)
VENLAFAXINE HCL ER TB24 75 MG, 37.5 MG (<i>Use Venlafaxine HCl</i>)	NF	QL(1 ea daily)
<i>venlafaxine hcl tabs 25 mg, 50 mg, 75 mg, 100 mg, 37.5 mg</i>	1	QL(3 ea daily)
<i>venlafaxine hcl tb24 150 mg</i>	1	QL(2 ea daily)
<i>venlafaxine hcl tb24 225 mg</i>	1	PA; QL(1 ea daily)
<i>venlafaxine hcl tb24 75 mg, 37.5 mg</i>	1	QL(1 ea daily)
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	1	
AMOXAPINE TABS	3	
ANAFRANIL CAPS (<i>Use Clomipramine HCl</i>)	NF	PA
<i>clomipramine hcl caps</i>	1	PA
<i>desipramine hcl tabs</i>	1	
<i>doxepin hcl caps</i>	1	
<i>doxepin hcl conc</i>	1	

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Drug Name	Drug Tier	Requirements/Limits
ELAVIL TABS (<i>Use Amitriptyline HCl</i>)	NF	
<i>imipramine hcl tabs</i>	1	
<i>imipramine pamoate caps</i>	1	
NORPRAMIN TABS (<i>Use Desipramine HCl</i>)	NF	
<i>nortriptyline hcl caps 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
PAMELOR CAPS (<i>Use Nortriptyline HCl</i>)	NF	
<i>protriptyline hcl tabs</i>	1	
SURMONTIL CAPS (<i>Use Trimipramine Maleate</i>)	NF	
TOFRANIL TABS (<i>Use Imipramine HCl</i>)	NF	
<i>trimipramine maleate caps</i>	1	

ANTIDIABETICS - Drugs to Regulate Blood Sugar

Alpha-Glucosidase Inhibitors

<i>acarbose tabs</i>	1	QL(3 ea daily)
GLYSET TABS (<i>Use Miglitol</i>)	NF	QL(3 ea daily)
<i>miglitol tabs</i>	3	QL(3 ea daily)
PRECOSE TABS (<i>Use Acarbose</i>)	NF	QL(3 ea daily)

Antidiabetic - Amylin Analogs

SYMLINPEN 120 SOPN	2	PA; Limit 4 pens per month;
SYMLINPEN 60 SOPN	2	PA; Limit 4 pens per month;

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)

Drug Name	Drug Tier	Requirements/Limits
<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 2.5mg-500mg, 1.25mg-250mg</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 1000 MG (<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)
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

Drug Name	Drug Tier	Requirements/ Limits
GLUCAGEN HYPOKIT SOLR	3	
GLUCAGON EMERGENCY KIT KIT	3	
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	2	PA; Limit 1 pen per month;
VICTOZA SOPN	2	PA; Limit 2 pens per month;
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		
ADMELOG SOLN	3	Limit 50ml per month;QL(1.67 ml daily)
ADMELOG SOLOSTAR SOPN	3	Limit 50ml per month;QL(1.67 ml daily)
APIDRA SOLN	3	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)

Drug Name	Drug Tier	Requirements/ Limits
FIASP FLEXTOUCH SOPN	2	Limit 50ml per month;QL(1.67 ml daily)
FIASP SOLN	2	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG JUNIOR KWIKPEN SOPN	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG KWIKPEN SOPN 100 UNIT/ML	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG MIX 50/50 KWIKPEN SUPN	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG MIX 50/50 SUSP	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG MIX 75/25 KWIKPEN SUPN	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG MIX 75/25 SUSP	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG SOCT	3	Limit 50ml per month;QL(1.67 ml daily)
HUMALOG SOLN	3	Limit 50ml per month;QL(1.67 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	3	Limit 50ml per month;QL(1.67 ml daily)
HUMULIN 70/30 SUSP	3	Limit 50ml per month;QL(1.67 ml daily)
HUMULIN N KWIKPEN SUPN	3	Limit 50ml per month;QL(1.67 ml daily)
HUMULIN N SUSP	3	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	3	Limit 40mls per month;QL(1.34 ml daily)

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Drug Name	Drug Tier	Requirements/Limits
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)
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)		

Drug Name	Drug Tier	Requirements/Limits
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 100 MG	2	QL(3 ea daily)
DIABETA TABS 2.5 MG, 1.25 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 5 mg, 10 mg, 2.5 mg</i>	1	QL(2 ea daily)
GLUCOTROL TABS (<i>Use Glipizide</i>)	NF	QL(4 ea daily)
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 2 MG (<i>Use Loperamide HCl</i>)	NF	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits
LOMOTIL TABS (<i>Use Diphenoxylate w/ Atropine</i>)	NF	
<i>loperamide hcl caps 2 mg</i>	1	RX/OTC
MOTOFEN TABS	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidotes - Chelating Agents		
CHEMET CAPS	3	
EXJADE TBSO	4	PA; SP
FERRIPROX TABS 500 MG	3	
JADENU TABS	4	PA; SP
Antidotes and Specific Antagonists		
VISTOGARD PACK	4	PA; QL(4 ea daily); SP
Opioid Antagonists		
<i>naloxone hcl soln 0.4 mg/ml, 4 mg/10ml</i>	1	
NALOXONE HCL SOSY 2 MG/2ML	2	
<i>naltrexone hcl tabs</i>	1	
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 50 MG, 100 MG	3	PA; Limit 5 tablets per month;
GRANISETRON HCL SOLN IV 0.1 MG/ML	2	
<i>granisetron hcl soln iv 0.1 mg/ml, 1 mg/ml</i>	1	
<i>granisetron hcl tabs or 1 mg</i>	1	
<i>ondansetron hcl soln ij 4 mg/2ml</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>ondansetron hcl soln or 4 mg/5ml</i>	1	100 ml / 30 days;
<i>ondansetron hcl tabs or 24 mg</i>	1	Limit 4 tablets per month;
<i>ondansetron hcl tabs or 4 mg, 8 mg</i>	1	QL(1 ea daily)
<i>ondansetron tbdp</i>	1	QL(1 ea daily)
ZOFRAN ODT TBDP (<i>Use Ondansetron</i>)	NF	QL(1 ea daily)
ZOFRAN SOLN 4 MG/5ML (<i>Use Ondansetron HCl</i>)	NF	100 ml / 30 days;
ZOFRAN TABS 4 MG, 8 MG (<i>Use Ondansetron HCl</i>)	NF	QL(1 ea daily)
Antiemetics - Anticholinergic		
<i>meclizine hcl tabs 25 mg, 12.5 mg</i>	1	RX/OTC
<i>scopolamine pt72</i>	1	
TIGAN CAPS OR 300 MG (<i>Use Trimethobenzamide HCl</i>)	NF	
TRANSDERM-SCOP PT72	2	
TRANSDERM-SCOP PT72 (<i>Use Scopolamine</i>)	NF	
<i>trimethobenzamide hcl caps</i>	1	
Antiemetics - Miscellaneous		
CESAMET CAPS	3	
<i>dronabinol caps</i>	1	
MARINOL CAPS (<i>Use Dronabinol</i>)	NF	
Substance P/Neurokinin 1 (NK1) Receptor		
<i>aprepitant caps 40 mg, 125 mg</i>	1	PA;
<i>aprepitant caps 80 mg</i>	1	PA; Limit 4 capsules per month;
EMEND CAPS OR 40 MG, 125 MG (<i>Use Aprepitant</i>)	NF	PA;

Drug Name	Drug Tier	Requirements/Limits
EMEND CAPS OR 80 MG (Use Aprepitant)	NF	PA; Limit 4 capsules per month;
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
CANCIDAS SOLR (Use Caspofungin Acetate)	NF	
CASPOFUNGIN ACETATE SOLR 50 MG, 70 MG	3	
<i>caspofungin acetate solr 50 mg, 70 mg</i>	3	
ERAXIS SOLR	3	
MYCAMINE SOLR	3	
Antifungals		
ABELCET SUSP	3	
AMBISOME SUSR	3	
AMPHOTEC SUSR 50 MG	3	
AMPHOTERICIN B SOLR	3	
ANCOBON CAPS (Use Flucytosine)	NF	
<i>flucytosine caps</i>	1	
GRIS-PEG TABS (Use Griseofulvin Ultramicrosize)	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 250 MG (Use Terbinafine HCl)	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		

Drug Name	Drug Tier	Requirements/Limits
DIFLUCAN SUSR (Use Fluconazole)	NF	
DIFLUCAN TABS (Use Fluconazole)	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 OR 40 MG/ML	3	
SPORANOX CAPS 100 MG (Use Itraconazole)	NF	PA; QL(4 ea daily)
SPORANOX PULSEPAK CAPS (Use Itraconazole)	NF	PA; QL(4 ea daily)
SPORANOX SOLN 10 MG/ML	3	PA; QL(40 ml daily)
VFEND TABS 50 MG, 200 MG (Use Voriconazole)	NF	
<i>voriconazole tabs or 50 mg, 200 mg</i>	1	
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Ethanolamines		
<i>carbinoxamine maleate soln 4 mg/5ml</i>	1	
<i>carbinoxamine maleate tabs 4 mg</i>	1	
CLEMASTINE FUMARATE TABS 2.68 MG	1	
<i>clemastine fumarate tabs 2.68 mg</i>	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 (Use Fexofenadine HCl)	NF	

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Drug Name	Drug Tier	Requirements/Limits
ALLEGRA ALLERGY CHILDRENS TBDP 30 MG	1	QL(2 ea daily)
ALLEGRA ALLERGY TABS (Use Fexofenadine HCl)	NF	QL(2 ea daily)
<i>cetirizine hcl caps 10 mg</i>	1	
<i>cetirizine hcl chew 5 mg, 10 mg</i>	1	
<i>cetirizine hcl soln 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl syrp 1 mg/ml, 5 mg/5ml</i>	1	QL(10 ml daily); RX/OTC
<i>cetirizine hcl tabs 10 mg</i>	1	
CLARINEX TABS 5 MG (Use Desloratadine)	NF	QL(1 ea daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use Loratadine)	NF	
CLARITIN CAPS 10 MG (Use Loratadine)	NF	
CLARITIN CHEW 5 MG	1	
CLARITIN CHILDRENS CHEW	1	
CLARITIN REDITABS TBDP 10 MG (Use Loratadine)	NF	
CLARITIN REDITABS TBDP 5 MG	1	
CLARITIN SYRP 5 MG/5ML (Use Loratadine)	NF	
CLARITIN TABS 10 MG (Use Loratadine)	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

Drug Name	Drug Tier	Requirements/Limits
<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 Levocetirizine Dihydrochloride)	NF	QL(10 ml daily); RX/OTC
XYZAL ALLERGY 24HR TABS (Use Levocetirizine Dihydrochloride)	NF	QL(1 ea daily); RX/OTC
XYZAL SOLN 2.5 MG/5ML (Use Levocetirizine Dihydrochloride)	NF	QL(10 ml daily); RX/OTC
XYZAL TABS 5 MG (Use Levocetirizine Dihydrochloride)	NF	QL(1 ea daily); RX/OTC
ZYRTEC ALLERGY CAPS (Use Cetirizine HCl)	NF	
ZYRTEC ALLERGY TABS (Use Cetirizine HCl)	NF	
ZYRTEC CHILDRENS ALLERGY SYRP (Use Cetirizine HCl)	NF	QL(10 ml daily); RX/OTC
Antihistamines - Phenothiazines		
PHENERGAN SOLN (Use Promethazine HCl)	NF	
<i>promethazine hcl soln ij 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine hcl soln or 6.25 mg/5ml</i>	1	
<i>promethazine hcl supp re 25 mg, 12.5 mg</i>	1	
<i>promethazine hcl syrp or 6.25 mg/5ml</i>	1	
<i>promethazine hcl tabs or 25 mg, 50 mg, 12.5 mg</i>	1	
Antihistamines - Piperidines		

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Drug Name	Drug Tier	Requirements/Limits
<i>cyproheptadine hcl syrup</i>	1	
<i>cyproheptadine hcl tabs</i>	1	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin tabs</i>	1	ST; QL(1 ea daily)
VYTORIN TABS (<i>Use Ezetimibe-Simvastatin</i>)	NF	ST; QL(1 ea daily)
Antihyperlipidemics - Misc.		
LOVAZA CAPS (<i>Use 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		
<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 (<i>Use Colestipol HCl</i>)	NF	QL(6 gm daily)
COLESTID GRAN 5 GM (<i>Use Colestipol HCl</i>)	NF	QL(6 gm daily)
COLESTID PACK 5 GM (<i>Use Colestipol HCl</i>)	NF	QL(6 ea daily)
COLESTID TABS 1 GM (<i>Use 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 (<i>Use Cholestyramine Light</i>)	NF	QL(24 gm daily)
QUESTRAN PACK 4 GM (<i>Use Cholestyramine</i>)	NF	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
QUESTRAN POWD 4 GM/DOSE (<i>Use Cholestyramine</i>)	NF	QL(6 gm daily)
WELCHOL PACK 3.75 GM	2	PA; QL(1 ea daily)
WELCHOL TABS 625 MG	2	PA; QL(6 ea daily)
Fibric Acid Derivatives		
<i>fenofibrate micronized caps 67 mg, 134 mg, 200 mg</i>	1	QL(1 ea daily)
<i>fenofibrate tabs 48 mg, 54 mg, 145 mg, 160 mg</i>	1	QL(1 ea daily)
<i>gemfibrozil tabs</i>	1	QL(2 ea daily)
LOFIBRA CAPS (<i>Use Fenofibrate Micronized</i>)	NF	QL(1 ea daily)
LOFIBRA TABS (<i>Use Fenofibrate</i>)	NF	QL(1 ea daily)
LOPID TABS (<i>Use Gemfibrozil</i>)	NF	QL(2 ea daily)
TRICOR TABS (<i>Use Fenofibrate</i>)	NF	QL(1 ea daily)
TRIGLIDE TABS	2	QL(1 ea daily)
HMG CoA Reductase Inhibitors		
ALTOPREV TB24 20 MG, 40 MG	3	ST; QL(1 ea daily)
ALTOPREV TB24 60 MG	3	QL(1 ea daily)
<i>atorvastatin calcium tabs</i>	1	QL(1 ea daily)
CRESTOR TABS (<i>Use 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 (<i>Use Atorvastatin Calcium</i>)	NF	QL(1 ea daily)
LIVALO TABS	3	ST; QL(1 ea daily)
<i>lovastatin tabs 10 mg, 20 mg</i>	1	QL(1 ea daily)
<i>lovastatin tabs 40 mg</i>	1	QL(2 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
MEVACOR TABS (<i>Use Lovastatin</i>)	NF	QL(2 ea daily)
PRAVACHOL TABS (<i>Use 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)
<i>simvastatin tabs</i>	1	QL(1 ea daily)
ZOCOR TABS (<i>Use Simvastatin</i>)	NF	QL(1 ea daily)
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe tabs</i>	1	ST; QL(1 ea daily)
ZETIA TABS (<i>Use Ezetimibe</i>)	NF	ST; QL(1 ea daily)
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) tbc</i>	1	QL(2 ea daily)
NIASPAN TBCR (<i>Use Niacin (Antihyperlipidemic)</i>)	NF	QL(2 ea daily)
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL TABS (<i>Use Quinapril HCl</i>)	NF	
ACEON TABS (<i>Use Perindopril Erbumine</i>)	NF	
ALTACE CAPS (<i>Use 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 (<i>Use Benazepril HCl</i>)	NF	
MAVIK TABS (<i>Use Trandolapril</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>moexipril hcl tabs</i>	1	
<i>perindopril erbumine tabs</i>	1	
PRINIVIL TABS (<i>Use Lisinopril</i>)	NF	
<i>quinapril hcl tabs</i>	1	
<i>ramipril caps</i>	1	
<i>trandolapril tabs</i>	1	
VASOTEC TABS (<i>Use Enalapril Maleate</i>)	NF	
ZESTRIL TABS (<i>Use Lisinopril</i>)	NF	
Agents for Pheochromocytoma		
DIBENZYLIN CAPS (<i>Use Phenoxybenzamine HCl</i>)	NF	
<i>phenoxybenzamine hcl caps</i>	3	
Angiotensin II Receptor Antagonists		
ATACAND TABS (<i>Use Candesartan Cilexetil</i>)	NF	QL(1 ea daily)
AVAPRO TABS (<i>Use Irbesartan</i>)	NF	QL(1 ea daily)
BENICAR TABS (<i>Use Olmesartan Medoxomil</i>)	NF	QL(1 ea daily)
<i>candesartan cilexetil tabs</i>	1	QL(1 ea daily)
COZAAR TABS (<i>Use Losartan Potassium</i>)	NF	QL(1 ea daily)
DIOVAN TABS (<i>Use 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 (<i>Use Telmisartan</i>)	NF	QL(1 ea daily)
<i>olmesartan medoxomil tabs or 5 mg, 20 mg, 40 mg</i>	1	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
<i>telmisartan tabs</i>	1	QL(1 ea daily)
<i>valsartan tabs</i>	1	QL(1 ea daily)
Antiadrenergic Antihypertensives		
CARDURA TABS (<i>Use Doxazosin Mesylate</i>)	NF	
CATAPRES TABS (<i>Use Clonidine HCl</i>)	NF	QL(8 ea daily)
<i>clonidine hcl tabs or 0.1 mg, 0.2 mg, 0.3 mg</i>	1	QL(8 ea daily)
<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)

Drug Name	Drug Tier	Requirements/ Limits
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	
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	
COARTEM TABS	2	
MALARONE TABS (<i>Use Atovaquone-Proguanil HCl</i>)	NF	
Antimalarials		

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Drug Name	Drug Tier	Requirements/ Limits
CHLOROQUINE PHOSPHATE TABS 250 MG	2	
<i>chloroquine phosphate tabs 500 mg</i>	1	
DARAPRIM TABS	3	
<i>hydroxychloroquine sulfate tabs</i>	1	
MEFLOQUINE HCL TABS	2	
<i>mefloquine hcl tabs</i>	1	
PLAQUENIL TABS (Use Hydroxychloroquine Sulfate)	NF	
PRIMAQUINE PHOSPHATE TABS	3	
QUALAQUIN CAPS (Use Quinine Sulfate)	NF	PA; 84 days supply within 365 days; QL(6 ea daily)
<i>quinine sulfate caps</i>	1	PA; 84 days supply within 365 days; QL(6 ea daily)
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
GUANIDINE HCL TABS	2	
MESTINON SYRP 60 MG/5ML	2	
MESTINON TABS 60 MG (Use Pyridostigmine Bromide)	NF	
MESTINON TIMESPAN TBCR (Use Pyridostigmine Bromide)	NF	
<i>pyridostigmine bromide tabs</i>	1	
<i>pyridostigmine bromide tbc</i>	1	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Anti TB Combinations		

Drug Name	Drug Tier	Requirements/ Limits
RIFAMATE CAPS	3	
RIFATER TABS	3	
Antimycobacterial Agents		
CAPASTAT SULFATE SOLR	3	
CYCLOSERINE CAPS	3	
<i>ethambutol hcl tabs</i>	1	
ISONIAZID SOLN IJ 100 MG/ML	2	
ISONIAZID SYRP OR 50 MG/5ML	1	
<i>isoniazid tabs or 100 mg, 300 mg</i>	1	
MYAMBUTOL TABS (Use Ethambutol HCl)	NF	
MYCOBUTIN CAPS (Use Rifabutin)	NF	
PASER PACK	3	
PRIFTIN TABS	3	
<i>pyrazinamide tabs</i>	1	
<i>rifabutin caps</i>	1	
RIFADIN CAPS (Use Rifampin)	NF	
RIFADIN SOLR (Use Rifampin)	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 (Use Melphalan HCl)	NF	
ALKERAN TABS (Use Melphalan)	NF	

Drug Name	Drug Tier	Requirements/Limits
BICNU SOLR	4	SP
<i>busulfan soln</i>	4	SP
BUSULFEX SOLN (Use Busulfan)	NF	SP
<i>carboplatin soln</i>	4	SP
CISPLATIN SOLN 200 MG/200ML	4	SP
<i>cisplatin soln 50 mg/50ml, 100 mg/100ml</i>	4	SP
CYCLOPHOSPHAMIDE CAPS OR 25 MG, 50 MG	4	SP
<i>cyclophosphamide solr ij 1 gm, 2 gm, 500 mg</i>	4	SP
GLEOSTINE CAPS 10 MG, 40 MG, 100 MG	4	SP
HEXALEN CAPS	4	SP
IFEX SOLR 1 GM (Use Ifosfamide)	NF	SP
IFEX SOLR 3 GM	4	SP
<i>ifosfamide soln 1 gm/20ml, 3 gm/60ml</i>	4	SP
<i>ifosfamide solr 1 gm</i>	4	SP
IFOSFAMIDE SOLR 3 GM	4	SP
LEUKERAN TABS	4	SP
<i>melphalan hcl solr</i>	1	
<i>melphalan tabs</i>	1	
MUSTARGEN SOLR	4	SP
MYLERAN TABS	4	SP
<i>oxaliplatin soln</i>	4	SP
<i>oxaliplatin solr</i>	4	SP
TEMODAR CAPS OR 5 MG, 20 MG, 100 MG, 140 MG, 180 MG, 250 MG (Use Temozolomide)	NF	PA; SP

Drug Name	Drug Tier	Requirements/Limits
TEMODAR SOLR IV 100 MG	4	PA; SP
<i>temozolomide caps</i>	4	PA; SP
TEPADINA SOLR 15 MG (Use Thiotepa)	NF	SP
<i>thiotepa solr</i>	4	SP
TREANDA SOLR 100 MG	4	SP
TREANDA SOLR 25 MG	4	PA; SP
ZANOSAR SOLR	4	SP
Antimetabolites		
ALIMTA SOLR 500 MG	4	PA; SP
ARRANON SOLN	4	SP
<i>azacitidine susr</i>	4	PA; SP
<i>capecitabine tabs</i>	4	PA; SP
<i>cladribine soln</i>	4	PA; SP
<i>clofarabine soln</i>	4	SP
CLOLAR SOLN (Use Clofarabine)	NF	SP
<i>cytarabine soln</i>	4	PA; SP
CYTARABINEAQUEOUS SOLN	4	PA; SP
DACOGEN SOLR (Use Decitabine)	NF	PA; SP
<i>decitabine solr</i>	4	PA; SP
DEPOCYT SUSP	4	SP
FLOXURIDINE SOLR	4	SP
<i>fludarabine phosphate soln</i>	4	PA; SP
<i>fludarabine phosphate solr</i>	4	PA; SP
<i>fluorouracil soln iv 1 gm/20ml, 5 gm/100ml, 2.5 gm/50ml, 500 mg/10ml</i>	4	SP

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

Drug Name	Drug Tier	Requirements/Limits
PERJETA SOLN	4	PA; SP
RITUXAN SOLN	4	PA; SP
VECTIBIX SOLN 100 MG/5ML	4	PA; SP
YERVOY SOLN	4	PA; SP
Antineoplastic - Hedgehog Pathway Inhibitors		
ERIVEDGE CAPS	4	PA; SP
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	SP
<i>bicalutamide tabs</i>	4	SP
CASODEX TABS (<i>Use Bicalutamide</i>)	NF	SP
ELIGARD KIT	4	PA; SP
EMCYT CAPS	4	SP
<i>exemestane tabs</i>	4	SP
FARESTON TABS	2	
FASLODEX SOLN	4	SP
FEMARA TABS (<i>Use Letrozole</i>)	NF	
FIRMAGON SOLR	4	PA; SP
<i>flutamide caps</i>	4	SP
<i>letrozole tabs</i>	1	
<i>leuprolide acetate kit</i>	4	PA; SP
LUPRON DEPOT (1-MONTH) KIT	4	PA; SP
LUPRON DEPOT (3-MONTH) KIT	4	PA; SP
LUPRON DEPOT (4-MONTH) KIT	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
LUPRON DEPOT (6-MONTH) KIT	4	PA; SP
LYSODREN TABS	4	PA; SP
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; SP
TRELSTAR SUSR	4	PA; SP
XTANDI CAPS	4	PA; SP
ZOLADEX IMPL	4	PA; SP
ZYTIGA TABS 250 MG	4	PA; SP
Antineoplastic Antibiotics		
<i>bleomycin sulfate solr</i>	4	SP
COSMEGEN SOLR (Use Dactinomycin)	NF	SP
<i>dactinomycin solr</i>	4	SP
<i>daunorubicin hcl inj</i>	4	SP
DAUNOXOME INJ	4	SP
DOXIL INJ (Use Doxorubicin HCl Liposomal)	NF	SP
<i>doxorubicin hcl liposomal inj</i>	4	SP
<i>doxorubicin hcl soln 2 mg/ml</i>	4	SP
DOXORUBICIN HCL SOLR 10 MG	4	SP

Drug Name	Drug Tier	Requirements/Limits
ELLENCE SOLN (Use Epirubicin HCl)	NF	PA; SP
<i>epirubicin hcl soln</i>	4	PA; SP
IDAMYCIN PFS SOLN (Use Idarubicin HCl)	NF	SP
<i>idarubicin hcl soln</i>	4	SP
<i>mitomycin solr</i>	4	SP
<i>mitoxantrone hcl conc</i>	4	PA; SP
VALSTAR SOLN	4	PA; SP
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS	4	PA; SP
BOSULIF TABS 100 MG, 500 MG	4	PA; SP
CAPRELSA TABS	4	PA; SP
COMETRIQ KIT	4	PA; SP
GLEEVEC TABS (Use Imatinib Mesylate)	NF	PA; SP
<i>imatinib mesylate tabs</i>	4	PA; SP
INLYTA TABS	4	PA; SP
ISTODAX (OVERFILL) SOLR	4	PA; SP
ISTODAX SOLR	4	PA; SP
JAKAFI TABS	4	PA; SP
KYPROLIS SOLR 60 MG	4	PA; SP
NEXAVAR TABS	4	PA; SP
NINLARO CAPS	4	PA; SP
ROMIDEPSIN SOLR	4	PA; SP
SPRYCEL TABS	4	PA; SP
STIVARGA TABS	4	PA; SP

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Drug Name	Drug Tier	Requirements/Limits
SUTENT CAPS 25 MG, 50 MG, 12.5 MG	4	PA; SP
TARCEVA TABS	4	PA; SP
TASIGNA CAPS	4	PA; SP
TORISEL SOLN	4	SP
TYKERB TABS	4	PA; SP
VELCADE SOLR	4	PA; SP
VOTRIENT TABS	4	PA; SP
XALKORI CAPS	4	PA; SP
ZELBORAF TABS	4	PA; SP
ZOLINZA CAPS	4	PA; SP
Antineoplastic Enzymes		
ERWINAZE SOLR	4	PA; SP
ONCASPAR SOLN	4	PA; SP
Antineoplastics Misc.		
ACTIMMUNE SOLN	4	PA; SP
<i>bexarotene caps</i>	4	PA; SP
DACARBAZINE SOLR 100 MG	4	SP
<i>dacarbazine solr 200 mg</i>	4	SP
HYDREA CAPS (Use <i>Hydroxyurea</i>)	NF	
<i>hydroxyurea caps</i>	1	
INTRON A SOLR 18 MU	4	PA; SP
INTRON A W/DILUENT SOLR 18 MU	4	PA; SP
MATULANE CAPS	4	SP
NIPENT SOLR	4	SP
PHOTOFRIN SOLR	4	SP

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

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Drug Name	Drug Tier	Requirements/Limits
ETOPOSIDE CAPS OR 50 MG	4	SP
<i>etoposide soln iv 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	4	SP
HALAVEN SOLN	4	PA; SP
IXEMPRA KIT SOLR 15 MG	4	PA; SP
JEVTANA SOLN	4	PA; SP
NAVELBINE SOLN (Use Vinorelbine Tartrate)	NF	SP
PACLITAXEL CONC 150 MG/25ML	4	SP
<i>paclitaxel conc 30 mg/5ml, 300 mg/50ml, 100 mg/16.7ml</i>	4	SP
TAXOL CONC (Use Paclitaxel)	NF	SP
TAXOTERE CONC (Use Docetaxel)	NF	SP
TENIPOSIDE SOLN	4	SP
VINBLASTINE SULFATE SOLN	4	SP
<i>vincristine sulfate soln</i>	4	SP
<i>vinorelbine tartrate soln</i>	4	SP
Topoisomerase I Inhibitors		
CAMPTOSAR SOLN 300 MG/15ML	4	SP
CAMPTOSAR SOLN 40 MG/2ML, 100 MG/5ML (Use Irinotecan HCl)	NF	PA; SP
HYCAMTIN CAPS OR 0.25 MG, 1 MG	4	PA; SP
HYCAMTIN SOLR IV 4 MG (Use Topotecan HCl)	NF	PA; SP
<i>irinotecan hcl soln</i>	4	PA; SP
IRINOTECAN SOLN	4	SP
<i>topotecan hcl solr 4 mg</i>	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
ANTIPARKINSON AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjuvants		
<i>carbidopa tabs</i>	1	
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	

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Drug Name	Drug Tier	Requirements/Limits
MIRAPEX TABS 0.125 MG (Use Pramipexole Dihydrochloride)	NF	QL(4 ea daily)
MIRAPEX TABS 0.25 MG, 0.75 MG, 0.5 MG, 1 MG, 1.5 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 0.25 mg, 0.75 mg, 0.5 mg, 1 mg, 1.5 mg	1	
REQUIP TABS (Use Ropinirole Hydrochloride)	NF	
REQUIP XL TB24 2 MG, 4 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 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	
ropinirole hydrochloride tb24 2 mg, 4 mg, 6 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	

Drug Name	Drug Tier	Requirements/Limits
STALEVO 50 TABS	2	
STALEVO 75 TABS	2	
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 150 mg, 300 mg, 600 mg	1	AL; At least 6 yrs old
LITHIUM CARBONATE CAPS 150 MG, 600 MG (Use Lithium Carbonate)	NF	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 OR 20 MG, 40 MG, 60 MG, 80 MG (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

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Drug Name	Drug Tier	Requirements/Limits
LATUDA TABS 20 MG, 40 MG, 80 MG	3	PA; QL(1 ea daily); AL; At least 6 yrs old
<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; AL; At least 6 yrs old
INVEGA TB24 3 MG, 9 MG, 1.5 MG (<i>Use Paliperidone</i>)	NF	PA; QL(1 ea daily); 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
<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; 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 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 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
RISPERIDONE ODT TBDP	2	PA; QL(2 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

Drug Name	Drug Tier	Requirements/Limits
<i>risperidone tabs 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	QL(2 ea daily); AL; At least 6 yrs old
<i>risperidone tabs 4 mg</i>	1	QL(4 ea daily); AL; At least 6 yrs old
<i>risperidone tbdp 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 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; AL; At least 18 yrs old
HALDOL DECANOATE 50 SOLN (<i>Use Haloperidol Decanoate</i>)	NF	Limit 1 injection per 28 days; 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; AL; At least 18 yrs old
<i>haloperidol lactate soln ij 5 mg/ml</i>	1	AL; At least 18 yrs old
<i>haloperidol tabs</i>	1	AL; At least 6 yrs old
Dibenzapines		
<i>clozapine tabs 25 mg, 50 mg, 100 mg, 200 mg</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; AL; At least 18 yrs old
<i>olanzapine tabs or 15 mg, 20 mg</i>	1	QL(2 ea daily); AL; At least 6 yrs old
<i>olanzapine tabs or 5 mg, 10 mg, 2.5 mg, 7.5 mg</i>	1	QL(1 ea daily); AL; At least 6 yrs old
<i>quetiapine fumarate tabs 25 mg, 50 mg, 100 mg, 200 mg, 300 mg, 400 mg</i>	1	QL(2 ea daily); AL; At least 10 yrs old

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Drug Name	Drug Tier	Requirements/ Limits
<i>quetiapine fumarate tb24 300 mg, 400 mg</i>	1	PA; QL(2 ea daily); AL; At least 10 yrs old
<i>quetiapine fumarate tb24 50 mg, 150 mg, 200 mg</i>	1	PA; AL; At least 10 yrs old
SAPHRIS SUBL 5 MG, 10 MG	2	PA; QL(2 ea daily); AL; At least 10 yrs old
SEROQUEL TABS (Use <i>Quetiapine Fumarate</i>)	NF	QL(2 ea daily); AL; At least 10 yrs old
SEROQUEL XR TB24 300 MG, 400 MG (Use <i>Quetiapine Fumarate</i>)	NF	PA; QL(2 ea daily); AL; At least 10 yrs old
SEROQUEL XR TB24 50 MG, 150 MG, 200 MG (Use <i>Quetiapine Fumarate</i>)	NF	PA; AL; At least 10 yrs old
ZYPREXA SOLR IM 10 MG (Use <i>Olanzapine</i>)	NF	Limit 6 per month; AL; At least 18 yrs old
ZYPREXA TABS OR 15 MG, 20 MG (Use <i>Olanzapine</i>)	NF	QL(2 ea daily); AL; At least 6 yrs old
ZYPREXA TABS OR 5 MG, 10 MG, 2.5 MG, 7.5 MG (Use <i>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 10 mg, 25 mg, 50 mg, 100 mg, 200 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
<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	

