Neighborhood Health Plan OF RHODE ISLAND™









Neighborhood **INTEGRITY** for Duals (HMO D-SNP)

2026 Lista de medicamentos cubiertos (Lista de medicamentos o Formulario)

POR FAVOR LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

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Esta Lista de medicamentos se actualizó el 29/10/2026. Para obtener información más nueva o si tiene otras preguntas, contáctenos al 1-844-812-6896 (usuarios de TTY: 711) de 8:00 a. m. a 8:00 p. m., los siete días de la semana del 1 de octubre al 31 de marzo. Del 1 de abril al 30 de septiembre, puede llamarnos de 8:00 a. m. a 8:00 p. m., de lunes a viernes (puede dejar un mensaje de voz los sábados, domingos y días festivos federales) o visite www.nhpri.org/INTEGRITYDuals.

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Introducción

Este documento se llama *Lista de medicamentos cubiertos* (también conocida como *Lista de medicamentos*). Le indica qué medicamentos, medicamentos de venta libre (OTC) y artículos y productos no farmacológicos están cubiertos por Neighborhood INTEGRITY for Duals. La *Lista de medicamentos* también le indica si existe alguna norma o restricción particular para algún medicamento cubierto por nuestro plan. En el último capítulo del *Manual del miembro* encontrará los términos clave con sus definiciones.

Tabla de contenido

A. Descargos de responsabilidad 4

B. Preguntas frecuentes 5

B1. ¿Qué medicamentos se incluyen en la *Lista de medicamentos cubiertos*? (Llamamos a la *Lista de medicamentos cubiertos* la *Lista de medicamentos* para abreviar). 5

B2. ¿Cambia alguna vez la *Lista de medicamentos*? 6

B3. ¿Qué sucede cuando hay un cambio en la *Lista de medicamentos*? 7

B4. ¿Existe alguna restricción o límite en la cobertura de medicamentos o alguna medida que deba tomar para obtener determinados medicamentos? 8

B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si hay que hacer algo para obtenerlo? 9

B6. ¿Qué sucede si Neighborhood INTEGRITY for Duals cambia sus normas sobre cómo cubre algunos medicamentos (por ejemplo, restricciones de autorización previa, límites de cantidad o terapia escalonada)? 9

B7. ¿Cómo puedo encontrar un medicamento en la *Lista de medicamentos*? 10

B8. ¿Qué sucede si el medicamento que quiero tomar no aparece en la *Lista de medicamentos*? 10

B9. ¿Qué sucede si soy un nuevo miembro de Neighborhood INTEGRITY for Duals y no puedo encontrar mi medicamento en la *Lista de medicamentos* o tengo inconvenientes para obtenerlo? 11

B10. ¿Puedo pedir una excepción para cubrir mi medicamento? 12

B11. ¿Cómo puedo pedir una excepción? 12

B12. ¿Cuánto tiempo lleva obtener una excepción? 12

B13. ¿Qué son los medicamentos genéricos? 13

B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares? 13

B15. ¿Qué son los medicamentos OTC? 13

B16. ¿Neighborhood INTEGRITY for Duals cubre productos OTC no farmacológicos? 14

B17. ¿Neighborhood INTEGRITY for Duals cubre suministros de recetas médicas a largo plazo? 14

B18. ¿Puedo recibir recetas en mi domicilio por parte de mi farmacia local? 14

B19. ¿Cuál es mi copago? 14

C. Descripción general de la *Lista de medicamentos cubiertos* 15

C1. Lista de medicamentos por afección médica 16

D. Índice de medicamentos cubiertos 250

A. Descargos de responsabilidad

Esta es una lista de medicamentos que los miembros pueden obtener en Neighborhood INTEGRITY for Duals.

- INTEGRITY for Duals (HMO D-SNP) de Neighborhood Health Plan of Rhode Island es un plan de salud que tiene contrato con Medicare y el programa Medicaid de Rhode Island. La inscripción en el plan INTEGRITY for Duals de Neighborhood Health Plan of Rhode Island depende de la renovación del contrato.
- Siempre puede consultar la *Lista de medicamentos cubiertos* de Neighborhood INTEGRITY for Duals actualizada en línea en www.nhpri.org/INTEGRITYDuals o llamando a Servicios para Miembros a los números que se indican al final de esta página. Esta llamada es gratuita.
- Puede recibir este documento en otros formatos, como letra grande, braille o audio, de forma gratuita. Llame a Servicios para Miembros a los números que se indican al final de esta página. Esta llamada es gratuita.
- Este documento está disponible sin costo en español y portugués.
- Si desea recibir este documento y futuros materiales en su idioma preferido o en un formato alternativo, comuníquese con Servicios para Miembros. Esta solicitud se denomina "solicitud permanente". Su preferencia quedará registrada en el expediente de miembro para que reciba siempre los materiales en el idioma o formato elegido. Puede modificar o cancelar la solicitud permanente en cualquier momento si llama a Servicios para Miembros.

B. Preguntas frecuentes

Encuentre aquí las respuestas a las preguntas que tenga sobre esta *Lista de medicamentos cubiertos* (*Lista de medicamentos*). Puede leer todas las preguntas frecuentes para obtener más información o buscar una pregunta y respuesta específicas.

B1. ¿Qué medicamentos se incluyen en la *Lista de medicamentos cubiertos*? (Llamamos a la *Lista de medicamentos cubiertos* la *Lista de medicamentos* para abreviar).

Los medicamentos en la *Lista de medicamentos* que comienza en la **Sección C1** son los medicamentos cubiertos por Neighborhood INTEGRITY for Duals. Los medicamentos están disponibles en farmacias de nuestra red. Una farmacia pertenece a nuestra red si tenemos un acuerdo con ella para que trabaje con nosotros y le preste servicios. Nos referimos a estas farmacias como “farmacias de la red”.

- Neighborhood INTEGRITY for Duals cubrirá todos los medicamentos médicamente necesarios en la *Lista de medicamentos* en los siguientes casos:
    - su médico u otro profesional que le receta medicamentos indica que lo necesita para mejorar o mantenerse saludable,
    - nuestro plan está de acuerdo con que el medicamento es médicamente necesario para usted **y**
    - surte la receta en una farmacia de la red de Neighborhood INTEGRITY for Duals.
- En algunos casos, tiene que realizar alguna acción antes de que pueda recibir un medicamento. Consulte la pregunta B4 para obtener más información.

Si cubrimos un medicamento solo para algunas afecciones médicas, lo indicamos claramente en la *Lista de medicamentos.* junto con las afecciones médicas específicas que están cubiertas.

También puede encontrar una lista de medicamentos que cubrimos actualizada en nuestro sitio web en www.nhpri.org/INTEGRITYDuals o puede llamar a Servicios para Miembros a los números que se indican al final de esta página.

B2. ¿Cambia alguna vez la *Lista de medicamentos*?

Sí, y Neighborhood INTEGRITY for Duals debe seguir las normas de Medicare y Medicaid de Rhode Island al realizar cambios. Podemos añadir o quitar medicamentos de la *Lista de medicamentos* durante el año.

También podemos cambiar nuestras normas sobre los medicamentos. Por ejemplo, podríamos hacer lo siguiente:

- Decidir solicitar o no solicitar autorización previa para un medicamento. (La autorización previa es un permiso de nuestro plan antes de que pueda obtener un medicamento).
- Añadir o cambiar la cantidad de un medicamento que puede obtener (lo que se denomina límites de cantidad).
- Añadir o cambiar las restricciones de terapia escalonada de un medicamento. (La terapia escalonada significa que debe probar un medicamento primero antes de que cubramos otro medicamento).

Para obtener más información sobre estas normas de medicamentos, consulte la pregunta B4.

Si toma un medicamento que estaba cubierto al **comienzo** del año, generalmente no lo retiramos ni cambiamos su cobertura **durante el resto del año** a menos que:

- aparezca un nuevo medicamento más económico en el mercado que funcione tan bien como uno de la L*ista de medicamentos* actual **o**
- nos enteramos de que un medicamento no es seguro **o**
- se retira un medicamento del mercado.

Las preguntas B3 y B6 a continuación contienen más información sobre qué sucede si la *Lista de medicamentos* cambia.

- Siempre puede consultar la L*ista de medicamentos* de Neighborhood INTEGRITY for Duals actualizada en línea, en www.nhpri.org/INTEGRITYDuals. Las actualizaciones de la L*ista de medicamentos* se publican mensualmente en el sitio web.
- También puede llamar a Servicios para Miembros a los números que se indican al final de esta página para consultar la *Lista de medicamentos* vigente.

B3. ¿Qué sucede cuando hay un cambio en la *Lista de medicamentos*?

Algunos cambios en la *lista de medicamentos* se producirán **de forma inmediata**. Por ejemplo:

- **Reemplazos de versiones nuevas de determinados medicamentos.** Retiraremos los medicamentos de la *Lista de medicamentos* de forma inmediata si los reemplazamos por determinadas versiones nuevas de ese medicamento, pero el costo del medicamento nuevo aparecerá en el mismo nivel de costos compartidos o en uno inferior con las mismas o menos restricciones. Cuando añadimos una versión nueva de un medicamento, también podemos decidir conservar el medicamento de marca o el producto biológico original en la lista, pero cambiamos las normas o los límites de su cobertura.
    - Es posible que no le avisemos antes de realizar este cambio, pero le enviaremos la información sobre el cambio específico una vez que lo realicemos.
    - Podemos realizar estos cambios solo si el medicamento que añadimos:
        - es una nueva versión genérica de un medicamento de marca o
        - es una determinada versión biosimilar nueva de los productos biológicos originales de la *Lista de medicamentos* (por ejemplo, la incorporación de un biosimilar intercambiable que puede reemplazarse por un producto biológico original sin una receta nueva).
        - Algunos de estos tipos de medicamentos pueden ser nuevos para usted. Para obtener más información, consulte la **Sección B14**.
    - Usted o su proveedor puede solicitar una excepción a estos cambios. Le enviaremos un aviso con los pasos que puede dar para solicitar una excepción. Consulte las preguntas B10-B12 para obtener más información sobre excepciones.
- **Retiros de medicamentos inseguros y otros medicamentos que se retiran del mercado.** A veces, se descubre que un medicamento es inseguro o se retira del mercado por otro motivo. Si esto sucede, lo quitaremos de la *Lista de medicamentos* de forma inmediata. Si está tomando el medicamento, le enviaremos un aviso después de que realicemos el cambio. En el aviso, le aconsejaremos cómo hacer seguimiento con su proveedor y farmacéutico.

Podemos realizar otros cambios que repercuten en los medicamentos que toma. Le informaremos anticipadamente sobre estos otros cambios en la *Lista de medicamentos*. Estos cambios pueden producirse si:

- La Administración de Alimentos y Medicamentos (FDA) proporciona nuevas pautas o hay nuevas directrices clínicas sobre un medicamento.
- Retiramos un medicamento de marca de la *Lista de medicamentos* cuando añadimos un medicamento genérico que no es nuevo en el mercado, o
- retiramos un producto biológico original cuando añadimos un biosimilar, o
- cambiamos las normas o los límites de cobertura del medicamento de marca.

Si se producen estos cambios, haremos lo siguiente:

- le informaremos con al menos 30 días de anticipación que realizamos un cambio en la *Lista de medicamentos* **o**
- le informaremos y facilitaremos un suministro para 30 días del medicamento después de que solicite un resurtido.

De esta manera, tendrá tiempo para hablar con su médico u otro profesional que le recete medicamentos. Pueden ayudarlo a decidir:

- si existe un medicamento similar en la *Lista de medicamentos* que pueda tomar como reemplazo, **o**
- si debiera pedir una excepción a estos cambios. Para obtener más información sobre excepciones, consulte las preguntas B10-B12.

B4. ¿Existe alguna restricción o límite en la cobertura de medicamentos o alguna medida que deba tomar para obtener determinados medicamentos?

Sí, algunos medicamentos tienen normas de cobertura o límites en cuanto a la cantidad que puede obtener. En algunos casos, usted o su médico u otro profesional que le recete medicamentos deben realizar alguna acción antes de que pueda recibir el medicamento. Por ejemplo:

- **Autorización previa:** Para algunos medicamentos, usted o su médico u otro profesional que le recete medicamentos deben obtener autorización de Neighborhood INTEGRITY for Duals antes de surtir la receta. Una autorización previa

no es lo mismo que una derivación. Puede que nuestro plan no cubra el medicamento si no obtiene una autorización previa.

- **Límites de cantidad:** A veces, Neighborhood INTEGRITY for Duals limita la cantidad que puede obtener de este medicamento.
- **Terapia escalonada:** A veces, Neighborhood INTEGRITY for Duals le exige que realice la terapia escalonada. Esto quiere decir que tendrá que probar los medicamentos en un determinado orden para su afección médica. Posiblemente tenga que probar un medicamento primero antes de que cubramos otro medicamento. Si el profesional que le receta medicamentos cree que el primer medicamento no le funciona, cubriremos el segundo.
- **Cobertura según la indicación médica:** Si Neighborhood INTEGRITY for Duals cubre un medicamento solo para algunas afecciones médicas, lo indicamos claramente en la Lista de medicamentos junto con las afecciones médicas específicas que están cubiertas.

Puede conocer si su medicamento tiene algún otro requisito o límite adicional en las tablas de la **Sección C1**. También puede obtener más información en nuestro sitio web, en www.nhpri.org/INTEGRITYDuals. Hemos publicado documentos en línea que explican nuestras restricciones de autorización previa y terapia escalonada. También puede solicitar que le enviemos una copia.

Puede solicitar una excepción a estos límites. De esta manera, tendrá tiempo para hablar con su médico u otro profesional que le recete medicamentos. Puede ayudarlo a decidir si existe un medicamento similar en la *Lista de medicamentos* que pueda tomar como reemplazo o si pedir una excepción. Consulte las preguntas B10-B12 para obtener más información sobre excepciones.

B5. ¿Cómo sabré si el medicamento que quiero tiene límites o si hay que hacer algo para obtenerlo?

La tabla en la sección titulada “Lista de medicamentos por afección médica” tiene una columna llamada “Acciones necesarias, restricciones o límites de uso”.

B6. ¿Qué sucede si Neighborhood INTEGRITY for Duals cambia sus normas sobre cómo cubre algunos medicamentos (por ejemplo, restricciones de autorización previa, límites de cantidad o terapia escalonada)?

En algunos casos, le informaremos anticipadamente si añadimos o cambiamos las restricciones de autorización previa, límites de cantidad o terapia escalonada para un medicamento. Consulte la

pregunta B3 para obtener más información sobre este aviso anticipado y las situaciones en las que posiblemente no podamos informarle de antemano los cambios a nuestras normas sobre los medicamentos en la *Lista de medicamentos*.

B7. ¿Cómo puedo encontrar un medicamento en la *Lista de medicamentos*?

Hay dos maneras de encontrar un medicamento:

- puede buscar por orden alfabético, **o**
- puede buscar por afección médica.

Para buscar **por orden alfabético**, busque el medicamento en la sección "Índice de medicamentos cubiertos". Puede encontrarlo en la Sección D. El índice de medicamentos cubiertos es una lista alfabética de todos los medicamentos incluidos en la *Lista de medicamentos*. En el índice se enumeran medicamentos de marca y medicamentos genéricos, así como también medicamentos de venta libre (OTC).

Para buscar por afección médica, busque la **Sección C1** llamada "Lista de medicamentos por afección médica". Los medicamentos en esta sección se agrupan en categorías dependiendo del tipo de afecciones médicas que suelen tratar. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría **Cardiovascular**. Allí encontrará los medicamentos que tratan afecciones cardíacas.

B8. ¿Qué sucede si el medicamento que quiero tomar no aparece en la *Lista de medicamentos*?

Si no encuentra su medicamento en la *Lista de medicamentos*, llame a Servicios para Miembros a los números que se indican al final de esta página y pregunte por él. Si se le informa que Neighborhood INTEGRITY for Duals no cubrirá el medicamento, puede realizar una de estas acciones:

- Solicite a Servicios para Miembros una lista de medicamentos como el que quiere tomar. Luego, muestre la lista a su médico u otro profesional que le recete medicamentos. Pueden recetarle un medicamento de la *Lista de medicamentos* que sea como el que quiere tomar. **O bien**
- Solicite a Neighborhood INTEGRITY for Duals que haga una excepción para cubrir su medicamento. Consulte las preguntas B10-B12 para obtener más información sobre excepciones.

B9. ¿Qué sucede si soy un nuevo miembro de Neighborhood INTEGRITY for Duals y no puedo encontrar mi medicamento en la *Lista de medicamentos* o tengo inconvenientes para obtenerlo?

Podemos ayudarlo. Podemos cubrir un suministro temporal para 30 días de su medicamento durante los primeros 90 días como miembro de nuestro plan. De esta manera, tendrá tiempo para hablar con su médico u otro profesional que le recete medicamentos. Puede ayudarlo a decidir si existe un medicamento similar en la *Lista de medicamentos* que pueda tomar como reemplazo o si pedir una excepción.

Si su receta está indicada para menos días, permitiremos varios resurtidos hasta proporcionarle un máximo de 30 días de medicamentos.

Cubriremos un suministro para 30 días de su medicamento en los siguientes casos:

- toma un medicamento que no está en nuestra L*ista de medicamentos*,
- las normas de nuestro plan no le permiten obtener la cantidad indicada por el profesional que le receta el medicamento,
- el medicamento requiere autorización previa de nuestro plan **o**
- está tomando un medicamento que forma parte de una restricción de terapia escalonada.

Si está tomando un medicamento que nuestro plan no considera que sea uno de la Parte D, tiene derecho a recibir un suministro para 72 horas del medicamento por única vez.

Si vive en un hogar de ancianos u otro centro de cuidados a largo plazo y necesita un medicamento que no está en la L*ista de medicamentos*, o si no puede obtener fácilmente el medicamento que necesita, podemos ayudarlo. Si ha estado en el plan durante más de 90 días, vive en un centro de cuidados a largo plazo y necesita un suministro de inmediato:

- Cubriremos un suministro para 31 días del medicamento que necesita (a menos que su receta indique menos días), independientemente de si es un miembro nuevo de Neighborhood INTEGRITY for Duals o no .
- Esto se suma al suministro temporal durante sus primeros 90 días como miembro de nuestro plan.

Las transiciones entre niveles de atención están permitidas si se ha ido de un centro de cuidados a largo plazo en los últimos 30 días. Cubriremos un suministro acumulado para 30 días del medicamento que necesita independientemente de si es un miembro nuevo de Neighborhood INTEGRITY for Duals o no lo es.

Las transiciones entre niveles de atención también están permitidas si ha ingresado a un centro de cuidados a largo plazo en los últimos 30 días. Cubriremos un suministro para 31 días del medicamento que necesita (se aplican límites de surtido para determinados medicamentos de marca), independientemente de si es un miembro nuevo de Neighborhood INTEGRITY for Duals o no.

B10. ¿Puedo pedir una excepción para cubrir mi medicamento?

Sí. Puede pedir a Neighborhood INTEGRITY for Duals que haga una excepción para cubrir un medicamento que no está en la *Lista de medicamentos*.

También puede pedirnos que cambiemos las normas para su medicamento.

- Por ejemplo, nuestro plan puede limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, puede pedirnos que cambiemos el límite y cubramos una mayor cantidad.
- Otros ejemplos: Puede pedirnos que eliminemos las restricciones de terapia escalonada o los requisitos de autorización previa.

B11. ¿Cómo puedo pedir una excepción?

Para pedir una excepción, llame a Servicios para Miembros. Un representante de Servicios para Miembros trabajará con usted y el profesional que le recete el medicamento para que pueda pedir una excepción. También puede leer la **Sección G** del **Capítulo 9** en el *Manual del miembro* para obtener más información sobre excepciones.

B12. ¿Cuánto tiempo lleva obtener una excepción?

Después de que recibimos la declaración del profesional que le receta el medicamento en la que respalda su solicitud de excepción, le informaremos nuestra decisión dentro de las 72 horas. El profesional debe enviar la declaración por fax al 1-855-829-2875.

Si usted o el profesional cree que su salud puede verse perjudicada si espera 72 horas por una decisión, puede pedir una excepción acelerada. Se trata de una decisión más rápida. Si el profesional respalda su solicitud, le daremos una decisión dentro de las 24 horas de recibir la declaración de respaldo del profesional.

B13. ¿Qué son los medicamentos genéricos?

Los medicamentos genéricos están compuestos por los mismos ingredientes activos que los medicamentos de marca. Generalmente, cuestan menos que un medicamento de marca y suelen funcionar igual de bien. A menudo, no tienen nombres conocidos. Los medicamentos genéricos están aprobados por la Administración de Medicamentos y Alimentos (FDA). Existen medicamentos genéricos disponibles para muchos medicamentos de marca. Por lo general, los medicamentos genéricos pueden sustituirse por medicamentos de marca en la farmacia sin una receta nueva, dependiendo de las leyes estatales.

Neighborhood INTEGRITY for Duals cubre tanto medicamentos genéricos como de marca.

B14. ¿Qué son los productos biológicos originales y cómo se relacionan con los biosimilares?

Cuando nos referimos a medicamentos, podría tratarse de un fármaco o un producto biológico. Los productos biológicos son fármacos más complejos que los habituales. Dado que los productos biológicos son más complejos que los fármacos habituales, en lugar de tener una forma genérica, tienen formas que se llaman biosimilares. Por lo general, los biosimilares funcionan tan bien como el producto biológico original y pueden costar menos. Existen alternativas biosimilares para algunos productos biológicos originales. Algunos biosimilares son intercambiables y, dependiendo de las leyes estatales, pueden sustituirse por el producto biológico original en la farmacia sin necesidad de una receta nueva, al igual que los medicamentos genéricos pueden sustituirse por los medicamentos de marca.

Para obtener más información sobre los tipos de medicamentos, consulte el **Capítulo 5** del *Manual del miembro*.

B15. ¿Qué son los medicamentos OTC?

OTC es la sigla de “over the-counter (de venta libre)”. Neighborhood INTEGRITY for Duals cubre algunos medicamentos OTC cuando los receta un proveedor.

Puede leer la L*ista de medicamentos* de Neighborhood INTEGRITY for Duals para conocer qué medicamentos OTC están cubiertos en la farmacia con una receta del proveedor.

También puede obtener algunos medicamentos OTC como parte de sus beneficios suplementarios sin una receta del proveedor. Consulte el Capítulo 4 del Manual del miembro sobre cómo utilizar este beneficio suplementario para medicamentos OTC.

B16. ¿Neighborhood INTEGRITY for Duals cubre productos OTC no farmacológicos?

Nuestro plan cubre algunos productos OTC no farmacológicos cuando los receta un proveedor. Entre los ejemplos de productos OTC no farmacológicos, se incluyen los siguientes: Algunos suministros para análisis de orina o sangre, algunos agentes saborizantes o colorantes que se pueden agregar a medicamentos líquidos y algunas bases de crema que se usan para preparar compuestos.

Puede leer la *Lista de medicamentos* de Neighborhood INTEGRITY for Duals para conocer qué productos OTC no farmacológicos están cubiertos en la farmacia con una receta del proveedor.

También puede obtener algunos productos OTC no farmacológicos como parte de sus beneficios suplementarios sin una receta del proveedor. Consulte el **Capítulo 4** del Manual del miembro sobre cómo utilizar este beneficio suplementario para medicamentos OTC.

B17. ¿Neighborhood INTEGRITY for Duals cubre suministros de recetas médicas a largo plazo?

- **Programas de venta por correo**. Ofrecemos un programa de venta por correo que le permite recibir un suministro de medicamentos para hasta 90 días directamente en su domicilio. Un suministro para 90 días tiene el mismo copago que un suministro para un mes.
- **Programas de farmacia minorista para 90 días**. Algunas farmacias minoristas también pueden ofrecer un suministro para 90 días de medicamentos cubiertos. Un suministro para 90 días tiene el mismo copago que un suministro para un mes.
- Los medicamentos del nivel 5 de la *Lista de medicamentos* solo pueden surtirse para un máximo de 30 días cada vez.

B18. ¿Puedo recibir recetas en mi domicilio por parte de mi farmacia local?

Algunas farmacias locales posiblemente puedan enviar recetas a domicilio. Puede llamar a su farmacia para saber si ofrecen entrega a domicilio.

B19. ¿Cuál es mi copago?

Los miembros de Neighborhood INTEGRITY for Duals pueden tener copagos para medicamentos recetados en los niveles 3 a 5 siempre que el miembro siga las normas del plan. Consulte las preguntas B15 y B16 para obtener más información sobre los medicamentos OTC y los productos no farmacológicos.

Los niveles son grupos de medicamentos en nuestra *Lista de medicamentos*.

- Los medicamentos genéricos preferidos del nivel 1 tienen un copago de $ 0. Este nivel también incluye medicamentos no cubiertos por Medicare, medicamentos OTC y productos OTC no farmacológicos que cubre Medicaid de Rhode Island.
- Los medicamentos genéricos del nivel 2 tienen un copago de $ 0.
- Los medicamentos de marca preferida del nivel 3 tienen copagos de $ 0, $ 1.60/$5.10 o $ 4.90/$ 12.65, dependiendo del nivel de **ayuda adicional** que recibe y si el medicamento es genérico o de marca.
- Los medicamentos no preferidos del nivel 4 tienen copagos de $ 0, $ 1.60/$5.10 o $ 4.90/$ 12.65, dependiendo del nivel de **ayuda adicional** que recibe y si el medicamento es genérico o de marca.
- Los medicamentos de especialidad del nivel 5 tienen copagos de $ 0, $ 1.60/$ 5.10 o $ 4.90/$ 12.65, dependiendo del nivel de **ayuda adicional** que recibe y si el medicamento es genérico o de marca. Estos medicamentos solo pueden surtirse para un máximo de 30 días por vez.

La **ayuda adicional** es un programa de Medicare que ayuda a las personas con ingresos y recursos limitados a reducir los costos de los medicamentos recetados de la Parte D de Medicare, como primas, deducibles y copagos. La **ayuda adicional** también se llama "subsidio para personas de bajos ingresos" o "LIS".

Si tiene preguntas, llame a Servicios para Miembros a los números que se indican al final de esta página.

C. Descripción general de la *Lista de medicamentos cubiertos*

La *Lista de medicamentos cubiertos* le brinda información sobre los medicamentos cubiertos por Neighborhood INTEGRITY for Duals. Si tiene inconvenientes para encontrar un medicamento en la lista, diríjase al índice de medicamentos cubiertos que comienza en la **Sección D**. En el índice se enumeran en orden alfabético todos los medicamentos cubiertos por nuestro plan.

Nota: El símbolo **DP** al lado de un medicamento significa que este no es un “medicamento de la Parte D”. Estos medicamentos tienen diferentes normas de apelación.

- Una apelación es una manera formal de pedirnos que revisemos una decisión que tomamos sobre su cobertura y que la cambiemos si cree que cometimos un error.
- Por ejemplo, podríamos decidir que un medicamento que usted desea no está cubierto o ha dejado de estarlo por Medicare o Medicaid de Rhode Island.
- Si usted o el profesional que le receta el medicamento no están de acuerdo con nuestra decisión, pueden apelar. Si alguna vez tiene una pregunta, llame a Servicios para Miembros a los números que se indican al final de esta página.
- También puede leer el **Capítulo 9** del *Manual del miembro* para obtener información sobre cómo apelar una decisión.

C1. Lista de medicamentos por afección médica

Los medicamentos en esta sección se agrupan en categorías dependiendo del tipo de afecciones médicas que suelen tratar. Por ejemplo, si tiene una afección cardíaca, debe buscar en la categoría **Cardiovascular**. Allí encontrará los medicamentos que tratan afecciones cardíacas.

Estos son los significados de los códigos utilizados en la columna “Acciones necesarias, restricciones o límites de uso”:

PA = Autorización previa: debe tener la aprobación de nuestro plan antes de que pueda obtener este medicamento.

ST = Terapia escalonada: debe probar otro medicamento antes de que pueda obtener este.

QL = Límite de cantidad: Neighborhood INTEGRITY for Duals limita la cantidad que puede obtener de este medicamento.

DP = Este no es un medicamento de la Parte D.

B/D= Este medicamento puede estar cubierto por la Parte B o la Parte D de Medicare. Dependiendo de las circunstancias, es posible que se requiera autorización previa. Es posible que se deba presentar información que describa por qué y dónde (en qué entorno) utiliza este medicamento.

La primera columna de la tabla indica el nombre del medicamento. Los medicamentos genéricos se indican en cursiva minúscula (por ejemplo, *levotiroxina*), los medicamentos de marca se indican en

mayúscula (por ejemplo, SINTROIDE) y los medicamentos OTC y productos no farmacológicos se indican en minúscula (por ejemplo, acetaminofén). La información de la columna “Acciones necesarias, restricciones o límites de uso” le indica si Neighborhood INTEGRITY for Duals tiene alguna norma para la cobertura de su medicamento.

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
AGENTES ANTINEOPLÁSTICOS		
Agentes Alquilantes		
bendamustine hcl intravenous solution 100 mg/4ml	$0-$12.65 (Nivel 5)	B/D
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML	$0-$12.65 (Nivel 5)	B/D
carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml	$0-$12.65 (Nivel 3)	B/D
cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml, 50 mg/50ml	$0-$12.65 (Nivel 3)	B/D
cyclophosphamide injection solution reconstituted 1 gm, 500 mg	$0-$12.65 (Nivel 4)	B/D
cyclophosphamide injection solution reconstituted 2 gm	$0-$12.65 (Nivel 5)	B/D
cyclophosphamide intravenous solution 1 gm/2ml, 1 gm/5ml, 1000 mg/10ml, 2 gm/10ml, 2 gm/4ml, 2000 mg/20ml, 500 mg/5ml, 500 mg/ml	$0-$12.65 (Nivel 5)	B/D
cyclophosphamide oral capsule 25 mg, 50 mg	$0-$12.65 (Nivel 3)	B/D
cyclophosphamide oral tablet 25 mg, 50 mg	$0-$12.65 (Nivel 4)	B/D
cyclophosphamide solution 500 mg/2.5ml intravenous	$0-$12.65 (Nivel 4)	B/D
cyclophosphamide solution 500 mg/2.5ml intravenous	$0-$12.65 (Nivel 5)	B/D
FRINDOVYX INTRAVENOUS SOLUTION 1 GM/2ML, 2 GM/4ML, 500 MG/ML	$0-$12.65 (Nivel 5)	B/D
GLEOSTINE ORAL CAPSULE 10 MG, 40 MG	$0-$12.65 (Nivel 4)	
GLEOSTINE ORAL CAPSULE 100 MG	$0-$12.65 (Nivel 5)	
LEUKERAN ORAL TABLET 2 MG	$0-$12.65 (Nivel 5)	PA
lomustine oral capsule 10 mg, 40 mg	$0-$12.65 (Nivel 4)	
lomustine oral capsule 100 mg	$0-$12.65 (Nivel 5)	
oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml	$0-$12.65 (Nivel 4)	B/D
oxaliplatin intravenous solution reconstituted 100 mg, 50 mg	$0-$12.65 (Nivel 5)	B/D
vivimusta intravenous solution 100 mg/4ml	$0-$12.65 (Nivel 5)	B/D
Agentes Antineoplásticos Hormonales		
abiraterone acetate oral tablet 250 mg	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
abiraterone acetate oral tablet 500 mg	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
ABIRTEGA ORAL TABLET 250 MG	$0-$12.65 (Nivel 4)	PA; QL; 120 tabletas cada 30 días
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
anastrozole oral tablet 1 mg	$0 (Nivel 2)	
bicalutamide oral tablet 50 mg	$0 (Nivel 2)	
ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG, 7.5 MG	$0-$12.65 (Nivel 4)	PA

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ERLEADA ORAL TABLET 240 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
ERLEADA ORAL TABLET 60 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
EULEXIN ORAL CAPSULE 125 MG	$0-$12.65 (Nivel 5)	
exemestane oral tablet 25 mg	$0-$12.65 (Nivel 4)	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL	$0-$12.65 (Nivel 5)	PA
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG	$0-$12.65 (Nivel 4)	PA
fulvestrant intramuscular solution prefilled syringe 250 mg/5ml	$0-$12.65 (Nivel 5)	B/D
INLURIYO ORAL TABLET 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 tabletas cada 28 días
letrozole oral tablet 2.5 mg	$0 (Nivel 2)	
leuprolide acetate injection kit 1 mg/0.2ml	$0-$12.65 (Nivel 4)	PA
LIFYORLI (125 MG DOSE) ORAL CAPSULE THERAPY PACK 1 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 18 cápsulas cada 28 días
LIFYORLI (150 MG DOSE) ORAL CAPSULE THERAPY PACK 2 X 25 MG & 1 X 100 MG, 3 X 25 MG & 1 X 100 MG, 9 X 25 MG & 1 X 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 27 cápsulas cada 28 días
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	$0-$12.65 (Nivel 5)	PA
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	$0-$12.65 (Nivel 5)	PA
LYSODREN ORAL TABLET 500 MG	$0-$12.65 (Nivel 5)	
megestrol acetate tablet 20 mg oral	$0-$12.65 (Nivel 3)	
megestrol acetate tablet 40 mg oral	$0-$12.65 (Nivel 3)	
nilutamide oral tablet 150 mg	$0-$12.65 (Nivel 5)	
NUBEQA ORAL TABLET 300 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
ORGOVYX ORAL TABLET 120 MG	$0-$12.65 (Nivel 5)	PA
ORSERDU ORAL TABLET 345 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
ORSERDU ORAL TABLET 86 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
SOLTAMOX ORAL SOLUTION 10 MG/5ML	$0-$12.65 (Nivel 5)	
tamoxifen citrate oral tablet 10 mg, 20 mg	$0 (Nivel 2)	
toremifene citrate oral tablet 60 mg	$0-$12.65 (Nivel 4)	PA
VEPPANU ORAL TABLET 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
VEPPANU ORAL TABLET 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
XTANDI ORAL CAPSULE 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días
XTANDI ORAL TABLET 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
XTANDI ORAL TABLET 80 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
YONSA ORAL TABLET 125 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
Agentes Moleculares Dirigidos		
ALECENSA ORAL CAPSULE 150 MG	$0-$12.65 (Nivel 5)	PA; QL; 240 cápsulas cada 30 días
ALUNBRIG ORAL TABLET 180 MG, 90 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
ALUNBRIG ORAL TABLET 30 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
AUGTYRO ORAL CAPSULE 160 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 cápsulas cada 30 días
AUGTYRO ORAL CAPSULE 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 240 cápsulas cada 30 días
AVMAPKI FAKZYNJA CO-PACK ORAL THERAPY PACK 0.8 & 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 1 paquete cada 30 días
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
BALVERSA ORAL TABLET 3 MG	$0-$12.65 (Nivel 5)	PA; QL; 84 tabletas cada 28 días
BALVERSA ORAL TABLET 4 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 tabletas cada 28 días
BALVERSA ORAL TABLET 5 MG	$0-$12.65 (Nivel 5)	PA; QL; 28 tabletas cada 28 días
bortezomib injection solution reconstituted 1 mg, 2.5 mg	$0-$12.65 (Nivel 4)	PA
bortezomib injection solution reconstituted 3.5 mg	$0-$12.65 (Nivel 5)	PA
BOSULIF ORAL CAPSULE 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 300 cápsulas cada 30 días
BOSULIF ORAL CAPSULE 50 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 cápsulas cada 30 días
BOSULIF ORAL TABLET 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 tabletas cada 30 días
BOSULIF ORAL TABLET 400 MG, 500 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
bosutinib oral tablet 100 mg	$0-$12.65 (Nivel 5)	PA; QL; 180 tabletas cada 30 días
bosutinib oral tablet 400 mg, 500 mg	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
BRAFTOVI ORAL CAPSULE 75 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 cápsulas cada 30 días
BRUKINSA ORAL CAPSULE 80 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días
BRUKINSA ORAL TABLET 160 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
CALQUENCE ORAL TABLET 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
CAPRELSA ORAL TABLET 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
CAPRELSA ORAL TABLET 300 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
CAVHANZA ORAL TABLET DISPERSIBLE 60 MG, 80 MG	$0-$12.65 (Nivel 5)	PA; QL; 112 tabletas cada 28 días
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 cápsulas cada 28 días
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	$0-$12.65 (Nivel 5)	PA; QL; 112 cápsulas cada 28 días
COMETRIQ (60 MG DAILY DOSE) ORAL KIT 20 MG	$0-$12.65 (Nivel 5)	PA; QL; 84 cápsulas cada 28 días
COPIKTRA ORAL CAPSULE 15 MG, 25 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 cápsulas cada 28 días
COTELLIC ORAL TABLET 20 MG	$0-$12.65 (Nivel 5)	PA; QL; 63 tabletas cada 28 días
DANZITEN ORAL TABLET 71 MG, 95 MG	$0-$12.65 (Nivel 5)	PA; QL; 112 tabletas cada 28 días

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
dasatinib oral tablet 20 mg	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
DAURISMO ORAL TABLET 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
DAURISMO ORAL TABLET 25 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
ENSACOVE ORAL CAPSULE 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 cápsulas cada 30 días
ENSACOVE ORAL CAPSULE 25 MG	$0-$12.65 (Nivel 5)	PA; QL; 270 cápsulas cada 30 días
ERIVEDGE ORAL CAPSULE 150 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 cápsulas cada 30 días
erlotinib hcl oral tablet 100 mg, 150 mg	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
erlotinib hcl oral tablet 25 mg	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
everolimus oral tablet soluble 2 mg, 5 mg	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
everolimus oral tablet soluble 3 mg	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG	$0-$12.65 (Nivel 5)	PA; QL; 21 cápsulas cada 28 días
FRUZAQLA ORAL CAPSULE 1 MG	$0-$12.65 (Nivel 5)	PA; QL; 84 cápsulas cada 28 días
FRUZAQLA ORAL CAPSULE 5 MG	$0-$12.65 (Nivel 5)	PA; QL; 21 cápsulas cada 28 días
GAVRETO ORAL CAPSULE 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días
gefitinib oral tablet 250 mg	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
GOMEKLI ORAL CAPSULE 1 MG	$0-$12.65 (Nivel 5)	PA; QL; 168 cápsulas cada 28 días
GOMEKLI ORAL CAPSULE 2 MG	$0-$12.65 (Nivel 5)	PA; QL; 84 cápsulas cada 28 días
GOMEKLI ORAL TABLET SOLUBLE 1 MG	$0-$12.65 (Nivel 5)	PA; QL; 168 tabletas cada 28 días
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML	$0-$12.65 (Nivel 5)	PA
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG	$0-$12.65 (Nivel 5)	PA
HERCESSI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	$0-$12.65 (Nivel 5)	PA
HERNEXEOS ORAL TABLET 60 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	$0-$12.65 (Nivel 5)	PA
HYRNUO ORAL TABLET 10 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG	$0-$12.65 (Nivel 5)	PA; QL; 21 cápsulas cada 28 días
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG	$0-$12.65 (Nivel 5)	PA; QL; 21 tabletas cada 28 días
IBTROZI ORAL CAPSULE 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 cápsulas cada 30 días
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
IDHIFA ORAL TABLET 100 MG, 50 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
imatinib mesylate oral tablet 100 mg	$0-$12.65 (Nivel 4)	PA; QL; 90 tabletas cada 30 días
imatinib mesylate oral tablet 400 mg	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
IMBRUVICA ORAL CAPSULE 140 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
IMBRUVICA ORAL CAPSULE 70 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 cápsulas cada 30 días
IMBRUVICA ORAL SUSPENSION 70 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 216 ml cada 27 días
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
imkeldi oral solution 80 mg/ml	$0-$12.65 (Nivel 5)	PA; QL; 280 ml cada 28 días
INLYTA ORAL TABLET 1 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 tabletas cada 30 días
INLYTA ORAL TABLET 5 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
INREBIC ORAL CAPSULE 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días
ITOVEBI ORAL TABLET 3 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 tabletas cada 28 días
ITOVEBI ORAL TABLET 9 MG	$0-$12.65 (Nivel 5)	PA; QL; 28 tabletas cada 28 días
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
JAYPIRCA ORAL TABLET 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
JAYPIRCA ORAL TABLET 50 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
JIDEYTRO ORAL TABLET 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
JIDEYTRO ORAL TABLET 25 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG	$0-$12.65 (Nivel 5)	B/D
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	$0-$12.65 (Nivel 5)	PA
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML	$0-$12.65 (Nivel 5)	PA
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 395-4800 MG -UNT/2.4ML	$0-$12.65 (Nivel 5)	PA; QL; 1 frasco cada 21 días
KEYTRUDA QLEX SUBCUTANEOUS SOLUTION 790-9600 MG -UNT/4.8ML	$0-$12.65 (Nivel 5)	PA; QL; 1 frasco cada 42 días
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 21 tabletas cada 28 días
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 42 tabletas cada 28 días
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 63 tabletas cada 28 días
KOMZIFTI ORAL CAPSULE 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 cápsulas cada 30 días
KOSELUGO ORAL CAPSULE 10 MG	$0-$12.65 (Nivel 5)	PA; QL; 240 cápsulas cada 30 días
KOSELUGO ORAL CAPSULE 25 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días
KOSELUGO ORAL CAPSULE SPRINKLE 5 MG	$0-$12.65 (Nivel 5)	PA; QL; 600 cápsulas cada 30 días
KOSELUGO ORAL CAPSULE SPRINKLE 7.5 MG	$0-$12.65 (Nivel 5)	PA; QL; 360 cápsulas cada 30 días
KRAZATI ORAL TABLET 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 tabletas cada 30 días
lapatinib ditosylate oral tablet 250 mg	$0-$12.65 (Nivel 5)	PA; QL; 180 tabletas cada 30 días
LAZCLUZE ORAL TABLET 240 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
LAZCLUZE ORAL TABLET 80 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 cápsulas cada 30 días
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 3 X 4 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 cápsulas cada 30 días
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 & 4 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 cápsulas cada 30 días
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 cápsulas cada 30 días
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 cápsulas cada 30 días
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 10 MG & 4 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 cápsulas cada 30 días
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 4 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 cápsulas cada 30 días
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK 2 X 4 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 cápsulas cada 30 días
LORBRENA ORAL TABLET 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
LORBRENA ORAL TABLET 25 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
LUMAKRAS ORAL TABLET 120 MG	$0-$12.65 (Nivel 5)	PA; QL; 240 tabletas cada 30 días
LUMAKRAS ORAL TABLET 240 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
LUMAKRAS ORAL TABLET 320 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
LYNPARZA ORAL TABLET 100 MG, 150 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	$0-$12.65 (Nivel 5)	PA; QL; 84 tabletas cada 28 días
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	$0-$12.65 (Nivel 5)	PA; QL; 112 tabletas cada 28 días
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG	$0-$12.65 (Nivel 5)	PA; QL; 140 tabletas cada 28 días
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 1260 ml cada 30 días
MEKINIST ORAL TABLET 0.5 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
MEKINIST ORAL TABLET 2 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
MEKTOVI ORAL TABLET 15 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 tabletas cada 30 días
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG	$0-$12.65 (Nivel 5)	PA
NERLYNX ORAL TABLET 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 tabletas cada 30 días
nilotinib hcl oral capsule 150 mg, 200 mg	$0-$12.65 (Nivel 5)	PA; QL; 112 cápsulas cada 28 días
nilotinib hcl oral capsule 50 mg	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG	$0-$12.65 (Nivel 5)	PA; QL; 3 cápsulas cada 28 días
ODOMZO ORAL CAPSULE 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 cápsulas cada 30 días
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	$0-$12.65 (Nivel 5)	PA
OGSIVEO ORAL TABLET 100 MG, 150 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 tabletas cada 28 días

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OJEMDA ORAL SUSPENSION RECONSTITUTED 25 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 96 ml cada 28 días
OJEMDA ORAL TABLET 100 MG, 100 MG (16 PACK), 100 MG (24 PACK)	$0-$12.65 (Nivel 5)	PA; QL; 24 tabletas cada 28 días
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	$0-$12.65 (Nivel 5)	PA
pazopanib hcl oral tablet 200 mg	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
pazopanib hcl oral tablet 400 mg	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG	$0-$12.65 (Nivel 5)	PA; QL; 28 tabletas cada 28 días
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML	$0-$12.65 (Nivel 5)	PA
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 28 tabletas cada 28 días
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 200 & 50 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 tabletas cada 28 días
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK 2 X 150 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 tabletas cada 28 días
QINLOCK ORAL TABLET 50 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
RETEVMO ORAL TABLET 120 MG, 160 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
RETEVMO ORAL TABLET 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
RETEVMO ORAL TABLET 80 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
REVUFORJ ORAL TABLET 110 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
REVUFORJ ORAL TABLET 160 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
REVUFORJ ORAL TABLET 25 MG	$0-$12.65 (Nivel 5)	PA; QL; 240 tabletas cada 30 días
REZLIDHIA ORAL CAPSULE 150 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 cápsulas cada 30 días
ROMVIMZA ORAL CAPSULE 14 MG, 20 MG, 30 MG	$0-$12.65 (Nivel 5)	PA; QL; 8 cápsulas cada 28 días
ROZLYTREK ORAL CAPSULE 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 cápsulas cada 30 días
ROZLYTREK ORAL CAPSULE 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 cápsulas cada 30 días
ROZLYTREK ORAL PACKET 50 MG	$0-$12.65 (Nivel 5)	PA; QL; 336 paquetes cada 28 días
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
RYDAPT ORAL CAPSULE 25 MG	$0-$12.65 (Nivel 5)	PA; QL; 224 cápsulas cada 28 días
SCEMBLIX ORAL TABLET 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
SCEMBLIX ORAL TABLET 20 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
SCEMBLIX ORAL TABLET 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 300 tabletas cada 30 días
sorafenib tosylate oral tablet 200 mg	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
STIVARGA ORAL TABLET 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 84 tabletas cada 28 días
sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg	$0-$12.65 (Nivel 5)	PA; QL; 30 cápsulas cada 30 días
TABRECTA ORAL TABLET 150 MG, 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 112 tabletas cada 28 días
TAFINLAR ORAL CAPSULE 50 MG, 75 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días

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TAFINLAR ORAL TABLET SOLUBLE 10 MG	$0-$12.65 (Nivel 5)	PA; QL; 840 tabletas cada 28 días
TAGRISSO ORAL TABLET 40 MG, 80 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 cápsulas cada 30 días
TALZENNA ORAL CAPSULE 0.25 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 cápsulas cada 30 días
TECENTRIQ HYBREZA SUBCUTANEOUS SOLUTION 1875-30000 MG-UT/15ML	$0-$12.65 (Nivel 5)	PA; QL; 1 frasco cada 21 días
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML	$0-$12.65 (Nivel 5)	PA
TEPMETKO ORAL TABLET 225 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
TIBSOVO ORAL TABLET 250 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
TORPENZ ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG	$0-$12.65 (Nivel 5)	PA
TRUQAP ORAL TABLET 160 MG, 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 64 tabletas cada 28 días
TRUQAP ORAL TABLET THERAPY PACK 160 MG, 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 4 paquetes cada 28 días
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML	$0-$12.65 (Nivel 5)	PA
TUKYSA ORAL TABLET 150 MG, 50 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
TURALIO ORAL CAPSULE 125 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 tabletas cada 28 días
VENCLEXTA ORAL TABLET 10 MG	$0-$12.65 (Nivel 3)	PA; QL; 112 tabletas cada 28 días
VENCLEXTA ORAL TABLET 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 tabletas cada 30 días
VENCLEXTA ORAL TABLET 50 MG	$0-$12.65 (Nivel 5)	PA; QL; 112 tabletas cada 28 días
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 42 tabletas cada 28 días
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 tabletas cada 28 días
VITRAKVI ORAL CAPSULE 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 cápsulas cada 30 días
VITRAKVI ORAL CAPSULE 25 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 cápsulas cada 30 días
VITRAKVI ORAL SOLUTION 20 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 300 ml cada 30 días
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
VONJO ORAL CAPSULE 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días
VORANIGO ORAL TABLET 10 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
VORANIGO ORAL TABLET 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
XALKORI ORAL CAPSULE 200 MG, 250 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días
XALKORI ORAL CAPSULE SPRINKLE 150 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 cápsulas cada 30 días
XALKORI ORAL CAPSULE SPRINKLE 20 MG, 50 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días
XOSPATA ORAL TABLET 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días

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XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	$0-$12.65 (Nivel 5)	PA; QL; 8 tabletas cada 28 días
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	$0-$12.65 (Nivel 5)	PA; QL; 16 tabletas cada 28 días
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 4 tabletas cada 28 días
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 8 tabletas cada 28 días
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	$0-$12.65 (Nivel 5)	PA; QL; 4 tabletas cada 28 días
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	$0-$12.65 (Nivel 5)	PA; QL; 24 tabletas cada 28 días
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 8 tabletas cada 28 días
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG	$0-$12.65 (Nivel 5)	PA; QL; 4 tabletas cada 28 días
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG	$0-$12.65 (Nivel 5)	PA; QL; 32 tabletas cada 28 días
YULITHIRA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG	$0-$12.65 (Nivel 4)	PA; QL; 30 tabletas cada 30 días
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
ZELBORAF ORAL TABLET 240 MG	$0-$12.65 (Nivel 5)	PA; QL; 240 tabletas cada 30 días
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML	$0-$12.65 (Nivel 5)	PA
ZOLINZA ORAL CAPSULE 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días
ZYDELIG ORAL TABLET 100 MG, 150 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
ZYKADIA ORAL TABLET 150 MG	$0-$12.65 (Nivel 5)	PA; QL; 84 tabletas cada 28 días
Antimetabolitos		
azacitidine injection suspension reconstituted 100 mg	$0-$12.65 (Nivel 5)	B/D
cytarabine injection solution 20 mg/ml	$0-$12.65 (Nivel 3)	B/D
fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml	$0-$12.65 (Nivel 3)	B/D
gemcitabine hcl intravenous solution 1 gm/26.3ml, 2 gm/52.6ml, 200 mg/5.26ml	$0-$12.65 (Nivel 4)	B/D
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg	$0-$12.65 (Nivel 4)	B/D
INQOVI ORAL TABLET 35-100 MG	$0-$12.65 (Nivel 5)	PA; QL; 5 tabletas cada 28 días
LONSURF ORAL TABLET 15-6.14 MG	$0-$12.65 (Nivel 5)	PA; QL; 100 tabletas cada 28 días
LONSURF ORAL TABLET 20-8.19 MG	$0-$12.65 (Nivel 5)	PA; QL; 80 tabletas cada 28 días
mercaptopurine oral suspension 2000 mg/100ml	$0-$12.65 (Nivel 5)	
mercaptopurine oral tablet 50 mg	$0-$12.65 (Nivel 3)	
methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	$0 (Nivel 2)	B/D

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methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml	$0 (Nivel 2)	B/D
methotrexate sodium injection solution reconstituted 1 gm	$0 (Nivel 2)	B/D
ONUREG ORAL TABLET 200 MG, 300 MG	$0-$12.65 (Nivel 5)	PA; QL; 14 tabletas cada 28 días
pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg	$0-$12.65 (Nivel 5)	B/D
TABLOID ORAL TABLET 40 MG	$0-$12.65 (Nivel 5)	PA
Diversos		
BESREMI PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 MCG/0.5ML	$0-$12.65 (Nivel 5)	PA; QL; 2 plumas cada 28 días
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML	$0-$12.65 (Nivel 5)	PA; QL; 2 jeringas cada 28 días
bexarotene oral capsule 75 mg	$0-$12.65 (Nivel 5)	PA; QL; 300 cápsulas cada 30 días
doxorubicin hcl intravenous solution 2 mg/ml	$0-$12.65 (Nivel 4)	B/D
doxorubicin hcl liposomal intravenous suspension 2 mg/ml	$0-$12.65 (Nivel 5)	B/D
hydroxyurea oral capsule 500 mg	$0 (Nivel 2)	
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	$0-$12.65 (Nivel 4)	B/D
IWILFIN ORAL TABLET 192 MG	$0-$12.65 (Nivel 5)	PA; QL; 240 tabletas cada 30 días
leucovorin calcium injection solution 500 mg/50ml	$0-$12.65 (Nivel 4)	B/D
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	$0-$12.65 (Nivel 4)	B/D
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	$0-$12.65 (Nivel 3)	
MATULANE ORAL CAPSULE 50 MG	$0-$12.65 (Nivel 5)	
mesna oral tablet 400 mg	$0-$12.65 (Nivel 5)	
MODEYSO ORAL CAPSULE 125 MG	$0-$12.65 (Nivel 5)	PA; QL; 20 cápsulas cada 28 días
tretinoin oral capsule 10 mg	$0-$12.65 (Nivel 5)	
WELIREG ORAL TABLET 40 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
Inhibidores Mitóticos		
docetaxel intravenous concentrate 160 mg/8ml, 80 mg/4ml	$0-$12.65 (Nivel 5)	B/D
docetaxel intravenous concentrate 20 mg/ml	$0-$12.65 (Nivel 4)	B/D
docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml	$0-$12.65 (Nivel 5)	B/D
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML	$0-$12.65 (Nivel 5)	B/D
etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml	$0-$12.65 (Nivel 3)	B/D
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	$0-$12.65 (Nivel 4)	B/D

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paclitaxel protein-bound part intravenous suspension reconstituted 100 mg	$0-$12.65 (Nivel 5)	B/D
vincristine sulfate intravenous solution 1 mg/ml	$0 (Nivel 2)	B/D
vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml	$0-$12.65 (Nivel 4)	B/D
Inmunomoduladores		
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 5 mg	$0-$12.65 (Nivel 5)	PA; QL; 28 cápsulas cada 28 días
lenalidomide oral capsule 20 mg, 25 mg	$0-$12.65 (Nivel 5)	PA; QL; 21 cápsulas cada 28 días
pomalidomide oral capsule 1 mg, 2 mg, 3 mg, 4 mg	$0-$12.65 (Nivel 5)	PA; QL; 21 cápsulas cada 28 días
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG	$0-$12.65 (Nivel 5)	PA; QL; 21 cápsulas cada 28 días
THALOMID ORAL CAPSULE 100 MG	$0-$12.65 (Nivel 5)	PA; QL; 112 cápsulas cada 28 días
THALOMID ORAL CAPSULE 50 MG	$0-$12.65 (Nivel 5)	PA; QL; 84 cápsulas cada 28 días
ZENBEXUS ORAL CAPSULE 0.75 MG, 1 MG	$0-$12.65 (Nivel 5)	PA; QL; 21 cápsulas cada 28 días
AGENTES INMUNOLÓGICOS		
Agentes Autoinmunes		
adalimumab-bwwd subcutaneous solution auto-injector 40 mg/0.4ml	$0-$12.65 (Nivel 5)	PA; QL; 6 autoinyectores cada 28 días
adalimumab-bwwd subcutaneous solution prefilled syringe 40 mg/0.4ml	$0-$12.65 (Nivel 5)	PA; QL; 6 jeringas cada 28 días
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML, 320 MG/2ML	$0-$12.65 (Nivel 5)	PA; QL; 2 plumas cada 28 días
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML, 320 MG/2ML	$0-$12.65 (Nivel 5)	PA; QL; 2 jeringas cada 28 días
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML, 300 MG/2ML	$0-$12.65 (Nivel 5)	PA; QL; 4 plumas cada 28 días
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	$0-$12.65 (Nivel 5)	PA; QL; 4 jeringas cada 28 días
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR 250 MG/2ML	$0-$12.65 (Nivel 5)	PA; QL; 20 plumas cada 365 días
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 250 MG/2ML	$0-$12.65 (Nivel 5)	PA; QL; 20 jeringas cada 365 días
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 8 recambios cada 28 días
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	$0-$12.65 (Nivel 5)	PA; QL; 16 frascos cada 28 días
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML	$0-$12.65 (Nivel 5)	PA; QL; 16 jeringas cada 28 días
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 8 jeringas cada 28 días
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 8 plumas cada 28 días

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HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML	$0-$12.65 (Nivel 5)	PA; QL; 6 autoinyectores cada 28 días
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML	$0-$12.65 (Nivel 5)	PA; QL; 6 jeringas cada 28 días
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML	$0-$12.65 (Nivel 5)	PA; QL; 6 plumas cada 28 días
HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	$0-$12.65 (Nivel 5)	PA; QL; 4 plumas cada 28 días
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML	$0-$12.65 (Nivel 5)	PA; QL; 2 jeringas cada 28 días
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML	$0-$12.65 (Nivel 5)	PA; QL; 4 jeringas cada 28 días
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML, 40 MG/0.8ML	$0-$12.65 (Nivel 5)	PA; QL; 6 jeringas cada 28 días
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML	$0-$12.65 (Nivel 5)	PA; QL; 3 plumas cada 28 días
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML	$0-$12.65 (Nivel 5)	PA; QL; 3 plumas cada 28 días
infliximab intravenous solution reconstituted 100 mg	$0-$12.65 (Nivel 5)	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML	$0-$12.65 (Nivel 5)	PA; QL; 28 jeringas cada 28 días
PYZCHIVA INTRAVENOUS SOLUTION 130 MG/26ML	$0-$12.65 (Nivel 5)	PA
PYZCHIVA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	$0-$12.65 (Nivel 3)	PA; QL; 1 frasco cada 28 días
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.5ML	$0-$12.65 (Nivel 3)	PA; QL; 1 pluma cada 28 días
PYZCHIVA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 90 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 1 pluma cada 28 días
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	$0-$12.65 (Nivel 3)	PA; QL; 1 jeringa cada 28 días
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 1 jeringa cada 28 días
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	$0-$12.65 (Nivel 5)	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	$0-$12.65 (Nivel 5)	PA
RINVOQ LQ ORAL SOLUTION 1 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 360 ml cada 30 días
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG	$0-$12.65 (Nivel 5)	PA; QL; 168 tabletas cada año