Drug Name	Drug Tier	Requirements/ Limits
<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 (Use <i>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 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 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 300 mg</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	
<i>atazanavir sulfate caps 150 mg, 200 mg</i>	1	QL(2 ea daily)
<i>atazanavir sulfate caps 300 mg</i>	1	QL(1 ea daily)
ATRIPLA TABS	3	QL(1 ea daily)
COMBIVIR TABS (Use <i>Lamivudine-Zidovudine</i>)	NF	QL(2 ea daily)
COMPLERA TABS	2	
CRIXIVAN CAPS 200 MG	2	PA; QL(9 ea daily)
CRIXIVAN CAPS 400 MG	2	PA; QL(6 ea daily)
DESCOVY TABS	3	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
<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)
<i>efavirenz caps 200 mg</i>	1	QL(2 ea daily)
<i>efavirenz caps 50 mg</i>	1	QL(3 ea daily)
<i>efavirenz tabs 600 mg</i>	1	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); SP
EPIVIR TABS 300 MG (Use Lamivudine)	NF	QL(1 ea daily); SP
EPZICOM TABS (Use Abacavir Sulfate-Lamivudine)	NF	PA; QL(1 ea daily)
<i>fosamprenavir calcium tabs</i>	1	PA; QL(4 ea daily)
FUZEON SOLR	4	PA; Limit 1 injection per month; QL(0.04 ea daily); SP
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)

Drug Name	Drug Tier	Requirements/Limits
KALETRA SOLN 400MG/5ML-100MG/5ML (Use Lopinavir-Ritonavir)	NF	PA; QL(12.5 ml daily)
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); SP
<i>lamivudine tabs 300 mg</i>	4	QL(1 ea daily); SP
<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 (Use Fosamprenavir Calcium)	NF	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	

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Drug Name	Drug Tier	Requirements/ Limits
RETROVIR SYRP 50 MG/5ML (Use Zidovudine)	NF	QL(60 ml daily)
REYATAZ CAPS 150 MG, 200 MG (Use Atazanavir Sulfate)	NF	QL(2 ea daily)
REYATAZ CAPS 300 MG (Use Atazanavir Sulfate)	NF	QL(1 ea daily)
SELZENTRY TABS 150 MG	2	QL(2 ea daily)
SELZENTRY TABS 300 MG	2	QL(4 ea daily)
stavudine caps	1	QL(2 ea daily)
SUSTIVA CAPS 200 MG (Use Efavirenz)	NF	QL(2 ea daily)
SUSTIVA CAPS 50 MG (Use Efavirenz)	NF	QL(3 ea daily)
SUSTIVA TABS 600 MG (Use Efavirenz)	NF	QL(1 ea daily)
tenofovir disoproxil fumarate tabs	1	QL(1 ea daily)
TIVICAY TABS	2	
TRIZIVIR TABS (Use Abacavir Sulfate-Lamivudine-Zidovudine)	NF	PA; QL(2 ea daily)
TRUVADA TABS 300MG-200MG	2	PA; QL(1 ea daily)
VIDEX EC CPDR 200 MG (Use Didanosine)	NF	QL(2 ea daily)
VIDEX EC CPDR 250 MG, 400 MG (Use Didanosine)	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 (Use Nevirapine)	NF	QL(2 ea daily)
VIRAMUNE XR TB24 400 MG (Use Nevirapine)	NF	QL(1 ea daily)
VIREAD POWD 40 MG/GM	2	
VIREAD TABS 150 MG, 200 MG, 250 MG	2	

Drug Name	Drug Tier	Requirements/ Limits
VIREAD TABS 300 MG (Use Tenofovir Disoproxil Fumarate)	NF	QL(1 ea daily)
ZERIT CAPS 15 MG, 20 MG, 30 MG, 40 MG (Use Stavudine)	NF	QL(2 ea daily)
ZERIT SOLR 1 MG/ML	2	QL(80 ml daily)
ZIAGEN TABS 300 MG (Use Abacavir Sulfate)	NF	QL(2 ea daily)
zidovudine caps 100 mg	1	QL(6 ea daily)
zidovudine syrp 50 mg/5ml	1	QL(60 ml daily)
zidovudine tabs 300 mg	1	QL(2 ea daily)
CMV Agents		
cidofovir soln	3	
CYTOVENE SOLR (Use Ganciclovir Sodium)	NF	
FOSCAVIR SOLN	3	
ganciclovir sodium solr	1	
VALCYTE SOLR 50 MG/ML (Use Valganciclovir HCl)	NF	PA; QL(18 ml daily)
VALCYTE TABS 450 MG (Use Valganciclovir HCl)	NF	PA; QL(4 ea daily)
valganciclovir hcl solr 50 mg/ml	2	PA; QL(18 ml daily)
valganciclovir hcl tabs 450 mg	1	PA; QL(4 ea daily)
Hepatitis Agents		
adefovir dipivoxil tabs	4	PA; QL(1 ea daily); SP
BARACLUDE SOLN 0.05 MG/ML	4	PA; QL(20 ml daily); SP
BARACLUDE TABS 0.5 MG, 1 MG (Use Entecavir)	NF	PA; QL(1 ea daily); SP
COPEGUS TABS (Use Ribavirin (Hepatitis C))	NF	PA; QL(7 ea daily)
entecavir tabs	4	PA; QL(1 ea daily); SP
EPCLUSA TABS	4	PA; QL(1 ea daily); SP

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Drug Name	Drug Tier	Requirements/ Limits
EPIVIR HBV SOLN 5 MG/ML	2	PA; QL(60 ml daily)
EPIVIR HBV TABS 100 MG (Use Lamivudine (HBV))	NF	PA; QL(3 ea daily)
HARVONI TABS	4	PA; QL(1 ea daily); SP
HEPSERA TABS (Use Adefovir Dipivoxil)	NF	PA; QL(1 ea daily); SP
<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); SP
PEG-INTRON REDIPEN KIT	4	PA; Limit 4 pens per month; QL(0.15 ea daily); SP
PEG-INTRON REDIPEN PAK 4 KIT	4	PA; Limit 4 pens per month; QL(0.15 ea daily); SP
PEGASYS PROCLICK SOLN	4	PA; SP
PEGASYS SOLN 180 MCG/0.5ML	4	PA; SP
PEGASYS SOLN 180 MCG/ML	4	PA; Limit 4 pens per month; QL(0.15 ml daily); SP
PEGINTRON KIT	4	PA; Limit 4 pens per month; QL(0.15 ea daily); SP
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); SP
<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); SP

Drug Name	Drug Tier	Requirements/ Limits
TYZEKA TABS	4	PA; QL(1 ea daily); AL; At least 16 yrs old; SP
Herpes Agents		
<i>acyclovir caps 200 mg</i>	1	
<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	
<i>famciclovir tabs 125 mg, 250 mg</i>	1	PA; QL(3 ea daily)
<i>famciclovir tabs 500 mg</i>	1	PA; QL(4 ea daily)
FAMVIR TABS 125 MG, 250 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 1 gm, 1000 mg</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	
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	
Influenza Agents		
FLUMADINE TABS (Use Rimantadine Hydrochloride)	NF	QL(2 ea daily)
<i>oseltamivir phosphate caps 30 mg, 45 mg, 75 mg</i>	2	

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Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate susr 6 mg/ml</i>	1	
RELENZA DISKHALER AEPB	2	Limit 1 inhaler per month; QL(0.67 ea daily)
<i>rimantadine hydrochloride tabs</i>	1	QL(2 ea daily)
TAMIFLU CAPS (Use <i>Oseltamivir Phosphate</i>)	NF	
TAMIFLU SUSR (Use <i>Oseltamivir Phosphate</i>)	NF	
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 20 MG	2	PA; QL(2 ea daily)
BYSTOLIC TABS 5 MG, 10 MG, 2.5 MG	2	PA; QL(1 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, 50 mg, 100 mg</i>	1	
SECTRAL CAPS (Use <i>Acebutolol HCl</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
TENORMIN TABS (Use <i>Atenolol</i>)	NF	
TOPROL XL TB24 (Use <i>Metoprolol Succinate</i>)	NF	
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 60 mg, 80 mg, 120 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 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl tabs 240 mg</i>	1	
<i>sotalol hcl tabs 80 mg, 120 mg, 160 mg</i>	1	QL(2 ea daily)
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	

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Drug Name	Drug Tier	Requirements/Limits
CARDIZEM CD CP24 (Use Diltiazem HCl Coated Beads)	NF	
CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use Diltiazem HCl Coated Beads)	NF	
CARDIZEM TABS (Use Diltiazem HCl)	NF	
diltiazem hcl coated beads cp24	1	
diltiazem hcl coated beads tb24	1	
diltiazem hcl cp12 or 60 mg, 90 mg, 120 mg	1	
diltiazem hcl cp24 or 120 mg, 180 mg, 240 mg	1	
diltiazem hcl extended release beads cp24 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl soln iv 50 mg/10ml	1	
DILTIAZEM HCL SOLR IV 100 MG	1	
diltiazem hcl tabs or 30 mg, 60 mg, 90 mg, 120 mg	1	
felodipine tb24	1	
isradipine caps	1	
nicardipine hcl caps	1	
nicardipine hcl soln	1	
nifedipine caps	1	
nifedipine tb24	1	
nimodipine caps	1	
NISOLDIPINE ER TB24 20 MG, 30 MG, 40 MG	2	
nisoldipine tb24	1	
NORVASC TABS (Use Amlodipine Besylate)	NF	

Drug Name	Drug Tier	Requirements/Limits
PROCARDIA CAPS (Use Nifedipine)	NF	
PROCARDIA XL TB24 (Use Nifedipine)	NF	
SULAR TB24 (Use Nisoldipine)	NF	
TIAZAC CP24 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (Use Diltiazem HCl Extended Release Beads)	NF	
verapamil hcl cp24 or 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	1	
verapamil hcl soln iv 2.5 mg/ml	1	
verapamil hcl tabs or 40 mg, 80 mg, 120 mg	1	
verapamil hcl tbc or 120 mg, 180 mg, 240 mg	1	
VERELAN CP24 120 MG, 180 MG, 240 MG (Use Verapamil HCl)	NF	
VERELAN PM CP24 (Use Verapamil HCl)	NF	
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
digoxin soln ij 0.25 mg/ml	1	
DIGOXIN SOLN OR 0.05 MG/ML	2	
digoxin tabs or 0.125 mg, 0.25 mg, 125 mcg, 250 mcg	1	
LANOXIN PEDIATRIC SOLN	2	
LANOXIN SOLN IJ 0.25 MG/ML (Use Digoxin)	2	
LANOXIN TABS OR 125 MCG, 250 MCG (Use Digoxin)	2	
LANOXIN TABS OR 62.5 MCG, 187.5 MCG	2	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		

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Drug Name	Drug Tier	Requirements/ Limits
BIDIL TABS	2	
Impotence Agents		
CIALIS TABS	3	PA; QL(1 ea daily)
STENDRA TABS	3	Limit 4 tablets per month;
Prostaglandin Vasodilators		
REMODULIN SOLN	4	PA; SP
VENTAVIS SOLN	4	PA; SP
Pulmonary Hypertension - Endothelin Receptor		
LETAIRIS TABS	4	PA; SP
TRACLEER TABS 125 MG	4	PA; QL(2 ea daily); SP
TRACLEER TABS 62.5 MG	4	PA; QL(1 ea daily); SP
TRACLEER TBSO 32 MG	4	PA; QL(4 ea daily); AL; Up to 12 yrs old; SP
Pulmonary Hypertension - Phosphodiesterase		
ADCIRCA TABS	4	PA; SP
REVATIO SOLN IV 10 MG/12.5ML (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA; SP
REVATIO TABS OR 20 MG (<i>Use Sildenafil Citrate (Pulmonary Hypertension)</i>)	NF	PA; SP
<i>sildenafil citrate (pulmonary hypertension) soln</i>	4	PA; SP
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	4	PA; SP
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil caps</i>	1	
<i>cefadroxil susr</i>	1	
<i>cefadroxil tabs</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<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 250 MG, 500 MG (<i>Use Cephalexin</i>)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps 250 mg, 500 mg</i>	1	
CEFACLOR ER TB12	2	
CEFACLOR SUSR 125 MG/5ML, 250 MG/5ML, 375 MG/5ML	2	
CEFOTAN SOLR (<i>Use Cefotetan Disodium</i>)	NF	
<i>cefotetan disodium solr</i>	3	
CEFOTETAN SOLR	3	
<i>cefoxitin sodium solr ij 10 gm</i>	1	
<i>cefoxitin sodium solr iv 1 gm, 2 gm</i>	1	
<i>cefprozil susr</i>	1	
<i>cefprozil tabs</i>	1	
CEFTIN SUSR 125 MG/5ML	2	
CEFTIN TABS 250 MG, 500 MG (<i>Use Cefuroxime Axetil</i>)	NF	
<i>cefuroxime axetil tabs</i>	1	
<i>cefuroxime sodium solr ij 1.5 gm, 7.5 gm, 750 mg</i>	1	
CEFUROXIME SODIUM SOLR IV 1.5 GM	2	

Drug Name	Drug Tier	Requirements/ Limits
ZINACEF SOLR IJ 1.5 GM, 7.5 GM, 750 MG (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 125 mg/5ml, 250 mg/5ml</i>	1	
CEFDITOREN PIVOXIL TABS 200 MG, 400 MG	3	
<i>cefixime susr</i>	1	PA
<i>cefotaxime sodium solr 1 gm</i>	1	
CEFOTAXIME SODIUM SOLR 1 GM, 2 GM, 10 GM	2	
<i>cefpodoxime proxetil susr</i>	1	
<i>cefpodoxime proxetil tabs</i>	1	
<i>ceftazidime solr</i>	1	
CEFTIBUTEN CAPS 400 MG	1	
CEFTIBUTEN SUSR 180 MG/5ML	3	
<i>ceftriaxone sodium solr ij 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium solr iv 1 gm, 2 gm</i>	1	
FORTAZ SOLR IJ 1 GM, 2 GM, 6 GM (Use Ceftazidime)	NF	
FORTAZ SOLR IV 1 GM (Use Ceftazidime)	NF	
SPECTRACEF TABS	3	
SUPRAX SUSR 100 MG/5ML, 200 MG/5ML (Use Cefixime)	NF	PA
TAZICEF SOLR 1 GM, 2 GM	2	

Drug Name	Drug Tier	Requirements/ Limits
Cephalosporins - 4th Generation		
<i>cefepime hcl solr</i>	1	
MAXIPIME SOLR IJ 1 GM, 2 GM (Use Cefepime HCl)	NF	
Cephalosporins - 5th Generation		
TEFLARO SOLR	3	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
BEYAZ TABS (Use Drospirenone-Ethinyl Estradiol-Levomefolate Calcium)	NF	
BREVICON-28 TABS (Use Norethindrone & Eth Estradiol)	NF	
CYCLESSA TABS (Use Desogestrel-Ethinyl Estradiol (Triphasic))	NF	
DESOGEN TABS (Use Desogestrel & Ethinyl Estradiol)	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 Norethindrone Acetate-Ethinyl Estradiol-Fe)	NF	
<i>ethynodiol diacet & eth estrad tabs</i>	0	

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Drug Name	Drug Tier	Requirements/ Limits
FEMCON FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	NF	
GENERESS FE CHEW (Use Norethindrone & Ethinyl Estradiol-Fe)	NF	
levonorgestrel & eth estradiol tabs	0	
levonorgestrel-eth estradiol (triphasic) tabs	0	
levonorgestrel-ethinyl estradiol (91-day) tabs	0	
levonorgestrel-ethinyl estradiol (continuous) tabs	0	
LO LOESTRIN FE TABS	0	
LOESTRIN 1.5/30-21 TABS (Use Norethindrone Acet & Eth Estra)	NF	
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	

Drug Name	Drug Tier	Requirements/ Limits
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	
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-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	

Drug Name	Drug Tier	Requirements/ Limits
SAFYRAL TABS	0	
SEASONIQUE TABS (<i>Use Levonorgestrel-Ethinyl Estradiol (91-Day)</i>)	NF	
TRI-NORINYL 28 TABS (<i>Use Norethindrone-Eth Estradiol (Triphasic)</i>)	NF	
YASMIN 28 TABS (<i>Use Drospirenone-Ethinyl Estradiol</i>)	NF	
YAZ TABS (<i>Use Drospirenone-Ethinyl Estradiol</i>)	NF	
Combination Contraceptives - Transdermal		
XULANE PTWK	0	
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 (<i>Use 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		

Drug Name	Drug Tier	Requirements/ Limits
DEPO-PROVERA CONTRACEPTIVE SUSP (<i>Use Medroxyprogesterone Acetate (Contraceptive)</i>)	NF	
DEPO-PROVERA CONTRACEPTIVE SUSY (<i>Use 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		
NOR-QD TABS (<i>Use Norethindrone (Contraceptive)</i>)	NF	
<i>norethindrone (contraceptive) tabs</i>	0	
ORTHO MICRONOR TABS (<i>Use Norethindrone (Contraceptive)</i>)	NF	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep</i>	1	PA
CORTEF TABS (<i>Use Hydrocortisone</i>)	NF	
CORTISONE ACETATE TABS	2	
DEPO-MEDROL SUSP 20 MG/ML	3	
DEPO-MEDROL SUSP 40 MG/ML, 80 MG/ML (<i>Use Methylprednisolone Acetate</i>)	NF	
<i>dexamethasone elix 0.5 mg/5ml</i>	1	
DEXAMETHASONE INTENSOL CONC	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>dexamethasone sodium phosphate soln ij 4 mg/ml, 20 mg/5ml, 120 mg/30ml</i>	1	
DEXAMETHASONE SOLN 0.5 MG/5ML	1	
<i>dexamethasone tabs 0.75 mg, 0.5 mg, 4 mg, 6 mg, 1.5 mg</i>	1	
DEXAMETHASONE TABS 1 MG, 2 MG	1	
ENTOCORT EC CPEP (Use Budesonide)	NF	PA
<i>hydrocortisone tabs</i>	1	
KENALOG-40 SUSP (Use Triamcinolone Acetonide)	NF	
MEDROL DOSEPAK TBPK (Use Methylprednisolone)	NF	
MEDROL TABS 2 MG	3	
MEDROL TABS 4 MG, 8 MG, 16 MG, 32 MG (Use Methylprednisolone)	NF	
<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 (Use Prednisolone Sodium Phosphate)	NF	
MILLIPRED TABS 5 MG	3	
ORAPRED ODT TBDP (Use Prednisolone Sodium Phosphate)	NF	
PEDIAPRED SOLN (Use Prednisolone Sodium Phosphate)	NF	
<i>prednisolone sodium phosphate soln or 10 mg/5ml, 20 mg/5ml</i>	3	

Drug Name	Drug Tier	Requirements/ Limits
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 10 mg, 15 mg, 30 mg</i>	3	
<i>prednisolone soln</i>	1	
<i>prednisolone syrpf</i>	1	
PREDNISONE SOLN 5 MG/5ML	2	
<i>prednisone tabs 1 mg, 5 mg, 10 mg, 20 mg, 2.5 mg</i>	1	
PREDNISONE TABS 50 MG	1	
SOLU-CORTEF SOLR 250 MG	3	
SOLU-MEDROL SOLR 2 GM	3	
SOLU-MEDROL SOLR 40 MG, 125 MG, 1000 MG (Use Methylprednisolone Sod Succ)	NF	
SOLU-MEDROL SOLR 500 MG	2	
<i>triamcinolone acetonide susp</i>	3	
VERIPRED 20 SOLN (Use Prednisolone Sodium Phosphate)	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)

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Drug Name	Drug Tier	Requirements/Limits
<i>benzonatate caps 200 mg</i>	1	10 days supply per claim; QL(3 ea daily, 30 ea per fill retail)
TESSALON PERLES CAPS (Use Benzonatate)	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 (Use Fexofenadine-Pseudoephedrine)	NF	QL(2 ea daily)
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use Fexofenadine-Pseudoephedrine)	NF	QL(1 ea daily)
<i>cetirizine-pseudoephedrine tb12</i>	1	QL(2 ea daily)
CLARITIN-D 12 HOUR TB12 (Use Loratadine & Pseudoephedrine)	NF	
CLARITIN-D 24 HOUR TB24 (Use Loratadine & Pseudoephedrine)	NF	
<i>fexofenadine-pseudoephedrine tb12 60mg-120mg</i>	1	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24 180mg-240mg</i>	1	QL(1 ea daily)
<i>loratadine & pseudoephedrine tb12</i>	1	
<i>loratadine & pseudoephedrine tb24</i>	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	

Drug Name	Drug Tier	Requirements/Limits
HYPERSAL NEBU 7 % (Use Sodium Chloride (Inhalant))	NF	
NEBUSAL NEBU	1	
<i>sodium chloride (inhalant) nebu 7 %</i>	1	
Mucolytics		
<i>acetylcysteine soln</i>	1	
DERMATOLOGICALS - Drugs to Treat Skin Conditions		
Acne Products		
ABSORICA CAPS 10 MG, 20 MG, 30 MG, 40 MG	3	PA; AL; At least 12 yrs old
<i>adapalene crea 0.1 %</i>	1	PA; AL; At least 12 yrs old
<i>adapalene gel 0.1 %</i>	1	PA; AL; At least 12 yrs old; RX/OTC
<i>adapalene gel 0.3 %</i>	1	ST; AL; At least 12 yrs old
ADAPALENE LOTN 0.1 %	2	ST; AL; At least 12 yrs old
<i>adapalene-benzoyl peroxide gel</i>	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

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Drug Name	Drug Tier	Requirements/ Limits
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
benzoyl peroxide lotn 6 %	1	AL; At least 12 yrs old; RX/OTC
benzoyl peroxide-erythromycin gel	1	PA; Limit 1 package per claim; QL (45 gm per fill retail); AL; At least 12 yrs old
CLEOCIN-T GEL (Use Clindamycin Phosphate (Topical))	NF	AL; At least 12 yrs old
CLEOCIN-T LOTN (Use Clindamycin Phosphate (Topical))	NF	AL; At least 12 yrs old
CLEOCIN-T SOLN (Use Clindamycin Phosphate (Topical))	NF	AL; At least 12 yrs old
CLEOCIN-T SWAB (Use Clindamycin Phosphate (Topical))	NF	AL; At least 12 yrs old
CLINDAGEL GEL	2	AL; At least 12 yrs old

Drug Name	Drug Tier	Requirements/ Limits
clindamycin phosphate (topical) gel	2	AL; At least 12 yrs old
clindamycin phosphate (topical) lotn	2	AL; At least 12 yrs old
clindamycin phosphate (topical) soln	1	AL; At least 12 yrs old
clindamycin phosphate (topical) swab	1	AL; At least 12 yrs old
clindamycin phosphate-benzoyl peroxide (refrigerate) gel	1	PA; AL; At least 12 yrs old
clindamycin phosphate-benzoyl peroxide gel	1	PA; AL; At least 12 yrs old
clindamycin phosphate-tretinoin gel	1	ST; AL; At least 12 yrs old
DESQUAM-X WASH LIQD 10 % (Use Benzoyl Peroxide)	NF	AL; At least 12 yrs old; RX/OTC
DIFFERIN CREA 0.1 % (Use Adapalene)	NF	PA; AL; At least 12 yrs old
DIFFERIN GEL 0.1 % (Use Adapalene)	NF	PA; AL; At least 12 yrs old; RX/OTC
DIFFERIN GEL 0.3 % (Use Adapalene)	NF	ST; AL; At least 12 yrs old
DIFFERIN LOTN 0.1 %	2	ST; AL; At least 12 yrs old
DUAC GEL (Use Clindamycin Phosphate-Benzoyl Peroxide (Refrigerate))	NF	PA; AL; At least 12 yrs old
EPIDUO GEL (Use Adapalene-Benzoyl Peroxide)	NF	ST; AL; At least 12 yrs old
erythromycin (acne aid) pads	1	AL; At least 12 yrs old
erythromycin (acne aid) soln	1	AL; At least 12 yrs old
isotretinoin caps	3	PA; AL; At least 12 yrs old
KLARON LOTN (Use Sulfacetamide Sodium (Acne))	NF	Limit 1 package per claim; QL (120 ml per fill retail); AL; At least 12 yrs old

Drug Name	Drug Tier	Requirements/ Limits
PANOXYL-4 CREAMY WASH LIQD (Use Benzoyl Peroxide)	NF	AL; At least 12 yrs old
RETIN-A CREA (Use Tretinoin)	NF	AL; At least 12 yrs old
RETIN-A GEL (Use Tretinoin)	NF	AL; At least 12 yrs old
RETIN-A MICRO GEL 0.1 % (Use Tretinoin Microsphere)	NF	PA; AL; At least 12 yrs old
RETIN-A MICRO PUMP GEL 0.1 % (Use Tretinoin Microsphere)	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
<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 0.025 %, 0.05 %, 0.1 %</i>	1	AL; At least 12 yrs old
<i>tretinoin gel 0.025 %, 0.01 %</i>	1	AL; At least 12 yrs old
<i>tretinoin microsphere gel 0.1 %</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		

Drug Name	Drug Tier	Requirements/ Limits
VEREGEN OINT	3	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel 1 %</i>	1	PA;
FLECTOR PTCH	3	PA; QL(2 ea daily)
VOLTAREN GEL (Use Diclofenac Sodium (Topical))	NF	PA;
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	
<i>mupirocin calcium (topical) crea</i>	1	
<i>mupirocin oint</i>	1	
Antifungals - Topical		
<i>butenafine hcl crea</i>	1	RX/OTC
<i>ciclopirox gel 0.77 %</i>	1	
<i>ciclopirox olamine crea</i>	1	
<i>ciclopirox olamine susp</i>	1	
<i>ciclopirox sham 1 %</i>	1	
<i>ciclopirox soln 8 %</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	

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Drug Name	Drug Tier	Requirements/ Limits
<i>clotrimazole w/ betamethasone lotn</i>	1	
<i>econazole nitrate crea</i>	1	
ERTACZO CREA	3	
EXELDERM CREA	3	
EXELDERM SOLN	3	
<i>ketoconazole (topical) crea</i>	1	
<i>ketoconazole (topical) sham</i>	1	
LOPROX CREA 0.77 % (Use <i>Ciclopirox Olamine</i>)	NF	
LOPROX SHAMPOO SHAM (Use <i>Ciclopirox</i>)	NF	
LOPROX SUSP 0.77 % (Use <i>Ciclopirox Olamine</i>)	NF	
LOTRIMIN AF CREA 1 % (Use <i>Clotrimazole (Topical)</i>)	NF	RX/OTC
LOTRIMIN AF FOR HER CREA (Use <i>Clotrimazole (Topical)</i>)	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use <i>Clotrimazole (Topical)</i>)	NF	RX/OTC
LOTRIMIN ULTRA CREA	2	RX/OTC
LOTRIMIN ULTRA CREA (Use <i>Butenafine HCl</i>)	NF	RX/OTC
LOTRISONE CREA (Use <i>Clotrimazole w/ Betamethasone</i>)	NF	
MENTAX CREA	2	RX/OTC
<i>naftifine hcl crea 1 %</i>	3	
<i>naftifine hcl crea 2 %</i>	1	
NAFTIN CREA 2 % (Use <i>Naftifine HCl</i>)	NF	
NAFTIN GEL 1 %	3	
NIZORAL SHAM (Use <i>Ketoconazole (Topical)</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
<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 <i>Oxiconazole Nitrate</i>)	NF	
OXISTAT LOTN	2	
PENLAC NAIL LACQUER SOLN (Use <i>Ciclopirox</i>)	NF	
Antineoplastic or Premalignant Lesion Agents -		
<i>diclofenac sodium (actinic keratoses) gel</i>	3	PA; Limit 1 package per claim; QL(105 gm per fill retail)
EFUDEX CREA (Use <i>Fluorouracil (Topical)</i>)	NF	Limit 1 package per claim; QL(40 gm per fill retail)
<i>fluorouracil (topical) crea 5 %</i>	1	Limit 1 package per claim; QL(40 gm per fill retail)
<i>fluorouracil (topical) soln 2 %</i>	1	Limit 1 package per claim; QL(10 ml per fill retail)
FLUOROURACIL SOLN EX 2 %, 5 %	2	Limit 1 package per claim; QL(10 ml per fill retail)
PANRETIN GEL	3	
PICATO GEL	2	
SOLARAZE GEL (Use <i>Diclofenac Sodium (Actinic Keratoses)</i>)	NF	PA; Limit 1 package per claim; QL(105 gm per fill retail)

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Drug Name	Drug Tier	Requirements/ Limits
TARGRETIN GEL EX 1 %	4	PA; SP
Antipruritics - Topical		
DOXEPIN HYDROCHLORIDE CREA	3	PA; Limit 1 fill every 180 days; 1 tube per fill.
PRUDOXIN CREA	3	PA; Limit 1 fill every 180 days; 1 tube per fill.
ZONALON CREA	3	PA; Limit 1 fill every 180 days; 1 tube per fill.
Antipsoriatics		
<i>acitretin caps 10 mg, 17.5 mg</i>	1	QL(1 ea daily)
<i>acitretin caps 25 mg</i>	1	QL(2 ea daily)
<i>calcipotriene crea</i>	1	PA; Limit 1 package per claim; QL(120 gm per fill retail)
<i>calcipotriene oint</i>	1	PA; Limit 1 package per claim; QL(120 gm per fill retail)
<i>calcipotriene soln</i>	1	PA; 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 (<i>Use Calcipotriene</i>)	NF	PA; Limit 1 package per claim; QL(120 gm per fill retail)
<i>methoxsalen rapid caps</i>	1	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
OXSORALEN ULTRA CAPS (<i>Use Methoxsalen Rapid</i>)	NF	QL(4 ea daily)
SORIATANE CAPS 10 MG, 17.5 MG (<i>Use Acitretin</i>)	NF	QL(1 ea daily)
SORIATANE CAPS 25 MG (<i>Use Acitretin</i>)	NF	QL(2 ea daily)
STELARA SOSY SC 90 MG/ML, 45 MG/0.5ML	4	PA; SP
<i>tazarotene crea</i>	1	
TAZORAC CREA 0.05 %	2	
TAZORAC CREA 0.1 % (<i>Use 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 2.5 %</i>	1	Limit 1 package per claim; QL(120 ml per fill retail)
Antivirals - Topical		
<i>acyclovir topical oint</i>	3	
DENAVIR CREA	3	
ZOVIRAX CREA EX 5 %	3	
ZOVIRAX OINT EX 5 % (<i>Use Acyclovir Topical</i>)	NF	
Burn Products		
<i>mafenide acetate pack</i>	3	
SILVADENE CREA (<i>Use Silver Sulfadiazine</i>)	NF	
<i>silver sulfadiazine crea</i>	1	
SULFAMYLON CREA 85 MG/GM	3	

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Drug Name	Drug Tier	Requirements/ Limits
SULFAMYLON PACK 5 % (Use Mafenide Acetate)	NF	
Corticosteroids - Topical		
ACLOVATE CREA (Use Alclometasone Dipropionate)	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	
<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	PA
<i>clobetasol propionate emollient base crea</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>clobetasol propionate foam</i>	1	PA
<i>clobetasol propionate gel</i>	1	PA
<i>clobetasol propionate oint</i>	1	PA
<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 Flurandrenolide)	NF	
CORDRAN LOTN 0.05 % (Use Flurandrenolide)	NF	
CORDRAN TAPE 4 MCG/SQCM	3	
CORDRAN TAPE TAPE	3	
CUTIVATE CREA (Use Fluticasone Propionate)	NF	
DERMA-SMOOTHIE/FS SCALP OIL (Use Fluocinolone Acetonide)	NF	
DERMATOP CREA (Use Prednicarbate)	NF	
<i>desonide crea</i>	3	
<i>desonide lotn</i>	3	
<i>desonide oint</i>	3	
DESOWEN CREA (Use Desonide)	NF	
DESOWEN LOTN (Use Desonide)	NF	
<i>desoximetasone crea 0.25 %</i>	2	
<i>desoximetasone gel 0.05 %</i>	2	
<i>desoximetasone oint 0.25 %</i>	2	

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Drug Name	Drug Tier	Requirements/ Limits
DIFLORASONE DIACETATE CREA	2	
DIFLORASONE DIACETATE OINT	1	
DIPROLENE AF CREA (Use Betamethasone Dipropionate Augmented)	NF	
DIPROLENE LOTN (Use Betamethasone Dipropionate Augmented)	NF	
DIPROLENE OINT (Use Betamethasone Dipropionate Augmented)	NF	
ELOCON CREA (Use Mometasone Furoate)	NF	
ELOCON OINT (Use Mometasone Furoate)	NF	
<i>fluocinolone acetonide crea 0.025 %, 0.01 %</i>	1	
<i>fluocinolone acetonide oil 0.01 %</i>	1	
<i>fluocinolone acetonide oint 0.025 %</i>	1	
<i>fluocinolone acetonide soln 0.01 %</i>	1	
<i>fluocinonide crea 0.05 %</i>	1	
<i>fluocinonide emulsified base crea</i>	1	
<i>fluocinonide gel 0.05 %</i>	1	
<i>fluocinonide oint 0.05 %</i>	1	
<i>fluocinonide soln 0.05 %</i>	1	
<i>flurandrenolide crea</i>	1	
<i>flurandrenolide lotn</i>	1	
<i>fluticasone propionate crea 0.05 %</i>	1	
<i>fluticasone propionate oint 0.005 %</i>	1	
<i>halobetasol propionate crea</i>	1	
<i>halobetasol propionate oint</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	PA
<i>prednicarbate crea</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
PREDNICARBATE CREA	2	
PREDNICARBATE OINT	2	
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	PA
TEMOVATE E CREA (Use Clobetasol Propionate Emollient Base)	NF	
TEMOVATE GEL (Use Clobetasol Propionate)	NF	PA
TEMOVATE OINT (Use Clobetasol Propionate)	NF	PA
TEMOVATE SOLN (Use Clobetasol Propionate)	NF	
TOPICORT CREA 0.25 % (Use Desoximetasone)	NF	
TOPICORT GEL 0.05 % (Use Desoximetasone)	NF	
TOPICORT OINT 0.25 % (Use Desoximetasone)	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	

Drug Name	Drug Tier	Requirements/ Limits
TRIDESILON CREA (Use Desonide)	NF	
ULTRAVATE CREA (Use Halobetasol Propionate)	NF	
ULTRAVATE OINT (Use Halobetasol Propionate)	NF	
WESTCORT OINT (Use Hydrocortisone Valerate)	NF	
Emollients		
LAC-HYDRIN CREA (Use Lactic Acid (Ammonium Lactate))	NF	RX/OTC
LAC-HYDRIN LOTN (Use Lactic Acid (Ammonium Lactate))	NF	RX/OTC
LAC-HYDRIN TWELVE LOTN (Use Lactic Acid (Ammonium Lactate))	NF	RX/OTC
<i>lactic acid (ammonium lactate) crea 12 %</i>	1	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	1	RX/OTC
Enzymes - Topical		
SANTYL OINT	3	
Hair Growth Agents		
<i>finasteride (alopecia) tabs</i>	1	
PROPECIA TABS (Use Finasteride (Alopecia))	NF	
Immunomodulating Agents - Topical		
ALDARA CREA (Use Imiquimod)	NF	
<i>imiquimod crea</i>	1	
Immunosuppressive Agents - Topical		
ELIDEL CREA	2	PA; Limit 1 package per month; QL (3.5 gm daily); AL; At least 2 yrs old

Drug Name	Drug Tier	Requirements/ Limits
PROTOPIC OINT (<i>Use Tacrolimus (Topical)</i>)	NF	Limit 1 package per month; QL (3.5 gm daily); AL; At least 2 yrs old
<i>tacrolimus (topical) oint</i>	1	Limit 1 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 ptch 5 %</i>	1	PA; QL (3 ea daily)
<i>lidocaine-prilocaine crea</i>	1	
<i>lidocaine-prilocaine kit</i>	1	
LIDODERM PTCH (<i>Use Lidocaine</i>)	NF	PA; QL (3 ea daily)
SYNERA PTCH	3	
XYLOCAINE SOLN EX 4 % (<i>Use Lidocaine HCl</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	

Drug Name	Drug Tier	Requirements/ Limits
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	
LINDANE LOTN	3	
LINDANE SHAM	3	
<i>lindane sham</i>	3	
<i>malathion lotn</i>	2	
NATROBA SUSP	2	
OVIDE LOTN (<i>Use Malathion</i>)	NF	
<i>permethrin crea ex 5 %</i>	1	
SKLICE LOTN	3	
SPINOSAD SUSP	2	
ULESFIA LOTN	3	
Wound Care Products		
REGANEX GEL	3	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Drugs		
GLUCAGEN DIAGNOSTIC SOLR	3	
Diagnostic Tests		
CHEK-STIX CONTROL STRP	1	QL (6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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 GLUCOSE TEST 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
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 19000UNIT-6000UNIT-30000UNIT, 38000UNIT-12000UNIT-60000UNIT, 76000UNIT-24000UNIT-120000UNIT	2	

Drug Name	Drug Tier	Requirements/ Limits
PANCREAZE CPEP 14200UNIT-4200UNIT-24600UNIT, 35500UNIT-10500UNIT-61500UNIT, 54700UNIT-21000UNIT-83900UNIT, 56800UNIT-16800UNIT-98400UNIT	2	
SUCRAID SOLN	3	
ZENPEP CPEP 10000UNIT-3000UNIT-16000UNIT, 17000UNIT-5000UNIT-27000UNIT, 34000UNIT-10000UNIT-55000UNIT, 51000UNIT-15000UNIT-82000UNIT, 68000UNIT-20000UNIT-109000UNIT, 85000UNIT-25000UNIT-136000UNIT	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 25MG-25MG (Use Spironolactone & Hydrochlorothiazide)	NF	
<i>amiloride & hydrochlorothiazide tabs</i>	1	
DYAZIDE CAPS (Use Triamterene & Hydrochlorothiazide)	NF	

Drug Name	Drug Tier	Requirements/Limits
MAXZIDE TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	NF	
MAXZIDE-25 TABS (<i>Use Triamterene & Hydrochlorothiazide</i>)	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 (<i>Use Bumetanide</i>)	NF	QL(5 ea daily)
DEMADEX TABS (<i>Use Toremide</i>)	NF	
EDECRIIN TABS (<i>Use Ethacrynic Acid</i>)	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 (<i>Use Furosemide</i>)	NF	
<i>toremide tabs</i>	1	
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use Spironolactone</i>)	NF	
<i>amiloride hcl tabs</i>	1	
DYRENIUM CAPS	3	QL(3 ea daily)
<i>spironolactone tabs</i>	1	

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;
ACTONEL TABS 35 MG (<i>Use Risedronate Sodium</i>)	NF	PA; Limit 4 tablets per month;
ACTONEL TABS 5 MG, 30 MG (<i>Use Risedronate Sodium</i>)	NF	PA; QL(1 ea daily)
<i>alendronate sodium tabs 35 mg, 70 mg</i>	1	Limit 4 tablets per month;
ALENDRONATE SODIUM TABS 40 MG	2	
<i>alendronate sodium tabs 5 mg, 10 mg</i>	1	QL(1 ea daily)
AELVIA TBEC (<i>Use Risedronate Sodium</i>)	NF	PA
BONIVA SOLN IV 3 MG/3ML (<i>Use Ibandronate Sodium</i>)	NF	SP
BONIVA TABS OR 150 MG (<i>Use Ibandronate Sodium</i>)	NF	Limit 1 tablet per 28 days;

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Drug Name	Drug Tier	Requirements/Limits
<i>calcitonin (salmon) soln</i>	1	Limit 1 inhaler per month;
ETIDRONATE DISODIUM TABS	2	
FORTEO SOLN	4	PA; Limit 1 pen per month; SP
FORTICAL SOLN	2	Limit 1 inhaler per month;
FOSAMAX PLUS D TABS	3	PA; Limit 4 tablets per month;
FOSAMAX TABS (<i>Use Alendronate Sodium</i>)	NF	Limit 4 tablets per month;
<i>ibandronate sodium soln iv 3 mg/3ml</i>	4	SP
<i>ibandronate sodium tabs or 150 mg</i>	1	Limit 1 tablet per 28 days;
MIACALCIN SOLN NA 200 UNIT/ACT (<i>Use Calcitonin (Salmon)</i>)	NF	Limit 1 inhaler per month;
<i>pamidronate disodium soln 30 mg/10ml, 90 mg/10ml</i>	4	PA; SP
PAMIDRONATE DISODIUM SOLN 6 MG/ML	4	PA; SP
<i>pamidronate disodium solr 30 mg, 90 mg</i>	4	PA; SP
PROLIA SOLN	4	PA; SP
RECLAST SOLN (<i>Use Zoledronic Acid</i>)	NF	PA; SP
<i>risedronate sodium tabs 150 mg</i>	1	PA; Limit 1 tablet per 28 days;
<i>risedronate sodium tabs 35 mg</i>	1	PA; Limit 4 tablets per month;
<i>risedronate sodium tabs 5 mg, 30 mg</i>	1	PA; QL(1 ea daily)
<i>risedronate sodium tbec 35 mg</i>	1	PA
XGEVA SOLN	4	PA; SP
<i>zoledronic acid conc 4 mg/5ml</i>	4	PA; SP
ZOLEDRONIC ACID SOLN 4 MG/100ML	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
<i>zoledronic acid soln 5 mg/100ml</i>	4	PA; SP
ZOMETA CONC 4 MG/5ML (<i>Use Zoledronic Acid</i>)	NF	PA; SP
ZOMETA SOLN 4 MG/100ML	4	PA; SP
Fertility Regulators		
CHORIONIC GONADOTROPIN SOLR	4	PA; SP
NOVAREL SOLR 10000 UNIT	4	PA; SP
PREGNYL W/DILUENT BENZYLALCOHOL/NACL SOLR	4	PA; SP
Growth Hormone Receptor Antagonists		
SOMAVERT SOLR 10 MG, 15 MG, 20 MG	4	PA; SP
Growth Hormones		
GENOTROPIN MINIQUICK SOLR 0.2 MG	4	PA; SP
GENOTROPIN SOLR 5 MG	4	PA; SP
HUMATROPE COMBO PACK SOLR	4	PA; SP
HUMATROPE SOLR	4	PA; SP
NORDITROPIN FLEXPRO SOLN 5 MG/1.5ML, 10 MG/1.5ML, 15 MG/1.5ML	4	PA; SP
NUTROPIN AQ NUSPIN 10 SOLN	4	PA; SP
OMNITROPE SOLN 5 MG/1.5ML, 10 MG/1.5ML	4	PA; SP
SAIZEN CLICK.EASY SOLR	4	PA; SP
SAIZEN SOLR	4	PA; SP
SAIZENPREP RECONSTITUTIONKIT SOLR	4	PA; SP
SEROSTIM SOLR	4	PA; SP
ZOMACTON SOLR	4	PA; SP

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Drug Name	Drug Tier	Requirements/ Limits
ZORBTIVE SOLR	4	PA; SP
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; SP
LHRH/GnRH Agonist Analog Pituitary		
LUPRON DEPOT-PED (1-MONTH) KIT	4	PA; SP
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG	4	PA; SP
SYNAREL SOLN	4	PA; SP
Metabolic Modifiers		
ALDURAZYME SOLN	4	PA; SP
BUPHENYL POWD 3 GM/TSP (<i>Use Sodium Phenylbutyrate</i>)	NF	
BUPHENYL TABS 500 MG	3	
BUPHENYL TABS 500 MG (<i>Use Sodium Phenylbutyrate</i>)	NF	
<i>calcitriol caps or 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol soln iv 1 mcg/ml</i>	1	
CALCITRIOL SOLN IV 1 MCG/ML	2	
<i>calcitriol soln or 1 mcg/ml</i>	1	
CARBAGLU TABS	4	SP
CYSTADANE POWD	4	PA; SP
<i>doxercalciferol caps</i>	1	
<i>doxercalciferol soln</i>	1	
ELAPRASE SOLN	4	PA; SP

Drug Name	Drug Tier	Requirements/ Limits
FABRAZYME SOLR 35 MG	4	PA; SP
HECTOROL CAPS OR 0.5 MCG, 1 MCG, 2.5 MCG (<i>Use Doxercalciferol</i>)	NF	
HECTOROL SOLN IV 2 MCG/ML	2	
HECTOROL SOLN IV 4 MCG/2ML (<i>Use Doxercalciferol</i>)	NF	
KUVAN TBSO 100 MG	4	PA; SP
LUMIZYME SOLR	4	PA; SP
NAGLAZYME SOLN	4	PA; SP
ORFADIN CAPS 2 MG, 5 MG, 10 MG	4	PA; SP
<i>paricalcitol caps or 1 mcg, 2 mcg, 4 mcg</i>	1	
<i>paricalcitol soln iv 2 mcg/ml, 5 mcg/ml</i>	4	SP
ROCALTROL CAPS (<i>Use Calcitriol</i>)	NF	
ROCALTROL SOLN (<i>Use Calcitriol</i>)	NF	
SENSIPAR TABS	4	PA; SP
<i>sodium phenylbutyrate powd</i>	3	
<i>sodium phenylbutyrate tabs</i>	3	
ZEMPLAR CAPS OR 1 MCG, 2 MCG (<i>Use Paricalcitol</i>)	NF	
ZEMPLAR SOLN IV 2 MCG/ML, 5 MCG/ML (<i>Use Paricalcitol</i>)	NF	SP
Posterior Pituitary Hormones		
DDAVP SOLN IJ 4 MCG/ML (<i>Use Desmopressin Acetate</i>)	NF	PA
DDAVP SOLN NA 0.01 % (<i>Use Desmopressin Acetate Spray</i>)	NF	

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Drug Name	Drug Tier	Requirements/Limits
DDAVP TABS OR 0.1 MG (Use <i>Desmopressin Acetate</i>)	NF	QL(6 ea daily)
DDAVP TABS OR 0.2 MG (Use <i>Desmopressin Acetate</i>)	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; SP
Prolactin Inhibitors		
<i>cabergoline tabs</i>	1	
Somatostatic Agents		
<i>octreotide acetate soln</i>	4	PA; SP
SANDOSTATIN SOLN (Use <i>Octreotide Acetate</i>)	NF	PA; SP
SOMATULINE DEPOT SOLN	4	PA; SP
Vasopressin Receptor Antagonists		
SAMSCA TABS	4	PA; SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO PTWK	3	
PREMPHASE TABS	2	
PREMPRO TABS	2	
Estrogens		
ALORA PTTW	3	
CLIMARA PTWK (Use <i>Estradiol</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
DELESTROGEN OIL 20 MG/ML, 40 MG/ML (Use <i>Estradiol Valerate</i>)	NF	
DEPO-ESTRADIOL OIL	3	
DIVIGEL GEL	3	
ELESTRIN GEL	3	
ENJUVIA TABS	3	
ESTRACE TABS (Use <i>Estradiol</i>)	NF	
<i>estradiol pttw td 0.0375 mg/24hr, 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.1 mg/24hr</i>	3	
<i>estradiol ptwk td 0.025 mg/24hr, 0.075 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.1 mg/24hr, 37.5 mcg/24hr</i>	1	
<i>estradiol tabs or 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol valerate oil</i>	1	
ESTROGEL GEL	3	
ESTROPIPATE TABS 0.75 MG	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 <i>Estradiol</i>)	NF	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		

Drug Name	Drug Tier	Requirements/ Limits
Fluoroquinolones		
AVELOX ABC PACK TABS (Use Moxifloxacin HCl)	NF	
AVELOX SOLN IV 400MG/250ML-0.8%	2	
AVELOX SOLN IV 400MG/250ML-0.8% (Use Moxifloxacin HCl in Sodium Chloride)	NF	
AVELOX TABS OR 400 MG (Use Moxifloxacin HCl)	NF	
CIPRO SUSR 5 GM/100ML	2	AL; Up to 12 yrs old
CIPRO SUSR 500 MG/5ML (Use Ciprofloxacin)	NF	AL; Up to 12 yrs old
CIPRO TABS 250 MG, 500 MG (Use Ciprofloxacin HCl)	NF	
CIPRO XR TB24 (Use Ciprofloxacin-Ciprofloxacin HCl)	NF	
CIPROFLOXACIN HCL TABS 100 MG	2	
<i>ciprofloxacin hcl tabs 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w soln 200mg/100ml-5%</i>	3	
CIPROFLOXACIN SOLN IV 400 MG/40ML	1	
<i>ciprofloxacin susr or 250 mg/5ml, 500 mg/5ml</i>	1	AL; Up to 12 yrs old
<i>ciprofloxacin-ciprofloxacin hcl tb24</i>	1	
FACTIVE TABS	3	
LEVAQUIN TABS (Use Levofloxacin)	NF	
<i>levofloxacin in d5w soln 500mg/100ml-5%</i>	1	
<i>levofloxacin soln iv 25 mg/ml</i>	1	
LEVOFLOXACIN SOLN OR 25 MG/ML	2	
<i>levofloxacin soln or 25 mg/ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
<i>levofloxacin tabs or 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in sodium chloride soln</i>	1	
<i>moxifloxacin hcl tabs or 400 mg</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; SP
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Use Ursodiol)	NF	
URSO 250 TABS (Use Ursodiol)	NF	
URSO FORTE TABS (Use Ursodiol)	NF	
<i>ursodiol caps</i>	1	
<i>ursodiol tabs</i>	1	
Gastrointestinal Chloride Channel Activators		
AMITIZA CAPS	2	PA; QL(2 ea daily)
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)
<i>metoclopramide hcl tabs or 5 mg, 10 mg</i>	1	84 days supply within 365 Days;QL(6 ea daily)
REGLAN TABS (Use Metoclopramide HCl)	NF	84 days supply within 365 Days;QL(6 ea daily)
Inflammatory Bowel Agents		

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Drug Name	Drug Tier	Requirements/Limits
APRISO CP24	2	PA
ASACOL HD TBEC	2	QL(6 ea daily)
AZULFIDINE EN-TABS TBEC (Use Sulfasalazine)	NF	
AZULFIDINE TABS (Use Sulfasalazine)	NF	
<i>balsalazide disodium caps</i>	1	
CANASA SUPP	2	
CIMZIA KIT	4	PA; SP
CIMZIA STARTER KIT KIT	4	PA; SP
COLAZAL CAPS (Use Balsalazide Disodium)	NF	
DIPENTUM CAPS	2	
LIALDA TBEC (Use Mesalamine)	NF	
MESALAMINE DR TBEC	2	QL(6 ea daily)
<i>mesalamine enem</i>	1	
<i>mesalamine tbec</i>	1	
PENTASA CPCR	2	
REMICADE SOLR	4	PA; SP
<i>sulfasalazine tabs</i>	1	
<i>sulfasalazine tbec</i>	1	
Intestinal Acidifiers		
<i>lactulose (encephalopathy) soln</i>	1	
Irritable Bowel Syndrome (IBS) Agents		
<i>alosectron hcl tabs</i>	1	
LOTRONEX TABS (Use Alosetron HCl)	NF	
Peripheral Opioid Receptor Antagonists		
ENTEREG CAPS	3	PA

Drug Name	Drug Tier	Requirements/Limits
RELISTOR SOLN SC 8 MG/0.4ML, 12 MG/0.6ML	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 (Use Calcium Acetate (Phosphate Binder))	NF	RX/OTC
FOSRENOL CHEW 500 MG, 750 MG, 1000 MG (Use Lanthanum Carbonate)	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 1080 mg</i>	1	
SHOHL'S SOLUTION MODIFIED SOLN (Use Sodium Citrate & Citric Acid)	NF	RX/OTC
<i>sodium citrate & citric acid soln</i>	1	RX/OTC
UROKIT-K 10 TBCR (Use Potassium Citrate (Alkalinizer))	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	

Drug Name	Drug Tier	Requirements/Limits
<i>sodium chloride (gu irrigant) soln</i>	1	
SORBITOL SOLN IR 3 %, 3.3 %	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	
UROXATRAL TB24 (<i>Use Alfuzosin HCl</i>)	NF	QL(1 ea daily)
Urinary Analgesics		
<i>phenazopyridine hcl tabs 100 mg, 200 mg</i>	1	
PYRIDIUM TABS (<i>Use Phenazopyridine HCl</i>)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid tabs</i>	1	QL(6 ea per fill retail)
Gout Agents		
<i>allopurinol tabs</i>	1	
COLCHICINE TABS	2	QL(6 ea per fill retail)
COLCRYS TABS	2	QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits
ULORIC TABS	3	PA; QL(1 ea daily)
ZYLOPRIM TABS (<i>Use Allopurinol</i>)	NF	
Uricosurics		
<i>probenecid tabs</i>	1	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Hematorheologic Agents		
<i>pentoxifylline tbcr</i>	1	QL(3 ea daily)
Platelet Aggregation Inhibitors		
AGGRENOX CP12 (<i>Use Aspirin-Dipyridamole</i>)	NF	PA; QL(2 ea daily)
AGRYLIN CAPS (<i>Use Anagrelide HCl</i>)	NF	
<i>anagrelide hcl caps</i>	1	
<i>aspirin-dipyridamole cp12</i>	1	PA; QL(2 ea daily)
BRILINTA TABS 90 MG	2	
<i>cilostazol tabs</i>	1	
<i>clopidogrel bisulfate tabs or 300 mg</i>	1	
<i>clopidogrel bisulfate tabs or 75 mg</i>	1	QL(1 ea daily)
<i>dipyridamole tabs</i>	1	
EFFIENT TABS 10 MG (<i>Use Prasugrel HCl</i>)	NF	
EFFIENT TABS 5 MG (<i>Use Prasugrel HCl</i>)	NF	QL(1 ea daily)
PERSANTINE TABS (<i>Use Dipyridamole</i>)	NF	
PLAVIX TABS 300 MG (<i>Use Clopidogrel Bisulfate</i>)	NF	
PLAVIX TABS 75 MG (<i>Use Clopidogrel Bisulfate</i>)	NF	QL(1 ea daily)
<i>prasugrel hcl tabs 10 mg</i>	1	
<i>prasugrel hcl tabs 5 mg</i>	1	QL(1 ea daily)

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Drug Name	Drug Tier	Requirements/Limits
REOPRO SOLN	3	PA
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CEREZYME SOLR	4	PA; SP
ELELYSO SOLR	4	PA; SP
VPRIV SOLR	4	PA; SP
ZAVESCA CAPS	4	PA; SP
Agents for Sickle Cell Anemia		
DROXIA CAPS	4	SP
Folic Acid/Folates		
<i>folic acid tabs or 1 mg</i>	0	AL; At least 12 yrs old - Up to 55 yrs old; RX/OTC
Hematopoietic Growth Factors		
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	4	PA; SP
ARANESP ALBUMIN FREE SOSY 500 MCG/ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 300 MCG/0.6ML	4	PA; SP
EPOGEN SOLN	4	PA; SP
LEUKINE SOLR	4	PA; SP
NEULASTA ONPRO KIT PSKT	4	SP
NEULASTA SOSY	4	PA; SP
NEUPOGEN SOLN	4	PA; SP
NEUPOGEN SOSY	4	PA; SP
NPLATE SOLR	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
PROCRIT SOLN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML, 40000 UNIT/ML	4	PA; SP
PROMACTA TABS	4	PA; SP
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 or 15 mg/ml</i>	0	AL; Up to 1 yrs old
Stem Cell Mobilizers		
MOZOBIL SOLN	4	PA; SP
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	
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	
<i>phenobarbital tabs 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	1	
PHENOBARBITAL TABS 30 MG	1	
Non-Barbiturate Hypnotics		

Drug Name	Drug Tier	Requirements/ Limits
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
<i>zaleplon caps 5 mg</i>	1	QL(1 ea daily); AL; At least 18 yrs old
<i>zolpidem tartrate tabs or 5 mg, 10 mg</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 236GM-22.74GM-5.86GM-2.97GM-6.74GM (<i>Use PEG 3350-KCl-Sod Bicarb-Sod Chloride-Sod Sulfate</i>)	NF	

Drug Name	Drug Tier	Requirements/ Limits
MOVIPREP SOLR	2	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236gm-22.74gm-5.86gm-2.97gm-6.74gm</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 or 5 mg</i>	1	
DULCOLAX TBEC OR 5 MG (<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 or 100 mg, 250 mg</i>	1	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
<i>lidocaine hcl (local anesth.) soln 0.5 %, 1 %, 2 %, 4 %</i>	1	
XYLOCAINE SOLN IJ 0.5 %, 1 % (<i>Use Lidocaine HCl (Local Anesth.)</i>)	NF	
XYLOCAINE-MPF SOLN 0.5 %, 1 %, 2 %, 4 % (<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)

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Drug Name	Drug Tier	Requirements/ Limits
azithromycin solr iv 500 mg	1	
azithromycin susr or 100 mg/5ml	1	QL(15 ml per fill retail)
azithromycin susr or 200 mg/5ml	1	Limit 1 package per claim;QL(30 ml per fill retail)
azithromycin tabs or 250 mg	1	QL(6 ea per fill retail)
azithromycin tabs or 500 mg	1	QL(4 ea per fill retail)
azithromycin tabs or 600 mg	1	
ZITHROMAX PACK OR 1 GM	1	QL(2 ea per fill retail)
ZITHROMAX SOLR IV 500 MG (Use Azithromycin)	NF	
ZITHROMAX SUSR OR 100 MG/5ML (Use Azithromycin)	NF	QL(15 ml per fill retail)
ZITHROMAX SUSR OR 200 MG/5ML (Use Azithromycin)	NF	Limit 1 package per claim;QL(30 ml per fill retail)
ZITHROMAX TABS OR 250 MG (Use Azithromycin)	NF	QL(6 ea per fill retail)
ZITHROMAX TABS OR 500 MG (Use Azithromycin)	NF	QL(4 ea per fill retail)
ZITHROMAX TABS OR 600 MG (Use Azithromycin)	NF	
ZITHROMAX TRI-PAK TABS (Use Azithromycin)	NF	QL(4 ea per fill retail)
ZITHROMAX Z-PAK TABS (Use Azithromycin)	NF	QL(6 ea per fill retail)
Clarithromycin		
BIAXIN SUSR (Use Clarithromycin)	NF	
BIAXIN TABS (Use Clarithromycin)	NF	
clarithromycin susr 125 mg/5ml, 250 mg/5ml	1	
CLARITHROMYCIN SUSR 125 MG/5ML, 250 MG/5ML	2	

Drug Name	Drug Tier	Requirements/ Limits
clarithromycin tabs 250 mg, 500 mg	1	
clarithromycin tb24 500 mg	1	
Erythromycins		
E.E.S. 400 TABS	3	
E.E.S. GRANULES SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERY-TAB TBEC	3	
ERYPED 200 SUSR (Use Erythromycin Ethylsuccinate)	NF	
ERYPED 400 SUSR	3	
ERYTHROMYCIN BASE TABS 250 MG, 500 MG	3	
erythromycin ethylsuccinate susr 200 mg/5ml	3	
ERYTHROMYCIN ETHYLSUCCINATE TABS 400 MG	3	
Fidaxomicin		
DIFICID TABS	2	
MEDICAL DEVICES AND SUPPLIES		
Contraceptives		
AIMSCO LUBRICATED MISC	0	
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	

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Drug Name	Drug Tier	Requirements/ Limits
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	
KIMONO PLUS SPERMICIDE/LUBRICATED MISC	0	
KIMONO PS LUBRICATED MISC	0	
KIMONO PS PLUS SPERMICIDE/LUBRICATED MISC	0	
KIMONO SENSATION LUBRICATED MISC	0	

Drug Name	Drug Tier	Requirements/ Limits
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	
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	
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	

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Drug Name	Drug Tier	Requirements/ Limits
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/STUDDED MISC	0	
TRUSTEX LUBRICATED/SPERMICID E EXTRA LARGE MISC	0	
TRUSTEX LUBRICATED/SPERMICID E EXTRA STRENGTH MISC	0	
TRUSTEX LUBRICATED/SPERMICID E MISC	0	
TRUSTEX NATURAL CONDOMS +LUBE/LUBRICATED MISC	0	
TRUSTEX WITH NONOXYNOL-9/RIBBED/STUDDED MISC	0	
TRUSTEX/RIA LUBRICATED MISC	0	

Drug Name	Drug Tier	Requirements/ Limits
TRUSTEX/RIA LUBRICATED SPERMICIDE MISC	0	
TRUSTEX/RIA LUBRICATED/SPERMICID E 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		
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)

Drug Name	Drug Tier	Requirements/ Limits
1ST TIER UNILET COMFORTOUCH LANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
ADJUSTABLE LANCING DEVICE MISC	2	
ADVOCATE LANCING DEVICE MISC	2	
ADVOCATE RAPID-SAFE LANCING DEVICE MISC	2	
AGAMATRIX ULTRA-THIN LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
ALTERNATE SITE LANCING DEVICE MISC	2	
AQUA LANCE ADJUSTABLE LANCING DEVICE DEVI	2	
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	
AUTO-LANCET MISC	2	
AUTOLET IMPRESSION LANCING DEVICE MISC	2	
AUTOLET LANCING DEVICE MISC	2	
AUTOLET MINI MISC	2	
AUTOLET PLUS MISC	2	
BAYER MICROLET 2 LANCING DEVICE MISC	2	
BD LANCET DEVICE MISC	2	
BD LANCET ULTRAFINE 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CARDIOCOM LANCING DEVICE MISC	2	
CAREONE ADVANCED LANCINGDEVICE MISC	2	

Drug Name	Drug Tier	Requirements/ Limits
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	
CLEANLET LANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
CLOSERCARE MISC	2	
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)
CVS LANCING DEVICE MISC	2	
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	
DRUG MART ADJUSTABLE LANCING DEVICE MISC	2	

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Drug Name	Drug Tier	Requirements/ Limits
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)
E-ZJECT LANCETS MICRO-THIN 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
EASY MINI EJECT LANCING DEVICE MISC	2	
EASY MINI LANCING DEVICE MISC	2	
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)

Drug Name	Drug Tier	Requirements/ Limits
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	
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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	
FORA LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
FORA LANCING DEVICE MISC	2	
FORA LANCING DEVICE/CLEARCAP MISC	2	
FREDS PHARMACY AUTOLET LANCING DEVICE MISC	2	
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)
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	

Drug Name	Drug Tier	Requirements/ Limits
GLUCOLET 2 AUTOMATIC LANCING DEVICE MISC	2	
GLUCOSOURCE LANCET DEVICE MISC	2	
GLUCOSOURCE LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
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)
GNP SUPER THIN LANCETS/30G MISC	1	Limit 200 per month;QL(6.67 ea daily)
GOODSENSE LANCING DEVICE MISC	2	
H-E-B INCONTROL ADVANCEDLANCING DEVICE MISC	2	
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)

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Drug Name	Drug Tier	Requirements/ Limits
HEALTH CARE LANCING DEVICE MISC	2	
HEALTHWISE LANCING PEN MISC	2	
HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE MISC	2	
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	
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 THIN33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
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	

Drug Name	Drug Tier	Requirements/ Limits
LANCET DEVICE ADJUSTABLE MISC	2	
LANCET DEVICE WITH EJECTOR MISC	2	
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 SUPER THIN 28G MISC	1	QL(6.67 ea daily)
LANCETS THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCETS ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
LANCING DEVICE ADJUSTABLE MISC	2	
LANCING DEVICE MISC	2	
LANZO MISC	2	
LEADER ADVANCED LANCING DEVICE MISC	2	
LIBERTY MINI LANCING DEVICE MISC	2	
LITE TOUCH LANCING DEVICE MISC	2	
LITE TOUCH LANCING PEN MISC	2	

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Drug Name	Drug Tier	Requirements/ Limits
LIVE BETTER ADVANCED LANCING DEVICE MISC	2	
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)
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	
MINI LANCING DEVICE MISC	2	
MM LANCING DEVICE MISC	2	
MONOLET LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
MONOLET OPD LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
MULTI-LANCET DEVICE MISC	2	
NOVA SUREFLEX LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)
NOVA SUREFLEX LANCING DEVICE MISC	2	
ON CALL LANCING DEVICE MISC	2	
ON CALL PLUS LANCING DEVICE MISC	2	
ONETOUCH DELICA LANCING DEVICE MISC	2	
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)
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	

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Drug Name	Drug Tier	Requirements/ Limits
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	
PX LANCET AUTO INJECTOR MISC	2	
PX LANCETS ULTRA THIN MISC	1	Limit 200 per month;QL(6.67 ea daily)
QC ADVANCED LANCING DEVICE MISC	2	
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)
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	
REALITY LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
RELION 2-IN-1 LANCING DEVICE 25G MISC	2	
RELION 2-IN-1 LANCING DEVICE 30G MISC	2	
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	
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)
RIGHTEST GD500 LANCING DEVICE MISC	2	
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)