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML	$0-$12.65 (Nivel 5)	PA
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 6 plumas cada 365 días
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML, 360 MG/2.4ML	$0-$12.65 (Nivel 5)	PA; QL; 1 recambio cada 56 días
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 55 MG/0.37ML	$0-$12.65 (Nivel 5)	PA; QL; 6 jeringas cada 365 días
SOTYKTU ORAL TABLET 6 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
STELARA INTRAVENOUS SOLUTION 130 MG/26ML	$0-$12.65 (Nivel 5)	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML	$0-$12.65 (Nivel 5)	PA; QL; 1 frasco cada 28 días
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 1 jeringa cada 28 días
tofacitinib citrate er oral tablet extended release 24 hour 11 mg, 22 mg	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
tofacitinib citrate oral solution 1 mg/ml	$0-$12.65 (Nivel 5)	PA; QL; 480 ml cada 24 días
tofacitinib citrate oral tablet 10 mg, 5 mg	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
TREMFYA INTRAVENOUS SOLUTION 200 MG/20ML	$0-$12.65 (Nivel 5)	PA
TREMFYA ONE-PRESS SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 1 pluma cada 28 días
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 1 pluma cada 28 días
TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	$0-$12.65 (Nivel 5)	PA; QL; 2 plumas cada 28 días
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 1 jeringa cada 28 días
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML	$0-$12.65 (Nivel 5)	PA; QL; 2 jeringas cada 28 días
TREMFYA-CD/UC INDUCTION SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML	$0-$12.65 (Nivel 5)	PA; QL; 2 plumas cada 28 días
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML	$0-$12.65 (Nivel 5)	PA
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML	$0-$12.65 (Nivel 5)	PA; QL; 4 plumas cada 28 días
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML	$0-$12.65 (Nivel 5)	PA; QL; 4 jeringas cada 28 días
ustekinumab intravenous solution 130 mg/26ml	$0-$12.65 (Nivel 5)	PA
ustekinumab subcutaneous solution 45 mg/0.5ml	$0-$12.65 (Nivel 5)	PA; QL; 1 frasco cada 28 días
ustekinumab subcutaneous solution prefilled syringe 45 mg/0.5ml, 90 mg/ml	$0-$12.65 (Nivel 5)	PA; QL; 1 jeringa cada 28 días
VELSIPITY ORAL TABLET 2 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
XELJANZ ORAL SOLUTION 1 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 480 ml cada 24 días
XELJANZ ORAL TABLET 10 MG, 5 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
YESINTEK INTRAVENOUS SOLUTION 130 MG/26ML	$0-$12.65 (Nivel 3)	PA
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML	$0-$12.65 (Nivel 3)	PA; QL; 1 frasco cada 28 días
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML	$0-$12.65 (Nivel 3)	PA; QL; 1 jeringa cada 28 días
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 1 jeringa cada 28 días
Fármacos Antirreumáticos Modificadores De La Enfermedad (Farme)		
hydroxychloroquine sulfate oral tablet 200 mg	$0-$12.65 (Nivel 3)	
JYLAMVO ORAL SOLUTION 2 MG/ML	$0-$12.65 (Nivel 4)	B/D
leflunomide oral tablet 10 mg, 20 mg	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
methotrexate sodium oral tablet 2.5 mg	$0-$12.65 (Nivel 3)	
XATMEP ORAL SOLUTION 2.5 MG/ML	$0-$12.65 (Nivel 4)	B/D
Inmunoglobulinas		
ALYGLO INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	$0-$12.65 (Nivel 5)	PA
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML	$0-$12.65 (Nivel 5)	PA
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	$0-$12.65 (Nivel 5)	PA
GAMASTAN INTRAMUSCULAR SOLUTION	$0-$12.65 (Nivel 4)	B/D
GAMMAGARD ERC INJECTION SOLUTION 10 GM/100ML, 5 GM/50ML	$0-$12.65 (Nivel 5)	PA
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	$0-$12.65 (Nivel 5)	PA
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM	$0-$12.65 (Nivel 5)	PA
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	$0-$12.65 (Nivel 5)	PA
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	$0-$12.65 (Nivel 5)	PA
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	$0-$12.65 (Nivel 5)	PA
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	$0-$12.65 (Nivel 5)	PA

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML	$0-$12.65 (Nivel 5)	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML	$0-$12.65 (Nivel 5)	PA
Inmunomoduladores		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML	$0-$12.65 (Nivel 5)	PA
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG	$0-$12.65 (Nivel 5)	PA
Inmunosupresores		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG	$0-$12.65 (Nivel 4)	B/D
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG	$0-$12.65 (Nivel 5)	B/D
azathioprine oral tablet 50 mg	$0-$12.65 (Nivel 3)	B/D
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG	$0-$12.65 (Nivel 5)	PA
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 8 plumas cada 28 días
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 8 jeringas cada 28 días
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	$0-$12.65 (Nivel 4)	B/D
cyclosporine modified oral solution 100 mg/ml	$0-$12.65 (Nivel 4)	B/D
cyclosporine oral capsule 100 mg, 25 mg	$0-$12.65 (Nivel 4)	B/D
everolimus oral tablet 0.25 mg	$0-$12.65 (Nivel 4)	B/D
everolimus oral tablet 0.5 mg, 0.75 mg, 1 mg	$0-$12.65 (Nivel 5)	B/D
GENGRAF ORAL CAPSULE 100 MG, 25 MG	$0-$12.65 (Nivel 4)	B/D
mycophenolate mofetil oral capsule 250 mg	$0-$12.65 (Nivel 3)	B/D
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	$0-$12.65 (Nivel 5)	B/D
mycophenolate mofetil oral tablet 500 mg	$0-$12.65 (Nivel 3)	B/D
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	$0-$12.65 (Nivel 4)	B/D
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG	$0-$12.65 (Nivel 5)	B/D
PROGRAF ORAL PACKET 0.2 MG, 1 MG	$0-$12.65 (Nivel 4)	B/D
REZUROCK ORAL TABLET 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
sirolimus oral solution 1 mg/ml	$0-$12.65 (Nivel 4)	B/D
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	$0-$12.65 (Nivel 4)	B/D

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg	$0-$12.65 (Nivel 4)	B/D
tacrolimus er oral capsule extended release 24 hour 5 mg	$0-$12.65 (Nivel 5)	B/D
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	$0-$12.65 (Nivel 4)	B/D
Vacunas		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML	$0 (Nivel 1)	PA
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED	$0 (Nivel 1)	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	$0 (Nivel 1)	
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5	$0 (Nivel 1)	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML	$0 (Nivel 1)	PA
bcg vaccine injection solution reconstituted 50 mg	$0 (Nivel 1)	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0 (Nivel 1)	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5	$0 (Nivel 1)	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5	$0 (Nivel 1)	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML	$0 (Nivel 1)	B/D
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML	$0 (Nivel 1)	B/D
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML	$0 (Nivel 1)	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0 (Nivel 1)	
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML, 720 EL U/0.5ML	$0 (Nivel 1)	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML	$0 (Nivel 1)	B/D
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG	$0 (Nivel 1)	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML	$0 (Nivel 1)	B/D
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10	$0 (Nivel 1)	
IPOL INJECTION SUSPENSION	$0 (Nivel 1)	
IXIARO INTRAMUSCULAR SUSPENSION	$0 (Nivel 1)	
JYNNEOS SUBCUTANEOUS SUSPENSION 0.5 ML	$0 (Nivel 1)	B/D

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KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0 (Nivel 1)	
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML	$0 (Nivel 1)	
MENVEO INTRAMUSCULAR SOLUTION	$0 (Nivel 1)	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED	$0 (Nivel 1)	
M-M-R II INJECTION SOLUTION RECONSTITUTED	$0 (Nivel 1)	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	$0 (Nivel 1)	PA
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	$0 (Nivel 1)	
PEDVAXHIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML	$0 (Nivel 1)	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0 (Nivel 1)	
penmenvy intramuscular suspension reconstituted	$0 (Nivel 1)	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0 (Nivel 1)	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED	$0 (Nivel 1)	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED	$0 (Nivel 1)	
QUADRACEL INTRAMUSCULAR SUSPENSION	$0 (Nivel 1)	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0 (Nivel 1)	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED	$0 (Nivel 1)	B/D
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	$0 (Nivel 1)	B/D
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML	$0 (Nivel 1)	B/D
ROTARIX ORAL SUSPENSION	$0 (Nivel 1)	
ROTATEQ ORAL SOLUTION	$0 (Nivel 1)	
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML	$0 (Nivel 1)	QL; 2 jeringas por vida
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	$0 (Nivel 1)	QL; 2 frascos por vida
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU, 5-2 LFU (INJECTION)	$0 (Nivel 1)	B/D
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1.2 MCG/0.25ML, 2.4 MCG/0.5ML	$0 (Nivel 1)	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML	$0 (Nivel 1)	

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TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML	$0 (Nivel 1)	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML	$0 (Nivel 1)	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML	$0 (Nivel 1)	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	$0 (Nivel 1)	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML, 50 UNIT/ML	$0 (Nivel 1)	
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML	$0 (Nivel 1)	
VAXCHORA ORAL SUSPENSION RECONSTITUTED	$0 (Nivel 1)	
VIMKUNYA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 40 MCG/0.8ML	$0 (Nivel 1)	
VIVOTIF ORAL CAPSULE DELAYED RELEASE	$0 (Nivel 1)	
YF-VAX SUBCUTANEOUS SUSPENSION RECONSTITUTED	$0 (Nivel 1)	
ANALGÉSICOS		
Aine		
ADDAPRIN ORAL TABLET 200 MG	$0 (Nivel 1)	DP
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG	$0 (Nivel 1)	DP
ADVIL ORAL TABLET 200 MG	$0 (Nivel 1)	DP
celecoxib oral capsule 100 mg, 200 mg, 50 mg	$0-$12.65 (Nivel 3)	QL; 60 cápsulas cada 30 días
celecoxib oral capsule 400 mg	$0-$12.65 (Nivel 3)	QL; 30 cápsulas cada 30 días
CHILDRENS ADVIL ORAL SUSPENSION 100 MG/5ML	$0 (Nivel 1)	DP
childrens ibuprofen 100 oral suspension 100 mg/5ml	$0 (Nivel 1)	DP
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	$0 (Nivel 1)	DP
CHILDRENS MEDI-PROFEN ORAL SUSPENSION 100 MG/5ML	$0 (Nivel 1)	DP
CHILDRENS MOTRIN ORAL SUSPENSION 100 MG/5ML	$0 (Nivel 1)	DP
cvs childrens ibuprofen oral suspension 100 mg/5ml	$0 (Nivel 1)	DP
cvs ibuprofen childrens oral suspension 100 mg/5ml	$0 (Nivel 1)	DP
cvs ibuprofen childrens oral tablet chewable 100 mg	$0 (Nivel 1)	DP
cvs ibuprofen infants oral suspension 50 mg/1.25ml	$0 (Nivel 1)	DP
cvs ibuprofen oral tablet 200 mg	$0 (Nivel 1)	DP
diclofenac potassium oral tablet 50 mg	$0 (Nivel 2)	QL; 120 tabletas cada 30 días

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
diclofenac sodium er oral tablet extended release 24 hour 100 mg	$0-$12.65 (Nivel 3)	
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	$0 (Nivel 2)	
diflunisal oral tablet 500 mg	$0-$12.65 (Nivel 3)	
eq ibuprofen childrens oral suspension 100 mg/5ml	$0 (Nivel 1)	DP
eq ibuprofen junior oral tablet chewable 100 mg	$0 (Nivel 1)	DP
eq ibuprofen oral tablet 200 mg	$0 (Nivel 1)	DP
eql childrens ibuprofen oral suspension 100 mg/5ml	$0 (Nivel 1)	DP
eql ibuprofen infants oral suspension 50 mg/1.25ml	$0 (Nivel 1)	DP
eql ibuprofen oral tablet 200 mg	$0 (Nivel 1)	DP
etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg	$0-$12.65 (Nivel 3)	
etodolac oral capsule 200 mg, 300 mg	$0-$12.65 (Nivel 3)	
etodolac oral tablet 400 mg, 500 mg	$0-$12.65 (Nivel 3)	
flurbiprofen oral tablet 100 mg	$0-$12.65 (Nivel 3)	
ft ibuprofen childrens oral suspension 100 mg/5ml	$0 (Nivel 1)	DP
ft ibuprofen ib childrens oral tablet chewable 100 mg	$0 (Nivel 1)	DP
ft ibuprofen infants oral suspension 50 mg/1.25ml	$0 (Nivel 1)	DP
ft ibuprofen oral tablet 200 mg	$0 (Nivel 1)	DP
ft pain relief oral tablet 200 mg	$0 (Nivel 1)	DP
gnp childrens ibuprofen oral suspension 100 mg/5ml	$0 (Nivel 1)	DP
gnp ibuprofen childrens oral tablet chewable 100 mg	$0 (Nivel 1)	DP
gnp ibuprofen infants oral suspension 50 mg/1.25ml	$0 (Nivel 1)	DP
gnp ibuprofen oral tablet 200 mg	$0 (Nivel 1)	DP
goodsense ibuprofen childrens oral suspension 100 mg/5ml	$0 (Nivel 1)	DP
goodsense ibuprofen childrens oral tablet chewable 100 mg	$0 (Nivel 1)	DP
goodsense ibuprofen infants oral suspension 50 mg/1.25ml	$0 (Nivel 1)	DP
goodsense ibuprofen oral tablet 200 mg	$0 (Nivel 1)	DP
HYVEE IBUPROFEN CHILDRENS ORAL SUSPENSION 100 MG/5ML	$0 (Nivel 1)	DP
IBU ORAL TABLET 400 MG, 600 MG, 800 MG	$0 (Nivel 1)	
ibuprofen 100 junior strength oral tablet chewable 100 mg	$0 (Nivel 1)	DP
ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml	$0 (Nivel 1)	DP
ibuprofen infants oral suspension 50 mg/1.25ml	$0 (Nivel 1)	DP
ibuprofen junior strength oral tablet chewable 100 mg	$0 (Nivel 1)	DP

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ibuprofen oral suspension 200 mg/10ml	$0 (Nivel 1)	DP
ibuprofen oral tablet 200 mg	$0 (Nivel 1)	DP
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	$0 (Nivel 1)	
ibuprofen suspension 100 mg/5ml oral (otc)	$0 (Nivel 1)	DP
ibuprofen suspension 100 mg/5ml oral (rx)	$0 (Nivel 1)	DP
ibuprofen suspension 100 mg/5ml oral (rx)	$0-$12.65 (Nivel 3)	
INFANTS ADVIL ORAL SUSPENSION 50 MG/1.25ML	$0 (Nivel 1)	DP
infants ibuprofen oral suspension 50 mg/1.25ml	$0 (Nivel 1)	DP
kls ibuprofen ib oral tablet 200 mg	$0 (Nivel 1)	DP
kls ibuprofen oral tablet 200 mg	$0 (Nivel 1)	DP
MEDI-FIRST IBUPROFEN ORAL TABLET 200 MG	$0 (Nivel 1)	DP
MEDI-PROFEN ORAL SUSPENSION 40 MG/ML	$0 (Nivel 1)	DP
MEDI-PROFEN ORAL TABLET 200 MG	$0 (Nivel 1)	DP
meijer ibuprofen oral tablet 200 mg	$0 (Nivel 1)	DP
meloxicam oral tablet 15 mg, 7.5 mg	$0 (Nivel 1)	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG	$0 (Nivel 1)	DP
MOTRIN IB ORAL TABLET 200 MG	$0 (Nivel 1)	DP
MOTRIN INFANTS DROPS ORAL SUSPENSION 50 MG/1.25ML	$0 (Nivel 1)	DP
nabumetone oral tablet 500 mg, 750 mg	$0 (Nivel 2)	
naproxen oral tablet 250 mg, 375 mg, 500 mg	$0 (Nivel 1)	
naproxen oral tablet delayed release 375 mg	$0 (Nivel 2)	QL; 120 tabletas cada 30 días
naproxen sodium oral tablet 275 mg, 550 mg	$0-$12.65 (Nivel 3)	
piroxicam oral capsule 10 mg, 20 mg	$0-$12.65 (Nivel 3)	
qc ibuprofen ib oral tablet 200 mg	$0 (Nivel 1)	DP
qc ibuprofen oral tablet 200 mg	$0 (Nivel 1)	DP
ra ibuprofen childrens oral suspension 100 mg/5ml	$0 (Nivel 1)	DP
ra ibuprofen infants oral suspension 50 mg/1.25ml	$0 (Nivel 1)	DP
ra ibuprofen junior strength oral tablet chewable 100 mg	$0 (Nivel 1)	DP
ra ibuprofen oral tablet 200 mg	$0 (Nivel 1)	DP
ra pain relief ibuprofen oral tablet 200 mg	$0 (Nivel 1)	DP
sb ibuprofen oral tablet 200 mg	$0 (Nivel 1)	DP
sb infants ibuprofen oral suspension 50 mg/1.25ml	$0 (Nivel 1)	DP
sm ibuprofen ib oral tablet 200 mg	$0 (Nivel 1)	DP
sulindac oral tablet 150 mg, 200 mg	$0 (Nivel 2)	
WAL-PROFEN ORAL TABLET 200 MG	$0 (Nivel 1)	DP
WAL-TAP CHILDRENS ORAL ELIXIR 1-2.5 MG/5ML	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
Analgésicos Opioides, De Acción Prolongada		
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	$0-$12.65 (Nivel 4)	PA; QL; 4 parches cada 28 días
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr	$0-$12.65 (Nivel 4)	PA; QL; 10 parches cada 30 días
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg	$0-$12.65 (Nivel 4)	PA; QL; 30 tabletas cada 30 días
METHADONE HCL INTENSOL ORAL CONCENTRATE 10 MG/ML	$0-$12.65 (Nivel 3)	PA; QL; 90 ml cada 30 días
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	$0-$12.65 (Nivel 3)	PA; QL; 450 ml cada 30 días
methadone hcl oral tablet 10 mg, 5 mg	$0-$12.65 (Nivel 3)	PA; QL; 90 tabletas cada 30 días
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	$0-$12.65 (Nivel 3)	PA; QL; 90 tabletas cada 30 días
Analgésicos Opioides, De Acción Rápida		
acetaminophen-codeine oral solution 120-12 mg/5ml	$0-$12.65 (Nivel 3)	QL; 2700 ml cada 30 días
acetaminophen-codeine oral tablet 300-15 mg	$0 (Nivel 2)	QL; 400 tabletas cada 30 días
acetaminophen-codeine oral tablet 300-30 mg	$0 (Nivel 2)	QL; 360 tabletas cada 30 días
acetaminophen-codeine oral tablet 300-60 mg	$0 (Nivel 2)	QL; 180 tabletas cada 30 días
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	$0-$12.65 (Nivel 4)	
ENDOCET ORAL TABLET 10-325 MG	$0-$12.65 (Nivel 3)	QL; 180 tabletas cada 30 días
ENDOCET ORAL TABLET 2.5-325 MG, 5-325 MG	$0-$12.65 (Nivel 3)	QL; 360 tabletas cada 30 días
ENDOCET ORAL TABLET 7.5-325 MG	$0-$12.65 (Nivel 3)	QL; 240 tabletas cada 30 días
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	$0-$12.65 (Nivel 4)	QL; 2700 ml cada 30 días
hydrocodone-acetaminophen oral tablet 10-325 mg, 7.5-325 mg	$0-$12.65 (Nivel 3)	QL; 180 tabletas cada 30 días
hydrocodone-acetaminophen oral tablet 5-325 mg	$0-$12.65 (Nivel 3)	QL; 240 tabletas cada 30 días
hydrocodone-ibuprofen oral tablet 7.5-200 mg	$0-$12.65 (Nivel 3)	QL; 150 tabletas cada 30 días
hydromorphone hcl oral liquid 1 mg/ml	$0-$12.65 (Nivel 4)	QL; 600 ml cada 30 días
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	$0-$12.65 (Nivel 3)	QL; 180 tabletas cada 30 días
morphine sulfate (concentrate) oral solution 100 mg/5ml	$0-$12.65 (Nivel 3)	QL; 180 ml cada 30 días
morphine sulfate intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml	$0-$12.65 (Nivel 4)	B/D
morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml	$0-$12.65 (Nivel 3)	QL; 900 ml cada 30 días
morphine sulfate oral tablet 15 mg, 30 mg	$0-$12.65 (Nivel 3)	QL; 180 tabletas cada 30 días
oxycodone hcl oral concentrate 100 mg/5ml	$0-$12.65 (Nivel 4)	QL; 180 ml cada 30 días
oxycodone hcl oral solution 5 mg/5ml	$0-$12.65 (Nivel 4)	QL; 900 ml cada 30 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	$0-$12.65 (Nivel 3)	QL; 180 tabletas cada 30 días
oxycodone-acetaminophen oral tablet 10-325 mg	$0-$12.65 (Nivel 3)	QL; 180 tabletas cada 30 días
oxycodone-acetaminophen oral tablet 2.5-325 mg, 5-325 mg	$0-$12.65 (Nivel 3)	QL; 360 tabletas cada 30 días
oxycodone-acetaminophen oral tablet 7.5-325 mg	$0-$12.65 (Nivel 3)	QL; 240 tabletas cada 30 días
tramadol hcl oral tablet 50 mg	$0 (Nivel 2)	QL; 240 tabletas cada 30 días
tramadol-acetaminophen oral tablet 37.5-325 mg	$0 (Nivel 2)	QL; 240 tabletas cada 30 días
Diversos		
8 hour arthritis pain oral tablet extended release 650 mg	$0 (Nivel 1)	DP
8 hour pain reliever oral tablet extended release 650 mg	$0 (Nivel 1)	DP
8 hr arthritis pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
8hr muscle aches & pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
acetaminophen 8 hour oral tablet extended release 650 mg	$0 (Nivel 1)	DP
acetaminophen childrens oral liquid 160 mg/5ml	$0 (Nivel 1)	DP
acetaminophen childrens oral solution 160 mg/5ml	$0 (Nivel 1)	DP
acetaminophen childrens oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
acetaminophen childrens oral tablet chewable 160 mg, 80 mg	$0 (Nivel 1)	DP
acetaminophen er oral tablet extended release 650 mg	$0 (Nivel 1)	DP
acetaminophen extra strength oral liquid 1000 mg/30ml, 500 mg/15ml	$0 (Nivel 1)	DP
acetaminophen extra strength oral tablet 500 mg	$0 (Nivel 1)	DP
acetaminophen infants oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
acetaminophen oral liquid 160 mg/5ml	$0 (Nivel 1)	DP
acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml	$0 (Nivel 1)	DP
acetaminophen oral suspension 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml, 80 mg/2.5ml	$0 (Nivel 1)	DP
acetaminophen oral tablet 325 mg, 500 mg	$0 (Nivel 1)	DP
acetaminophen oral tablet chewable 160 mg, 80 mg	$0 (Nivel 1)	DP
acetaminophen rectal suppository 120 mg, 650 mg	$0 (Nivel 1)	DP
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG	$0 (Nivel 1)	DP
aminofen oral tablet 325 mg	$0 (Nivel 1)	DP
apap childrens oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
apap extra strength oral liquid 500 mg/15ml	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
apap extra strength oral tablet 500 mg	$0 (Nivel 1)	DP
APHEN ORAL TABLET 325 MG	$0 (Nivel 1)	DP
apra oral elixir 160 mg/5ml	$0 (Nivel 1)	DP
arthritis pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
arthritis pain reliever oral tablet extended release 650 mg	$0 (Nivel 1)	DP
aspirin 81 oral tablet chewable 81 mg	$0 (Nivel 1)	DP
aspirin 81 oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
aspirin adult low dose oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
aspirin adult low strength oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
aspirin buf(cacarb-mgcarb-mgo) oral tablet 325 mg	$0 (Nivel 1)	DP
aspirin childrens oral tablet chewable 81 mg	$0 (Nivel 1)	DP
aspirin ec adult low dose oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
aspirin ec adult low strength oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
aspirin ec low dose oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
aspirin ec low strength oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
aspirin ec oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
aspirin low dose oral tablet chewable 81 mg	$0 (Nivel 1)	DP
aspirin low dose oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
aspirin low strength oral tablet chewable 81 mg	$0 (Nivel 1)	DP
aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
aspirin oral tablet chewable 81 mg	$0 (Nivel 1)	DP
aspirin oral tablet delayed release 325 mg, 81 mg	$0 (Nivel 1)	DP
aspirin rectal suppository 300 mg	$0 (Nivel 1)	DP
aspirin regimen oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
BAYER ADVANCED ASPIRIN REG ST ORAL TABLET 325 MG	$0 (Nivel 1)	DP
BAYER ASPIRIN EC LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	$0 (Nivel 1)	DP
BAYER ASPIRIN ORAL TABLET 325 MG	$0 (Nivel 1)	DP
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG	$0 (Nivel 1)	DP
BAYER LOW DOSE ORAL TABLET CHEWABLE 81 MG	$0 (Nivel 1)	DP
BAYER LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	$0 (Nivel 1)	DP
betatemp childrens oral suspension 160 mg/5ml	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
BUFFERIN EXTRA STRENGTH ORAL TABLET 500 MG	$0 (Nivel 1)	DP
BUFFERIN ORAL TABLET 325 MG	$0 (Nivel 1)	DP
childrens apap oral tablet chewable 80 mg	$0 (Nivel 1)	DP
childrens aspirin free oral elixir 80 mg/2.5ml	$0 (Nivel 1)	DP
childrens aspirin oral tablet chewable 81 mg	$0 (Nivel 1)	DP
CHILDRENS MEDI-TABS ORAL TABLET CHEWABLE 80 MG	$0 (Nivel 1)	DP
childrens non-aspirin oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
childrens non-aspirin oral tablet chewable 80 mg	$0 (Nivel 1)	DP
childrens pain reliever oral tablet chewable 80 mg	$0 (Nivel 1)	DP
curanol oral liquid 160 mg/5ml	$0 (Nivel 1)	DP
cvs 8hr arthritis pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
cvs 8hr muscle aches & pain oral tablet extended release 650 mg	$0 (Nivel 1)	DP
cvs acetaminophen ex st oral liquid 500 mg/15ml	$0 (Nivel 1)	DP
cvs acetaminophen ex st oral tablet 500 mg	$0 (Nivel 1)	DP
cvs acetaminophen oral capsule 325 mg	$0 (Nivel 1)	DP
cvs acetaminophen oral tablet 325 mg	$0 (Nivel 1)	DP
cvs arthritis pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
cvs aspirin adult low dose oral tablet chewable 81 mg	$0 (Nivel 1)	DP
cvs aspirin adult low strength oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
cvs aspirin ec oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
cvs aspirin low dose oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
cvs aspirin low strength oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
cvs aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
cvs childs non-aspirin oral tablet chewable 80 mg	$0 (Nivel 1)	DP
cvs fever reducing childrens rectal suppository 120 mg	$0 (Nivel 1)	DP
cvs genuine aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
cvs infants pain relief drops oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
cvs menstrual relief oral tablet 500-60-15 mg	$0 (Nivel 1)	DP
cvs non-aspirin childrens oral tablet chewable 80 mg	$0 (Nivel 1)	DP
cvs non-aspirin extra strength oral tablet 500 mg	$0 (Nivel 1)	DP
cvs pain & fever childrens oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
cvs pain & fever infants oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
cvs pain relief childrens oral tablet chewable 160 mg	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
cvs pain relief extra strength oral tablet 500 mg	$0 (Nivel 1)	DP
cvs pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
ECOTRIN ARTHRTIS PAIN ORAL TABLET DELAYED RELEASE 325 MG	$0 (Nivel 1)	DP
ECOTRIN LOW STRENGTH ORAL TABLET DELAYED RELEASE 81 MG	$0 (Nivel 1)	DP
ECOTRIN ORAL TABLET DELAYED RELEASE 325 MG	$0 (Nivel 1)	DP
ed-apap oral liquid 160 mg/5ml	$0 (Nivel 1)	DP
effervescent antacid/pain rel oral tablet effervescent 500 mg	$0 (Nivel 1)	DP
eq 8hr arthritis pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
eq acetaminophen oral tablet 500 mg	$0 (Nivel 1)	DP
eq arthritis pain oral tablet extended release 650 mg	$0 (Nivel 1)	DP
eq aspirin adult low dose oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
eq aspirin low dose oral tablet chewable 81 mg	$0 (Nivel 1)	DP
eq aspirin low dose oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
eq aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
eq pain & fever childrens oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
eq pain & fever childrens oral tablet chewable 160 mg	$0 (Nivel 1)	DP
eq pain & fever infants oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
eq pain relief/rapid burst oral liquid 500 mg/15ml	$0 (Nivel 1)	DP
eq pain reliever ex st oral tablet 500 mg	$0 (Nivel 1)	DP
eq pain reliever oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
eq pain reliever oral tablet 325 mg	$0 (Nivel 1)	DP
eql acetaminophen childrens oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
eql acetaminophen ex st oral tablet 500 mg	$0 (Nivel 1)	DP
eql acetaminophen oral tablet 325 mg	$0 (Nivel 1)	DP
eql aspirin ec oral tablet delayed release 325 mg	$0 (Nivel 1)	DP
eql aspirin low dose oral tablet chewable 81 mg	$0 (Nivel 1)	DP
eql aspirin low dose oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
eql menstrual relief max st oral tablet 500-60-15 mg	$0 (Nivel 1)	DP
FEVERALL CHILDRENS RECTAL SUPPOSITORY 120 MG	$0 (Nivel 1)	DP
FEVERALL INFANTS RECTAL SUPPOSITORY 80 MG	$0 (Nivel 1)	DP
FEVERALL JUNIOR STRENGTH RECTAL SUPPOSITORY 325 MG	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ft 8 hour pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
ft arthritis pain reliever oral tablet extended release 650 mg	$0 (Nivel 1)	DP
ft aspirin low dose oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
ft aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
ft aspirin oral tablet chewable 81 mg	$0 (Nivel 1)	DP
ft children's pain/fever oral tablet chewable 160 mg	$0 (Nivel 1)	DP
ft enteric coated aspirin oral tablet delayed release 325 mg	$0 (Nivel 1)	DP
ft pain & fever childrens oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
ft pain & fever infants oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
ft pain relief adult extra st oral tablet 500 mg	$0 (Nivel 1)	DP
ft pain relief extra strength oral tablet 500 mg	$0 (Nivel 1)	DP
ft pain relief oral tablet 325 mg	$0 (Nivel 1)	DP
ft pain reliever adults rectal suppository 650 mg	$0 (Nivel 1)	DP
ft pain reliever children rectal suppository 120 mg	$0 (Nivel 1)	DP
ft pain reliever ex str adult oral tablet 500 mg	$0 (Nivel 1)	DP
ft rapid release pain relief oral tablet 500 mg	$0 (Nivel 1)	DP
genuine aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
gnp 8 hour arthritis relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
gnp 8 hour pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
gnp 8 hour pain reliever oral tablet extended release 650 mg	$0 (Nivel 1)	DP
gnp acetaminophen oral tablet 325 mg	$0 (Nivel 1)	DP
gnp acetaminophen oral tablet chewable 160 mg	$0 (Nivel 1)	DP
gnp adult aspirin low strength oral tablet chewable 81 mg	$0 (Nivel 1)	DP
gnp aspirin low dose oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
gnp aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
gnp aspirin oral tablet delayed release 325 mg, 81 mg	$0 (Nivel 1)	DP
gnp children's pain & fever oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
gnp infants pain/fever oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
gnp pain & fever childrens oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
gnp pain & fever infants oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
gnp pain relief extra strength oral tablet 500 mg	$0 (Nivel 1)	DP
gnp pain relief oral tablet 325 mg	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
goodsense arthritis pain oral tablet extended release 650 mg	$0 (Nivel 1)	DP
goodsense aspirin low dose oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
goodsense aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
goodsense aspirin oral tablet chewable 81 mg	$0 (Nivel 1)	DP
goodsense menstrual relief oral tablet 500-60-15 mg	$0 (Nivel 1)	DP
goodsense pain & fever child oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
goodsense pain & fever infants oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
goodsense pain relief extra st oral tablet 500 mg	$0 (Nivel 1)	DP
goodsense pain relief oral tablet 325 mg	$0 (Nivel 1)	DP
HEALTHY MAMA SHAKE THAT ACHE ORAL TABLET 500 MG	$0 (Nivel 1)	DP
h-e-b aspirin oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
infants pain & fever oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
JOURNAVX ORAL TABLET 50 MG	$0-$12.65 (Nivel 3)	PA; QL; 29 tabletas cada 14 días
kls acetaminophen ex st oral tablet 500 mg	$0 (Nivel 1)	DP
kls aspirin low dose oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
kp aspirin oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %	$0-$12.65 (Nivel 3)	B/D
lidocaine hcl injection solution 0.5 %, 1 %, 2 %	$0-$12.65 (Nivel 3)	B/D
liquid acetaminophen oral liquid 160 mg/5ml	$0 (Nivel 1)	DP
liquid pain relief oral liquid 160 mg/5ml	$0 (Nivel 1)	DP
LITTLE REMEDIES FOR FEVER ORAL LIQUID 160 MG/5ML	$0 (Nivel 1)	DP
MAPAP ACETAMINOPHEN EXTRA STR ORAL LIQUID 500 MG/15ML	$0 (Nivel 1)	DP
MAPAP CHILDRENS ORAL TABLET CHEWABLE 160 MG, 80 MG	$0 (Nivel 1)	DP
mapap oral capsule 500 mg	$0 (Nivel 1)	DP
mapap oral tablet chewable 80 mg	$0 (Nivel 1)	DP
MAX RELIEF JR CHILD PAIN/FEVER ORAL LIQUID 160 MG/5ML	$0 (Nivel 1)	DP
MAX RELIEF JR CHILD PAIN/FEVER ORAL SUSPENSION 160 MG/5ML	$0 (Nivel 1)	DP
MAX RELIEF JUNIOR ORAL LIQUID 160 MG/5ML	$0 (Nivel 1)	DP
MEDI-FIRST ASPIRIN ORAL TABLET 325 MG	$0 (Nivel 1)	DP
MEDIQUE ASPIRIN ORAL TABLET 325 MG	$0 (Nivel 1)	DP
MEDI-TABS CHILDRENS ORAL ELIXIR 80 MG/2.5ML	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
MEDI-TABS EXTRA STRENGTH ORAL TABLET 500 MG	$0 (Nivel 1)	DP
MEDI-TABS JUNIOR STRENGTH ORAL TABLET CHEWABLE 160 MG	$0 (Nivel 1)	DP
meijer aspirin ec oral tablet delayed release 325 mg	$0 (Nivel 1)	DP
meijer aspirin free oral tablet 325 mg, 500 mg	$0 (Nivel 1)	DP
meijer jr st aspirin free oral tablet chewable 160 mg	$0 (Nivel 1)	DP
menstrual relief max strength oral tablet 500-60-15 mg	$0 (Nivel 1)	DP
MIDOL COMPLETE ORAL TABLET 500-60-15 MG	$0 (Nivel 1)	DP
MIDOL ORAL TABLET EXTENDED RELEASE 650 MG	$0 (Nivel 1)	DP
MM ACETAMINOPHEN EX STR ORAL TABLET 500 MG	$0 (Nivel 1)	DP
mm arthritis pain oral tablet extended release 650 mg	$0 (Nivel 1)	DP
mm aspirin oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
m-pap oral liquid 160 mg/5ml	$0 (Nivel 1)	DP
non-aspirin extra strength oral tablet 500 mg	$0 (Nivel 1)	DP
non-aspirin jr strength oral tablet chewable 160 mg	$0 (Nivel 1)	DP
non-aspirin oral tablet 325 mg, 500 mg	$0 (Nivel 1)	DP
non-aspirin pain relief oral tablet 325 mg	$0 (Nivel 1)	DP
pain & fever childrens oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
pain & fever childrens oral tablet chewable 160 mg	$0 (Nivel 1)	DP
pain & fever infants oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
pain & fever kids oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
pain and fever relief kids oral liquid 160 mg/5ml	$0 (Nivel 1)	DP
pain relief childrens oral elixir 160 mg/5ml, 240 mg/7.5ml, 325 mg/10.15ml, 40 mg/1.25ml, 480 mg/15ml, 650 mg/20.31ml, 80 mg/2.5ml	$0 (Nivel 1)	DP
pain relief childrens oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
pain relief extra strength oral capsule 500 mg	$0 (Nivel 1)	DP
pain relief extra strength oral tablet 500 mg	$0 (Nivel 1)	DP
pain relief oral liquid 500 mg/15ml	$0 (Nivel 1)	DP
pain relief regular strength oral tablet 325 mg	$0 (Nivel 1)	DP
pain reliever extra strength oral tablet 500 mg	$0 (Nivel 1)	DP
pain reliever for adults oral tablet 500 mg	$0 (Nivel 1)	DP
pain reliever oral liquid 500 mg/15ml	$0 (Nivel 1)	DP
pain reliever oral tablet 325 mg	$0 (Nivel 1)	DP
pain reliever/fever reducer rectal suppository 120 mg	$0 (Nivel 1)	DP
PEDIACARE CHILDREN ORAL SUSPENSION 160 MG/5ML	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
PEDIACARE INFANT FEVER/PAIN ORAL SUSPENSION 160 MG/5ML	$0 (Nivel 1)	DP
PEDIACARE INFANTS ORAL SUSPENSION 160 MG/5ML	$0 (Nivel 1)	DP
PHARBETOL EXTRA STRENGTH ORAL TABLET 500 MG	$0 (Nivel 1)	DP
PHARBETOL ORAL TABLET 325 MG	$0 (Nivel 1)	DP
qc 8 hour arthritis pain oral tablet extended release 650 mg	$0 (Nivel 1)	DP
qc 8 hour pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
qc acetaminophen 8 hours oral tablet extended release 650 mg	$0 (Nivel 1)	DP
qc acetaminophen 8hr arth pain oral tablet extended release 650 mg	$0 (Nivel 1)	DP
qc acetaminophen 8hr musc ache oral tablet extended release 650 mg	$0 (Nivel 1)	DP
qc acetaminophen infants oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
qc antacid & pain relief oral tablet effervescent 500 mg	$0 (Nivel 1)	DP
qc arthritis pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
qc aspirin low dose oral tablet chewable 81 mg	$0 (Nivel 1)	DP
qc aspirin low dose oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
qc aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
qc aspirin oral tablet delayed release 325 mg	$0 (Nivel 1)	DP
qc childrens aspirin oral tablet chewable 81 mg	$0 (Nivel 1)	DP
qc enteric aspirin oral tablet delayed release 325 mg	$0 (Nivel 1)	DP
qc menstrual complete max st oral tablet 500-60-15 mg	$0 (Nivel 1)	DP
qc non-aspirin 8 hour oral tablet extended release 650 mg	$0 (Nivel 1)	DP
qc non-aspirin childrens oral tablet chewable 160 mg	$0 (Nivel 1)	DP
qc non-aspirin extra strength oral tablet 500 mg	$0 (Nivel 1)	DP
qc pain relief childrens oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
qc pain relief extra strength oral liquid 500 mg/15ml	$0 (Nivel 1)	DP
qc pain relief extra strength oral tablet 500 mg	$0 (Nivel 1)	DP
qc pain relief oral tablet 325 mg	$0 (Nivel 1)	DP
ra 8 hour pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
ra acetaminophen childrens oral tablet chewable 160 mg	$0 (Nivel 1)	DP
ra acetaminophen ex st oral tablet 500 mg	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ra acetaminophen oral tablet 325 mg	$0 (Nivel 1)	DP
ra arthritis pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
ra aspirin adult low dose oral tablet chewable 81 mg	$0 (Nivel 1)	DP
ra aspirin adult low strength oral tablet chewable 81 mg	$0 (Nivel 1)	DP
ra aspirin childrens oral tablet chewable 81 mg	$0 (Nivel 1)	DP
ra aspirin ec adult low st oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
ra aspirin ec oral tablet delayed release 325 mg, 81 mg	$0 (Nivel 1)	DP
ra aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
ra childrens fever/pain oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
ra fever reducer/pain reliever oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
ra menstrual relief oral tablet 500-60-15 mg	$0 (Nivel 1)	DP
ra pain relief acetaminophen oral tablet 325 mg, 500 mg	$0 (Nivel 1)	DP
ra pain relief aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
ra pain reliever ex st oral liquid 500 mg/15ml	$0 (Nivel 1)	DP
sb arthritis pain relief oral tablet extended release 650 mg	$0 (Nivel 1)	DP
sb aspirin ec oral tablet delayed release 325 mg	$0 (Nivel 1)	DP
sb aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
sb childrens aspirin oral tablet chewable 81 mg	$0 (Nivel 1)	DP
sb low dose asa ec oral tablet delayed release 81 mg	$0 (Nivel 1)	DP
sb non-aspirin extra strength oral tablet 500 mg	$0 (Nivel 1)	DP
sb non-aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
sb non-aspirin oral tablet chewable 160 mg, 80 mg	$0 (Nivel 1)	DP
sb pain reliever childrens oral suspension 160 mg/5ml	$0 (Nivel 1)	DP
sb pain reliever ex st oral tablet 500 mg	$0 (Nivel 1)	DP
sm aspirin ec oral tablet delayed release 325 mg	$0 (Nivel 1)	DP
ST JOSEPH ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG	$0 (Nivel 1)	DP
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG	$0 (Nivel 1)	DP
ST JOSEPH LOW DOSE ORAL TABLET DELAYED RELEASE 81 MG	$0 (Nivel 1)	DP
tri-buffered aspirin oral tablet 325 mg	$0 (Nivel 1)	DP
TYLENOL 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE 650 MG	$0 (Nivel 1)	DP
TYLENOL CHILDRENS CHEWABLES ORAL TABLET CHEWABLE 160 MG	$0 (Nivel 1)	DP
TYLENOL CHILDRENS ORAL SUSPENSION 160 MG/5ML	$0 (Nivel 1)	DP
TYLENOL CHILDRENS PAIN + FEVER ORAL SUSPENSION 160 MG/5ML	$0 (Nivel 1)	DP
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG	$0 (Nivel 1)	DP
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION 160 MG/5ML	$0 (Nivel 1)	DP
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION 160 MG/5ML	$0 (Nivel 1)	DP
TYLENOL ORAL CAPSULE 325 MG	$0 (Nivel 1)	DP
TYLENOL ORAL TABLET 325 MG	$0 (Nivel 1)	DP
Gota		
allopurinol oral tablet 100 mg, 300 mg	$0 (Nivel 1)	
colchicine oral tablet 0.6 mg	$0-$12.65 (Nivel 3)	QL; 120 tabletas cada 30 días
colchicine-probenecid oral tablet 0.5-500 mg	$0-$12.65 (Nivel 3)	
probenecid oral tablet 500 mg	$0-$12.65 (Nivel 3)	
ANTIINFECTIVOS		
Agentes Antirretrovirales		
abacavir sulfate oral solution 20 mg/ml	$0-$12.65 (Nivel 4)	
abacavir sulfate oral tablet 300 mg	$0-$12.65 (Nivel 4)	
APTIVUS ORAL CAPSULE 250 MG	$0-$12.65 (Nivel 5)	
atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg	$0-$12.65 (Nivel 4)	
darunavir oral tablet 600 mg	$0-$12.65 (Nivel 4)	QL; 60 tabletas cada 30 días
darunavir oral tablet 800 mg	$0-$12.65 (Nivel 4)	QL; 30 tabletas cada 30 días
EDURANT ORAL TABLET 25 MG	$0-$12.65 (Nivel 5)	
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG	$0-$12.65 (Nivel 5)	
efavirenz oral tablet 600 mg	$0-$12.65 (Nivel 4)	
emtricitabine oral capsule 200 mg	$0-$12.65 (Nivel 4)	
EMTRIVA ORAL SOLUTION 10 MG/ML	$0-$12.65 (Nivel 4)	
etravirine oral tablet 100 mg, 200 mg	$0-$12.65 (Nivel 5)	
fosamprenavir calcium oral tablet 700 mg	$0-$12.65 (Nivel 5)	
INTELENCE ORAL TABLET 25 MG	$0-$12.65 (Nivel 4)	
ISENTRESS HD ORAL TABLET 600 MG	$0-$12.65 (Nivel 5)	
ISENTRESS ORAL PACKET 100 MG	$0-$12.65 (Nivel 5)	
ISENTRESS ORAL TABLET 400 MG	$0-$12.65 (Nivel 5)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ISENTRESS ORAL TABLET CHEWABLE 100 MG	$0-$12.65 (Nivel 5)	
ISENTRESS ORAL TABLET CHEWABLE 25 MG	$0-$12.65 (Nivel 4)	
lamivudine oral solution 10 mg/ml	$0-$12.65 (Nivel 3)	
lamivudine oral tablet 150 mg, 300 mg	$0-$12.65 (Nivel 3)	
maraviroc oral tablet 150 mg, 300 mg	$0-$12.65 (Nivel 5)	
nevirapine er oral tablet extended release 24 hour 400 mg	$0-$12.65 (Nivel 4)	
nevirapine oral suspension 50 mg/5ml	$0-$12.65 (Nivel 4)	
nevirapine oral tablet 200 mg	$0 (Nivel 2)	
NORVIR ORAL PACKET 100 MG	$0-$12.65 (Nivel 4)	
PIFELTRO ORAL TABLET 100 MG	$0-$12.65 (Nivel 5)	
PREZISTA ORAL SUSPENSION 100 MG/ML	$0-$12.65 (Nivel 5)	QL; 400 ml cada 30 días
PREZISTA ORAL TABLET 150 MG	$0-$12.65 (Nivel 5)	QL; 240 tabletas cada 30 días
PREZISTA ORAL TABLET 75 MG	$0-$12.65 (Nivel 4)	QL; 480 tabletas cada 30 días
REYATAZ ORAL PACKET 50 MG	$0-$12.65 (Nivel 5)	
rilpivirine hcl oral tablet 25 mg	$0-$12.65 (Nivel 5)	
ritonavir oral tablet 100 mg	$0-$12.65 (Nivel 3)	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	$0-$12.65 (Nivel 5)	
SELZENTRY ORAL SOLUTION 20 MG/ML	$0-$12.65 (Nivel 5)	
SUNLENCA ORAL TABLET 300 MG	$0-$12.65 (Nivel 5)	
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG	$0-$12.65 (Nivel 5)	
tenofovir disoproxil fumarate oral tablet 300 mg	$0-$12.65 (Nivel 4)	
TIVICAY ORAL TABLET 50 MG	$0-$12.65 (Nivel 5)	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG	$0-$12.65 (Nivel 5)	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML	$0-$12.65 (Nivel 5)	
TYBOST ORAL TABLET 150 MG	$0-$12.65 (Nivel 3)	
VIRACEPT ORAL TABLET 250 MG, 625 MG	$0-$12.65 (Nivel 5)	
VIREAD ORAL POWDER 40 MG/GM	$0-$12.65 (Nivel 5)	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	$0-$12.65 (Nivel 5)	
zidovudine oral capsule 100 mg	$0-$12.65 (Nivel 4)	
zidovudine oral syrup 50 mg/5ml	$0-$12.65 (Nivel 3)	
zidovudine oral tablet 300 mg	$0-$12.65 (Nivel 3)	
Agentes Antituberculosos		
cycloserine oral capsule 250 mg	$0-$12.65 (Nivel 5)	
ethambutol hcl oral tablet 100 mg, 400 mg	$0-$12.65 (Nivel 3)	
isoniazid oral syrup 50 mg/5ml	$0-$12.65 (Nivel 4)	
isoniazid oral tablet 100 mg, 300 mg	$0 (Nivel 1)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
PRIFTIN ORAL TABLET 150 MG	$0-$12.65 (Nivel 4)	
pyrazinamide oral tablet 500 mg	$0-$12.65 (Nivel 4)	
rifabutin oral capsule 150 mg	$0-$12.65 (Nivel 4)	
rifampin intravenous solution reconstituted 600 mg	$0-$12.65 (Nivel 4)	
rifampin oral capsule 150 mg, 300 mg	$0-$12.65 (Nivel 3)	
rifapentine oral tablet 150 mg	$0-$12.65 (Nivel 4)	
SIRTURO ORAL TABLET 100 MG, 20 MG	$0-$12.65 (Nivel 5)	PA
Agentes Combinados Antirretrovirales		
abacavir sulfate-lamivudine oral tablet 600-300 mg	$0-$12.65 (Nivel 4)	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG	$0-$12.65 (Nivel 5)	
CIMDUO ORAL TABLET 300-300 MG	$0-$12.65 (Nivel 5)	
DELSTRIGO ORAL TABLET 100-300-300 MG	$0-$12.65 (Nivel 5)	
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG	$0-$12.65 (Nivel 5)	
DOVATO ORAL TABLET 50-300 MG	$0-$12.65 (Nivel 5)	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	$0-$12.65 (Nivel 4)	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	$0-$12.65 (Nivel 5)	
emtricitabine-tenofovir df oral tablet 100-150 mg, 167-250 mg, 200-300 mg	$0-$12.65 (Nivel 4)	
emtricitabine-tenofovir df oral tablet 133-200 mg	$0-$12.65 (Nivel 5)	
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	$0-$12.65 (Nivel 5)	
EVOTAZ ORAL TABLET 300-150 MG	$0-$12.65 (Nivel 5)	
GENVOYA ORAL TABLET 150-150-200-10 MG	$0-$12.65 (Nivel 5)	
IDVYNSO ORAL TABLET 100-0.25 MG	$0-$12.65 (Nivel 5)	
JULUCA ORAL TABLET 50-25 MG	$0-$12.65 (Nivel 5)	
KALETRA ORAL SOLUTION 400-100 MG/5ML	$0-$12.65 (Nivel 4)	
lamivudine-zidovudine oral tablet 150-300 mg	$0-$12.65 (Nivel 4)	
lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg	$0-$12.65 (Nivel 4)	
ODEFSEY ORAL TABLET 200-25-25 MG	$0-$12.65 (Nivel 5)	
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG	$0-$12.65 (Nivel 5)	
STRIBILD ORAL TABLET 150-150-200-300 MG	$0-$12.65 (Nivel 5)	
SYMTUZA ORAL TABLET 800-150-200-10 MG	$0-$12.65 (Nivel 5)	
TRIUMEQ ORAL TABLET 600-50-300 MG	$0-$12.65 (Nivel 5)	
triumeq pd oral tablet soluble 60-5-30 mg	$0-$12.65 (Nivel 4)	
Antifúngicos		
amphotericin b intravenous solution reconstituted 50 mg	$0-$12.65 (Nivel 4)	B/D

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
amphotericin b liposome intravenous suspension reconstituted 50 mg	$0-$12.65 (Nivel 5)	B/D
caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg	$0-$12.65 (Nivel 4)	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG	$0-$12.65 (Nivel 5)	PA
fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	$0-$12.65 (Nivel 3)	
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	$0-$12.65 (Nivel 3)	
fluconazole oral tablet 100 mg, 150 mg, 200 mg	$0 (Nivel 2)	
fluconazole oral tablet 50 mg	$0-$12.65 (Nivel 3)	
flucytosine oral capsule 250 mg, 500 mg	$0-$12.65 (Nivel 5)	PA
griseofulvin microsize oral suspension 125 mg/5ml	$0-$12.65 (Nivel 4)	
griseofulvin microsize oral tablet 500 mg	$0-$12.65 (Nivel 4)	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	$0-$12.65 (Nivel 4)	
itraconazole oral capsule 100 mg	$0-$12.65 (Nivel 4)	QL; 120 cápsulas cada 30 días
ketoconazole oral tablet 200 mg	$0-$12.65 (Nivel 3)	PA
micafungin sodium intravenous solution reconstituted 100 mg, 50 mg	$0-$12.65 (Nivel 4)	
nystatin oral tablet 500000 unit	$0-$12.65 (Nivel 3)	
posaconazole oral tablet delayed release 100 mg	$0-$12.65 (Nivel 5)	PA; QL; 93 tabletas cada 30 días
terbinafine hcl oral tablet 250 mg	$0 (Nivel 2)	PA; QL; 30 tabletas cada 30 días
voriconazole intravenous solution reconstituted 200 mg	$0-$12.65 (Nivel 4)	PA
voriconazole oral suspension reconstituted 40 mg/ml	$0-$12.65 (Nivel 5)	PA; QL; 600 ml cada 28 días
voriconazole oral tablet 200 mg	$0-$12.65 (Nivel 4)	QL; 120 tabletas cada 30 días
voriconazole oral tablet 50 mg	$0-$12.65 (Nivel 4)	QL; 480 tabletas cada 30 días
Antiinfectivos, Varios		
advin covid-19 antigen test in vitro kit	$0 (Nivel 1)	DP
albendazole oral tablet 200 mg	$0-$12.65 (Nivel 4)	PA; QL; 672 tabletas cada año
amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml	$0-$12.65 (Nivel 4)	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML	$0-$12.65 (Nivel 5)	PA
atovaquone oral suspension 750 mg/5ml	$0-$12.65 (Nivel 4)	PA; QL; 300 ml cada 30 días
AZO URINARY TRACT DEFENSE ORAL TABLET 162-162.5 MG	$0 (Nivel 1)	DP
aztreonam injection solution reconstituted 1 gm, 2 gm	$0-$12.65 (Nivel 4)	
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT	$0 (Nivel 1)	DP
BLUJEPA ORAL TABLET 750 MG	$0-$12.65 (Nivel 3)	
CARESTART COVID-19 HOME TEST IN VITRO KIT	$0 (Nivel 1)	DP

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CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG	$0-$12.65 (Nivel 5)	PA
CLEARDETECT COVID-19 AG HOME IN VITRO KIT	$0 (Nivel 1)	DP
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	$0 (Nivel 2)	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	$0-$12.65 (Nivel 4)	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	$0-$12.65 (Nivel 4)	
clindamycin phosphate in nacl intravenous solution 300-0.9 mg/50ml-%, 600-0.9 mg/50ml-%, 900-0.9 mg/50ml-%	$0-$12.65 (Nivel 4)	
clindamycin phosphate injection solution 300 mg/2ml, 600 mg/4ml, 900 mg/6ml	$0-$12.65 (Nivel 3)	
CLINITEST RAPID COVID-19 TEST IN VITRO KIT	$0 (Nivel 1)	DP
colistimethate sodium (cba) injection solution reconstituted 150 mg	$0-$12.65 (Nivel 4)	
covid-19 at home antigen test in vitro kit	$0 (Nivel 1)	DP
covid-19 at-home test in vitro kit	$0 (Nivel 1)	DP
covid-19 otc antigen 1-pack in vitro kit	$0 (Nivel 1)	DP
covid-19 otc antigen 2-pack in vitro kit	$0 (Nivel 1)	DP
cvs covid-19 at home test kit in vitro kit	$0 (Nivel 1)	DP
cvs pinworm treatment oral suspension 144 (50 base) mg/ml	$0 (Nivel 1)	DP
CYSTEX URINARY PAIN RELIEF ORAL TABLET 162-162.5 MG	$0 (Nivel 1)	DP
dapsone oral tablet 100 mg, 25 mg	$0-$12.65 (Nivel 3)	
daptomycin intravenous solution reconstituted 350 mg, 500 mg	$0-$12.65 (Nivel 5)	
DIATRUST COVID-19 HOME TEST IN VITRO KIT	$0 (Nivel 1)	DP
ellume covid-19 home test in vitro kit	$0 (Nivel 1)	DP
EMVERM ORAL TABLET CHEWABLE 100 MG	$0-$12.65 (Nivel 5)	QL; 12 tabletas cada año
ertapenem sodium injection solution reconstituted 1 gm	$0-$12.65 (Nivel 3)	
fastep covid-19 antigen test in vitro kit	$0 (Nivel 1)	DP
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT	$0 (Nivel 1)	DP
fosfomycin tromethamine oral packet 3 gm	$0-$12.65 (Nivel 4)	
GENABIO COVID-19 RAPID TEST IN VITRO KIT	$0 (Nivel 1)	DP
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	$0-$12.65 (Nivel 3)	
gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml	$0-$12.65 (Nivel 3)	