Drug Name	Drug Tier	Requirements/ Limits
SELECT-LITE LANCING DEVICE MISC	2	
SHOPKO AUTOLET LANCING DEVICE MISC	2	
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	
SM MICRO THIN LANCETS 33G MISC	1	Limit 200 per month;QL(6.67 ea daily)
SM TRUEDRAW LANCING DEVICE MISC	2	
SMART DIABETES VANTAGE LANCING DEVICE MISC	2	
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)
SOLUS V2 LANCING DEVICE MISC	2	
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	
SURE-PEN MISC	2	
SURELITE LANCETS MISC	1	Limit 200 per month;QL(6.67 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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	
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)
TGT LANCING DEVICE MISC	2	
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	
TODAYS HEALTH SUPER THINLANCETS 30G MISC	1	Limit 200 per month;QL(6.67 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
TODAYS HEALTH ULTRA THINLANCETS 28G MISC	1	Limit 200 per month;QL(6.67 ea daily)
TRUE METRIX CONTROL SOLUTION LEVEL 1 SOLN	1	
TRUE METRIX CONTROL SOLUTION LEVEL 2 SOLN	1	
TRUE METRIX CONTROL SOLUTION LEVEL 3 SOLN	1	
TRUECONTROL GLUCOSE CONTROL LEVEL 0 LIQD	1	
TRUECONTROL GLUCOSE CONTROL LEVEL 1 LIQD	1	
TRUEDRAW LANCING DEVICE MISC	2	
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)
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	
TRUETEST GLUCOSE CONTROLLEVEL 2 LIQD	1	
TRUETEST GLUCOSE CONTROLLEVEL 3 LIQD	1	
ULTI-LANCE AUTOMATIC/CLEAR TIP MISC	2	

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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	
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	
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
1ST TIER UNIFINE PENTIPSPLUS/MINI/31GX 5MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/ORIGINAL/ 29GX12MM MISC	2	QL(5 ea daily); RX/OTC
1ST TIER UNIFINE PENTIPSPLUS/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

Drug Name	Drug Tier	Requirements/Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
ASSURE ID INSULIN SAFETY SYRINGE/U-100/0.5ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC
ASSURE ID INSULIN SAFETY SYRINGE/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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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
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)

Drug Name	Drug Tier	Requirements/Limits
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)
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

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Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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 32G X 1/4" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
DROPLET PEN NEEDLES 32G X 5/16" MISC	2	QL(5 ea daily)
DROPLET PEN NEEDLES 32G X 5/32" MISC	2	QL(5 ea daily); 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 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)

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Drug Name	Drug Tier	Requirements/ Limits
DRUG MART UNIFINE PENTIPS31GX8MM MISC	2	RX/OTC
DRUG MART UNIFINE PENTIPS32GX4MM MISC	2	QL(5 ea daily); RX/OTC
DRUG MART UNIFINE PENTIPSPPLUS 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)
EASY COMFORT PEN NEEDLES31GX3/16" MISC	2	QL(5 ea daily); RX/OTC
EASY COMFORT PEN NEEDLES31GX5/16" MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/Limits
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 NEEDLE 30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 29GX1/2" MISC	2	QL(5 ea daily); RX/OTC
EASY TOUCH PEN NEEDLES 31GX1/4" MISC	2	QL(5 ea daily)
EASY TOUCH PEN NEEDLES 31GX5/16" MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
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
ELITE-THIN INSULIN SYRINGE/U-100/0.5ML/31G X 5/16" MISC	2	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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
EQL INSULIN SYRINGE/U-100/1ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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
FREDS PHARMACY UNIFINE PENTIPS PLUS 31GX8MM MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
GLOBAL INJECT EASE 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
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)
GLOBAL INSULIN SYRINGE/U-100/0.3ML/30G X 1/2" MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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)
GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16" MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT MISC	2	QL(5 ea daily)

Drug Name	Drug Tier	Requirements/ Limits
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
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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
INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

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

Drug Name	Drug Tier	Requirements/ Limits
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
INSUPEN 31G X 5MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
KROGER INSULIN SYRINGE/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

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Drug Name	Drug Tier	Requirements/ Limits
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
LEADER INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
LITETOUCH INSULIN SYRINGE/0.5ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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)
MAGELLAN INSULIN SAFETY SYRINGE/U-100/0.3ML/29G X 1/2" MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
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
MEDICINE SHOPPE PEN NEEDLES 31G X 6MM MISC	2	QL(5 ea daily)

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Drug Name	Drug Tier	Requirements/ Limits
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
MM INSULIN SYRINGE/U-100/0.3ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16" MISC	2	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16" MISC	2	QL(5 ea daily)
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16" MISC	2	QL(5 ea daily)
MM PEN NEEDLES 31G X 1/4" MISC	2	QL(5 ea daily)
MM PEN NEEDLES 31G X 3/16" MISC	2	QL(5 ea daily); RX/OTC
MM PEN NEEDLES 31G X 5/16" MISC	2	RX/OTC
MM PEN NEEDLES 32G X 5/32" MISC	2	QL(5 ea daily); 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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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)

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

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Drug Name	Drug Tier	Requirements/ Limits
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-100/1ML/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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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

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Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/Limits
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
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/32GX4MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/MINI/31GX5MM MISC	2	QL(5 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SHOPKO UNIFINE PENTIPS PEN NEEDLES/ORIGINAL/29GX12MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PEN NEEDLES/SHORT/31GX8MM 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/29GX12MM MISC	2	QL(5 ea daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS PEN NEEDLES/SHORT/REMOVR/31GX8MM MISC	2	RX/OTC
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)

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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

Drug Name	Drug Tier	Requirements/ Limits
TECHLITE INSULIN SYRINGEU-100/1ML/30G X 5/16" MISC	2	QL(5 ea daily); RX/OTC
TECHLITE INSULIN SYRINGEU-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
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

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Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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)

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Drug Name	Drug Tier	Requirements/ Limits
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)
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)

Drug Name	Drug Tier	Requirements/ Limits
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
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)

Drug Name	Drug Tier	Requirements/ Limits
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)
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

Drug Name	Drug Tier	Requirements/ Limits
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)
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

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Drug Name	Drug Tier	Requirements/ Limits
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
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

Drug Name	Drug Tier	Requirements/ Limits
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
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

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Drug Name	Drug Tier	Requirements/ Limits
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 UNIPFINE 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
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	RX/OTC
AEROCHAMBER MV MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW VU MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MASK MISC	2	RX/OTC
AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	2	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits
AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	2	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	2	RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	2	RX/OTC
EASIVENT MISC	2	RX/OTC
OPTICHAMBER ADVANTAGE/LARGE MASK MISC	2	RX/OTC
OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK MISC	2	RX/OTC
OPTICHAMBER ADVANTAGE/SMALL FACE MASK MISC	2	RX/OTC
OPTICHAMBER DIAMOND MISC	2	RX/OTC
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	2	RX/OTC
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	2	RX/OTC
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	2	RX/OTC
VALVED HOLDING CHAMBER DEVI	2	RX/OTC
VORTEX VALVED HOLDING CHAMBER DEVI	2	RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Migraine Combinations		
CAFERGOT TABS (Use Ergotamine w/ Caffeine)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
<i>ergotamine w/ caffeine tabs</i>	1	
Migraine Products		
D.H.E. 45 SOLN (Use <i>Dihydroergotamine Mesylate</i>)	NF	
<i>dihydroergotamine mesylate soln ij 1 mg/ml</i>	1	
DIHYDROERGOTAMINE MESYLATE SOLN NA 4 MG/ML	2	ST; Limit 8 per month;
ERGOMAR SUBL	3	
MIGRANAL SOLN	2	ST; Limit 8 per month;
Serotonin Agonists		
<i>almotriptan malate tabs 12.5 mg</i>	3	ST; AL; At least 12 yrs old
<i>almotriptan malate tabs 6.25 mg</i>	3	ST; Limit 9 tablets per month; AL; At least 12 yrs old
AMERGE TABS (Use <i>Naratriptan HCl</i>)	NF	Limit 9 tablets per month; AL; At least 18 yrs old
AXERT TABS 12.5 MG (Use <i>Almotriptan Malate</i>)	NF	ST; AL; At least 12 yrs old
AXERT TABS 6.25 MG (Use <i>Almotriptan Malate</i>)	NF	ST; Limit 9 tablets per month; AL; At least 12 yrs old
<i>eletriptan hydrobromide tabs</i>	3	ST; Limit 6 tablets per month; AL; At least 18 yrs old
FROVA TABS (Use <i>Frovatriptan Succinate</i>)	NF	ST; AL; At least 18 yrs old
<i>frovatriptan succinate tabs</i>	1	ST; AL; At least 18 yrs old
IMITREX SOLN NA 5 MG/ACT, 20 MG/ACT (Use <i>Sumatriptan</i>)	NF	Limit 6 per month; AL; At least 18 yrs old
IMITREX SOLN SC 6 MG/0.5ML (Use <i>Sumatriptan Succinate</i>)	NF	Limit 4 injections per month; AL; At least 18 yrs old

Drug Name	Drug Tier	Requirements/ Limits
IMITREX STATDOSE SYSTEM SOAJ (Use <i>Sumatriptan Succinate</i>)	NF	Limit 4 injections per month; AL; At least 18 yrs old
IMITREX TABS OR 25 MG, 50 MG, 100 MG (Use <i>Sumatriptan Succinate</i>)	NF	Limit 9 tablets per month; AL; At least 18 yrs old
MAXALT TABS 10 MG (Use <i>Rizatriptan Benzoate</i>)	NF	Limit 18 tablets per month; AL; At least 6 yrs old
MAXALT TABS 5 MG (Use <i>Rizatriptan Benzoate</i>)	NF	AL; At least 6 yrs old
MAXALT-MLT TBDP 10 MG (Use <i>Rizatriptan Benzoate</i>)	NF	Limit 18 tablets per month; AL; At least 6 yrs old
MAXALT-MLT TBDP 5 MG (Use <i>Rizatriptan Benzoate</i>)	NF	AL; At least 6 yrs old
<i>naratriptan hcl tabs</i>	1	Limit 9 tablets per month; AL; At least 18 yrs old
RELPAK TABS (Use <i>Eletriptan Hydrobromide</i>)	NF	ST; Limit 6 tablets per month; AL; At least 18 yrs old
<i>rizatriptan benzoate tabs 10 mg</i>	1	Limit 18 tablets per month; AL; At least 6 yrs old
<i>rizatriptan benzoate tabs 5 mg</i>	1	AL; At least 6 yrs old
<i>rizatriptan benzoate tbdp 10 mg</i>	1	Limit 18 tablets per month; AL; At least 6 yrs old
<i>rizatriptan benzoate tbdp 5 mg</i>	1	AL; At least 6 yrs old
<i>sumatriptan soln</i>	1	Limit 6 per month; 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; AL; At least 18 yrs old

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Drug Name	Drug Tier	Requirements/ Limits
<i>sumatriptan succinate soln sc 6 mg/0.5ml</i>	1	Limit 4 injections per month; AL; At least 18 yrs old
SUMATRIPTAN SUCCINATE SOSY SC 6 MG/0.5ML	2	Limit 4 injections per month; AL; At least 18 yrs old
<i>sumatriptan succinate tabs or 25 mg, 50 mg, 100 mg</i>	1	Limit 9 tablets per month; AL; At least 18 yrs old
<i>zolmitriptan tabs</i>	1	ST; Limit 9 tablets per month; AL; At least 18 yrs old
<i>zolmitriptan tbdp</i>	1	ST; Limit 9 tablets per month; AL; At least 18 yrs old
ZOMIG SOLN NA 5 MG, 2.5 MG	2	ST; Limit 6 per month; AL; At least 18 yrs old
ZOMIG TABS OR 5 MG, 2.5 MG (Use Zolmitriptan)	NF	ST; Limit 9 tablets per month; AL; At least 18 yrs old
ZOMIG ZMT TBDP (Use Zolmitriptan)	NF	ST; Limit 9 tablets per month; AL; At least 18 yrs old
MINERALS & ELECTROLYTES		
Bicarbonates		
<i>sodium acetate soln</i>	1	
Calcium		
<i>calcium chloride (dihydrate) soln</i>	1	
<i>calcium gluconate soln iv 10 %</i>	1	
Electrolyte Mixtures		
DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX SOLN	1	
<i>dextrose in lactated ringers soln</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
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	
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS SOLN 28MEQ/L-24MEQ/L-130MEQ/L-149MEQ/L-3MEQ/L-5%	1	
<i>ringer's soln</i>	1	
Magnesium		
<i>magnesium sulfate soln ij 50 %</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>magnesium sulfate soln iv 2 gm/50ml, 4 gm/50ml, 4 gm/100ml, 20 gm/500ml, 40 gm/1000ml</i>	1	
MAGNESIUM SULFATE SOLN IV 2 GM/50ML, 4 GM/50ML, 4 GM/100ML, 20 GM/500ML, 40 GM/1000ML (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 tbef</i>	1	
<i>potassium bicarbonate tbef</i>	1	
<i>potassium chloride cpcr or 8 meq, 10 meq</i>	1	
POTASSIUM CHLORIDE ER TBCR 8 MEQ	2	
<i>potassium chloride microencapsulated crystals er tbcr</i>	1	
<i>potassium chloride pack or 20 meq</i>	1	
<i>potassium chloride soln iv 0.4 meq/ml, 2 meq/ml, 20 meq/50ml, 10 meq/100ml</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
POTASSIUM CHLORIDE SOLN IV 10 MEQ/50ML	1	
<i>potassium chloride soln or 10 %</i>	1	
<i>potassium chloride tbcr or 8 meq, 10 meq</i>	1	
Sodium		
<i>sodium chloride soln ij 0.9 %, 2.5 meq/ml</i>	1	
<i>sodium chloride soln iv 0.45 %, 0.9 %, 3 %, 5 %, 4 meq/ml</i>	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS	3	PA
SYPRINE CAPS (Use Trientine HCl)	NF	SP
<i>trientine hcl caps</i>	4	SP
Immunomodulators		
REVLIMID CAPS 5 MG, 10 MG, 15 MG, 25 MG, 2.5 MG	4	PA; SP
THALOMID CAPS	4	PA; SP
Immunosuppressive Agents		
ATGAM INJ	4	SP
AZASAN TABS	3	
AZATHIOPRINE SOLR IJ 100 MG	2	
<i>azathioprine tabs or 50 mg</i>	1	
CELLCEPT CAPS 250 MG (Use Mycophenolate Mofetil)	NF	
CELLCEPT INTRAVENOUS SOLR (Use Mycophenolate Mofetil HCl)	NF	
CELLCEPT TABS 500 MG (Use Mycophenolate Mofetil)	NF	

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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 250 mg</i>	1	
<i>mycophenolate mofetil hcl solr</i>	3	
<i>mycophenolate mofetil tabs 500 mg</i>	1	
<i>mycophenolate sodium tbec</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; SP
PROGRAF CAPS OR 0.5 MG, 1 MG, 5 MG (Use Tacrolimus)	NF	
PROGRAF SOLN IV 5 MG/ML	2	
RAPAMUNE SOLN 1 MG/ML	2	
RAPAMUNE TABS 0.5 MG, 1 MG, 2 MG (Use Sirolimus)	NF	
SANDIMMUNE CAPS OR 25 MG, 100 MG (Use Cyclosporine)	NF	

Drug Name	Drug Tier	Requirements/ Limits
SANDIMMUNE SOLN IV 50 MG/ML (Use Cyclosporine)	NF	
SIMULECT SOLR	3	
<i>sirolimus tabs</i>	1	
<i>tacrolimus caps</i>	1	
THYMOGLOBULIN SOLR	4	PA; SP
ZORTRESS TABS	4	SP
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		
DELFLX-LC/1.5% DEXTROSE SOLN	1	
DELFLX-LC/2.5% DEXTROSE SOLN	1	
DELFLX-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	

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Drug Name	Drug Tier	Requirements/Limits
ULTRABAG/DIANEAL LOW CALCIUM/4.25% DEXTROSE SOLN	1	
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 (Use Sodium Polystyrene Sulfonate)	NF	
sodium polystyrene sulfonate powd or	1	
sodium polystyrene sulfonate susp or 15 gm/60ml	1	
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
lidocaine hcl (mouth-throat) soln	1	Limit 120ml per month;QL(4 ml daily)
LIDOCAINE HCL SOLN MT 4 %	2	
Anti-infectives - Throat		
clotrimazole lozg	1	
clotrimazole troc	1	
nystatin (mouth-throat) susp	1	
Antiseptics - Mouth/Throat		
chlorhexidine gluconate (mouth-throat) soln	1	
PERIDEX SOLN (Use Chlorhexidine Gluconate (Mouth-Throat))	NF	
Dental Products		
GEL-KAM ORAL CARE RINSE CONC (Use Stannous Fluoride)	NF	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
stannous fluoride conc mt 0.63 %	0	RX/OTC
Periodontal Products		
ARESTIN MISC	3	PA
Steroids - Mouth/Throat		
triamcinolone acetonide (mouth) pste	1	
Throat Products - Misc.		
cevimeline hcl caps	1	
EVOXAC CAPS (Use Cevimeline HCl)	NF	
pilocarpine hcl (oral) tabs	1	
SALAGEN TABS (Use Pilocarpine HCl (Oral))	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)

Drug Name	Drug Tier	Requirements/Limits
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
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 30UNIT-1000UNIT-20MG- 3MG-200MG-29MG-7MG- 15MG-3MG-12MCG- 400UNIT-1MG-20MG- 100MG, 1000UNIT- 400UNIT-20MG-25MG- 3MG-200MG-29MG-7MG- 6MG-3MG-12MCG-1MG- 30UNIT-20MG-100MG	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

Drug Name	Drug Tier	Requirements/Limits
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
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-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 30UNIT-1000UNIT-100MG- 20MG-3MG-200MG-29MG- 7MG-15MG-3MG-12MCG- 400UNIT-1MG-20MG	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)

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Drug Name	Drug Tier	Requirements/Limits
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)
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs or 10 mg, 20 mg</i>	1	
<i>carisoprodol tabs</i>	1	
CHLORZOXAZONE TABS 500 MG	2	
<i>cyclobenzaprine hcl tabs</i>	1	QL(3 ea daily)
FEXMID TABS (Use <i>Cyclobenzaprine HCl</i>)	NF	QL(3 ea daily)
<i>metaxalone tabs 800 mg</i>	1	QL(4 ea daily)
<i>methocarbamol tabs or 500 mg, 750 mg</i>	1	
<i>orphenadrine citrate tb12 or 100 mg</i>	1	QL(2 ea daily)
ROBAXIN TABS OR 500 MG (Use <i>Methocarbamol</i>)	NF	
ROBAXIN-750 TABS (Use <i>Methocarbamol</i>)	NF	
SKELAXIN TABS (Use <i>Metaxalone</i>)	NF	QL(4 ea daily)
SOMA TABS (Use <i>Carisoprodol</i>)	NF	
<i>tizanidine hcl caps</i>	1	
<i>tizanidine hcl tabs</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ZANAFLEX CAPS (Use <i>Tizanidine HCl</i>)	NF	
ZANAFLEX TABS (Use <i>Tizanidine HCl</i>)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS (Use <i>Dantrolene Sodium</i>)	NF	QL(4 ea daily)
<i>dantrolene sodium caps or 25 mg, 50 mg, 100 mg</i>	1	QL(4 ea daily)
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Antiallergy		
ASTEPRO SOLN (Use <i>Azelastine HCl</i>)	NF	
<i>azelastine hcl soln 0.1 %, 137 mcg/spray</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 (Use <i>Olopatadine HCl (Nasal)</i>)	NF	
Nasal Anticholinergics		
ATROVENT SOLN 0.03 % (Use <i>Ipratropium Bromide (Nasal)</i>)	NF	QL(1 ml daily)
ATROVENT SOLN 0.06 % (Use <i>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; RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use <i>Fluticasone Propionate (Nasal)</i>)	NF	Limit 1 inhaler per month; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
FLONASE ALLERGY RELIEF SUSP (Use Fluticasone Propionate (Nasal))	NF	Limit 1 inhaler per month; RX/OTC
<i>fluticasone propionate (nasal) susp</i>	1	Limit 1 inhaler per month; RX/OTC
<i>mometasone furoate (nasal) susp</i>	1	PA; Limit 1 inhaler per month
NASONEX SUSP (Use Mometasone Furoate (Nasal))	NF	PA; Limit 1 inhaler per month
RHINOCORT AQUA SUSP (Use Budesonide (Nasal))	NF	Limit 2 inhalers per month; RX/OTC
Sympathomimetic Decongestants		
TYZINE PEDIATRIC NASAL DROPS SOLN	3	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use Riluzole)	NF	
<i>riluzole tabs</i>	3	
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX SOLR	3	PA
DYSPORE SOLR	3	PA
XEOMIN SOLR 50 UNIT	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	

Drug Name	Drug Tier	Requirements/Limits
CLINIMIX 4.25%/DEXTROSE 5% SOLN	3	
CLINIMIX 5%/DEXTROSE 25% SOLN	3	
CLINIMIX E 5%/DEXTROSE 20% SOLN	3	
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	
CARTEOLOL HCL SOLN	2	
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 0.25 %, 0.5 %</i>	1	
<i>timolol maleate (ophth) soln 0.25 %, 0.5 %</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
TIMOLOL MALEATE OPTHALMIC GEL FORMING SOLG	2	
TIMOPTIC SOLN (Use Timolol Maleate (Ophth))	NF	
TIMOPTIC-XE SOLG 0.25 % (Use Timolol Maleate (Ophth))	NF	
TIMOPTIC-XE SOLG 0.5 %	2	
Cycloplegic Mydriatics		
MYDRIACYL SOLN (Use Tropicamide)	NF	
tropicamide soln	1	
Miotics		
ISOPTO CARPINE SOLN (Use Pilocarpine HCl)	NF	
PHOSPHOLINE IODIDE SOLR	3	
pilocarpine hcl soln	1	
Ophthalmic Adrenergic Agents		
ALPHAGAN P SOLN 0.15 % (Use Brimonidine Tartrate)	NF	Limit 1 package per claim; QL (15 ml per fill retail)
apraclonidine hcl soln	1	
brimonidine tartrate soln	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	

Drug Name	Drug Tier	Requirements/ Limits
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	
ciprofloxacin hcl (ophth) soln	1	
erythromycin (ophth) oint	1	
gatifloxacin (ophth) soln	1	
GENTAK OINT	2	
gentamicin sulfate (ophth) oint	1	
gentamicin sulfate (ophth) soln	1	
levofloxacin (ophth) soln	1	
NATACYN SUSP	2	
neomycin-bacitracin zn-polymyxin oint	1	
OCUFLOX SOLN (Use Ofloxacin (Ophth))	NF	
ofloxacin (ophth) soln	1	
polymyxin b-trimethoprim soln	1	
POLYTRIM SOLN (Use Polymyxin B-Trimethoprim)	NF	
sulfacetamide sodium (ophth) soln	1	Limit 1 package per claim; QL (15 ml per fill retail)
tobramycin (ophth) soln	1	
TOBREX SOLN (Use Tobramycin (Ophth))	NF	
trifluridine soln	1	
VIROPTIC SOLN (Use Trifluridine)	NF	
ZIRGAN GEL	2	
ZYMAXID SOLN (Use Gatifloxacin (Ophth))	NF	

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Drug Name	Drug Tier	Requirements/ Limits
Ophthalmic Immunomodulators		
RESTASIS EMUL	2	PA
RESTASIS MULTIDOSE EMUL	2	PA
Ophthalmic Local Anesthetics		
ALCAINE SOLN (<i>Use Proparacaine HCl</i>)	NF	
<i>proparacaine hcl soln</i>	1	
Ophthalmic Steroids		
ALREX SUSP	2	
DEXAMETHASONE SODIUM PHOSPHATE SOLN OP 0.1 %	2	
DUREZOL EMUL	2	
<i>fluorometholone (ophth) susp</i>	1	
FML FORTE SUSP	3	
FML LIQUIFILM SUSP (<i>Use Fluorometholone (Ophth)</i>)	NF	
FML OINT	3	
LOTEMAX GEL	2	
LOTEMAX OINT	2	
LOTEMAX SUSP	2	
MAXIDEX SUSP	3	
MAXITROL OINT (<i>Use Neomycin-Polymy-Dexameth</i>)	NF	
MAXITROL SUSP (<i>Use Neomycin-Polymy-Dexameth</i>)	NF	
<i>neomycin-polymy-dexameth oint</i>	1	
<i>neomycin-polymy-dexameth susp</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
NEOMYCIN/POLYMYXIN/HYDROCORTISONE SUSP	1	
OMNIPRED SUSP (<i>Use Prednisolone Acetate (Ophth)</i>)	NF	
PRED FORTE SUSP (<i>Use Prednisolone Acetate (Ophth)</i>)	NF	
PRED MILD SUSP	3	
<i>prednisolone acetate (ophth) susp</i>	1	
PREDNISOLONE SODIUM PHOSPHATE SOLN OP 1 %	3	
TOBRADEX OINT	3	
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	

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Drug Name	Drug Tier	Requirements/ Limits
BROMFENAC SOLN	1	
BROMFENAC SOLN	2	
<i>cromolyn sodium (ophth) soln</i>	1	
CYSTARAN SOLN	2	PA
<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 (Use <i>Epinastine HCl (Ophth)</i>)	NF	
EMADINE SOLN	3	
<i>epinastine hcl (ophth) soln</i>	1	
FLURBIPROFEN SODIUM SOLN	2	
<i>flurbiprofen sodium soln</i>	1	
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	
LASTACAPT SOLN	2	
NEVANAC SUSP	3	PA
OCUFEN SOLN (Use <i>Flurbiprofen Sodium</i>)	NF	
<i>olopatadine hcl soln</i>	1	PA
PATADAY SOLN (Use <i>Olopatadine HCl</i>)	NF	PA
PATANOL SOLN (Use <i>Olopatadine HCl</i>)	NF	PA
TRUSOPT SOLN (Use <i>Dorzolamide HCl</i>)	NF	Limit 1 package per claim; QL (10 ml per fill retail)

Drug Name	Drug Tier	Requirements/ Limits
ZADITOR SOLN (Use <i>Ketotifen Fumarate (Ophth)</i>)	NF	
Prostaglandins - Ophthalmic		
BIMATOPROST SOLN	3	
<i>latanoprost soln</i>	1	
LUMIGAN SOLN	3	ST
TRAVATAN Z SOLN	2	
XALATAN SOLN (Use <i>Latanoprost</i>)	NF	
ZIOPTAN SOLN	2	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic) soln</i>	1	
Otic Anti-infectives		
CETRAXAL SOLN (Use <i>Ciprofloxacin HCl (Otic)</i>)	NF	
<i>ciprofloxacin hcl (otic) soln</i>	1	
FLOXIN OTIC SOLN (Use <i>Ofloxacin (Otic)</i>)	NF	
<i>ofloxacin (otic) soln</i>	1	
Otic Combinations		
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		

Drug Name	Drug Tier	Requirements/Limits
DERMOTIC OIL (<i>Use Fluocinolone Acetonide (Otic)</i>)	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 1 GM/5ML	4	PA; SP
GAMMAGARD LIQUID SOLN 1 GM/10ML	4	PA; SP
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	4	PA; SP
GAMMAKED SOLN 1 GM/10ML	4	PA; SP
GAMUNEX-C SOLN 1 GM/10ML	4	PA; SP
HIZENTRA SOLN 1 GM/5ML	4	PA; SP
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps 250 mg, 500 mg</i>	1	
AMOXICILLIN CHEW 125 MG, 250 MG	2	
<i>amoxicillin susr 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin tabs 500 mg, 875 mg</i>	1	
<i>ampicillin caps 250 mg, 500 mg</i>	1	
AMPICILLIN CAPS 500 MG	2	
<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	

Drug Name	Drug Tier	Requirements/Limits
AMPICILLIN SUSR 125 MG/5ML, 250 MG/5ML	1	
Natural Penicillins		
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE SOLN 40000UNIT/ML, 60000UNIT/ML	1	
<i>penicillin g potassium solr 5000000 unit</i>	1	
PENICILLIN G PROCAINE SUSP	3	
PENICILLIN G SODIUM SOLR	3	
<i>penicillin v potassium solr 125 mg/5ml, 250 mg/5ml</i>	1	
PENICILLIN V POTASSIUM SOLR 125 MG/5ML, 250 MG/5ML	2	
<i>penicillin v potassium tabs 250 mg, 500 mg</i>	1	
PFIZERPEN-G SOLR 5000000 UNIT (<i>Use Penicillin G Potassium</i>)	NF	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate susr</i>	1	
<i>amoxicillin & pot clavulanate tabs</i>	1	
<i>amoxicillin & pot clavulanate tb 12</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 (<i>Use Amoxicillin & Pot Clavulanate</i>)	NF	
AUGMENTIN SUSR 250MG/5ML-62.5MG/5ML (<i>Use Amoxicillin & Pot Clavulanate</i>)	NF	

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Drug Name	Drug Tier	Requirements/ Limits
AUGMENTIN TABS 500MG-125MG, 875MG-125MG (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 0.375GM-3GM, 0.25GM-2GM, 0.5GM-4GM, 4.5GM-36GM (Use Piperacillin Sodium-Tazobactam Sodium)	NF	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium caps</i>	1	
<i>nafcillin sodium solr ij 1 gm, 10 gm</i>	1	
NAFCILLIN SODIUM SOLR IV 1 GM	2	
<i>oxacillin sodium solr 1 gm, 10 gm</i>	1	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use Norethindrone Acetate)	NF	
<i>medroxyprogesterone acetate tabs</i>	1	
MEGACE ES SUSP (Use Megestrol Acetate (Appetite))	NF	PA; QL(5 ml daily)
<i>megestrol acetate (appetite) susp</i>	3	PA; QL(5 ml daily)
<i>norethindrone acetate tabs</i>	0	
<i>progesterone micronized caps</i>	1	

Drug Name	Drug Tier	Requirements/ Limits
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); SP
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)
EXELON CAPS OR 3 MG, 6 MG, 1.5 MG, 4.5 MG (Use Rivastigmine Tartrate)	NF	
<i>galantamine hydrobromide cp24 8 mg, 16 mg, 24 mg</i>	1	QL(1 ea daily)
GALANTAMINE HYDROBROMIDE SOLN 4 MG/ML	2	QL(6 ml daily)
<i>galantamine hydrobromide tabs 4 mg, 8 mg, 12 mg</i>	1	QL(2 ea daily)
<i>memantine hcl soln 2 mg/ml</i>	2	

Drug Name	Drug Tier	Requirements/Limits
<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 (Use Memantine HCl)	NF	QL(2 ea daily)
NAMENDA TABS 5 MG (Use Memantine HCl)	NF	QL(1 ea daily)
NAMENDA TITRATION PAK TABS (Use Memantine HCl)	NF	
RAZADYNE ER CP24 (Use Galantamine Hydrobromide)	NF	QL(1 ea daily)
RAZADYNE TABS (Use Galantamine Hydrobromide)	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; SP
XENAZINE TABS (Use Tetrabenazine)	NF	PA; SP
Multiple Sclerosis Agents		
AMPYRA TB12	4	PA; SP
AVONEX KIT	4	PA; SP
AVONEX PEN AJKT	4	PA; SP
AVONEX PSKT	4	PA; SP
BETASERON KIT	4	PA; SP

Drug Name	Drug Tier	Requirements/Limits
COPAXONE SOSY 20 MG/ML (Use Glatiramer Acetate)	NF	PA; SP
EXTAVIA KIT	4	PA; SP
GILENYA CAPS	4	PA; SP
<i>glatiramer acetate sosy 20 mg/ml</i>	4	PA; SP
REBIF REBIDOSE SOAJ	4	PA; SP
REBIF REBIDOSE TITRATIONPACK SOAJ	4	PA; SP
REBIF SOSY	4	PA; SP
REBIF TITRATION PACK SOSY	4	PA; SP
TYSABRI CONC	4	PA; SP
ZINBRYTA SOSY	4	PA; SP
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		
NUEDEXTA CAPS	3	
Psychotherapeutic and Neurological Agents -		
ERGOLOID MESYLATES TABS	3	
ORAP TABS (Use Pimozide)	NF	
<i>pimozide tabs</i>	1	
Restless Leg Syndrome (RLS) Agents		
HORIZANT TBCR 600 MG	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	

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Drug Name	Drug Tier	Requirements/Limits
CHANTIX TABS	0	QL(2 ea daily)
NICODERM CQ PT24 14 MG/24HR, 21 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 14 mg/24hr, 21 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)
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 800 MG, 1000 MG	4	PA; SP
PROLASTIN-C SOLR	4	PA; SP
ZEMAIRA SOLR	4	PA; SP
Cystic Fibrosis Agents		

Drug Name	Drug Tier	Requirements/Limits
KALYDECO TABS 150 MG	4	PA; SP
PULMOZYME SOLN	4	PA; SP
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 100 MG (Use Doxycycline Monohydrate)	NF	QL(2 ea daily)
<i>demeclocycline hcl tabs</i>	1	
<i>doxycycline (monohydrate) caps 50 mg, 100 mg</i>	1	QL(2 ea daily)
<i>doxycycline (monohydrate) tabs 100 mg</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 20 mg, 100 mg</i>	1	QL(2 ea daily)
MINOCIN CAPS OR 50 MG, 75 MG, 100 MG (Use Minocycline HCl)	NF	QL(3 ea daily)
<i>minocycline hcl caps 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
<i>minocycline hcl tabs 50 mg, 75 mg, 100 mg</i>	1	QL(3 ea daily)
MONODOX CAPS 100 MG (Use Doxycycline Monohydrate)	NF	QL(2 ea daily)
<i>tetracycline hcl caps 250 mg, 500 mg</i>	1	QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits
TETRACYCLINE HCL CAPS 250 MG, 500 MG (Use Tetracycline HCl)	NF	QL(8 ea daily)
VIBRAMYCIN CAPS 100 MG (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 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 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	
THYROLAR-2 TABS	3	
THYROLAR-3 TABS	3	
TRIOSTAT SOLN (Use Liothyronine Sodium)	NF	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		

Drug Name	Drug Tier	Requirements/Limits
Antispasmodics		
BENTYL CAPS OR 10 MG (Use Dicyclomine HCl)	NF	
BENTYL TABS OR 20 MG (Use Dicyclomine HCl)	NF	
CANTIL TABS	3	
<i>chlordiazepoxide hcl-clidinium bromide caps</i>	1	
<i>dicyclomine hcl caps or 10 mg</i>	1	
<i>dicyclomine hcl soln or 10 mg/5ml</i>	1	
<i>dicyclomine hcl tabs or 20 mg</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 IJ 4 MG/20ML (Use Glycopyrrolate)	NF	
ROBINUL TABS OR 1 MG (Use Glycopyrrolate)	NF	
H-2 Antagonists		
CIMETIDINE HCL SOLN	2	QL(20 ml daily)
<i>cimetidine tabs 200 mg</i>	1	RX/OTC
<i>cimetidine tabs 300 mg, 400 mg, 800 mg</i>	1	
FAMOTIDINE PREMIXED SOLN	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>famotidine soln iv 20 mg/2ml, 40 mg/4ml, 200 mg/20ml</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 150 mg, 300 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 150 mg, 300 mg</i>	1	
<i>ranitidine hcl soln ij 150 mg/6ml</i>	1	
<i>ranitidine hcl syrp or 15 mg/ml, 75 mg/5ml, 150 mg/10ml</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
ZANTAC TABS OR 300 MG (Use <i>Ranitidine HCl</i>)	NF	
Misc. Anti-Ulcer		
CARAFATE SUSP 1 GM/10ML	2	QL(40 ml daily)

Drug Name	Drug Tier	Requirements/ Limits
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	QL(2 ea daily); RX/OTC
<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 (Use <i>Esomeprazole Magnesium</i>)	NF	QL(2 ea daily); RX/OTC
NEXIUM 24HR CPDR (Use <i>Esomeprazole Magnesium</i>)	3	QL(2 ea daily); RX/OTC
NEXIUM CPDR 20 MG (Use <i>Esomeprazole Magnesium</i>)	NF	QL(2 ea daily); RX/OTC
NEXIUM PACK 5 MG, 10 MG, 20 MG, 40 MG, 2.5 MG	3	ST; QL(1 ea daily)
<i>omeprazole cpdr 10 mg, 40 mg</i>	1	QL(2 ea daily)
<i>omeprazole cpdr 20 mg</i>	1	QL(2 ea daily); RX/OTC
<i>omeprazole magnesium cpdr</i>	1	QL(4 ea daily)

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 10 MG, 40 MG (Use <i>Omeprazole</i>)	NF	QL(2 ea daily)
PRILOSEC CPDR 20 MG (Use <i>Omeprazole</i>)	NF	QL(2 ea daily); RX/OTC
PRILOSEC OTC TBEC	1	QL(4 ea daily)
PROTONIX TBEC OR 20 MG (Use <i>Pantoprazole Sodium</i>)	NF	QL(1 ea daily)
PROTONIX TBEC OR 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 20mg-1100mg</i>	1	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
ZEGERID CAPS 20MG-1100MG (Use <i>Omeprazole-Sodium Bicarbonate</i>)	NF	QL(1 ea daily); RX/OTC
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 50 MG, 100 MG (Use <i>Nitrofurantoin Macrocrystal</i>)	NF	
<i>methenamine hippurate tabs</i>	1	
MONUROL PACK	3	
<i>nitrofurantoin macrocrystal caps 50 mg, 100 mg</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 syrpf</i>	1	
<i>oxybutynin chloride tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
<i>oxybutynin chloride tb24</i>	1	
<i>tolterodine tartrate cp24 2 mg, 4 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 (<i>Use 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 VA 2 % (<i>Use Clindamycin Phosphate Vaginal</i>)	NF	
<i>clindamycin phosphate vaginal crea</i>	1	
<i>clotrimazole vaginal crea 1 %</i>	1	
GYNAZOLE-1 CREA	3	
GYNE-LOTRIMIN CREA (<i>Use Clotrimazole Vaginal</i>)	NF	
METROGEL-VAGINAL GEL (<i>Use Metronidazole Vaginal</i>)	NF	
<i>metronidazole vaginal gel</i>	1	
MICONAZOLE 3 SUPP	3	

Drug Name	Drug Tier	Requirements/ Limits
TERAZOL 3 CREA (<i>Use Terconazole Vaginal</i>)	NF	Limit 1 package per claim;QL(20 gm per fill retail)
TERAZOL 7 CREA (<i>Use Terconazole Vaginal</i>)	NF	Limit 1 package per claim;QL(45 gm per fill retail)
TERCONAZOLE CREA	2	Limit 1 package per claim;QL(20 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 (<i>Use Estradiol Vaginal</i>)	NF	
<i>estradiol vaginal crea 0.1 mg/gm</i>	3	
FEMRING RING	3	
PREMARIN CREA	2	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.15ml</i>	2	QL(0.07 ea daily)
<i>epinephrine (anaphylaxis) soaj 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	2	
Vasopressors		
<i>midodrine hcl tabs</i>	1	

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Drug Name	Drug Tier	Requirements/ Limits
VITAMINS		
Oil Soluble Vitamins		
DRISDOL CAPS 50000 UNIT (<i>Use Ergocalciferol</i>)	NF	
<i>ergocalciferol caps or 50000 unit</i>	0	
VITAMIN D2 TABS 400 UNIT	0	AL; At least 65 yrs old

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1ST CHOICE LANCETS ULTRATHIN	69	acitretin	52	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/30GX5/16"	79
1ST TIER UNIFINE PENTIPS/MINI/31GX5MM	79	ACLOVATE	53	ADVOCATE INSULIN SYRINGE/U- 100/0.5ML/31GX5/16"	79
1ST TIER UNIFINE PENTIPS29GX12MM	79	ACTEMRA	4	ADVOCATE INSULIN SYRINGE/U-100/1ML/29GX1/2"	79
1ST TIER UNIFINE PENTIPS31GX6MM	79	ACTIGALL	62	ADVOCATE INSULIN SYRINGE/U-100/1ML/30GX5/16"	79
1ST TIER UNIFINE PENTIPS31GX8MM	79	ACTIMMUNE	33	ADVOCATE LANCING DEVICE	70
1ST TIER UNIFINE PENTIPS32GX4MM	79	ACTIQ	5	ADVOCATE RAPID-SAFE LANCING DEVICE	70
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atorvastatin calcium.....	26	AZITHROMYCIN.....	66	1/2".....	80
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ATRIPLA.....	37	aztreonam.....	9	5/8".....	80
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ATROVENT HFA.....	12	AZULFIDINE EN-TABS.....	63	MICROFINE/U-100/1ML/28G X	
AUGMENTIN.....	120,121	B-D INSULIN SYRINGE		1/2".....	80
AUGMENTIN ES-600.....	120	ULTRAFINE II/0.3ML/31G X		BD INSULIN SYRINGE	
AUGMENTIN XR.....	121	5/16".....	80	SAFETYGLIDE/0.5ML/29G X	
AURORA LANCET SUPER		B-D INSULIN SYRINGE		1/2".....	80
THIN30G.....	70	ULTRAFINE II/0.5ML/31G X		BD INSULIN SYRINGE	
AURORA LANCET THIN		5/16".....	80	SAFETYGLIDE/1ML/29G X	
23G.....	70	B-D INSULIN SYRINGE		1/2".....	80
AURORA PEN NEEDLES		ULTRAFINE II/1ML/31G X		BD INSULIN SYRINGE	
29GX12MM.....	80	5/16".....	80	SAFETYGLIDE/U-	
AURORA PEN NEEDLES 31G		B-D INSULIN SYRINGE		100/0.3ML/31G X 5/16".....	80
X6MM.....	80	ULTRAFINE/0.3ML/30G X		BD INSULIN SYRINGE SLIP	
AURORA PEN NEEDLES 31G		1/2".....	80	TIP/U-100/1ML.....	80
X8MM.....	80	B-D INSULIN SYRINGE		BD INSULIN SYRINGE	
AURORA UNIFINE		ULTRAFINE/0.5ML/30G X		ULTRAFINE HALF-	
PENTIPS/32GX5/32".....	80	1/2".....	80	UNIT/0.3ML/31G X 5/16".....	80
AURORA UNIFINE		bacitracin.....	9	BD INSULIN SYRINGE	
PENTIPS/MINI/31GX3/16".....	80	BACITRACIN.....	117	ULTRAFINE	
AUTO-LANCET.....	70	baclofen.....	115	II/SHORT/0.5ML/31G X	
AUTO-LANCET MINI.....	70	BACTRIM.....	10	5/16".....	80
AUTOLET IMPRESSION		BACTRIM DS.....	10	BD INSULIN SYRINGE	
LANCING DEVICE.....	70	BACTROBAN.....	50	ULTRAFINE II/SHORT/1ML/31G	
AUTOLET LANCING		balsalazide disodium.....	63	X 5/16".....	80
DEVICE.....	70	BANZEL.....	15	BD INSULIN SYRINGE	
AUTOLET MINI.....	70	BARACLUDGE.....	39	ULTRAFINE/0.3ML/30G X	
AUTOLET PLUS.....	70	BASAGLAR KWIKPEN.....	21	1/2".....	80
AVANDIA.....	21	BAYER MICROLET 2		BD INSULIN SYRINGE	
AVAPRO.....	27	LANCING DEVICE.....	70	ULTRAFINE/0.5ML/30G X	
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AVELOX ABC PACK.....	62	IV/0.5ML/28G X 1/2".....	80	ULTRAFINE/0.5ML/31G X	
AVODART.....	64	BD INSULIN SYRINGE LUER-		5/16".....	81
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AXERT.....	109	MICROFINE IV/U-		1/2".....	81
AYGESTIN.....	121	100/0.3ML/28G X 1/2".....	80	BD INSULIN SYRINGE	
azacitidine.....	30	BD INSULIN SYRINGE		ULTRAFINE/1ML/31G X	
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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".....	82	bicalutamide.....	31
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calcium gluconate	110	CAREONE UNIFINE PENTIPS 31GX6MM	82	caspofungin acetate	24
CAMPATH	31	CAREONE UNIFINE PENTIPS 31GX8MM	82	CATAPRES	28
CAMPTOSAR	34	CAREONE UNIFINE PENTIPS PEN NEEDLES 32GX4MM	82	CEDAX	44
CANASA	63	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	82	cefaclor	43
CANCIDAS	24	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	82	CEFACLOR	43
candesartan cilexetil	27	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	82	CEFACLOR ER	43
CANTIL	124	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	82	cefadroxil	43
CAPASTAT SULFATE	29	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	82	cefazolin sodium	43
capecitabine	30	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	82	CEFAZOLIN SODIUM	43
CAPRELSA	32	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	82	cefdinir	44
captopril	27	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	82	CEFDITOREN PIVOXIL	44
CAPTOPRIL/HYDROCHLOROT HIAZIDE	28	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	82	cefepime hcl	44
CARAFATE	125	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	82	cefixime	44
CARBAGLU	60	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	82	CEFOTAN	43
carbamazepine	15	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	82	cefotaxime sodium	44
CARBATROL	15	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX6MM	82	CEFOTAXIME SODIUM	44
carbidopa	34	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX8MM	82	CEFOTETAN	43
carbidopa-levodopa	34	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 32GX4MM	82	cefotetan disodium	43
CARBIDOPA/LEVODOPA/ENTA CAPONE	34	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 29GX12MM	82	cefoxitin sodium	43
carbinoxamine maleate	24	CAREONE UNIFINE PENTIPS PLUS PEN NEEDLES 31GX5MM	82	cefpodoxime proxetil	44
carboplatin	30			cefprozil	43
CARDIOCOM LANCING DEVICE	70			ceftazidime	44
CARDIZEM	42			CEFTIBUTEN	44
				CEFTIN	43

ceftriaxone sodium.....	44	cholestyramine light.....	26	CLEOCIN PEDIATRIC	
cefuroxime axetil.....	43	CHORIONIC		GRANULES.....	10
cefuroxime sodium.....	43	GONADOTROPIN.....	59	CLEOCIN PHOSPHATE.....	10
CEFUROXIME SODIUM.....	43	CIALIS.....	43	CLEOCIN-T.....	49
CELEBREX.....	4	ciclopirox.....	50	CLEVER CHOICE COMFORT	
celecoxib.....	4	ciclopirox olamine.....	50	EZINSULIN PEN NEEDLES	
CELEXA.....	18	cidofovir.....	39	31GX8MM.....	83
CELLCEPT.....	111	cilostazol.....	64	CLEVER CHOICE COMFORT	
CELLCEPT		CILOXAN.....	117	EZINSULIN PEN NEEDLES	
INTRAVENOUS.....	111	cimetidine.....	124	33GX4MM.....	83
CELONTIN.....	17	CIMETIDINE HCL.....	124	CLEVER CHOICE COMFORT	
CENTANY.....	50	CIMZIA.....	63	EZINSULIN	
cephalexin.....	43	CIMZIA STARTER KIT.....	63	SYRINGE/0.3ML/29G X 1/2" 83	
CEPHALEXIN.....	43	CIPRO.....	62	CLEVER CHOICE COMFORT	
CEREBYX.....	17	CIPRO HC.....	119	EZINSULIN	
CEREZYME.....	65	CIPRO XR.....	62	SYRINGE/0.3ML/30G X 1/2" 83	
CESAMET.....	23	CIPRODEX.....	119	CLEVER CHOICE COMFORT	
cetirizine hcl.....	25	CIPROFLOXACIN.....	62	EZINSULIN	
cetirizine-pseudoephedrine .	48	ciprofloxacin.....	62	SYRINGE/0.3ML/31G X	
CETRAXAL.....	119	CIPROFLOXACIN HCL.....	62	5/16".....	83
cevimeline hcl.....	113	ciprofloxacin hcl.....	62	CLEVER CHOICE COMFORT	
CHANTIX.....	123	ciprofloxacin hcl (ophth)..	117	EZINSULIN	
CHANTIX CONTINUING		ciprofloxacin hcl (otic)....	119	SYRINGE/0.5ML/28G X 1/2" 83	
MONTHPAK.....	122	ciprofloxacin in d5w.....	62	CLEVER CHOICE COMFORT	
CHANTIX STARTING MONTH		ciprofloxacin-ciprofloxacin		EZINSULIN	
PAK.....	122	hcl.....	62	SYRINGE/0.5ML/29G X 1/2" 83	
CHEK-STIX CONTROL.....	56	CISPLATIN.....	30	CLEVER CHOICE COMFORT	
CHEMET.....	23	cisplatin.....	30	EZINSULIN	
CHEMSTRIP-K.....	57	citalopram hydrobromide..	18	SYRINGE/0.5ML/30G X	
CHILDRENS ADVIL.....	4	cladribine.....	30	5/16".....	83
CHILDRENS MOTRIN.....	4	CLARINEX.....	25	CLEVER CHOICE COMFORT	
CHLORAMPHENICOL SODIUM		clarithromycin.....	67	EZINSULIN	
SUCCINATE.....	10	CLARITHROMYCIN.....	67	SYRINGE/0.5ML/31G X	
chlordiazepoxide hcl-clidinium		clarithromycin.....	67	5/16".....	83
bromide.....	124	CLARITIN.....	25	CLEVER CHOICE COMFORT	
chlorhexidine gluconate (mouth-		CLARITIN ALLERGY		EZINSULIN	
throat).....	113	CHILDRENS.....	25	SYRINGE/1.0ML/30G X 1/2" 83	
CHLOROQUINE		CLARITIN CHILDRENS.....	25	CLEVER CHOICE COMFORT	
PHOSPHATE.....	29	CLARITIN REDITABS.....	25	EZINSULIN SYRINGE/1ML/28G	
chloroquine phosphate.....	29	CLARITIN-D 12 HOUR.....	48	X 1/2".....	83
CHLOROTHIAZIDE.....	58	CLARITIN-D 24 HOUR.....	48	CLEVER CHOICE COMFORT	
chlorothiazide.....	58	CLASS ACT		EZINSULIN SYRINGE/1ML/29G	
CHLORPROMAZINE HCL.....	37	LUBRICATED.....	67	X 1/2".....	83
chlorpromazine hcl.....	37	CLEANLET LANCETS		CLEVER CHOICE COMFORT	
CHLORPROPAMIDE.....	22	28G.....	70	EZINSULIN SYRINGE/1ML/30G	
chlorthalidone.....	58	CLEMASTINE		X 5/16".....	83
CHLORZOXAZONE.....	115	FUMARATE.....	24	CLEVER CHOICE COMFORT	
CHOLBAM.....	62	clemastine fumarate.....	24	EZINSULIN SYRINGE/U-	
cholestyramine.....	26	CLEOCIN.....	10,127	100/1ML/31GX5/16".....	83

CLEVER CHOICE COMFORT EZPEN NEEDLES 29GX12MM.....	83	CLINIMIX 4.25%/DEXTROSE 10%.....	116	COMFORT ASSIST INSULIN SYRINGE 0.3ML/29G X 1/2" 84
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX5MM.....	83	CLINIMIX 4.25%/DEXTROSE 25%.....	116	COMFORT ASSIST INSULIN SYRINGE/0.3ML/30G X 5/16".....
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX6MM.....	83	CLINIMIX 4.25%/DEXTROSE 5%.....	116	COMFORT ASSIST INSULIN SYRINGE/0.3ML/31G X 5/16".....
CLEVER CHOICE COMFORT EZPEN NEEDLES 31GX8MM.....	83	CLINIMIX 5%/DEXTROSE 25%.....	116	COMFORT ASSIST INSULIN SYRINGE/0.5ML/29G X 1/2" 84
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX4MM.....	83	CLINIMIX E 5%/DEXTROSE 20%.....	116	COMFORT ASSIST INSULIN SYRINGE/0.5ML/30G X 5/16".....
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX5MM.....	83	clobetasol propionate.....	53	COMFORT ASSIST INSULIN SYRINGE/0.5ML/31G X 5/16".....
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX6MM.....	84	clobetasol propionate emollient base.....	53	COMFORT ASSIST INSULIN SYRINGE/1ML/29G X 1/2" 84
CLEVER CHOICE COMFORT EZPEN NEEDLES 32GX8MM.....	84	CLOCORTOLONE PIVALATE.....	53	COMFORT ASSIST INSULIN SYRINGE/1ML/30G X 5/16" 84
CLICKFINE PEN NEEDLE 32GX5/32".....	84	CLOCORTOLONE PIVALATE PUMP.....	53	COMFORT ASSIST INSULIN SYRINGE/1ML/31G X 5/16" 84
CLICKFINE PEN NEEDLE UNIVERSAL/31GX1/4".....	84	CLODERM.....	53	COMFORT ASSURED LANCETS SUPER THIN 28G.....
CLICKFINE PEN NEEDLE UNIVERSAL/31GX5/16".....	84	CLODERM PUMP.....	53	COMFORT LANCETS.....
CLICKFINE PEN NEEDLES/31GX1/4".....	84	clofarabine.....	30	COMPLERA.....
CLICKFINE PEN NEEDLES/31GX5/16".....	84	CLOLAR.....	30	COMPLETENATE.....
CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	84	clomipramine hcl.....	19	COMTAN.....
CLIMARA.....	61	clonazepam.....	15	CONCERTA.....
CLIMARA PRO.....	61	clonidine hcl.....	28	CONDYLOX.....
CLINDAGEL.....	49	clonidine hcl.....	28	COPAXONE.....
clindamycin hcl.....	10	clopidogrel bisulfate.....	64	COPEGUS.....
clindamycin palmitate hydrochloride.....	10	CLOSERCARE.....	70	CORDRAN.....
clindamycin phosphate.....	10,11	clotrimazole.....	113	CORDRAN TAPE.....
clindamycin phosphate (topical).....	49	clotrimazole (topical).....	50	COREG.....
clindamycin phosphate vaginal.....	127	clotrimazole vaginal.....	127	CORGARD.....
clindamycin phosphate-benzoyl peroxide.....	49	clotrimazole w/ betamethasone.....	50	CORTEF.....
clindamycin phosphate-benzoyl peroxide (refrigerate).....	49	clozapine.....	36	CORTENEMA.....
clindamycin phosphate-tretinoin.....	49	CLOZARIL.....	36	CORTISONE ACETATE.....
CLINIMIX 2.75%/DEXTROSE 5%.....	116	CO-NATAL FA.....	113	CORTISPORIN.....
		COARTEM.....	28	CORTISPORIN-TC.....
		codeine sulfate.....	5	COSMEGEN.....
		CODEINE SULFATE.....	5	COSOPT.....
		COGENTIN.....	34	COUMADIN.....
		COLACE.....	66	COZAAR.....
		COLAZAL.....	63	CREON.....
		COLCHICINE.....	64	CRESTOR.....
		colchicine w/ probenecid.....	64	CRIVIVAN.....
		COLCRYS.....	64	cromolyn sodium.....
		COLESTID.....	26	cromolyn sodium (ophth).....
		COLESTID FLAVORED.....	26	
		colestipol hcl.....	26	
		COLY-MYCIN S.....	119	
		COMBIGAN.....	116	
		COMBIVIR.....	37	
		COMETRIQ.....	32	

CUBICIN	10	dactinomycin	32	desogestrel & ethinyl estradiol	44
CUBICIN RF	10	danazol	9	estradiol	44
CUPRIMINE	111	DANTRIUM	115	desogestrel-ethinyl estradiol (biphasic)	44
CURITY ALCOHOL PREPS/MEDIUM 2 PLY	78	dantrolene sodium	115	desogestrel-ethinyl estradiol (triphasic)	44
CURITY ALCOHOL SWABS	78	dapsone	10	desonide	53
CUTIVATE	53	daptomycin	10	DESOWEN	53
CUVITRU	120	DARAPRIM	29	desoximetasone	53
CVS ALCOHOL PREP SWABS	78	darifenacin hydrobromide	126	DESOXYN	1
CVS ALCOHOL SWABS	78	daunorubicin hcl	32	DESQUAM-X WASH	49
CVS LANCETS 21G	70	DAUNOXOME	32	desvenlafaxine succinate	19
CVS LANCETS MICRO THIN 33G	70	DAYPRO	4	DETROL	126
CVS LANCETS ORIGINAL	70	DDAVP	60,61	DETROL LA	126
CVS LANCETS THIN 26G	70	decitabine	30	dexamethasone	46
CVS LANCETS ULTRA THIN 30G	70	DELESTROGEN	61	DEXAMETHASONE	47
CVS LANCING DEVICE	70	DELFLEX-LC/1.5%	112	dexamethasone	47
CVS OMEPRAZOLE	125	DEXTROSE	112	DEXAMETHASONE	47
CVS PREP PADS	78	DELFLEX-LC/2.5%	112	DEXAMETHASONE INTENSOL	46
CVS ULTRA THIN LANCETS	70	DEXTROSE	112	dexamethasone sodium phosphate	47
CYCLESSA	44	DEMADEX	58	DEXAMETHASONE SODIUM PHOSPHATE	118
cyclobenzaprine hcl	115	demeclocycline hcl	123	DEXEDRINE	1
CYCLOPHOSPHAMIDE	30	DEMEROL	5	DEXILANT	125
cyclophosphamide	30	DENAVIR	52	dexmethylphenidate hcl	2
CYCLOSERINE	29	DEPACON	17	dextroamphetamine sulfate	1
CYCLOSET	21	DEPAKENE	17	DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	110
cyclosporine	112	DEPAKOTE	17	dextrose in lactated ringers	110
CYCLOSPORINE MODIFIED	112	DEPAKOTE ER	17	DIABETA	22
cyclosporine modified (for microemulsion)	112	DEPO-ESTRADIOL	61	DIAMOX	57
CYKLOKAPRON	65	DEPO-MEDROL	46	DIANEAL LOW CALCIUM/1.5% DEXTROSE	112
CYMBALTA	19	DEPO-PROVERA CONTRACEPTIVE	46	DIANEAL LOW CALCIUM/4.25% DEXTROSE	112
cyproheptadine hcl	26	DEPO-SUBQ PROVERA 104	46	DIANEAL PD-2/1.5% DEXTROSE	112
CYSTADANE	60	DEPO-TESTOSTERONE	9	DIANEAL PD-2/2.5% DEXTROSE	112
CYSTAGON	63	DEPOCYT	30	DIANEAL PD-2/4.25% DEXTROSE	112
CYSTARAN	119	DERMA-SMOOTH/FS SCALP	53	DIASTAT ACUDIAL	15
cytarabine	30	DERMATOP	53	DIASTAT PEDIATRIC	15
CYTARABINEAQUEOUS	30	DERMOTIC	120	diazepam	12
CYTOMEL	124	DESCOVY	37	DIAZEPAM	15
CYTOTEC	126	desipramine hcl	19	DIAZEPAM RECTAL GEL	15
CYTOVENE	39	desloratadine	25	DIBENZYLINE	27
D.H.E. 45	109	DES Loratadine ODT	25	diclofenac potassium	4
DACARBAZINE	33	desmopressin acetate	61		
dacarbazine	33	desmopressin acetate spray	61		
DACOGEN	30	desmopressin acetate spray refrigerated	61		
		DESOGEN	44		

diclofenac sodium.....	4	DOCEFREZ.....	33	DROPLET PEN NEEDLES	
diclofenac sodium (actinic		DOCETAXEL.....	33	32GX6MM.....	84
keratoses).....	51	docetaxel.....	33	DROPLET PEN NEEDLES	
diclofenac sodium (ophth) ..	119	DOCETAXEL.....	33	32GX8MM.....	84
diclofenac sodium (topical) ..	50	docusate calcium.....	66	drospirenone-ethinyl	
diclofenac w/ misoprostol	4	docusate sodium.....	66	estradiol.....	44
dicloxacin sodium.....	121	dofetilide.....	12	drospirenone-ethinyl estradiol-	
dicyclomine hcl.....	124	DOLOPHINE.....	6	levomefolate calcium.....	44
didanosine.....	38	donepezil hydrochloride ..	121	DROSPIRENONE/ETHINYL	
DIFFERIN.....	49	DORIBAX.....	10	ESTRADIOL/LEVOMEFOLATE	
DIFICID.....	67	DORIPENEM.....	10	CALCIUM.....	44
DIFLORASONE		dorzolamide hcl.....	119	DROXIA.....	65
DIACETATE.....	54	dorzolamide hcl-timolol		DRUG MART ADJUSTABLE	
DIFLUCAN.....	24	maleate.....	116	LANCING DEVICE.....	70
diflunisal.....	5	DOVONEX.....	52	DRUG MART LANCETS	
digoxin.....	42	doxazosin mesylate.....	28	THIN.....	71
DIGOXIN.....	42	doxepin hcl.....	19	DRUG MART UNIFINE PENTIPS	
digoxin.....	42	DOXEPIN		31GX5MM.....	84
dihydroergotamine		HYDROCHLORIDE.....	52	DRUG MART UNIFINE	
mesylate.....	109	doxercalciferol.....	60	PENTIPS29G X 12MM.....	84
DIHYDROERGOTAMINE		DOXIL.....	32	DRUG MART UNIFINE	
MESYLATE.....	109	doxorubicin hcl.....	32	PENTIPS31GX6MM.....	84
DILANTIN.....	17	DOXORUBICIN HCL.....	32	DRUG MART UNIFINE	
DILANTIN INFATABS.....	17	doxorubicin hcl liposomal ..	32	PENTIPS31GX8MM.....	85
DILANTIN-125.....	17	doxycycline		DRUG MART UNIFINE	
DILAUDID.....	6	(monohydrate).....	123	PENTIPS32GX4MM.....	85
DILAUDID-HP.....	6	doxycycline hyclate.....	123	DRUG MART UNIFINE	
diltiazem hcl.....	42	DRISDOL.....	128	PENTIPSPLUS 32GX4MM ..	85
DILTIAZEM HCL.....	42	dronabinol.....	23	DRUG MART UNILET	
diltiazem hcl.....	42	DROPLET LANCETS ULTRA		LANCETSSUPER THIN 30G71	
diltiazem hcl coated beads ..	42	THIN 30G.....	70	DRUG MART UNILET	
diltiazem hcl extended release		DROPLET LANCING		LANCETSULTRA THIN 28G.71	
beads.....	42	DEVICE.....	70	DUAC.....	49
DIOVAN.....	27	DROPLET PEN NEEDLES		DUANE READE LANCET	
DIOVAN HCT.....	28	29GX12MM.....	84	ALTERNATE SITE 26G.....	71
DIPENTUM.....	63	DROPLET PEN NEEDLES		DUANE READE LANCET	
diphenhydramine hcl.....	24	31GX5MM.....	84	SUPERTHIN 30G.....	71
diphenoxylate w/ atropine....	22	DROPLET PEN NEEDLES		DUANE READE LANCET	
DIPHENOXYLATE/ATROPINE		31GX6MM.....	84	ULTRATHIN 28G.....	71
.....	22	DROPLET PEN NEEDLES		DUANE READE UNIFINE	
DIPROLENE.....	54	31GX8MM.....	84	PENTIPS 29G X 12MM.....	85
DIPROLENE AF.....	54	DROPLET PEN NEEDLES 32G		DUANE READE UNIFINE	
dipyridamole.....	64	X 1/4".....	84	PENTIPS 31G X 6MM ULTRA	
DISALCID.....	5	DROPLET PEN NEEDLES 32G		SHORT.....	85
disopyramide phosphate.....	12	X 3/16".....	84	DUANE READE UNIFINE	
disulfiram.....	121	DROPLET PEN NEEDLES 32G		PENTIPS 31G X 8MM	
DITROPAN XL.....	126	X 5/16".....	84	SHORT.....	85
divalproex sodium.....	17	DROPLET PEN NEEDLES 32G		DULCOLAX.....	66
DIVIGEL.....	61	X 5/32".....	84	duloxetine hcl.....	19
		DROPLET PEN NEEDLES		DURAGESIC.....	6
		32GX4MM.....	84	DUREX EXTRA SENSITIVE	67
		DROPLET PEN NEEDLES		DUREZOL.....	118
		32GX5MM.....	84	dutasteride.....	64
				DYAZIDE.....	57
				DYRENIUM.....	58
				DYSPORT.....	116