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gnp antibacterial urinary pain oral tablet 162-162.5 mg	$0 (Nivel 1)	DP
GOTOKNOW COVID-19 ANTIGEN RAPI IN VITRO KIT	$0 (Nivel 1)	DP
IHEALTH COVID-19 RAPID TEST IN VITRO KIT	$0 (Nivel 1)	DP
imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg	$0-$12.65 (Nivel 4)	
INDICAID COVID-19 RAPID TEST IN VITRO KIT	$0 (Nivel 1)	DP
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT	$0 (Nivel 1)	DP
ivermectin oral tablet 3 mg	$0-$12.65 (Nivel 3)	PA; QL; 20 tabletas cada 90 días
ivermectin oral tablet 6 mg	$0-$12.65 (Nivel 3)	PA; QL; 10 tabletas cada 90 días
linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%	$0-$12.65 (Nivel 4)	
linezolid intravenous solution 600 mg/300ml	$0-$12.65 (Nivel 4)	
linezolid oral suspension reconstituted 100 mg/5ml	$0-$12.65 (Nivel 5)	QL; 1800 ml cada 30 días
linezolid oral tablet 600 mg	$0-$12.65 (Nivel 4)	QL; 60 tabletas cada 30 días
meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg	$0-$12.65 (Nivel 4)	
methenamine hippurate oral tablet 1 gm	$0-$12.65 (Nivel 3)	
metronidazole intravenous solution 500 mg/100ml	$0-$12.65 (Nivel 3)	
metronidazole oral tablet 250 mg, 500 mg	$0 (Nivel 1)	
neomycin sulfate oral tablet 500 mg	$0 (Nivel 2)	
nitazoxanide oral tablet 500 mg	$0-$12.65 (Nivel 5)	QL; 6 tabletas cada 30 días
nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg	$0-$12.65 (Nivel 3)	
nitrofurantoin monohyd macro oral capsule 100 mg	$0-$12.65 (Nivel 3)	
ohc covid-19 antigen self test in vitro kit	$0 (Nivel 1)	DP
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT	$0 (Nivel 1)	DP
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT	$0 (Nivel 1)	DP
pentamidine isethionate inhalation solution reconstituted 300 mg	$0-$12.65 (Nivel 4)	B/D
pentamidine isethionate injection solution reconstituted 300 mg	$0-$12.65 (Nivel 4)	
PILOT COVID-19 AT-HOME TEST IN VITRO KIT	$0 (Nivel 1)	DP
pin-away oral suspension 144 (50 base) mg/ml	$0 (Nivel 1)	DP
pinworm medicine oral suspension 144 (50 base) mg/ml	$0 (Nivel 1)	DP
polymyxin b sulfate injection solution reconstituted 500000 unit	$0-$12.65 (Nivel 4)	
praziquantel oral tablet 600 mg	$0-$12.65 (Nivel 4)	
pyrimethamine oral tablet 25 mg	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
qc urinary pain relief oral tablet 162-162.5 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT	$0 (Nivel 1)	DP
reeses pinworm medicine oral suspension 144 (50 base) mg/ml	$0 (Nivel 1)	DP
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT	$0 (Nivel 1)	DP
streptomycin sulfate intramuscular solution reconstituted 1 gm	$0-$12.65 (Nivel 5)	
sulfadiazine oral tablet 500 mg	$0-$12.65 (Nivel 5)	
sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml	$0-$12.65 (Nivel 4)	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	$0-$12.65 (Nivel 3)	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	$0 (Nivel 1)	
tinidazole oral tablet 250 mg, 500 mg	$0-$12.65 (Nivel 3)	
TOBI PODHALER INHALATION CAPSULE 28 MG	$0-$12.65 (Nivel 5)	PA
tobramycin inhalation nebulization solution 300 mg/5ml	$0-$12.65 (Nivel 5)	PA
tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 80 mg/2ml	$0-$12.65 (Nivel 3)	
trimethoprim oral tablet 100 mg	$0-$12.65 (Nivel 3)	
URO-PAIN DUAL ACTION ORAL TABLET 162-162.5 MG	$0 (Nivel 1)	DP
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%, 750-0.9 mg/150ml-%	$0-$12.65 (Nivel 4)	
vancomycin hcl intravenous solution reconstituted 1 gm, 1.25 gm, 1.5 gm, 10 gm, 5 gm, 500 mg, 750 mg	$0-$12.65 (Nivel 4)	
vancomycin hcl oral capsule 125 mg	$0-$12.65 (Nivel 4)	QL; 80 cápsulas cada 180 días
vancomycin hcl oral capsule 250 mg	$0-$12.65 (Nivel 4)	QL; 160 cápsulas cada 180 días
Antimalariales		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	$0-$12.65 (Nivel 4)	
chloroquine phosphate oral tablet 250 mg, 500 mg	$0-$12.65 (Nivel 4)	
COARTEM ORAL TABLET 20-120 MG	$0-$12.65 (Nivel 4)	
mefloquine hcl oral tablet 250 mg	$0-$12.65 (Nivel 3)	
primaquine phosphate oral tablet 26.3 (15 base) mg	$0-$12.65 (Nivel 3)	
quinine sulfate oral capsule 324 mg	$0-$12.65 (Nivel 4)	PA
Antivirales		
acyclovir oral capsule 200 mg	$0 (Nivel 2)	
acyclovir oral suspension 200 mg/5ml	$0-$12.65 (Nivel 4)	
acyclovir oral tablet 400 mg, 800 mg	$0 (Nivel 2)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
acyclovir sodium intravenous solution 50 mg/ml	$0-$12.65 (Nivel 4)	B/D
adefovir dipivoxil oral tablet 10 mg	$0-$12.65 (Nivel 4)	
BARACLUDE ORAL SOLUTION 0.05 MG/ML	$0-$12.65 (Nivel 5)	ST
entecavir oral tablet 0.5 mg, 1 mg	$0-$12.65 (Nivel 4)	
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG	$0-$12.65 (Nivel 5)	PA
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG	$0-$12.65 (Nivel 5)	PA
famciclovir oral tablet 125 mg, 250 mg, 500 mg	$0-$12.65 (Nivel 3)	
ganciclovir sodium intravenous solution reconstituted 500 mg	$0-$12.65 (Nivel 4)	B/D
lamivudine oral tablet 100 mg	$0-$12.65 (Nivel 3)	
LIVTENCITY ORAL TABLET 200 MG	$0-$12.65 (Nivel 5)	PA; QL; 336 tabletas cada 28 días
MAVYRET ORAL PACKET 50-20 MG	$0-$12.65 (Nivel 5)	PA
MAVYRET ORAL TABLET 100-40 MG	$0-$12.65 (Nivel 5)	PA
oseltamivir phosphate oral capsule 30 mg	$0-$12.65 (Nivel 3)	QL; 168 cápsulas cada año
oseltamivir phosphate oral capsule 45 mg, 75 mg	$0-$12.65 (Nivel 3)	QL; 84 cápsulas cada año
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	$0-$12.65 (Nivel 3)	QL; 1080 ml cada año
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG	$0 (Nivel 2)	QL; 40 tabletas cada 90 días
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG	$0 (Nivel 2)	QL; 22 tabletas cada 90 días
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG	$0 (Nivel 2)	QL; 60 tabletas cada 90 días
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	$0-$12.65 (Nivel 5)	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML	$0-$12.65 (Nivel 5)	PA
PREVYMIS ORAL TABLET 240 MG, 480 MG	$0-$12.65 (Nivel 5)	PA; QL; 28 tabletas cada 28 días
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	$0-$12.65 (Nivel 3)	QL; 6 inhaladores cada año
ribavirin oral capsule 200 mg	$0-$12.65 (Nivel 3)	
ribavirin oral tablet 200 mg	$0-$12.65 (Nivel 3)	
rimantadine hcl oral tablet 100 mg	$0-$12.65 (Nivel 4)	
valacyclovir hcl oral tablet 1 gm, 500 mg	$0-$12.65 (Nivel 3)	
valganciclovir hcl oral solution reconstituted 50 mg/ml	$0-$12.65 (Nivel 5)	
valganciclovir hcl oral tablet 450 mg	$0-$12.65 (Nivel 3)	
VOSEVI ORAL TABLET 400-100-100 MG	$0-$12.65 (Nivel 5)	PA
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	$0-$12.65 (Nivel 4)	QL; 1 tableta cada 180 días
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	$0-$12.65 (Nivel 4)	QL; 1 tableta cada 180 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
Cefalosporinas		
cefaclor oral capsule 250 mg, 500 mg	$0-$12.65 (Nivel 3)	
cefadroxil oral capsule 500 mg	$0 (Nivel 2)	
cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml	$0-$12.65 (Nivel 3)	
cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 3 gm, 500 mg	$0-$12.65 (Nivel 3)	
cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm	$0-$12.65 (Nivel 4)	
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%, 3-4 gm/150ml-%	$0-$12.65 (Nivel 4)	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml), 3-2 gm-%(50ml)	$0-$12.65 (Nivel 4)	
cefdinir oral capsule 300 mg	$0 (Nivel 2)	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$0-$12.65 (Nivel 3)	
cefepime hcl injection solution reconstituted 1 gm	$0-$12.65 (Nivel 4)	
cefepime hcl intravenous solution reconstituted 2 gm	$0-$12.65 (Nivel 4)	
cefixime oral capsule 400 mg	$0-$12.65 (Nivel 4)	
cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	$0-$12.65 (Nivel 4)	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	$0-$12.65 (Nivel 4)	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	$0-$12.65 (Nivel 4)	
cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml	$0-$12.65 (Nivel 4)	
cefpodoxime proxetil oral tablet 100 mg, 200 mg	$0-$12.65 (Nivel 3)	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$0-$12.65 (Nivel 3)	
cefprozil oral tablet 250 mg, 500 mg	$0-$12.65 (Nivel 3)	
ceftaroline fosamil intravenous solution reconstituted 400 mg, 600 mg	$0-$12.65 (Nivel 5)	
ceftazidime injection solution reconstituted 1 gm, 6 gm	$0-$12.65 (Nivel 4)	
ceftazidime intravenous solution reconstituted 2 gm	$0-$12.65 (Nivel 4)	
ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	$0-$12.65 (Nivel 4)	
ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	$0-$12.65 (Nivel 4)	
cefuroxime axetil oral tablet 250 mg, 500 mg	$0 (Nivel 2)	
cefuroxime sodium injection solution reconstituted 750 mg	$0-$12.65 (Nivel 3)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
cefuroxime sodium intravenous solution reconstituted 1.5 gm	$0-$12.65 (Nivel 3)	
cephalexin oral capsule 250 mg, 500 mg	$0 (Nivel 1)	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$0-$12.65 (Nivel 3)	
TAZICEF INJECTION SOLUTION RECONSTITUTED 1 GM	$0-$12.65 (Nivel 4)	
TAZICEF INTRAVENOUS SOLUTION RECONSTITUTED 2 GM, 6 GM	$0-$12.65 (Nivel 4)	
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG	$0-$12.65 (Nivel 5)	
Eritromicinas/Macrólidas		
azithromycin intravenous solution reconstituted 500 mg	$0-$12.65 (Nivel 3)	
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	$0-$12.65 (Nivel 3)	
azithromycin oral tablet 250 mg, 250 mg (6 pack), 500 mg, 500 mg (3 pack), 600 mg	$0 (Nivel 1)	
clarithromycin er oral tablet extended release 24 hour 500 mg	$0-$12.65 (Nivel 4)	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	$0-$12.65 (Nivel 4)	
clarithromycin oral tablet 250 mg, 500 mg	$0-$12.65 (Nivel 3)	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML	$0-$12.65 (Nivel 5)	
E.E.S. 400 ORAL TABLET 400 MG	$0-$12.65 (Nivel 4)	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG	$0-$12.65 (Nivel 4)	
erythromycin base oral capsule delayed release particles 250 mg	$0-$12.65 (Nivel 4)	
erythromycin base oral tablet 250 mg, 500 mg	$0-$12.65 (Nivel 4)	
erythromycin ethylsuccinate oral tablet 400 mg	$0-$12.65 (Nivel 4)	
erythromycin lactobionate intravenous solution reconstituted 500 mg	$0-$12.65 (Nivel 4)	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	$0-$12.65 (Nivel 4)	
fidaxomicin oral tablet 200 mg	$0-$12.65 (Nivel 5)	
Fluoroquinolonas		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	$0 (Nivel 1)	
ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml	$0-$12.65 (Nivel 3)	
levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml	$0-$12.65 (Nivel 3)	
levofloxacin intravenous solution 25 mg/ml	$0-$12.65 (Nivel 4)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
levofloxacin oral solution 25 mg/ml	$0-$12.65 (Nivel 4)	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	$0 (Nivel 1)	
moxifloxacin hcl in nacl intravenous solution 400 mg/250ml	$0-$12.65 (Nivel 4)	
moxifloxacin hcl oral tablet 400 mg	$0-$12.65 (Nivel 3)	
Penicilinas		
amoxicillin oral capsule 250 mg, 500 mg	$0 (Nivel 1)	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	$0 (Nivel 1)	
amoxicillin oral tablet 500 mg, 875 mg	$0 (Nivel 1)	
amoxicillin oral tablet chewable 125 mg, 250 mg	$0 (Nivel 2)	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	$0-$12.65 (Nivel 3)	
amoxicillin-pot clavulanate oral suspension reconstituted 250-62.5 mg/5ml	$0-$12.65 (Nivel 4)	
amoxicillin-pot clavulanate oral tablet 250-125 mg	$0-$12.65 (Nivel 3)	
amoxicillin-pot clavulanate oral tablet 500-125 mg, 875-125 mg	$0 (Nivel 2)	
ampicillin oral capsule 500 mg	$0 (Nivel 2)	
ampicillin sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg	$0-$12.65 (Nivel 4)	
ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	$0-$12.65 (Nivel 4)	
ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm	$0-$12.65 (Nivel 4)	
ampicillin-sulbactam sodium intravenous solution reconstituted 15 (10-5) gm, 3 (2-1) gm	$0-$12.65 (Nivel 4)	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML	$0-$12.65 (Nivel 4)	
dicloxacillin sodium oral capsule 250 mg, 500 mg	$0-$12.65 (Nivel 3)	
nafcillin sodium injection solution reconstituted 1 gm, 2 gm	$0-$12.65 (Nivel 4)	
nafcillin sodium intravenous solution reconstituted 10 gm	$0-$12.65 (Nivel 5)	
oxacillin sodium injection solution reconstituted 1 gm, 2 gm	$0-$12.65 (Nivel 4)	
oxacillin sodium intravenous solution reconstituted 10 gm	$0-$12.65 (Nivel 4)	
penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit	$0-$12.65 (Nivel 4)	
penicillin g sodium injection solution reconstituted 5000000 unit	$0-$12.65 (Nivel 4)	

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penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	$0 (Nivel 2)	
penicillin v potassium oral tablet 250 mg, 500 mg	$0 (Nivel 1)	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT	$0-$12.65 (Nivel 4)	
piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3.375 (3-0.375) gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm	$0-$12.65 (Nivel 4)	
Tetraciclinas		
DOXY 100 INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	$0-$12.65 (Nivel 4)	
doxycycline hyclate intravenous solution reconstituted 100 mg	$0-$12.65 (Nivel 4)	
doxycycline hyclate oral capsule 100 mg, 50 mg	$0-$12.65 (Nivel 3)	
doxycycline hyclate oral tablet 100 mg, 20 mg	$0-$12.65 (Nivel 3)	
doxycycline monohydrate oral capsule 100 mg, 50 mg	$0 (Nivel 2)	
doxycycline monohydrate oral suspension reconstituted 25 mg/5ml	$0-$12.65 (Nivel 3)	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	$0-$12.65 (Nivel 3)	
minocycline hcl oral capsule 100 mg, 50 mg, 75 mg	$0-$12.65 (Nivel 3)	
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	$0-$12.65 (Nivel 5)	
NUZYRA ORAL TABLET 150 MG	$0-$12.65 (Nivel 5)	QL; 30 tabletas cada 14 días
tetracycline hcl oral capsule 250 mg, 500 mg	$0-$12.65 (Nivel 4)	
tigecycline intravenous solution reconstituted 50 mg	$0-$12.65 (Nivel 4)	
CARDIOVASCULAR		
Alfabloqueantes		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	$0 (Nivel 2)	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	$0-$12.65 (Nivel 3)	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0 (Nivel 1)	
Antagonistas Del Receptor De Aldosterona		
eplerenone oral tablet 25 mg, 50 mg	$0-$12.65 (Nivel 3)	
KERENDIA ORAL TABLET 10 MG, 20 MG, 40 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
spironolactone oral tablet 100 mg, 25 mg, 50 mg	$0 (Nivel 1)	
Antagonistas Del Receptor De Angiotensina Ii		
candesartan cilexetil oral tablet 16 mg, 4 mg, 8 mg	$0 (Nivel 1)	QL; 60 tabletas cada 30 días
candesartan cilexetil oral tablet 32 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
irbesartan oral tablet 150 mg, 300 mg, 75 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	$0 (Nivel 1)	
olmesartan medoxomil oral tablet 20 mg, 40 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
olmesartan medoxomil oral tablet 5 mg	$0 (Nivel 1)	QL; 60 tabletas cada 30 días
telmisartan oral tablet 20 mg, 40 mg, 80 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
valsartan oral tablet 160 mg, 40 mg, 80 mg	$0 (Nivel 1)	QL; 60 tabletas cada 30 días
valsartan oral tablet 320 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
Antiarrítmicos		
amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml	$0-$12.65 (Nivel 4)	
amiodarone hcl oral tablet 100 mg, 400 mg	$0-$12.65 (Nivel 4)	
amiodarone hcl oral tablet 200 mg	$0 (Nivel 1)	
disopyramide phosphate oral capsule 100 mg, 150 mg	$0-$12.65 (Nivel 4)	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	$0-$12.65 (Nivel 4)	
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	$0-$12.65 (Nivel 3)	
MULTAQ ORAL TABLET 400 MG	$0-$12.65 (Nivel 4)	QL; 60 tabletas cada 30 días
PACERONE ORAL TABLET 100 MG, 400 MG	$0-$12.65 (Nivel 4)	
PACERONE ORAL TABLET 200 MG	$0 (Nivel 1)	
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	$0-$12.65 (Nivel 4)	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	$0-$12.65 (Nivel 3)	
quinidine sulfate oral tablet 200 mg, 300 mg	$0-$12.65 (Nivel 4)	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	$0-$12.65 (Nivel 3)	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	$0 (Nivel 2)	
Antilipémicos, Fibratos		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	$0-$12.65 (Nivel 3)	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	$0 (Nivel 2)	
gemfibrozil oral tablet 600 mg	$0 (Nivel 2)	
Antilipémicos, Inhibidores De La Reductasa De Hmg-Coa		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
lovastatin oral tablet 10 mg, 20 mg, 40 mg	$0 (Nivel 1)	QL; 60 tabletas cada 30 días
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
Antilipémicos, Varios		
cholestyramine light oral packet 4 gm	$0-$12.65 (Nivel 3)	
cholestyramine light oral powder 4 gm/dose	$0-$12.65 (Nivel 3)	
cholestyramine oral packet 4 gm	$0-$12.65 (Nivel 3)	

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cholestyramine oral powder 4 gm/dose	$0-$12.65 (Nivel 3)	
colesevelam hcl oral packet 3.75 gm	$0-$12.65 (Nivel 4)	
colesevelam hcl oral tablet 625 mg	$0-$12.65 (Nivel 4)	
colestipol hcl oral granules 5 gm	$0-$12.65 (Nivel 4)	
colestipol hcl oral packet 5 gm	$0-$12.65 (Nivel 4)	
colestipol hcl oral tablet 1 gm	$0-$12.65 (Nivel 3)	
ezetimibe oral tablet 10 mg	$0 (Nivel 2)	QL; 30 tabletas cada 30 días
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
NEXLETOL ORAL TABLET 180 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
NEXLIZET ORAL TABLET 180-10 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
omega-3-acid ethyl esters oral capsule 1 gm	$0-$12.65 (Nivel 3)	
PREVALITE ORAL PACKET 4 GM	$0-$12.65 (Nivel 3)	
PREVALITE ORAL POWDER 4 GM/DOSE	$0-$12.65 (Nivel 3)	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML	$0-$12.65 (Nivel 3)	PA; QL; 6 jeringas cada 28 días
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML	$0-$12.65 (Nivel 3)	PA; QL; 6 autoinyectores cada 28 días
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM	$0-$12.65 (Nivel 3)	
Betabloqueadores		
acebutolol hcl oral capsule 200 mg, 400 mg	$0-$12.65 (Nivel 3)	
atenolol oral tablet 100 mg, 25 mg, 50 mg	$0 (Nivel 1)	
betaxolol hcl oral tablet 10 mg, 20 mg	$0-$12.65 (Nivel 3)	
bisoprolol fumarate oral tablet 10 mg, 5 mg	$0 (Nivel 2)	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	$0 (Nivel 1)	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	$0 (Nivel 2)	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	$0 (Nivel 1)	
metoprolol tartrate intravenous solution 5 mg/5ml	$0-$12.65 (Nivel 4)	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	$0 (Nivel 1)	
nadolol oral tablet 20 mg, 40 mg, 80 mg	$0-$12.65 (Nivel 3)	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
nebivolol hcl oral tablet 20 mg	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
pindolol oral tablet 10 mg, 5 mg	$0-$12.65 (Nivel 3)	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	$0-$12.65 (Nivel 3)	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	$0-$12.65 (Nivel 3)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	$0 (Nivel 2)	
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	$0-$12.65 (Nivel 3)	
Bloqueadores De Los Canales De Calcio		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Nivel 1)	
CARTIA XT ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG	$0 (Nivel 2)	
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	$0 (Nivel 2)	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg	$0 (Nivel 2)	
diltiazem hcl er coated beads oral capsule extended release 24 hour 360 mg	$0-$12.65 (Nivel 4)	
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	$0-$12.65 (Nivel 4)	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	$0 (Nivel 2)	
diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml	$0-$12.65 (Nivel 3)	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	$0 (Nivel 2)	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	$0 (Nivel 2)	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	$0 (Nivel 2)	
isradipine oral capsule 2.5 mg, 5 mg	$0-$12.65 (Nivel 4)	
nicardipine hcl oral capsule 20 mg, 30 mg	$0-$12.65 (Nivel 4)	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	$0-$12.65 (Nivel 3)	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	$0-$12.65 (Nivel 3)	
nimodipine oral capsule 30 mg	$0-$12.65 (Nivel 4)	
TIADYLT ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG	$0 (Nivel 2)	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 200 mg, 300 mg, 360 mg	$0-$12.65 (Nivel 4)	
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	$0-$12.65 (Nivel 3)	
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	$0 (Nivel 2)	
verapamil hcl intravenous solution 2.5 mg/ml	$0-$12.65 (Nivel 4)	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	$0 (Nivel 1)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
Combinaciones Beta-Bloqueadores/Diuréticos		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	$0 (Nivel 2)	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	$0 (Nivel 2)	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	$0-$12.65 (Nivel 3)	
Combinaciones De Antagonistas Del Receptor De Angiotensina Ii		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
candesartan cilexetil-hctz oral tablet 16-12.5 mg	$0 (Nivel 1)	QL; 60 tabletas cada 30 días
candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG	$0-$12.65 (Nivel 3)	QL; 240 cápsulas cada 30 días
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg	$0 (Nivel 1)	QL; 60 tabletas cada 30 días
irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	$0 (Nivel 1)	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
sacubitril-valsartan oral tablet 24-26 mg	$0-$12.65 (Nivel 3)	QL; 180 tabletas cada 30 días
sacubitril-valsartan oral tablet 49-51 mg, 97-103 mg	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
telmisartan-hctz oral tablet 40-12.5 mg, 80-25 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
telmisartan-hctz oral tablet 80-12.5 mg	$0 (Nivel 1)	QL; 60 tabletas cada 30 días
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
Combinaciones De Inhibidores De Eca		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	$0 (Nivel 1)	QL; 30 cápsulas cada 30 días
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	$0 (Nivel 1)	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	$0 (Nivel 1)	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	$0 (Nivel 1)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg	$0 (Nivel 1)	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	$0 (Nivel 1)	
Diuréticos		
acetazolamide er oral capsule extended release 12 hour 500 mg	$0-$12.65 (Nivel 3)	
acetazolamide oral tablet 125 mg, 250 mg	$0-$12.65 (Nivel 3)	
amiloride hcl oral tablet 5 mg	$0 (Nivel 2)	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	$0 (Nivel 2)	
bumetanide injection solution 0.25 mg/ml	$0-$12.65 (Nivel 3)	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	$0-$12.65 (Nivel 3)	
chlorthalidone oral tablet 25 mg, 50 mg	$0 (Nivel 2)	
furosemide injection solution 10 mg/ml	$0-$12.65 (Nivel 3)	
furosemide oral solution 10 mg/ml, 8 mg/ml	$0 (Nivel 2)	
furosemide oral tablet 20 mg, 40 mg, 80 mg	$0 (Nivel 1)	
hydrochlorothiazide oral capsule 12.5 mg	$0 (Nivel 1)	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	$0 (Nivel 1)	
indapamide oral tablet 1.25 mg, 2.5 mg	$0 (Nivel 1)	
methazolamide oral tablet 25 mg, 50 mg	$0-$12.65 (Nivel 4)	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Nivel 2)	
spironolactone-hctz oral tablet 25-25 mg	$0 (Nivel 2)	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	$0 (Nivel 2)	
triamterene-hctz oral capsule 37.5-25 mg	$0 (Nivel 1)	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	$0 (Nivel 1)	
Diversos		
aliskiren fumarate oral tablet 150 mg, 300 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	$0 (Nivel 1)	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	$0-$12.65 (Nivel 3)	
CORLANOR ORAL SOLUTION 5 MG/5ML	$0-$12.65 (Nivel 4)	QL; 450 ml cada 30 días
digoxin injection solution 0.25 mg/ml	$0-$12.65 (Nivel 4)	
digoxin oral solution 0.05 mg/ml	$0-$12.65 (Nivel 4)	
digoxin oral tablet 125 mcg, 250 mcg	$0 (Nivel 2)	QL; 30 tabletas cada 30 días
droxidopa oral capsule 100 mg	$0-$12.65 (Nivel 4)	PA; QL; 90 cápsulas cada 30 días
droxidopa oral capsule 200 mg, 300 mg	$0-$12.65 (Nivel 5)	PA; QL; 180 cápsulas cada 30 días
epinephrine injection solution 1 mg/ml	$0-$12.65 (Nivel 4)	
epinephrine pf injection solution 1 mg/ml	$0-$12.65 (Nivel 4)	
guanfacine hcl oral tablet 1 mg, 2 mg	$0-$12.65 (Nivel 3)	PA
hydralazine hcl injection solution 20 mg/ml	$0-$12.65 (Nivel 4)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (Nivel 1)	
ivabradine hcl oral tablet 5 mg, 7.5 mg	$0-$12.65 (Nivel 4)	QL; 60 tabletas cada 30 días
metyrosine oral capsule 250 mg	$0-$12.65 (Nivel 5)	PA
midodrine hcl oral tablet 10 mg	$0-$12.65 (Nivel 4)	
midodrine hcl oral tablet 2.5 mg, 5 mg	$0-$12.65 (Nivel 3)	
minoxidil oral tablet 10 mg, 2.5 mg	$0 (Nivel 2)	
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	$0-$12.65 (Nivel 4)	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG	$0-$12.65 (Nivel 3)	PA; QL; 30 tabletas cada 30 días
VYNDAMAX ORAL CAPSULE 61 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 cápsulas cada 30 días
Hipertensión Arterial Pulmonar		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
ALYQ ORAL TABLET 20 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
ambrisentan oral tablet 10 mg, 5 mg	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
bosentan oral tablet 125 mg, 62.5 mg	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
bosentan oral tablet soluble 32 mg	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
macitentan oral tablet 10 mg	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
OPSUMIT ORAL TABLET 10 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
sildenafil citrate oral tablet 20 mg	$0-$12.65 (Nivel 3)	PA; QL; 360 tabletas cada 30 días
tadalafil (pah) oral tablet 20 mg	$0-$12.65 (Nivel 4)	PA; QL; 60 tabletas cada 30 días
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	$0-$12.65 (Nivel 5)	PA
UPTRAVI ORAL TABLET 100 MCG, 150 MCG	$0-$12.65 (Nivel 5)	PA; QL; 280 tabletas cada 28 días
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
UPTRAVI ORAL TABLET 200 MCG	$0-$12.65 (Nivel 5)	PA; QL; 140 tabletas cada 28 días
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG	$0-$12.65 (Nivel 5)	PA; QL; 1 paquete cada 30 días
WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG, 2 X 60 MG, 45 MG, 60 MG	$0-$12.65 (Nivel 5)	PA; QL; 2 frascos cada 21 días
YUTREPIA INHALATION CAPSULE 106 MCG	$0-$12.65 (Nivel 5)	PA; QL; 224 cápsulas cada 28 días
YUTREPIA INHALATION CAPSULE 26.5 MCG, 53 MCG, 79.5 MCG	$0-$12.65 (Nivel 5)	PA; QL; 140 cápsulas cada 28 días
Inhibidores De Ace		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Nivel 1)	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	$0 (Nivel 1)	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	$0 (Nivel 1)	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	$0 (Nivel 1)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	$0 (Nivel 1)	
moexipril hcl oral tablet 15 mg, 7.5 mg	$0 (Nivel 1)	
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	$0 (Nivel 1)	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	$0 (Nivel 1)	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	$0 (Nivel 1)	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	$0 (Nivel 1)	
Nitratos		
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	$0-$12.65 (Nivel 3)	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	$0 (Nivel 1)	
NITRO-BID TRANSDERMAL OINTMENT 2 %	$0-$12.65 (Nivel 3)	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	$0 (Nivel 2)	
nitroglycerin transdermal ointment 2 %	$0-$12.65 (Nivel 3)	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	$0-$12.65 (Nivel 3)	
nitroglycerin translingual solution 0.4 mg/spray	$0-$12.65 (Nivel 4)	
DIVERSOS		
Diversos		
1st base external cream	$0 (Nivel 1)	DP
acetic acid solution 5 %	$0 (Nivel 1)	DP
alcoholado eucaliptino solution 70 %	$0 (Nivel 1)	DP
ALTADERM EXTERNAL CREAM	$0 (Nivel 1)	DP
ARBEM H-COSMETIC EXTERNAL CREAM	$0 (Nivel 1)	DP
ARBEM LIPOPEN EXTERNAL CREAM	$0 (Nivel 1)	DP
ATREVIS HYDROGEL EXTERNAL CREAM	$0 (Nivel 1)	DP
AUXIPRO VANISHING EXTERNAL CREAM	$0 (Nivel 1)	DP
az cream external cream	$0 (Nivel 1)	DP
BASE PCCA CLARIFYING EXTERNAL CREAM	$0 (Nivel 1)	DP
base w301 external cream	$0 (Nivel 1)	DP
CHRYSADERM DAY EXTERNAL CREAM	$0 (Nivel 1)	DP
CHRYSADERM NIGHT EXTERNAL CREAM	$0 (Nivel 1)	DP
citrus bioflavonoids powder 13 %	$0 (Nivel 1)	DP
CLEODERM EXTERNAL CREAM	$0 (Nivel 1)	DP
cream base external cream	$0 (Nivel 1)	DP
cream concentrate external cream	$0 (Nivel 1)	DP
cutis plus external cream	$0 (Nivel 1)	DP
cvs ethyl alcohol solution 70 %	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
cvs petroleum jelly external gel	$0 (Nivel 1)	DP
DHEA 50 ORAL CAPSULE 50 MG	$0 (Nivel 1)	DP
dhea oral capsule 50 mg	$0 (Nivel 1)	DP
DURABASE ADVANCED EXTERNAL CREAM	$0 (Nivel 1)	DP
DURABASE EXTERNAL CREAM	$0 (Nivel 1)	DP
EMOLIVAN EXTERNAL CREAM	$0 (Nivel 1)	DP
emollient base external cream	$0 (Nivel 1)	DP
eql ethyl alcohol (rubbing) solution 70 %	$0 (Nivel 1)	DP
ethyl alcohol (rubbing) solution 70 %	$0 (Nivel 1)	DP
fagron ls plus external cream	$0 (Nivel 1)	DP
fagron natural external cream	$0 (Nivel 1)	DP
fagron supreme external cream	$0 (Nivel 1)	DP
FITALITE EXTERNAL CREAM	$0 (Nivel 1)	DP
flavor plus oral liquid	$0 (Nivel 1)	DP
flex base external cream	$0 (Nivel 1)	DP
freedom adaptaderm external cream	$0 (Nivel 1)	DP
freedom derma serum external cream	$0 (Nivel 1)	DP
FREEDOM DERMA-D EXTERNAL CREAM	$0 (Nivel 1)	DP
FREEDOM DERMA-N EXTERNAL CREAM	$0 (Nivel 1)	DP
ft ethyl rubbing alcohol solution 70 %	$0 (Nivel 1)	DP
gnp alcohol denatured solution	$0 (Nivel 1)	DP
gnp ethyl rubbing alcohol solution 70 %	$0 (Nivel 1)	DP
gnp petroleum jelly external gel	$0 (Nivel 1)	DP
gnp rubbing alcohol solution 70 %	$0 (Nivel 1)	DP
goodsense petroleum jelly external gel	$0 (Nivel 1)	DP
hm petroleum jelly external gel	$0 (Nivel 1)	DP
hydrochloric acid liquid , 10 %	$0 (Nivel 1)	DP
hydrous emulsified base external cream	$0 (Nivel 1)	DP
LIOPEN ABSORPTION ENHANCING EXTERNAL CREAM	$0 (Nivel 1)	DP
lipo cream base external cream	$0 (Nivel 1)	DP
LIPOCREAM BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
lipopen ultra base external cream	$0 (Nivel 1)	DP
MAX SLEEP JUNIOR ORAL LIQUID 1 MG/ML	$0 (Nivel 1)	DP
MEDIDERM EXTERNAL CREAM	$0 (Nivel 1)	DP
melatonin oral liquid 1 mg/ml	$0 (Nivel 1)	DP
microderm base external cream	$0 (Nivel 1)	DP
MICROSOME BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
multi-phasic penetrating cmpd external cream	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
NOURILITE EXTERNAL CREAM	$0 (Nivel 1)	DP
NOURIVAN ANTIOX BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
OMNIBASE EXTERNAL CREAM	$0 (Nivel 1)	DP
oral suspend oral liquid	$0 (Nivel 1)	DP
ORAPENN SD ANHYD SWEETENED ORAL LIQUID	$0 (Nivel 1)	DP
ORAPENN SD ANHYD UNSWEETEN ORAL LIQUID	$0 (Nivel 1)	DP
ORA-PLUS ORAL LIQUID	$0 (Nivel 1)	DP
PCCA ALADERM BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA ANHYDROUS LIPODERM BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA BASE 7542 EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA BIOPEPTIDE BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA CANNIDEX 2.0 CUSTOM BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA CANNIDEX CUSTOM BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA COSMETIC HRT BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA EMOLLIENT CREAM BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA HYDRABASE SB CUSTOM BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA LIPODERM BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA MVC BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA NATACREAM EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA PRACASIL TM-PLUS BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA VANISHING CREAM BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA VANISHING CREAM LIGHT EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA VANPEN BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
PCCA WAV CUSTOM BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
penderm external cream	$0 (Nivel 1)	DP
pensomal external cream	$0 (Nivel 1)	DP
petrolatum external gel	$0 (Nivel 1)	DP
petrolatum white external gel	$0 (Nivel 1)	DP
petroleum jelly external gel , 100 %	$0 (Nivel 1)	DP
PFCB EXTERNAL CREAM	$0 (Nivel 1)	DP
PHARMABASE ANTIOXIDANT EXTERNAL CREAM	$0 (Nivel 1)	DP
PHARMABASE COSMETIC EXTERNAL CREAM	$0 (Nivel 1)	DP

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PHARMABASE COSMETIC NATURAL EXTERNAL CREAM	$0 (Nivel 1)	DP
PHARMABASE HEAVY EXTERNAL CREAM	$0 (Nivel 1)	DP
PHARMABASE LIGHT EXTERNAL CREAM	$0 (Nivel 1)	DP
PHARMABASE VAGINAL EXTERNAL CREAM	$0 (Nivel 1)	DP
PHYTOBASE EXTERNAL CREAM	$0 (Nivel 1)	DP
polyethylene glycol 3350 powder	$0 (Nivel 1)	DP
potassium hydroxide solution 45 %	$0 (Nivel 1)	DP
p-siloxan ds external cream	$0 (Nivel 1)	DP
qc petroleum jelly external gel 100 %, 99.89 %	$0 (Nivel 1)	DP
ra ethyl rubbing alcohol solution 70 %	$0 (Nivel 1)	DP
sa3 derm external cream	$0 (Nivel 1)	DP
salt durable cream external cream	$0 (Nivel 1)	DP
SALT STABLE LS ADVANCED EXTERNAL CREAM	$0 (Nivel 1)	DP
SALTSTABLE LO EXTERNAL CREAM	$0 (Nivel 1)	DP
scar care external cream	$0 (Nivel 1)	DP
silprotex plus external cream	$0 (Nivel 1)	DP
skyy derm external cream	$0 (Nivel 1)	DP
sm petroleum jelly external gel	$0 (Nivel 1)	DP
stevia extract powder	$0 (Nivel 1)	DP
SYRSPEND SF ORAL LIQUID	$0 (Nivel 1)	DP
teroderm external cream	$0 (Nivel 1)	DP
teroderm-plus external cream	$0 (Nivel 1)	DP
TRUCLEAR STEVIA PLUS POWDER	$0 (Nivel 1)	DP
U-BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
VANIBASE EXTERNAL CREAM	$0 (Nivel 1)	DP
vanishing cream botanical base external cream	$0 (Nivel 1)	DP
vanishing external cream	$0 (Nivel 1)	DP
vanish-pen external cream	$0 (Nivel 1)	DP
VASELINE EXTERNAL GEL	$0 (Nivel 1)	DP
VASELINE PURE ULTRA WHITE EXTERNAL GEL	$0 (Nivel 1)	DP
VERSAPRO EXTERNAL CREAM	$0 (Nivel 1)	DP
versatile cream base external cream	$0 (Nivel 1)	DP
VERSATILE RICH BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
VERSIGEL EXTERNAL CREAM	$0 (Nivel 1)	DP
vp dermabase external cream	$0 (Nivel 1)	DP
white petrolatum external gel	$0 (Nivel 1)	DP
white petroleum jelly external gel	$0 (Nivel 1)	DP
wound care external cream	$0 (Nivel 1)	DP

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XCEL 100 EXTERNAL CREAM	$0 (Nivel 1)	DP
XEMATOP BASE EXTERNAL CREAM	$0 (Nivel 1)	DP
ZARBEES SLEEP CHILD/MELATONIN ORAL LIQUID 1 MG/ML	$0 (Nivel 1)	DP
ENDOCRINO Y METABÓLICO		
Agentes Antitiroideos		
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	$0 (Nivel 1)	
LEVOXYL ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	$0 (Nivel 1)	
LIOMNY ORAL TABLET 25 MCG, 5 MCG, 50 MCG	$0-$12.65 (Nivel 3)	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	$0-$12.65 (Nivel 3)	
methimazole oral tablet 10 mg, 5 mg	$0 (Nivel 1)	
propylthiouracil oral tablet 50 mg	$0-$12.65 (Nivel 3)	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	$0-$12.65 (Nivel 4)	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	$0 (Nivel 1)	
Agentes Elevadores De Glucosa		
diazoxide oral suspension 50 mg/ml	$0-$12.65 (Nivel 5)	
GLUCO TO GO 15 ORAL GEL 40 %	$0 (Nivel 1)	DP
glucose oral gel 40 %	$0 (Nivel 1)	DP
GLUTOSE 5 ORAL GEL 40 %	$0 (Nivel 1)	DP
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	$0-$12.65 (Nivel 3)	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML	$0-$12.65 (Nivel 3)	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML	$0-$12.65 (Nivel 3)	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	$0-$12.65 (Nivel 3)	
RELION GLUCOSE ORAL GEL 15 GM/38GM	$0 (Nivel 1)	DP
SWEET CHEEKS ORAL GEL 40 %	$0 (Nivel 1)	DP
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML	$0-$12.65 (Nivel 3)	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML	$0-$12.65 (Nivel 3)	

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Agentes Quelantes		
CHEMET ORAL CAPSULE 100 MG	$0-$12.65 (Nivel 5)	
deferasirox oral tablet 180 mg, 360 mg	$0-$12.65 (Nivel 4)	PA
deferasirox oral tablet 90 mg	$0-$12.65 (Nivel 3)	PA
deferasirox oral tablet soluble 125 mg	$0-$12.65 (Nivel 4)	PA
deferasirox oral tablet soluble 250 mg, 500 mg	$0-$12.65 (Nivel 5)	PA
KIONEX COMBINATION SUSPENSION 15 GM/60ML	$0-$12.65 (Nivel 4)	
LOKELMA ORAL PACKET 10 GM, 5 GM	$0-$12.65 (Nivel 3)	
penicillamine oral tablet 250 mg	$0-$12.65 (Nivel 5)	
sodium polystyrene sulfonate combination suspension 15 gm/60ml	$0-$12.65 (Nivel 4)	
sodium polystyrene sulfonate oral powder	$0-$12.65 (Nivel 3)	
SPS (SODIUM POLYSTYRENE SULF) COMBINATION SUSPENSION 15 GM/60ML	$0-$12.65 (Nivel 4)	
SPS (SODIUM POLYSTYRENE SULF) RECTAL SUSPENSION 30 GM/120ML	$0-$12.65 (Nivel 4)	
trientine hcl oral capsule 250 mg	$0-$12.65 (Nivel 5)	PA
Analógicos De Vitamina D		
calcitriol oral capsule 0.25 mcg, 0.5 mcg	$0 (Nivel 2)	B/D
calcitriol oral solution 1 mcg/ml	$0-$12.65 (Nivel 4)	B/D
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	$0-$12.65 (Nivel 4)	B/D
Andrógenos		
danazol oral capsule 100 mg, 200 mg, 50 mg	$0-$12.65 (Nivel 4)	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML	$0-$12.65 (Nivel 3)	PA
testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml, 200 mg/ml (1 ml)	$0-$12.65 (Nivel 3)	PA
testosterone enanthate intramuscular solution 200 mg/ml	$0-$12.65 (Nivel 3)	PA
testosterone transdermal gel 12.5 mg/act (1%), 25 mg/2.5gm (1%), 50 mg/5gm (1%)	$0-$12.65 (Nivel 4)	PA; QL; 300 g cada 30 días
testosterone transdermal gel 20.25 mg/act (1.62%)	$0-$12.65 (Nivel 4)	PA; QL; 150 g cada 30 días
Anticonceptivos		
AFIRMELLE ORAL TABLET 0.1-20 MG-MCG	$0 (Nivel 2)	
aimsco lubricated	$0 (Nivel 1)	DP
ALTAVERA ORAL TABLET 0.15-30 MG-MCG	$0 (Nivel 2)	
alyacen 1/35 oral tablet 1-35 mg-mcg	$0 (Nivel 2)	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	$0 (Nivel 2)	
AMETHYST ORAL TABLET 90-20 MCG	$0 (Nivel 2)	
APRI ORAL TABLET 0.15-30 MG-MCG	$0 (Nivel 2)	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG	$0 (Nivel 2)	

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ASHLYNA ORAL TABLET 0.15-0.03 &0.01 MG	$0 (Nivel 2)	
AUBRA EQ ORAL TABLET 0.1-20 MG-MCG	$0 (Nivel 2)	
AUROVELA 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
AUROVELA 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0 (Nivel 2)	
AUROVELA FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Nivel 2)	
AUROVELA FE 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
AVIANE ORAL TABLET 0.1-20 MG-MCG	$0 (Nivel 2)	
AYUNA ORAL TABLET 0.15-30 MG-MCG	$0 (Nivel 2)	
AZURETTE ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0 (Nivel 2)	
BALZIVA ORAL TABLET 0.4-35 MG-MCG	$0 (Nivel 2)	
BLISOVI 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0 (Nivel 2)	
BLISOVI FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Nivel 2)	
BLISOVI FE 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
briellyn oral tablet 0.4-35 mg-mcg	$0 (Nivel 2)	
CAMILA ORAL TABLET 0.35 MG	$0 (Nivel 2)	
CAMRESE LO ORAL TABLET 0.1-0.02 & 0.01 MG	$0 (Nivel 2)	
CAMRESE ORAL TABLET 0.15-0.03 &0.01 MG	$0 (Nivel 2)	
CHATEAL EQ ORAL TABLET 0.15-30 MG-MCG	$0 (Nivel 2)	
condoms	$0 (Nivel 1)	DP
CRYSELLE ORAL TABLET 0.3-30 MG-MCG	$0 (Nivel 2)	
CYRED EQ ORAL TABLET 0.15-30 MG-MCG	$0 (Nivel 2)	
DASETTA 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0 (Nivel 2)	
DASETTA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	$0 (Nivel 2)	
DAYSEE ORAL TABLET 0.15-0.03 &0.01 MG	$0 (Nivel 2)	
DEBLITANE ORAL TABLET 0.35 MG	$0 (Nivel 2)	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML	$0-$12.65 (Nivel 3)	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	$0 (Nivel 2)	
DOLISHALE ORAL TABLET 90-20 MCG	$0 (Nivel 2)	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	$0 (Nivel 2)	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	$0 (Nivel 2)	
DUREX EXTRA SENSITIVE THIN	$0 (Nivel 1)	DP
DUREX EXTRA SENSITIVE THIN DEVICE	$0 (Nivel 1)	DP
DUREX REALFEEL DEVICE	$0 (Nivel 1)	DP
DUREX TROPICAL	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

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ELINEST ORAL TABLET 0.3-30 MG-MCG	$0 (Nivel 2)	
ELURYNG VAGINAL RING 0.12-0.015 MG/24HR	$0-$12.65 (Nivel 3)	
EMZAHH ORAL TABLET 0.35 MG	$0 (Nivel 2)	
ENILLORING VAGINAL RING 0.12-0.015 MG/24HR	$0-$12.65 (Nivel 3)	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	$0 (Nivel 2)	
ERRIN ORAL TABLET 0.35 MG	$0 (Nivel 2)	
ESTARYLLA ORAL TABLET 0.25-35 MG-MCG	$0 (Nivel 2)	
ethynodiol diac-eth estradiol oral tablet 1-50 mg-mcg	$0 (Nivel 2)	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	$0-$12.65 (Nivel 3)	
FALMINA ORAL TABLET 0.1-20 MG-MCG	$0 (Nivel 2)	
FANTASY LUBRICATED	$0 (Nivel 1)	DP
FANTASY LUBRICATED/SPERMICIDE	$0 (Nivel 1)	DP
FC2 FEMALE CONDOM	$0 (Nivel 1)	DP
FEIRZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Nivel 2)	
FEIRZA 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
FINZALA ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	$0 (Nivel 2)	
GALBRIELA ORAL TABLET CHEWABLE 0.8-25 MG-MCG	$0 (Nivel 2)	
HAILEY 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Nivel 2)	
HAILEY 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0 (Nivel 2)	
HAILEY FE 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
HEATHER ORAL TABLET 0.35 MG	$0 (Nivel 2)	
ICLEVIA ORAL TABLET 0.15-0.03 MG	$0 (Nivel 2)	
INCASSIA ORAL TABLET 0.35 MG	$0 (Nivel 2)	
INTROVALE ORAL TABLET 0.15-0.03 MG	$0 (Nivel 2)	
ISIBLOOM ORAL TABLET 0.15-30 MG-MCG	$0 (Nivel 2)	
JAIMIESS ORAL TABLET 0.15-0.03 &0.01 MG	$0 (Nivel 2)	
JASMIEL ORAL TABLET 3-0.02 MG	$0 (Nivel 2)	
JENCYCLA ORAL TABLET 0.35 MG	$0 (Nivel 2)	
JOLESSA ORAL TABLET 0.15-0.03 MG	$0 (Nivel 2)	
JULEBER ORAL TABLET 0.15-30 MG-MCG	$0 (Nivel 2)	
JUNEL 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Nivel 2)	
JUNEL 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
JUNEL FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Nivel 2)	
JUNEL FE 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
JUNEL FE 24 ORAL TABLET 1-20 MG-MCG(24)	$0 (Nivel 2)	
KAITLIB FE ORAL TABLET CHEWABLE 0.8-25 MG-MCG	$0 (Nivel 2)	

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
KAMELEON LUBRICATED	$0 (Nivel 1)	DP
KARIVA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0 (Nivel 2)	
KELNOR 1/35 ORAL TABLET 1-35 MG-MCG	$0 (Nivel 2)	
kimono	$0 (Nivel 1)	DP
KIMONO COLORS DEVICE	$0 (Nivel 1)	DP
KIMONO MAXX-LARGE FLARE	$0 (Nivel 1)	DP
kimono micro thin	$0 (Nivel 1)	DP
kimono micro thin plus	$0 (Nivel 1)	DP
kimono plus	$0 (Nivel 1)	DP
kimono ps	$0 (Nivel 1)	DP
kimono ps plus	$0 (Nivel 1)	DP
kimono sensation	$0 (Nivel 1)	DP
kimono sensation plus	$0 (Nivel 1)	DP
KIMONO SPECIAL DEVICE	$0 (Nivel 1)	DP
KURVELO ORAL TABLET 0.15-30 MG-MCG	$0 (Nivel 2)	
LARIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Nivel 2)	
LARIN 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
LARIN 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0 (Nivel 2)	
LARIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Nivel 2)	
LARIN FE 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
LESSINA ORAL TABLET 0.1-20 MG-MCG	$0 (Nivel 2)	
LEVONEST ORAL TABLET 50-30/75-40/ 125-30 MCG	$0 (Nivel 2)	
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	$0 (Nivel 2)	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	$0 (Nivel 2)	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 90-20 mcg	$0 (Nivel 2)	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	$0 (Nivel 2)	
LEVORA 0.15/30 (28) ORAL TABLET 0.15-30 MG-MCG	$0 (Nivel 2)	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY	$0-$12.65 (Nivel 3)	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG	$0 (Nivel 2)	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Nivel 2)	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
LOJAIMIESS ORAL TABLET 0.1-0.02 & 0.01 MG	$0 (Nivel 2)	
LORYNA ORAL TABLET 3-0.02 MG	$0 (Nivel 2)	
LOW-OGESTREL ORAL TABLET 0.3-30 MG-MCG	$0 (Nivel 2)	
LUIZZA 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Nivel 2)	
LUIZZA 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
LUTERA ORAL TABLET 0.1-20 MG-MCG	$0 (Nivel 2)	
LYLEQ ORAL TABLET 0.35 MG	$0 (Nivel 2)	
LYZA ORAL TABLET 0.35 MG	$0 (Nivel 2)	
marlissa oral tablet 0.15-30 mg-mcg	$0 (Nivel 2)	
maxx	$0 (Nivel 1)	DP
maxx plus	$0 (Nivel 1)	DP
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	$0-$12.65 (Nivel 3)	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	$0-$12.65 (Nivel 3)	
MELEYA ORAL TABLET 0.35 MG	$0 (Nivel 2)	
MIBELAS 24 FE ORAL TABLET CHEWABLE 1-20 MG-MCG(24)	$0 (Nivel 2)	
MICROGESTIN 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Nivel 2)	
MICROGESTIN 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
MICROGESTIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG	$0 (Nivel 2)	
MICROGESTIN FE 1/20 ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
MILI ORAL TABLET 0.25-35 MG-MCG	$0 (Nivel 2)	
MONO-LINYAH ORAL TABLET 0.25-35 MG-MCG	$0 (Nivel 2)	
NECON 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	$0 (Nivel 2)	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG	$0-$12.65 (Nivel 3)	
NIKKI ORAL TABLET 3-0.02 MG	$0 (Nivel 2)	
NORA-BE ORAL TABLET 0.35 MG	$0 (Nivel 2)	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	$0-$12.65 (Nivel 3)	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg	$0 (Nivel 2)	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	$0 (Nivel 2)	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	$0 (Nivel 2)	
norethindrone oral tablet 0.35 mg	$0 (Nivel 2)	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	$0 (Nivel 2)	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	$0 (Nivel 2)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	$0 (Nivel 2)	
NORLYROC ORAL TABLET 0.35 MG	$0 (Nivel 2)	
NORTREL 0.5/35 (28) ORAL TABLET 0.5-35 MG-MCG	$0 (Nivel 2)	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG	$0 (Nivel 2)	
NORTREL 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0 (Nivel 2)	
NORTREL 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	$0 (Nivel 2)	
NYLIA 1/35 ORAL TABLET 1-35 MG-MCG	$0 (Nivel 2)	
NYLIA 7/7/7 ORAL TABLET 0.5/0.75/1-35 MG-MCG	$0 (Nivel 2)	
ORQUIDEA ORAL TABLET 0.35 MG	$0 (Nivel 2)	
PHILITH ORAL TABLET 0.4-35 MG-MCG	$0 (Nivel 2)	
PIMTREA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0 (Nivel 2)	
PORTIA-28 ORAL TABLET 0.15-30 MG-MCG	$0 (Nivel 2)	
REALITY LATEX CONDOMS	$0 (Nivel 1)	DP
REALITY LATEX/ULTRA TEXTURED DEVICE	$0 (Nivel 1)	DP
REALITY LATEX/ULTRA THIN DEVICE	$0 (Nivel 1)	DP
RECLIPSEN ORAL TABLET 0.15-30 MG-MCG	$0 (Nivel 2)	
RIVELSA ORAL TABLET 42-21-21-7 DAYS	$0 (Nivel 2)	
ROSYRAH ORAL TABLET 42-21-21-7 DAYS	$0 (Nivel 2)	
SETLAKIN ORAL TABLET 0.15-0.03 MG	$0 (Nivel 2)	
SHAROBEL ORAL TABLET 0.35 MG	$0 (Nivel 2)	
SIMLIYA ORAL TABLET 0.15-0.02/0.01 MG (21/5)	$0 (Nivel 2)	
SIMPESSE ORAL TABLET 0.15-0.03 &0.01 MG	$0 (Nivel 2)	
SPRINTEC 28 ORAL TABLET 0.25-35 MG-MCG	$0 (Nivel 2)	
SRONYX ORAL TABLET 0.1-20 MG-MCG	$0 (Nivel 2)	
SYEDA ORAL TABLET 3-0.03 MG	$0 (Nivel 2)	
TARINA 24 FE ORAL TABLET 1-20 MG-MCG(24)	$0 (Nivel 2)	
TARINA FE 1/20 EQ ORAL TABLET 1-20 MG-MCG	$0 (Nivel 2)	
TILIA FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	$0 (Nivel 2)	
TRI-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0 (Nivel 2)	
TRI-LEGEST FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	$0 (Nivel 2)	
TRI-LINYAH ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0 (Nivel 2)	
TRI-LO-ESTARYLLA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0 (Nivel 2)	

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
TRI-LO-MARZIA ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0 (Nivel 2)	
TRI-LO-MILI ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0 (Nivel 2)	
TRI-LO-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0 (Nivel 2)	
TRI-MILI ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0 (Nivel 2)	
TRI-SPRINTEC ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0 (Nivel 2)	
TRI-VYLIBRA LO ORAL TABLET 0.18/0.215/0.25 MG-25 MCG	$0 (Nivel 2)	
TRI-VYLIBRA ORAL TABLET 0.18/0.215/0.25 MG-35 MCG	$0 (Nivel 2)	
TROJAN ENZ	$0 (Nivel 1)	DP
TROJAN MAGNUM	$0 (Nivel 1)	DP
TROJAN ULTRA RIBBED LUBRICATED DEVICE	$0 (Nivel 1)	DP
TROJAN ULTRA THIN	$0 (Nivel 1)	DP
TROJAN ULTRA THIN/SPERMICIDAL	$0 (Nivel 1)	DP
TROJAN-ENZ LUBRICATED	$0 (Nivel 1)	DP
TROJAN-ENZ/SPERMICIDAL	$0 (Nivel 1)	DP
true cover device	$0 (Nivel 1)	DP
TRUSTEX COLOR CONDOMS + LUBE	$0 (Nivel 1)	DP
TRUSTEX LUB/RIBBED/STUDDED	$0 (Nivel 1)	DP
TRUSTEX LUB/SPERMICIDE EX ST	$0 (Nivel 1)	DP
TRUSTEX LUB/SPERMICIDE XL	$0 (Nivel 1)	DP
TRUSTEX LUBRICATED	$0 (Nivel 1)	DP
TRUSTEX LUBRICATED EX LARGE	$0 (Nivel 1)	DP
TRUSTEX LUBRICATED EXTRA ST	$0 (Nivel 1)	DP
TRUSTEX LUBRICATED/SPERMICIDE	$0 (Nivel 1)	DP
TRUSTEX NATURAL CONDOMS + LUBE	$0 (Nivel 1)	DP
TRUSTEX NON-LUBRICATED	$0 (Nivel 1)	DP
TRUSTEX RIA LUB/SPERMICIDE	$0 (Nivel 1)	DP
TRUSTEX RIA LUBRICATED	$0 (Nivel 1)	DP
TRUSTEX RIA NON-LUBRICATED	$0 (Nivel 1)	DP
TRUSTEX-NONOXYNOL-9/RIB/STUD	$0 (Nivel 1)	DP
TURQOZ ORAL TABLET 0.3-30 MG-MCG	$0 (Nivel 2)	
TYDEMY ORAL TABLET 3-0.03-0.451 MG	$0 (Nivel 2)	
VALTYA 1/35 ORAL TABLET 1-35 MG-MCG	$0 (Nivel 2)	
VALTYA 1/50 ORAL TABLET 1-50 MG-MCG	$0 (Nivel 2)	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG	$0 (Nivel 2)	
VESTURA ORAL TABLET 3-0.02 MG	$0 (Nivel 2)	

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
VIENVA ORAL TABLET 0.1-20 MG-MCG	$0 (Nivel 2)	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	$0 (Nivel 2)	
VYFEMLA ORAL TABLET 0.4-35 MG-MCG	$0 (Nivel 2)	
VYLIBRA ORAL TABLET 0.25-35 MG-MCG	$0 (Nivel 2)	
WERA ORAL TABLET 0.5-35 MG-MCG	$0 (Nivel 2)	
WYMZYA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	$0 (Nivel 2)	
XARAH FE ORAL TABLET 1-20/1-30/1-35 MG-MCG	$0 (Nivel 2)	
XELRIA FE ORAL TABLET CHEWABLE 0.4-35 MG-MCG	$0 (Nivel 2)	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	$0-$12.65 (Nivel 3)	
ZAFEMY TRANSDERMAL PATCH WEEKLY 150-35 MCG/24HR	$0-$12.65 (Nivel 3)	
ZOVIA 1/35 (28) ORAL TABLET 1-35 MG-MCG	$0 (Nivel 2)	
ZUMANDIMINE ORAL TABLET 3-0.03 MG	$0 (Nivel 2)	
Antidiabéticos, Insulinas		
ADMELOG INJECTION SOLUTION 100 UNIT/ML	$0-$12.65 (Nivel 3)	B/D
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0-$12.65 (Nivel 3)	
ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML	$0-$12.65 (Nivel 3)	PA
CEQUR SIMPL EXT WEAR INSERTER	$0-$12.65 (Nivel 4)	PA; QL; 2 insertadores al año
CEQUR SIMPLICITY 1U EXTND WEAR DEVICE	$0-$12.65 (Nivel 4)	PA; QL; 8 parches cada 24 días
CEQUR SIMPLICITY 2U DEVICE	$0-$12.65 (Nivel 4)	PA; QL; 10 parches cada 30 días
CEQUR SIMPLICITY 2U DEVICE	$0-$12.65 (Nivel 4)	PA; QL; 8 parches cada 24 días
CEQUR SIMPLICITY 2U EXTND WEAR DEVICE	$0-$12.65 (Nivel 4)	PA; QL; 10 parches cada 30 días
CEQUR SIMPLICITY INSERTER	$0-$12.65 (Nivel 4)	PA; QL; 2 insertadores al año
COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML	$0-$12.65 (Nivel 3)	PA
cvs gauze sterile pad 2"x2"	$0-$12.65 (Nivel 3)	PA
EXEL COMFORT POINT PEN NEEDLE 29G X 12MM	$0-$12.65 (Nivel 3)	PA
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0-$12.65 (Nivel 3)	
FIASP INJECTION SOLUTION 100 UNIT/ML	$0-$12.65 (Nivel 3)	B/D
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	$0-$12.65 (Nivel 3)	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	$0-$12.65 (Nivel 3)	B/D
global alcohol prep ease pad 70 %	$0-$12.65 (Nivel 3)	PA
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML	$0 (Nivel 1)	DP
HUMULIN R INJECTION SOLUTION 100 UNIT/ML	$0 (Nivel 1)	DP

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HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML	$0-$12.65 (Nivel 5)	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0-$12.65 (Nivel 3)	
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML	$0-$12.65 (Nivel 3)	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	$0-$12.65 (Nivel 3)	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	$0 (Nivel 1)	DP
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	$0 (Nivel 1)	DP
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS	$0-$12.65 (Nivel 3)	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML	$0-$12.65 (Nivel 3)	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML	$0 (Nivel 1)	DP
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS	$0 (Nivel 1)	DP
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS	$0-$12.65 (Nivel 3)	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML	$0-$12.65 (Nivel 3)	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML	$0 (Nivel 1)	DP
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION	$0 (Nivel 1)	DP
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION	$0-$12.65 (Nivel 3)	B/D
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0-$12.65 (Nivel 3)	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	$0-$12.65 (Nivel 3)	
NOVOLOG INJECTION SOLUTION 100 UNIT/ML	$0-$12.65 (Nivel 3)	B/D
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	$0-$12.65 (Nivel 3)	
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	$0-$12.65 (Nivel 3)	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	$0-$12.65 (Nivel 3)	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML	$0-$12.65 (Nivel 3)	B/D
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	$0-$12.65 (Nivel 4)	PA; QL; 1 kit cada año
OMNIPOD 5 DEXG7G6 PODS GEN 5	$0-$12.65 (Nivel 4)	PA; QL; 15 cápsulas cada 30 días
OMNIPOD 5 LIBRE INTRO KIT	$0-$12.65 (Nivel 4)	PA; QL; 1 kit cada año
OMNIPOD 5 LIBRE PODS	$0-$12.65 (Nivel 4)	PA; QL; 15 cápsulas cada 30 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
OMNIPOD DASH INTRO (GEN 4) KIT	$0-$12.65 (Nivel 4)	PA; QL; 1 kit cada año
OMNIPOD DASH PODS (GEN 4)	$0-$12.65 (Nivel 4)	PA; QL; 15 cápsulas cada 30 días
preferred plus insulin syringe 28g x 1/2" 0.5 ml	$0-$12.65 (Nivel 3)	PA
RELI-ON INSULIN SYRINGE 29G 0.3 ML	$0-$12.65 (Nivel 3)	PA
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML	$0-$12.65 (Nivel 3)	QL; 5 plumas cada 25 días
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	$0-$12.65 (Nivel 3)	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	$0-$12.65 (Nivel 3)	
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML	$0-$12.65 (Nivel 3)	QL; 5 plumas cada 30 días
Antidiabéticos		
acarbose oral tablet 100 mg, 25 mg, 50 mg	$0 (Nivel 2)	
dapagliflozin oral tablet 10 mg, 5 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 10-1000 mg, 10-500 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
dapagliflozin-metformin hcl er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg	$0 (Nivel 1)	QL; 60 tabletas cada 30 días
FARXIGA ORAL TABLET 10 MG, 5 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
glimepiride oral tablet 1 mg, 2 mg	$0 (Nivel 1)	QL; 90 tabletas cada 30 días
glimepiride oral tablet 4 mg	$0 (Nivel 1)	QL; 60 tabletas cada 30 días
glipizide er oral tablet extended release 24 hour 10 mg	$0 (Nivel 1)	QL; 60 tabletas cada 30 días
glipizide er oral tablet extended release 24 hour 2.5 mg, 5 mg	$0 (Nivel 1)	QL; 90 tabletas cada 30 días
glipizide oral tablet 10 mg	$0 (Nivel 1)	QL; 120 tabletas cada 30 días
glipizide oral tablet 5 mg	$0 (Nivel 1)	QL; 240 tabletas cada 30 días
glipizide-metformin hcl oral tablet 2.5-250 mg	$0 (Nivel 1)	QL; 240 tabletas cada 30 días
glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg	$0 (Nivel 1)	QL; 120 tabletas cada 30 días
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
JARDIANCE ORAL TABLET 10 MG, 25 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días

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JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
metformin hcl er oral tablet extended release 24 hour 500 mg	$0 (Nivel 1)	QL; 120 tabletas cada 30 días
metformin hcl er oral tablet extended release 24 hour 750 mg	$0 (Nivel 1)	QL; 60 tabletas cada 30 días
metformin hcl oral tablet 1000 mg	$0 (Nivel 1)	QL; 75 tabletas cada 30 días
metformin hcl oral tablet 500 mg	$0 (Nivel 1)	QL; 150 tabletas cada 30 días
metformin hcl oral tablet 850 mg	$0 (Nivel 1)	QL; 90 tabletas cada 30 días
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML	$0-$12.65 (Nivel 3)	PA; QL; 4 plumas cada 28 días
nateglinide oral tablet 120 mg, 60 mg	$0 (Nivel 1)	QL; 90 tabletas cada 30 días
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	$0-$12.65 (Nivel 3)	PA; QL; 1 pluma cada 28 días
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	$0-$12.65 (Nivel 3)	PA; QL; 1 pluma cada 28 días
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML	$0-$12.65 (Nivel 3)	PA; QL; 1 pluma cada 28 días
OZEMPIC ORAL TABLET 1.5 MG, 4 MG, 9 MG	$0-$12.65 (Nivel 3)	PA; QL; 30 tabletas cada 30 días
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	$0 (Nivel 1)	QL; 90 tabletas cada 30 días
repaglinide oral tablet 0.5 mg, 1 mg	$0 (Nivel 1)	QL; 120 tabletas cada 30 días
repaglinide oral tablet 2 mg	$0 (Nivel 1)	QL; 240 tabletas cada 30 días
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG	$0-$12.65 (Nivel 3)	PA; QL; 30 tabletas cada 30 días
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 100-1000 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
sitaglip phos-metformin hcl er oral tablet extended release 24 hour 50-1000 mg, 50-500 mg	$0 (Nivel 1)	QL; 60 tabletas cada 30 días
sitagliptin phos-metformin hcl oral tablet 50-1000 mg, 50-500 mg	$0 (Nivel 1)	QL; 60 tabletas cada 30 días
sitagliptin phosphate oral tablet 100 mg, 25 mg, 50 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
TRADJENTA ORAL TABLET 5 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML	$0-$12.65 (Nivel 3)	PA; QL; 4 plumas cada 28 días

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XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
Diversos		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML	$0-$12.65 (Nivel 5)	PA
betaine oral powder	$0-$12.65 (Nivel 5)	
cabergoline oral tablet 0.5 mg	$0-$12.65 (Nivel 3)	
carglumic acid oral tablet soluble 200 mg	$0-$12.65 (Nivel 5)	PA
CERDELGA ORAL CAPSULE 84 MG	$0-$12.65 (Nivel 5)	PA
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	$0-$12.65 (Nivel 5)	PA
charcoal activated powder	$0 (Nivel 1)	DP
CHEMSTRIP K IN VITRO STRIP	$0 (Nivel 1)	DP
CHEMSTRIP UGK IN VITRO STRIP	$0 (Nivel 1)	DP
cinacalcet hcl oral tablet 30 mg, 60 mg	$0-$12.65 (Nivel 4)	B/D; QL; 60 tabletas cada 30 días
cinacalcet hcl oral tablet 90 mg	$0-$12.65 (Nivel 4)	B/D; QL; 120 tabletas cada 30 días
CVS KETONE CARE IN VITRO STRIP	$0 (Nivel 1)	DP
CYSTAGON ORAL CAPSULE 150 MG, 50 MG	$0-$12.65 (Nivel 4)	PA
desmopressin ace spray refrig nasal solution 0.01 %	$0-$12.65 (Nivel 4)	
desmopressin acetate injection solution 4 mcg/ml	$0-$12.65 (Nivel 5)	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	$0-$12.65 (Nivel 3)	
desmopressin acetate pf injection solution 4 mcg/ml	$0-$12.65 (Nivel 5)	
desmopressin acetate spray nasal solution 0.01 %	$0-$12.65 (Nivel 4)	
DIASCREEN 10	$0 (Nivel 1)	DP
DIASCREEN 1B	$0 (Nivel 1)	DP
DIASCREEN 1G STRIP	$0 (Nivel 1)	DP
DIASCREEN 1K	$0 (Nivel 1)	DP
DIASCREEN 1K STRIP	$0 (Nivel 1)	DP
DIASCREEN 2GK STRIP	$0 (Nivel 1)	DP
DIASCREEN 2GP	$0 (Nivel 1)	DP
DIASCREEN 3	$0 (Nivel 1)	DP
DIASCREEN 4NL	$0 (Nivel 1)	DP
DIASCREEN 4OBL	$0 (Nivel 1)	DP
DIASCREEN 4PH	$0 (Nivel 1)	DP
DIASCREEN 5	$0 (Nivel 1)	DP
DIASCREEN 6	$0 (Nivel 1)	DP
DIASCREEN 7	$0 (Nivel 1)	DP
DIASCREEN 8	$0 (Nivel 1)	DP

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DIASCREEN 9	$0 (Nivel 1)	DP
diascreen liquid urine control	$0 (Nivel 1)	DP
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG	$0-$12.65 (Nivel 5)	PA
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	$0 (Nivel 1)	DP
GENOTROPIN MINIQUICK PREFILLED SYRINGE 0.2 MG SUBCUTANEOUS	$0-$12.65 (Nivel 3)	PA
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG	$0-$12.65 (Nivel 5)	PA
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG	$0-$12.65 (Nivel 5)	PA
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML	$0-$12.65 (Nivel 5)	PA
JAVYGTOR ORAL PACKET 100 MG, 500 MG	$0-$12.65 (Nivel 5)	PA
JAVYGTOR ORAL TABLET 100 MG	$0-$12.65 (Nivel 5)	PA
KETO-DIASTIX IN VITRO STRIP	$0 (Nivel 1)	DP
ketone test in vitro strip	$0 (Nivel 1)	DP
KETOSTIX IN VITRO STRIP	$0 (Nivel 1)	DP
lanreotide acetate subcutaneous solution 120 mg/0.5ml	$0-$12.65 (Nivel 5)	PA
levocarnitine oral solution 1 gm/10ml	$0-$12.65 (Nivel 4)	B/D
levocarnitine oral tablet 330 mg	$0-$12.65 (Nivel 4)	B/D
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	$0-$12.65 (Nivel 5)	PA
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG	$0-$12.65 (Nivel 5)	PA
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 30 MG	$0-$12.65 (Nivel 5)	PA
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG	$0-$12.65 (Nivel 5)	PA
mifepristone oral tablet 300 mg	$0-$12.65 (Nivel 5)	PA
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML	$0-$12.65 (Nivel 5)	PA
nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg	$0-$12.65 (Nivel 5)	PA
octreotide acetate injection solution 100 mcg/ml, 200 mcg/ml, 50 mcg/ml	$0-$12.65 (Nivel 4)	PA
octreotide acetate injection solution 1000 mcg/ml, 500 mcg/ml	$0-$12.65 (Nivel 5)	PA
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml	$0-$12.65 (Nivel 4)	PA
octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml	$0-$12.65 (Nivel 5)	PA

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OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML	$0 (Nivel 1)	DP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG	$0 (Nivel 1)	DP
raloxifene hcl oral tablet 60 mg	$0-$12.65 (Nivel 3)	
RELION KETONE TEST IN VITRO STRIP	$0 (Nivel 1)	DP
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML	$0-$12.65 (Nivel 5)	PA
REZDIFFRA ORAL TABLET 100 MG, 60 MG, 80 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
sapropterin dihydrochloride oral packet 100 mg, 500 mg	$0-$12.65 (Nivel 5)	PA
sapropterin dihydrochloride oral tablet 100 mg	$0-$12.65 (Nivel 5)	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML	$0-$12.65 (Nivel 5)	PA
sodium phenylbutyrate oral powder 3 gm/tsp	$0-$12.65 (Nivel 5)	PA
sodium phenylbutyrate oral tablet 500 mg	$0-$12.65 (Nivel 5)	PA
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	$0-$12.65 (Nivel 5)	PA
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	$0-$12.65 (Nivel 5)	PA
SYNAREL NASAL SOLUTION 2 MG/ML	$0-$12.65 (Nivel 5)	PA
tolvaptan oral tablet 15 mg, 30 mg	$0-$12.65 (Nivel 5)	PA
tolvaptan oral tablet therapy pack 15 mg, 30 & 15 mg, 45 & 15 mg, 60 & 30 mg, 90 & 30 mg	$0-$12.65 (Nivel 5)	PA
ZELVYSIA ORAL PACKET 100 MG, 500 MG	$0-$12.65 (Nivel 5)	PA
Estrógenos		
ABIGALE LO ORAL TABLET 0.5-0.1 MG	$0-$12.65 (Nivel 3)	
ABIGALE ORAL TABLET 1-0.5 MG	$0-$12.65 (Nivel 3)	
DOTTI TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	$0-$12.65 (Nivel 3)	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Nivel 2)	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	$0-$12.65 (Nivel 3)	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	$0-$12.65 (Nivel 3)	
estradiol vaginal cream 0.01 %	$0-$12.65 (Nivel 3)	
estradiol vaginal tablet 10 mcg	$0-$12.65 (Nivel 4)	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	$0-$12.65 (Nivel 4)	

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estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	$0-$12.65 (Nivel 3)	
FYAVOLV ORAL TABLET 0.5-2.5 MG-MCG, 1-5 MG-MCG	$0-$12.65 (Nivel 3)	
JINTELI ORAL TABLET 1-5 MG-MCG	$0-$12.65 (Nivel 3)	
LYLLANA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	$0-$12.65 (Nivel 3)	
MIMVEY ORAL TABLET 1-0.5 MG	$0-$12.65 (Nivel 3)	
norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	$0-$12.65 (Nivel 3)	
YUVAFEM VAGINAL TABLET 10 MCG	$0-$12.65 (Nivel 4)	
Glucocorticoides		
DEXAMETHASONE INTENSOL ORAL CONCENTRATE 1 MG/ML	$0-$12.65 (Nivel 4)	
dexamethasone oral elixir 0.5 mg/5ml	$0-$12.65 (Nivel 3)	
dexamethasone oral solution 0.5 mg/5ml	$0-$12.65 (Nivel 3)	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	$0-$12.65 (Nivel 3)	
dexamethasone sod phos (pf) injection solution prefilled syringe 10 mg/ml	$0-$12.65 (Nivel 3)	
dexamethasone sod phosphate pf injection solution 10 mg/ml	$0-$12.65 (Nivel 3)	
dexamethasone sodium phosphate injection solution 10 mg/ml, 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml	$0-$12.65 (Nivel 3)	
dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml	$0-$12.65 (Nivel 3)	
fludrocortisone acetate oral tablet 0.1 mg	$0 (Nivel 2)	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	$0-$12.65 (Nivel 3)	
hydrocortisone sod suc (pf) injection solution reconstituted 100 mg	$0-$12.65 (Nivel 4)	
methylprednisolone acetate injection suspension 40 mg/ml, 80 mg/ml	$0-$12.65 (Nivel 3)	B/D
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	$0-$12.65 (Nivel 3)	B/D
methylprednisolone oral tablet therapy pack 4 mg	$0 (Nivel 2)	
methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg	$0-$12.65 (Nivel 3)	B/D
prednisolone oral solution 15 mg/5ml	$0 (Nivel 2)	B/D
prednisolone sodium phosphate oral solution 15 mg/5ml	$0 (Nivel 2)	B/D
prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml	$0-$12.65 (Nivel 4)	B/D

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML	$0-$12.65 (Nivel 4)	B/D
prednisone oral solution 5 mg/5ml	$0-$12.65 (Nivel 4)	B/D
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	$0 (Nivel 1)	B/D
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	$0 (Nivel 2)	
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 1000 MG, 250 MG, 500 MG	$0-$12.65 (Nivel 4)	
Non-Frf		
ADIPEX-P ORAL TABLET 37.5 MG	$0 (Nivel 1)	DP
ALLI ORAL CAPSULE 60 MG	$0 (Nivel 1)	DP
benzphetamine hcl oral tablet 50 mg	$0 (Nivel 1)	DP
diethylpropion hcl er oral tablet extended release 24 hour 75 mg	$0 (Nivel 1)	DP
diethylpropion hcl oral tablet 25 mg	$0 (Nivel 1)	DP
LOMAIRA ORAL TABLET 8 MG	$0 (Nivel 1)	DP
orlistat oral capsule 120 mg	$0 (Nivel 1)	DP
phendimetrazine tartrate oral tablet 35 mg	$0 (Nivel 1)	DP
phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg	$0 (Nivel 1)	DP
phentermine hcl oral tablet 37.5 mg	$0 (Nivel 1)	DP
phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	$0 (Nivel 1)	DP
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG	$0 (Nivel 1)	DP
XENICAL ORAL CAPSULE 120 MG	$0 (Nivel 1)	DP
Progestinas		
ECONTRA ONE-STEP ORAL TABLET 1.5 MG	$0 (Nivel 1)	DP
GALLIFREY ORAL TABLET 5 MG	$0-$12.65 (Nivel 3)	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Nivel 1)	
megestrol acetate oral suspension 400 mg/10ml, 800 mg/20ml	$0 (Nivel 1)	DP
megestrol acetate suspension 40 mg/ml oral	$0-$12.65 (Nivel 3)	
megestrol acetate suspension 40 mg/ml oral	$0 (Nivel 1)	DP
megestrol acetate suspension 625 mg/5ml oral	$0 (Nivel 1)	DP
megestrol acetate suspension 625 mg/5ml oral	$0-$12.65 (Nivel 4)	PA
megestrol acetate tablet 20 mg oral	$0 (Nivel 1)	DP
megestrol acetate tablet 40 mg oral	$0 (Nivel 1)	DP
norethindrone acetate oral tablet 5 mg	$0-$12.65 (Nivel 3)	

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
progesterone oral capsule 100 mg, 200 mg	$0-$12.65 (Nivel 3)	
Reguladores De Calcio		
alendronate sodium oral solution 70 mg/75ml	$0-$12.65 (Nivel 4)	ST
alendronate sodium oral tablet 10 mg, 35 mg, 70 mg	$0 (Nivel 1)	
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	$0-$12.65 (Nivel 4)	QL; 1 jeringa cada 180 días
BONSITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 560 MCG/2.24ML	$0-$12.65 (Nivel 5)	PA; QL; 1 pluma cada 28 días
calcitonin (salmon) nasal solution 200 unit/act	$0-$12.65 (Nivel 3)	B/D
ibandronate sodium oral tablet 150 mg	$0 (Nivel 2)	B/D
OSPOMYV SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	$0-$12.65 (Nivel 4)	QL; 1 jeringa cada 180 días
pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml	$0-$12.65 (Nivel 3)	B/D
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML	$0-$12.65 (Nivel 4)	QL; 1 jeringa cada 180 días
risedronate sodium oral tablet 150 mg, 35 mg, 35 mg (12 pack), 35 mg (4 pack), 5 mg	$0-$12.65 (Nivel 3)	
risedronate sodium oral tablet delayed release 35 mg	$0-$12.65 (Nivel 4)	ST
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	$0-$12.65 (Nivel 5)	PA; QL; 1 pluma cada 28 días
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML	$0-$12.65 (Nivel 5)	PA; QL; 1 pluma cada 30 días
WYOST SUBCUTANEOUS SOLUTION 120 MG/1.7ML	$0-$12.65 (Nivel 5)	PA
XTRENBO SUBCUTANEOUS SOLUTION 120 MG/1.7ML	$0-$12.65 (Nivel 4)	PA
zoledronic acid intravenous concentrate 4 mg/5ml	$0-$12.65 (Nivel 4)	B/D
zoledronic acid intravenous solution 5 mg/100ml	$0-$12.65 (Nivel 4)	B/D
GASTROINTESTINAL		
Antagonistas Del Receptor H2		
famotidine (pf) intravenous solution 20 mg/2ml	$0-$12.65 (Nivel 3)	
famotidine intravenous solution 200 mg/20ml, 40 mg/4ml	$0-$12.65 (Nivel 3)	
famotidine oral suspension reconstituted 40 mg/5ml	$0-$12.65 (Nivel 4)	
famotidine oral tablet 20 mg, 40 mg	$0 (Nivel 1)	
famotidine premixed intravenous solution 20-0.9 mg/50ml-%	$0-$12.65 (Nivel 3)	
nizatidine oral capsule 150 mg, 300 mg	$0-$12.65 (Nivel 4)	
Antiácidos		
ALMACONE DOUBLE STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml, 2400-2400-240 mg/30ml	$0 (Nivel 1)	DP
aluminum hydroxide gel oral suspension 320 mg/5ml	$0 (Nivel 1)	DP
aluminum-magnesium-simethicone oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
antacid & anti-gas max str oral suspension 800-800-80 mg/10ml	$0 (Nivel 1)	DP
antacid & antigas oral suspension 200-200-20 mg/5ml, 2400-2400-240 mg/30ml	$0 (Nivel 1)	DP
antacid advanced oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
antacid anti-gas max strength oral suspension 400-400-40 mg/5ml	$0 (Nivel 1)	DP
antacid anti-gas oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
antacid calcium oral tablet chewable 500 mg	$0 (Nivel 1)	DP
antacid calcium rich oral tablet chewable 500 mg	$0 (Nivel 1)	DP
antacid extra strength oral suspension 400-400-40 mg/5ml	$0 (Nivel 1)	DP
antacid fast relief oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
antacid i oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
antacid iii oral suspension 400-400-40 mg/5ml	$0 (Nivel 1)	DP
antacid liquid oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
antacid m oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml	$0 (Nivel 1)	DP
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml	$0 (Nivel 1)	DP
antacid oral tablet chewable 500 mg	$0 (Nivel 1)	DP
antacid regular strength oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
antacid/antigas oral suspension 400-400-40 mg/10ml	$0 (Nivel 1)	DP
antacid/simethicone ds oral suspension 400-400-40 mg/5ml	$0 (Nivel 1)	DP
calcium antacid oral tablet chewable 500 mg	$0 (Nivel 1)	DP
calcium carbonate antacid oral suspension 1250 mg/5ml	$0 (Nivel 1)	DP
calcium carbonate antacid oral tablet chewable 500 mg	$0 (Nivel 1)	DP
CAL-GEST ANTACID ORAL TABLET CHEWABLE 500 MG	$0 (Nivel 1)	DP
comfort gel antacid & anti-gas oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
comfort gel antacid anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
comfort gel oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
cvs antacid maximum strength oral suspension 800-800-80 mg/10ml	$0 (Nivel 1)	DP
cvs antacid plus antigas oral suspension 400-400-40 mg/5ml	$0 (Nivel 1)	DP
cvs antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	$0 (Nivel 1)	DP
eq antacid maximum strength oral suspension 400-400-40 mg/5ml	$0 (Nivel 1)	DP
eq antacid oral tablet chewable 500 mg	$0 (Nivel 1)	DP
eql antacid oral tablet chewable 500 mg	$0 (Nivel 1)	DP
ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	$0 (Nivel 1)	DP
ft antacid regular strength oral tablet chewable 500 mg	$0 (Nivel 1)	DP
GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG	$0 (Nivel 1)	DP
geri-lanta maximum strength oral suspension 400-400-40 mg/5ml	$0 (Nivel 1)	DP
geri-lanta oral suspension 1200-1200-120 mg/30ml, 200-200-20 mg/5ml	$0 (Nivel 1)	DP
geri-mox maximum strength oral suspension 400-400-40 mg/5ml	$0 (Nivel 1)	DP
geri-mox oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
gnp antacid & anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	$0 (Nivel 1)	DP
gnp antacid oral tablet chewable 500 mg	$0 (Nivel 1)	DP
gnp antacid regular strength oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
gnp magnesium oxide oral tablet 250 mg	$0 (Nivel 1)	DP
goodsense advanced antacid oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml, 800-800-80 mg/10ml	$0 (Nivel 1)	DP
goodsense antacid oral tablet chewable 500 mg	$0 (Nivel 1)	DP
HEALTHY MAMA TAME THE FLAME ORAL TABLET CHEWABLE 500 MG	$0 (Nivel 1)	DP
HYVEE ADVANCED ANTACID ORAL SUSPENSION 400-400-40 MG/5ML	$0 (Nivel 1)	DP
long lasting antacid oral tablet chewable 500 mg	$0 (Nivel 1)	DP
MAALOX MAX ORAL SUSPENSION 400-400-40 MG/5ML	$0 (Nivel 1)	DP
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
mag-al oral liquid 200-200 mg/5ml	$0 (Nivel 1)	DP
mag-al plus oral liquid 200-200-20 mg/5ml	$0 (Nivel 1)	DP
mag-al plus xs oral liquid 400-400-40 mg/5ml	$0 (Nivel 1)	DP
magnesium oxide (antacid) oral capsule 500 mg	$0 (Nivel 1)	DP
magnesium oxide oral tablet 250 mg, 400 mg, 420 mg	$0 (Nivel 1)	DP
magnesium-aluminum-simethicone oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
MAOX ORAL TABLET 420 MG	$0 (Nivel 1)	DP
meijer antacid anti-gas oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
mintox maximum strength oral suspension 400-400-40 mg/5ml	$0 (Nivel 1)	DP
MINTOX ORAL SUSPENSION 200-200-20 MG/5ML	$0 (Nivel 1)	DP
MINTOX PLUS ORAL TABLET CHEWABLE 200-200-25 MG	$0 (Nivel 1)	DP
MYLANTA MAXIMUM STRENGTH ORAL SUSPENSION 400-400-40 MG/5ML	$0 (Nivel 1)	DP
qc antacid oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
qc antacid oral tablet chewable 500 mg	$0 (Nivel 1)	DP
qc antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml	$0 (Nivel 1)	DP
qc magnesium oral tablet 250 mg	$0 (Nivel 1)	DP
ra antacid oral tablet chewable 500 mg	$0 (Nivel 1)	DP
ra antacid/anti-gas max st oral suspension 400-400-40 mg/5ml	$0 (Nivel 1)	DP
ra antacid/anti-gas oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
ra antacid/gas relief max st oral suspension 400-400-40 mg/5ml	$0 (Nivel 1)	DP
sb antacid anti-gas oral suspension 200-200-20 mg/5ml	$0 (Nivel 1)	DP
sb antacid oral tablet chewable 500 mg	$0 (Nivel 1)	DP
sodium bicarbonate oral powder	$0 (Nivel 1)	DP
TUMS LASTING EFFECTS ORAL TABLET CHEWABLE 500 MG	$0 (Nivel 1)	DP
TUMS ORAL TABLET CHEWABLE 500 MG	$0 (Nivel 1)	DP
Antidiarreicos		
anti-diarrheal oral capsule 2 mg	$0 (Nivel 1)	DP
anti-diarrheal oral solution 1 mg/7.5ml	$0 (Nivel 1)	DP
anti-diarrheal oral tablet 2 mg	$0 (Nivel 1)	DP
bismuth oral tablet chewable 262 mg	$0 (Nivel 1)	DP
bismuth subsalicylate oral tablet chewable 262 mg	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
cvs anti-diarrheal oral capsule 2 mg	$0 (Nivel 1)	DP
cvs anti-diarrheal oral suspension 262 mg/15ml	$0 (Nivel 1)	DP
cvs anti-diarrheal oral tablet 2 mg	$0 (Nivel 1)	DP
cvs stomach relief max st oral suspension 525 mg/15ml	$0 (Nivel 1)	DP
cvs stomach relief oral suspension 525 mg/15ml, 525 mg/30ml	$0 (Nivel 1)	DP
cvs stomach relief oral tablet 262 mg	$0 (Nivel 1)	DP
cvs stomach relief oral tablet chewable 262 mg	$0 (Nivel 1)	DP
diamode oral tablet 2 mg	$0 (Nivel 1)	DP
diarrhea oral suspension 262 mg/15ml	$0 (Nivel 1)	DP
eq anti-diarrheal oral capsule 2 mg	$0 (Nivel 1)	DP
eq anti-diarrheal oral tablet 2 mg	$0 (Nivel 1)	DP
eq loperamide hcl oral solution 1 mg/7.5ml	$0 (Nivel 1)	DP
eq stomach relief oral suspension 262 mg/15ml	$0 (Nivel 1)	DP
eq stomach relief oral tablet 262 mg	$0 (Nivel 1)	DP
eq stomach relief oral tablet chewable 262 mg	$0 (Nivel 1)	DP
eql anti-diarrheal oral tablet 2 mg	$0 (Nivel 1)	DP
eql stomach relief max st oral suspension 525 mg/15ml	$0 (Nivel 1)	DP
eql stomach relief oral suspension 262 mg/15ml	$0 (Nivel 1)	DP
eql stomach relief oral tablet chewable 262 mg	$0 (Nivel 1)	DP
ft anti-diarrheal oral capsule 2 mg	$0 (Nivel 1)	DP
ft anti-diarrheal oral solution 1 mg/7.5ml	$0 (Nivel 1)	DP
ft anti-diarrheal oral tablet 2 mg	$0 (Nivel 1)	DP
ft stomach relief oral suspension 525 mg/30ml	$0 (Nivel 1)	DP
ft stomach relief oral tablet 262 mg	$0 (Nivel 1)	DP
ft stomach relief oral tablet chewable 262 mg	$0 (Nivel 1)	DP
gnp anti-diarrheal oral capsule 2 mg	$0 (Nivel 1)	DP
gnp anti-diarrheal oral tablet 2 mg	$0 (Nivel 1)	DP
gnp loperamide hcl oral solution 1 mg/7.5ml	$0 (Nivel 1)	DP
gnp pink bismuth oral tablet 262 mg	$0 (Nivel 1)	DP
gnp pink bismuth oral tablet chewable 262 mg	$0 (Nivel 1)	DP
gnp pink bismuth ultra str oral suspension 525 mg/15ml	$0 (Nivel 1)	DP
gnp stomach relief oral suspension 525 mg/30ml	$0 (Nivel 1)	DP
goodsense anti-diarrheal oral solution 1 mg/7.5ml	$0 (Nivel 1)	DP
goodsense stomach relief oral suspension 1050 mg/30ml, 525 mg/30ml	$0 (Nivel 1)	DP
goodsense stomach relief oral tablet chewable 262 mg	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
IMODIUM A-D ORAL CAPSULE 2 MG	$0 (Nivel 1)	DP
IMODIUM A-D ORAL SOLUTION 1 MG/7.5ML	$0 (Nivel 1)	DP
IMODIUM A-D ORAL TABLET 2 MG	$0 (Nivel 1)	DP
KAOPECTATE EXTRA STRENGTH ORAL SUSPENSION 525 MG/15ML	$0 (Nivel 1)	DP
KAOPECTATE ORAL SUSPENSION 262 MG/15ML	$0 (Nivel 1)	DP
KAOPECTATE ORAL TABLET 262 MG	$0 (Nivel 1)	DP
loperamide hcl capsule 2 mg oral	$0 (Nivel 1)	DP
loperamide hcl oral solution 1 mg/7.5ml	$0 (Nivel 1)	DP
loperamide hcl oral tablet 2 mg	$0 (Nivel 1)	DP
medi-bismuth oral tablet chewable 262 mg	$0 (Nivel 1)	DP
meijer anti-diarrheal oral tablet 2 mg	$0 (Nivel 1)	DP
PEPTO-BISMOL MAX STRENGTH ORAL SUSPENSION 525 MG/15ML	$0 (Nivel 1)	DP
PEPTO-BISMOL ORAL SUSPENSION 262 MG/15ML, 524 MG/30ML	$0 (Nivel 1)	DP
PEPTO-BISMOL ORAL TABLET 262 MG	$0 (Nivel 1)	DP
PEPTO-BISMOL ORAL TABLET CHEWABLE 262 MG	$0 (Nivel 1)	DP
PEPTO-BISMOL TO-GO ORAL TABLET CHEWABLE 262 MG	$0 (Nivel 1)	DP
pink bismuth maximum strength oral suspension 525 mg/15ml	$0 (Nivel 1)	DP
pink bismuth oral suspension 262 mg/15ml	$0 (Nivel 1)	DP
qc anti-diarrheal oral capsule 2 mg	$0 (Nivel 1)	DP
qc anti-diarrheal oral tablet 2 mg	$0 (Nivel 1)	DP
qc diarrhea relief oral suspension 262 mg/15ml	$0 (Nivel 1)	DP
qc pink bismuth oral suspension 262 mg/15ml, 525 mg/15ml	$0 (Nivel 1)	DP
qc pink bismuth oral tablet 262 mg	$0 (Nivel 1)	DP
qc stomach relief oral suspension 525 mg/30ml	$0 (Nivel 1)	DP
qc stomach relief oral tablet 262 mg	$0 (Nivel 1)	DP
qc stomach relief oral tablet chewable 262 mg	$0 (Nivel 1)	DP
qc stomach relief ultra oral suspension 525 mg/15ml	$0 (Nivel 1)	DP
ra anti-diarrheal oral tablet 2 mg	$0 (Nivel 1)	DP
ra stomach relief oral suspension 262 mg/15ml	$0 (Nivel 1)	DP
RESTORA RX ORAL CAPSULE 60-1.25 MG	$0 (Nivel 1)	DP
sb anti-diarrhea oral tablet 2 mg	$0 (Nivel 1)	DP
sb bismuth oral tablet 262 mg	$0 (Nivel 1)	DP
SOOTHE MAXIMUM STRENGTH ORAL SUSPENSION 525 MG/15ML	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
SOOTHE ORAL SUSPENSION 262 MG/15ML, 525 MG/30ML	$0 (Nivel 1)	DP
SOOTHE ORAL TABLET CHEWABLE 262 MG	$0 (Nivel 1)	DP
stomach relief extra strength oral suspension 525 mg/15ml	$0 (Nivel 1)	DP
stomach relief oral suspension 525 mg/15ml, 525 mg/30ml, 527 mg/30ml	$0 (Nivel 1)	DP
stomach relief oral tablet 262 mg	$0 (Nivel 1)	DP
stomach relief oral tablet chewable 262 mg	$0 (Nivel 1)	DP
stomach relief plus oral suspension 525 mg/15ml	$0 (Nivel 1)	DP
stomach relief ultra oral suspension 525 mg/15ml	$0 (Nivel 1)	DP
Antieméticos		
aprepitant oral capsule 125 mg, 40 mg, 80 mg	$0-$12.65 (Nivel 4)	B/D
aprepitant oral capsule therapy pack 80 & 125 mg	$0-$12.65 (Nivel 4)	B/D
COMPRO RECTAL SUPPOSITORY 25 MG	$0-$12.65 (Nivel 4)	
dronabinol capsule 10 mg oral	$0 (Nivel 1)	DP
dronabinol capsule 10 mg oral	$0-$12.65 (Nivel 4)	B/D; QL; 60 cápsulas cada 30 días
dronabinol capsule 2.5 mg oral	$0 (Nivel 1)	DP
dronabinol capsule 2.5 mg oral	$0-$12.65 (Nivel 4)	B/D; QL; 60 cápsulas cada 30 días
dronabinol capsule 5 mg oral	$0 (Nivel 1)	DP
dronabinol capsule 5 mg oral	$0-$12.65 (Nivel 4)	B/D; QL; 60 cápsulas cada 30 días
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	$0-$12.65 (Nivel 4)	
granisetron hcl oral tablet 1 mg	$0-$12.65 (Nivel 4)	B/D
meclizine hcl oral tablet 12.5 mg, 25 mg	$0 (Nivel 2)	PA
metoclopramide hcl injection solution 5 mg/ml	$0-$12.65 (Nivel 3)	
metoclopramide hcl oral solution 5 mg/5ml	$0-$12.65 (Nivel 3)	
metoclopramide hcl oral tablet 10 mg, 5 mg	$0 (Nivel 1)	
ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml	$0-$12.65 (Nivel 3)	
ondansetron hcl injection solution prefilled syringe 4 mg/2ml	$0-$12.65 (Nivel 3)	
ondansetron hcl oral solution 4 mg/5ml	$0-$12.65 (Nivel 4)	B/D
ondansetron hcl oral tablet 4 mg, 8 mg	$0-$12.65 (Nivel 3)	B/D
ondansetron oral tablet dispersible 4 mg, 8 mg	$0-$12.65 (Nivel 3)	B/D
prochlorperazine edisylate injection solution 10 mg/2ml	$0-$12.65 (Nivel 4)	
prochlorperazine maleate oral tablet 10 mg, 5 mg	$0 (Nivel 2)	
prochlorperazine rectal suppository 25 mg	$0-$12.65 (Nivel 4)	
promethazine hcl injection solution 25 mg/ml, 50 mg/ml	$0-$12.65 (Nivel 3)	PA

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
promethazine hcl oral solution 6.25 mg/5ml	$0-$12.65 (Nivel 3)	PA
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	$0-$12.65 (Nivel 3)	PA
scopolamine transdermal patch 72 hour 1 mg/3days	$0-$12.65 (Nivel 4)	QL; 10 parches cada 30 días
SYNDROS ORAL SOLUTION 5 MG/ML	$0 (Nivel 1)	DP
Antiespasmódicos		
dicyclomine hcl oral capsule 10 mg	$0-$12.65 (Nivel 3)	PA
dicyclomine hcl oral solution 10 mg/5ml	$0-$12.65 (Nivel 4)	PA
dicyclomine hcl oral tablet 20 mg	$0-$12.65 (Nivel 3)	PA
glycopyrrolate oral tablet 1 mg	$0-$12.65 (Nivel 3)	QL; 90 tabletas cada 30 días
glycopyrrolate oral tablet 2 mg	$0-$12.65 (Nivel 3)	QL; 120 tabletas cada 30 días
Diversos		
alosetron hcl oral tablet 0.5 mg	$0-$12.65 (Nivel 4)	PA; QL; 60 tabletas cada 30 días
alosetron hcl oral tablet 1 mg	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT	$0-$12.65 (Nivel 3)	
cromolyn sodium oral concentrate 100 mg/5ml	$0-$12.65 (Nivel 4)	
cvs gas relief extra strength oral tablet chewable 125 mg	$0 (Nivel 1)	DP
cvs gas relief infants oral suspension 20 mg/0.3ml	$0 (Nivel 1)	DP
cvs gas relief oral tablet chewable 80 mg	$0 (Nivel 1)	DP
cvs gas relief ultra strength oral capsule 180 mg	$0 (Nivel 1)	DP
cvs infants gas relief oral suspension 20 mg/0.3ml	$0 (Nivel 1)	DP
diphenoxylate-atropine oral tablet 2.5-0.025 mg	$0-$12.65 (Nivel 4)	
drxchoice gas relief oral tablet chewable 80 mg	$0 (Nivel 1)	DP
eq gas relief extra strength oral capsule 125 mg	$0 (Nivel 1)	DP
eq gas relief extra strength oral tablet chewable 125 mg	$0 (Nivel 1)	DP
eq gas relief oral capsule 125 mg	$0 (Nivel 1)	DP
eq gas relief ultra strength oral capsule 180 mg	$0 (Nivel 1)	DP
eq infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml	$0 (Nivel 1)	DP
eql gas gone oral tablet chewable 125 mg	$0 (Nivel 1)	DP
eql gas relief oral capsule 125 mg	$0 (Nivel 1)	DP
ft gas relief extra strength oral capsule 125 mg	$0 (Nivel 1)	DP
ft gas relief extra strength oral tablet chewable 125 mg	$0 (Nivel 1)	DP
ft gas relief infants oral suspension 20 mg/0.3ml	$0 (Nivel 1)	DP
ft gas relief oral tablet chewable 80 mg	$0 (Nivel 1)	DP
ft gas relief ultra strength oral capsule 180 mg	$0 (Nivel 1)	DP
gas relief extra strength oral capsule 125 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
gas relief extra strength oral tablet chewable 125 mg	$0 (Nivel 1)	DP
gas relief infants oral suspension 20 mg/0.3ml, 40 mg/0.6ml, 80 mg/1.2ml	$0 (Nivel 1)	DP
gas relief oral liquid 40 mg/0.6ml	$0 (Nivel 1)	DP
gas relief oral tablet chewable 80 mg	$0 (Nivel 1)	DP
gas relief ultra strength oral capsule 180 mg	$0 (Nivel 1)	DP
GAS-X EXTRA STRENGTH ORAL CAPSULE 125 MG	$0 (Nivel 1)	DP
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE 125 MG	$0 (Nivel 1)	DP
GAS-X INFANT DROPS ORAL LIQUID 20 MG/0.3ML	$0 (Nivel 1)	DP
GAS-X MAXIMUM STRENGTH ORAL CAPSULE 250 MG	$0 (Nivel 1)	DP
GAS-X ULTRA STRENGTH ORAL CAPSULE 180 MG	$0 (Nivel 1)	DP
GATTEX SUBCUTANEOUS KIT 5 MG	$0-$12.65 (Nivel 5)	PA
gnp anti-gas oral capsule 180 mg	$0 (Nivel 1)	DP
gnp gas relief extra strength oral tablet chewable 125 mg	$0 (Nivel 1)	DP
gnp gas relief oral tablet chewable 80 mg	$0 (Nivel 1)	DP
gnp infant gas relief oral suspension 20 mg/0.3ml	$0 (Nivel 1)	DP
goodsense gas relief extra st oral capsule 125 mg	$0 (Nivel 1)	DP
goodsense gas relief oral tablet chewable 125 mg	$0 (Nivel 1)	DP
heartland gas relief oral tablet chewable 80 mg	$0 (Nivel 1)	DP
infants gas relief oral suspension 20 mg/0.3ml, 40 mg/0.6ml	$0 (Nivel 1)	DP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG	$0-$12.65 (Nivel 3)	QL; 30 cápsulas cada 30 días
LITTLE REMEDIES GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	$0 (Nivel 1)	DP
loperamide hcl capsule 2 mg oral	$0 (Nivel 2)	
lubiprostone oral capsule 24 mcg, 8 mcg	$0-$12.65 (Nivel 3)	QL; 60 cápsulas cada 30 días
misoprostol oral tablet 100 mcg, 200 mcg	$0-$12.65 (Nivel 3)	
MOMMY'S BLISS GAS RELIEF DROPS ORAL SUSPENSION 20 MG/0.3ML	$0 (Nivel 1)	DP
MOVANTIK ORAL TABLET 12.5 MG, 25 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
MYLICON INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	$0 (Nivel 1)	DP
PEDIACARE INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML	$0 (Nivel 1)	DP
PHAZYME MAXIMUM STRENGTH ORAL CAPSULE 250 MG	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
PHAZYME ORAL TABLET CHEWABLE 125 MG	$0 (Nivel 1)	DP
PHAZYME ULTRA STRENGTH ORAL CAPSULE 180 MG	$0 (Nivel 1)	DP
qc anti-gas oral capsule 180 mg	$0 (Nivel 1)	DP
qc gas relief extra strength oral tablet chewable 125 mg	$0 (Nivel 1)	DP
qc gas relief infants oral suspension 20 mg/0.3ml	$0 (Nivel 1)	DP
qc gas relief oral capsule 250 mg	$0 (Nivel 1)	DP
qc gas relief oral tablet chewable 80 mg	$0 (Nivel 1)	DP
ra gas relief extra strength oral tablet chewable 125 mg	$0 (Nivel 1)	DP
ra gas relief oral capsule 125 mg	$0 (Nivel 1)	DP
ra gas relief oral tablet chewable 80 mg	$0 (Nivel 1)	DP
ra gas relief ultra strength oral capsule 180 mg	$0 (Nivel 1)	DP
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	$0-$12.65 (Nivel 5)	PA; QL; 28 frascos cada 28 días
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML	$0-$12.65 (Nivel 5)	PA; QL; 28 jeringas cada 28 días
sb anti-gas oral capsule 180 mg	$0 (Nivel 1)	DP
sb gas relief oral suspension 40 mg/0.6ml	$0 (Nivel 1)	DP
sb gas relief oral tablet chewable 125 mg	$0 (Nivel 1)	DP
simeped oral suspension 40 mg/0.6ml	$0 (Nivel 1)	DP
simethicone drops infants oral suspension 20 mg/0.3ml	$0 (Nivel 1)	DP
simethicone extra strength oral capsule 125 mg	$0 (Nivel 1)	DP
simethicone oral capsule 125 mg, 180 mg	$0 (Nivel 1)	DP
simethicone oral suspension 40 mg/0.6ml	$0 (Nivel 1)	DP
simethicone oral tablet chewable 125 mg, 80 mg	$0 (Nivel 1)	DP
simethicone ultra strength oral capsule 180 mg	$0 (Nivel 1)	DP
sucralfate oral tablet 1 gm	$0-$12.65 (Nivel 3)	
teeny tummy gas relief drops oral suspension 20 mg/0.3ml	$0 (Nivel 1)	DP
ursodiol oral capsule 300 mg	$0-$12.65 (Nivel 4)	
ursodiol oral tablet 250 mg, 500 mg	$0-$12.65 (Nivel 3)	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG	$0-$12.65 (Nivel 3)	PA; QL; 2 kits al año
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG	$0-$12.65 (Nivel 3)	PA; QL; 2 kits al año
VOWST ORAL CAPSULE	$0-$12.65 (Nivel 5)	PA; QL; 12 cápsulas cada 30 días
WAL-FEX ALLERGY TABLET 180 MG ORAL	$0 (Nivel 1)	DP
XERMELO ORAL TABLET 250 MG	$0-$12.65 (Nivel 5)	PA; QL; 84 tabletas cada 28 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
XIFAXAN ORAL TABLET 550 MG	$0-$12.65 (Nivel 5)	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT	$0-$12.65 (Nivel 4)	
Enfermedad Inflamatoria Intestinal		
balsalazide disodium oral capsule 750 mg	$0-$12.65 (Nivel 3)	
budesonide er oral tablet extended release 24 hour 9 mg	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
budesonide oral capsule delayed release particles 3 mg	$0-$12.65 (Nivel 4)	QL; 90 cápsulas cada 30 días
hydrocortisone rectal enema 100 mg/60ml	$0-$12.65 (Nivel 4)	
mesalamine er oral capsule extended release 24 hour 0.375 gm	$0-$12.65 (Nivel 4)	QL; 120 cápsulas cada 30 días
mesalamine oral capsule delayed release 400 mg	$0-$12.65 (Nivel 4)	QL; 180 cápsulas cada 30 días
mesalamine oral tablet delayed release 1.2 gm	$0-$12.65 (Nivel 4)	QL; 120 tabletas cada 30 días
mesalamine rectal enema 4 gm	$0-$12.65 (Nivel 4)	QL; 1680 ml cada 28 días
mesalamine rectal suppository 1000 mg	$0-$12.65 (Nivel 4)	QL; 30 supositorios cada 30 días
mesalamine-cleanser rectal kit 4 gm	$0-$12.65 (Nivel 4)	QL; 28 botellas cada 28 días
sulfasalazine oral tablet 500 mg	$0 (Nivel 2)	
sulfasalazine oral tablet delayed release 500 mg	$0-$12.65 (Nivel 3)	
Inhibidores De La Bomba De Protones		
esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg	$0-$12.65 (Nivel 3)	ST; QL; 30 cápsulas cada 30 días
lansoprazole oral capsule delayed release 15 mg, 30 mg	$0-$12.65 (Nivel 3)	QL; 60 cápsulas cada 30 días
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	$0 (Nivel 1)	
pantoprazole sodium intravenous solution reconstituted 40 mg	$0-$12.65 (Nivel 4)	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	$0 (Nivel 1)	
rabeprazole sodium oral tablet delayed release 20 mg	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
Laxantes		
AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY 2 GM	$0 (Nivel 1)	DP
bisacodyl ec oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
bisacodyl laxative rectal suppository 10 mg	$0 (Nivel 1)	DP
bisacodyl rectal suppository 10 mg	$0 (Nivel 1)	DP
BLACK-DRAUGHT LAX-SENNA ORAL TABLET 8.6 MG	$0 (Nivel 1)	DP
CLEARLAX ORAL POWDER 17 GM/SCOOP	$0 (Nivel 1)	DP

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COLACE 2-IN-1 ORAL TABLET 8.6-50 MG	$0 (Nivel 1)	DP
COLACE CLEAR ORAL CAPSULE 50 MG	$0 (Nivel 1)	DP
COLACE ORAL CAPSULE 100 MG	$0 (Nivel 1)	DP
constulose oral solution 10 gm/15ml	$0 (Nivel 2)	
cvs c-lax laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
cvs daily fiber oral capsule 0.52 gm	$0 (Nivel 1)	DP
cvs daily fiber oral powder 51.7 %	$0 (Nivel 1)	DP
cvs enema disposable rectal enema 19-7 gm/118ml	$0 (Nivel 1)	DP
cvs enema ready-to-use rectal enema 19-7 gm/118ml	$0 (Nivel 1)	DP
cvs epsom salt oral granules	$0 (Nivel 1)	DP
cvs fiber laxative oral tablet 625 mg	$0 (Nivel 1)	DP
cvs fiber oral capsule 0.52 gm	$0 (Nivel 1)	DP
cvs gentle laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
cvs gentle laxative rectal suppository 10 mg	$0 (Nivel 1)	DP
cvs gentle laxative womens oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
cvs glycerin adult rectal suppository 2 gm	$0 (Nivel 1)	DP
cvs glycerin child rectal suppository 1 gm	$0 (Nivel 1)	DP
cvs laxative pills max st oral tablet 25 mg	$0 (Nivel 1)	DP
cvs milk of magnesia oral suspension 1200 mg/15ml	$0 (Nivel 1)	DP
cvs mineral oil oral oil	$0 (Nivel 1)	DP
cvs mini enema kids rectal enema 100 mg/5ml	$0 (Nivel 1)	DP
cvs mini enema rectal enema 20-283 mg	$0 (Nivel 1)	DP
cvs natural daily fiber oral powder 43 %, 51.7 %, 58.6 %	$0 (Nivel 1)	DP
cvs natural fiber supplement oral powder 100 %	$0 (Nivel 1)	DP
CVS PURELAX ORAL PACKET 17 GM	$0 (Nivel 1)	DP
CVS PURELAX ORAL POWDER 17 GM/SCOOP	$0 (Nivel 1)	DP
cvs senna oral capsule 8.6 mg	$0 (Nivel 1)	DP
cvs senna oral tablet 8.6 mg	$0 (Nivel 1)	DP
cvs senna plus oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
cvs senna-extra oral tablet 17.2 mg	$0 (Nivel 1)	DP
cvs stool softener oral capsule 100 mg, 250 mg, 50 mg	$0 (Nivel 1)	DP
cvs stool softener/laxative oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
daily fiber oral capsule 400 mg	$0 (Nivel 1)	DP
daily fiber oral powder 43 %, 51.7 %	$0 (Nivel 1)	DP
docqlace oral capsule 100 mg	$0 (Nivel 1)	DP
docusate calcium oral capsule 240 mg	$0 (Nivel 1)	DP
docusate mini rectal enema 283 mg/5ml	$0 (Nivel 1)	DP

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docusate sodium oral capsule 100 mg, 250 mg	$0 (Nivel 1)	DP
docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml	$0 (Nivel 1)	DP
DOCUSOL KIDS RECTAL ENEMA 100 MG/5ML	$0 (Nivel 1)	DP
DOK ORAL CAPSULE 100 MG	$0 (Nivel 1)	DP
DQZATE ORAL CAPSULE 100 MG	$0 (Nivel 1)	DP
dss oral capsule 100 mg, 250 mg	$0 (Nivel 1)	DP
DULCOLAX MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML	$0 (Nivel 1)	DP
DULCOLAX ORAL SUSPENSION 1200 MG/15ML	$0 (Nivel 1)	DP
DULCOLAX ORAL TABLET DELAYED RELEASE 5 MG	$0 (Nivel 1)	DP
DULCOLAX PINK LAXATIVE ORAL TABLET DELAYED RELEASE 5 MG	$0 (Nivel 1)	DP
DULCOLAX PINK STOOL SOFTENER ORAL CAPSULE 100 MG	$0 (Nivel 1)	DP
DULCOLAX RECTAL SUPPOSITORY 10 MG	$0 (Nivel 1)	DP
DULCOLAX STOOL SOFTENER ORAL CAPSULE 100 MG	$0 (Nivel 1)	DP
easy-lax oral capsule 100 mg	$0 (Nivel 1)	DP
easy-lax plus oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
enema disposable rectal enema 19-7 gm/118ml	$0 (Nivel 1)	DP
enema ready-to-use rectal enema 19-7 gm/118ml	$0 (Nivel 1)	DP
ENEMEEZ KIDS RECTAL ENEMA 100 MG/5ML	$0 (Nivel 1)	DP
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML	$0 (Nivel 1)	DP
ENEMEEZ PLUS RECTAL ENEMA 20-283 MG	$0 (Nivel 1)	DP
enulose oral solution 10 gm/15ml	$0 (Nivel 2)	
epsom salt oral granules	$0 (Nivel 1)	DP
EQ CLEARLAX ORAL POWDER 17 GM/SCOOP	$0 (Nivel 1)	DP
eq daily fiber oral capsule 400 mg	$0 (Nivel 1)	DP
eq daily fiber oral powder 25 %, 51.7 %	$0 (Nivel 1)	DP
eq enema rectal enema 19-7 gm/118ml	$0 (Nivel 1)	DP
eq fiber therapy oral capsule 0.52 gm	$0 (Nivel 1)	DP
eq fiber therapy oral tablet 625 mg	$0 (Nivel 1)	DP
eq gentle laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
eq laxative oral packet 17 gm	$0 (Nivel 1)	DP
eq mineral oil oral oil	$0 (Nivel 1)	DP
eq natural vegetable laxative oral tablet 8.6 mg	$0 (Nivel 1)	DP
eq senna-s oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
eq stool softener extra str oral capsule 250 mg	$0 (Nivel 1)	DP
eq stool softener oral capsule 100 mg, 250 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

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eq stool softener/laxative oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
eq vegetable laxative oral tablet 8.6 mg	$0 (Nivel 1)	DP
EQL CLEARLAX ORAL POWDER 17 GM/SCOOP	$0 (Nivel 1)	DP
eql fiber laxative oral tablet 625 mg	$0 (Nivel 1)	DP
eql fiber therapy oral powder 28.3 %, 43 %	$0 (Nivel 1)	DP
eql gentle laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
eql laxative maximum strength oral tablet 25 mg	$0 (Nivel 1)	DP
eql laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
eql natural fiber oral powder 28.3 %	$0 (Nivel 1)	DP
eql ready-to-use enema rectal enema 19-7 gm/118ml	$0 (Nivel 1)	DP
eql senna laxative oral tablet 8.6 mg	$0 (Nivel 1)	DP
eql senna-s oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
eql smooth texture fiber oral powder 51.7 %	$0 (Nivel 1)	DP
eql stool softener oral capsule 100 mg	$0 (Nivel 1)	DP
EVAC ORAL POWDER	$0 (Nivel 1)	DP
EVAC-U-GEN ORAL TABLET 8.6 MG	$0 (Nivel 1)	DP
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG	$0 (Nivel 1)	DP
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG	$0 (Nivel 1)	DP
fiber laxative + calcium oral tablet 625 mg	$0 (Nivel 1)	DP
fiber laxative oral tablet 625 mg	$0 (Nivel 1)	DP
fiber oral powder 25 %, 28.3 %, 51.7 %	$0 (Nivel 1)	DP
fiber oral tablet 625 mg	$0 (Nivel 1)	DP
FIBERCON ORAL TABLET 625 MG	$0 (Nivel 1)	DP
fiber-lax oral tablet 625 mg	$0 (Nivel 1)	DP
FLEET ENEMA RECTAL ENEMA 19-7 GM/197ML, 7-19 GM/118ML	$0 (Nivel 1)	DP
FLEET GLYCERIN (ADULT) RECTAL SUPPOSITORY 2 GM	$0 (Nivel 1)	DP
FLEET LAXATIVE MINERAL OIL ORAL OIL	$0 (Nivel 1)	DP
FLEET STIMULANT ORAL TABLET DELAYED RELEASE 5 MG	$0 (Nivel 1)	DP
FLEET STOOL SOFTENER ORAL CAPSULE 100 MG	$0 (Nivel 1)	DP
ft clearlax oral powder 17 gm/scoop	$0 (Nivel 1)	DP
ft enema rectal enema 19-7 gm/118ml	$0 (Nivel 1)	DP
ft epsom salt oral granules	$0 (Nivel 1)	DP
ft fiber laxative oral tablet 625 mg	$0 (Nivel 1)	DP
ft fiber oral powder 25 %, 27 %, 43 %, 51.7 %	$0 (Nivel 1)	DP
ft fiber supplement oral capsule 400 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