E-Z JECT LANCETS.....	71	EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	86
E-Z JECT LANCETS 21G... 71		EASY TOUCH INSULIN SYRINGE/0.3ML/30G X 5/16".....	85	EASY TOUCH LANCETS 26G/PULL-TOP.....	71
E-Z JECT LANCETS COLOR.....	71	EASY TOUCH INSULIN SYRINGE/0.3ML/31G X 5/16".....	85	EASY TOUCH LANCETS 26G/TWIST.....	71
E-Z JECT LANCETS SUPER THIN 30G.....	71	EASY TOUCH INSULIN SYRINGE/0.5ML/29G X 1/2".....	85	EASY TOUCH LANCETS 28G/PULL-TOP.....	71
E-Z JECT LANCETS THIN 26G.....	71	EASY TOUCH INSULIN SYRINGE/0.5ML/30G X 5/16".....	85	EASY TOUCH LANCETS 28G/TWIST.....	71
E-ZJECT LANCETS MICRO- THIN 33G.....	71	EASY TOUCH INSULIN SYRINGE/1ML/30G X 5/16".....	85	EASY TOUCH LANCETS 30G/PULL-TOP.....	71
E.E.S. 400.....	67	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/29G X 1/2".....	85	EASY TOUCH LANCETS 30G/TWIST.....	71
E.E.S. GRANULES.....	67	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 5/16".....	85	EASY TOUCH LANCETS 32G/PULL-TOP.....	71
EASIVENT.....	108	EASY TOUCH INSULIN SYRINGE/SAFETY/U- 100/0.5ML/30G X 1/2".....	85	EASY TOUCH LANCETS 32G/TWIST.....	71
EASY COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	85	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	86	EASY TOUCH LANCETS 33G/TWIST.....	71
EASY COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	85	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	86	EASY TOUCH LANCING DEVICE/EJECTOR.....	71
EASY COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	85	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	86	EASY TOUCH PEN NEEDLE 30G X 5/16".....	86
EASY COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	85	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	86	EASY TOUCH PEN NEEDLES 29GX1/2".....	86
EASY COMFORT INSULIN SYRINGE/1ML/31G X 5/16".....	85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	86	EASY TOUCH PEN NEEDLES 29GX1/2".....	86
EASY COMFORT INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	86	EASY TOUCH PEN NEEDLES 31GX1/4".....	86
EASY COMFORT INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	85	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	86	EASY TOUCH PEN NEEDLES 31GX5/16".....	86
EASY COMFORT PEN NEEDLES31GX1/4".....	85	EASY TOUCH INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	86	EASY TOUCH PEN NEEDLES 32GX1/4".....	86
EASY COMFORT PEN NEEDLES31GX3/16".....	85	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/27G X 1/2".....	86	EASY TOUCH PEN NEEDLES 32GX3/16".....	86
EASY COMFORT PEN NEEDLES31GX5/16".....	85	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	86	EASY TOUCH PEN NEEDLES 32GX5/32".....	86
EASY COMFORT PEN NEEDLES32GX5/32".....	85	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	86	EASY TOUCH PEN NEEDLES/31G X 3/16".....	86
EASY MINI EJECT LANCING DEVICE.....	71	EASY TOUCH INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	86	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	86
EASY MINI LANCING DEVICE.....	71	EASY TOUCH INSULIN SYRINGE/U-100/1ML/27G X 1/2".....	86	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	86
EASY TOUCH 32GX5MM... 85		EASY TOUCH INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	86	EASY TOUCH SHEATHLOCK SAFETY INSULIN SYRINGE 1ML/31GX5/16".....	86
EASY TOUCH 32GX6MM... 85		EASY TOUCH INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	86	EASY TOUCH SHEATHLOCK SAFETY SYRINGE 1ML/30GX1/2".....	86
EASY TOUCH ALCOHOL PREP PADS/MEDIUM.....	78	EASY TOUCH INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	86	EASYTEST II LANCETS....	71
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/29GX1/2".....	85			EASYTEST LANCETS.....	71
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX1/2".....	85			EC-NAPROSYN.....	4
EASY TOUCH FLIPLOCK SAFETY INSULIN SYRINGE 1ML/30GX5/16".....	85			econazole nitrate.....	51
				EDARBI.....	27
				EDECIN.....	58

EDURANT.....	38	EMADINE.....	119	EQL INSULIN	
efavirenz.....	38	EMBEDA.....	6	SYRINGE/0.5ML/29G X 1/2"	87
EFFEXOR XR.....	19	EMCYT.....	31	EQL INSULIN	
EFFIENT.....	64	EMEND.....	23,24	SYRINGE/0.5ML/30G X	
EFUDEX.....	51	EMLA.....	56	5/16".....	87
ELAPRASE.....	60	EMSAM.....	18	EQL INSULIN	
ELAVIL.....	20	EMTRIVA.....	38	SYRINGE/0.5ML/31G X	
ELDEPRYL.....	35	EMVERM.....	9	5/16".....	87
ELELYSO.....	65	ENABLEX.....	126	EQL INSULIN	
ELESTAT.....	119	enalapril maleate.....	27	SYRINGE/1ML/29G X 1/2" ..	87
ELESTRIN.....	61	enalapril maleate &		EQL INSULIN	
eletriptan hydrobromide.....	109	hydrochlorothiazide.....	28	SYRINGE/1ML/30G X 5/16" .	87
ELEXA NATURAL FEEL.....	68	ENBREL.....	5	EQL INSULIN	
ELEXA STIMULATING.....	68	ENBREL SURECLICK.....	5	SYRINGE/1ML/31G X 5/16" .	87
ELEXA ULTRA SENSITIVE.....	68	ENJUVA.....	61	EQL INSULIN SYRINGE/U-	
ELIDEL.....	55	enoxaparin sodium.....	14	100/0.3ML/29G X 1/2".....	87
ELIGARD.....	31	entacapone.....	34	EQL INSULIN SYRINGE/U-	
ELIMITE.....	56	entecavir.....	39	100/0.5ML/29G X 1/2".....	87
ELIPHOS.....	63	ENTEREG.....	63	EQL INSULIN SYRINGE/U-	
ELIQUIS.....	14	ENTOCORT EC.....	47	100/1ML/29G X 1/2".....	87
ELIQUIS STARTER PACK.....	14	EPCLUSA.....	39	EQL OMEPRAZOLE.....	125
ELITE-THIN INSULIN		EPIDUO.....	49	EQL SHORT PEN NEEDLES	
SYRINGE/0.3ML/31G X		epinastine hcl (ophth).....	119	31G X 8MM.....	87
5/16".....	86	epinephrine (anaphylaxis)	127	EQL SUPER THIN LANCETS	
ELITE-THIN INSULIN		epinephrine hcl.....	13	30G.....	71
SYRINGE/0.5ML/29G X 1/2"	86	epirubicin hcl.....	32	EQL THIN LANCETS 26G.....	71
ELITE-THIN INSULIN		EPIVIR.....	38	EQL ULTRA COMFORT	
SYRINGE/0.5ML/30G X		EPIVIR HBV.....	40	INSULINSYRINGE/0.3ML/31G X	
5/16".....	86	eplerenone.....	28	5/16".....	87
ELITE-THIN INSULIN		EPOGEN.....	65	EQL ULTRA COMFORT	
SYRINGE/1ML/30G X 5/16"	86	EPROSARTAN		INSULINSYRINGE/1ML/30G X	
ELITE-THIN INSULIN		EPROSARTAN		5/16".....	87
SYRINGE/U-100/0.5ML/28G X		EPZICOM.....	38	EQL ULTRA SHORT PEN	
1/2".....	86	EQ OMEPRAZOLE.....	125	NEEDLES 31G X 6MM.....	87
ELITE-THIN INSULIN		EQL ALCOHOL SWABS.....	78	EQUETRO.....	35
SYRINGE/U-100/0.5ML/31G X		EQL COLOR LANCETS		ERAXIS.....	24
5/16".....	86	21G.....	71	ERBITUX.....	31
ELITE-THIN INSULIN		EQL COLOR LANCETS		ergocalciferol.....	128
SYRINGE/U-100/1ML/28G X		MICRO THIN 33G.....	71	ERGOLOID MESYLATES.....	122
1/2".....	87	EQL INSULIN		ERGOMAR.....	109
ELITE-THIN INSULIN		SYRINGE/0.3ML/29G X		ergotamine w/ caffeine.....	109
SYRINGE/U-100/1ML/29G X		1/2".....	87	ERIVEDGE.....	31
1/2".....	87	EQL INSULIN		ERTACZO.....	51
ELITE-THIN INSULIN		SYRINGE/0.3ML/30G X		ERWINAZE.....	33
SYRINGE/U-100/1ML/31G X		5/16".....	87	ERY-TAB.....	67
5/16".....	87	EQL INSULIN		ERYPED 200.....	67
ELIXOPHYLLIN.....	14	SYRINGE/0.3ML/31G X		ERYPED 400.....	67
ELLA.....	46	5/16".....	87	erythromycin (acne aid).....	49
ELLEENCE.....	32	EQL INSULIN		erythromycin (ophth).....	117
ELMIRON.....	64	SYRINGE/0.3ML/31G X		ERYTHROMYCIN BASE.....	67
ELOCON.....	54	5/16".....	87	erythromycin ethylsuccinate .	67
				ERYTHROMYCIN	
				ETHYLSUCCINATE.....	67
				escitalopram oxalate.....	18

ESGIC.....	5	EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/30G X 5/16".....	87	FEMARA.....	31
esomeprazole magnesium.....	125	EXEL COMFORT POINT INSULIN SYRINGE/1ML/28G X 1/2".....	87	FEMCAP.....	68
estazolam.....	66	EXEL COMFORT POINT INSULIN SYRINGE/1ML/29G X 1/2".....	88	FEMCON FE.....	45
ESTRACE.....	61	EXEL COMFORT POINT INSULIN SYRINGE/1ML/30G X 5/16".....	88	FEMRING.....	127
estradiol.....	61	EXELDERM.....	51	fenofibrate.....	26
estradiol vaginal.....	127	EXELON.....	121	fenofibrate micronized.....	26
estradiol valerate.....	61	exemestane.....	31	fenoprofen calcium.....	4
ESTROGEL.....	61	EXJADE.....	23	fentanyl.....	6
ESTROPIPATE.....	61	EXTAVIA.....	122	fentanyl citrate.....	6
ESTROSTEP FE.....	44	EXTRA SENSITIVE SPERMICIDAL.....	68	FER-IN-SOL.....	65
eszopiclone.....	66	EXTRANEAL.....	112	FERRIPROX.....	23
ethacrynic acid.....	58	EZ SMART BLOOD GLUCOSE LANCETS.....	71	ferrous fumarate-folic acid.....	65
ethambutol hcl.....	29	EZ-LETS LANCETS 23G.....	71	ferrous sulfate.....	65
ethosuximide.....	17	EZ-LETS LANCETS 26G SUPER-SOFT.....	72	FEXMID.....	115
ethynodiol diacet & eth estrad.....	44	EZ-LETS LANCETS 28G ULTRA-SOFT.....	72	fexofenadine hcl.....	25
ETIDRONATE DISODIUM.....	59	EZ-LETS LANCETS 30G.....	72	fexofenadine-pseudoephedrine	48
etodolac.....	4	ezetimibe.....	27	FIASP.....	21
ETOPOPHOS.....	33	ezetimibe-simvastatin.....	26	FIASP FLEXTOUCH.....	21
ETOPOSIDE.....	34	FABRAZYME.....	60	FIFTY50 ALCOHOL PREP PADS.....	78
etoposide.....	34	FACTIVE.....	62	FIFTY50 LANCING DEVICE.....	72
EURAX.....	56	famciclovir.....	40	FIFTY50 PEN NEEDLES 31G X3/16" (5MM).....	88
EVAMIST.....	61	famotidine.....	125	FIFTY50 PEN NEEDLES 31G X5/16" (8MM).....	88
EVISTA.....	60	FAMOTIDINE PREMIXED.....	124	FIFTY50 PEN NEEDLES 31GX5MM.....	88
EVOXAC.....	113	FAMVIR.....	40	FIFTY50 PEN NEEDLES/31GX8MM.....	88
EXALGO.....	6	FANAPT.....	36	FIFTY50 PEN NEEDLES/32GX4MM.....	88
EXCEL COMFORT POINT INSULIN PEN NEEDLES 31G X 4MM.....	87	FANAPT TITRATION PACK.....	36	FIFTY50 PEN NEEDLES/32GX6MM.....	88
EXEL COMFORT POINT INSULIN PEN NEEDLES 29G X 12MM.....	87	FANTASY LUBRICATED.....	68	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.3ML/31G X 5/16".....	88
EXEL COMFORT POINT INSULIN PEN NEEDLES 31G X 6MM.....	87	FANTASY LUBRICATED/SPERMICIDE	68	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/0.5ML/31G X 5/16".....	88
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/29G X 1/2".....	87	FARESTON.....	31	FIFTY50 SUPERIOR COMFORTINSULIN SYRINGE/1ML/31G X 5/16".....	88
EXEL COMFORT POINT INSULIN SYRINGE/0.3ML/30G X 5/16".....	87	FASLODEX.....	31	FINACEA.....	56
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/28G X 1/2".....	87	FC FEMALE CONDOM.....	68	finasteride.....	64
EXEL COMFORT POINT INSULIN SYRINGE/0.5ML/29G X 1/2".....	87	FC2 FEMALE CONDOM.....	68	finasteride (alopecia).....	55
		felbamate.....	16	FIORICET.....	5
		FELBATOL.....	16,17	FIORINAL.....	5
		FELDENE.....	4	FIORINAL/CODEINE #3.....	7
		felodipine.....	42	FIRMAGON.....	31

FLAGYL.....	9	fondaparinux sodium.....	14	FUZEON.....	38
flavoxate hcl.....	127	FORA LANCETS.....	72	gabapentin.....	15
flecainide acetate.....	12	FORA LANCING DEVICE.....	72	GABITRIL.....	17
FLECTOR.....	50	FORA LANCING		galantamine hydrobromide.....	121
FLOMAX.....	64	DEVICE/CLEARCAP.....	72	GALANTAMINE	
FLONASE ALLERGY		FORTAMET.....	20	HYDROBROMIDE.....	121
RELIEF.....	116	FORTAZ.....	44	galantamine hydrobromide.....	121
FLONASE ALLERGY RELIEF		FORTEO.....	59	GAMMAGARD LIQUID.....	120
CHILDRENS.....	115	FORTICAL.....	59	GAMMAGARD S/D IGA LESS	
FLOVENT DISKUS.....	13	FOSAMAX.....	59	THAN 1MCG/ML.....	120
FLOVENT HFA.....	13	FOSAMAX PLUS D.....	59	GAMMAKED.....	120
FLOXIN OTIC.....	119	fosamprenavir calcium.....	38	GAMUNEX-C.....	120
FLOXURIDINE.....	30	FOSCAVIR.....	39	ganciclovir sodium.....	39
fluconazole.....	24	fosinopril sodium.....	27	gatifloxacin (ophth).....	117
flucytosine.....	24	fosphenytoin sodium.....	17	GEL-KAM ORAL CARE	
fludarabine phosphate.....	30	FOSRENOL.....	63	RINSE.....	113
fludrocortisone acetate.....	47	FRAGMIN.....	14	gemcitabine hcl.....	31
FLUMADINE.....	40	FREDS PHARMACY		gemfibrozil.....	26
fluocinolone acetonide.....	54	AUTOLET LANCING		GEMZAR.....	31
fluocinolone acetonide		DEVICE.....	72	GENERESS FE.....	45
(otic).....	120	FREDS PHARMACY UNIFINE		GENOTROPIN.....	59
fluocinonide.....	54	PENTIPS PEN NEEDLES		GENOTROPIN MINIQUICK.....	59
fluocinonide emulsified base.....	54	32GX4MM.....	88	GENTAK.....	117
fluorometholone (ophth).....	118	FREDS PHARMACY UNIFINE		gentamicin in saline.....	3
fluorouracil.....	30	PENTIPS PLUS		gentamicin sulfate.....	3
FLUOROURACIL.....	51	31GX5MM.....	88	gentamicin sulfate (ophth).....	117
fluorouracil (topical).....	51	FREDS PHARMACY UNIFINE		GENTAMICIN SULFATE/0.9%	
FLUOXETINE.....	122	PENTIPS PLUS		SODIUM CHLORIDE.....	3
fluoxetine hcl.....	18	31GX8MM.....	88	GENTLE-LET GP LANCETS.....	72
FLUOXETINE HCL.....	18	FREDS PHARMACY UNILET		GENTLE-LET LANCETS	
FLUPHENAZINE HCL.....	37	LANCETS SUPER THIN		GENERAL PURPOSE	
fluphenazine hcl.....	37	30G.....	72	STYLE/FINE POINT.....	72
flurandrenolide.....	54	FREDS PHARMACY UNILET		GENTLE-LET LANCETS	
flurbiprofen.....	4	LANCETS ULTRA THIN		GENERAL PURPOSE	
FLURBIPROFEN SODIUM.....	119	28G.....	72	STYLE/MEDIUM POINT.....	72
flurbiprofen sodium.....	119	FREESTYLE PRECISION		GENTLE-LET LANCETS	
flutamide.....	31	INSULIN SYRINGE/U-		SAFETY STYLE/FINE	
fluticasone propionate.....	54	100/0.5ML/30G X 5/16".....	88	POINT.....	72
fluticasone propionate		FREESTYLE PRECISION		GENTLE-LET LANCETS	
(nasal).....	116	INSULIN SYRINGE/U-		SAFETY STYLE/MEDIUM	
fluvastatin sodium.....	26	100/0.5ML/31G X 5/16".....	88	POINT.....	72
fluvoxamine maleate.....	18	FREESTYLE PRECISION		GENVOYA.....	38
FML.....	118	INSULIN SYRINGES/U-		GEODON.....	35
FML FORTE.....	118	100/1ML/31G X 5/16".....	88	GILENYA.....	122
FML LIQUIFILM.....	118	FREESTYLE PRECISION		glatiramer acetate.....	122
FOCALIN.....	2	INSULIN SYRINGES/U-		GLEEVEC.....	32
folic acid.....	65	100/1ML/30G X 5/16".....	88	GLEOSTINE.....	30
FOLOTYN.....	31	FROVA.....	109	glimepiride.....	22
		frovatriptan succinate.....	109	glipizide.....	22
		FURADANTIN.....	126	glipizide-metformin hcl.....	20
		furosemide.....	58		
		FUROSEMIDE.....	58		
		furosemide.....	58		

GLOBAL EASE INJECT PEN NEEDLES 29GX12MM.....	88	GLOBAL LANCING DEVICE.....	72	GNP CLICKFINE PEN NEEDLEUNIVERSAL/31GX5/16"	89
GLOBAL EASE INJECT PEN NEEDLES 31GX8MM.....	88	GLUCAGEN DIAGNOSTIC.....	56	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX1/4".....	89
GLOBAL EASE INJECT PEN NEEDLES 32GX4MM.....	88	GLUCAGEN HYPOKIT.....	21	GNP CLICKFINE UNIVERSAL PEN NEEDLES 31GX5/16".....	89
GLOBAL EASE INJECT PEN NEEDLES 31GX5MM.....	88	GLUCAGON EMERGENCY KIT.....	21	GNP INSULIN SYRINGE/0.3ML/29G X 1/2".....	90
GLOBAL EASY GLIDE INSULINSYRINGE/U- 100/0.3ML/31G X 5/16".....	88	GLUCOLET 2 AUTOMATIC LANCING DEVICE.....	72	GNP INSULIN SYRINGE/0.3ML/30G X 5/16".....	90
GLOBAL EASY GLIDE PEN NEEDLES 32GX4MM.....	88	GLUCOPHAGE.....	20	GNP INSULIN SYRINGE/0.3ML/31G X 5/16".....	90
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	88	GLUCOPHAGE XR.....	20	GNP INSULIN SYRINGE/0.5ML/28G X 1/2".....	90
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	88	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	89	GNP INSULIN SYRINGE/0.5ML/29G X 1/2".....	90
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 1/2".....	88	GLUCOPRO INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	89	GNP INSULIN SYRINGE/0.5ML/30G X 5/16".....	90
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	88	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	89	GNP INSULIN SYRINGE/0.5ML/31G X 5/16".....	90
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	89	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	89	GNP INSULIN SYRINGE/1ML/28G X 1/2".....	90
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	89	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	89	GNP INSULIN SYRINGE/1ML/29G X 1/2".....	90
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	89	GLUCOPRO INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	89	GNP INSULIN SYRINGE/1ML/30G X 5/16".....	90
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	89	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	89	GNP INSULIN SYRINGE/1ML/31G X 5/16".....	90
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 1/2".....	89	GLUCOPRO INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	89	GNP LANCETS.....	72
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	89	GLUCOPRO INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	89	GNP LANCETS 21G.....	72
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/0.5ML/31G X 5/16".....	89	GLUCOSOURCE LANCET DEVICE.....	72	GNP LANCETS MICRO THIN 33G.....	72
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	89	GLUCOSOURCE LANCETS.....	72	GNP LANCETS SUPER THIN 30G.....	72
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	89	GLUCOTROL.....	22	GNP LANCETS THIN.....	72
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	89	GLUCOTROL XL.....	22	GNP LANCETS THIN 26G.....	72
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	89	GLUCOVANCE.....	20	GNP MICRO THIN LANCETS 33G.....	72
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 1/2".....	89	glyburide.....	22	GNP OMEPRAZOLE.....	125
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	89	glyburide micronized.....	22	GNP SUPER THIN LANCETS/30G.....	72
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	89	glyburide-metformin.....	20	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	90
GLOBAL INJECT EASE INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	89	glycine (gu irrigant).....	63	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16" SHORT.....	90
GLOBAL INSULIN SYRINGE/U- 100/0.3ML/30G X 1/2".....	89	glycopyrrolate.....	124	GNP ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16" SHORT.....	90
GLOBAL INSULIN SYRINGES/U- 100/0.3ML/30GX5/16".....	89	GLYNASE.....	22	GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	90
		GLYSET.....	20		
		GNP ALCOHOL SWABS.....	78		

GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	90	H-E-B INCONTROL LANCETS SUPER THIN 30G.....	72	HEPARIN SODIUM/D5W.....	15
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16" SHORT.....	90	H-E-B INCONTROL LANCETS ULTRA THIN 28G.....	72	HEPARIN SODIUM/NACL 0.45%.....	15
GNP ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16" SHORT.....	90	H-E-B INCONTROL PEN NEEDLES 29GX12MM.....	91	HEPSERA.....	40
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	90	HALAVEN.....	34	HERCEPTIN.....	31
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	90	HALCION.....	66	HEXALEN.....	30
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	90	HALDOL.....	36	HIGH SENSATION SPERMICIDAL.....	68
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16" SHORT.....	90	HALDOL DECANOATE 100.....	36	HIPREX.....	126
GNP ULTRA COMFORT INSULIN SYRINGE/1ML/31G X 5/16" SHORT.....	90	HALDOL DECANOATE 50 36.....	36	HIZENTRA.....	120
GOLYTELY.....	66	halobetasol propionate.....	54	HM OMEPRAZOLE.....	125
GOODSENSE LANCING DEVICE.....	72	HALOG.....	54	HORIZANT.....	122
GRANISETRON HCL.....	23	haloperidol.....	36	HUMALOG.....	21
granisetron hcl.....	23	haloperidol decanoate.....	36	HUMALOG JUNIOR KWIKPEN.....	21
GRIS-PEG.....	24	haloperidol lactate.....	36	HUMALOG KWIKPEN.....	21
griseofulvin microsize.....	24	HARVONI.....	40	HUMALOG MIX 50/50.....	21
griseofulvin ultramicrosize.....	24	HEALTH CARE LANCING DEVICE.....	73	HUMALOG MIX 50/50 KWIKPEN.....	21
guanfacine hcl.....	28	HEALTHWISE LANCING PEN.....	73	HUMALOG MIX 75/25.....	21
guanfacine hcl (adhd).....	2	HEALTHWISE MINI PEN NEEDLES 31GX6MM.....	91	HUMALOG MIX 75/25 KWIKPEN.....	21
GUANIDINE HCL.....	29	HEALTHWISE PEN NEEDLES 29GX12MM.....	91	HUMATROPE.....	59
GYNAZOLE-1.....	127	HEALTHWISE SHORT PEN NEEDLES 31GX8MM.....	91	HUMATROPE COMBO PACK.....	59
GYNE-LOTRIMIN.....	127	HEALTHWISE UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	91	HUMIRA.....	3
H-E-B IN CONTROL PEN NEEDLES 31GX5MM.....	90	HEALTHY ACCENTS AUTOLET IMPRESSION LANCING DEVICE.....	73	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK.....	3
H-E-B IN CONTROL PEN NEEDLES 31GX6MM.....	90	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 29GX12MM.....	91	HUMIRA PEN.....	3
H-E-B IN CONTROL PEN NEEDLES 31GX8MM.....	90	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX5MM.....	91	HUMIRA PEN-CROHNS DISEASESTARTER.....	3
H-E-B IN CONTROL PEN NEEDLES/NANO/32GX4MM	90	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX6MM.....	91	HUMIRA PEN-PSORIASIS STARTER.....	3
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 31GX5MM.....	90	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 31GX8MM.....	91	HUMULIN 70/30.....	21
H-E-B IN CONTROL UNIFINEPENTIPS PLUS 32GX4MM.....	91	HEALTHY ACCENTS UNIFINE PENTIPS PEN NEEDLES 32GX4MM.....	91	HUMULIN 70/30 KWIKPEN.....	21
H-E-B INCONTROL ADVANCEDLANCING DEVICE.....	72	HEALTHY ACCENTS UNILET LANCETS SUPER THIN 30G.....	73	HUMULIN N.....	21
H-E-B INCONTROL ALCOHOL PADS.....	78	HECTOROL.....	60	HUMULIN N KWIKPEN.....	21
H-E-B INCONTROL LANCETS MICRO THIN 33G.....	72	heparin sod (porcine) in d5w.....	14	HUMULIN R.....	21
		heparin sodium (porcine).....	14	HUMULIN R U-500 (CONCENTRATED).....	21
				HY-VEE LANCETS.....	73
				HY-VEE THIN LANCETS.....	73
				HYCAMTIN.....	34
				HYCET.....	7
				hydralazine hcl.....	28
				HYDREA.....	33
				hydrochlorothiazide.....	58
				hydrocodone-acetaminophen.....	8
				hydrocodone-ibuprofen.....	8
				hydrocortisone.....	47

hydrocortisone (intrarectal)	9	INSULIN SYRINGE/0.3ML/29G X 1"	91	INSULIN SYRINGES/0.5ML/31GX5/16"	92
hydrocortisone (rectal)	9	INSULIN SYRINGE/0.3ML/29G X 1/2"	91	INSULIN SYRINGES/1ML/27GX1/2"	92
hydrocortisone (topical)	54	INSULIN SYRINGE/0.3ML/30G X 5/16"	91	INSULIN SYRINGES/1ML/27GX1/2"	92
hydrocortisone acetate (rectal)	9	INSULIN SYRINGE/0.3ML/31G X 5/16"	91	INSULIN SYRINGES/1ML/28GX1/2"	92
hydrocortisone butyrate	54	INSULIN SYRINGE/0.5ML/27G X 1/2"	91	INSULIN SYRINGES/1ML/29GX1/2"	92
hydrocortisone valerate	54	INSULIN SYRINGE/0.5ML/28G X 1/2"	91	INSULIN SYRINGES/1ML/30GX1/2"	92
hydrocortisone w/acetic acid	120	INSULIN SYRINGE/0.5ML/30G X 1/2"	91	INSULIN SYRINGES/1ML/31GX5/16"	92
hydromorphone hcl	6	INSULIN SYRINGE/0.5ML/30G X 5/16"	91	INSUPEN 29G X 12MM	92
hydroxychloroquine sulfate	29	INSULIN SYRINGE/0.5ML/31G X 5/16"	91	INSUPEN 31G X 5MM	92
hydroxyurea	33	INSULIN SYRINGE/1ML/28G X 1/2"	91	INSUPEN 31G X 8MM	92
hydroxyzine hcl	11	INSULIN SYRINGE/1ML/29G X 1/2"	91	INSUPEN 32G X 4MM	92
HYDROXYZINE PAMOATE	12	INSULIN SYRINGE/1ML/30G X 5/16"	91	INSUPEN 33GX4MM	92
HYPER-SAL	48	INSULIN SYRINGE/1ML/30G X 5/16"	91	INSUPEN PEN NEEDLES 32G X4MM	92
HYPERSAL	48	INSULIN SYRINGE/1ML/31G X 5/16"	91	INSUPEN SENSITIVE 32GX6MM	92
HYZAAR	28	INSULIN SYRINGE/1ML/31G X 5/16"	91	INSUPEN SENSITIVE 32GX8MM	92
ibandronate sodium	59	INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	91	INSUPEN ULTRAFIN 29GX12MM	92
ibuprofen	4	INSULIN SYRINGE/U-100/0.5ML/28G X 1/2"	91	INSUPEN ULTRAFIN 30GX8MM	92
IDAMYCIN PFS	32	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	91	INSUPEN ULTRAFIN 31GX6MM	92
idarubicin hcl	32	INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	91	INSUPEN ULTRAFIN 31GX8MM	92
IFEX	30	INSULIN SYRINGE/U-100/1ML/28G X 1/2"	91	INTELENCE	38
ifosfamide	30	INSULIN SYRINGE/U-100/1ML/29G X 1/2"	91	INTENSE SENSATION	68
IFOSFAMIDE	30	INSULIN SYRINGE/U-100/1ML/30G X 5/16"	92	INTRON A	33
ILEVRO	119	INSULIN SYRINGE/U-100/1ML/30G X 5/16"	92	INTRON A W/DILUENT	33
imatinib mesylate	32	INSULIN SYRINGE/U-100/1ML/31G X 5/16"	92	INTUNIV	2
imipenem-cilastatin	10	INSULIN SYRINGES/0.5ML/27GX1/2"	92	INVANZ	10
imipramine hcl	20	INSULIN SYRINGES/0.5ML/28GX1/2"	92	INVEGA	36
imipramine pamoate	20	INSULIN SYRINGES/0.5ML/29GX1/2"	92	INVIRASE	38
imiquimod	55	INSULIN SYRINGES/0.5ML/30GX5/16"	92	INVOKANA	22
IMITREX	109	INSULIN SYRINGES/0.5ML/31GX 5/16"	92	IONOSOL-B/DEXTROSE 5%	110
IMITREX STATDOSE SYSTEM	109	INSULIN SYRINGES/0.5ML/31GX 5/16"	92	IONOSOL-MB/DEXTROSE 5%	110
IMODIUM A-D	22	INSULIN SYRINGES/0.5ML/31GX 5/16"	92	IOPIDINE	117
IMURAN	112	INSULIN SYRINGES/0.5ML/31GX 5/16"	92	ipratropium bromide	12
IN TOUCH LANCING DEVICE	73	INSULIN SYRINGES/0.5ML/31GX 5/16"	92	ipratropium bromide (nasal)	115
INATAL ADVANCE	113	INSULIN SYRINGES/0.5ML/31GX 5/16"	92	ipratropium-albuterol	13
INATAL GT	113	INSULIN SYRINGES/0.5ML/31GX 5/16"	92	irbesartan	27
INATAL ULTRA	113	INSULIN SYRINGES/0.5ML/31GX 5/16"	92	IRINOTECAN	34
INCRELEX	60				
INCRUSE ELLIPTA	12				
indapamide	58				
INDERAL LA	41				
indomethacin	4				
INLYTA	32				
INSPRA	28				

irinotecan hcl.....	34	ketorolac tromethamine (ophth).....	119	KROGER INSULIN SYRINGE/0.3ML/31G X 5/16".....	93
irrigation solutions, physiological.....	112	KETOSTIX.....	57	KROGER INSULIN SYRINGE/0.5ML/29G X 1/2".....	93
ISENTRESS.....	38	ketotifen fumarate (ophth).....	119	KROGER INSULIN SYRINGE/0.5ML/30G X 5/16".....	93
ISOLYTE-P/DEXTROSE 5%.....	110	KIMONO COLORS.....	68	KROGER INSULIN SYRINGE/0.5ML/31G X 5/16".....	93
ISOLYTE-S.....	110	KIMONO LUBRICATED.....	68	KROGER INSULIN SYRINGE/1ML/29G X 1/2".....	93
ISONIAZID.....	29	KIMONO MICRO THIN PLUS SPERMICIDE LUBRICATED.....	68	KROGER INSULIN SYRINGE/1ML/30G X 5/16".....	93
isoniazid.....	29	KIMONO PLUS SPERMICIDE LUBRICATED.....	68	KROGER LANCETS.....	73
ISOPTO CARPINE.....	117	KIMONO PLUS SPERMICIDE/LUBRICATED	68	KROGER LANCETS 21G.....	73
ISORDIL TITRADOSE.....	11	KIMONO PS LUBRICATED.....	68	KROGER LANCETS MICRO THIN33G.....	73
isosorbide dinitrate.....	11	KIMONO PS PLUS SPERMICIDE/LUBRICATED	68	KROGER LANCETS SUPER THIN.....	73
ISOSORBIDE DINITRATE ER.....	11	KIMONO SENSATION LUBRICATED.....	68	KROGER LANCETS THIN.....	73
isosorbide mononitrate.....	11	KIMONO SENSATION PLUS SPERMICIDE LUBRICATED.....	68	KROGER LANCETS THIN 26G.....	73
ISOTONIC GENTAMICIN.....	3	KIMONO SPECIAL.....	68	KROGER LANCETS ULTRATHIN30G.....	73
isotretinoin.....	49	KINERET.....	4	KROGER LANCING DEVICE.....	73
isradipine.....	42	KINNEY LANCETS.....	73	KROGER PEN NEEDLES 29G X12MM.....	93
ISTODAX.....	32	KINNEY THIN LANCETS.....	73	KROGER PEN NEEDLES 31G X8MM.....	93
ISTODAX (OVERFILL).....	32	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.3ML/31G X 5/16".....	92	KROGER PEN NEEDLES 31GX1/4".....	93
itraconazole.....	24	KINRAY INSULIN SYRINGE PREFERRED PLUS/0.5ML/31G X 5/16".....	92	KUVAN.....	60
ivermectin.....	9	KINRAY INSULIN SYRINGE PREFERRED PLUS/1ML/31G X 5/16".....	92	KYPROLIS.....	32
IXEMPRA KIT.....	34	KINRAY INSULIN SYRINGE/0.5ML/29G X 1/2".....	92	labetalol hcl.....	41
JADENU.....	23	KITABIS PAK.....	3	LAC-HYDRIN.....	55
JAKAFI.....	32	KLARON.....	49	LAC-HYDRIN TWELVE.....	55
JANUVIA.....	21	KLONOPIN.....	15	LACRISERT.....	116
JEVTANA.....	34	KLOR-CON M15.....	111	lactated ringer's.....	110
K-TAB.....	111	KLS OMEPRAZOLE.....	125	lactated ringer's (irrigation).....	112
KADIAN.....	6	KMART VALU PLUS INSULIN SYRINGE/1ML/29G.....	92	lactic acid (ammonium lactate).....	55
KALETRA.....	38	KMART VALU PLUS INSULIN SYRINGE/1ML/30G.....	92	lactulose.....	66
KALYDECO.....	123	KROGER INSULIN SYRINGE/0.3ML/29G X 1/2".....	92	lactulose (encephalopathy).....	63
KAMELEON LUBRICATED.....	68	KROGER INSULIN SYRINGE/0.3ML/30G X 5/16".....	92	LAMICTAL.....	15
KAYEXALATE.....	113			LAMICTAL CHEWABLE DISPERSIBLE.....	15
KCL 0.3%/D5W/NACL 0.9%.....	110			LAMISIL.....	24
KEFLEX.....	43			lamivudine.....	38
KENALOG-40.....	47			lamivudine (hbv).....	40
KEPIVANCE.....	33				
KEPPRA.....	15				
KEPPRA XR.....	15				
KETEK.....	10				
KETOCARE.....	57				
ketoconazole.....	24				
ketoconazole (topical).....	51				
KETONE TEST STRIPS.....	57				
KETOPROFEN.....	4				
ketoprofen.....	4				
ketorolac tromethamine.....	4				