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ft gentle laxative rectal suppository 10 mg	$0 (Nivel 1)	DP
ft laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
ft milk of magnesia oral suspension 1200 mg/15ml	$0 (Nivel 1)	DP
ft mineral oil oral oil	$0 (Nivel 1)	DP
ft senna laxative oral tablet 8.6 mg	$0 (Nivel 1)	DP
ft senna laxatives oral tablet 8.6 mg	$0 (Nivel 1)	DP
ft senna-s oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
ft stool softener oral capsule 100 mg, 250 mg	$0 (Nivel 1)	DP
ft stool softener oral tablet 50-8.6 mg	$0 (Nivel 1)	DP
gavilax oral packet 17 gm, 8.5 gm	$0 (Nivel 1)	DP
gavilax oral powder 17 gm/scoop	$0 (Nivel 1)	DP
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM	$0 (Nivel 2)	
GAVILYTE-G ORAL SOLUTION RECONSTITUTED 236 GM	$0 (Nivel 2)	
GAVILYTE-N WITH FLAVOR PACK ORAL SOLUTION RECONSTITUTED 420 GM	$0 (Nivel 2)	
generlac oral solution 10 gm/15ml	$0 (Nivel 2)	
gentle laxative oral suspension 1200 mg/15ml	$0 (Nivel 1)	DP
gentle laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
gentle laxative rectal suppository 10 mg	$0 (Nivel 1)	DP
geri-kot oral tablet 8.6 mg	$0 (Nivel 1)	DP
geri-mucil oral powder 25 %, 51.7 %	$0 (Nivel 1)	DP
glycerin (adult) rectal suppository 2 gm, 2.1 gm	$0 (Nivel 1)	DP
glycerin (child) rectal suppository 1.2 gm	$0 (Nivel 1)	DP
glycerin (infants & children) rectal suppository 1 gm, 1.2 gm	$0 (Nivel 1)	DP
glycerin (pediatric) rectal suppository 1.2 gm	$0 (Nivel 1)	DP
glycerin adult rectal suppository 2 gm	$0 (Nivel 1)	DP
glycerin childrens rectal suppository 1 gm, 1.2 gm	$0 (Nivel 1)	DP
GLYCOLAX ORAL POWDER 17 GM/SCOOP	$0 (Nivel 1)	DP
GNP CLEARLAX ORAL PACKET 17 GM	$0 (Nivel 1)	DP
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP	$0 (Nivel 1)	DP
gnp epsom salt oral granules	$0 (Nivel 1)	DP
gnp fiber oral powder 43 %	$0 (Nivel 1)	DP
gnp fiber-caps oral tablet 625 mg	$0 (Nivel 1)	DP
gnp gentle laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
gnp gentle laxative rectal suppository 10 mg	$0 (Nivel 1)	DP
gnp glycerin (adult) rectal suppository 2.1 gm	$0 (Nivel 1)	DP
gnp glycerin child rectal suppository 1.2 gm	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
gnp milk of magnesia oral suspension 1200 mg/15ml	$0 (Nivel 1)	DP
gnp mineral oil oral oil	$0 (Nivel 1)	DP
gnp natural fiber oral powder 28.3 %	$0 (Nivel 1)	DP
gnp senna lax oral tablet 8.6 mg	$0 (Nivel 1)	DP
gnp senna plus oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
gnp stool softener oral capsule 100 mg, 240 mg, 250 mg	$0 (Nivel 1)	DP
gnp stool softener/laxative oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
gnp womens gentle laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
goodsense bisacodyl laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP	$0 (Nivel 1)	DP
goodsense enema rectal enema 19-7 gm/118ml	$0 (Nivel 1)	DP
goodsense epsom salt oral granules	$0 (Nivel 1)	DP
goodsense fiber laxative oral tablet 625 mg	$0 (Nivel 1)	DP
goodsense laxative pills oral tablet 25 mg	$0 (Nivel 1)	DP
goodsense milk of magnesia oral suspension 1200 mg/15ml	$0 (Nivel 1)	DP
goodsense mineral oil oral oil	$0 (Nivel 1)	DP
goodsense psyllium fiber oral powder 51.7 %	$0 (Nivel 1)	DP
goodsense senna laxative oral tablet 8.6 mg	$0 (Nivel 1)	DP
goodsense stimulant lax plus oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
goodsense stool softener oral capsule 100 mg	$0 (Nivel 1)	DP
HEALTHYLAX ORAL PACKET 17 GM	$0 (Nivel 1)	DP
hm enema rectal enema 19-7 gm/118ml	$0 (Nivel 1)	DP
HYDROCIL ORAL POWDER 95 %	$0 (Nivel 1)	DP
KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP	$0 (Nivel 1)	DP
kls stool softener oral capsule 100 mg	$0 (Nivel 1)	DP
KONSYL DAILY PSYLLIUM FIBER ORAL POWDER 25 %	$0 (Nivel 1)	DP
kp bisacodyl oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
kp senna oral tablet 8.6 mg	$0 (Nivel 1)	DP
lactulose encephalopathy oral solution 10 gm/15ml	$0 (Nivel 2)	
lactulose oral solution 10 gm/15ml	$0 (Nivel 2)	
laxative max str oral tablet 25 mg	$0 (Nivel 1)	DP
laxative rectal suppository 10 mg	$0 (Nivel 1)	DP
laxative regular strength oral tablet 15 mg	$0 (Nivel 1)	DP
MEDI-LAX ORAL TABLET 15 MG	$0 (Nivel 1)	DP
MEDI-MUCIL ORAL CAPSULE 0.52 GM	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
medi-natural oral tablet 8.6 mg	$0 (Nivel 1)	DP
medi-natural plus oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
METAMUCIL 3 IN 1 DAILY FIBER ORAL CAPSULE 400 MG	$0 (Nivel 1)	DP
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 %, 55.6 %	$0 (Nivel 1)	DP
METAMUCIL FREE & NATURAL ORAL POWDER 43 %	$0 (Nivel 1)	DP
METAMUCIL PREMIUM BLEND ORAL POWDER 52.63 %	$0 (Nivel 1)	DP
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 %, 58.6 %	$0 (Nivel 1)	DP
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 %	$0 (Nivel 1)	DP
mineral oil heavy oil	$0 (Nivel 1)	DP
mineral oil lubricant laxative oral oil	$0 (Nivel 1)	DP
mineral oil oral oil	$0 (Nivel 1)	DP
MIRALAX MIX-IN PAX ORAL PACKET 17 GM	$0 (Nivel 1)	DP
MIRALAX ORAL POWDER 17 GM/SCOOP	$0 (Nivel 1)	DP
MM CLEARLAX ORAL POWDER 17 GM/SCOOP	$0 (Nivel 1)	DP
mm stool softener laxative oral capsule 100 mg	$0 (Nivel 1)	DP
mm stool softener oral capsule 100 mg	$0 (Nivel 1)	DP
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml, 17.5-3.13-1.6 gm/177ml 2 pack (480ml)	$0-$12.65 (Nivel 3)	
natural fiber laxative oral powder 28.3 %, 30.9 %, 58.6 %	$0 (Nivel 1)	DP
natural fiber oral powder 58.6 %	$0 (Nivel 1)	DP
natural psyllium seed oral powder 100 %	$0 (Nivel 1)	DP
natural senna laxative oral tablet 8.6 mg	$0 (Nivel 1)	DP
ONELAX DAILY FIBER ORAL POWDER 83 %	$0 (Nivel 1)	DP
ONELAX FIBER THERAPY ORAL POWDER 25 %	$0 (Nivel 1)	DP
ONELAX RECTAL SUPPOSITORY 10 MG	$0 (Nivel 1)	DP
ONELAX SENNA ORAL SYRUP 8.8 MG/5ML	$0 (Nivel 1)	DP
PEDIA-LAX ORAL LIQUID 50 MG/15ML	$0 (Nivel 1)	DP
PEDIA-LAX RECTAL SUPPOSITORY 2.8 GM	$0 (Nivel 1)	DP
peg 3350 oral packet 17 gm	$0 (Nivel 1)	DP
peg 3350 oral powder 17 gm/scoop	$0 (Nivel 1)	DP
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	$0 (Nivel 2)	
peg-3350/electrolytes oral solution reconstituted 236 gm	$0 (Nivel 2)	

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG	$0 (Nivel 1)	DP
PHILLIPS MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5ML	$0 (Nivel 1)	DP
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM	$0-$12.65 (Nivel 4)	
polyethylene glycol 3350 oral packet 17 gm	$0 (Nivel 1)	DP
polyethylene glycol 3350 oral powder 17 gm/scoop	$0 (Nivel 1)	DP
PROCTOZONE-B RECTAL SUPPOSITORY 10 MG	$0 (Nivel 1)	DP
PROLAXA ORAL CAPSULE 250 MG	$0 (Nivel 1)	DP
psyldex oral powder 30 %	$0 (Nivel 1)	DP
psyllium fiber oral capsule 0.52 gm	$0 (Nivel 1)	DP
qc docusate calcium oral capsule 240 mg	$0 (Nivel 1)	DP
qc enema rectal enema 19-7 gm/118ml	$0 (Nivel 1)	DP
qc epsom salt oral granules	$0 (Nivel 1)	DP
qc fiber laxative oral capsule 0.52 gm	$0 (Nivel 1)	DP
qc fiber oral tablet 625 mg	$0 (Nivel 1)	DP
qc fiber therapy oral powder 25 %, 51.7 %	$0 (Nivel 1)	DP
qc gentle laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
qc gentle laxative rectal suppository 10 mg	$0 (Nivel 1)	DP
qc gentle laxative womens oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
qc glycerin rectal suppository 2.1 gm	$0 (Nivel 1)	DP
qc laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
qc milk of magnesia oral suspension 400 mg/5ml	$0 (Nivel 1)	DP
qc natural vegetable oral powder 95 %	$0 (Nivel 1)	DP
qc natura-lax oral powder 17 gm/scoop	$0 (Nivel 1)	DP
qc psyllium fiber oral powder 43 %	$0 (Nivel 1)	DP
qc senna oral tablet 8.6 mg	$0 (Nivel 1)	DP
qc senna-s oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
qc stool softener oral capsule 100 mg, 250 mg	$0 (Nivel 1)	DP
qc stool softener pls laxative oral tablet 50-8.6 mg, 8.6-50 mg	$0 (Nivel 1)	DP
qc vegetable laxative oral tablet 8.6 mg	$0 (Nivel 1)	DP
ra 2-in-1 lax/stool softener oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
ra col-rite oral capsule 100 mg, 250 mg	$0 (Nivel 1)	DP
ra enema rectal enema 19-7 gm/118ml	$0 (Nivel 1)	DP
ra epsom salt oral granules	$0 (Nivel 1)	DP
ra fast relief laxative rectal suppository 10 mg	$0 (Nivel 1)	DP
ra laxative oral powder 17 gm/scoop	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ra laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
ra milk of magnesia oral suspension 400 mg/5ml	$0 (Nivel 1)	DP
ra mineral oil oral oil	$0 (Nivel 1)	DP
ra multihealth fiber oral powder 43 %, 58.6 %	$0 (Nivel 1)	DP
ra p col-rite oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
ra stool softener oral capsule 100 mg	$0 (Nivel 1)	DP
ra womens laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
REGULOID ORAL CAPSULE 400 MG	$0 (Nivel 1)	DP
REGULOID ORAL POWDER 28.3 %, 43 %, 51.7 %	$0 (Nivel 1)	DP
sb bisacodyl laxative ec oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
sb docusate sodium oral capsule 100 mg	$0 (Nivel 1)	DP
sb docusate sodium/senna oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
sb fib lax orange oral powder 30 %, 33 %	$0 (Nivel 1)	DP
sb fiber laxative oral tablet 625 mg	$0 (Nivel 1)	DP
sb gentle lax-women oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
sb glycerin adult rectal suppository 2.1 gm	$0 (Nivel 1)	DP
sb glycerin pediatric rectal suppository 1.2 gm	$0 (Nivel 1)	DP
sb laxative rectal suppository 10 mg	$0 (Nivel 1)	DP
sb milk of magnesia oral suspension 400 mg/5ml	$0 (Nivel 1)	DP
sb natural fiber laxative oral powder 49 %	$0 (Nivel 1)	DP
sb polyethylene glycol 3350 oral powder 17 gm/scoop	$0 (Nivel 1)	DP
sb senna-lax oral tablet 8.6 mg	$0 (Nivel 1)	DP
sb stool softener oral capsule 240 mg	$0 (Nivel 1)	DP
senexon-s oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
senna laxative oral tablet 8.6 mg	$0 (Nivel 1)	DP
senna oral capsule 8.6 mg	$0 (Nivel 1)	DP
senna oral liquid 8.8 mg/5ml	$0 (Nivel 1)	DP
senna oral syrup 26.4 mg/15ml, 8.8 mg/5ml	$0 (Nivel 1)	DP
senna oral tablet 8.6 mg	$0 (Nivel 1)	DP
senna plus oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
senna s oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
SENNA SMOOTH ORAL TABLET 15 MG	$0 (Nivel 1)	DP
senna-docusate sodium oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
senna-lax oral tablet 8.6 mg	$0 (Nivel 1)	DP
senna-plus oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
senna-s oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
senna-tabs oral tablet 8.6 mg	$0 (Nivel 1)	DP
senna-time oral tablet 8.6 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
senna-time s oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
sennazon oral syrup 8.8 mg/5ml	$0 (Nivel 1)	DP
sennosides oral tablet 8.6 mg	$0 (Nivel 1)	DP
sennosides-docusate sodium oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
SENOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG	$0 (Nivel 1)	DP
SENOKOT KIDS GUMMIES ORAL TABLET CHEWABLE 8.7 MG	$0 (Nivel 1)	DP
SENOKOT LAXATIVE GUMMIES ORAL TABLET CHEWABLE 8.7 MG	$0 (Nivel 1)	DP
SENOKOT ORAL TABLET 8.6 MG	$0 (Nivel 1)	DP
SENOKOT S ORAL TABLET 8.6-50 MG	$0 (Nivel 1)	DP
SMOOTH LAX ORAL PACKET 17 GM	$0 (Nivel 1)	DP
SMOOTH LAX ORAL POWDER 17 GM/SCOOP	$0 (Nivel 1)	DP
sod phos mono-sod phos dibasic rectal enema 19-7 gm/118ml	$0 (Nivel 1)	DP
stimulant laxative oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
stool softener laxative oral capsule 100 mg	$0 (Nivel 1)	DP
stool softener laxative oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
stool softener oral capsule 100 mg, 240 mg, 250 mg	$0 (Nivel 1)	DP
stool softener oral liquid 50 mg/5ml	$0 (Nivel 1)	DP
stool softener plus laxative oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
stool softener/laxative oral tablet 50-8.6 mg	$0 (Nivel 1)	DP
SURFAK ORAL CAPSULE 240 MG	$0 (Nivel 1)	DP
THE MAGIC BULLET RECTAL SUPPOSITORY 10 MG	$0 (Nivel 1)	DP
true laxative oral powder 17 gm/scoop	$0 (Nivel 1)	DP
vegetable lax+stool softener oral tablet 8.6-50 mg	$0 (Nivel 1)	DP
WAL-MUCIL ORAL CAPSULE 0.52 GM	$0 (Nivel 1)	DP
WAL-MUCIL ORAL POWDER 100 %, 28.3 %, 43 %, 51.7 %, 58.6 %	$0 (Nivel 1)	DP
WE CARE ENEMA RECTAL ENEMA 19-7 GM/118ML	$0 (Nivel 1)	DP
womans laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
womens laxative oral tablet delayed release 5 mg	$0 (Nivel 1)	DP
GENITOURINARIO		
Antiespasmódicos Urinarios		
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	$0-$12.65 (Nivel 4)	QL; 30 tabletas cada 30 días
GEMTESA ORAL TABLET 75 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML	$0-$12.65 (Nivel 3)	QL; 300 ml cada 28 días

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
oxybutynin chloride oral solution 5 mg/5ml	$0-$12.65 (Nivel 3)	QL; 600 ml cada 30 días
oxybutynin chloride oral tablet 5 mg	$0-$12.65 (Nivel 3)	QL; 120 tabletas cada 30 días
solifenacin succinate oral tablet 10 mg, 5 mg	$0-$12.65 (Nivel 4)	QL; 30 tabletas cada 30 días
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	$0-$12.65 (Nivel 4)	QL; 30 cápsulas cada 30 días
tolterodine tartrate oral tablet 1 mg, 2 mg	$0-$12.65 (Nivel 4)	QL; 60 tabletas cada 30 días
trospium chloride oral tablet 20 mg	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
Antiinfecciosos Vaginales		
3 day vaginal vaginal cream 2 %	$0 (Nivel 1)	DP
7 day vaginal vaginal cream 2 %	$0 (Nivel 1)	DP
clindamycin phosphate vaginal cream 2 %	$0-$12.65 (Nivel 3)	
clotrimazole 3 vaginal cream 2 %	$0 (Nivel 1)	DP
clotrimazole vaginal cream 1 %	$0 (Nivel 1)	DP
clotrimazole-7 vaginal cream 1 %	$0 (Nivel 1)	DP
cvs clotrimazole 3 vaginal cream 2 %	$0 (Nivel 1)	DP
cvs miconazole 1 combo pack vaginal kit 1200 & 2 mg & %	$0 (Nivel 1)	DP
cvs miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	$0 (Nivel 1)	DP
cvs miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	$0 (Nivel 1)	DP
cvs miconazole 7 vaginal cream 2 %	$0 (Nivel 1)	DP
ENCARE VAGINAL SUPPOSITORY 100 MG	$0 (Nivel 1)	DP
eq miconazole 1 vaginal kit 1200 & 2 mg & %	$0 (Nivel 1)	DP
eq miconazole 3-day combo vaginal kit 200 & 2 mg-% (9gm)	$0 (Nivel 1)	DP
eq miconazole 7 vaginal cream 2 %	$0 (Nivel 1)	DP
eql miconazole 3 vaginal kit 200 & 2 mg-% (9gm)	$0 (Nivel 1)	DP
eql miconazole 7 vaginal cream 2 %	$0 (Nivel 1)	DP
ft 7 day vaginal vaginal cream 1 %	$0 (Nivel 1)	DP
ft clotrimazole 3 vaginal cream 2 %	$0 (Nivel 1)	DP
ft clotrimazole vaginal cream 1 %	$0 (Nivel 1)	DP
ft miconazole 3 comb pack-supp vaginal kit 200 & 2 mg-% (9gm)	$0 (Nivel 1)	DP
ft miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ft miconazole 7 vaginal cream 2 %	$0 (Nivel 1)	DP
gnp clotrimazole 3 vaginal cream 2 %	$0 (Nivel 1)	DP
gnp miconazole 1 vaginal kit 1200 & 2 mg & %	$0 (Nivel 1)	DP
gnp miconazole 3 vaginal kit 200 & 2 mg-% (9gm)	$0 (Nivel 1)	DP
gnp miconazole 7 vaginal cream 2 %	$0 (Nivel 1)	DP
GYNAZOLE-1 VAGINAL CREAM 2 %	$0 (Nivel 1)	DP
metronidazole vaginal gel 0.75 %	$0-$12.65 (Nivel 3)	
miconazole 1 vaginal kit 1200 & 2 mg & %	$0 (Nivel 1)	DP
miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	$0 (Nivel 1)	DP
miconazole 3 combo-supp vaginal kit 200 & 2 mg-% (9gm)	$0 (Nivel 1)	DP
miconazole 7 vaginal cream 2 %	$0 (Nivel 1)	DP
miconazole 7 vaginal suppository 100 mg	$0 (Nivel 1)	DP
miconazole nitrate combo pack vaginal kit 200 & 2 mg-% (9gm)	$0 (Nivel 1)	DP
miconazole nitrate vaginal cream 2 %	$0 (Nivel 1)	DP
MONISTAT 1 COMBO PACK VAGINAL KIT 1200 & 2 MG & %	$0 (Nivel 1)	DP
MONISTAT 1 DAY OR NIGHT VAGINAL KIT 1200 & 2 MG & %	$0 (Nivel 1)	DP
MONISTAT 3 COMBINATION PACK VAGINAL KIT 200 & 2 MG-% (9GM)	$0 (Nivel 1)	DP
MONISTAT 3 COMBO PACK APP VAGINAL KIT 200 & 2 MG-% (9GM)	$0 (Nivel 1)	DP
MONISTAT 3 VAGINAL CREAM 4 %	$0 (Nivel 1)	DP
MONISTAT 7 COMBO PACK APP VAGINAL KIT 100 & 2 MG-% (9GM)	$0 (Nivel 1)	DP
MONISTAT 7 SIMPLY CURE VAGINAL CREAM 2 %	$0 (Nivel 1)	DP
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 %	$0 (Nivel 1)	DP
qc clotrimazole vaginal cream 1 %	$0 (Nivel 1)	DP
qc miconazole 7 vaginal cream 2 %	$0 (Nivel 1)	DP
ra clotrimazole 7 vaginal cream 1 %	$0 (Nivel 1)	DP
ra miconazole 3 combo pack app vaginal kit 200 & 2 mg-% (9gm)	$0 (Nivel 1)	DP
ra miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm)	$0 (Nivel 1)	DP
ra miconazole 7 vaginal cream 2 %	$0 (Nivel 1)	DP
terconazole vaginal cream 0.4 %, 0.8 %	$0-$12.65 (Nivel 3)	
terconazole vaginal suppository 80 mg	$0-$12.65 (Nivel 3)	
VAGISTAT-3 VAGINAL KIT 200 & 2 MG-% (9GM)	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 %	$0 (Nivel 1)	DP
Diversos		
acetic acid irrigation solution 0.25 %	$0 (Nivel 2)	
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	$0-$12.65 (Nivel 3)	
potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)	$0-$12.65 (Nivel 3)	
Hiperplasia Prostática Benigna		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	$0 (Nivel 2)	QL; 30 tabletas cada 30 días
dutasteride oral capsule 0.5 mg	$0-$12.65 (Nivel 3)	QL; 30 cápsulas cada 30 días
dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg	$0-$12.65 (Nivel 3)	QL; 30 cápsulas cada 30 días
finasteride oral tablet 5 mg	$0 (Nivel 1)	QL; 30 tabletas cada 30 días
tadalafil oral tablet 5 mg	$0-$12.65 (Nivel 3)	PA; QL; 30 tabletas cada 30 días
tamsulosin hcl oral capsule 0.4 mg	$0 (Nivel 1)	QL; 60 cápsulas cada 30 días
HEMATOLÓGICO		
Anticoagulantes		
dabigatran etexilate mesylate oral capsule 110 mg	$0-$12.65 (Nivel 3)	QL; 120 cápsulas cada 30 días
dabigatran etexilate mesylate oral capsule 150 mg, 75 mg	$0-$12.65 (Nivel 3)	QL; 60 cápsulas cada 30 días
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG	$0-$12.65 (Nivel 3)	QL; 591 tabletas cada 29 días
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG	$0-$12.65 (Nivel 3)	QL; 592 tabletas cada 30 días
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG	$0-$12.65 (Nivel 3)	QL; 74 tabletas cada 30 días
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG	$0-$12.65 (Nivel 3)	QL; 56 cápsulas cada 21 días
ELIQUIS ORAL TABLET 2.5 MG	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
ELIQUIS ORAL TABLET 5 MG	$0-$12.65 (Nivel 3)	QL; 74 tabletas cada 30 días
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG	$0-$12.65 (Nivel 3)	QL; 588 tabletas cada 29 días
enoxaparin sodium injection solution 300 mg/3ml	$0-$12.65 (Nivel 4)	
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	$0-$12.65 (Nivel 4)	
fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml	$0-$12.65 (Nivel 5)	
fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml	$0-$12.65 (Nivel 4)	
heparin (porcine) in nacl intravenous solution 25000-0.45 ut/500ml-%	$0-$12.65 (Nivel 3)	
heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml	$0-$12.65 (Nivel 3)	B/D

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
heparin sodium (porcine) pf injection solution 1000 unit/ml	$0-$12.65 (Nivel 3)	B/D
JANTOVEN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG	$0 (Nivel 1)	
rivaroxaban oral suspension reconstituted 1 mg/ml	$0-$12.65 (Nivel 3)	QL; 620 ml cada 30 días
rivaroxaban oral tablet 2.5 mg	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	$0 (Nivel 1)	
XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
XARELTO ORAL TABLET 2.5 MG	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG	$0-$12.65 (Nivel 3)	QL; 51 tabletas cada 30 días
Diversos		
ALVAIZ ORAL TABLET 18 MG, 36 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
ALVAIZ ORAL TABLET 54 MG, 9 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
anagrelide hcl oral capsule 0.5 mg, 1 mg	$0-$12.65 (Nivel 4)	
BERINERT INTRAVENOUS KIT 500 UNIT	$0-$12.65 (Nivel 5)	PA; QL; 24 cajas cada 30 días
cilostazol oral tablet 100 mg, 50 mg	$0 (Nivel 2)	
DOPTELET ORAL TABLET 20 MG, 20 MG (10 PACK), 20 MG(15 PACK)	$0-$12.65 (Nivel 5)	PA
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG	$0-$12.65 (Nivel 5)	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG	$0-$12.65 (Nivel 4)	
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT	$0-$12.65 (Nivel 5)	PA; QL; 30 frascos cada 30 días
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT	$0-$12.65 (Nivel 5)	PA; QL; 20 frascos cada 30 días
icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml	$0-$12.65 (Nivel 5)	PA; QL; 9 jeringas cada 30 días
l-glutamine oral packet 5 gm	$0-$12.65 (Nivel 5)	PA
pentoxifylline er oral tablet extended release 400 mg	$0 (Nivel 2)	
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML	$0-$12.65 (Nivel 5)	PA; QL; 9 jeringas cada 30 días
SIKLOS ORAL TABLET 100 MG	$0-$12.65 (Nivel 4)	
SIKLOS ORAL TABLET 1000 MG	$0-$12.65 (Nivel 5)	
TAVNEOS ORAL CAPSULE 10 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 cápsulas cada 30 días
tranexamic acid intravenous solution 1000 mg/10ml	$0-$12.65 (Nivel 4)	
tranexamic acid oral tablet 650 mg	$0-$12.65 (Nivel 3)	
Factores De Crecimiento Hematopoyéticos		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML	$0-$12.65 (Nivel 5)	PA; QL; 2 jeringas cada 28 días

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML	$0-$12.65 (Nivel 3)	PA
PROCRIT INJECTION SOLUTION 20000 UNIT/ML, 40000 UNIT/ML	$0-$12.65 (Nivel 5)	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	$0-$12.65 (Nivel 5)	PA
Hierro		
active fe oral tablet 75-1.25 mg	$0 (Nivel 1)	DP
BPROTECTED PEDIA IRON ORAL SOLUTION 75 (15 FE) MG/ML	$0 (Nivel 1)	DP
CENTRATEX ORAL CAPSULE 106-1 MG	$0 (Nivel 1)	DP
CHROMAGEN ORAL CAPSULE	$0 (Nivel 1)	DP
CORVITA 150 ORAL TABLET 150-1.25 MG	$0 (Nivel 1)	DP
CORVITE 150 ORAL TABLET , 150-1.25 MG	$0 (Nivel 1)	DP
corvite fe oral tablet	$0 (Nivel 1)	DP
cvs iron oral tablet 240 (27 fe) mg, 325 (65 fe) mg	$0 (Nivel 1)	DP
cvs slow release dried iron oral tablet extended release 45 mg	$0 (Nivel 1)	DP
cvs slow release iron oral tablet extended release 45 mg	$0 (Nivel 1)	DP
eq slow-release iron oral tablet extended release 45 mg	$0 (Nivel 1)	DP
eql iron supplement therapy oral tablet 325 mg	$0 (Nivel 1)	DP
eql slow release iron oral tablet extended release 160 (50 fe) mg	$0 (Nivel 1)	DP
FEOSOL ORAL TABLET 325 (65 FE) MG	$0 (Nivel 1)	DP
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML	$0 (Nivel 1)	DP
FERATE ORAL TABLET 240 (27 FE) MG	$0 (Nivel 1)	DP
FERGON ORAL TABLET 240 (27 FE) MG	$0 (Nivel 1)	DP
FER-IN-SOL ORAL SOLUTION 75 (15 FE) MG/ML	$0 (Nivel 1)	DP
FEROSUL ORAL TABLET 325 (65 FE) MG	$0 (Nivel 1)	DP
ferotrinsic oral capsule	$0 (Nivel 1)	DP
FERRALET 90 ORAL TABLET 90-1 MG	$0 (Nivel 1)	DP
ferretts oral tablet 325 (106 fe) mg	$0 (Nivel 1)	DP
FERREX 150 ORAL CAPSULE 150 MG	$0 (Nivel 1)	DP
ferric x-150 oral capsule 150 mg	$0 (Nivel 1)	DP
FERRIMIN 150 ORAL TABLET 150 MG	$0 (Nivel 1)	DP
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML	$0 (Nivel 1)	DP
ferrotabs oral tablet 240 mg	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ferrous fumarate oral tablet 29 mg, 324 (106 fe) mg, 324 mg	$0 (Nivel 1)	DP
ferrous gluconate oral tablet 240 (27 fe) mg, 324 (37.5 fe) mg, 324 (38 fe) mg	$0 (Nivel 1)	DP
ferrous sulfate er oral tablet extended release 45 mg, 50 mg	$0 (Nivel 1)	DP
ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml, 75 (15 fe) mg/ml	$0 (Nivel 1)	DP
ferrous sulfate oral tablet 27 mg, 325 (65 fe) mg	$0 (Nivel 1)	DP
ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg, 325 (65 fe) mg	$0 (Nivel 1)	DP
ferumoxytol intravenous solution 510 mg/17ml	$0 (Nivel 1)	DP
fe-vite iron oral solution 75 (15 fe) mg/ml	$0 (Nivel 1)	DP
FOLITAB 500 ORAL TABLET EXTENDED RELEASE 105-500-0.8 MG	$0 (Nivel 1)	DP
FOLIVANE-F ORAL CAPSULE 125-1 MG	$0 (Nivel 1)	DP
FOLIVANE-PLUS ORAL CAPSULE	$0 (Nivel 1)	DP
foltrin oral capsule	$0 (Nivel 1)	DP
ft iron oral tablet 325 mg	$0 (Nivel 1)	DP
ft iron slow release oral tablet extended release 45 mg	$0 (Nivel 1)	DP
FUSION ORAL CAPSULE 65-65-25-30 MG	$0 (Nivel 1)	DP
FUSION PLUS ORAL CAPSULE	$0 (Nivel 1)	DP
gnp iron oral tablet 200 (65 fe) mg	$0 (Nivel 1)	DP
gnp iron oral tablet extended release 45 mg	$0 (Nivel 1)	DP
GOODSENSE IRON ORAL TABLET 325 MG	$0 (Nivel 1)	DP
HEMATEX ORAL LIQUID 100 MG/5ML	$0 (Nivel 1)	DP
hematinic/folic acid oral tablet 324-1 mg	$0 (Nivel 1)	DP
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG	$0 (Nivel 1)	DP
HEMATOGEN FORTE ORAL CAPSULE 460-60-0.01-1 MG	$0 (Nivel 1)	DP
HEMATOGEN ORAL CAPSULE	$0 (Nivel 1)	DP
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG	$0 (Nivel 1)	DP
high potency iron oral tablet 65 mg	$0 (Nivel 1)	DP
ICAR ORAL SUSPENSION 15 MG/1.25ML	$0 (Nivel 1)	DP
IFEREX 150 ORAL CAPSULE 150 MG	$0 (Nivel 1)	DP
INFED INJECTION SOLUTION 50 MG/ML	$0 (Nivel 1)	DP
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML	$0 (Nivel 1)	DP
INTEGRA F ORAL CAPSULE 125-1 MG	$0 (Nivel 1)	DP
INTEGRA ORAL CAPSULE 62.5-62.5-40-3 MG	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
INTEGRA PLUS ORAL CAPSULE	$0 (Nivel 1)	DP
IROFOL ORAL LIQUID 100 MG/5ML	$0 (Nivel 1)	DP
iron (ferrous sulfate) oral solution 75 (15 fe) mg/ml	$0 (Nivel 1)	DP
iron (ferrous sulfate) oral tablet 325 (65 fe) mg	$0 (Nivel 1)	DP
iron 27 oral tablet 240 (27 fe) mg	$0 (Nivel 1)	DP
iron chews pediatric oral tablet chewable 15 mg	$0 (Nivel 1)	DP
iron complex oral capsule	$0 (Nivel 1)	DP
iron folate plus oral capsule	$0 (Nivel 1)	DP
iron high-potency oral tablet 325 mg	$0 (Nivel 1)	DP
iron high-potency oral tablet extended release 45 mg	$0 (Nivel 1)	DP
iron infant & toddler oral solution 75 (15 fe) mg/ml	$0 (Nivel 1)	DP
iron infant/toddler oral solution 75 (15 fe) mg/ml	$0 (Nivel 1)	DP
iron oral tablet 240 (27 fe) mg, 28 mg, 325 (65 fe) mg, 325 mg	$0 (Nivel 1)	DP
iron slow release oral tablet extended release 45 mg	$0 (Nivel 1)	DP
iron sucrose intravenous solution 20 mg/ml	$0 (Nivel 1)	DP
iron supplement oral solution 15 mg/ml, 220 (44 fe) mg/5ml	$0 (Nivel 1)	DP
IRON UP ORAL LIQUID 15 MG/0.5ML	$0 (Nivel 1)	DP
iron-vitamin c oral tablet 65-125 mg	$0 (Nivel 1)	DP
kp ferrous gluconate oral tablet 324 (37.5 fe) mg	$0 (Nivel 1)	DP
kp ferrous sulfate oral tablet 325 (65 fe) mg	$0 (Nivel 1)	DP
K-TAN PLUS ORAL CAPSULE 162-115.2-1 MG	$0 (Nivel 1)	DP
meijer ferrous sulfate oral tablet 325 (65 fe) mg	$0 (Nivel 1)	DP
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML	$0 (Nivel 1)	DP
MULTIGEN ORAL TABLET 70 MG	$0 (Nivel 1)	DP
MULTIGEN PLUS ORAL TABLET	$0 (Nivel 1)	DP
na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml	$0 (Nivel 1)	DP
nat-rul iron oral tablet 325 mg	$0 (Nivel 1)	DP
NEPHRON FA ORAL TABLET	$0 (Nivel 1)	DP
NIFEREX ORAL TABLET	$0 (Nivel 1)	DP
NOVAFERRUM 50 ORAL CAPSULE 50 MG	$0 (Nivel 1)	DP
NOVAFERRUM ORAL LIQUID 125 MG/5ML	$0 (Nivel 1)	DP
NOVAFERRUM PEDIATRIC DROPS ORAL LIQUID 15 MG/ML	$0 (Nivel 1)	DP
NU-IRON ORAL CAPSULE 150 MG	$0 (Nivel 1)	DP
ONE VITE FERROUS SULFATE ORAL SOLUTION 220 (44 FE) MG/5ML	$0 (Nivel 1)	DP
pc pediatric iron drops oral solution 75 (15 fe) mg/ml	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
POLY-IRON 150 ORAL CAPSULE 150 MG	$0 (Nivel 1)	DP
polysaccharide iron complex oral capsule 150 mg	$0 (Nivel 1)	DP
polysaccharide-iron complex oral capsule 150 mg	$0 (Nivel 1)	DP
purevit dualfe plus oral capsule 162-115.2-1 mg	$0 (Nivel 1)	DP
qc ferrous sulfate oral tablet 325 (65 fe) mg	$0 (Nivel 1)	DP
ra high potency iron oral tablet 27 mg	$0 (Nivel 1)	DP
ra iron oral tablet 27 mg, 325 (65 fe) mg	$0 (Nivel 1)	DP
ra slow release iron oral tablet extended release 45 mg	$0 (Nivel 1)	DP
se-tan plus oral capsule 162-115.2-1 mg	$0 (Nivel 1)	DP
SLOW FE ORAL TABLET EXTENDED RELEASE 45 MG	$0 (Nivel 1)	DP
slow iron oral tablet extended release 160 (50 fe) mg	$0 (Nivel 1)	DP
slow release iron oral tablet extended release 45 mg, 47.5 mg, 50 mg	$0 (Nivel 1)	DP
SPATONE PUR-ABSORB IRON ORAL SOLUTION 5 MG/20ML	$0 (Nivel 1)	DP
sv iron oral tablet 325 (65 fe) mg	$0 (Nivel 1)	DP
TANDEM ORAL CAPSULE 53-53 MG	$0 (Nivel 1)	DP
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG	$0 (Nivel 1)	DP
TRICON ORAL CAPSULE	$0 (Nivel 1)	DP
trigels-f forte oral capsule 460-60-0.01-1 mg	$0 (Nivel 1)	DP
true ferrous sulfate oral tablet delayed release 324 mg	$0 (Nivel 1)	DP
VENOFER INTRAVENOUS SOLUTION 20 MG/ML	$0 (Nivel 1)	DP
VITRON-C ORAL TABLET 65-125 MG	$0 (Nivel 1)	DP
wee care oral suspension 15 mg/1.25ml	$0 (Nivel 1)	DP
Inhibidores De Agregación Plaquetaria		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	$0-$12.65 (Nivel 4)	
clopidogrel bisulfate oral tablet 75 mg	$0 (Nivel 1)	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	$0-$12.65 (Nivel 3)	PA
prasugrel hcl oral tablet 10 mg, 5 mg	$0-$12.65 (Nivel 3)	
ticagrelor oral tablet 60 mg, 90 mg	$0-$12.65 (Nivel 3)	
OFTÁLMICOS		
Antialérgicos		
allergy eye ophthalmic solution 0.025-0.3 %	$0 (Nivel 1)	DP
azelastine hcl ophthalmic solution 0.05 %	$0 (Nivel 2)	
cromolyn sodium ophthalmic solution 4 %	$0 (Nivel 2)	
cvs eye allergy relief ophthalmic solution 0.027-0.315 %	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
eq eye allergy relief ophthalmic solution 0.027-0.315 %	$0 (Nivel 1)	DP
eye allergy relief ophthalmic solution 0.025-0.3 %, 0.027-0.315 %	$0 (Nivel 1)	DP
NAPHCON-A OPHTHALMIC SOLUTION 0.025-0.3 %	$0 (Nivel 1)	DP
OPCON-A OPHTHALMIC SOLUTION 0.027-0.315 %	$0 (Nivel 1)	DP
ra eye allergy relief ophthalmic solution 0.027-0.315 %	$0 (Nivel 1)	DP
VISINE OPHTHALMIC SOLUTION 0.025-0.3 %	$0 (Nivel 1)	DP
ZERVIATE OPHTHALMIC SOLUTION 0.24 %	$0-$12.65 (Nivel 4)	
Antiglaucoma		
betaxolol hcl ophthalmic solution 0.5 %	$0-$12.65 (Nivel 3)	
brimonidine tartrate ophthalmic solution 0.2 %	$0 (Nivel 1)	
brinzolamide ophthalmic suspension 1 %	$0-$12.65 (Nivel 4)	ST
carteolol hcl ophthalmic solution 1 %	$0 (Nivel 2)	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 %	$0-$12.65 (Nivel 3)	
dorzolamide hcl ophthalmic solution 2 %	$0 (Nivel 2)	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	$0 (Nivel 2)	
latanoprost ophthalmic solution 0.005 %	$0 (Nivel 1)	
levobunolol hcl ophthalmic solution 0.5 %	$0 (Nivel 2)	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	$0-$12.65 (Nivel 3)	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	$0-$12.65 (Nivel 3)	
RHOPRESSA OPHTHALMIC SOLUTION 0.02 %	$0-$12.65 (Nivel 4)	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 %	$0-$12.65 (Nivel 4)	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 %	$0-$12.65 (Nivel 4)	
timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %	$0-$12.65 (Nivel 3)	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	$0 (Nivel 1)	
VYZULTA OPHTHALMIC SOLUTION 0.024 %	$0-$12.65 (Nivel 4)	
Antiinfectivos/Antiinflamatorios		
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	$0-$12.65 (Nivel 3)	
loteprednol-tobramycin ophthalmic suspension 0.5-0.3 %	$0-$12.65 (Nivel 3)	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	$0 (Nivel 2)	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	$0 (Nivel 2)	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	$0-$12.65 (Nivel 4)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	$0 (Nivel 2)	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 %	$0-$12.65 (Nivel 3)	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	$0-$12.65 (Nivel 3)	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 %	$0-$12.65 (Nivel 3)	
Antiinfectivos		
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	$0 (Nivel 2)	
besifloxacin hcl ophthalmic suspension 0.6 %	$0-$12.65 (Nivel 3)	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 %	$0-$12.65 (Nivel 3)	
CILOXAN OPHTHALMIC OINTMENT 0.3 %	$0-$12.65 (Nivel 3)	
ciprofloxacin hcl ophthalmic solution 0.3 %	$0 (Nivel 2)	
erythromycin ophthalmic ointment 5 mg/gm	$0 (Nivel 2)	
gatifloxacin ophthalmic solution 0.5 %	$0-$12.65 (Nivel 3)	
gentamicin sulfate ophthalmic solution 0.3 %	$0 (Nivel 2)	
moxifloxacin hcl ophthalmic solution 0.5 %	$0-$12.65 (Nivel 3)	QL; 12 ml cada 30 días
NATACYN OPHTHALMIC SUSPENSION 5 %	$0-$12.65 (Nivel 4)	
neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000	$0-$12.65 (Nivel 3)	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	$0-$12.65 (Nivel 3)	
ofloxacin ophthalmic solution 0.3 %	$0 (Nivel 2)	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	$0 (Nivel 1)	
sulfacetamide sodium ophthalmic solution 10 %	$0-$12.65 (Nivel 3)	
tobramycin ophthalmic solution 0.3 %	$0 (Nivel 1)	
trifluridine ophthalmic solution 1 %	$0-$12.65 (Nivel 4)	
XDEMVY OPHTHALMIC SOLUTION 0.25 %	$0-$12.65 (Nivel 5)	PA
ZIRGAN OPHTHALMIC GEL 0.15 %	$0-$12.65 (Nivel 4)	
Antiinflamatorios		
dexamethasone sodium phosphate ophthalmic solution 0.1 %	$0-$12.65 (Nivel 3)	
diclofenac sodium ophthalmic solution 0.1 %	$0 (Nivel 2)	
difluprednate ophthalmic emulsion 0.05 %	$0-$12.65 (Nivel 4)	
fluorometholone ophthalmic suspension 0.1 %	$0-$12.65 (Nivel 3)	
flurbiprofen sodium ophthalmic solution 0.03 %	$0-$12.65 (Nivel 3)	
ketorolac tromethamine ophthalmic solution 0.4 %	$0-$12.65 (Nivel 3)	
ketorolac tromethamine ophthalmic solution 0.5 %	$0 (Nivel 2)	
LOTEMAX OPHTHALMIC OINTMENT 0.5 %	$0-$12.65 (Nivel 3)	
prednisolone acetate ophthalmic suspension 1 %	$0-$12.65 (Nivel 3)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
prednisolone sodium phosphate ophthalmic solution 1 %	$0-$12.65 (Nivel 3)	
Diversos		
ALCON TEARS OPHTHALMIC SOLUTION 0.5 %	$0 (Nivel 1)	DP
ALTACHLORE OPHTHALMIC OINTMENT 5 %	$0 (Nivel 1)	DP
ALTACHLORE OPHTHALMIC SOLUTION 5 %	$0 (Nivel 1)	DP
artificial tears ophthalmic solution , 0.2-0.2-1 %, 0.5-0.6 %, 5-6 mg/ml	$0 (Nivel 1)	DP
artificial tears pf ophthalmic solution 0.1-0.3 %	$0 (Nivel 1)	DP
atropine sulfate ophthalmic solution 1 %	$0-$12.65 (Nivel 3)	
BIOLLE GEL TEARS OPHTHALMIC GEL 1 %	$0 (Nivel 1)	DP
BIOLLE TEARS OPHTHALMIC SOLUTION 0.5 %	$0 (Nivel 1)	DP
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	$0 (Nivel 1)	DP
carboxymethylcellulose sod pf ophthalmic gel 1 %	$0 (Nivel 1)	DP
carboxymethylcellulose sod pf ophthalmic solution 0.5 %	$0 (Nivel 1)	DP
carboxymethylcellulose sodium ophthalmic gel 1 %	$0 (Nivel 1)	DP
carboxymethylcellulose sodium ophthalmic solution 0.5 %	$0 (Nivel 1)	DP
CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION 5-6 MG/ML	$0 (Nivel 1)	DP
cvs dry eye relief ophthalmic solution 0.2-0.2-1 %	$0 (Nivel 1)	DP
cvs lubricant drops fast act ophthalmic solution 0.4-0.3 %	$0 (Nivel 1)	DP
cvs lubricant drops ophthalmic gel 1 %	$0 (Nivel 1)	DP
cvs lubricant drops ophthalmic solution 0.6 %	$0 (Nivel 1)	DP
cvs lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %, 0.5 %	$0 (Nivel 1)	DP
cvs lubricant eye drops ophthalmic solution 0.25 %, 0.4-0.3 %, 0.5 %, 0.6 %	$0 (Nivel 1)	DP
cvs natural tears pf ophthalmic solution 0.1-0.3 %	$0 (Nivel 1)	DP
cvs sod chloride hypertonicity ophthalmic ointment 5 %	$0 (Nivel 1)	DP
cvs sodium chloride ophthalmic ointment 5 %	$0 (Nivel 1)	DP
cvs sodium chloride ophthalmic solution 5 %	$0 (Nivel 1)	DP
CYSTADROPS OPHTHALMIC SOLUTION 0.37 %	$0-$12.65 (Nivel 5)	PA
CYSTARAN OPHTHALMIC SOLUTION 0.44 %	$0-$12.65 (Nivel 5)	PA
dry eye relief drops ophthalmic solution 0.2-0.2-1 %	$0 (Nivel 1)	DP
eq artificial tears ophthalmic solution 0.5-0.6 %	$0 (Nivel 1)	DP
eq lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.6 %	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
eq restore plus lubricant eye ophthalmic solution 0.5 %	$0 (Nivel 1)	DP
eq restore tears ophthalmic solution 0.5 %	$0 (Nivel 1)	DP
EYES ALIVE OPHTHALMIC SOLUTION 0.5 %	$0 (Nivel 1)	DP
EYSUVIS OPHTHALMIC SUSPENSION 0.25 %	$0-$12.65 (Nivel 4)	
ft lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 %	$0 (Nivel 1)	DP
GENTEAL SEVERE OPHTHALMIC GEL 0.3 %	$0 (Nivel 1)	DP
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 %	$0 (Nivel 1)	DP
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %	$0 (Nivel 1)	DP
GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 %	$0 (Nivel 1)	DP
GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 %	$0 (Nivel 1)	DP
gnp artificial tears ophthalmic solution 5-6 mg/ml	$0 (Nivel 1)	DP
gnp eye drops long lasting ophthalmic solution 0.4-0.3 %	$0 (Nivel 1)	DP
gnp eye drops ophthalmic solution 0.2-0.2-1 %	$0 (Nivel 1)	DP
gnp lubricant eye drops (pf) ophthalmic solution 0.5 %	$0 (Nivel 1)	DP
goodsense artificial tears ophthalmic solution 0.5-0.6 %	$0 (Nivel 1)	DP
goodsense lubricating plus pf ophthalmic solution 0.5 %	$0 (Nivel 1)	DP
goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %	$0 (Nivel 1)	DP
just tears eye drops ophthalmic solution	$0 (Nivel 1)	DP
lubricant drops/dual-action ophthalmic solution 0.5-0.9 %	$0 (Nivel 1)	DP
lubricant eye drop ophthalmic solution 0.6 %	$0 (Nivel 1)	DP
lubricant eye drops (pf) ophthalmic solution 0.1-0.3 %, 0.4-0.3 %	$0 (Nivel 1)	DP
lubricant eye drops ophthalmic solution 0.4-0.3 %, 0.5 %, 0.6 %	$0 (Nivel 1)	DP
lubricant eye drops pf ophthalmic solution 0.5 %	$0 (Nivel 1)	DP
lubricating tears eye drops ophthalmic solution 0.5 %	$0 (Nivel 1)	DP
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML	$0-$12.65 (Nivel 3)	
moisturizing lubricant eye ophthalmic solution 0.25 %	$0 (Nivel 1)	DP
MURO 128 OPHTHALMIC OINTMENT 5 %	$0 (Nivel 1)	DP
MURO 128 OPHTHALMIC SOLUTION 5 %	$0 (Nivel 1)	DP
polyvinyl alcohol ophthalmic solution 1.4 %	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
proparacaine hcl ophthalmic solution 0.5 %	$0-$12.65 (Nivel 3)	
qc artificial tears ophthalmic solution 0.5-0.6 %	$0 (Nivel 1)	DP
qc lubricant eye drops ophthalmic solution 0.6 %	$0 (Nivel 1)	DP
ra lubricant eye drops ophthalmic solution 0.5 %, 0.6 %	$0 (Nivel 1)	DP
ra lubricant eye ophthalmic solution 0.4-0.3 %	$0 (Nivel 1)	DP
REFRESH CELLUVISC OPHTHALMIC GEL 1 %	$0 (Nivel 1)	DP
REFRESH DIGITAL OPHTHALMIC SOLUTION 0.5-1-0.5 %	$0 (Nivel 1)	DP
REFRESH DIGITAL PF OPHTHALMIC SOLUTION 0.5-1-0.5 %	$0 (Nivel 1)	DP
REFRESH LIQUIGEL OPHTHALMIC GEL 1 %	$0 (Nivel 1)	DP
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 %	$0 (Nivel 1)	DP
REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 %	$0 (Nivel 1)	DP
REFRESH OPTIVE ADVANCED PF OPHTHALMIC SOLUTION 0.5-1-0.5 %	$0 (Nivel 1)	DP
REFRESH OPTIVE MEGA-3 OPHTHALMIC SOLUTION 0.5-1-0.5 %	$0 (Nivel 1)	DP
REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 %	$0 (Nivel 1)	DP
REFRESH OPTIVE OPHTHALMIC SOLUTION 0.5-0.9 %	$0 (Nivel 1)	DP
REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 %	$0 (Nivel 1)	DP
REFRESH PLUS OPHTHALMIC SOLUTION 0.5 %	$0 (Nivel 1)	DP
REFRESH RELIEVA OPHTHALMIC SOLUTION 0.5-0.9 %	$0 (Nivel 1)	DP
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 %	$0 (Nivel 1)	DP
REFRESH RELIEVA PF XTRA OPHTHALMIC SOLUTION 0.5-0.9 %	$0 (Nivel 1)	DP
REFRESH TEARS OPHTHALMIC SOLUTION 0.5 %	$0 (Nivel 1)	DP
REFRESH TEARS PF OPHTHALMIC SOLUTION 0.5-0.9 %	$0 (Nivel 1)	DP
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 %	$0-$12.65 (Nivel 3)	
RESTASIS OPHTHALMIC EMULSION 0.05 %	$0-$12.65 (Nivel 3)	
RETAINE CMC OPHTHALMIC SOLUTION 0.5 %	$0 (Nivel 1)	DP
sodium chloride (hypertonic) ophthalmic ointment 5 %	$0 (Nivel 1)	DP
sodium chloride (hypertonic) ophthalmic solution 5 %	$0 (Nivel 1)	DP
SOOTHE HYDRATION OPHTHALMIC SOLUTION 1.25 %	$0 (Nivel 1)	DP
SOOTHE XP OPHTHALMIC SOLUTION	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
SOOTHE XP XTRA PROTECTION OPHTHALMIC SOLUTION	$0 (Nivel 1)	DP
STYE OPHTHALMIC SOLUTION 0.5-0.6 %	$0 (Nivel 1)	DP
SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 %	$0 (Nivel 1)	DP
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 %	$0 (Nivel 1)	DP
SYSTANE CONTACTS OPHTHALMIC SOLUTION	$0 (Nivel 1)	DP
SYSTANE HYDRATION PF OPHTHALMIC SOLUTION 0.4-0.3 %	$0 (Nivel 1)	DP
SYSTANE OPHTHALMIC GEL 0.4-0.3 %	$0 (Nivel 1)	DP
SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 %	$0 (Nivel 1)	DP
SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION 0.4-0.3 %	$0 (Nivel 1)	DP
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 %	$0 (Nivel 1)	DP
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 %	$0 (Nivel 1)	DP
THERATEARS EXTRA OPHTHALMIC SOLUTION 0.25 %	$0 (Nivel 1)	DP
THERATEARS NIGHTTIME OPHTHALMIC GEL 1 %	$0 (Nivel 1)	DP
THERATEARS OPHTHALMIC SOLUTION 0.25 %	$0 (Nivel 1)	DP
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 %	$0 (Nivel 1)	DP
ultra lubricating eye drops ophthalmic solution 0.4-0.3 %	$0 (Nivel 1)	DP
ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %	$0 (Nivel 1)	DP
XIIDRA OPHTHALMIC SOLUTION 5 %	$0-$12.65 (Nivel 3)	
ÓTICOS		
Agentes Óticos		
acetic acid otic solution 2 %	$0-$12.65 (Nivel 3)	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	$0-$12.65 (Nivel 4)	
FLAC OTIC OIL 0.01 %	$0-$12.65 (Nivel 3)	
fluocinolone acetonide otic oil 0.01 %	$0-$12.65 (Nivel 3)	
hydrocortisone-acetic acid otic solution 1-2 %	$0-$12.65 (Nivel 4)	
neomycin-polymyxin-hc otic solution 1 %	$0-$12.65 (Nivel 3)	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	$0-$12.65 (Nivel 3)	
ofloxacin otic solution 0.3 %	$0-$12.65 (Nivel 4)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
RESPIRATORIOS		
Anticolinérgicos		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT	$0-$12.65 (Nivel 4)	QL; 2 inhaladores cada 30 días
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	$0-$12.65 (Nivel 3)	QL; 30 blísteres cada 30 días
ipratropium bromide hfa inhalation aerosol solution 17 mcg/act	$0-$12.65 (Nivel 4)	QL; 2 inhaladores cada 30 días
ipratropium bromide inhalation solution 0.02 %	$0 (Nivel 2)	B/D
ipratropium bromide nasal solution 0.03 %, 0.06 %	$0-$12.65 (Nivel 3)	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT	$0-$12.65 (Nivel 4)	QL; 1 inhalador cada 30 días
Antihistamínicos		
12hr allergy relief oral tablet 60 mg	$0 (Nivel 1)	DP
24hr allergy relief oral tablet 180 mg	$0 (Nivel 1)	DP
ALAVERT ORAL TABLET DISPERSIBLE 10 MG	$0 (Nivel 1)	DP
aler-cap oral capsule 25 mg	$0 (Nivel 1)	DP
alertab oral tablet 25 mg	$0 (Nivel 1)	DP
all day allergy childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
all day allergy oral tablet 10 mg	$0 (Nivel 1)	DP
all-day allergy childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
ALLEGRA ALLERGY ORAL TABLET 180 MG, 60 MG	$0 (Nivel 1)	DP
aller-chlor oral tablet 4 mg	$0 (Nivel 1)	DP
allergy (cetirizine) oral tablet 10 mg	$0 (Nivel 1)	DP
allergy 24hour indoor/outdoor oral tablet 10 mg	$0 (Nivel 1)	DP
allergy 24-hr oral tablet 180 mg	$0 (Nivel 1)	DP
allergy childrens oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
allergy childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
allergy oral capsule 25 mg	$0 (Nivel 1)	DP
allergy oral tablet 4 mg	$0 (Nivel 1)	DP
allergy rel child (loratadine) oral solution 5 mg/5ml	$0 (Nivel 1)	DP
allergy relief (cetirizine) oral tablet 10 mg	$0 (Nivel 1)	DP
allergy relief (loratadine) oral tablet 10 mg	$0 (Nivel 1)	DP
allergy relief 24-hr oral tablet 10 mg	$0 (Nivel 1)	DP
allergy relief cetirizine oral tablet 10 mg, 5 mg	$0 (Nivel 1)	DP
allergy relief childrens 24-hr oral solution 1 mg/ml	$0 (Nivel 1)	DP
allergy relief childrens oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml	$0 (Nivel 1)	DP
allergy relief oral capsule 25 mg	$0 (Nivel 1)	DP
allergy relief oral liquid 25 mg/10ml	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg, 5 mg, 60 mg	$0 (Nivel 1)	DP
allergy relief/indoor/outdoor oral tablet 10 mg, 180 mg	$0 (Nivel 1)	DP
anti-hist allergy oral tablet 25 mg	$0 (Nivel 1)	DP
azelastine hcl nasal solution 0.1 %	$0 (Nivel 2)	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG	$0 (Nivel 1)	DP
BANOPHEN ORAL LIQUID 12.5 MG/5ML	$0 (Nivel 1)	DP
BANOPHEN ORAL TABLET 25 MG	$0 (Nivel 1)	DP
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	$0 (Nivel 1)	DP
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG	$0 (Nivel 1)	DP
BENADRYL ALLERGY ORAL CAPSULE 25 MG	$0 (Nivel 1)	DP
BENADRYL ALLERGY ORAL TABLET 25 MG	$0 (Nivel 1)	DP
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG	$0 (Nivel 1)	DP
cetirizine hcl allergy child oral solution 5 mg/5ml	$0 (Nivel 1)	DP
cetirizine hcl childrens alrgy oral solution 1 mg/ml	$0 (Nivel 1)	DP
cetirizine hcl childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
cetirizine hcl oral solution 1 mg/ml	$0 (Nivel 1)	DP
cetirizine hcl oral tablet 10 mg, 5 mg	$0 (Nivel 1)	DP
cetirizine hcl oral tablet chewable 10 mg, 5 mg	$0 (Nivel 1)	DP
cetirizine hcl solution 5 mg/5ml oral (otc)	$0 (Nivel 1)	DP
cetirizine hcl solution 5 mg/5ml oral (rx)	$0 (Nivel 1)	DP
cetirizine hcl solution 5 mg/5ml oral (rx)	$0 (Nivel 2)	QL; 300 ml cada 30 días
childrens 24 hour allergy oral solution 1 mg/ml	$0 (Nivel 1)	DP
childrens loratadine oral solution 5 mg/5ml	$0 (Nivel 1)	DP
chlorhist oral tablet 4 mg	$0 (Nivel 1)	DP
chlorphen oral tablet 4 mg	$0 (Nivel 1)	DP
chlorpheniramine maleate er oral tablet extended release 12 mg	$0 (Nivel 1)	DP
chlorpheniramine maleate oral tablet 4 mg	$0 (Nivel 1)	DP
CHLOR-TRIMETON ALLERGY ORAL TABLET EXTENDED RELEASE 12 MG	$0 (Nivel 1)	DP
CLARITIN ALLERGY CHILDRENS ORAL SOLUTION 5 MG/5ML	$0 (Nivel 1)	DP
CLARITIN CHILDRENS ORAL TABLET CHEWABLE 5 MG	$0 (Nivel 1)	DP
CLARITIN ORAL TABLET 10 MG	$0 (Nivel 1)	DP
CLARITIN ORAL TABLET CHEWABLE 5 MG	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE 10 MG	$0 (Nivel 1)	DP
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG, 5 MG	$0 (Nivel 1)	DP
clemastine fumarate oral tablet 2.68 mg	$0 (Nivel 1)	DP
cold multi-symptom severe day oral tablet 5-10-200-325 mg	$0 (Nivel 1)	DP
complete allergy medicine oral capsule 25 mg	$0 (Nivel 1)	DP
complete allergy medicine oral tablet 25 mg	$0 (Nivel 1)	DP
complete allergy relief oral tablet 25 mg	$0 (Nivel 1)	DP
curelief oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
cvs allerg rel child (lorat) oral solution 5 mg/5ml	$0 (Nivel 1)	DP
cvs allergy & hives relief oral tablet 180 mg	$0 (Nivel 1)	DP
cvs allergy childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
cvs allergy oral capsule 25 mg	$0 (Nivel 1)	DP
cvs allergy relief adult oral liquid 50 mg/20ml	$0 (Nivel 1)	DP
cvs allergy relief childrens oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
cvs allergy relief childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
cvs allergy relief childrens oral tablet chewable 5 mg	$0 (Nivel 1)	DP
cvs allergy relief oral capsule 25 mg	$0 (Nivel 1)	DP
cvs allergy relief oral liquid 25 mg/10ml	$0 (Nivel 1)	DP
cvs allergy relief oral tablet 10 mg, 180 mg, 25 mg, 5 mg, 60 mg	$0 (Nivel 1)	DP
cvs allergy relief oral tablet dispersible 10 mg, 5 mg	$0 (Nivel 1)	DP
cvs allergy relief oral tablet extended release 12 mg	$0 (Nivel 1)	DP
cvs allergy relief(cetirizine) oral tablet 10 mg	$0 (Nivel 1)	DP
cvs childrens allergy oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
cvs indoor/outdoor allergy rlf oral tablet 10 mg	$0 (Nivel 1)	DP
cyproheptadine hcl oral syrup 2 mg/5ml	$0-$12.65 (Nivel 3)	PA
cyproheptadine hcl oral tablet 4 mg	$0-$12.65 (Nivel 3)	PA
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG	$0 (Nivel 1)	DP
DIABETIC TUSSIN ALLERGY ORAL SYRUP 2 MG/5ML	$0 (Nivel 1)	DP
diphen oral tablet 25 mg	$0 (Nivel 1)	DP
diphenhist oral capsule 25 mg	$0 (Nivel 1)	DP
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
diphenhydramine hcl injection solution 50 mg/ml	$0-$12.65 (Nivel 3)	
diphenhydramine hcl oral capsule 25 mg, 50 mg	$0 (Nivel 1)	DP
diphenhydramine hcl oral elixir 12.5 mg/5ml	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	$0 (Nivel 1)	DP
diphenhydramine hcl oral tablet 25 mg	$0 (Nivel 1)	DP
ed chlorped jr oral syrup 2 mg/5ml	$0 (Nivel 1)	DP
eq all day allergy relief oral tablet 10 mg	$0 (Nivel 1)	DP
eq allerg relief child (cetir) oral solution 5 mg/5ml	$0 (Nivel 1)	DP
eq allerg relief child (lorat) oral solution 5 mg/5ml	$0 (Nivel 1)	DP
eq allergy childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
eq allergy relief (cetirizine) oral solution 1 mg/ml	$0 (Nivel 1)	DP
eq allergy relief (cetirizine) oral tablet 10 mg	$0 (Nivel 1)	DP
eq allergy relief childrens oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
eq allergy relief oral capsule 25 mg	$0 (Nivel 1)	DP
eq allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg, 5 mg	$0 (Nivel 1)	DP
eq cetirizine hcl oral solution 5 mg/5ml	$0 (Nivel 1)	DP
eq cetirizine hcl oral tablet chewable 10 mg	$0 (Nivel 1)	DP
eq loratadine childrens oral tablet chewable 5 mg	$0 (Nivel 1)	DP
eq loratadine childrens oral tablet dispersible 10 mg	$0 (Nivel 1)	DP
eq loratadine oral tablet 10 mg	$0 (Nivel 1)	DP
eql all day allergy childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
eql all day allergy oral tablet 10 mg	$0 (Nivel 1)	DP
eql allergy oral tablet 25 mg, 4 mg	$0 (Nivel 1)	DP
eql allergy relief oral tablet 10 mg, 180 mg, 25 mg	$0 (Nivel 1)	DP
eql childrens allergy oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
fexofenadine hcl oral tablet 180 mg, 60 mg	$0 (Nivel 1)	DP
ft all day allergy 24 hour oral tablet 10 mg	$0 (Nivel 1)	DP
ft all day allergy childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
ft all day allergy oral tablet 10 mg	$0 (Nivel 1)	DP
ft all day allergy relief oral tablet 10 mg	$0 (Nivel 1)	DP
ft allergy childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
ft allergy relief 12 hour oral tablet 60 mg	$0 (Nivel 1)	DP
ft allergy relief 24 hour oral tablet 180 mg	$0 (Nivel 1)	DP
ft allergy relief cetirizine oral tablet 10 mg	$0 (Nivel 1)	DP
ft allergy relief childrens oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
ft allergy relief childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
ft allergy relief childrens oral tablet chewable 5 mg	$0 (Nivel 1)	DP
ft allergy relief loratadine oral tablet 10 mg	$0 (Nivel 1)	DP
ft allergy relief oral capsule 25 mg	$0 (Nivel 1)	DP
ft allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
geri-dryl oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
geri-dryl oral tablet 25 mg	$0 (Nivel 1)	DP
gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	$0 (Nivel 1)	DP
gnp all day allergy oral tablet 10 mg	$0 (Nivel 1)	DP
gnp allergy oral capsule 25 mg	$0 (Nivel 1)	DP
gnp allergy oral tablet 25 mg	$0 (Nivel 1)	DP
gnp allergy relief 24 hr oral tablet 5 mg	$0 (Nivel 1)	DP
gnp allergy relief max st oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
gnp allergy relief oral capsule 25 mg	$0 (Nivel 1)	DP
gnp allergy relief oral tablet 180 mg, 25 mg, 4 mg	$0 (Nivel 1)	DP
gnp childrens allergy oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
gnp fexofenadine hcl oral tablet 180 mg	$0 (Nivel 1)	DP
gnp loratadine childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
gnp loratadine oral solution 5 mg/5ml	$0 (Nivel 1)	DP
gnp loratadine oral tablet 10 mg	$0 (Nivel 1)	DP
gnp loratadine oral tablet dispersible 10 mg	$0 (Nivel 1)	DP
goodsense all day allergy oral solution 5 mg/5ml	$0 (Nivel 1)	DP
goodsense all day allergy oral tablet 10 mg	$0 (Nivel 1)	DP
goodsense aller-ease oral tablet 180 mg	$0 (Nivel 1)	DP
goodsense allergy relief child oral solution 5 mg/5ml	$0 (Nivel 1)	DP
goodsense allergy relief oral capsule 25 mg	$0 (Nivel 1)	DP
goodsense allergy relief oral tablet 10 mg, 25 mg, 4 mg	$0 (Nivel 1)	DP
goodsense loratadine oral tablet 10 mg	$0 (Nivel 1)	DP
h-e-b childrens allergy oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	$0-$12.65 (Nivel 4)	PA
hydroxyzine hcl oral syrup 10 mg/5ml	$0-$12.65 (Nivel 3)	PA
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	$0-$12.65 (Nivel 3)	PA
hydroxyzine pamoate oral capsule 25 mg, 50 mg	$0-$12.65 (Nivel 3)	PA
KINDERMED KIDS ALLERGY ORAL LIQUID 12.5 MG/5ML	$0 (Nivel 1)	DP
KLS ALLERCLEAR ORAL TABLET 10 MG	$0 (Nivel 1)	DP
KLS ALLER-FEX ORAL TABLET 180 MG	$0 (Nivel 1)	DP
kls allergy medicine oral tablet 25 mg	$0 (Nivel 1)	DP
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML	$0 (Nivel 1)	DP
KLS ALLER-TEC ORAL TABLET 10 MG	$0 (Nivel 1)	DP
kp diphenhydramine hcl oral capsule 50 mg	$0 (Nivel 1)	DP