lamivudine-zidovudine.....	38	LEADER INSULIN		levonorgestrel-ethinyl estradiol	
lamotrigine.....	15	SYRINGE/1ML/29G X 1/2"	93	(continuous).....	45
LANCET DEVICE		LEADER INSULIN		LEVORPHANOL TARTRATE	6
ADJUSTABLE.....	73	SYRINGE/1ML/30G X		LEVOTHYROXINE	
LANCET DEVICE WITH		5/16"	93	SODIUM.....	124
EJECTOR.....	73	LEADER INSULIN		levothyroxine sodium.....	124
LANCETS.....	73	SYRINGE/1ML/31G X		LEXAPRO.....	18
LANCETS 26G TWIST TOP	73	5/16"	93	LEXIVA.....	38
LANCETS 28G.....	73	LEADER UNIFINE PENTIPS		LIALDA.....	63
LANCETS 30G.....	73	PLUS/MINI/31GX3/16"	93	LIBERTY MINI LANCING	
LANCETS SAFETY SEAL		LEADER UNIFINE PENTIPS		DEVICE.....	73
21G.....	73	PLUS/SHORT/31GX5/16"	93	LIBRAX.....	124
LANCETS SAFETY SEAL		LEADER UNIFINE		lidocaine.....	56
26G.....	73	PENTIPS/MINI/31GX3/16"	93	lidocaine hcl.....	56
LANCETS SAFETY SEAL		LEADER UNIFINE		LIDOCAINE HCL.....	113
28G.....	73	PENTIPS/NANO/32GX5/32"	93	lidocaine hcl (local anesth.)	66
LANCETS SUPER THIN		LEADER UNIFINE		lidocaine hcl (mouth-throat)	113
28G.....	73	PENTIPS/PLUS/32GX5/32"	93	lidocaine-prilocaine.....	56
LANCETS THIN.....	73	leflunomide.....	5	LIDODERM.....	56
LANCETS ULTRA THIN.....	73	LETAIRIS.....	43	LILETTA.....	46
LANCING DEVICE.....	73	letrozole.....	31	LINCOCIN.....	11
LANCING DEVICE		leucovorin calcium.....	33	lincomycin hcl.....	11
ADJUSTABLE.....	73	LEUCOVORIN CALCIUM.....	33	LINDANE.....	56
LANOXIN.....	42	leucovorin calcium.....	33	lindane.....	56
LANOXIN PEDIATRIC.....	42	LEUKERAN.....	30	linezolid.....	11
lansoprazole.....	125	LEUKINE.....	65	LINEZOLID.....	11
lanthanum carbonate.....	63	leuprolide acetate.....	31	linezolid.....	11
LANZO.....	73	levalbuterol hcl.....	13	liothyronine sodium.....	124
LASIX.....	58	LEVALBUTEROL TARTRATE		LIPITOR.....	26
LASTACRAFT.....	119	HFA.....	13	lisinopril.....	27
latanoprost.....	119	LEVAQUIN.....	62	lisinopril &	
LATUDA.....	35,36	LEVEMIR.....	22	hydrochlorothiazide.....	28
LEADER ADVANCED LANCING		LEVEMIR FLEXTOUCH.....	22	LITE TOUCH LANCING	
DEVICE.....	73	levetiracetam.....	15,16	DEVICE.....	73
LEADER INSULIN		levobunolol hcl.....	116	LITE TOUCH LANCING	
SYRINGE/0.3ML/29G X 1/2"	93	levocetirizine		PEN.....	73
LEADER INSULIN		dihydrochloride.....	25	LITE TOUCH PEN	
SYRINGE/0.3ML/30G X		levofloxacin.....	62	NEEDLES/31G X 3/16"	93
5/16"	93	LEVOFLOXACIN.....	62	LITETOUCH INSULIN	
LEADER INSULIN		levofloxacin.....	62	SYRINGE/0.3ML/29G X 1/2"	93
SYRINGE/0.3ML/31G X		levofloxacin (ophth).....	117	LITETOUCH INSULIN	
5/16"	93	levofloxacin in d5w.....	62	SYRINGE/0.3ML/30G X	
LEADER INSULIN		levonorgestrel & eth		5/16"	93
SYRINGE/0.5ML/28G X 1/2"	93	estradiol.....	45	LITETOUCH INSULIN	
LEADER INSULIN		levonorgestrel (emergency		SYRINGE/0.3ML/31G X	
SYRINGE/0.5ML/29G X 1/2"	93	oc).....	46	5/16"	93
LEADER INSULIN		levonorgestrel-eth estradiol		LITETOUCH INSULIN	
SYRINGE/0.5ML/30G X		(triphasic).....	45	SYRINGE/0.5ML/30G X	
5/16"	93	levonorgestrel-ethinyl estradiol		5/16"	93
LEADER INSULIN		(91-day).....	45	LITETOUCH INSULIN	
SYRINGE/1ML/28G X 1/2"	93			SYRINGE/0.5ML/31G X	
				5/16"	94

LITETOUCH INSULIN		
SYRINGE/1ML/30G X 5/16"	94	
LITETOUCH INSULIN		
SYRINGE/U-100/0.5ML/28G X		
1/2"	94	
LITETOUCH INSULIN		
SYRINGE/U-100/0.5ML/29G X		
1/2"	94	
LITETOUCH INSULIN		
SYRINGE/U-100/1ML/28G X		
1/2"	94	
LITETOUCH INSULIN		
SYRINGE/U-100/1ML/29G X		
1/2"	94	
LITETOUCH INSULIN		
SYRINGE/U-100/1ML/31G X		
5/16"	94	
LITETOUCH PEN NEEDLES		
29GX12.7MM	94	
LITETOUCH PEN NEEDLES		
31G X 6MM	94	
LITETOUCH PEN NEEDLES		
31GX8MM SHORT	94	
LITHIUM	35	
lithium carbonate	35	
LITHIUM CARBONATE	35	
lithium carbonate	35	
LITHOBID	35	
LIVALO	26	
LIVE BETTER ADVANCED		
LANCING DEVICE	74	
LIVE BETTER LANCET		
SUPERTHIN 30G	74	
LIVE BETTER LANCET		
ULTRATHIN 28G	74	
LIVE BETTER PEN NEEDLES		
29G X 12MM	94	
LIVE BETTER PEN NEEDLES		
31G X 12MM	94	
LIVE BETTER PEN NEEDLES		
31G X 6MM	94	
LO LOESTRIN FE	45	
LOCOID	54	
LODINE	4	
LODOSYN	34	
LOESTRIN 1.5/30-21	45	
LOESTRIN 1/20-21	45	
LOESTRIN FE 1.5/30	45	
LOESTRIN FE 1/20	45	
LOFIBRA	26	
LOMOTIL	23	
LONGS INSULIN		
SYRINGE/0.5ML/31G X		
5/16"	94	
LONGS LANCETS		
STANDARD	74	
LONGS LANCETS THIN	74	
loperamide hcl	23	
LOPID	26	
lopinavir-ritonavir	38	
LOPRESSOR	41	
LOPROX	51	
LOPROX SHAMPOO	51	
loratadine	25	
loratadine &		
pseudoephedrine	48	
lorazepam	12	
losartan potassium	27	
losartan potassium &		
hydrochlorothiazide	28	
LOSEASONIQUE	45	
LOTEMAX	118	
LOTENSIN	27	
LOTREL	28	
LOTRIMIN AF	51	
LOTRIMIN AF FOR HER	51	
LOTRIMIN AF JOCK ITCH	51	
LOTRIMIN ULTRA	51	
LOTRISONE	51	
LOTRONEX	63	
lovastatin	26	
LOVAZA	26	
LOVENOX	15	
loxapine succinate	36	
LUMIGAN	119	
LUMIZYME	60	
LUNESTA	66	
LUPRON DEPOT (1-		
MONTH)	31	
LUPRON DEPOT (3-		
MONTH)	31	
LUPRON DEPOT (4-		
MONTH)	31	
LUPRON DEPOT (6-		
MONTH)	32	
LUPRON DEPOT-PED (1-		
MONTH)	60	
LUPRON DEPOT-PED (3-		
MONTH)	60	
LUXIQ	54	
LYRICA	16	
LYSODREN	32	
LYSTEDA	65	
M-VIT	113	
MACROBID	126	
MACRODANTIN	126	
mafenide acetate	52	
MAGELLAN INSULIN SAFETY		
SYRINGE/U-100/0.3ML/29G X		
1/2"	94	
MAGELLAN INSULIN SAFETY		
SYRINGE/U-100/0.3ML/30G X		
5/16"	94	
MAGELLAN INSULIN SAFETY		
SYRINGE/U-100/0.5ML/29G X		
1/2"	94	
MAGELLAN INSULIN SAFETY		
SYRINGE/U-100/0.5ML/30G X		
5/16"	94	
MAGELLAN INSULIN SAFETY		
SYRINGE/U-100/1ML/29G X		
1/2"	94	
MAGELLAN INSULIN SAFETY		
SYRINGE/U-100/1ML/30G X		
5/16"	94	
magnesium sulfate	110,111	
MAGNESIUM SULFATE	111	
MALARONE	28	
malathion	56	
MAPROTILINE HCL	18	
MARATHON MEDICAL		
PENTIPS29GX12MM	94	
MARATHON MEDICAL		
PENTIPS31GX5MM	94	
MARATHON MEDICAL		
PENTIPS31GX8MM	94	
MARATHON MEDICAL		
PENTIPS32GX4MM	94	
MARINOL	23	
MARPLAN	18	
MATULANE	33	
MAVIK	27	
MAXALT	109	
MAXALT-MLT	109	
MAXI-COMFORT INSULIN		
SYRINGE/U-		
100/0.5ML/28GX1/2"	94	
MAXI-COMFORT INSULIN		
SYRINGE/U-100/1ML/28GX1/2"		
	94	
MAXIDEX	118	
MAXIPIME	44	
MAXITROL	118	
MAXX LUBRICATED	68	
MAXX PLUS SPERMICIDE		
LUBRICATED	68	
MAXZIDE	58	

MAXZIDE-25.....	58	memantine hcl.....	121,122	METHYLPHENIDATE HCL	
meclizine hcl.....	23	MENEST.....	61	ER.....	2
MECLOFENAMATE SODIUM 4		MENOSTAR.....	61	methylprednisolone.....	47
MEDIC INSULIN		MENTAX.....	51	methylprednisolone acetate.....	47
SYRINGE/0.3ML/30G X		meperidine hcl.....	6	methylprednisolone sod	
5/16".....	94	MEPERIDINE HCL.....	6	succ.....	47
MEDIC INSULIN		meperidine hcl.....	6	METIPRANOLOL.....	116
SYRINGE/0.5ML/30G X		meprobamate.....	12	metoclopramide hcl.....	62
5/16".....	94	MEPRON.....	10	metolazone.....	58
MEDICINE SHOPPE PEN		mercaptapurine.....	31	metoprolol succinate.....	41
NEEDLES 29G X 12MM.....	94	meropenem.....	10	metoprolol tartrate.....	41
MEDICINE SHOPPE PEN		MERREM.....	10	METROCREAM.....	56
NEEDLES 31G X 6MM.....	94	mesalamine.....	63	METROGEL.....	56
MEDICINE SHOPPE PEN		MESALAMINE DR.....	63	METROGEL-VAGINAL.....	127
NEEDLES 31G X 8MM.....	95	MESTINON.....	29	METROLOTION.....	56
MEDISENSE THIN		MESTINON TIMESPAN.....	29	metronidazole.....	9
LANCETS.....	74	METADATE CD.....	2	metronidazole (topical).....	56
MEDROL.....	47	METAPROTERENOL		metronidazole vaginal.....	127
MEDROL DOSEPAK.....	47	SULFATE.....	14	MEVACOR.....	27
medroxyprogesterone		metaxalone.....	115	mexiletine hcl.....	12
acetate.....	121	metformin hcl.....	20	MIACALCIN.....	59
medroxyprogesterone acetate		methadone hcl.....	6	MICARDIS.....	27
(contraceptive).....	46	METHADONE HCL.....	6	MICONAZOLE 3.....	127
mefenamic acid.....	4	methadone hcl.....	6	MICRO-K.....	111
MEFLOQUINE HCL.....	29	METHADONE HCL.....	6	MICROLET NEXT.....	74
mefloquine hcl.....	29	methadone hcl.....	6	MICROZIDE.....	58
MEGACE ES.....	121	METHADOSE.....	6	midodrine hcl.....	127
MEGACE ORAL.....	32	METHADOSE SUGAR-		miglitol.....	20
megestrol acetate.....	32	FREE.....	6	MIGRANAL.....	109
megestrol acetate		methamphetamine hcl.....	1	MILLIPRED.....	47
(appetite).....	121	methazolamide.....	57	MILLIPRED DP.....	47
MEIJER ALCOHOL SWABS		methenamine hippurate.....	126	MINASTRIN 24 FE.....	45
EXTRA-THICK.....	78	methimazole.....	124	MINI LANCING DEVICE.....	74
MEIJER COLOR LANCETS		METHITEST.....	9	MINIPRESS.....	28
UNIVERSAL 33G.....	74	methocarbamol.....	115	MINIVELLE.....	61
MEIJER LANCETS.....	74	methotrexate sodium.....	31	MINOCIN.....	123
MEIJER LANCETS THIN.....	74	METHOTREXATE		minocycline hcl.....	123
MEIJER LANCETS		SODIUM.....	31	minoxidil.....	28
UNIVERSAL21G.....	74	methotrexate sodium.....	31	MIRAPEX.....	35
MEIJER LANCETS		methoxsalen rapid.....	52	MIRCETTE.....	45
UNIVERSAL30G.....	74	methscopolamine		MIRENA.....	46
MEIJER LANCETS		bromide.....	124	mirtazapine.....	17
UNIVERSAL33G.....	74	METHYCLOTHIAZIDE.....	58	misoprostol.....	126
MEIJER PEN NEEDLES 29G		methylidopa.....	28	mitomycin.....	32
X12MM.....	95	METHYLDOPATE HCL.....	28	mitoxantrone hcl.....	32
MEIJER PEN NEEDLES 31G		METHYLIN.....	2	MM INSULIN SYRINGE/U-	
X6MM.....	95	methylphenidate hcl.....	2	100/0.3ML/30G X 5/16".....	95
MEIJER PEN NEEDLES 31G					
X8MM.....	95				
MEIJER SUPER THIN					
LANCETS.....	74				
meloxicam.....	4				
melphalan.....	30				
melphalan hcl.....	30				

MM INSULIN SYRINGE/U-100/0.3ML/31G X 5/16".....	95	MONOJECT INSULIN SYRINGE/SOFTPACK/1ML/27G X 1/2".....	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/30G X 5/16".....	96
MM INSULIN SYRINGE/U-100/1/2ML/30G X 5/16".....	95	MONOJECT INSULIN SYRINGE/SOFTPACK/U-100/0.5ML/28G X 1/2".....	95	MONOLET LANCETS.....	74
MM INSULIN SYRINGE/U-100/1/2ML/31G X 5/16".....	95	MONOJECT INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	95	MONOLET OPD LANCETS.....	74
MM INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	95	MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	95	montelukast sodium.....	12
MM INSULIN SYRINGE/U-100/1ML/31G X 5/16".....	95	MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	95	MONUROL.....	126
MM LANCING DEVICE.....	74	MONOJECT INSULIN SYRINGE/U-100/0.5ML/30G X 5/16".....	95	MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	96
MM PEN NEEDLES 31G X 1/4".....	95	MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	96	MOORE MED MONOJECT INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	96
MM PEN NEEDLES 31G X 3/16".....	95	MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	96	MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	96
MM PEN NEEDLES 31G X 5/16".....	95	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	96	MOORE MED MONOJECT INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	96
MM PEN NEEDLES 32G X 5/32".....	95	MONOJECT INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	96	morphine sulfate.....	6
MOBIC.....	4	MONOJECT INSULIN SYRINGE/REGULAR LUER TIP/SOFTPACK/1ML.....	96	MORPHINE SULFATE.....	6
modafinil.....	2	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/29G X 1/2".....	96	morphine sulfate.....	6
MODICON.....	45	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/30G X 5/16".....	96	MOTOFEN.....	23
moexipril hcl.....	27	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.3ML/31G X 5/16".....	96	MOVIPREP.....	66
mometasone furoate.....	54	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	96	moxifloxacin hcl.....	62
mometasone furoate (nasal).....	116	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/28G X 1/2".....	96	moxifloxacin hcl in sodium chloride.....	62
MONISTAT SOOTHING CARE ITCH RELIEF.....	54	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	96	MOZOBIL.....	65
MONODOX.....	123	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	96	MS CONTIN.....	7
MONOJECT INSULIN SYRINGE/1ML.....	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	96	MS INSULIN SYRINGE/0.3ML/31G X 5/16".....	96
MONOJECT INSULIN SYRINGE/1ML/31G X 5/16".....	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/30G X 5/16".....	96	MS INSULIN SYRINGE/0.5ML/31G X 5/16".....	96
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8".....	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	96	MS INSULIN SYRINGE/1ML/31G X 5/16".....	96
MONOJECT INSULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2".....	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/29G X 1/2".....	96	MULTAQ.....	12
MONOJECT INSULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2".....	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/0.5ML/31G X 5/16".....	96	MULTI PRENATAL.....	113
MONOJECT INSULIN SYRINGE/PERM NEEDLE/U-100/0.5ML/28G X 1/2".....	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/28G X 1/2".....	96	MULTI-LANCET DEVICE.....	74
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29G X 1/2".....	95	MONOJECT ULTRA COMFORT INSULIN SYRINGE/1ML/29G X 1/2".....	96	mupirocin.....	50
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.3ML/29GX1/2".....	95			mupirocin calcium (topical).....	50
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/0.5ML/29G X 1/2".....	95			MUSTARGEN.....	30
MONOJECT INSULIN SYRINGE/SAFETY/PERM NEEDLE/1ML/29G X 1/2".....	95			MYAMBUTOL.....	29
				MYCAMINE.....	24
				MYCOBUTIN.....	29
				mycophenolate mofetil.....	112
				mycophenolate mofetil hcl.....	112
				mycophenolate sodium.....	112
				MYDRIACYL.....	117
				MYFORTIC.....	112

MYLERAN.....	30	NEOMYCIN/POLYMYXIN/HYD		nitroglycerin.....	11
MYNATAL.....	113	ROCORTISONE.....	118	NITROSTAT.....	11
MYNATAL ADVANCE.....	113	NEORAL.....	112	NIVA-PLUS.....	114
MYNATAL PLUS.....	113	NEPTAZANE.....	57	nizatidine.....	125
MYNATAL ULTRACAPLET.....	113	NEULASTA.....	65	NIZATIDINE.....	125
MYNATAL-Z.....	113	NEULASTA ONPRO KIT.....	65	NIZORAL.....	51
MYNATE 90 PLUS.....	113	NEUPOGEN.....	65	NOR-QD.....	46
MYRBETRIQ.....	127	NEUPRO.....	35	NORCO.....	8
MYSOLINE.....	16	NEURONTIN.....	16	NORDITROPIN FLEXPRO.....	59
nabumetone.....	4	NEVANAC.....	119	norethin acet & estrad-fe.....	45
nadolol.....	41	NEVIRAPINE.....	38	norethindrone & eth estradiol.....	45
nafcillin sodium.....	121	nevirapine.....	38	norethindrone & ethinyl estradiol- fe.....	45
NAFCILLIN SODIUM.....	121	NEXAVAR.....	32	norethindrone (contraceptive).....	46
naftifine hcl.....	51	NEXIUM.....	125	norethindrone acet & eth estra.....	45
NAFTIN.....	51	NEXIUM 24HR.....	125	norethindrone acetate.....	121
NAGLAZYME.....	60	NEXIUM 24HR CLEAR		norethindrone acetate-ethinyl estradiol-fe.....	45
nalbuphine hcl.....	8	MINIS.....	125	norethindrone-eth estradiol (triphasic).....	45
naloxone hcl.....	23	NEXPLANON.....	46	norgestimate-ethinyl estradiol.....	45
NALOXONE HCL.....	23	niacin (antihyperlipidemic).....	27	norgestimate-ethinyl estradiol (triphasic).....	45
naltrexone hcl.....	23	NIASPAN.....	27	norgestrel & ethinyl estradiol.....	45
NAMENDA.....	122	nicardipine hcl.....	42	NORINYL 1+35.....	45
NAMENDA TITRATION		NICODERM CQ.....	123	NORMOSOL-M IN D5W.....	110
PAK.....	122	NICORETTE.....	123	NORMOSOL-R.....	110
NAPROSYN.....	4	NICORETTE MINI.....	123	NORPACE.....	12
NAPROXEN.....	5	NICORETTE STARTER		NORPRAMIN.....	20
naproxen.....	5	KIT.....	123	nortriptyline hcl.....	20
naproxen sodium.....	4	nicotine.....	123	NORVASC.....	42
naratriptan hcl.....	109	nicotine polacrilex.....	123	NORVIR.....	38
NARDIL.....	18	NICOTINE TRANSDERMAL		NOVA SUREFLEX	
NASONEX.....	116	SYSTEM.....	123	LANCETS.....	74
NATACYN.....	117	NICOTROL INHALER.....	123	NOVA SUREFLEX LANCING	
NATALVIT.....	114	NICOTROL NS.....	123	DEVICE.....	74
NATAZIA.....	45	nifedipine.....	42	NOVAREL.....	59
nateglinide.....	22	NILANDRON.....	32	NOVOFINE 30GX8MM.....	96
NATROBA.....	56	nilutamide.....	32	NOVOFINE 32GX6MM.....	96
NAVELBINE.....	34	nimodipine.....	42	NOVOFINE AUTOCOVER	
NEBUPENT.....	9	NINLARO.....	32	30GX8MM.....	96
NEBUSAL.....	48	NIPENT.....	33	NOVOFINE PLUS	
NECON 10/11-28.....	45	nisoldipine.....	42	32GX4MM.....	96
NEFAZODONE HCL.....	19	NISOLDIPINE ER.....	42	NOVOLIN 70/30.....	22
nefazodone hcl.....	19	NITRO-BID.....	11	NOVOLIN 70/30 RELION.....	22
neomycin sulfate.....	3	NITRO-DUR.....	11	NOVOLIN N.....	22
neomycin-bacitracin zn-		nitrofurantoin.....	126	NOVOLIN N RELION.....	22
polymyxin.....	117	nitrofurantoin		NOVOLIN R.....	22
neomycin-polymy-		macrocrystal.....	126		
dexameth.....	118	nitrofurantoin monohyd			
neomycin-polymyxin-hc		macro.....	126		
(otic).....	119	nitroglycerin.....	11		
		NITROGLYCERIN.....	11		

NOVOLIN R RELION.....	22	ON CALL LANCING		oxcarbazepine.....	16
NOVOLOG.....	22	DEVICE.....	74	oxiconazole nitrate.....	51
NOVOLOG FLEXPEN.....	22	ON CALL PLUS LANCING		OXISTAT.....	51
NOVOLOG MIX 70/30.....	22	DEVICE.....	74	OXSORALEN.....	56
NOVOLOG MIX 70/30		ONCASPAR.....	33	OXSORALEN ULTRA.....	52
PREFILLED FLEXPEN.....	22	ondansetron.....	23	oxybutynin chloride.....	126
NOVOLOG PENFILL.....	22	ondansetron hcl.....	23	oxycodone hcl.....	7
NOVOTWIST 30GX8MM.....	96	ONETOUCH DELICA		OXYCODONE HCL ER.....	7
NOVOTWIST 32GX5MM.....	96	LANCING DEVICE.....	74	oxycodone w/ acetaminophen	8
NOXAFIL.....	24	ONFI.....	15	OXYCODONE/IBUPROFEN.....	8
NPLATE.....	65	ONGLYZA.....	21	OXYCONTIN.....	7
NUCYNTA.....	7	OPANA.....	7	oxymorphone hcl.....	7
NUCYNTA ER.....	7	OPTICHAMBER		OXYMORPHONE	
NUEDEXTA.....	122	ADVANTAGE/LARGE		HYDROCHLORIDE ER.....	7
NULOJIX.....	112	MASK.....	108	PACLITAXEL.....	34
NUTROPIN AQ NUSPIN 10.....	59	OPTICHAMBER		paclitaxel.....	34
NUVARING.....	46	ADVANTAGE/MEDIUM FACE		paliperidone.....	36
NUVIGIL.....	2,3	MASK.....	108	PAMELOR.....	20
nystatin.....	24	OPTICHAMBER		pamidronate disodium.....	59
nystatin (mouth-throat).....	113	ADVANTAGE/SMALL FACE		PAMIDRONATE DISODIUM.....	59
nystatin (topical).....	51	MASK.....	108	pamidronate disodium.....	59
nystatin-triamcinolone.....	51	OPTICHAMBER		PAMINE.....	124
O-CAL FA.....	114	DIAMOND.....	108	PAMINE FORTE.....	124
O-CAL PRENATAL.....	114	OPTICHAMBER		PANCREAZE.....	57
octreotide acetate.....	61	DIAMOND/LARGEFACE		PANOXYL-4 CREAMY	
OCUFEN.....	119	MASK.....	108	WASH.....	50
OCUFLOX.....	117	OPTICHAMBER		PANRETIN.....	51
ODEFSEY.....	38	DIAMOND/SMALLFACE		pantoprazole sodium.....	126
OFLOXACIN.....	62	MASK.....	108	PARAGARD INTRAUTERINE	
ofloxacin.....	62	ORAP.....	122	COPPER CONTRACEPTIVE	
ofloxacin (ophth).....	117	ORAPRED ODT.....	47	T380A.....	46
ofloxacin (otic).....	119	ORENCIA.....	5	parenteral electrolytes.....	110
OGESTREL.....	45	ORFADIN.....	60	paricalcitol.....	60
olanzapine.....	36	orphenadrine citrate.....	115	PARLODEL.....	35
olmesartan medoxomil.....	27	ORTHO MICRONOR.....	46	PARNATE.....	18
olopatadine hcl.....	119	ORTHO TRI-CYCLEN.....	45	paromomycin sulfate.....	3
olopatadine hcl (nasal).....	115	ORTHO TRI-CYCLEN LO.....	45	paroxetine hcl.....	18
OLUX.....	54	ORTHO-CYCLEN.....	45	PASER.....	29
omega-3-acid ethyl esters.....	26	ORTHO-NOVUM 1/35.....	45	PATADAY.....	119
omeprazole.....	125	ORTHO-NOVUM 7/7/7.....	45	PATANASE.....	115
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omeprazole magnesium.....	125	OSMOPREP.....	66	PAXIL.....	18,19
omeprazole-sodium		OVCON-35.....	45	PAXIL CR.....	18
bicarbonate.....	126	OVIDE.....	56	PC LANCETS SUPER THIN	
OMNIFLEX DIAPHRAGM.....	68	oxacillin sodium.....	121	30G.....	74
OMNIPRED.....	118	oxaliplatin.....	30	PC UNIFINE PENTIPS 29G	
OMNITROPE.....	59	OXANDRIN.....	9	X1/2".....	96
		oxandrolone.....	9	PC UNIFINE PENTIPS 31G	
		oxaprozin.....	5	X5MM MINI.....	96

PC UNIFINE PENTIPS 31G X6MM ULTRA SHORT	96	PENTIPS 29GX12MM	97	pioglitazone hcl-metformin hcl	20
PC UNIFINE PENTIPS 31G X8MM SHORT	97	PENTIPS 31G X 5MM	97	piperacillin sodium-tazobactam sodium	121
PEDIAPRED	47	PENTIPS 31G X 8MM	97	piroxicam	5
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate	66	PENTIPS 31GX5MM	97	PLAN B ONE-STEP	46
PEG-INTRON	40	PENTIPS 31GX6MM	97	PLAQUENIL	29
PEG-INTRON REDIPEN	40	PENTIPS 31GX8MM	97	PLASMA-LYTE A	110
PEG-INTRON REDIPEN PAK 4	40	PENTIPS 32G X 4MM	97	PLASMA-LYTE-148	110
PEGANONE	17	PENTIPS 32GX4MM	97	PLASMA-LYTE-56/D5W	110
PEGASYS	40	pentoxifylline	64	PLAVIX	64
PEGASYS PROCLICK	40	PEPCID	125	PNV FOLIC ACID + IRON MULTIVITAMIN	114
PEGINTRON	40	PEPCID AC MAXIMUM STRENGTH	125	PNV PRENATAL PLUS MULTIVITAMIN	114
PEN NEEDLES 29G X 12MM	97	PERCOCET	8	PNV TABS 29-1	114
PEN NEEDLES 29GX1/2"	97	PERFECT LANCETS 30G	74	PNV-VP-U	114
PEN NEEDLES 30GX5/16"	97	PERIDEX	113	podofilox	56
PEN NEEDLES 30GX8MM	97	perindopril erbumine	27	polymyxin b sulfate	11
PEN NEEDLES 31G X 1/4" SHORT	97	PERJETA	31	polymyxin b-trimethoprim	117
PEN NEEDLES 31G X 3/16"	97	permethrin	56	POLYTRIM	117
PEN NEEDLES 31G X 5MM	97	perphenazine	37	PONSTEL	5
PEN NEEDLES 31G X 6MM	97	PERPHENAZINE/AMITRIPTYLINE	122	potassium acetate	111
PEN NEEDLES 31G X 8MM	97	PERSANTINE	64	POTASSIUM ACETATE	111
PEN NEEDLES 31GX5/16"	97	PFIZERPEN-G	120	potassium bicarb & chloride	111
PEN NEEDLES 31GX6MM (1/4")	97	PHARMACY COUNTER LANCETS	74	potassium bicarbonate	111
PEN NEEDLES 31GX8MM	97	phenazopyridine hcl	64	potassium chloride	111
PEN NEEDLES 31GX8MM (5/16")	97	phenelzine sulfate	18	POTASSIUM CHLORIDE	111
PEN NEEDLES 32G X 4MM	97	PHENERGAN	25	potassium chloride	111
PEN NEEDLES 32G X 5MM	97	phenobarbital	65	POTASSIUM CHLORIDE ER	111
PEN NEEDLES 32G X 6MM	97	PHENOBARBITAL	65	potassium chloride in dextrose	110
PEN NEEDLES 32GX4MM	97	phenobarbital	65	potassium chloride in dextrose & sodium chloride	110
penicillin g potassium	120	PHENOBYNAMINE HCL	27	potassium chloride in nacl	110
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	120	PHENYTEK	17	potassium chloride microencapsulated crystals er	111
PENICILLIN G PROCAINE	120	phenytoin	17	POTASSIUM CHLORIDE/DEXTROSE	110
PENICILLIN G SODIUM	120	phenytoin sodium	17	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	110
penicillin v potassium	120	phenytoin sodium extended	17	potassium citrate (alkalinizer)	63
PENICILLIN V POTASSIUM	120	PHOSLYRA	63	potassium phosphates	111
penicillin v potassium	120	PHOSPHOLINE IODIDE	117	POTASSIUM PHOSPHATES	111
PENLAC NAIL LACQUER	51	PHOTOFRIN	33	POTIGA	16
PENTAM 300	9	PICATO	51	PRADAXA	15
PENTASA	63	pilocarpine hcl	117	pramipexole dihydrochloride	35
pentazocine w/ naloxone	8	pilocarpine hcl (oral)	113		
PENTIPS 29G X 12MM	97	pimozide	122		
		pindolol	41		
		pioglitazone hcl	21		