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kp fexofenadine hcl oral tablet 60 mg	$0 (Nivel 1)	DP
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	$0-$12.65 (Nivel 4)	QL; 300 ml cada 30 días
levocetirizine dihydrochloride tablet 5 mg oral (otc)	$0 (Nivel 1)	DP
levocetirizine dihydrochloride tablet 5 mg oral (rx)	$0 (Nivel 1)	DP
levocetirizine dihydrochloride tablet 5 mg oral (rx)	$0 (Nivel 2)	QL; 30 tabletas cada 30 días
liquid allergy relief oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
loradamed oral tablet 10 mg	$0 (Nivel 1)	DP
loratadine childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
loratadine childrens oral tablet chewable 5 mg	$0 (Nivel 1)	DP
loratadine oral solution 5 mg/5ml	$0 (Nivel 1)	DP
loratadine oral tablet 10 mg	$0 (Nivel 1)	DP
loratadine oral tablet dispersible 10 mg	$0 (Nivel 1)	DP
MAXALLERGY KIDS ORAL LIQUID 12.5 MG/5ML	$0 (Nivel 1)	DP
m-dryl oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
meijer allergy relief oral tablet 10 mg	$0 (Nivel 1)	DP
meijer allergy relief oral tablet dispersible 10 mg	$0 (Nivel 1)	DP
meijer antihistamine allergy oral capsule 25 mg	$0 (Nivel 1)	DP
meijer loratadine oral solution 5 mg/5ml	$0 (Nivel 1)	DP
MM ALLER-BEN ORAL TABLET 25 MG	$0 (Nivel 1)	DP
mm allergy relief 24 hour oral tablet 180 mg	$0 (Nivel 1)	DP
mm fexofenadine hcl oral tablet 180 mg	$0 (Nivel 1)	DP
NARAMIN ORAL LIQUID 12.5 MG/5ML	$0 (Nivel 1)	DP
PEDIACARE CHILDRENS ALLERGY ORAL LIQUID 12.5 MG/5ML	$0 (Nivel 1)	DP
pharbechlor oral tablet 4 mg	$0 (Nivel 1)	DP
pharbedryl oral capsule 25 mg, 50 mg	$0 (Nivel 1)	DP
qc all day allergy oral tablet 10 mg	$0 (Nivel 1)	DP
qc allergy childrens oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
qc allergy relief childrens oral solution 5 mg/5ml	$0 (Nivel 1)	DP
qc allergy relief childrens oral syrup 1 mg/ml	$0 (Nivel 1)	DP
qc allergy relief oral capsule 25 mg	$0 (Nivel 1)	DP
qc allergy relief oral tablet 10 mg, 180 mg, 25 mg, 4 mg, 60 mg	$0 (Nivel 1)	DP
qc allergy relief oral tablet dispersible 10 mg	$0 (Nivel 1)	DP
qc cetirizine allergy relief oral tablet 10 mg	$0 (Nivel 1)	DP
qc chlor-pheniramine oral tablet 4 mg	$0 (Nivel 1)	DP
qc complete allergy medicine oral tablet 25 mg	$0 (Nivel 1)	DP
qc loratadine allergy relief oral tablet 10 mg	$0 (Nivel 1)	DP
ra allergy medication oral capsule 25 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ra allergy medication oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
ra allergy medication oral tablet 25 mg	$0 (Nivel 1)	DP
ra allergy oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
ra allergy oral tablet 25 mg	$0 (Nivel 1)	DP
ra allergy relief (cetirizine) oral tablet 10 mg	$0 (Nivel 1)	DP
ra allergy relief (loratadine) oral tablet 10 mg	$0 (Nivel 1)	DP
ra allergy relief childrens oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
ra allergy relief childrens oral solution 1 mg/ml, 5 mg/5ml	$0 (Nivel 1)	DP
ra allergy relief childrens oral syrup 5 mg/5ml	$0 (Nivel 1)	DP
ra allergy relief childrens oral tablet chewable 5 mg	$0 (Nivel 1)	DP
ra allergy relief oral capsule 25 mg	$0 (Nivel 1)	DP
ra allergy relief oral tablet 180 mg, 4 mg	$0 (Nivel 1)	DP
ra chlorpheniramine maleate oral tablet 4 mg	$0 (Nivel 1)	DP
ra complete allergy oral tablet 25 mg	$0 (Nivel 1)	DP
RA DIPHEDRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	$0 (Nivel 1)	DP
ra loratadine oral solution 5 mg/5ml	$0 (Nivel 1)	DP
ra loratadine oral tablet 10 mg	$0 (Nivel 1)	DP
sb allergy medicine oral liquid 12.5 mg/5ml	$0 (Nivel 1)	DP
sb allergy medicine oral tablet 25 mg	$0 (Nivel 1)	DP
sb allergy oral capsule 25 mg	$0 (Nivel 1)	DP
sb allergy oral tablet 10 mg	$0 (Nivel 1)	DP
sb allergy relief oral tablet dispersible 10 mg	$0 (Nivel 1)	DP
sb cetirizine hcl childrens oral solution 1 mg/ml	$0 (Nivel 1)	DP
sb chlorpheniramine oral tablet 4 mg	$0 (Nivel 1)	DP
sb loratadine allergy relief oral tablet 10 mg	$0 (Nivel 1)	DP
sb loratadine oral solution 5 mg/5ml	$0 (Nivel 1)	DP
sb loratadine oral tablet 10 mg	$0 (Nivel 1)	DP
sm allergy relief oral tablet dispersible 10 mg	$0 (Nivel 1)	DP
sm loratadine oral tablet 10 mg	$0 (Nivel 1)	DP
TOTAL ALLERGY MEDICINE ORAL LIQUID 12.5 MG/5ML	$0 (Nivel 1)	DP
total allergy oral tablet 25 mg	$0 (Nivel 1)	DP
WAL-DRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML	$0 (Nivel 1)	DP
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG	$0 (Nivel 1)	DP
WAL-DRYL ALLERGY ORAL LIQUID 12.5 MG/5ML	$0 (Nivel 1)	DP
WAL-DRYL ALLERGY ORAL TABLET 25 MG	$0 (Nivel 1)	DP
WAL-FEX ALLERGY ORAL TABLET 60 MG	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
WAL-FEX ALLERGY TABLET 180 MG ORAL	$0 (Nivel 1)	DP
WAL-FEX ORAL TABLET 180 MG	$0 (Nivel 1)	DP
WAL-FINATE ORAL TABLET 4 MG	$0 (Nivel 1)	DP
WAL-ITIN ALLERGY CHILDRENS ORAL TABLET CHEWABLE 5 MG	$0 (Nivel 1)	DP
WAL-ITIN ALLERGY REDITABS ORAL TABLET DISPERSIBLE 10 MG	$0 (Nivel 1)	DP
WAL-ITIN ALLER-MELTS ORAL TABLET DISPERSIBLE 10 MG	$0 (Nivel 1)	DP
WAL-ITIN CHILDRENS ORAL SOLUTION 5 MG/5ML	$0 (Nivel 1)	DP
WAL-ITIN ORAL SOLUTION 5 MG/5ML	$0 (Nivel 1)	DP
WAL-ITIN ORAL TABLET 10 MG	$0 (Nivel 1)	DP
WAL-ITIN ORAL TABLET DISPERSIBLE 10 MG	$0 (Nivel 1)	DP
WAL-VERT ORAL TABLET DISPERSIBLE 10 MG	$0 (Nivel 1)	DP
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML	$0 (Nivel 1)	DP
WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML	$0 (Nivel 1)	DP
WAL-ZYR CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML	$0 (Nivel 1)	DP
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG, 5 MG	$0 (Nivel 1)	DP
WAL-ZYR ORAL SOLUTION 5 MG/5ML	$0 (Nivel 1)	DP
WAL-ZYR ORAL TABLET 10 MG	$0 (Nivel 1)	DP
XYZAL ALLERGY 24HR ORAL TABLET 5 MG	$0 (Nivel 1)	DP
ZYRTEC ALLERGY ORAL TABLET 10 MG	$0 (Nivel 1)	DP
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 1 MG/ML, 5 MG/5ML	$0 (Nivel 1)	DP
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG	$0 (Nivel 1)	DP
ZYRTEC ORAL TABLET CHEWABLE 10 MG	$0 (Nivel 1)	DP
Beta Agonistas		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act, 108 (90 base) mcg/act (nda020503), 108 (90 base) mcg/act (nda020983)	$0-$12.65 (Nivel 3)	QL; 2 inhaladores cada 30 días
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%	$0 (Nivel 2)	B/D
albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	$0-$12.65 (Nivel 3)	B/D
albuterol sulfate oral syrup 2 mg/5ml	$0-$12.65 (Nivel 3)	
albuterol sulfate oral tablet 2 mg, 4 mg	$0-$12.65 (Nivel 4)	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	$0-$12.65 (Nivel 4)	B/D

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
levalbuterol tartrate inhalation aerosol 45 mcg/act	$0-$12.65 (Nivel 3)	ST; QL; 2 inhaladores cada 30 días
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT	$0-$12.65 (Nivel 3)	QL; 60 inhalaciones cada 30 días
terbutaline sulfate oral tablet 2.5 mg, 5 mg	$0-$12.65 (Nivel 4)	
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	$0-$12.65 (Nivel 3)	QL; 2 inhaladores cada 30 días
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	$0-$12.65 (Nivel 3)	QL; 6 inhaladores cada 30 días
Combinaciones De Anticolinérgicos/Beta Agonistas		
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT	$0-$12.65 (Nivel 3)	QL; 60 blísteres cada 30 días
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT	$0-$12.65 (Nivel 3)	QL; 1 inhalador cada 30 días
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	$0-$12.65 (Nivel 3)	QL; 1 inhalador cada 30 días
BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	$0-$12.65 (Nivel 3)	QL; 4 inhaladores cada 28 días
BREZTRI AEROSPHERE INHALATION AEROSOL 160-18-4.8 MCG/ACT	$0-$12.65 (Nivel 3)	QL; 1 inhalador cada 30 días
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT	$0-$12.65 (Nivel 4)	QL; 2 inhaladores cada 30 días
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	$0-$12.65 (Nivel 3)	B/D
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT	$0-$12.65 (Nivel 3)	QL; 60 blísteres cada 30 días
Combinaciones De Esteroides/Beta Agonistas		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	$0-$12.65 (Nivel 3)	QL; 1 inhalador cada 30 días
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT	$0-$12.65 (Nivel 3)	QL; 3 inhaladores cada 30 días
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH	$0-$12.65 (Nivel 3)	QL; 60 blísteres cada 30 días
BREYNA INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT	$0-$12.65 (Nivel 3)	QL; 3 inhaladores cada 30 días
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	$0-$12.65 (Nivel 3)	QL; 3 inhaladores cada 30 días
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT	$0-$12.65 (Nivel 4)	QL; 3 inhaladores cada 30 días
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	$0-$12.65 (Nivel 3)	QL; 60 inhalaciones cada 30 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
WIXELA INHUB INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT	$0-$12.65 (Nivel 3)	QL; 60 inhalaciones cada 30 días
Diversos		
acetylcysteine inhalation solution 10 %, 20 %	$0-$12.65 (Nivel 4)	B/D
AEROCHAMBER HOLDING CHAMBER DEVICE	$0 (Nivel 1)	DP
AEROCHAMBER MINI CHAMBER DEVICE	$0 (Nivel 1)	DP
AEROCHAMBER MV	$0 (Nivel 1)	DP
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE	$0 (Nivel 1)	DP
AEROCHAMBER PLUS FLO-VU	$0 (Nivel 1)	DP
AEROCHAMBER PLUS FLO-VU INTERM DEVICE	$0 (Nivel 1)	DP
AEROCHAMBER PLUS FLO-VU LARGE	$0 (Nivel 1)	DP
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	$0 (Nivel 1)	DP
AEROCHAMBER PLUS FLO-VU MEDIUM	$0 (Nivel 1)	DP
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	$0 (Nivel 1)	DP
AEROCHAMBER PLUS FLO-VU SMALL	$0 (Nivel 1)	DP
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	$0 (Nivel 1)	DP
AEROCHAMBER PLUS FLOW VU	$0 (Nivel 1)	DP
AEROCHAMBER Z-STAT PLUS	$0 (Nivel 1)	DP
AEROCHAMBER Z-STAT PLUS CHAMBR	$0 (Nivel 1)	DP
AEROCHAMBER Z-STAT PLUS/LARGE	$0 (Nivel 1)	DP
AEROCHAMBER Z-STAT PLUS/MEDIUM	$0 (Nivel 1)	DP
AEROCHAMBER Z-STAT PLUS/SMALL	$0 (Nivel 1)	DP
AEROCHAMBER2GO ANTI-STATIC DEVICE	$0 (Nivel 1)	DP
AEROVENT PLUS DEVICE	$0 (Nivel 1)	DP
ALYFTREK ORAL TABLET 10-50-125 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 tabletas cada 28 días
ALYFTREK ORAL TABLET 4-20-50 MG	$0-$12.65 (Nivel 5)	PA; QL; 84 tabletas cada 28 días
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG	$0-$12.65 (Nivel 5)	PA
asthma relief oral tablet 25 mg	$0 (Nivel 1)	DP
breathe comfort chamber/adult device	$0 (Nivel 1)	DP
breathe comfort chamber/child device	$0 (Nivel 1)	DP
breathe ease large device	$0 (Nivel 1)	DP
breathe ease medium device	$0 (Nivel 1)	DP
breathe ease small device	$0 (Nivel 1)	DP
BREATHERITE VALVED MDI CHAMBER DEVICE	$0 (Nivel 1)	DP
BRONKAID MAX ORAL TABLET 25 MG	$0 (Nivel 1)	DP
classic neti pot sinus wash nasal kit 2300-700 mg	$0 (Nivel 1)	DP
CLEVER CHOICE HOLDING CHAMBER DEVICE	$0 (Nivel 1)	DP
COMPACT SPACE CHAMBER DEVICE	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
COMPACT SPACE CHAMBER/LG MASK DEVICE	$0 (Nivel 1)	DP
COMPACT SPACE CHAMBER/MED MASK DEVICE	$0 (Nivel 1)	DP
COMPACT SPACE CHAMBER/SM MASK DEVICE	$0 (Nivel 1)	DP
cromolyn sodium inhalation nebulization solution 20 mg/2ml	$0-$12.65 (Nivel 3)	B/D
cromolyn sodium nasal aerosol solution 5.2 mg/act	$0 (Nivel 1)	DP
cvs allergy relief neti pot nasal kit 2300-700 mg	$0 (Nivel 1)	DP
cvs asthma relief oral tablet 25 mg	$0 (Nivel 1)	DP
cvs neti pot soft tip nasal kit 700-2300 mg	$0 (Nivel 1)	DP
cvs saline sinus wash refills nasal packet 700-2300 mg	$0 (Nivel 1)	DP
cvs sinus wash system nasal kit 2300-700 mg	$0 (Nivel 1)	DP
EASIVENT	$0 (Nivel 1)	DP
EASIVENT MASK LARGE	$0 (Nivel 1)	DP
EASIVENT MASK MEDIUM	$0 (Nivel 1)	DP
EASIVENT MASK SMALL	$0 (Nivel 1)	DP
epinephrine injection solution 0.3 mg/0.3ml	$0-$12.65 (Nivel 3)	
epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml	$0-$12.65 (Nivel 3)	
eq space chamber anti-static device	$0 (Nivel 1)	DP
eq space chamber anti-static l device	$0 (Nivel 1)	DP
eq space chamber anti-static m device	$0 (Nivel 1)	DP
eq space chamber anti-static s device	$0 (Nivel 1)	DP
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 1 pluma cada 28 días
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 1 jeringa cada 28 días
FLEXICHAMBER DEVICE	$0 (Nivel 1)	DP
gnp sinus wash neti pot nasal kit 2300-700 mg	$0 (Nivel 1)	DP
gnp sinus wash refill nasal packet 2300-700 mg	$0 (Nivel 1)	DP
gnp squeeze bottle sinus relie nasal kit 2300-700 mg	$0 (Nivel 1)	DP
INSPIREASE	$0 (Nivel 1)	DP
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 paquetes cada 28 días
KALYDECO ORAL TABLET 150 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
kettle neti pot sinus wash nasal kit 2300-700 mg	$0 (Nivel 1)	DP
MICROCHAMBER	$0 (Nivel 1)	DP
MICROCHAMBER DEVICE	$0 (Nivel 1)	DP
MICROSPACER	$0 (Nivel 1)	DP
NASALCROM NASAL AEROSOL SOLUTION 5.2 MG/ACT	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
neti pot sinus wash nasal kit 2300-700 mg	$0 (Nivel 1)	DP
nintedanib esylate oral capsule 100 mg, 150 mg	$0-$12.65 (Nivel 5)	PA; QL; 60 cápsulas cada 30 días
OFEV ORAL CAPSULE 100 MG, 150 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 cápsulas cada 30 días
OPTICHAMBER DIAMOND	$0 (Nivel 1)	DP
OPTICHAMBER DIAMOND DEVICE	$0 (Nivel 1)	DP
OPTICHAMBER DIAMOND-LG MASK DEVICE	$0 (Nivel 1)	DP
OPTICHAMBER DIAMOND-MD MASK	$0 (Nivel 1)	DP
OPTICHAMBER DIAMOND-SM MASK	$0 (Nivel 1)	DP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 paquetes cada 28 días
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG	$0-$12.65 (Nivel 5)	PA; QL; 112 tabletas cada 28 días
pirfenidone oral capsule 267 mg	$0-$12.65 (Nivel 5)	PA; QL; 270 cápsulas cada 30 días
pirfenidone oral tablet 267 mg	$0-$12.65 (Nivel 5)	PA; QL; 270 tabletas cada 30 días
pirfenidone oral tablet 534 mg, 801 mg	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
POCKET CHAMBER DEVICE	$0 (Nivel 1)	DP
POCKET SPACER DEVICE	$0 (Nivel 1)	DP
pro comfort spacer adult	$0 (Nivel 1)	DP
pro comfort spacer child	$0 (Nivel 1)	DP
pro comfort spacer infant device	$0 (Nivel 1)	DP
procare spacer/adult mask device	$0 (Nivel 1)	DP
procare spacer/child mask device	$0 (Nivel 1)	DP
prochamber vhc device	$0 (Nivel 1)	DP
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML	$0-$12.65 (Nivel 5)	PA
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	$0-$12.65 (Nivel 5)	PA
pure comfort spacer chamber device	$0 (Nivel 1)	DP
ra micro-filtered sinus wash nasal kit 2300-700 mg	$0 (Nivel 1)	DP
ra sinus wash nasal relief nasal packet 1685-515 mg	$0 (Nivel 1)	DP
ra sinus wash neti pot nasal packet 1685-515 mg	$0 (Nivel 1)	DP
RITEFLO DEVICE	$0 (Nivel 1)	DP
roflumilast oral tablet 250 mcg	$0-$12.65 (Nivel 4)	QL; 56 tabletas cada año
roflumilast oral tablet 500 mcg	$0-$12.65 (Nivel 4)	QL; 30 tabletas cada 30 días
saline nasal packet 2300-700 mg	$0 (Nivel 1)	DP
SINUCLEANSE NETI POT NASAL KIT 2300-700 MG	$0 (Nivel 1)	DP
SINUCLEANSE REFILL NASAL PACKET 2300-700 MG	$0 (Nivel 1)	DP
SINUGATOR NASAL WASH NASAL PACKET	$0 (Nivel 1)	DP
sinus wash squeeze bottle nasal kit 2300-700 mg	$0 (Nivel 1)	DP
squeeze bottle sinus wash nasal kit 2300-700 mg	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 tabletas cada 28 días
theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg	$0-$12.65 (Nivel 4)	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	$0-$12.65 (Nivel 3)	
theophylline oral elixir 80 mg/15ml	$0-$12.65 (Nivel 4)	
theophylline oral solution 80 mg/15ml	$0-$12.65 (Nivel 4)	
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG	$0-$12.65 (Nivel 5)	PA; QL; 84 tabletas cada 28 días
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG	$0-$12.65 (Nivel 5)	PA; QL; 56 paquetes cada 28 días
VORTEX VALVE CHAMBER-PEDI MASK DEVICE	$0 (Nivel 1)	DP
VORTEX VALVED HOLDING CHAMBER DEVICE	$0 (Nivel 1)	DP
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 8 plumas cada 28 días
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML, 75 MG/0.5ML	$0-$12.65 (Nivel 5)	PA; QL; 4 plumas cada 28 días
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 8 jeringas cada 28 días
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML, 75 MG/0.5ML	$0-$12.65 (Nivel 5)	PA; QL; 4 jeringas cada 28 días
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG	$0-$12.65 (Nivel 5)	PA; QL; 8 frascos cada 28 días
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG	$0-$12.65 (Nivel 5)	PA
Esteroides Nasales		
flunisolide nasal solution 25 mcg/act (0.025%)	$0-$12.65 (Nivel 3)	QL; 3 botellas cada 30 días
fluticasone propionate nasal suspension 50 mcg/act	$0 (Nivel 2)	QL; 1 botella cada 30 días
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT	$0-$12.65 (Nivel 4)	PA; QL; 32 ml cada 30 días
Inhalantes Esteroides		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT	$0-$12.65 (Nivel 4)	QL; 2 inhaladores cada 30 días
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT	$0-$12.65 (Nivel 4)	QL; 3 inhaladores cada 30 días
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT	$0-$12.65 (Nivel 3)	QL; 30 inhalaciones cada 30 días
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml	$0-$12.65 (Nivel 4)	B/D
Moduladores De Leucotrieno		
montelukast sodium oral packet 4 mg	$0-$12.65 (Nivel 4)	
montelukast sodium oral tablet 10 mg	$0 (Nivel 1)	

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montelukast sodium oral tablet chewable 4 mg, 5 mg	$0 (Nivel 2)	
zafirlukast oral tablet 10 mg, 20 mg	$0-$12.65 (Nivel 3)	
Tos Y Resfriado		
12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
12 hour decongestant nasal solution 0.05 %	$0 (Nivel 1)	DP
12 hour decongestant oral tablet extended release 12 hour 120 mg	$0 (Nivel 1)	DP
12 hour nasal decongestant oral tablet extended release 12 hour 120 mg	$0 (Nivel 1)	DP
12 hour nasal relief spray nasal solution 0.05 %	$0 (Nivel 1)	DP
12 hour nasal spray nasal solution 0.05 %	$0 (Nivel 1)	DP
12 hr mucus relief max oral tablet extended release 12 hour 1200 mg	$0 (Nivel 1)	DP
4-WAY FAST ACTING NASAL SOLUTION 1 %	$0 (Nivel 1)	DP
actidom dmx oral liquid 10-30-200 mg/5ml	$0 (Nivel 1)	DP
ACTINEL DM ORAL LIQUID 10-20-400 MG/5ML	$0 (Nivel 1)	DP
AFRIN 12 HOUR NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
AFRIN ALLERGY SINUS NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
AFRIN NODRIP CHILDRENS NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
AFRIN NODRIP EXTRA MOISTURE NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
AFRIN NODRIP NIGHT NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
AFRIN NODRIP ORIGINAL NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
AFRIN NODRIP SEVERE CONGEST NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
AFRIN NODRIP SINUS NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
AFRIN ORIGINAL NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
AFRIN SEVERE CONGESTION NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	$0 (Nivel 1)	DP
all day allergy d oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
allergy d-12 oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
allergy rel d12 (cetirizine) oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
allergy relief d oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
allergy relief d oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
allergy relief d12 oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
allergy relief d-24 oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
allergy relief-d oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
altarussin dm oral syrup 100-10 mg/5ml	$0 (Nivel 1)	DP
altarussin oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
altipres oral liquid 5-10-200 mg/5ml	$0 (Nivel 1)	DP
altipres pediatric oral liquid 2.5-5-75 mg/5ml	$0 (Nivel 1)	DP
altituss oral liquid 10-100 mg/5ml	$0 (Nivel 1)	DP
anefrin spray nasal solution 0.05 %	$0 (Nivel 1)	DP
aquanaz oral tablet 10-15-400 mg	$0 (Nivel 1)	DP
benzonatate oral capsule 100 mg, 150 mg, 200 mg	$0 (Nivel 1)	DP
biocof oral liquid 10-20-400 mg/5ml	$0 (Nivel 1)	DP
biocotron oral liquid 10-100 mg/5ml	$0 (Nivel 1)	DP
biodesp dm oral syrup 5-15-100 mg/5ml	$0 (Nivel 1)	DP
bio-z-cough oral syrup 20-400 mg/5ml	$0 (Nivel 1)	DP
BUCKLEYS CHEST CONGESTION ORAL LIQUID 100 MG/5ML	$0 (Nivel 1)	DP
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
chest congestion relief child oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
chest congestion relief dm oral syrup 10-100 mg/5ml	$0 (Nivel 1)	DP
chest congestion relief oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
CLARITIN-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	$0 (Nivel 1)	DP
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	$0 (Nivel 1)	DP
coditussin ac oral liquid 200-10 mg/5ml	$0 (Nivel 1)	DP
coditussin dac oral liquid 30-10-200 mg/5ml	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
COMTREX DEEP CHEST COLD ORAL TABLET 325-200 MG	$0 (Nivel 1)	DP
cough & chest congestion dm oral liquid 5-100 mg/5ml	$0 (Nivel 1)	DP
cough & congestion kids oral liquid 5-100 mg/5ml	$0 (Nivel 1)	DP
cough dm childrens oral suspension extended release 30 mg/5ml	$0 (Nivel 1)	DP
cough dm oral suspension extended release 30 mg/5ml	$0 (Nivel 1)	DP
coughtab oral tablet 200 mg	$0 (Nivel 1)	DP
cvs 12 hour nasal decongestant oral tablet extended release 12 hour 120 mg	$0 (Nivel 1)	DP
cvs allergy nasal mist no drip nasal solution 0.05 %	$0 (Nivel 1)	DP
cvs allergy relief d oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
cvs allergy relief-d oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
cvs allergy relief-d oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
cvs allergy relief-d12 oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
cvs cough & chest congestion oral liquid 20-400 mg/20ml	$0 (Nivel 1)	DP
cvs cough dm childrens oral suspension extended release 30 mg/5ml	$0 (Nivel 1)	DP
cvs cough dm oral suspension extended release 30 mg/5ml	$0 (Nivel 1)	DP
cvs dm maximum adult oral liquid 5-100 mg/5ml	$0 (Nivel 1)	DP
cvs mucus dm extended release oral tablet extended release 12 hour 30-600 mg	$0 (Nivel 1)	DP
cvs mucus extended release oral tablet extended release 12 hour 1200 mg, 600 mg	$0 (Nivel 1)	DP
cvs multi-symptoms cold child oral liquid 2.5-5-100 mg/5ml	$0 (Nivel 1)	DP
cvs nasal decongestant inhalation inhaler 50 mg	$0 (Nivel 1)	DP
cvs nasal decongestant oral tablet 30 mg	$0 (Nivel 1)	DP
cvs nasal mist nasal solution 0.05 %	$0 (Nivel 1)	DP
cvs nasal spray nasal solution 0.05 %, 1 %	$0 (Nivel 1)	DP
cvs severe cough/congest oral liquid 2.5-5-100 mg/5ml	$0 (Nivel 1)	DP
cvs sinus nasal spray nasal solution 0.05 %	$0 (Nivel 1)	DP
cvs sinus pe decongestant oral tablet 10 mg	$0 (Nivel 1)	DP
cvs tussin adult chest congest oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
cvs tussin cough oral capsule 15 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
cvs tussin dm max st oral liquid 20-400 mg/20ml	$0 (Nivel 1)	DP
cvs tussin dm oral liquid 10-100 mg/5ml, 200-20 mg/10ml	$0 (Nivel 1)	DP
cvs tussin maximum strength oral syrup 15 mg/5ml	$0 (Nivel 1)	DP
cvs tussindm cough/chest adult oral liquid 20-200 mg/20ml	$0 (Nivel 1)	DP
DECONEX IR ORAL TABLET 10-385 MG	$0 (Nivel 1)	DP
decongestant oral tablet 30 mg	$0 (Nivel 1)	DP
decongestant vapor inhalation inhaler	$0 (Nivel 1)	DP
DELSYM CGH/CHEST CONG DM CHILD ORAL LIQUID 5-100 MG/5ML	$0 (Nivel 1)	DP
DELSYM COUGH CHILDRENS ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	$0 (Nivel 1)	DP
DELSYM COUGH/CHEST CONGEST DM ORAL LIQUID 5-100 MG/5ML	$0 (Nivel 1)	DP
DELSYM ORAL LIQUID EXTENDED RELEASE 30 MG/5ML	$0 (Nivel 1)	DP
DELSYM ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	$0 (Nivel 1)	DP
DESGEN DM ORAL LIQUID 5-10-100 MG/5ML	$0 (Nivel 1)	DP
DESGEN PEDIATRIC ORAL LIQUID 2.5-5-50 MG/ML	$0 (Nivel 1)	DP
despec dm oral syrup 5-10-100 mg/5ml	$0 (Nivel 1)	DP
despec dm-g oral syrup 5-10-100 mg/5ml	$0 (Nivel 1)	DP
despec eda oral liquid 2.5-5-50 mg/ml	$0 (Nivel 1)	DP
dextromethorphan hbr oral capsule 15 mg	$0 (Nivel 1)	DP
dextromethorphan polistirex er oral suspension extended release 30 mg/5ml	$0 (Nivel 1)	DP
dextromethorphan-guaifenesin oral liquid 10-100 mg/5ml, 10-200 mg/10ml, 20-200 mg/10ml	$0 (Nivel 1)	DP
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml	$0 (Nivel 1)	DP
diabetic siltussin-dm oral liquid 100-10 mg/5ml	$0 (Nivel 1)	DP
DIABETIC TUSSIN DM MAX ST ORAL LIQUID 10-200 MG/5ML	$0 (Nivel 1)	DP
DIABETIC TUSSIN DM ORAL LIQUID 100-10 MG/5ML	$0 (Nivel 1)	DP
DIABETIC TUSSIN EX ORAL LIQUID 100 MG/5ML	$0 (Nivel 1)	DP
dometuss-dmx oral liquid 10-30-200 mg/5ml	$0 (Nivel 1)	DP
DRISTAN NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
ed-a-hist dm oral liquid 10-4-15 mg/5ml	$0 (Nivel 1)	DP
eq 12 hour mucus relief oral tablet extended release 12 hour 600 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
eq allergy & congestion relief oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	$0 (Nivel 1)	DP
EQ ALLERGY RELIEF NASAL DECONG ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	$0 (Nivel 1)	DP
eq allergy relief oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
eq cough & chest congestion dm oral liquid 20-200 mg/20ml	$0 (Nivel 1)	DP
eq cough childrens oral liquid 5-100 mg/5ml	$0 (Nivel 1)	DP
eq cough dm oral suspension extended release 30 mg/5ml	$0 (Nivel 1)	DP
EQ MUCUS ER ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG, 600 MG	$0 (Nivel 1)	DP
eq mucus relief 12 hour max st oral tablet extended release 12 hour 1200 mg	$0 (Nivel 1)	DP
eq mucus relief congest/cough oral liquid 2.5-5-100 mg/5ml	$0 (Nivel 1)	DP
eq mucus relief dm oral liquid 20-400 mg/20ml	$0 (Nivel 1)	DP
eq mucus relief dm oral tablet extended release 12 hour 30-600 mg	$0 (Nivel 1)	DP
eq mucus relief oral tablet extended release 12 hour 600 mg	$0 (Nivel 1)	DP
eq multi-symptom cold children oral liquid 2.5-5-100 mg/5ml	$0 (Nivel 1)	DP
eq nasal spray fast acting nasal solution 1 %	$0 (Nivel 1)	DP
eq nasal spray nasal solution 0.05 %	$0 (Nivel 1)	DP
eq sinus & congestion max str oral tablet 30 mg	$0 (Nivel 1)	DP
eq sinus 12-hour oral tablet extended release 12 hour 120 mg	$0 (Nivel 1)	DP
eq tussin dm max adult oral liquid 20-400 mg/20ml	$0 (Nivel 1)	DP
eq tussin dm max daytime oral liquid 20-400 mg/20ml	$0 (Nivel 1)	DP
eql allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
eql cough dm oral suspension extended release 30 mg/5ml	$0 (Nivel 1)	DP
eql mucus-dm oral tablet extended release 12 hour 30-600 mg	$0 (Nivel 1)	DP
eql nasal decongestant oral tablet 30 mg	$0 (Nivel 1)	DP
eql nasal decongestant pe oral tablet 10 mg	$0 (Nivel 1)	DP
eql nasal spray 12 hour nasal solution 0.05 %	$0 (Nivel 1)	DP
eql nasal spray fast acting nasal solution 1 %	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
eql nasal spray no drip nasal solution 0.05 %	$0 (Nivel 1)	DP
eql tussin cough/chest congest oral liquid 20-200 mg/20ml	$0 (Nivel 1)	DP
eql tussin cough/chest dm max oral liquid 20-400 mg/20ml	$0 (Nivel 1)	DP
eql vapor nasal decongestant inhalation inhaler 50 mg	$0 (Nivel 1)	DP
ft 12 hour cough relief oral suspension extended release 30 mg/5ml	$0 (Nivel 1)	DP
ft all day allergy-d oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
ft allergy d-12 hour oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
ft allergy relief-d oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
ft mucus relief 12hr max str oral tablet extended release 12 hour 1200 mg	$0 (Nivel 1)	DP
ft mucus relief 12hr oral tablet extended release 12 hour 600 mg	$0 (Nivel 1)	DP
ft mucus relief dm oral tablet extended release 12 hour 30-600 mg	$0 (Nivel 1)	DP
ft nasal decongestant max str oral tablet 30 mg	$0 (Nivel 1)	DP
ft nasal decongestant max str oral tablet extended release 12 hour 120 mg	$0 (Nivel 1)	DP
ft nasal decongestant pe oral tablet 10 mg	$0 (Nivel 1)	DP
ft nasal spray nasal solution 0.05 %	$0 (Nivel 1)	DP
ft tussin adult oral liquid 200 mg/10ml	$0 (Nivel 1)	DP
ft tussin cf adult oral liquid 10-20-200 mg/10ml	$0 (Nivel 1)	DP
ft tussin dm adult oral liquid 20-200 mg/20ml	$0 (Nivel 1)	DP
ft tussin dm max adult oral liquid 20-400 mg/20ml	$0 (Nivel 1)	DP
ft tussin dm oral liquid 20-200 mg/20ml	$0 (Nivel 1)	DP
ft vapor inhaler inhalation inhaler	$0 (Nivel 1)	DP
g tussin ac oral solution 100-10 mg/5ml	$0 (Nivel 1)	DP
gcon dmx oral tablet 10-17.5-385 mg	$0 (Nivel 1)	DP
gcon ir oral tablet 10-385 mg	$0 (Nivel 1)	DP
geri-tussin dm oral liquid 10-100 mg/5ml	$0 (Nivel 1)	DP
geri-tussin dm oral syrup 10-100 mg/5ml	$0 (Nivel 1)	DP
geri-tussin oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
geri-tussin oral syrup 100 mg/5ml	$0 (Nivel 1)	DP
GILTUSS COUGH & CHEST CHILDREN ORAL LIQUID 10-100 MG/5ML	$0 (Nivel 1)	DP
GILTUSS COUGH & CHEST ORAL LIQUID 20-200 MG/10ML	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
GILTUSS COUGH & COLD CHILDRENS ORAL LIQUID 7.5-150-5 MG/2.5ML	$0 (Nivel 1)	DP
GILTUSS COUGH & COLD ORAL LIQUID 10-15-300 MG/5ML	$0 (Nivel 1)	DP
GILTUSS COUGH & COLD ORAL TABLET 10-28-388 MG	$0 (Nivel 1)	DP
GILTUSS DIABETIC COUGH & COLD ORAL LIQUID 10-100 MG/5ML	$0 (Nivel 1)	DP
GILTUSS EX EXPECTORANT CHILD ORAL LIQUID 200 MG/5ML	$0 (Nivel 1)	DP
GILTUSS EX MAXIMUM STRENGTH ORAL LIQUID 400 MG/10ML	$0 (Nivel 1)	DP
GILTUSS HONEY CGH/CHEST CONGES ORAL LIQUID 20-200 MG/10ML	$0 (Nivel 1)	DP
GILTUSS HONEY CGH/CHST CHILD ORAL LIQUID 10-100 MG/5ML	$0 (Nivel 1)	DP
GILTUSS SEVERE SINUS NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
GILTUSS SINUS & CONGESTION ORAL TABLET 10-388 MG	$0 (Nivel 1)	DP
gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
gnp cough dm er oral suspension extended release 30 mg/5ml	$0 (Nivel 1)	DP
gnp cough relief childrens oral liquid 5-100 mg/5ml	$0 (Nivel 1)	DP
gnp loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
gnp mucus dm oral tablet extended release 12 hour 30-600 mg	$0 (Nivel 1)	DP
gnp mucus er oral tablet extended release 12 hour 1200 mg, 600 mg	$0 (Nivel 1)	DP
gnp nasal decongestant oral tablet 30 mg	$0 (Nivel 1)	DP
gnp nasal decongestant oral tablet extended release 12 hour 120 mg	$0 (Nivel 1)	DP
gnp nasal decongestant pe oral tablet 10 mg	$0 (Nivel 1)	DP
gnp nasal four spray nasal solution 1 %	$0 (Nivel 1)	DP
gnp nasal spray fast acting nasal solution 1 %	$0 (Nivel 1)	DP
gnp nasal spray nasal solution 0.05 %	$0 (Nivel 1)	DP
gnp no drip nasal spray nasal solution 0.05 %	$0 (Nivel 1)	DP
gnp tussin adult oral liquid 200 mg/10ml	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
gnp tussin cf cough & cold oral syrup 5-10-100 mg/5ml	$0 (Nivel 1)	DP
gnp tussin dm max oral liquid 20-400 mg/20ml	$0 (Nivel 1)	DP
gnp tussin dm oral liquid 20-200 mg/20ml	$0 (Nivel 1)	DP
goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
goodsense cough dm childrens oral suspension extended release 30 mg/5ml	$0 (Nivel 1)	DP
goodsense cough dm oral suspension extended release 30 mg/5ml	$0 (Nivel 1)	DP
goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg	$0 (Nivel 1)	DP
goodsense mucus er oral tablet extended release 12 hour 600 mg	$0 (Nivel 1)	DP
goodsense mucus relief child oral liquid 2.5-5-100 mg/5ml	$0 (Nivel 1)	DP
goodsense mucus/congest/cough oral liquid 2.5-5-100 mg/5ml	$0 (Nivel 1)	DP
goodsense tussin cf oral liquid 5-10-100 mg/5ml	$0 (Nivel 1)	DP
goodsense tussin dm max oral liquid 20-400 mg/20ml	$0 (Nivel 1)	DP
goodsense tussin dm oral liquid 20-200 mg/20ml	$0 (Nivel 1)	DP
goodsense vapor inhalation inhaler	$0 (Nivel 1)	DP
g-supress dx pediatric oral liquid 2.5-5-50 mg/ml	$0 (Nivel 1)	DP
G-TRON PED ORAL LIQUID 10-15-350 MG/5ML	$0 (Nivel 1)	DP
G-TRON PEDIATRIC DROPS ORAL LIQUID 2.5-5-100 MG/ML	$0 (Nivel 1)	DP
G-TUSICOF ORAL LIQUID 10-20-400 MG/5ML	$0 (Nivel 1)	DP
guaiasorb dm oral liquid 10-100 mg/5ml, 20-200 mg/10ml	$0 (Nivel 1)	DP
guaiatussin ac oral syrup 100-10 mg/5ml	$0 (Nivel 1)	DP
guaifed oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
guaifed-dm oral liquid 10-100 mg/5ml	$0 (Nivel 1)	DP
guaifenesin dm oral liquid 10-100 mg/5ml	$0 (Nivel 1)	DP
guaifenesin er oral tablet extended release 12 hour 1200 mg, 600 mg	$0 (Nivel 1)	DP
guaifenesin oral liquid 100 mg/5ml, 200 mg/10ml, 300 mg/15ml	$0 (Nivel 1)	DP
guaifenesin oral tablet 200 mg	$0 (Nivel 1)	DP
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	$0 (Nivel 1)	DP
guaifenesin-dm oral liquid 100-10 mg/5ml	$0 (Nivel 1)	DP
guaifenesin-dm oral syrup 100-10 mg/5ml	$0 (Nivel 1)	DP
G-ZYNCOF ORAL SYRUP 20-400 MG/5ML	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
HERBAL EXPEC ORAL LIQUID 150 MG/15ML	$0 (Nivel 1)	DP
hm mucus relief er max st oral tablet extended release 12 hour 1200 mg	$0 (Nivel 1)	DP
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML	$0 (Nivel 1)	DP
HYCODAN ORAL TABLET 5-1.5 MG	$0 (Nivel 1)	DP
hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml	$0 (Nivel 1)	DP
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	$0 (Nivel 1)	DP
hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg	$0 (Nivel 1)	DP
hydromet oral solution 5-1.5 mg/5ml	$0 (Nivel 1)	DP
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 %	$0 (Nivel 1)	DP
igualtuss oral liquid 10-28-388 mg/5ml	$0 (Nivel 1)	DP
intense cough reliever oral liquid 20-300 mg/5ml, 30-200 mg/5ml	$0 (Nivel 1)	DP
KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	$0 (Nivel 1)	DP
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	$0 (Nivel 1)	DP
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	$0 (Nivel 1)	DP
kp pseudoephedrine hcl oral tablet 30 mg, 60 mg	$0 (Nivel 1)	DP
lohist-dm oral syrup 5-2-10 mg/5ml	$0 (Nivel 1)	DP
long acting nasal spray nasal solution 0.05 %	$0 (Nivel 1)	DP
long lasting nasal spray nasal solution 0.05 %	$0 (Nivel 1)	DP
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
MAR-COF CG EXPECTORANT ORAL LIQUID 225-7.5 MG/5ML	$0 (Nivel 1)	DP
MAX TUSSIN DM COUGH&CHEST CONG ORAL LIQUID 10-100 MG/5ML, 20-200 MG/10ML	$0 (Nivel 1)	DP
MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID 200 MG/10ML	$0 (Nivel 1)	DP
maxifed oral tablet 60-360 mg	$0 (Nivel 1)	DP
maxi-tuss ac oral solution 100-10 mg/5ml	$0 (Nivel 1)	DP
maxi-tuss cd oral liquid 10-4-10 mg/5ml	$0 (Nivel 1)	DP
maxi-tuss g oral liquid 10-100 mg/5ml	$0 (Nivel 1)	DP
maxi-tuss gmx oral liquid 10-200 mg/5ml	$0 (Nivel 1)	DP
medi-tussin dm double strength oral liquid 30-200 mg/5ml	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
medi-tussin dm oral syrup 100-10 mg/5ml	$0 (Nivel 1)	DP
meijer allergy relief-d oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
meijer nasal decongestant oral tablet 30 mg	$0 (Nivel 1)	DP
MUCINEX CHILDRENS FREEFROM ORAL LIQUID 2.5-5-100 MG/5ML	$0 (Nivel 1)	DP
MUCINEX COLD CHILDRENS ORAL LIQUID 2.5-5-100 MG/5ML	$0 (Nivel 1)	DP
MUCINEX COUGH & CONGEST CHILD ORAL LIQUID 2.5-5-100 MG/5ML	$0 (Nivel 1)	DP
MUCINEX COUGH CHILDRENS ORAL LIQUID 5-100 MG/5ML	$0 (Nivel 1)	DP
MUCINEX COUGH FOR KIDS ORAL LIQUID† 5-100 MG/5ML	$0 (Nivel 1)	DP
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG	$0 (Nivel 1)	DP
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML	$0 (Nivel 1)	DP
MUCINEX FAST-MAX CONGEST COUGH ORAL LIQUID 2.5-5-100 MG/5ML	$0 (Nivel 1)	DP
MUCINEX FAST-MAX CONGEST COUGH ORAL TABLET 5-10-200 MG	$0 (Nivel 1)	DP
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML	$0 (Nivel 1)	DP
MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID 5-100 MG/5ML	$0 (Nivel 1)	DP
MUCINEX MAXIMUM STRENGTH ORAL TABLET EXTENDED RELEASE 12 HOUR 1200 MG	$0 (Nivel 1)	DP
MUCINEX ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG	$0 (Nivel 1)	DP
MUCINEX SINUS-MAX CLEAR & COOL NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
MUCINEX SINUS-MAX SINUS/ALLRGY NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
mucus & chest congestion oral liquid 200 mg/10ml	$0 (Nivel 1)	DP
mucus congest & cough child oral liquid 2.5-5-100 mg/5ml	$0 (Nivel 1)	DP
mucus dm oral tablet extended release 12 hour 30-600 mg	$0 (Nivel 1)	DP
mucus relief chest congestion oral liquid 400 mg/20ml	$0 (Nivel 1)	DP
mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml	$0 (Nivel 1)	DP
mucus relief dm oral liquid 20-400 mg/20ml	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
mucus relief dm oral tablet extended release 12 hour 30-600 mg	$0 (Nivel 1)	DP
mucus relief er oral tablet extended release 12 hour 1200 mg, 600 mg	$0 (Nivel 1)	DP
mucus relief max st oral tablet extended release 12 hour 1200 mg	$0 (Nivel 1)	DP
mucus relief multi symptom oral liquid 2.5-5-100 mg/5ml	$0 (Nivel 1)	DP
mucus relief oral tablet extended release 12 hour 600 mg	$0 (Nivel 1)	DP
mucus relief severe congst/cgh oral liquid 10-20-400 mg/20ml, 2.5-5-100 mg/5ml	$0 (Nivel 1)	DP
mucus-dm oral tablet extended release 12 hour 30-600 mg	$0 (Nivel 1)	DP
multi-symptom cold childrens oral liquid 2.5-5-100 mg/5ml	$0 (Nivel 1)	DP
multi-symptom cold plus child oral liquid 2.5-5-100 mg/5ml	$0 (Nivel 1)	DP
nasal decongestant 12hr oral tablet extended release 12 hour 120 mg	$0 (Nivel 1)	DP
nasal decongestant d max str oral tablet 30 mg	$0 (Nivel 1)	DP
nasal decongestant d oral tablet 30 mg	$0 (Nivel 1)	DP
nasal decongestant nasal solution 0.05 %	$0 (Nivel 1)	DP
nasal decongestant oral tablet 30 mg	$0 (Nivel 1)	DP
nasal decongestant pe max st oral tablet 10 mg	$0 (Nivel 1)	DP
nasal decongestant pe oral tablet 10 mg	$0 (Nivel 1)	DP
nasal decongestant spray nasal solution 0.05 %	$0 (Nivel 1)	DP
nasal four nasal solution 1 %	$0 (Nivel 1)	DP
nasal spray 12 hour nasal solution 0.05 %	$0 (Nivel 1)	DP
nasal spray max strength nasal solution 0.05 %	$0 (Nivel 1)	DP
nasal spray nasal solution 0.05 %	$0 (Nivel 1)	DP
nasal spray no drip nasal solution 0.05 %	$0 (Nivel 1)	DP
NEO-SYNEPHRINE COLD/ALLRGY EXT NASAL SOLUTION 1 %	$0 (Nivel 1)	DP
neotuss oral liquid 30-200 mg/5ml	$0 (Nivel 1)	DP
NINJACOF-XG ORAL LIQUID 200-8 MG/5ML	$0 (Nivel 1)	DP
NIVANEX DMX ORAL TABLET 10-15-380 MG	$0 (Nivel 1)	DP
no drip nasal spray nasal solution 0.05 %	$0 (Nivel 1)	DP
nohist-dm oral liquid 10-4-15 mg/5ml	$0 (Nivel 1)	DP
non-pseudo sinus decongestant oral tablet 10 mg	$0 (Nivel 1)	DP
NOSTRILLA NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
NRS NASAL RELIEF NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
oxymetazoline hcl nasal solution 0.05 %	$0 (Nivel 1)	DP
PECGEN DMX ORAL LIQUID 10-187 MG/5ML	$0 (Nivel 1)	DP
PECGEN PSE ORAL LIQUID 30-10-187 MG/5ML	$0 (Nivel 1)	DP
PEDIACARE COUGH/CONGESTION ORAL LIQUID 5-100 MG/5ML	$0 (Nivel 1)	DP
phenylephrine hcl oral tablet 10 mg	$0 (Nivel 1)	DP
phenylephrine-dm-gg oral liquid 10-18-200 mg/15ml	$0 (Nivel 1)	DP
poly-tussin ac oral liquid 10-4-10 mg/5ml	$0 (Nivel 1)	DP
POLY-VENT IR ORAL TABLET 60-380 MG	$0 (Nivel 1)	DP
PRESGEN ORAL LIQUID 5-10-200 MG/5ML	$0 (Nivel 1)	DP
PRESGEN PEDIATRIC ORAL LIQUID 2.5-5-75 MG/5ML	$0 (Nivel 1)	DP
promethazine-codeine oral solution 6.25-10 mg/5ml	$0 (Nivel 1)	DP
promethazine-codeine oral syrup 6.25-10 mg/5ml	$0 (Nivel 1)	DP
promethazine-dm oral syrup 6.25-15 mg/5ml	$0 (Nivel 1)	DP
pseudoeph-bromphen-dm oral syrup 30-2-10 mg/5ml	$0 (Nivel 1)	DP
pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg	$0 (Nivel 1)	DP
pseudoephedrine hcl oral tablet 30 mg, 60 mg	$0 (Nivel 1)	DP
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 %	$0 (Nivel 1)	DP
qc loratadine-d oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
qc medifin mucus relief child oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
qc mucus & cough relief child oral liquid 5-100 mg/5ml	$0 (Nivel 1)	DP
qc mucus relief childrens oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
qc mucus relief dm max oral liquid 5-100 mg/5ml	$0 (Nivel 1)	DP
qc mucus relief er oral tablet extended release 12 hour 1200 mg	$0 (Nivel 1)	DP
qc mucus relief max st oral tablet extended release 12 hour 1200 mg	$0 (Nivel 1)	DP
qc mucus relief oral tablet extended release 12 hour 600 mg	$0 (Nivel 1)	DP
qc mucus relief severe con/cgh oral liquid 2.5-5-100 mg/5ml	$0 (Nivel 1)	DP
qc nasal decongestant pe oral tablet 10 mg, 30 mg	$0 (Nivel 1)	DP
qc nasal mist no drip nasal solution 0.05 %	$0 (Nivel 1)	DP
qc nasal spray nasal solution 0.05 %, 1 %	$0 (Nivel 1)	DP
qc no drip extra moisturizing nasal solution 0.05 %	$0 (Nivel 1)	DP
qc no drip nasal relief nasal solution 0.05 %	$0 (Nivel 1)	DP
qc no drip original 12 hours nasal solution 0.05 %	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
qc suphedrine maximum strength oral tablet extended release 12 hour 120 mg	$0 (Nivel 1)	DP
qc tussin cf adult oral liquid 10-20-200 mg/10ml	$0 (Nivel 1)	DP
qc tussin dm cough/congestion oral liquid 10-100 mg/5ml, 20-200 mg/10ml	$0 (Nivel 1)	DP
qc vapor inhaler inhalation inhaler 50 mg	$0 (Nivel 1)	DP
QLEARQUIL NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
ra 12 hour nasal spray nasal solution 0.05 %	$0 (Nivel 1)	DP
ra allergy relf & nasal decong oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
ra allergy rlf/nasal decongest oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
ra allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
ra allergy/congestion relief-d oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
ra cetiri-d oral tablet extended release 12 hour 5-120 mg	$0 (Nivel 1)	DP
ra cough dm oral suspension extended release 30 mg/5ml	$0 (Nivel 1)	DP
ra decongestant inhaler inhalation inhaler	$0 (Nivel 1)	DP
ra lorata-d oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
ra menthol nasal inhaler inhalation inhaler	$0 (Nivel 1)	DP
ra mucus relief dm oral tablet extended release 12 hour 30-600 mg	$0 (Nivel 1)	DP
ra mucus relief max st oral tablet extended release 12 hour 1200 mg	$0 (Nivel 1)	DP
ra mucus relief oral tablet extended release 12 hour 600 mg	$0 (Nivel 1)	DP
ra nasal decongestant pe oral tablet 10 mg	$0 (Nivel 1)	DP
ra nose drops extra strength nasal solution 1 %	$0 (Nivel 1)	DP
ra sinus/congestion relief oral tablet 30 mg	$0 (Nivel 1)	DP
ra sinus/congestion relief oral tablet extended release 12 hour 120 mg	$0 (Nivel 1)	DP
ra sinus/congestion relief pe oral tablet 10 mg	$0 (Nivel 1)	DP
ra suphedrine oral tablet 30 mg	$0 (Nivel 1)	DP
ra suphedrine oral tablet extended release 12 hour 120 mg	$0 (Nivel 1)	DP
ra tussin cgh & cold mucus cf oral liquid 5-10-200 mg/5ml	$0 (Nivel 1)	DP
ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ra tussin chest congestion oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
ra tussin cough dm sugar free oral syrup 100-10 mg/5ml	$0 (Nivel 1)	DP
ra tussin cough oral liquid 10-100 mg/5ml	$0 (Nivel 1)	DP
ra tussin cough/chest dm max oral liquid 10-200 mg/5ml	$0 (Nivel 1)	DP
ra tussin dm oral liquid 100-10 mg/5ml	$0 (Nivel 1)	DP
ra tussin oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
robafen cf multi-symptom cold oral liquid 5-10-100 mg/5ml	$0 (Nivel 1)	DP
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML	$0 (Nivel 1)	DP
ROBAFEN DM COUGH ORAL LIQUID 20-200 MG/20ML	$0 (Nivel 1)	DP
ROBAFEN DM ORAL LIQUID 20-200 MG/20ML	$0 (Nivel 1)	DP
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML	$0 (Nivel 1)	DP
ROBITUSSIN 12 HOUR COUGH CHILD ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	$0 (Nivel 1)	DP
ROBITUSSIN 12 HOUR COUGH ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML	$0 (Nivel 1)	DP
ROBITUSSIN CHILD COUGH/COLD CF ORAL LIQUID 2.5-5-50 MG/5ML	$0 (Nivel 1)	DP
ROBITUSSIN COUGH & CHEST ADULT ORAL LIQUID 20-400 MG/20ML	$0 (Nivel 1)	DP
ROBITUSSIN COUGH & CHEST CHILD ORAL LIQUID 5-100 MG/5ML	$0 (Nivel 1)	DP
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-200 MG/20ML, 20-400 MG/20ML	$0 (Nivel 1)	DP
ROBITUSSIN HONEY CGH/CHEST DM ORAL LIQUID 20-200 MG/20ML	$0 (Nivel 1)	DP
ROBITUSSIN LONG-ACT COUGHGELS ORAL CAPSULE 15 MG	$0 (Nivel 1)	DP
ROBITUSSIN PEAK COLD MULTI-SYM ORAL LIQUID 5-10-100 MG/5ML	$0 (Nivel 1)	DP
rydex g oral tablet 38.5-398 mg	$0 (Nivel 1)	DP
rynex pse oral liquid 1-15 mg/5ml	$0 (Nivel 1)	DP
SAFETUSSIN DM COUGH/CHEST CONG ORAL LIQUID 10-100 MG/5ML	$0 (Nivel 1)	DP
sb 12hr nasal spray nasal solution 0.05 %	$0 (Nivel 1)	DP
sb allergy relief/nasal decong oral tablet extended release 24 hour 10-240 mg	$0 (Nivel 1)	DP
sb cough control cf oral liquid 5-10-100 mg/5ml	$0 (Nivel 1)	DP
sb cough control oral liquid 100 mg/5ml	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
sb coughtab oral tablet 200 mg	$0 (Nivel 1)	DP
sb nasal spray no-drip nasal solution 0.05 %	$0 (Nivel 1)	DP
sb sinus relief nasal solution 0.05 %	$0 (Nivel 1)	DP
scot-tussin expectorant oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
SCOT-TUSSIN SENIOR ORAL LIQUID 15-200 MG/5ML	$0 (Nivel 1)	DP
siltussin sa oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
sinus nasal spray nasal solution 0.05 %	$0 (Nivel 1)	DP
sinus relief extra strength nasal solution 1 %	$0 (Nivel 1)	DP
sinus relief mist nasal solution 0.05 %	$0 (Nivel 1)	DP
sinus relief nasal solution 0.05 %	$0 (Nivel 1)	DP
sm tussin cough/chest congest oral liquid 20-200 mg/20ml	$0 (Nivel 1)	DP
sodium chloride inhalation nebulization solution 7 %	$0 (Nivel 1)	DP
SORBUGEN NR ORAL LIQUID 10-100 MG/5ML	$0 (Nivel 1)	DP
sorbutuss nr oral liquid 10-100 mg/5ml	$0 (Nivel 1)	DP
SUDAFED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	$0 (Nivel 1)	DP
SUDAFED ORAL TABLET 30 MG	$0 (Nivel 1)	DP
SUDAFED PE SINUS CONGESTION ORAL TABLET 10 MG	$0 (Nivel 1)	DP
SUDAFED SINUS CONGESTION 12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	$0 (Nivel 1)	DP
SUDAFED SINUS CONGESTION 24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG	$0 (Nivel 1)	DP
SUDAFED SINUS CONGESTION ORAL TABLET 30 MG	$0 (Nivel 1)	DP
SUDOGEST MAXIMUM STRENGTH ORAL TABLET 30 MG	$0 (Nivel 1)	DP
SUDOGEST ORAL TABLET 30 MG, 60 MG	$0 (Nivel 1)	DP
SUDOGEST PE ORAL TABLET 10 MG	$0 (Nivel 1)	DP
suphedrine 12hour oral tablet extended release 12 hour 120 mg	$0 (Nivel 1)	DP
supress dm pediatric oral liquid 5-50 mg/ml	$0 (Nivel 1)	DP
supress-dx pediatric oral liquid 2.5-5-50 mg/ml	$0 (Nivel 1)	DP
teo-tus oral liquid 5-10-200 mg/5ml	$0 (Nivel 1)	DP
TRISPEC PSE ORAL LIQUID 30-10-187 MG/5ML	$0 (Nivel 1)	DP
TUSICOF ORAL LIQUID 10-20-400 MG/5ML	$0 (Nivel 1)	DP
tusnel diabetic oral liquid 10-100 mg/5ml	$0 (Nivel 1)	DP
TUSNEL DM ORAL LIQUID 10-20-400 MG/5ML	$0 (Nivel 1)	DP
TUSNEL DM PEDIATRIC ORAL LIQUID 2.5-5-75 MG/5ML	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
TUSNEL ORAL LIQUID 30-15-200 MG/5ML	$0 (Nivel 1)	DP
TUSNEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5ML	$0 (Nivel 1)	DP
TUSNEL-EX ORAL LIQUID 100 MG/5ML	$0 (Nivel 1)	DP
tussin cf cough & cold oral liquid 5-10-100 mg/5ml	$0 (Nivel 1)	DP
tussin cough oral capsule 15 mg	$0 (Nivel 1)	DP
tussin dm cough & chest conges oral liquid 20-200 mg/10ml	$0 (Nivel 1)	DP
tussin dm cough & chest oral liquid 20-200 mg/20ml	$0 (Nivel 1)	DP
tussin dm cough + chest oral liquid 20-200 mg/20ml, 20-400 mg/20ml	$0 (Nivel 1)	DP
tussin dm max oral liquid 20-400 mg/20ml	$0 (Nivel 1)	DP
tussin dm oral liquid 10-100 mg/5ml, 100-10 mg/5ml	$0 (Nivel 1)	DP
tussin dm oral syrup 100-10 mg/5ml	$0 (Nivel 1)	DP
tussin mucus & chest congest oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
tussin mucus+chest congest sf oral liquid 200 mg/10ml	$0 (Nivel 1)	DP
tussin mucus+chest congestion oral liquid 100 mg/5ml	$0 (Nivel 1)	DP
TUSSI-PRES ORAL LIQUID 5-10-200 MG/5ML	$0 (Nivel 1)	DP
TUSSI-PRES PEDIATRIC ORAL LIQUID 2.5-5-75 MG/5ML	$0 (Nivel 1)	DP
TUSSLIN ORAL LIQUID 10-28-388 MG/5ML	$0 (Nivel 1)	DP
TUSSLIN PEDIATRIC ORAL LIQUID 2.5-7.5-88 MG/ML	$0 (Nivel 1)	DP
VANACOF DM ORAL LIQUID 10-18-200 MG/15ML	$0 (Nivel 1)	DP
VANATAB DM ORAL TABLET 5-9-198 MG	$0 (Nivel 1)	DP
VICKS DAYQUIL MUCUS CONTROL DM ORAL LIQUID 10-200 MG/15ML	$0 (Nivel 1)	DP
VICKS SINEX 12 HOUR DECONGEST NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
VICKS SINEX MOISTURIZING NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
VICKS SINEX SEVERE DECONGEST NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
VICKS SINEX SEVERE NASAL SOLUTION 0.05 %	$0 (Nivel 1)	DP
VICKS VAPOINHALER INHALATION INHALER	$0 (Nivel 1)	DP
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG	$0 (Nivel 1)	DP
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	$0 (Nivel 1)	DP
WAL-PHED 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
WAL-PHED D ORAL TABLET EXTENDED RELEASE 12 HOUR 120 MG	$0 (Nivel 1)	DP
WAL-PHED PE ORAL TABLET 10 MG	$0 (Nivel 1)	DP
wal-tap cold/allergy oral elixir 1-15 mg/5ml	$0 (Nivel 1)	DP
WAL-TUSSIN CF MAX ORAL LIQUID 5-10-200 MG/5ML	$0 (Nivel 1)	DP
WAL-TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML	$0 (Nivel 1)	DP
WAL-TUSSIN COUGH LONG ACTING ORAL SYRUP 15 MG/5ML	$0 (Nivel 1)	DP
WAL-TUSSIN COUGH ORAL CAPSULE 15 MG	$0 (Nivel 1)	DP
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML	$0 (Nivel 1)	DP
wal-tussin oral syrup 100 mg/5ml	$0 (Nivel 1)	DP
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	$0 (Nivel 1)	DP
ZEPHREX-D ORAL TABLET ABUSE-DETERRENT 30 MG	$0 (Nivel 1)	DP
ZYNCOF ORAL SYRUP 20-400 MG/5ML	$0 (Nivel 1)	DP
ZYRTEC-D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	$0 (Nivel 1)	DP
ZYRTEC-D ALLERGY & SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG	$0 (Nivel 1)	DP
SISTEMA NERVIOSO CENTRAL		
APTIOM ORAL TABLET 200 MG, 400 MG	$0-$12.65 (Nivel 5)	QL; 30 tabletas cada 30 días
APTIOM ORAL TABLET 600 MG, 800 MG	$0-$12.65 (Nivel 5)	QL; 60 tabletas cada 30 días
brivaracetam oral solution 10 mg/ml	$0-$12.65 (Nivel 4)	PA; QL; 600 ml cada 30 días
brivaracetam oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg	$0-$12.65 (Nivel 4)	PA; QL; 60 tabletas cada 30 días
BRIVIACT ORAL SOLUTION 10 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 600 ml cada 30 días
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	$0-$12.65 (Nivel 4)	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	$0-$12.65 (Nivel 4)	
carbamazepine oral suspension 100 mg/5ml	$0-$12.65 (Nivel 4)	
carbamazepine oral tablet 200 mg	$0-$12.65 (Nivel 3)	
carbamazepine oral tablet chewable 100 mg	$0-$12.65 (Nivel 3)	
carbamazepine oral tablet chewable 200 mg	$0-$12.65 (Nivel 4)	
clobazam oral suspension 2.5 mg/ml	$0-$12.65 (Nivel 4)	PA; QL; 480 ml cada 30 días
clobazam oral tablet 10 mg, 20 mg	$0-$12.65 (Nivel 4)	PA; QL; 60 tabletas cada 30 días

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
clonazepam oral tablet 0.5 mg, 1 mg	$0 (Nivel 2)	QL; 90 tabletas cada 30 días
clonazepam oral tablet 2 mg	$0 (Nivel 2)	QL; 300 tabletas cada 30 días
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	$0-$12.65 (Nivel 3)	QL; 90 tabletas cada 30 días
clonazepam oral tablet dispersible 2 mg	$0-$12.65 (Nivel 3)	QL; 300 tabletas cada 30 días
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	$0-$12.65 (Nivel 4)	PA; QL; 180 tabletas cada 30 días
DIACOMIT ORAL CAPSULE 250 MG	$0-$12.65 (Nivel 5)	PA; QL; 360 cápsulas cada 30 días
DIACOMIT ORAL CAPSULE 500 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 cápsulas cada 30 días
DIACOMIT ORAL PACKET 250 MG	$0-$12.65 (Nivel 5)	PA; QL; 360 paquetes cada 30 días
DIACOMIT ORAL PACKET 500 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 paquetes cada 30 días
DIAZEPAM INTENSOL ORAL CONCENTRATE 5 MG/ML	$0-$12.65 (Nivel 3)	PA; QL; 240 ml cada 30 días
diazepam oral solution 5 mg/5ml	$0-$12.65 (Nivel 3)	PA; QL; 1200 ml cada 30 días
diazepam oral tablet 10 mg, 2 mg, 5 mg	$0 (Nivel 2)	PA; QL; 120 tabletas cada 30 días
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	$0-$12.65 (Nivel 4)	
DILANTIN ORAL CAPSULE 30 MG	$0-$12.65 (Nivel 4)	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	$0-$12.65 (Nivel 3)	
divalproex sodium oral capsule delayed release sprinkle 125 mg	$0-$12.65 (Nivel 4)	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	$0 (Nivel 2)	
EPIDIOLEX ORAL SOLUTION 100 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 600 ml cada 30 días
eslicarbazepine acetate oral tablet 200 mg, 400 mg	$0-$12.65 (Nivel 4)	QL; 30 tabletas cada 30 días
eslicarbazepine acetate oral tablet 600 mg, 800 mg	$0-$12.65 (Nivel 4)	QL; 60 tabletas cada 30 días
ethosuximide oral capsule 250 mg	$0-$12.65 (Nivel 3)	
ethosuximide oral solution 250 mg/5ml	$0-$12.65 (Nivel 3)	
felbamate oral suspension 600 mg/5ml	$0-$12.65 (Nivel 4)	
felbamate oral tablet 400 mg, 600 mg	$0-$12.65 (Nivel 4)	
FINTEPLA ORAL SOLUTION 2.2 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 360 ml cada 30 días
FYCOMPA ORAL SUSPENSION 0.5 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 680 ml cada 28 días
FYCOMPA ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
FYCOMPA ORAL TABLET 2 MG	$0-$12.65 (Nivel 4)	PA; QL; 60 tabletas cada 30 días
gabapentin oral capsule 100 mg, 300 mg	$0 (Nivel 2)	QL; 360 cápsulas cada 30 días
gabapentin oral capsule 400 mg	$0 (Nivel 2)	QL; 270 cápsulas cada 30 días
gabapentin oral solution 250 mg/5ml	$0-$12.65 (Nivel 3)	QL; 2160 ml cada 30 días
gabapentin oral tablet 600 mg	$0 (Nivel 2)	QL; 180 tabletas cada 30 días
gabapentin oral tablet 800 mg	$0 (Nivel 2)	QL; 120 tabletas cada 30 días
lacosamide oral solution 10 mg/ml	$0-$12.65 (Nivel 4)	QL; 1200 ml cada 30 días

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
lacosamide oral tablet 100 mg, 150 mg, 200 mg	$0-$12.65 (Nivel 4)	QL; 60 tabletas cada 30 días
lacosamide oral tablet 50 mg	$0-$12.65 (Nivel 4)	QL; 120 tabletas cada 30 días
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	$0-$12.65 (Nivel 4)	ST
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	$0 (Nivel 1)	
lamotrigine oral tablet chewable 25 mg, 5 mg	$0-$12.65 (Nivel 3)	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	$0-$12.65 (Nivel 3)	
levetiracetam oral solution 100 mg/ml	$0-$12.65 (Nivel 3)	
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	$0 (Nivel 2)	
levetiracetam oral tablet disintegrating soluble 250 mg	$0-$12.65 (Nivel 4)	QL; 360 tabletas cada 30 días
levetiracetam oral tablet disintegrating soluble 500 mg	$0-$12.65 (Nivel 4)	QL; 180 tabletas cada 30 días
methsuximide oral capsule 300 mg	$0-$12.65 (Nivel 4)	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML	$0-$12.65 (Nivel 4)	QL; 10 unidades nasales cada 30 días
oxcarbazepine oral suspension 300 mg/5ml	$0-$12.65 (Nivel 4)	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	$0-$12.65 (Nivel 3)	
perampanel oral suspension 0.5 mg/ml	$0-$12.65 (Nivel 5)	PA; QL; 680 ml cada 28 días
perampanel oral tablet 10 mg, 12 mg, 4 mg, 6 mg, 8 mg	$0-$12.65 (Nivel 4)	PA; QL; 30 tabletas cada 30 días
perampanel oral tablet 2 mg	$0-$12.65 (Nivel 4)	PA; QL; 60 tabletas cada 30 días
phenobarbital oral elixir 20 mg/5ml	$0-$12.65 (Nivel 4)	PA; QL; 1500 ml cada 30 días
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	$0-$12.65 (Nivel 3)	PA; QL; 120 tabletas cada 30 días
PHENYTEK ORAL CAPSULE 200 MG, 300 MG	$0-$12.65 (Nivel 3)	
phenytoin oral suspension 125 mg/5ml	$0-$12.65 (Nivel 3)	
phenytoin oral tablet chewable 50 mg	$0-$12.65 (Nivel 3)	
phenytoin sodium extended oral capsule 100 mg	$0-$12.65 (Nivel 3)	
pregabalin oral capsule 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0-$12.65 (Nivel 3)	QL; 120 cápsulas cada 30 días
pregabalin oral capsule 200 mg	$0-$12.65 (Nivel 3)	QL; 90 cápsulas cada 30 días
pregabalin oral capsule 225 mg, 300 mg	$0-$12.65 (Nivel 3)	QL; 60 cápsulas cada 30 días
pregabalin oral solution 20 mg/ml	$0-$12.65 (Nivel 4)	PA; QL; 900 ml cada 30 días
primidone oral tablet 125 mg, 250 mg, 50 mg	$0 (Nivel 2)	
RELGAABI ORAL CAPSULE 300 MG	$0 (Nivel 2)	QL; 360 cápsulas cada 30 días
RELGAABI ORAL CAPSULE 400 MG	$0 (Nivel 2)	QL; 270 cápsulas cada 30 días
ROWEEPRA ORAL TABLET 500 MG	$0 (Nivel 2)	
rufinamide oral suspension 40 mg/ml	$0-$12.65 (Nivel 5)	PA; QL; 2400 ml cada 30 días
rufinamide oral tablet 200 mg	$0-$12.65 (Nivel 4)	PA; QL; 480 tabletas cada 30 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
rufinamide oral tablet 400 mg	$0-$12.65 (Nivel 5)	PA; QL; 240 tabletas cada 30 días
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 250 MG	$0-$12.65 (Nivel 4)	QL; 360 tabletas cada 30 días
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	$0-$12.65 (Nivel 4)	QL; 180 tabletas cada 30 días
SUBVENITE ORAL SUSPENSION 10 MG/ML	$0-$12.65 (Nivel 5)	ST
SUBVENITE ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG	$0 (Nivel 1)	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 hojas cada 30 días
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	$0-$12.65 (Nivel 4)	
topiramate oral capsule sprinkle 15 mg, 25 mg	$0-$12.65 (Nivel 3)	
topiramate oral capsule sprinkle 50 mg	$0-$12.65 (Nivel 4)	
topiramate oral solution 25 mg/ml	$0-$12.65 (Nivel 4)	PA; QL; 480 ml cada 30 días
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	$0 (Nivel 2)	
valproic acid oral capsule 250 mg	$0 (Nivel 2)	
valproic acid oral solution 250 mg/5ml	$0-$12.65 (Nivel 3)	
VALTOCO 10 MG DOSE NASAL LIQUID 10 MG/0.1ML	$0-$12.65 (Nivel 4)	QL; 10 blísteres cada 30 días
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	$0-$12.65 (Nivel 4)	QL; 10 blísteres cada 30 días
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	$0-$12.65 (Nivel 4)	QL; 10 blísteres cada 30 días
VALTOCO 5 MG DOSE NASAL LIQUID 5 MG/0.1ML	$0-$12.65 (Nivel 4)	QL; 10 blísteres cada 30 días
vigabatrin oral packet 500 mg	$0-$12.65 (Nivel 5)	PA; QL; 180 paquetes cada 30 días
vigabatrin oral tablet 500 mg	$0-$12.65 (Nivel 5)	PA; QL; 180 tabletas cada 30 días
VIGADRONE ORAL PACKET 500 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 paquetes cada 30 días
VIGADRONE ORAL TABLET 500 MG	$0-$12.65 (Nivel 5)	PA; QL; 180 tabletas cada 30 días
VIGAFYDE ORAL SOLUTION 100 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 900 ml cada 30 días
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	$0-$12.65 (Nivel 5)	QL; 56 tabletas cada 28 días
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK 150 & 200 MG	$0-$12.65 (Nivel 5)	QL; 56 tabletas cada 28 días
XCOPRI ORAL TABLET 100 MG, 25 MG, 50 MG	$0-$12.65 (Nivel 5)	QL; 30 tabletas cada 30 días
XCOPRI ORAL TABLET 150 MG, 200 MG	$0-$12.65 (Nivel 5)	QL; 60 tabletas cada 30 días
XCOPRI ORAL TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG	$0-$12.65 (Nivel 4)	QL; 28 tabletas cada 28 días
XCOPRI ORAL TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG	$0-$12.65 (Nivel 5)	QL; 28 tabletas cada 28 días
ZONISADE ORAL SUSPENSION 100 MG/5ML	$0-$12.65 (Nivel 5)	PA; QL; 900 ml cada 30 días
zonisamide oral capsule 100 mg, 25 mg, 50 mg	$0 (Nivel 2)	
ZTALMY ORAL SUSPENSION 50 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 1100 ml cada 30 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
Agentes Antiparkinsonianos		
amantadine hcl oral capsule 100 mg	$0-$12.65 (Nivel 3)	QL; 120 cápsulas cada 30 días
amantadine hcl oral solution 50 mg/5ml	$0-$12.65 (Nivel 3)	
amantadine hcl oral tablet 100 mg	$0-$12.65 (Nivel 4)	
benztropine mesylate injection solution 1 mg/ml	$0-$12.65 (Nivel 4)	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Nivel 2)	PA
bromocriptine mesylate oral capsule 5 mg	$0-$12.65 (Nivel 4)	
bromocriptine mesylate oral tablet 2.5 mg	$0-$12.65 (Nivel 4)	
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	$0-$12.65 (Nivel 3)	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	$0 (Nivel 2)	
carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg	$0-$12.65 (Nivel 3)	
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	$0-$12.65 (Nivel 4)	
entacapone oral tablet 200 mg	$0-$12.65 (Nivel 4)	
INBRIJA INHALATION CAPSULE 42 MG	$0-$12.65 (Nivel 5)	PA; QL; 300 cápsulas cada 30 días
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	$0 (Nivel 2)	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	$0-$12.65 (Nivel 4)	QL; 30 tabletas cada 30 días
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	$0 (Nivel 2)	
selegiline hcl oral capsule 5 mg	$0-$12.65 (Nivel 3)	
selegiline hcl oral tablet 5 mg	$0-$12.65 (Nivel 3)	
trihexyphenidyl hcl oral solution 0.4 mg/ml	$0-$12.65 (Nivel 3)	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	$0 (Nivel 2)	
Agentes Para Esclerosis Múltiple		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 cápsulas cada 30 días
BETASERON SUBCUTANEOUS KIT 0.3 MG	$0-$12.65 (Nivel 5)	PA; QL; 14 kits cada 28 días
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 30 jeringas cada 30 días
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 12 jeringas cada 28 días
dalfampridine er oral tablet extended release 12 hour 10 mg	$0-$12.65 (Nivel 3)	PA; QL; 60 tabletas cada 30 días
fingolimod hcl oral capsule 0.5 mg	$0-$12.65 (Nivel 5)	PA; QL; 30 cápsulas cada 30 días
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	$0-$12.65 (Nivel 5)	PA; QL; 30 jeringas cada 30 días

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	$0-$12.65 (Nivel 5)	PA; QL; 12 jeringas cada 28 días
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 30 jeringas cada 30 días
GLATOPA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 12 jeringas cada 28 días
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML	$0-$12.65 (Nivel 5)	PA; QL; 16 plumas cada 365 días
Agentes Para Terapia Musculoesquelética		
baclofen oral tablet 10 mg, 20 mg	$0 (Nivel 2)	
baclofen oral tablet 5 mg	$0 (Nivel 2)	QL; 90 tabletas cada 30 días
carisoprodol oral tablet 350 mg	$0-$12.65 (Nivel 3)	PA; QL; 120 tabletas cada 30 días
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	$0-$12.65 (Nivel 3)	PA; QL; 90 tabletas cada 30 días
dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg	$0-$12.65 (Nivel 4)	
methocarbamol oral tablet 500 mg	$0-$12.65 (Nivel 3)	PA; QL; 360 tabletas cada 30 días
methocarbamol oral tablet 750 mg	$0-$12.65 (Nivel 3)	PA; QL; 240 tabletas cada 30 días
tizanidine hcl oral tablet 2 mg, 4 mg	$0 (Nivel 2)	
Ansiolíticos		
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	$0 (Nivel 2)	QL; 150 tabletas cada 30 días
buspirone hcl oral tablet 10 mg, 15 mg, 5 mg	$0 (Nivel 1)	
buspirone hcl oral tablet 30 mg, 7.5 mg	$0-$12.65 (Nivel 3)	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	$0-$12.65 (Nivel 3)	
lorazepam injection solution 2 mg/ml, 4 mg/ml	$0 (Nivel 2)	
LORAZEPAM INTENSOL ORAL CONCENTRATE 2 MG/ML	$0-$12.65 (Nivel 3)	QL; 150 ml cada 30 días
lorazepam oral concentrate 2 mg/ml	$0-$12.65 (Nivel 3)	QL; 150 ml cada 30 días
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	$0 (Nivel 2)	QL; 150 tabletas cada 30 días
Antidemencia		
donepezil hcl oral tablet 10 mg	$0 (Nivel 2)	
donepezil hcl oral tablet 5 mg	$0 (Nivel 2)	QL; 30 tabletas cada 30 días
donepezil hcl oral tablet dispersible 10 mg	$0 (Nivel 2)	
donepezil hcl oral tablet dispersible 5 mg	$0 (Nivel 2)	QL; 30 tabletas cada 30 días
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	$0-$12.65 (Nivel 3)	QL; 30 cápsulas cada 30 días
galantamine hydrobromide oral solution 4 mg/ml	$0-$12.65 (Nivel 4)	QL; 200 ml cada 30 días
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	$0-$12.65 (Nivel 3)	QL; 60 tabletas cada 30 días
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	$0-$12.65 (Nivel 4)	PA
memantine hcl oral solution 2 mg/ml	$0-$12.65 (Nivel 4)	PA
memantine hcl oral tablet 10 mg, 5 mg	$0-$12.65 (Nivel 3)	PA

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memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	$0-$12.65 (Nivel 4)	PA
memantine hcl-donepezil hcl er oral capsule extended release 24 hour 14-10 mg, 21-10 mg, 28-10 mg	$0-$12.65 (Nivel 4)	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	$0-$12.65 (Nivel 4)	
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	$0-$12.65 (Nivel 3)	QL; 60 cápsulas cada 30 días
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	$0-$12.65 (Nivel 4)	QL; 30 parches cada 30 días
Antidepresivos		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0-$12.65 (Nivel 3)	PA
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	$0-$12.65 (Nivel 3)	PA
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG	$0-$12.65 (Nivel 4)	QL; 60 tabletas cada 30 días
AUVELITY TITRATION PACK ORAL TABLET EXTENDED RELEASE THERAPY PACK 30-105 MG & 45-105 MG	$0-$12.65 (Nivel 5)	QL; 2 paquetes cada año
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	$0 (Nivel 2)	QL; 60 tabletas cada 30 días
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	$0 (Nivel 2)	QL; 60 tabletas cada 30 días
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg	$0 (Nivel 2)	QL; 30 tabletas cada 30 días
bupropion hcl oral tablet 100 mg, 75 mg	$0 (Nivel 2)	
citalopram hydrobromide oral solution 10 mg/5ml	$0-$12.65 (Nivel 3)	
citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg	$0 (Nivel 1)	
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	$0-$12.65 (Nivel 4)	PA
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0-$12.65 (Nivel 4)	PA
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	$0-$12.65 (Nivel 3)	PA
doxepin hcl oral concentrate 10 mg/ml	$0-$12.65 (Nivel 3)	PA
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 30 MG, 40 MG, 60 MG	$0-$12.65 (Nivel 4)	PA; QL; 60 cápsulas cada 30 días
duloxetine hcl oral capsule delayed release particles 20 mg	$0-$12.65 (Nivel 3)	QL; 120 cápsulas cada 30 días
duloxetine hcl oral capsule delayed release particles 30 mg	$0-$12.65 (Nivel 3)	QL; 90 cápsulas cada 30 días
duloxetine hcl oral capsule delayed release particles 60 mg	$0-$12.65 (Nivel 3)	QL; 60 cápsulas cada 30 días

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EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR	$0-$12.65 (Nivel 5)	PA; QL; 30 parches cada 30 días
escitalopram oxalate oral solution 5 mg/5ml	$0-$12.65 (Nivel 4)	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	$0 (Nivel 1)	
EXXUA ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG, 36.3 MG, 54.5 MG, 72.6 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
EXXUA TITRATION PACK ORAL TABLET EXTENDED RELEASE 24 HOUR 18.2 MG	$0-$12.65 (Nivel 5)	PA; QL; 2 paquetes cada año
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG	$0-$12.65 (Nivel 4)	PA; QL; 30 cápsulas cada 30 días
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG	$0-$12.65 (Nivel 4)	PA; QL; 60 cápsulas cada 30 días
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG	$0-$12.65 (Nivel 4)	PA; QL; 2 paquetes cada año
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	$0 (Nivel 1)	
fluoxetine hcl oral solution 20 mg/5ml	$0-$12.65 (Nivel 3)	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	$0 (Nivel 2)	PA
MARPLAN ORAL TABLET 10 MG	$0-$12.65 (Nivel 4)	QL; 180 tabletas cada 30 días
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	$0 (Nivel 2)	
mirtazapine oral tablet 7.5 mg	$0-$12.65 (Nivel 3)	
mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg	$0-$12.65 (Nivel 3)	
nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	$0-$12.65 (Nivel 4)	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	$0 (Nivel 2)	
nortriptyline hcl oral solution 10 mg/5ml	$0-$12.65 (Nivel 4)	
paroxetine hcl oral suspension 10 mg/5ml	$0-$12.65 (Nivel 4)	PA; QL; 900 ml cada 30 días
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	$0 (Nivel 2)	PA
phenelzine sulfate oral tablet 15 mg	$0-$12.65 (Nivel 3)	
protriptyline hcl oral tablet 10 mg, 5 mg	$0-$12.65 (Nivel 4)	
RALDESY ORAL SOLUTION 10 MG/ML	$0-$12.65 (Nivel 4)	PA; QL; 1800 ml cada 30 días
sertraline hcl oral concentrate 20 mg/ml	$0-$12.65 (Nivel 3)	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	$0 (Nivel 1)	
tranylcypromine sulfate oral tablet 10 mg	$0-$12.65 (Nivel 4)	
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	$0 (Nivel 1)	
trimipramine maleate oral capsule 100 mg	$0-$12.65 (Nivel 4)	QL; 60 cápsulas cada 30 días
trimipramine maleate oral capsule 25 mg, 50 mg	$0-$12.65 (Nivel 4)	QL; 120 cápsulas cada 30 días
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG	$0-$12.65 (Nivel 4)	PA; QL; 30 tabletas cada 30 días
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	$0 (Nivel 2)	

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venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	$0-$12.65 (Nivel 3)	
vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg	$0-$12.65 (Nivel 4)	QL; 30 tabletas cada 30 días
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG	$0-$12.65 (Nivel 5)	PA; QL; 28 cápsulas cada 14 días
ZURZUVAE ORAL CAPSULE 30 MG	$0-$12.65 (Nivel 5)	PA; QL; 14 cápsulas cada 14 días
Antipsicóticos		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML	$0-$12.65 (Nivel 5)	QL; 1 jeringa cada 56 días
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG	$0-$12.65 (Nivel 5)	QL; 1 jeringa cada 28 días
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG	$0-$12.65 (Nivel 5)	QL; 1 inyección cada 28 días
aripiprazole oral solution 1 mg/ml	$0-$12.65 (Nivel 4)	QL; 900 ml cada 30 días
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	$0-$12.65 (Nivel 4)	QL; 30 tabletas cada 30 días
aripiprazole oral tablet dispersible 10 mg, 15 mg	$0-$12.65 (Nivel 4)	ST; QL; 60 tabletas cada 30 días
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML	$0-$12.65 (Nivel 5)	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	$0-$12.65 (Nivel 5)	QL; 1 jeringa cada 56 días
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	$0-$12.65 (Nivel 5)	QL; 1 jeringa cada 28 días
asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg	$0-$12.65 (Nivel 4)	QL; 60 tabletas cada 30 días
BYSANTI ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
BYSANTI TITRATION PACK A ORAL TABLET THERAPY PACK 1 & 2 & 4 & 6 MG	$0-$12.65 (Nivel 4)	PA; QL; 2 paquetes cada año
BYSANTI TITRATION PACK B ORAL TABLET THERAPY PACK 1 & 2 & 6 & 8 MG	$0-$12.65 (Nivel 4)	PA; QL; 2 paquetes cada año
BYSANTI TITRATION PACK C ORAL TABLET THERAPY PACK 1 & 2 & 6 MG	$0-$12.65 (Nivel 4)	PA; QL; 2 paquetes cada año
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG	$0-$12.65 (Nivel 5)	QL; 30 cápsulas cada 30 días
chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml	$0-$12.65 (Nivel 4)	
chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml	$0-$12.65 (Nivel 4)	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	$0-$12.65 (Nivel 4)	
clozapine oral tablet 100 mg	$0-$12.65 (Nivel 3)	QL; 270 tabletas cada 30 días
clozapine oral tablet 200 mg	$0-$12.65 (Nivel 3)	QL; 120 tabletas cada 30 días
clozapine oral tablet 25 mg, 50 mg	$0-$12.65 (Nivel 3)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
clozapine oral tablet dispersible 100 mg	$0-$12.65 (Nivel 4)	PA; QL; 270 tabletas cada 30 días
clozapine oral tablet dispersible 12.5 mg, 25 mg	$0-$12.65 (Nivel 4)	PA
clozapine oral tablet dispersible 150 mg	$0-$12.65 (Nivel 4)	PA; QL; 180 tabletas cada 30 días
clozapine oral tablet dispersible 200 mg	$0-$12.65 (Nivel 4)	PA; QL; 120 tabletas cada 30 días
COBENFY ORAL CAPSULE 100-20 MG, 125-30 MG, 50-20 MG	$0-$12.65 (Nivel 5)	QL; 60 cápsulas cada 30 días
COBENFY STARTER PACK ORAL CAPSULE THERAPY PACK 50-20 & 100-20 MG	$0-$12.65 (Nivel 5)	QL; 2 paquetes cada año
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	$0-$12.65 (Nivel 5)	QL; 1 jeringa cada 28 días
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	$0-$12.65 (Nivel 5)	QL; 2 jeringas al año
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	$0-$12.65 (Nivel 4)	QL; 1 jeringa cada 28 días
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
FANAPT TITRATION PACK A ORAL TABLET 1 & 2 & 4 & 6 MG	$0-$12.65 (Nivel 4)	PA; QL; 2 paquetes cada año
FANAPT TITRATION PACK B ORAL TABLET 1 & 2 & 6 & 8 MG	$0-$12.65 (Nivel 4)	PA; QL; 2 paquetes cada año
FANAPT TITRATION PACK C ORAL TABLET 1 & 2 & 6 MG	$0-$12.65 (Nivel 4)	PA; QL; 2 paquetes cada año
fluphenazine decanoate injection solution 25 mg/ml	$0-$12.65 (Nivel 4)	
fluphenazine hcl injection solution 2.5 mg/ml	$0-$12.65 (Nivel 4)	
fluphenazine hcl oral concentrate 5 mg/ml	$0-$12.65 (Nivel 4)	
fluphenazine hcl oral elixir 2.5 mg/5ml	$0-$12.65 (Nivel 4)	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	$0-$12.65 (Nivel 4)	
haloperidol decanoate intramuscular solution 100 mg/ml, 100 mg/ml 1 ml, 50 mg/ml, 50 mg/ml(1ml)	$0-$12.65 (Nivel 3)	
haloperidol lactate injection solution 5 mg/ml	$0-$12.65 (Nivel 3)	
haloperidol lactate oral concentrate 2 mg/ml	$0-$12.65 (Nivel 3)	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	$0-$12.65 (Nivel 3)	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML	$0-$12.65 (Nivel 5)	QL; 1 inyección cada 180 días
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 78 MG/0.5ML	$0-$12.65 (Nivel 5)	QL; 1 jeringa cada 28 días
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	$0-$12.65 (Nivel 4)	QL; 1 jeringa cada 28 días

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML	$0-$12.65 (Nivel 5)	QL; 1 jeringa cada 90 días
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	$0-$12.65 (Nivel 3)	
lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg	$0-$12.65 (Nivel 4)	QL; 30 tabletas cada 30 días
lurasidone hcl oral tablet 80 mg	$0-$12.65 (Nivel 4)	QL; 60 tabletas cada 30 días
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG	$0-$12.65 (Nivel 5)	QL; 30 tabletas cada 30 días
molindone hcl oral tablet 10 mg, 25 mg, 5 mg	$0-$12.65 (Nivel 4)	
NUPLAZID ORAL CAPSULE 34 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 cápsulas cada 30 días
NUPLAZID ORAL TABLET 10 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
olanzapine intramuscular solution reconstituted 10 mg	$0-$12.65 (Nivel 4)	QL; 3 frascos cada 1 día
olanzapine oral tablet 10 mg, 2.5 mg, 5 mg	$0 (Nivel 2)	QL; 60 tabletas cada 30 días
olanzapine oral tablet 15 mg, 20 mg, 7.5 mg	$0 (Nivel 2)	QL; 30 tabletas cada 30 días
olanzapine oral tablet dispersible 10 mg	$0-$12.65 (Nivel 4)	ST; QL; 60 tabletas cada 30 días
olanzapine oral tablet dispersible 15 mg, 20 mg, 5 mg	$0-$12.65 (Nivel 4)	ST; QL; 30 tabletas cada 30 días
OPIPZA ORAL FILM 10 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 hojas cada 30 días
OPIPZA ORAL FILM 2 MG, 5 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 hojas cada 30 días
paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg	$0-$12.65 (Nivel 4)	QL; 30 tabletas cada 30 días
paliperidone er oral tablet extended release 24 hour 6 mg	$0-$12.65 (Nivel 4)	QL; 60 tabletas cada 30 días
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	$0-$12.65 (Nivel 3)	
pimozide oral tablet 1 mg, 2 mg	$0-$12.65 (Nivel 4)	
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	$0-$12.65 (Nivel 4)	PA; QL; 30 tabletas cada 30 días
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	$0-$12.65 (Nivel 4)	PA; QL; 60 tabletas cada 30 días
quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 50 mg	$0 (Nivel 2)	QL; 90 tabletas cada 30 días
quetiapine fumarate oral tablet 25 mg	$0 (Nivel 2)	QL; 180 tabletas cada 30 días
quetiapine fumarate oral tablet 300 mg, 400 mg	$0 (Nivel 2)	QL; 60 tabletas cada 30 días
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG	$0-$12.65 (Nivel 5)	QL; 60 tabletas cada 30 días
REXULTI ORAL TABLET 3 MG, 4 MG	$0-$12.65 (Nivel 5)	QL; 30 tabletas cada 30 días
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg	$0-$12.65 (Nivel 4)	QL; 2 inyecciones cada 28 días
risperidone microspheres er intramuscular suspension reconstituted er 37.5 mg, 50 mg	$0-$12.65 (Nivel 5)	QL; 2 inyecciones cada 28 días
risperidone oral solution 1 mg/ml	$0-$12.65 (Nivel 3)	QL; 240 ml cada 30 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	$0 (Nivel 2)	
risperidone oral tablet dispersible 0.25 mg, 0.5 mg	$0-$12.65 (Nivel 4)	ST; QL; 90 tabletas cada 30 días
risperidone oral tablet dispersible 1 mg, 2 mg, 3 mg	$0-$12.65 (Nivel 4)	ST; QL; 60 tabletas cada 30 días
risperidone oral tablet dispersible 4 mg	$0-$12.65 (Nivel 4)	ST; QL; 120 tabletas cada 30 días
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR	$0-$12.65 (Nivel 5)	QL; 30 parches cada 30 días
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0-$12.65 (Nivel 3)	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	$0-$12.65 (Nivel 4)	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	$0-$12.65 (Nivel 3)	
VERSACLOZ ORAL SUSPENSION 50 MG/ML	$0-$12.65 (Nivel 5)	PA; QL; 600 ml cada 30 días
VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG, 3 MG, 4.5 MG, 6 MG	$0-$12.65 (Nivel 5)	QL; 30 cápsulas cada 30 días
VRAYLAR ORAL CAPSULE 1.5 MG	$0-$12.65 (Nivel 5)	QL; 60 cápsulas cada 30 días
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	$0-$12.65 (Nivel 4)	QL; 60 cápsulas cada 30 días
ziprasidone mesylate intramuscular solution reconstituted 20 mg	$0-$12.65 (Nivel 4)	QL; 6 inyecciones cada 3 días
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG	$0-$12.65 (Nivel 4)	PA; QL; 2 frascos cada 28 días
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 300 MG	$0-$12.65 (Nivel 5)	PA; QL; 2 frascos cada 28 días
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	$0-$12.65 (Nivel 5)	PA; QL; 1 frasco cada 28 días
Desorden Hiperactivo Y Déficit De Atención		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	$0-$12.65 (Nivel 4)	PA; QL; 30 cápsulas cada 30 días
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	$0-$12.65 (Nivel 3)	PA; QL; 60 tabletas cada 30 días
amphetamine-dextroamphetamine oral tablet 20 mg	$0-$12.65 (Nivel 3)	PA; QL; 90 tabletas cada 30 días
atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg	$0-$12.65 (Nivel 4)	QL; 120 cápsulas cada 30 días
atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg	$0-$12.65 (Nivel 4)	QL; 30 cápsulas cada 30 días
atomoxetine hcl oral capsule 40 mg	$0-$12.65 (Nivel 4)	QL; 60 cápsulas cada 30 días
dexmethylphenidate hcl oral tablet 10 mg	$0-$12.65 (Nivel 3)	PA; QL; 60 tabletas cada 30 días
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	$0-$12.65 (Nivel 3)	PA; QL; 120 tabletas cada 30 días
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 4 mg	$0-$12.65 (Nivel 3)	PA; QL; 30 tabletas cada 30 días
guanfacine hcl er oral tablet extended release 24 hour 3 mg	$0-$12.65 (Nivel 3)	PA; QL; 60 tabletas cada 30 días
methylphenidate hcl er oral tablet extended release 10 mg, 20 mg	$0-$12.65 (Nivel 4)	PA; QL; 90 tabletas cada 30 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
methylphenidate hcl oral solution 10 mg/5ml	$0-$12.65 (Nivel 4)	PA; QL; 900 ml cada 30 días
methylphenidate hcl oral solution 5 mg/5ml	$0-$12.65 (Nivel 4)	PA; QL; 1800 ml cada 30 días
methylphenidate hcl oral tablet 10 mg, 5 mg	$0-$12.65 (Nivel 3)	PA; QL; 180 tabletas cada 30 días
methylphenidate hcl oral tablet 20 mg	$0-$12.65 (Nivel 3)	PA; QL; 90 tabletas cada 30 días
methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg	$0-$12.65 (Nivel 4)	PA; QL; 180 tabletas cada 30 días
Diversos		
AUSTEDO ORAL TABLET 12 MG, 9 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
AUSTEDO ORAL TABLET 6 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG, 30 MG, 36 MG, 42 MG, 48 MG	$0-$12.65 (Nivel 5)	PA; QL; 30 tabletas cada 30 días
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 tabletas cada 30 días
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG	$0-$12.65 (Nivel 5)	PA; QL; 90 tabletas cada 30 días
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	$0-$12.65 (Nivel 5)	PA; QL; 2 paquetes cada año
dextromethorphan-quinidine oral capsule 20-10 mg	$0-$12.65 (Nivel 5)	PA; QL; 60 cápsulas cada 30 días
lithium carbonate er oral tablet extended release 300 mg, 450 mg	$0 (Nivel 2)	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	$0 (Nivel 1)	
lithium carbonate oral tablet 300 mg	$0 (Nivel 1)	
lithium oral solution 8 meq/5ml	$0-$12.65 (Nivel 4)	
NUEDEXTA ORAL CAPSULE 20-10 MG	$0-$12.65 (Nivel 5)	PA; QL; 60 cápsulas cada 30 días
pyridostigmine bromide oral tablet 60 mg	$0-$12.65 (Nivel 3)	
riluzole oral tablet 50 mg	$0-$12.65 (Nivel 4)	
tetrabenazine oral tablet 12.5 mg	$0-$12.65 (Nivel 4)	PA; QL; 90 tabletas cada 30 días
tetrabenazine oral tablet 25 mg	$0-$12.65 (Nivel 5)	PA; QL; 120 tabletas cada 30 días
Hipnóticos		
DAYVIGO ORAL TABLET 10 MG, 5 MG	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
doxepin hcl oral tablet 3 mg, 6 mg	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	$0-$12.65 (Nivel 4)	PA; QL; 30 tabletas cada 30 días
ramelteon oral tablet 8 mg	$0-$12.65 (Nivel 3)	QL; 30 tabletas cada 30 días
tasimelteon oral capsule 20 mg	$0-$12.65 (Nivel 5)	PA; QL; 30 cápsulas cada 30 días
temazepam oral capsule 15 mg	$0-$12.65 (Nivel 4)	PA; QL; 60 cápsulas cada 30 días
temazepam oral capsule 30 mg, 7.5 mg	$0-$12.65 (Nivel 4)	PA; QL; 30 cápsulas cada 30 días
zaleplon oral capsule 10 mg	$0-$12.65 (Nivel 3)	PA; QL; 60 cápsulas cada 30 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
zaleplon oral capsule 5 mg	$0-$12.65 (Nivel 3)	PA; QL; 30 cápsulas cada 30 días
zolpidem tartrate oral tablet 10 mg, 5 mg	$0 (Nivel 2)	PA; QL; 30 tabletas cada 30 días
Migraña		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	$0-$12.65 (Nivel 3)	PA; QL; 1 pluma cada 30 días
dihydroergotamine mesylate nasal solution 4 mg/ml	$0-$12.65 (Nivel 5)	PA; QL; 8 ml cada 30 días
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	$0-$12.65 (Nivel 3)	PA; QL; 3 jeringas cada 30 días
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML	$0-$12.65 (Nivel 3)	PA; QL; 2 plumas cada 30 días
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML	$0-$12.65 (Nivel 3)	PA; QL; 2 jeringas cada 30 días
ergotamine-caffeine oral tablet 1-100 mg	$0-$12.65 (Nivel 3)	PA; QL; 40 tabletas cada 28 días
naratriptan hcl oral tablet 1 mg, 2.5 mg	$0-$12.65 (Nivel 3)	QL; 12 tabletas cada 30 días
NURTEC ORAL TABLET DISPERSIBLE 75 MG	$0-$12.65 (Nivel 3)	PA; QL; 16 tabletas cada 30 días
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG	$0-$12.65 (Nivel 3)	PA; QL; 30 tabletas cada 30 días
rizatriptan benzoate oral tablet 10 mg, 5 mg	$0-$12.65 (Nivel 3)	QL; 18 tabletas cada 30 días
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	$0-$12.65 (Nivel 3)	QL; 18 tabletas cada 30 días
sumatriptan nasal solution 20 mg/act	$0-$12.65 (Nivel 4)	QL; 12 unidades cada 30 días
sumatriptan nasal solution 5 mg/act	$0-$12.65 (Nivel 4)	QL; 24 unidades cada 30 días
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	$0 (Nivel 2)	QL; 12 tabletas cada 30 días
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	$0-$12.65 (Nivel 4)	QL; 12 inyecciones cada 30 días
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	$0-$12.65 (Nivel 4)	QL; 12 inyecciones cada 30 días
UBRELVY ORAL TABLET 100 MG, 50 MG	$0-$12.65 (Nivel 3)	PA; QL; 16 tabletas cada 30 días
Narcolepsia/Cataplexia		
armodafinil oral tablet 150 mg, 200 mg, 250 mg	$0-$12.65 (Nivel 4)	PA; QL; 30 tabletas cada 30 días
armodafinil oral tablet 50 mg	$0-$12.65 (Nivel 4)	PA; QL; 60 tabletas cada 30 días
modafinil oral tablet 100 mg	$0-$12.65 (Nivel 3)	PA; QL; 30 tabletas cada 30 días
modafinil oral tablet 200 mg	$0-$12.65 (Nivel 3)	PA; QL; 60 tabletas cada 30 días
sodium oxybate oral solution 500 mg/ml	$0-$12.65 (Nivel 5)	PA; QL; 540 ml cada 30 días
Non-Frf		
diazepam injection solution 5 mg/ml	$0-$12.65 (Nivel 4)	
gabapentin oral solution 300 mg/6ml	$0-$12.65 (Nivel 3)	QL; 2160 ml cada 30 días
lacosamide intravenous solution 200 mg/20ml	$0-$12.65 (Nivel 4)	
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	$0-$12.65 (Nivel 4)	
levetiracetam intravenous solution 500 mg/5ml	$0-$12.65 (Nivel 4)	

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phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml	$0-$12.65 (Nivel 4)	PA
phenytoin sodium extended oral capsule 200 mg, 300 mg	$0-$12.65 (Nivel 3)	
phenytoin sodium injection solution 50 mg/ml	$0-$12.65 (Nivel 4)	
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG	$0-$12.65 (Nivel 4)	QL; 90 tabletas cada 30 días
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG	$0-$12.65 (Nivel 4)	QL; 120 tabletas cada 30 días
valproate sodium intravenous solution 100 mg/ml	$0-$12.65 (Nivel 4)	
Psicoterapéutico, Varios		
acamprosate calcium oral tablet delayed release 333 mg	$0-$12.65 (Nivel 4)	
buprenorphine hcl sublingual tablet sublingual 2 mg	$0-$12.65 (Nivel 3)	QL; 180 tabletas cada 30 días
buprenorphine hcl sublingual tablet sublingual 8 mg	$0-$12.65 (Nivel 3)	QL; 120 tabletas cada 30 días
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg	$0-$12.65 (Nivel 4)	QL; 90 hojas cada 30 días
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	$0-$12.65 (Nivel 4)	QL; 180 hojas cada 30 días
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	$0-$12.65 (Nivel 4)	QL; 120 hojas cada 30 días
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	$0 (Nivel 2)	QL; 180 tabletas cada 30 días
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	$0 (Nivel 2)	QL; 120 tabletas cada 30 días
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	$0 (Nivel 2)	QL; 60 tabletas cada 30 días
cvs nicotine mouth/throat gum 2 mg, 4 mg	$0 (Nivel 1)	DP
cvs nicotine mouth/throat lozenge 2 mg	$0 (Nivel 1)	DP
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0 (Nivel 1)	DP
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0 (Nivel 1)	DP
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0 (Nivel 1)	DP
disulfiram oral tablet 250 mg, 500 mg	$0-$12.65 (Nivel 3)	
eq nicotine mouth/throat lozenge 4 mg	$0 (Nivel 1)	DP
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0 (Nivel 1)	DP
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0 (Nivel 1)	DP
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	$0 (Nivel 1)	DP
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	$0 (Nivel 1)	DP
folding paddle walker	$0 (Nivel 1)	DP