PRANDIN.....	22	PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/30G X 5/16".....	97	PRENATAL PLUS IRON ...	114
prasugrel hcl.....	64	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/28G X 1/2".....	97	PRENATAL VITAMIN.....	114
PRAVACHOL.....	27	PREFERRED PLUS INSULIN SYRINGE/U-100/0.5ML/29G X 1/2".....	98	PRENATAL VITAMINS PLUS LOW IRON.....	114
pravastatin sodium.....	27	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/28G X 1/2".....	98	PRENATAL-U.....	114
prazosin hcl.....	28	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/29G X 1/2".....	98	PREPLUS.....	114
PRE-NATAL FORMULA... ..	114	PREFERRED PLUS INSULIN SYRINGE/U-100/1ML/30G X 5/16".....	98	PREPOPIK.....	66
PRECISION SURE-DOSE INSULIN SYRINGE/0.3ML/30G X 5/16".....	97	PREFERRED PLUS LANCETS COLORED 21G.....	74	PRETAB.....	114
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/28G X 1/2".....	97	PREFERRED PLUS LANCETS SUPER THIN 30G.....	74	PREVACID.....	126
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/29G X 1/2".....	97	PREFERRED PLUS LANCETS THIN 26G.....	74	PREVACID 24HR.....	126
PRECISION SURE-DOSE INSULIN SYRINGE/0.5ML/30G X 3/8".....	97	PREFERRED PLUS UNIFINE PENTIPS 29G X 12MM... ..	98	PREZISTA.....	38
PRECISION SURE-DOSE INSULIN SYRINGE/1ML/28G X 1/2".....	97	PREFERRED PLUS UNIFINE PENTIPS 31G X 6MM ULTRA SHORT.....	98	PRIFTIN.....	29
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/0.3ML/29G X 1/2".....	97	PREFERRED PLUS UNIFINE PENTIPS 31G X 8MM SHORT.....	98	PRIOLOSEC.....	126
PRECISION SURE-DOSE PLUSINSULIN SYRINGE/1ML/29G X 1/2".....	97	PREFERRED PLUS UNIFINE PENTIPS 32GX4MM.....	98	PRIOLOSEC OTC.....	126
PRECISION THIN LANCETS.....	74	PREGNYL W/DILUENT BENZYLALCOHOL/NACL.....	59	PRIMAQUINE PHOSPHATE	29
PRECISION THINS GP LANCET.....	74	PREMARIN.....	61	PRIMAXIN IV.....	10
PRECISION ULTRA LANCET.....	74	PREMIUM CONDOMS LUBRICATED.....	68	PRIMAXIN IV ADD- VANTAGE.....	10
PRECOSE.....	20	PREMPHASE.....	61	primidone.....	16
PRED FORTE.....	118	PREMPRO.....	61	PRINIVIL.....	27
PRED MILD.....	118	PRENATABS FA.....	114	PRISTIQ.....	19
prednicarbate.....	54	PRENATABS RX.....	114	PRO COMFORT PEN NEEDLES/31G X 8MM.....	98
PREDNICARBATE.....	55	PRENATAL.....	114	PRO COMFORT PEN NEEDLES/32G X 4MM.....	98
prednisolone.....	47	PRENATAL 19.....	114	PRO COMFORT PEN NEEDLES/32G X 5MM.....	98
prednisolone acetate (ophth).....	118	PRENATAL AND IRON..	114	PRO COMFORT PEN NEEDLES/32G X 6MM.....	98
prednisolone sodium phosphate.....	47	PRENATAL FORTE.....	114	PROAIR HFA.....	14
PREDNISOLONE SODIUM PHOSPHATE.....	47	PRENATAL LOW IRON..	114	probenecid.....	64
prednisolone sodium phosphate.....	47	PRENATAL ONE DAILY..	114	procainamide hcl.....	12
PREDNISOLONE SODIUM PHOSPHATE.....	118	PRENATAL PLUS.....	114	PROCARDIA.....	42
PREDNISONE.....	47			PROCARDIA XL.....	42
prednisone.....	47			prochlorperazine.....	37
PREDNISONE.....	47			prochlorperazine maleate...	37
PREFERRED PLUS INSULIN SYRINGE/U-100/0.3ML/29G X 1/2".....	97			PROCRIT.....	65

PROGRAF.....	112	PX OMEPRAZOLE.....	126	RA INSULIN SYRINGE/U-	
PROLASTIN-C.....	123	PX PEN NEEDLE		100/0.5ML/30G X 5/16".....	99
PROLEUKIN.....	33	29GX12MM.....	98	RA INSULIN SYRINGE/U-100/1	
PROLIA.....	59	PX PEN NEEDLE		ML/30G X 5/16".....	99
PROMACTA.....	65	31GX8MM.....	98	RA LANCING DEVICE.....	75
promethazine hcl.....	25	PX SHORTLENGTH PEN		RA OMEPRAZOLE.....	126
PROMETRIUM.....	121	NEEDLES/31GX8MM.....	98	RA PEN NEEDLES 31G X	
propafenone hcl.....	12	pyrazinamide.....	29	5MM3/16".....	99
proparacaine hcl.....	118	PYRIDIDIUM.....	64	RA PEN NEEDLES 31G X	
PROPECIA.....	55	pyridostigmine bromide.....	29	8MM5/16".....	99
propranolol hcl.....	41	QC ADVANCED LANCING		rabeprazole sodium.....	126
PROPRANOLOL HCL.....	41	DEVICE.....	75	raloxifene hcl.....	60
propranolol hcl.....	41	QC ALCOHOL SWABS.....	78	ramipril.....	27
propylthiouracil.....	124	QC LANCETS SUPER		RANEXA.....	11
PROSCAR.....	64	THIN.....	75	ranitidine hcl.....	125
PROTONIX.....	126	QC LANCETS ULTRA		RAPAFLO.....	64
PROTOPIC.....	56	THIN.....	75	RAPAMUNE.....	112
protriptyline hcl.....	20	QC PEN NEEDLES 29G X		rasagiline mesylate.....	35
PROVENTIL HFA.....	14	12MM.....	98	RAZADYNE.....	122
PROVERA.....	121	QC PEN NEEDLES 31G X		RAZADYNE ER.....	122
PROVIGIL.....	3	6MM.....	98	REALITY INSULIN SYRINGE/U-	
PROZAC.....	19	QC PEN NEEDLES 31G X		100/0.5ML/28G X 1/2".....	99
PRUDOXIN.....	52	8MM.....	98	REALITY INSULIN SYRINGE/U-	
PSORCON.....	55	QC UNIFINE PENTIPS		100/0.5ML/29G X 1/2".....	99
PSS SELECT GP LANCETS	75	32GX4MM.....	98	REALITY INSULIN SYRINGE/U-	
PSS SELECT SAFETY		QC UNILET LANCETS		100/1ML/28G X 1/2".....	99
LANCETS.....	75	33G/MICRO THIN.....	75	REALITY INSULIN SYRINGE/U-	
PULMICORT.....	13	QUALAQUIN.....	29	100/1ML/29G X 1/2".....	99
PULMICORT FLEXHALER.....	13	QUARTETTE.....	45	REALITY LANCETS.....	75
PULMOZYME.....	123	QUESTRAN.....	26	REALITY LATEX	
PX ADVANCED LANCING		QUESTRAN LIGHT.....	26	CONDOMS/LUBRICATED.....	68
DEVICE.....	75	quetiapine fumarate.....	36,37	REALITY LATEX/ULTRA	
PX EXTRA SHORT PEN		quinapril hcl.....	27	TEXTURED.....	68
NEEDLES 31GX6MM.....	98	QUINIDINE SULFATE.....	12	REALITY LATEX/ULTRA	
PX INSULIN SYRINGE/U-		QUINIDINE SULFATE ER.....	12	THIN.....	68
100/0.3ML/30G X 1/2".....	98	quinine sulfate.....	29	REALITY SWABS.....	78
PX INSULIN SYRINGE/U-		QVAR.....	13	REBETOL.....	40
100/0.3ML/31G X 5/16".....	98	RA ALCOHOL SWABS.....	78	REBIF.....	122
PX INSULIN SYRINGE/U-		RA E-ZJECT COLOR		REBIF REBIDOSE.....	122
100/0.5ML/30G X 1/2".....	98	LANCETSMICRO-THIN		REBIF REBIDOSE	
PX INSULIN SYRINGE/U-		33G.....	75	TITRATIONPACK.....	122
100/0.5ML/31G X 5/16".....	98	RA E-ZJECT LANCETS		REBIF TITRATION PACK.....	122
PX INSULIN SYRINGE/U-		28G.....	75	RECLAST.....	59
100/1ML/30G X 1/2".....	98	RA E-ZJECT LANCETS THIN		RECTIV.....	9
PX INSULIN SYRINGE/U-		26G.....	75	REGLAN.....	62
100/1ML/31G X 5/16".....	98	RA E-ZJECT LANCETS THIN		REGRANEX.....	56
PX LANCET AUTO		28G.....	75	RELENZA DISKHALER.....	41
INJECTOR.....	75	RA E-ZJECT LANCETS		RELION 2-IN-1 LANCING	
PX LANCETS ULTRA THIN.....	75	ULTRATHIN 30G.....	75	DEVICE 25G.....	75
PX MINI PEN NEEDLES		RA INSULIN		RELION 2-IN-1 LANCING	
31GX5MM.....	98	SYRINGE/0.5ML/29G X		DEVICE 30G.....	75
		1/2".....	99	RELION ALCOHOL SWABS.....	78
		RA INSULIN			
		SYRINGE/1ML/29G X 1/2".....	99		

RELION INSULIN SYRINGE/U-00/1ML/29G X 1/2"	99	REQUIP	35	ROBAXIN-750	115
RELION INSULIN SYRINGE/U-100/0.3ML/29G X 1/2"	99	REQUIP XL	35	ROBINUL	124
RELION INSULIN SYRINGE/U-100/0.3ML/30G X 5/16"	99	RESCRIPTOR	38	ROBINUL FORTE	124
RELION INSULIN SYRINGE/U-100/0.3ML/31G X 5/16"	99	RESECTISOL	63	ROCALTROL	60
RELION INSULIN SYRINGE/U-100/0.5ML/29G X 1/2"	99	RESTASIS	118	ROMIDEPSIN	32
RELION INSULIN SYRINGE/U-100/0.5ML/30G X 5/16"	99	RESTASIS MULTIDOSE	118	ropinirole hydrochloride	35
RELION INSULIN SYRINGE/U-100/0.5ML/31G X 5/16"	99	RETIN-A	50	rosuvastatin calcium	27
RELION INSULIN SYRINGE/U-100/1ML/30G X 5/16"	99	RETIN-A MICRO	50	ROXICODONE	7
RELION INSULIN SYRINGE/U-100/1ML/31G X 5/16"	99	RETIN-A MICRO PUMP	50	ROZEREM	66
RELION LANCETS MICRO-THIN33G	75	RETROVIR	38,39	RYTHMOL	12
RELION LANCETS STANDARD 21G	75	RETROVIR IV INFUSION	38	RYTHMOL SR	12
RELION LANCETS THIN 26G	75	REVATIO	43	SABRIL	17
RELION LANCETS ULTRA-THIN30G	75	REVLIMID	111	SAFESNAP INSULIN SYRINGE/0.3ML/30G X 5/16"	99
RELION LANCING DEVICE	75	REXALL LANCETS ULTRA THIN	75	SAFESNAP INSULIN SYRINGE/0.5ML/29G X 1/2"	99
RELION MINI PEN NEEDLES 31GX6MM	99	REYATAZ	39	SAFESNAP INSULIN SYRINGE/0.5ML/30G X 5/16"	99
RELION PEN NEEDLES 29GX12MM	99	RHEUMATREX	4	SAFESNAP INSULIN SYRINGE/1ML/28G X 1/2"	99
RELION PEN NEEDLES 31GX6MM	99	RHINOCORT AQUA	116	SAFESNAP INSULIN SYRINGE/1ML/29G X 1/2"	99
RELION PEN NEEDLES 31GX8MM	99	ribavirin (hepatitis c)	40	SAFETY INSULIN SYRINGES 0.5ML/29GX1/2"	100
RELION PEN NEEDLES 32GX4MM	99	RIDAURA	4	SAFETY INSULIN SYRINGES 0.5ML/30GX5/16"	100
RELION SHORT PEN NEEDLES31GX8MM	99	rifabutin	29	SAFETY INSULIN SYRINGES 1ML/27GX1/2"	100
RELION ULTRA THIN LANCETS30G	75	RIFADIN	29	SAFETY INSULIN SYRINGES 1ML/29GX1/2"	100
RELION ULTRA THIN PLUS LANCETS 32G	75	RIFAMATE	29	SAFETY INSULIN SYRINGES 1ML/30GX1/2"	100
RELION ULTRA THIN PLUS LANCETS 33G	75	rifampin	29	SAFETY SEAL LANCETS 28G	75
RELISTOR	63	RIFATER	29	SAFETY SEAL LANCETS 30G	75
RELPAK	109	RIGHT STEP		SAFETY-GLIDE INSULIN SYRINGE/0.3ML/29G X 1/2"	100
REMERON	17	PRENATAL	114	SAFYRAL	46
REMERON SOLTAB	17	RIGHTEST GD500 LANCING DEVICE	75	SAIZEN	59
REMICADE	63	RIGHTEST GL300 LANCETS	75	SAIZEN CLICK.EASY	59
REMODULIN	43	RILUTEK	116	SAIZENPREP	
RENAGEL	63	riluzole	116	RECONSTITUTIONKIT	59
REOPRO	65	rimantadine hydrochloride	41	SALAGEN	113
repaglinide	22	ringer's	110	salsalate	5
REPAGLINIDE/METFORMIN HYDROCHLORIDE	20	ringer's irrigation	112	SAMSCA	61
		risedronate sodium	59	SANDIMMUNE	112
		RISPERDAL	36	SANDOSTATIN	61
		RISPERDAL CONSTA	36	SANTYL	55
		RISPERDAL M-TAB	36	SAPHRIS	37
		risperidone	36		
		RISPERIDONE ODT	36		
		RITALIN	3		
		RITALIN LA	3		
		RITUXAN	31		
		rivastigmine tartrate	122		
		rizatriptan benzoate	109		
		ROBAXIN	115		

SAVELLA.....	122	SHOPKO UNIFINE PENTIPS		SMART DIABETES VANTAGE	
SAVELLA TITRATION		PEN		LANCING DEVICE.....	76
PACK.....	122	NEEDLES/ORIGINAL/29GX12		SMART SENSE COLOR	
SB ALCOHOL PREP PADS	78	MM.....	100	LANCETS UNIVERSAL 33G	76
SB INSULIN SYRINGE/U-		SHOPKO UNIFINE PENTIPS		SMART SENSE STANDARD	
100/0.5ML/29G X 1/2".....	100	PEN		LANCETS UNIVERSAL 21G	76
SB INSULIN SYRINGE/U-		NEEDLES/SHORT/31GX8MM		SMART SENSE SUPER THIN	
100/0.5ML/30G X 5/16".....	100	100	LANCETS UNIVERSAL 30G	76
SB INSULIN SYRINGE/U-		SHOPKO UNIFINE PENTIPS		SMART SENSE THIN	
100/1ML/29G X 1/2".....	100	PLUS PEN		LANCETSUNIVERSAL 26G	76
SB INSULIN SYRINGE/U-		NEEDLES/MICRO/REMOVR/3		sodium acetate.....	110
100/1ML/30G X 5/16".....	100	2GX4MM.....	100	sodium chloride.....	111
SB INSULIN SYRINGE/U-		SHOPKO UNIFINE PENTIPS		sodium chloride (gu irrigant)	64
100/1ML/31G X 5/16".....	100	PLUS PEN		sodium chloride (inhalant)...	48
SB LANCETS THIN.....	75	NEEDLES/MINI/REMOVER/31		sodium citrate & citric acid...	63
SB LANCETS ULTRA THIN	75	GX5MM.....	100	sodium phenylbutyrate.....	60
SB OMEPRAZOLE.....	126	SHOPKO UNIFINE PENTIPS		sodium polystyrene	
SCHNUCKS INSULIN		PLUS PEN		sulfonate.....	113
SYRINGEULTI-FINE/U-		NEEDLES/REMOVER/29GX12		SOLARAZE.....	51
100/0.5ML/29G X 1/2".....	100	MM.....	100	SOLTAMOX.....	32
SCHNUCKS INSULIN		SHOPKO UNIFINE PENTIPS		SOLU-CORTEF.....	47
SYRINGEULTI-FINE/U-		PLUS PEN		SOLU-MEDROL.....	47
100/0.5ML/30G X 5/16".....	100	NEEDLES/SHORT/REMOVR/3		SOLUS V2 LANCING	
scopolamine.....	23	1GX8MM.....	100	DEVICE.....	76
SE-NATAL 19.....	114	SHOPKO UNILET LANCETS		SOMA.....	115
SEASONIQUE.....	46	SUPER THIN 30G.....	76	SOMATULINE DEPOT.....	61
SECTRAL.....	41	SHOPKO UNILET LANCETS		SOMAVERT.....	59
SELECT-LITE LANCING		ULTRA THIN 28G.....	76	SONATA.....	66
DEVICE.....	76	sildenafil citrate (pulmonary		SORBITOL.....	64
selegiline hcl.....	35	hypertension).....	43	SORBITOL-MANNITOL.....	64
selenium sulfide.....	52	SILVADENE.....	52	SORIATANE.....	52
SELZENTRY.....	39	silver sulfadiazine.....	52	sotalol hcl.....	41
SENSIPAR.....	60	SIMPLE DIAGNOSTICS		SOVALDI.....	40
SEREVENT DISKUS.....	14	LANCING DEVICE.....	76	SPECTRACEF.....	44
SEROQUEL.....	37	SIMPONI.....	3	SPINOSAD.....	56
SEROQUEL XR.....	37	SIMULECT.....	112	SPIRIVA HANDIHALER.....	12
SEROSTIM.....	59	simvastatin.....	27	SPIRIVA RESPIMAT.....	12
sertraline hcl.....	19	SINEMET.....	35	spironolactone.....	58
SHOHL'S SOLUTION		SINEMET CR.....	35	spironolactone &	
MODIFIED.....	63	SINGULAIR.....	13	hydrochlorothiazide.....	58
SHOPKO ALCOHOL		sirolimus.....	112	SPORANOX.....	24
SWABS.....	78	SKELAXIN.....	115	SPORANOX PULSEPAK.....	24
SHOPKO AUTOLET LANCING		SKLICE.....	56	SPRYCEL.....	32
DEVICE.....	76	SKYLA.....	46	STALEVO 100.....	35
SHOPKO UNIFINE PENTIPS		SM ALCOHOL PREP		STALEVO 125.....	35
PEN		PADS.....	78	STALEVO 150.....	35
NEEDLES/MICRO/32GX4MM		SM INSULIN		STALEVO 200.....	35
.....	100	SYRINGE/1ML/31G X		STALEVO 50.....	35
SHOPKO UNIFINE PENTIPS		5/16".....	100	STALEVO 75.....	35
PEN NEEDLES/MINI/31GX5MM		SM MICRO THIN LANCETS		stannous fluoride.....	113
.....	100	33G.....	76		
		SM OMEPRAZOLE.....	126		
		SM TRUEDRAW LANCING			
		DEVICE.....	76		

STARLIX.....	22	SURE COMFORT INSULIN		SURE-JECT INSULIN	
stavudine.....	39	SYRINGE/U-100/0.5ML/29G X		SYRINGE/U-100/0.3ML/31G X	
STELARA.....	52	1/2".....	101	5/16".....	101
STENDRA.....	43	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STERILANCE TL.....	76	SYRINGE/U-100/0.5ML/30G X		SYRINGE/U-100/0.5ML/28G X	
STIMATE.....	61	1/2".....	101	1/2".....	101
STIVARGA.....	32	SURE COMFORT INSULIN		SURE-JECT INSULIN	
STRATTERA.....	2	SYRINGE/U-100/0.5ML/30G X		SYRINGE/U-100/0.5ML/29G X	
STREPTOMYCIN SULFATE.....	3	5/16".....	101	1/2".....	101
STROMEKTOL.....	9	SURE COMFORT INSULIN		SURE-JECT INSULIN	
SUBOXONE.....	8	SYRINGE/U-100/0.5ML/31G X		SYRINGE/U-100/0.5ML/30G X	
SUCRAID.....	57	5/16".....	101	5/16".....	101
sucralfate.....	125	SURE COMFORT INSULIN		SURE-JECT INSULIN	
SULAR.....	42	SYRINGE/U-100/1ML/28G X		SYRINGE/U-100/0.5ML/31G X	
sulfacetamide sodium (acne).....	50	1/2".....	101	5/16".....	101
sulfacetamide sodium		SURE COMFORT INSULIN		SURE-JECT INSULIN	
(ophth).....	117	SYRINGE/U-100/1ML/29G X		SYRINGE/U-100/1ML/28G X	
sulfacetamide sodium w/		1/2".....	101	1/2".....	101
sulfur.....	50	SURE COMFORT INSULIN		SURE-JECT INSULIN	
SULFADIAZINE.....	123	SYRINGE/U-100/1ML/30G X		SYRINGE/U-100/1ML/29G X	
sulfamethoxazole-trimethoprim		5/16".....	101	1/2".....	102
.....	10	SURE COMFORT INSULIN		SURE-JECT INSULIN	
SULFAMYLON.....	52,53	SYRINGE/U-100/1ML/30G X		SYRINGE/U-100/1ML/30G X	
sulfasalazine.....	63	5/16".....	101	5/16".....	102
sulindac.....	5	SURE COMFORT INSULIN		SURE-JECT INSULIN	
SUMADAN WASH.....	50	SYRINGE/U-100/1ML/31G X		SYRINGE/U-100/1ML/31G X	
sumatriptan.....	109	5/16".....	101	5/16".....	102
sumatriptan succinate.....	109,110	SURE COMFORT LANCING		SURE-PEN.....	76
SUMATRIPTAN		PEN.....	76	SURELITE LANCETS.....	76
SUCCINATE.....	110	SURE COMFORT PEN		SURMONTIL.....	20
sumatriptan succinate.....	110	NEEDLES29GX1/2"		SUSTIVA.....	39
SUPER THIN LANCETS.....	76	12.7MM.....	101	SUTENT.....	33
SUPRAX.....	44	SURE COMFORT PEN		SW OMEPRAZOLE.....	126
SUPREP BOWEL PREP KIT.....	66	NEEDLES30GX5/16"		SYLATRON.....	33
SURE COMFORT INSULIN		SHORT.....	101	SYMBICORT.....	14
SYRINGE/U-100/0.3ML/29G X		SURE COMFORT PEN		SYMLINPEN 120.....	20
1/2".....	100	NEEDLES31GX3/16"		SYMLINPEN 60.....	20
SURE COMFORT INSULIN		(5MM).....	101	SYNALAR.....	55
SYRINGE/U-100/0.3ML/30G X		SURE COMFORT PEN		SYNAREL.....	60
1/2".....	100	NEEDLES31GX5/16"		SYNERA.....	56
SURE COMFORT INSULIN		(8MM).....	101	SYNRIBO.....	33
SYRINGE/U-100/0.3ML/31G X		SURE COMFORT PEN		SYNTHROID.....	124
5/16.....	100	NEEDLES32GX6MM.....	101	SYPRINE.....	111
SURE COMFORT INSULIN		SURE-FINE PEN NEEDLES		TABLOID.....	31
SYRINGE/U-100/0.3ML/30G X		29GX1/2" 12.7MM.....	101	TACLONEX.....	55
5/16".....	100	SURE-FINE PEN NEEDLES		tacrolimus.....	112
SURE COMFORT INSULIN		31GX3/16" 5MM.....	101	tacrolimus (topical).....	56
SYRINGE/U-100/0.3ML/31G X		SURE-FINE PEN NEEDLES		TAGAMET HB.....	125
5/16.....	100	31GX5/16" 8MM.....	101	TALWIN.....	8
SURE COMFORT INSULIN		SURE-JECT INSULIN		TAMIFLU.....	41
SYRINGE/U-100/0.5ML/28G X		SYRINGE/U-100/0.3ML/29G X		tamoxifen citrate.....	32
1/2".....	101	1/2".....	101	tamsulosin hcl.....	64
		SURE-JECT INSULIN			
		SYRINGE/U-100/0.3ML/30G X			
		5/16".....	101		

TAPAZOLE.....	124	TEGRETOL-XR.....	16	THINLETS GP LANCETS ...	76
TARCEVA.....	33	TEKTURNA.....	28	THINLETS LANCET.....	76
TARGRETIN.....	33,52	telmisartan.....	28	thioridazine hcl.....	37
TASIGNA.....	33	TEMODAR.....	30	thiotepa.....	30
TASMAR.....	34	TEMOVATE.....	55	thiothixene.....	37
TAXOL.....	34	TEMOVATE E.....	55	THRIVITE RX.....	114
TAXOTERE.....	34	temozolomide.....	30	THYMOGLOBULIN.....	112
tazarotene.....	52	TENEX.....	28	THYROLAR-1.....	124
TAZICEF.....	44	TENIPOSIDE.....	34	THYROLAR-1/2.....	124
TAZORAC.....	52	tenofovir disoproxil fumarate.....	39	THYROLAR-1/4.....	124
TECHLITE AST LANCETS..	76	TENORETIC 100.....	28	THYROLAR-2.....	124
TECHLITE INSULIN SYRINGEU- 100/0.3ML/29G X 1/2".....	102	TENORETIC 50.....	28	THYROLAR-3.....	124
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 1/2".....	102	TENORMIN.....	41	tiagabine hcl.....	17
TECHLITE INSULIN SYRINGEU- 100/0.3ML/30G X 5/16".....	102	TEPADINA.....	30	TIAZAC.....	42
TECHLITE INSULIN SYRINGEU- 100/0.3ML/31G X 5/16".....	102	TERAZOL 3.....	127	TIGAN.....	23
TECHLITE INSULIN SYRINGEU- 100/0.5ML/29G X 1/2".....	102	TERAZOL 7.....	127	tigecycline.....	10
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 1/2".....	102	terazosin hcl.....	28	TIGECYCLINE.....	10
TECHLITE INSULIN SYRINGEU- 100/0.5ML/30G X 5/16".....	102	terbinafine hcl.....	24	TIKOSYN.....	12
TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16".....	102	terbutaline sulfate.....	14	TIMOLOL MALEATE.....	41
TECHLITE INSULIN SYRINGEU- 100/0.5ML/31G X 5/16".....	102	TERCONAZOLE.....	127	timolol maleate (ophth).....	116
TECHLITE INSULIN SYRINGEU- 100/1ML/29G X 1/2".....	102	terconazole vaginal.....	127	TIMOLOL MALEATE OPHTHALMIC GEL	
TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 1/2".....	102	TESSALON PERLES.....	48	FORMING.....	117
TECHLITE INSULIN SYRINGEU- 100/1ML/30G X 5/16".....	102	testosterone cypionate.....	9	TIMOPTIC.....	117
TECHLITE INSULIN SYRINGEU- 100/1ML/31G X 5/16".....	102	testosterone enanthate.....	9	TIMOPTIC-XE.....	117
TECHLITE LANCETS.....	76	tetrabenazine.....	122	TIVICAY.....	39
TECHLITE LANCETS 30G..	76	tetracycline hcl.....	123	tizanidine hcl.....	115
TECHLITE PEN NEEDLES 29GX 12 MM.....	102	TETRACYCLINE HCL.....	124	TOBI.....	3
TECHLITE PEN NEEDLES 31GX 5MM.....	102	TGT ADVANCED LANCING DEVICE.....	76	TOBRADEX.....	118
TECHLITE PEN NEEDLES/31GX 5MM.....	102	TGT ALCOHOL SWABS..	78	TOBRAMYCIN.....	3
TECHLITE PEN NEEDLES/31GX 6 MM.....	102	TGT LANCET ALTERNATE SITE.....	76	tobramycin.....	3
TECHLITE PEN NEEDLES/31GX 8MM.....	102	TGT LANCET MICRO THIN 33G.....	76	tobramycin (ophth).....	117
TECHLITE PEN NEEDLES/32GX 4MM.....	102	TGT LANCET SUPER THIN 30G.....	76	TOBRAMYCIN SULFATE....	3
TECHLITE PEN NEEDLES/32GX 6MM.....	102	TGT LANCET THIN 23G..	76	tobramycin sulfate.....	3
TECHLITE PEN NEEDLES/32GX 8MM.....	102	TGT LANCET THIN 26G..	76	tobramycin- dexamethasone.....	118
TEFLARO.....	44	TGT LANCET THIN 26G..	76	TOBREX.....	117
TEGRETOL.....	16	TGT LANCET ULTRA THIN 28G.....	76	TODAYS HEALTH ADVANCED LANCING DEVICE.....	76
		TGT LANCET ULTRA THIN 30G.....	76	TODAYS HEALTH MINI PEN NEEDLES 31G X 1/4".....	102
		TGT LANCING DEVICE... 76		TODAYS HEALTH ORIGINAL PEN NEEDLES 29G X 1/2".....	102
		TGT OMEPRAZOLE..... 126		TODAYS HEALTH SHORT PEN NEEDLES 31G X 5/16".....	102
		THALOMID..... 111		TODAYS HEALTH SUPER THINLANCETS 30G.....	76
		THEO-24..... 14		TODAYS HEALTH ULTRA THINLANCETS 28G.....	77
		theophylline..... 14		TOFRANIL.....	20
		THERANATAL CORE NUTRITION.....	114		

TOLAZAMIDE.....	22	TORISEL.....	33	TRIOSTAT.....	124
TOLBUTAMIDE.....	22	torse mide.....	58	TRISENOX.....	33
tolcapone.....	34	TOVIAZ.....	127	TRIZIVIR.....	39
tolmetin sodium.....	5	TRACLEER.....	43	TROJAN EXTENDED	
TOLMETIN SODIUM.....	5	TRADJENTA.....	21	PLEASURE/LUBRICATED	68
tolterodine tartrate.....	127	tramadol hcl.....	7	TROJAN MAGNUM.....	68
TOPAMAX.....	16	tramadol-acetaminophen.....	8	TROJAN MAGNUM WARM	
TOPAMAX SPRINKLE.....	16	trandolapril.....	27	SENSATIONS.....	68
TOPCARE CLICKFINE		tranexamic acid.....	65	TROJAN MAGNUM XL	
UNIVERSAL PEN EEDLES		TRANSDERM-SCOP.....	23	LUBRICATED.....	68
31GX1/4".....	102	tranylcypramine sulfate.....	18	TROJAN PLEASURE	
TOPCARE CLICKFINE		TRAVATAN Z.....	119	MESH/SPERMICIDAL.....	68
UNIVERSAL PEN EEDLES		trazodone hcl.....	19	TROJAN RIBBED	
31GX5/16".....	102	TREANDA.....	30	W/SPERMICIDAL.....	68
TOPCARE ULTRA COMFORT		TRECATOR.....	29	TROJAN SHARED	
INSULIN SYRINGE/0.3ML/30G X		TRELSTAR.....	32	SENSATION/LUBRICATED	68
5/16".....	102	TRELSTAR MIXJECT.....	32	TROJAN SUPRAS	
TOPCARE ULTRA COMFORT		tretinoin.....	50	SPERMICIDAL.....	68
INSULIN SYRINGE/0.3ML/31G X		tretinoin (chemotherapy).....	33	TROJAN TWISTED	
5/16".....	103	tretinoin microsphere.....	50	PLEASURE.....	68
TOPCARE ULTRA COMFORT		TREXALL.....	31	TROJAN ULTRA	
INSULIN SYRINGE/0.5ML/30G X		TRI-NORINYL 28.....	46	PLEASURE/LUBRICATED	68
5/16".....	103	TRIADVANCE.....	114	TROJAN VERY SENSITIVE	
TOPCARE ULTRA COMFORT		triamcinolone acetonide.....	47	LUBRICATED.....	68
INSULIN SYRINGE/0.5ML/31G X		triamcinolone acetonide		TROJAN VERY SENSITIVE	
5/16".....	103	(mouth).....	113	SPERMICIDAL LUBRICANT	69
TOPCARE ULTRA COMFORT		triamcinolone acetonide		TROJAN VERY THIN	
INSULIN SYRINGE/1ML/30G X		(topical).....	55	LUBRICATED.....	69
5/16".....	103	triamterene &		TROJAN VERY THIN	
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