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ft nicotine mini mouth/throat lozenge 2 mg, 4 mg	$0 (Nivel 1)	DP
ft nicotine mouth/throat gum 2 mg, 4 mg	$0 (Nivel 1)	DP
ft nicotine mouth/throat lozenge 2 mg, 4 mg	$0 (Nivel 1)	DP
ft nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0 (Nivel 1)	DP
gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg	$0 (Nivel 1)	DP
gnp nicotine mouth/throat gum 2 mg, 4 mg	$0 (Nivel 1)	DP
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0 (Nivel 1)	DP
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0 (Nivel 1)	DP
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0 (Nivel 1)	DP
gnp pain relief nighttime oral tablet 250-250-38 mg	$0 (Nivel 1)	DP
goodsense nicotine mouth/throat gum 2 mg, 4 mg	$0 (Nivel 1)	DP
goodsense nicotine mouth/throat lozenge 2 mg, 4 mg	$0 (Nivel 1)	DP
HABITROL TRANSDERMAL PATCH 24 HOUR 21 MG/24HR	$0 (Nivel 1)	DP
KLOXXADO NASAL LIQUID 8 MG/0.1ML	$0-$12.65 (Nivel 3)	
KLS QUIT2 MOUTH/THROAT GUM 2 MG	$0 (Nivel 1)	DP
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG	$0 (Nivel 1)	DP
KLS QUIT4 MOUTH/THROAT GUM 4 MG	$0 (Nivel 1)	DP
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG	$0 (Nivel 1)	DP
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	$0 (Nivel 2)	
naloxone hcl injection solution cartridge 0.4 mg/ml	$0 (Nivel 2)	
naloxone hcl injection solution prefilled syringe 0.4 mg/ml, 2 mg/2ml	$0 (Nivel 2)	
naltrexone hcl oral tablet 50 mg	$0-$12.65 (Nivel 3)	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24HR, 21 MG/24HR, 7 MG/24HR	$0 (Nivel 1)	DP
NICORELIEF MOUTH/THROAT GUM 2 MG	$0 (Nivel 1)	DP
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG, 4 MG	$0 (Nivel 1)	DP
NICORETTE MOUTH/THROAT GUM 2 MG, 4 MG	$0 (Nivel 1)	DP
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG	$0 (Nivel 1)	DP
NICORETTE STARTER KIT MOUTH/THROAT GUM 2 MG, 4 MG	$0 (Nivel 1)	DP
nicotine mini mouth/throat lozenge 2 mg, 4 mg	$0 (Nivel 1)	DP
nicotine polacrilex mini mouth/throat lozenge 2 mg	$0 (Nivel 1)	DP
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	$0 (Nivel 1)	DP
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	$0 (Nivel 1)	DP
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	$0 (Nivel 1)	DP
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	$0 (Nivel 1)	DP
nicotine transdermal kit 21-14-7 mg/24hr	$0 (Nivel 1)	DP
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	$0 (Nivel 1)	DP
NICOTROL NS NASAL SOLUTION 10 MG/ML	$0-$12.65 (Nivel 4)	
qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	$0 (Nivel 1)	DP
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	$0 (Nivel 1)	DP
ra nicotine gum mouth/throat gum 2 mg, 4 mg	$0 (Nivel 1)	DP
ra nicotine mouth/throat gum 2 mg, 4 mg	$0 (Nivel 1)	DP
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	$0 (Nivel 1)	DP
ra nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	$0 (Nivel 1)	DP
sm nicotine mouth/throat gum 4 mg	$0 (Nivel 1)	DP
sm nicotine mouth/throat lozenge 2 mg	$0 (Nivel 1)	DP
sm nicotine polacrilex mouth/throat gum 4 mg	$0 (Nivel 1)	DP
sm nicotine polacrilex mouth/throat lozenge 4 mg	$0 (Nivel 1)	DP
THRIVE MOUTH/THROAT GUM 2 MG	$0 (Nivel 1)	DP
varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42	$0-$12.65 (Nivel 4)	QL; 2 paquetes cada año
varenicline tartrate oral tablet 0.5 mg, 1 mg	$0-$12.65 (Nivel 4)	QL; 56 tabletas cada 28 días
varenicline tartrate(continue) oral tablet 1 mg	$0-$12.65 (Nivel 4)	QL; 56 tabletas cada 28 días
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG	$0-$12.65 (Nivel 5)	
SUPLEMENTOS NUTRICIONALES		
Diversos		
3232a infant formula oral powder	$0 (Nivel 1)	DP
ACERFLEX ORAL POWDER	$0 (Nivel 1)	DP
ADVERA ORAL LIQUID	$0 (Nivel 1)	DP
ALFAMINO JUNIOR ORAL POWDER	$0 (Nivel 1)	DP
ARGINAID EXTRA ORAL LIQUID	$0 (Nivel 1)	DP
BABY'S BIG SUPPORT ORAL POWDER	$0 (Nivel 1)	DP
balanced nutritional drink oral liquid	$0 (Nivel 1)	DP
balanced nutritional drink pls oral liquid	$0 (Nivel 1)	DP
balanced nutritional shake pls oral liquid	$0 (Nivel 1)	DP
BCAD 1 ORAL POWDER	$0 (Nivel 1)	DP
BCAD 2 ORAL POWDER	$0 (Nivel 1)	DP
BENECALORIE ORAL LIQUID	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
BOOST BREEZE 2-FLAVOR PACK ORAL LIQUID	$0 (Nivel 1)	DP
BOOST BREEZE ORAL LIQUID	$0 (Nivel 1)	DP
BOOST GLUCOSE CONTROL ORAL LIQUID	$0 (Nivel 1)	DP
BOOST GLUCOSE CTRL MAX PROTEIN ORAL LIQUID	$0 (Nivel 1)	DP
BOOST HIGH PROTEIN ORAL LIQUID	$0 (Nivel 1)	DP
BOOST KID ESSENTIALS 1.0 CAL ORAL LIQUID	$0 (Nivel 1)	DP
BOOST KID ESSENTIALS 1.5 CAL ORAL LIQUID	$0 (Nivel 1)	DP
BOOST KID ESSENTIALS 1.5/FIBER ORAL LIQUID	$0 (Nivel 1)	DP
BOOST ORAL LIQUID	$0 (Nivel 1)	DP
BOOST ORIGINAL ORAL LIQUID	$0 (Nivel 1)	DP
BOOST PLUS ORAL LIQUID	$0 (Nivel 1)	DP
BOOST VERY HIGH CALORIE ORAL LIQUID	$0 (Nivel 1)	DP
BOOST VHC ORAL LIQUID	$0 (Nivel 1)	DP
BOOST WOMEN ORAL LIQUID	$0 (Nivel 1)	DP
BRAINSUSTAIN FOR KIDS ORAL POWDER	$0 (Nivel 1)	DP
BRIGHT BEGINNINGS PEDIATRIC ORAL LIQUID	$0 (Nivel 1)	DP
CARNATION BREAKFAST ESSENTIALS ORAL LIQUID	$0 (Nivel 1)	DP
CFPREOP ORAL LIQUID	$0 (Nivel 1)	DP
chicken/peas/carrots oral powder	$0 (Nivel 1)	DP
chicken/peas/carrots plus oral powder	$0 (Nivel 1)	DP
chicken/peas/carrots plus pedi oral powder	$0 (Nivel 1)	DP
CHOLEXTRA ORAL POWDER	$0 (Nivel 1)	DP
click espresso protein drink oral powder	$0 (Nivel 1)	DP
co q 10 oral capsule 100 mg	$0 (Nivel 1)	DP
co q-10 oral capsule 100 mg, 200 mg, 300 mg, 400 mg	$0 (Nivel 1)	DP
co q10 oral capsule 30 mg	$0 (Nivel 1)	DP
co q-10 oral tablet chewable 100 mg	$0 (Nivel 1)	DP
co-enzyme q10 oral capsule 100 mg, 200 mg	$0 (Nivel 1)	DP
coenzyme q-10 oral capsule 100 mg, 200 mg, 30 mg	$0 (Nivel 1)	DP
co-enzyme q-10 oral capsule 30 mg	$0 (Nivel 1)	DP
coenzyme q10 oral tablet 100 mg, 50 mg	$0 (Nivel 1)	DP
COMPLEAT ENTERAL LIQUID	$0 (Nivel 1)	DP
COMPLEAT ORAL LIQUID	$0 (Nivel 1)	DP
COMPLEAT ORGANIC BLENDS ORAL LIQUID	$0 (Nivel 1)	DP
COMPLEAT PEDI PEPTIDE 1.5 ENTERAL LIQUID	$0 (Nivel 1)	DP
COMPLEAT PEDI PEPTIDE 1.5 ORAL LIQUID	$0 (Nivel 1)	DP
COMPLEAT PEDI STANDARD 1.0 ENTERAL LIQUID	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
COMPLEAT PEDI STANDARD 1.0 ORAL LIQUID	$0 (Nivel 1)	DP
COMPLEAT PEDI STANDARD 1.4 ENTERAL LIQUID	$0 (Nivel 1)	DP
COMPLEAT PEDI STANDARD 1.4 ORAL LIQUID	$0 (Nivel 1)	DP
COMPLEAT PEDIATRIC ORAL LIQUID	$0 (Nivel 1)	DP
COMPLEAT PEDIATRIC ORG BLENDS ORAL LIQUID	$0 (Nivel 1)	DP
COMPLEAT PEPTIDE 1.5 ENTERAL LIQUID	$0 (Nivel 1)	DP
COMPLEAT PEPTIDE 1.5 ORAL LIQUID	$0 (Nivel 1)	DP
COMPLEAT STANDARD 1.4 ENTERAL LIQUID	$0 (Nivel 1)	DP
COMPLEAT STANDARD 1.4 ORAL LIQUID	$0 (Nivel 1)	DP
COMPLEX ESSENTIAL MSD ORAL POWDER	$0 (Nivel 1)	DP
coq10 gummies adult oral tablet chewable 50 mg	$0 (Nivel 1)	DP
coq10 maximum strength oral capsule 400 mg	$0 (Nivel 1)	DP
coq10 oral capsule 100 mg, 200 mg, 30 mg	$0 (Nivel 1)	DP
coq-10 oral capsule 100 mg, 200 mg, 30 mg, 400 mg	$0 (Nivel 1)	DP
cvs coenzyme q-10 oral capsule 100 mg	$0 (Nivel 1)	DP
cvs coq-10 oral capsule 200 mg, 400 mg	$0 (Nivel 1)	DP
cvs coq-10 ultra oral capsule 100 mg	$0 (Nivel 1)	DP
cvs melatonin oral tablet 10 mg, 3 mg, 5 mg	$0 (Nivel 1)	DP
cvs nutrition liquid oral liquid	$0 (Nivel 1)	DP
cvs nutrition plus chocolate oral liquid	$0 (Nivel 1)	DP
cvs nutrition plus oral liquid	$0 (Nivel 1)	DP
cvs nutrition plus vanilla oral liquid	$0 (Nivel 1)	DP
cvs nutritional shake oral liquid	$0 (Nivel 1)	DP
CYCLINEX-1 ORAL POWDER	$0 (Nivel 1)	DP
CYCLINEX-2 ORAL POWDER	$0 (Nivel 1)	DP
DIABETISOURCE AC ENTERAL LIQUID	$0 (Nivel 1)	DP
DIABETISOURCE AC ORAL LIQUID	$0 (Nivel 1)	DP
DPP DIPEPTIDE POWER ORAL LIQUID	$0 (Nivel 1)	DP
DUOCAL ORAL POWDER	$0 (Nivel 1)	DP
EGG/PRO ORAL POWDER	$0 (Nivel 1)	DP
ELECARE DHA/ARA INFANT ORAL POWDER	$0 (Nivel 1)	DP
ELECARE DHA/ARA ORAL POWDER	$0 (Nivel 1)	DP
ELECARE JR ORAL POWDER	$0 (Nivel 1)	DP
ELECARE ORAL POWDER	$0 (Nivel 1)	DP
ENCALA ORAL POWDER	$0 (Nivel 1)	DP
ENLIVE ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE ACTIVE HEART HEALTH ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE ACTIVE HIGH PROTEIN ORAL LIQUID	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ENSURE ACTIVE LIGHT ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE ACTIVE ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE BONE HEALTH REVIGOR ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE CLEAR ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE CLINICAL ST REVIGOR ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE COMPACT ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE COMPLETE ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE COMPLETE SHAKE ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE ENLIVE ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE HEALTHY MOM ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE HIGH CALCIUM ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE HIGH PROTEIN ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE HIGH PROTEIN ORAL POWDER	$0 (Nivel 1)	DP
ENSURE IMMUNE HEALTH ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE MAX PROTEIN ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE MUSCLE HEALTH REVIGOR ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE NUTRA SHAKE HI-CAL ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE NUTRITION SHAKE ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE ORAL POWDER	$0 (Nivel 1)	DP
ENSURE ORIG THERAPEUTIC NUTRI ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE ORIGINAL ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE ORIGINAL ORAL POWDER	$0 (Nivel 1)	DP
ENSURE ORIGINAL/FIBER ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE PLANT-BASED PROTEIN ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE PLUS HIGH PROTEIN ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE PLUS HN ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE PLUS ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE PLUS WITH FIBER ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE PRE-SURGERY ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE SURGERY ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE SURGICAL NUTRITION ORAL LIQUID	$0 (Nivel 1)	DP
ENSURE/FIBER ORAL LIQUID	$0 (Nivel 1)	DP
ENTERADE IBS-D ORAL LIQUID	$0 (Nivel 1)	DP
ENTERADE ORAL LIQUID	$0 (Nivel 1)	DP
ENU COMPLETE NUTRITION SHAKE ORAL LIQUID	$0 (Nivel 1)	DP
ENU NUTRITIONAL SHAKE ORAL LIQUID	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ENU PRO3 PLUS ORAL POWDER	$0 (Nivel 1)	DP
EO28 SPLASH ORAL LIQUID	$0 (Nivel 1)	DP
eq nutritional shake oral liquid	$0 (Nivel 1)	DP
eq nutritional shake plus oral liquid	$0 (Nivel 1)	DP
eq weight loss shake oral liquid	$0 (Nivel 1)	DP
eql coq10 oral capsule 100 mg, 200 mg, 400 mg	$0 (Nivel 1)	DP
equacare jr oral powder	$0 (Nivel 1)	DP
EQUATE ORAL LIQUID	$0 (Nivel 1)	DP
EQUATE PLUS ORAL LIQUID	$0 (Nivel 1)	DP
ESSENTIAL CARE JR ORAL POWDER	$0 (Nivel 1)	DP
EXPEDITE ORAL LIQUID	$0 (Nivel 1)	DP
FIBER FLOW ORAL LIQUID	$0 (Nivel 1)	DP
FIBERSOURCE HN ENTERAL LIQUID	$0 (Nivel 1)	DP
FIBERSOURCE HN ORAL LIQUID	$0 (Nivel 1)	DP
FORTA DRINK ORAL POWDER	$0 (Nivel 1)	DP
FORTA SHAKE ORAL POWDER	$0 (Nivel 1)	DP
ft co q-10 oral capsule 100 mg	$0 (Nivel 1)	DP
ft co q-10 rapid release oral capsule 100 mg, 200 mg	$0 (Nivel 1)	DP
ft melatonin oral tablet 3 mg, 5 mg	$0 (Nivel 1)	DP
GA ORAL POWDER	$0 (Nivel 1)	DP
GA-1 ANAMIX EARLY YEARS ORAL POWDER	$0 (Nivel 1)	DP
GELATEIN MCT ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA 1.0 CAL ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA 1.0 CAL/CARBSTEADY ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA 1.0 CAL/FIBER ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA 1.2 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA 1.2 CAL ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA 1.5 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA 1.5 CAL ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA 1.5 CAL/CARBSTEADY ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA ADVANCE SHAKE ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA CARBSTEADY ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA ENTERAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA HUNGER SMART SHAKE ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA OS ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA SELECT ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA SHAKE ORAL LIQUID	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
GLUCERNA SNACK SHAKE ORAL LIQUID	$0 (Nivel 1)	DP
GLUCERNA WEIGHT LOSS SHAKE ORAL LIQUID	$0 (Nivel 1)	DP
glutamine oral powder	$0 (Nivel 1)	DP
GLUTAREX-1 ORAL POWDER	$0 (Nivel 1)	DP
GLUTAREX-2 ORAL POWDER	$0 (Nivel 1)	DP
GLYTACTIN BETTERMILK ORAL POWDER	$0 (Nivel 1)	DP
GLYTACTIN RESTORE 10 ORAL LIQUID	$0 (Nivel 1)	DP
GLYTACTIN RESTORE LITE 10 ORAL LIQUID	$0 (Nivel 1)	DP
GLYTACTIN RTD 10 ORAL LIQUID	$0 (Nivel 1)	DP
GLYTACTIN RTD 15 ORAL LIQUID	$0 (Nivel 1)	DP
GLYTACTIN RTD LITE 15 ORAL LIQUID	$0 (Nivel 1)	DP
GLYTROL PREBIO1 ENTERAL LIQUID	$0 (Nivel 1)	DP
GLYTROL PREBIO1 ORAL LIQUID	$0 (Nivel 1)	DP
gnp co q-10 oral capsule 100 mg	$0 (Nivel 1)	DP
gnp co q10 oral capsule 100 mg, 200 mg	$0 (Nivel 1)	DP
gnp melatonin maximum strength oral tablet 5 mg	$0 (Nivel 1)	DP
gnp melatonin oral tablet 3 mg	$0 (Nivel 1)	DP
goodsense nutrisure original oral liquid	$0 (Nivel 1)	DP
goodsense nutrisure plus oral liquid	$0 (Nivel 1)	DP
haelan 951 fermented soy oral liquid	$0 (Nivel 1)	DP
haelan htpi fermented soy oral liquid	$0 (Nivel 1)	DP
HCU ANAMIX EARLY YEARS ORAL POWDER	$0 (Nivel 1)	DP
HCU ANAMIX NEXT ORAL POWDER	$0 (Nivel 1)	DP
HCU COOLER ORAL LIQUID	$0 (Nivel 1)	DP
HCU COOLER15 ORAL LIQUID	$0 (Nivel 1)	DP
HCU LOPHLEX LQ ORAL LIQUID	$0 (Nivel 1)	DP
HCU MAXAMUM ORAL POWDER	$0 (Nivel 1)	DP
HCY 1 ORAL POWDER	$0 (Nivel 1)	DP
HCY 2 ORAL POWDER	$0 (Nivel 1)	DP
HEALTH SOURCE ORAL POWDER	$0 (Nivel 1)	DP
HEALTHY ACCENTS NUTRA FIT ORAL LIQUID	$0 (Nivel 1)	DP
HEALTHY ACCENTS NUTRA FIT PLUS ORAL LIQUID	$0 (Nivel 1)	DP
HI-CAL ORAL LIQUID	$0 (Nivel 1)	DP
high-protein nutritional shake oral liquid	$0 (Nivel 1)	DP
HOM 2 ORAL POWDER	$0 (Nivel 1)	DP
HOMACTIN AA PLUS ORAL LIQUID	$0 (Nivel 1)	DP
HOMINEX-1 ORAL POWDER	$0 (Nivel 1)	DP
HOMINEX-2 ORAL POWDER	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
IMMULIFE ORAL POWDER	$0 (Nivel 1)	DP
IMPACT ADVANCED RECOVERY ORAL LIQUID	$0 (Nivel 1)	DP
IMPACT ENTERAL LIQUID	$0 (Nivel 1)	DP
IMPACT ORAL LIQUID	$0 (Nivel 1)	DP
INNOVACIN ORAL LIQUID	$0 (Nivel 1)	DP
INTROLITE ENTERAL LIQUID	$0 (Nivel 1)	DP
ISOSOURCE 1.5 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
ISOSOURCE 1.5 CAL ORAL LIQUID	$0 (Nivel 1)	DP
ISOSOURCE HN ENTERAL LIQUID	$0 (Nivel 1)	DP
ISOSOURCE HN ORAL LIQUID	$0 (Nivel 1)	DP
IVA ANAMIX EARLY YEARS ORAL POWDER	$0 (Nivel 1)	DP
IVA ANAMIX NEXT ORAL POWDER	$0 (Nivel 1)	DP
IVA MAXAMUM ORAL POWDER	$0 (Nivel 1)	DP
I-VALEX-1 ORAL POWDER	$0 (Nivel 1)	DP
I-VALEX-2 ORAL POWDER	$0 (Nivel 1)	DP
JEVITY 1 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
JEVITY 1 CAL ORAL LIQUID	$0 (Nivel 1)	DP
JEVITY 1 CAL/FIBER ENTERAL LIQUID	$0 (Nivel 1)	DP
JEVITY 1 CAL/FIBER ORAL LIQUID	$0 (Nivel 1)	DP
JEVITY 1.2 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
JEVITY 1.2 CAL ORAL LIQUID	$0 (Nivel 1)	DP
JEVITY 1.2 CAL/FIBER ENTERAL LIQUID	$0 (Nivel 1)	DP
JEVITY 1.5 CAL/FIBER ENTERAL LIQUID	$0 (Nivel 1)	DP
JEVITY 1.5 CAL/FIBER ORAL LIQUID	$0 (Nivel 1)	DP
JUICE PLUS FIBRE ORAL LIQUID	$0 (Nivel 1)	DP
JUVEN ORAL POWDER	$0 (Nivel 1)	DP
kale/quinoa/berries oral powder	$0 (Nivel 1)	DP
kale/quinoa/berries plus oral powder	$0 (Nivel 1)	DP
kale/quinoa/berries plus pedia oral powder	$0 (Nivel 1)	DP
KATE FARMS GLUCOSE SUPPORT 1.2 ORAL LIQUID	$0 (Nivel 1)	DP
KATE FARMS KIDS NUTRITION ORAL LIQUID	$0 (Nivel 1)	DP
KATE FARMS PED PEPTIDE 1.0 ORAL LIQUID	$0 (Nivel 1)	DP
KATE FARMS PED PEPTIDE 1.5 ORAL LIQUID	$0 (Nivel 1)	DP
KATE FARMS PED STANDARD 1.2 ORAL LIQUID	$0 (Nivel 1)	DP
KATE FARMS PEPTIDE 1.0 ORAL LIQUID	$0 (Nivel 1)	DP
KATE FARMS PEPTIDE 1.5 ORAL LIQUID	$0 (Nivel 1)	DP
KATE FARMS RENAL SUPPORT 1.8 ORAL LIQUID	$0 (Nivel 1)	DP
KATE FARMS STANDARD 1.0 ORAL LIQUID	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
KATE FARMS STANDARD 1.4 ORAL LIQUID	$0 (Nivel 1)	DP
keto oral liquid	$0 (Nivel 1)	DP
KETOCAL 2.5:1 LQ MULTI FIBER ORAL LIQUID	$0 (Nivel 1)	DP
KETOCAL 3:1 ORAL POWDER	$0 (Nivel 1)	DP
KETOCAL 4:1 LQ MULTI FIBER ORAL LIQUID	$0 (Nivel 1)	DP
KETOCAL 4:1 LQ MULTI-FIBER ORAL LIQUID	$0 (Nivel 1)	DP
KETOCAL 4:1 ORAL LIQUID	$0 (Nivel 1)	DP
KETOCAL 4:1 ORAL POWDER	$0 (Nivel 1)	DP
ketogen oral powder	$0 (Nivel 1)	DP
KETONEX-1 ORAL POWDER	$0 (Nivel 1)	DP
KETONEX-2 ORAL POWDER	$0 (Nivel 1)	DP
KETOVIE 3:1 ORAL LIQUID	$0 (Nivel 1)	DP
KETOVIE 4:1 ORAL LIQUID	$0 (Nivel 1)	DP
KETOVIE ORAL LIQUID	$0 (Nivel 1)	DP
KETOVIE PEPTIDE ORAL LIQUID	$0 (Nivel 1)	DP
KFLO ORAL LIQUID	$0 (Nivel 1)	DP
KIDS PLANT PROTEIN SHAKE ORAL LIQUID	$0 (Nivel 1)	DP
KIDS PROTEIN ORGANIC SHAKE ORAL LIQUID	$0 (Nivel 1)	DP
KINDERSPROUT PLANT PROTEIN ORAL LIQUID	$0 (Nivel 1)	DP
kp melatonin oral tablet 3 mg	$0 (Nivel 1)	DP
K-PAX PROTEIN BLEND IMMUNE ORAL POWDER	$0 (Nivel 1)	DP
lecithin oral granules	$0 (Nivel 1)	DP
l-glutamine oral powder	$0 (Nivel 1)	DP
LIL MIXINS-EGG ORAL POWDER 5 GM/5GM	$0 (Nivel 1)	DP
LIL MIXINS-PEANUT ORAL POWDER 5 GM/5GM	$0 (Nivel 1)	DP
LIPISTART ORAL POWDER	$0 (Nivel 1)	DP
LIQUID HOPE ORAL LIQUID	$0 (Nivel 1)	DP
LIQUID HOPE PEPTIDE BERRY ORAL LIQUID	$0 (Nivel 1)	DP
LIQUID HOPE PEPTIDE ORAL LIQUID	$0 (Nivel 1)	DP
LMD ORAL POWDER	$0 (Nivel 1)	DP
LOPHLEX LQ 20 ORAL LIQUID	$0 (Nivel 1)	DP
LPS CRITICAL CARE SUGAR FREE ORAL LIQUID	$0 (Nivel 1)	DP
LPS SUGAR FREE ORAL LIQUID	$0 (Nivel 1)	DP
MALTOCARB ORAL POWDER	$0 (Nivel 1)	DP
mega coq10 oral capsule 400 mg	$0 (Nivel 1)	DP
melatonin extra strength oral tablet 10 mg	$0 (Nivel 1)	DP
melatonin maximum strength oral tablet 10 mg, 5 mg	$0 (Nivel 1)	DP
melatonin oral liquid 1 mg/4ml, 2.5 mg/10ml	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
melatonin oral tablet 1 mg, 10 mg, 3 mg, 3-10 mg, 300 mcg, 5 mg	$0 (Nivel 1)	DP
METHIONAID ORAL POWDER	$0 (Nivel 1)	DP
MMA/PA ANAMIX EARLY YEARS ORAL POWDER	$0 (Nivel 1)	DP
MMA/PA ANAMIX NEXT ORAL POWDER	$0 (Nivel 1)	DP
MMA/PA COOLER15 ORAL LIQUID	$0 (Nivel 1)	DP
MMA/PA MAXAMUM ORAL POWDER	$0 (Nivel 1)	DP
MODULEN ORAL POWDER	$0 (Nivel 1)	DP
MONOGEN ORAL POWDER	$0 (Nivel 1)	DP
MSUD 2 ORAL POWDER	$0 (Nivel 1)	DP
MSUD AID ORAL POWDER	$0 (Nivel 1)	DP
MSUD ANAMIX EARLY YEARS ORAL POWDER	$0 (Nivel 1)	DP
MSUD COOLER ORAL LIQUID	$0 (Nivel 1)	DP
MSUD LOPHLEX LQ ORAL LIQUID	$0 (Nivel 1)	DP
MSUD MAXAMAID ORAL POWDER	$0 (Nivel 1)	DP
MSUD MAXAMUM ORAL POWDER	$0 (Nivel 1)	DP
nac 600 oral capsule 600 mg	$0 (Nivel 1)	DP
nac oral capsule 500 mg, 600 mg	$0 (Nivel 1)	DP
n-acetyl cysteine oral capsule 600 mg	$0 (Nivel 1)	DP
NEOCATE INFANT HYPOALLERGENIC ORAL POWDER	$0 (Nivel 1)	DP
NEOCATE JUNIOR ORAL POWDER	$0 (Nivel 1)	DP
NEOCATE JUNIOR PREBIOTICS ORAL POWDER	$0 (Nivel 1)	DP
NEOCATE SPLASH JUNIOR ORAL LIQUID	$0 (Nivel 1)	DP
NEOCATE SPOON ORAL POWDER	$0 (Nivel 1)	DP
NEOCATE SYNEO JUNIOR ORAL POWDER	$0 (Nivel 1)	DP
NEOQ10 ORAL CAPSULE 125 MG	$0 (Nivel 1)	DP
NEPRO ENTERAL LIQUID	$0 (Nivel 1)	DP
NEPRO ORAL LIQUID	$0 (Nivel 1)	DP
NEPRO/CARBSTEADY ENTERAL LIQUID	$0 (Nivel 1)	DP
NEPRO/CARBSTEADY ORAL LIQUID	$0 (Nivel 1)	DP
NF FORMULAS NAC ORAL CAPSULE 600 MG	$0 (Nivel 1)	DP
NOURISH ORAL LIQUID	$0 (Nivel 1)	DP
NOURISH PEPTIDE FORMULA ORAL LIQUID	$0 (Nivel 1)	DP
NOVASOURCE RENAL ENTERAL LIQUID	$0 (Nivel 1)	DP
NOVASOURCE RENAL ORAL LIQUID	$0 (Nivel 1)	DP
NUTRA/SHAKE ORAL LIQUID	$0 (Nivel 1)	DP
NUTREN 1.0 ORAL LIQUID	$0 (Nivel 1)	DP
NUTREN 1.0/FIBER ENTERAL LIQUID	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
NUTREN 1.5 ENTERAL LIQUID	$0 (Nivel 1)	DP
NUTREN 2.0 ENTERAL LIQUID	$0 (Nivel 1)	DP
NUTREN 2.0 ORAL LIQUID	$0 (Nivel 1)	DP
NUTREN JR ENTERAL LIQUID	$0 (Nivel 1)	DP
NUTREN JR FIBER ENTERAL LIQUID	$0 (Nivel 1)	DP
NUTREN JUNIOR 1.0 ORAL LIQUID	$0 (Nivel 1)	DP
NUTREN JUNIOR/FIBER ORAL LIQUID	$0 (Nivel 1)	DP
NUTREN PULMONARY ENTERAL LIQUID	$0 (Nivel 1)	DP
NUTREN PULMONARY ORAL LIQUID	$0 (Nivel 1)	DP
nutrifocus oral liquid	$0 (Nivel 1)	DP
NUTRIHEP 1.5 CAL ORAL LIQUID	$0 (Nivel 1)	DP
nutritional drink mix oral powder	$0 (Nivel 1)	DP
nutritional drink oral liquid	$0 (Nivel 1)	DP
nutritional drink plus oral liquid	$0 (Nivel 1)	DP
nutritional drink shake mix oral powder	$0 (Nivel 1)	DP
nutritional shake complete oral liquid	$0 (Nivel 1)	DP
nutritional shake high protein oral liquid	$0 (Nivel 1)	DP
nutritional shake oral liquid	$0 (Nivel 1)	DP
nutritional shake plus oral liquid	$0 (Nivel 1)	DP
nutritional shake plus protein oral liquid	$0 (Nivel 1)	DP
nutritional supplement oral liquid	$0 (Nivel 1)	DP
nutritional supplement plus oral liquid	$0 (Nivel 1)	DP
OA 1 ORAL POWDER	$0 (Nivel 1)	DP
OA 2 ORAL POWDER	$0 (Nivel 1)	DP
OPTICLEANSE GHI ORAL POWDER	$0 (Nivel 1)	DP
OPTIMENTAL ENTERAL LIQUID	$0 (Nivel 1)	DP
OPTIMENTAL ORAL LIQUID	$0 (Nivel 1)	DP
ORGANIC NUTRITION SHAKE ORAL LIQUID	$0 (Nivel 1)	DP
ORGANIC PEDIA SMART ORAL POWDER	$0 (Nivel 1)	DP
OS 2 ORAL POWDER	$0 (Nivel 1)	DP
OSMOLITE 1 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
OSMOLITE 1 CAL ORAL LIQUID	$0 (Nivel 1)	DP
OSMOLITE 1.2 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
OSMOLITE 1.2 CAL ORAL LIQUID	$0 (Nivel 1)	DP
OSMOLITE 1.5 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
OSMOLITE 1.5 CAL ORAL LIQUID	$0 (Nivel 1)	DP
OSMOLITE HN ORAL LIQUID	$0 (Nivel 1)	DP
OSMOLITE ORAL LIQUID	$0 (Nivel 1)	DP
OXEPA 1.5 ORAL LIQUID	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
OXEPA ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASMART PEA PROTEIN ORAL POWDER	$0 (Nivel 1)	DP
PEDIASURE 1.0 CAL/FIBER ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE 1.5 CAL ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE 1.5 CAL/FIBER ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE GROW & GAIN ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE GROW & GAIN ORAL POWDER	$0 (Nivel 1)	DP
PEDIASURE GROW & GAIN ORGANIC ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE GROW & GAIN/FIBER ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE HARVEST 1.0 CAL ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE NUTRIPALS ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE PEDIATRIC ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE PEPTIDE 1.0 CAL ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE PEPTIDE 1.5 CAL ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE REDUCED CALORIE ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE SHAKE MIX ORAL POWDER	$0 (Nivel 1)	DP
PEDIASURE SHAKE/FIBER ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE SIDEKICKS CLEAR ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE SIDEKICKS ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE SIDEKICKS ORAL POWDER	$0 (Nivel 1)	DP
PEDIASURE SIDEKICKS SHAKE ORAL LIQUID	$0 (Nivel 1)	DP
PEDIASURE/FIBER ORAL LIQUID	$0 (Nivel 1)	DP
pediatric drink oral liquid	$0 (Nivel 1)	DP
PEPTAMEN 1 CAL/PREBIO1 ENTERAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN 1.5 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN 1.5 CAL ORAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN 1.5 CAL/PREBIO1 ENTERAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN 1.5 CAL/PREBIO1 ORAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN AF ENTERAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN AF ORAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN INTENSE VHP ENTERAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN INTENSE VHP ORAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN JUNIOR 1 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN JUNIOR 1 CAL ORAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN JUNIOR 1 CAL/PREBIO1 ORAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN JUNIOR 1.5 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN JUNIOR 1.5 CAL ORAL LIQUID	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
PEPTAMEN JUNIOR 1.5 ORAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN JUNIOR FIBER ORAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN JUNIOR HP ORAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN JUNIOR PHGG 1.2 ORAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN JUNIOR/PREBIO1 ORAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN ORAL LIQUID	$0 (Nivel 1)	DP
PEPTAMEN/PREBIO1 ORAL LIQUID	$0 (Nivel 1)	DP
PERATIVE 1.3 CAL ORAL LIQUID	$0 (Nivel 1)	DP
PERATIVE ORAL LIQUID	$0 (Nivel 1)	DP
PERIFLEX ADVANCE ORAL POWDER	$0 (Nivel 1)	DP
PERIFLEX JUNIOR ORAL POWDER	$0 (Nivel 1)	DP
PFD 2 ORAL POWDER	$0 (Nivel 1)	DP
PFD TODDLER ORAL POWDER	$0 (Nivel 1)	DP
PHENEX-1 ORAL POWDER	$0 (Nivel 1)	DP
PHENEX-2 ORAL POWDER	$0 (Nivel 1)	DP
PHENYLADE DRINK MIX ORAL POWDER	$0 (Nivel 1)	DP
PHENYLADE ESSENTIAL DRINK MIX ORAL POWDER	$0 (Nivel 1)	DP
PHENYLADE ESSENTIAL MIX/FIBER ORAL POWDER	$0 (Nivel 1)	DP
PHENYLADE GMP MIX DHA/FIBER ORAL POWDER	$0 (Nivel 1)	DP
PHENYLADE GMP MIX-IN ORAL POWDER	$0 (Nivel 1)	DP
PHENYLADE GMP ORAL POWDER	$0 (Nivel 1)	DP
PHENYLADE GMP READY ORAL LIQUID	$0 (Nivel 1)	DP
PHENYLADE RTD PKU 10 ORAL LIQUID	$0 (Nivel 1)	DP
PHENYLADE60 DRINK MIX ORAL POWDER	$0 (Nivel 1)	DP
PHENYL-FREE 2 ORAL POWDER	$0 (Nivel 1)	DP
PHENYL-FREE 2HP ORAL POWDER	$0 (Nivel 1)	DP
PIVOT 1.5 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
PIVOT 1.5 CAL ORAL LIQUID	$0 (Nivel 1)	DP
PKU 2 ORAL POWDER	$0 (Nivel 1)	DP
PKU 3 ORAL POWDER	$0 (Nivel 1)	DP
PKU AIR20 GOLD ORAL LIQUID	$0 (Nivel 1)	DP
PKU AIR20 GREEN ORAL LIQUID	$0 (Nivel 1)	DP
PKU AIR20 YELLOW ORAL LIQUID	$0 (Nivel 1)	DP
PKU COOLER 10 ORAL LIQUID	$0 (Nivel 1)	DP
PKU COOLER 15 ORAL LIQUID	$0 (Nivel 1)	DP
PKU COOLER 20 ORAL LIQUID	$0 (Nivel 1)	DP
PKU EASY SHAKE & GO ORAL POWDER	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
PKU LOPHLEX LQ 20 ORAL LIQUID	$0 (Nivel 1)	DP
PKU PERIFLEX EARLY YEARS ORAL POWDER	$0 (Nivel 1)	DP
PKU PERIFLEX JUNIOR PLUS ORAL POWDER	$0 (Nivel 1)	DP
PKU SPHERE 20 ORAL LIQUID	$0 (Nivel 1)	DP
PKU SPHERE NEXT 15 ORAL LIQUID	$0 (Nivel 1)	DP
PKU START ORAL POWDER	$0 (Nivel 1)	DP
pku trio oral powder	$0 (Nivel 1)	DP
POLYCAL ORAL POWDER	$0 (Nivel 1)	DP
PORTAGEN ORAL POWDER	$0 (Nivel 1)	DP
PROMOD ORAL LIQUID	$0 (Nivel 1)	DP
PROMOD ORAL POWDER	$0 (Nivel 1)	DP
PROMOTE 1.0 ORAL LIQUID	$0 (Nivel 1)	DP
PROMOTE 1.0 WITH FIBER ORAL LIQUID	$0 (Nivel 1)	DP
PROMOTE ENTERAL LIQUID	$0 (Nivel 1)	DP
PROMOTE ORAL LIQUID	$0 (Nivel 1)	DP
PROMOTE/FIBER ENTERAL LIQUID	$0 (Nivel 1)	DP
PROMOTE/FIBER ORAL LIQUID	$0 (Nivel 1)	DP
PRO-PHREE ORAL POWDER	$0 (Nivel 1)	DP
PROPIMEX-1 ORAL POWDER	$0 (Nivel 1)	DP
PROPIMEX-2 ORAL POWDER	$0 (Nivel 1)	DP
PROSOURCE ORAL LIQUID	$0 (Nivel 1)	DP
PROSOURCE ORAL POWDER	$0 (Nivel 1)	DP
PROSOURCE PLUS ORAL LIQUID	$0 (Nivel 1)	DP
PROSOURCE TF ORAL LIQUID	$0 (Nivel 1)	DP
PROSOURCE XTRACAL ORAL LIQUID	$0 (Nivel 1)	DP
PROSOURCE ZAC ORAL LIQUID	$0 (Nivel 1)	DP
PROSURE ORAL LIQUID	$0 (Nivel 1)	DP
PROTALITY ORAL LIQUID	$0 (Nivel 1)	DP
PROVIMIN ORAL POWDER	$0 (Nivel 1)	DP
PULMOCARE 1.5 ORAL LIQUID	$0 (Nivel 1)	DP
PULMOCARE ENTERAL LIQUID	$0 (Nivel 1)	DP
PULMOCARE ORAL LIQUID	$0 (Nivel 1)	DP
PURECARB ORAL POWDER	$0 (Nivel 1)	DP
push 20+ advanced oral liquid	$0 (Nivel 1)	DP
qc co q-10 oral capsule 100 mg	$0 (Nivel 1)	DP
qc melatonin max st oral tablet 5 mg	$0 (Nivel 1)	DP
Q-SORB CO Q-10 ORAL CAPSULE 100 MG, 200 MG	$0 (Nivel 1)	DP
ra coenzyme q-10 oral capsule 100 mg, 200 mg	$0 (Nivel 1)	DP
ra melatonin oral tablet 10 mg, 3 mg, 5 mg	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
RE/NEPH LP/HC ORAL LIQUID	$0 (Nivel 1)	DP
RE/NEPH ORAL LIQUID	$0 (Nivel 1)	DP
RE/NEPH REDUCED SUGAR ORAL LIQUID	$0 (Nivel 1)	DP
REASON ORAL LIQUID	$0 (Nivel 1)	DP
regular nutritional shake oral liquid	$0 (Nivel 1)	DP
RENALCAL ORAL LIQUID	$0 (Nivel 1)	DP
RENASTART ORAL POWDER	$0 (Nivel 1)	DP
RENASTEP ORAL LIQUID	$0 (Nivel 1)	DP
REPLETE ENTERAL LIQUID	$0 (Nivel 1)	DP
REPLETE FIBER 1 CAL ORAL LIQUID	$0 (Nivel 1)	DP
REPLETE FIBER ENTERAL LIQUID	$0 (Nivel 1)	DP
REPLETE ORAL LIQUID	$0 (Nivel 1)	DP
RESOURCE 2.0 ORAL LIQUID	$0 (Nivel 1)	DP
restore fusion renal support oral powder	$0 (Nivel 1)	DP
restore renal support oral powder	$0 (Nivel 1)	DP
sb complete nutrition oral liquid	$0 (Nivel 1)	DP
sb complete nutrition plus oral liquid	$0 (Nivel 1)	DP
SCANDICAL ORAL POWDER	$0 (Nivel 1)	DP
SCANDISHAKE ORAL POWDER	$0 (Nivel 1)	DP
SERACAL ORAL POWDER	$0 (Nivel 1)	DP
sol carb oral powder	$0 (Nivel 1)	DP
SUPLENA 1.8/CARBSTEADY ORAL LIQUID	$0 (Nivel 1)	DP
SUPLENA ORAL LIQUID	$0 (Nivel 1)	DP
SUPLENA/CARB STEADY ORAL LIQUID	$0 (Nivel 1)	DP
sv melatonin oral tablet 5 mg	$0 (Nivel 1)	DP
THICK-IT THICKENED CRANBERRY ORAL LIQUID	$0 (Nivel 1)	DP
thrivacin 30 oral liquid	$0 (Nivel 1)	DP
thrivacin detox oral liquid	$0 (Nivel 1)	DP
TWOCAL HN 2.0 ORAL LIQUID	$0 (Nivel 1)	DP
TWOCAL HN ENTERAL LIQUID	$0 (Nivel 1)	DP
TWOCAL HN ORAL LIQUID	$0 (Nivel 1)	DP
TYLACTIN RESTORE 10 ORAL LIQUID	$0 (Nivel 1)	DP
TYLACTIN RTD 15 ORAL LIQUID	$0 (Nivel 1)	DP
TYR ANAMIX EARLY YEARS ORAL POWDER	$0 (Nivel 1)	DP
TYR ANAMIX NEXT ORAL POWDER	$0 (Nivel 1)	DP
TYR COOLER ORAL LIQUID	$0 (Nivel 1)	DP
TYR LOPHLEX LQ ORAL LIQUID	$0 (Nivel 1)	DP
TYREX-1 ORAL POWDER	$0 (Nivel 1)	DP
TYREX-2 ORAL POWDER	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
TYROS 1 ORAL POWDER	$0 (Nivel 1)	DP
TYROS 2 ORAL POWDER	$0 (Nivel 1)	DP
UCD 2 ORAL POWDER	$0 (Nivel 1)	DP
UCD ANAMIX JUNIOR ORAL POWDER	$0 (Nivel 1)	DP
ucd trio oral powder	$0 (Nivel 1)	DP
ultramino soy protein oral powder	$0 (Nivel 1)	DP
ULTRIENT 1.5 SAFE-T FEED ORAL LIQUID	$0 (Nivel 1)	DP
VILACTIN AA PLUS ORAL LIQUID	$0 (Nivel 1)	DP
VITAL 1.0 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
VITAL 1.0 CAL ORAL LIQUID	$0 (Nivel 1)	DP
VITAL 1.5 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
VITAL 1.5 CAL ORAL LIQUID	$0 (Nivel 1)	DP
VITAL AF 1.2 CAL ADV FORMULA ORAL LIQUID	$0 (Nivel 1)	DP
VITAL AF 1.2 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
VITAL AF 1.2 CAL ORAL LIQUID	$0 (Nivel 1)	DP
VITAL HP 1.0 CAL ENTERAL LIQUID	$0 (Nivel 1)	DP
VITAL HP 1.0 CAL ORAL LIQUID	$0 (Nivel 1)	DP
VITAL JR ORAL LIQUID	$0 (Nivel 1)	DP
VITAL PEPTIDE 1.5 CAL ORAL LIQUID	$0 (Nivel 1)	DP
VIVONEX PEDIATRIC ORAL POWDER	$0 (Nivel 1)	DP
VIVONEX RTF ENTERAL LIQUID	$0 (Nivel 1)	DP
VIVONEX RTF ORAL LIQUID	$0 (Nivel 1)	DP
WND 1 ORAL POWDER	$0 (Nivel 1)	DP
WND 2 ORAL POWDER	$0 (Nivel 1)	DP
XLEU MAXAMAID ORAL POWDER	$0 (Nivel 1)	DP
XLYS-XTRP MAXAMAID ORAL POWDER	$0 (Nivel 1)	DP
XLYS-XTRP MAXAMUM ORAL POWDER	$0 (Nivel 1)	DP
XMET MAXAMAID ORAL POWDER	$0 (Nivel 1)	DP
XMET XCYS MAXAMAID ORAL POWDER	$0 (Nivel 1)	DP
XMTVI MAXAMAID ORAL POWDER	$0 (Nivel 1)	DP
XPHE MAXAMAID ORAL POWDER	$0 (Nivel 1)	DP
XPHE-XTYR MAXAMAID ORAL POWDER	$0 (Nivel 1)	DP
XTRACAL PLUS ORAL LIQUID	$0 (Nivel 1)	DP
yl coenzyme q10 oral capsule 30 mg	$0 (Nivel 1)	DP
Electrolitos/Minerales, Inyectables		
dextrose in lactated ringers intravenous solution 5 %	$0-$12.65 (Nivel 3)	
dextrose-sodium chloride intravenous solution 10-0.2 %, 10-0.45 %, 5-0.2 %, 5-0.225 %, 5-0.3 %, 5-0.45 %, 5-0.9 %	$0-$12.65 (Nivel 3)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
dextrose-sodium chloride solution 2.5-0.45 % intravenous	$0-$12.65 (Nivel 3)	
dextrose-sodium chloride solution 2.5-0.45 % intravenous	$0-$12.65 (Nivel 4)	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION	$0-$12.65 (Nivel 4)	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION	$0-$12.65 (Nivel 4)	
kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%	$0-$12.65 (Nivel 3)	
kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%	$0-$12.65 (Nivel 3)	
kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-%, 20-5-0.2 meq/l-%-%, 20-5-0.45 meq/l-%-%, 20-5-0.9 meq/l-%-%, 30-5-0.45 meq/l-%-%, 40-5-0.45 meq/l-%-%	$0-$12.65 (Nivel 3)	
kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous	$0-$12.65 (Nivel 3)	
kcl in dextrose-nacl solution 40-5-0.9 meq/l-%-% intravenous	$0-$12.65 (Nivel 4)	
lactated ringers solution intravenous	$0-$12.65 (Nivel 3)	
lactated ringers solution intravenous	$0-$12.65 (Nivel 4)	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	$0-$12.65 (Nivel 3)	
magnesium sulfate injection solution 50 %, 50 % (10ml syringe)	$0-$12.65 (Nivel 3)	
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 3 gm/100ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	$0-$12.65 (Nivel 3)	
multiple electro type 1 ph 7.4 intravenous solution	$0-$12.65 (Nivel 4)	
potassium chloride in nacl solution 20-0.45 meq/l-% intravenous	$0-$12.65 (Nivel 3)	
potassium chloride in nacl solution 20-0.45 meq/l-% intravenous	$0-$12.65 (Nivel 4)	
potassium chloride in nacl solution 20-0.9 meq/l-% intravenous	$0-$12.65 (Nivel 3)	
potassium chloride in nacl solution 20-0.9 meq/l-% intravenous	$0-$12.65 (Nivel 4)	
potassium chloride in nacl solution 40-0.9 meq/l-% intravenous	$0-$12.65 (Nivel 3)	
potassium chloride in nacl solution 40-0.9 meq/l-% intravenous	$0-$12.65 (Nivel 4)	
potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 2 meq/ml (20 ml), 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	$0-$12.65 (Nivel 3)	
potassium cl in dextrose 5% intravenous solution 20 meq/l	$0-$12.65 (Nivel 3)	

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
sodium chloride injection solution 2.5 meq/ml	$0-$12.65 (Nivel 3)	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	$0-$12.65 (Nivel 3)	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE	$0-$12.65 (Nivel 4)	B/D
Electrolitos/Minerales/Vitaminas Orales		
KLOR-CON 10 ORAL TABLET EXTENDED RELEASE 10 MEQ	$0 (Nivel 2)	
KLOR-CON M10 ORAL TABLET EXTENDED RELEASE 10 MEQ	$0 (Nivel 2)	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE 15 MEQ	$0 (Nivel 2)	
KLOR-CON M20 ORAL TABLET EXTENDED RELEASE 20 MEQ	$0 (Nivel 2)	
KLOR-CON ORAL PACKET 20 MEQ	$0-$12.65 (Nivel 4)	
KLOR-CON ORAL TABLET EXTENDED RELEASE 8 MEQ	$0 (Nivel 2)	
m-natal plus tablet 27-1 mg oral	$0-$12.65 (Nivel 3)	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	$0 (Nivel 2)	
potassium chloride er oral capsule extended release 10 meq, 8 meq	$0 (Nivel 2)	
potassium chloride er oral tablet extended release 10 meq, 20 meq, 8 meq	$0 (Nivel 2)	
potassium chloride oral packet 20 meq	$0-$12.65 (Nivel 4)	
potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)	$0-$12.65 (Nivel 4)	
prenatal tablet 27-1 mg oral	$0-$12.65 (Nivel 3)	
sodium fluoride oral tablet 2.2 (1 f) mg	$0 (Nivel 2)	
westab plus tablet 27-1 mg oral	$0-$12.65 (Nivel 3)	
Electrolitos		
ADVANTAGE CARE ELECTROLYTE PED ORAL SOLUTION	$0 (Nivel 1)	DP
BIOLYTE ORAL SOLUTION	$0 (Nivel 1)	DP
CERALYTE 70 ORAL SOLUTION	$0 (Nivel 1)	DP
CERASPORT EX1 ORAL SOLUTION	$0 (Nivel 1)	DP
CERASPORT ORAL SOLUTION	$0 (Nivel 1)	DP
cvs electrolyte solution oral solution	$0 (Nivel 1)	DP
cvs ped electrolyte freeze pop oral solution	$0 (Nivel 1)	DP
cvs pediatric electrolyte oral solution	$0 (Nivel 1)	DP
ENFAMIL ENFALYTE ORAL SOLUTION	$0 (Nivel 1)	DP
EQUALYTE ORAL SOLUTION	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ft electrolyte oral solution	$0 (Nivel 1)	DP
gnp electrolyte solution oral solution	$0 (Nivel 1)	DP
goodsense electrolyte adv care oral solution	$0 (Nivel 1)	DP
goodsense electrolyte oral solution	$0 (Nivel 1)	DP
h-e-b oral electrolyte oral solution	$0 (Nivel 1)	DP
HYDRALYTE FREEZER POPS ORAL SOLUTION	$0 (Nivel 1)	DP
HYDRALYTE ORAL SOLUTION	$0 (Nivel 1)	DP
KINDERLYTE ORAL SOLUTION	$0 (Nivel 1)	DP
KINDERLYTE PREMAX ORAL SOLUTION	$0 (Nivel 1)	DP
oral electrolyte freezer pops oral solution	$0 (Nivel 1)	DP
oral electrolytes oral solution	$0 (Nivel 1)	DP
ORALYTE ORAL SOLUTION	$0 (Nivel 1)	DP
ped electrolyte freeze pops oral solution	$0 (Nivel 1)	DP
ped electrolyte freezer pops oral solution	$0 (Nivel 1)	DP
PEDIA VANCE ORAL SOLUTION	$0 (Nivel 1)	DP
PEDIALYTE ADVANCED CARE ORAL SOLUTION	$0 (Nivel 1)	DP
PEDIALYTE FREEZER POPS ORAL SOLUTION	$0 (Nivel 1)	DP
PEDIALYTE IMMUNE SUPPORT ORAL SOLUTION	$0 (Nivel 1)	DP
PEDIALYTE ORAL SOLUTION	$0 (Nivel 1)	DP
PEDIALYTE SINGLES ORAL SOLUTION	$0 (Nivel 1)	DP
pediatric electrolyte oral solution	$0 (Nivel 1)	DP
ra pediatric electrolyte oral solution	$0 (Nivel 1)	DP
REHYDRALYTE ORAL SOLUTION	$0 (Nivel 1)	DP
sb pediatric electrolyte oral solution	$0 (Nivel 1)	DP
sm pediatric electrolyte oral solution	$0 (Nivel 1)	DP
truelyte oral solution	$0 (Nivel 1)	DP
Minerales		
600+d3 oral tablet 600-20 mg-mcg	$0 (Nivel 1)	DP
ADVANCED CALCIUM/D/MAGNESIUM ORAL TABLET	$0 (Nivel 1)	DP
bone density builder oral tablet	$0 (Nivel 1)	DP
calcitrate plus d oral tablet 315-5 mg-mcg	$0 (Nivel 1)	DP
cal-citrate plus vitamin d oral tablet 250-2.5 mg-mcg	$0 (Nivel 1)	DP
calcium + d oral tablet chewable 500-1000-40 mg-unt-mcg	$0 (Nivel 1)	DP
calcium + d3 oral tablet 250-3 mg-mcg	$0 (Nivel 1)	DP
calcium + vitamin d3 oral tablet 500-5 mg-mcg, 600-10 mg-mcg, 600-5 mg-mcg	$0 (Nivel 1)	DP
calcium 1000 + d oral tablet 1000-20 mg-mcg	$0 (Nivel 1)	DP
calcium 1200 oral tablet chewable 1200-1000 mg-unit	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
calcium 500 + d oral tablet 500-3.125 mg-mcg, 500-5 mg-mcg	$0 (Nivel 1)	DP
calcium 500 + d3 oral tablet 500-15 mg-mcg, 500-5 mg-mcg	$0 (Nivel 1)	DP
calcium 500/d oral tablet 500-5 mg-mcg	$0 (Nivel 1)	DP
calcium 500/vitamin d oral tablet 500-3.125 mg-mcg	$0 (Nivel 1)	DP
calcium 500+d high potency oral tablet 500-10 mg-mcg	$0 (Nivel 1)	DP
calcium 500+d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	$0 (Nivel 1)	DP
calcium 500+d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	$0 (Nivel 1)	DP
calcium 600 + d oral tablet 600-5 mg-mcg	$0 (Nivel 1)	DP
calcium 600 +d high potency oral tablet 600-10 mg-mcg	$0 (Nivel 1)	DP
calcium 600 oral tablet 1500 (600 ca) mg	$0 (Nivel 1)	DP
calcium 600/vitamin d oral tablet 600-10 mg-mcg	$0 (Nivel 1)	DP
calcium 600/vitamin d oral tablet chewable 600-10 mg-mcg	$0 (Nivel 1)	DP
calcium 600/vitamin d3 oral tablet 600-20 mg-mcg	$0 (Nivel 1)	DP
calcium 600+d high potency oral tablet 600-10 mg-mcg	$0 (Nivel 1)	DP
calcium 600+d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	$0 (Nivel 1)	DP
calcium 600+d3 oral tablet 600-10 mg-mcg, 600-20 mg-mcg, 600-5 mg-mcg	$0 (Nivel 1)	DP
calcium 600+d3 plus minerals oral tablet , 600-800 mg-unit	$0 (Nivel 1)	DP
calcium carb-cholecalciferol oral tablet 500-10 mg-mcg, 500-5 mg-mcg, 600-10 mg-mcg, 600-20 mg-mcg, 600-3.125 mg-mcg, 600-5 mg-mcg	$0 (Nivel 1)	DP
calcium carb-cholecalciferol oral tablet chewable 500-10 mg-mcg	$0 (Nivel 1)	DP
calcium carbonate extra light powder	$0 (Nivel 1)	DP
calcium carbonate light powder	$0 (Nivel 1)	DP
calcium carbonate oral powder 800 mg/2gm	$0 (Nivel 1)	DP
calcium carbonate oral tablet 1250 (500 ca) mg, 1500 (600 ca) mg	$0 (Nivel 1)	DP
calcium carbonate oral tablet chewable 1250 (500 ca) mg, 260 mg	$0 (Nivel 1)	DP
calcium carbonate powder	$0 (Nivel 1)	DP
calcium carbonate-vitamin d oral tablet 600-5 mg-mcg	$0 (Nivel 1)	DP
calcium citrate + d oral tablet 250-5 mg-mcg, 315-5 mg-mcg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
calcium citrate + d3 maximum oral tablet 315-6.25 mg-mcg	$0 (Nivel 1)	DP
calcium citrate + d3 oral tablet 200-6.25 mg-mcg, 250-5 mg-mcg, 315-5 mg-mcg, 315-6.25 mg-mcg	$0 (Nivel 1)	DP
calcium citrate + oral tablet , 315-5 mg-mcg	$0 (Nivel 1)	DP
calcium citrate chewy bite oral tablet chewable 500-12.5 mg-mcg	$0 (Nivel 1)	DP
calcium citrate oral tablet 250 mg, 333 mg, 950 (200 ca) mg	$0 (Nivel 1)	DP
calcium citrate plus oral tablet	$0 (Nivel 1)	DP
calcium citrate plus/magnesium oral tablet	$0 (Nivel 1)	DP
calcium citrate+d3 oral tablet 315-6.25 mg-mcg	$0 (Nivel 1)	DP
calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	$0 (Nivel 1)	DP
calcium citrate-mag-minerals oral tablet	$0 (Nivel 1)	DP
calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 250-1.25 mg-mcg, 315-5 mg-mcg	$0 (Nivel 1)	DP
calcium citrate-vitamin d3 oral tablet 315-6.25 mg-mcg	$0 (Nivel 1)	DP
calcium creamies oral tablet chewable 600-10 mg-mcg	$0 (Nivel 1)	DP
calcium gluconate oral capsule 50 mg	$0 (Nivel 1)	DP
calcium high potency oral tablet 1500 (600 ca) mg	$0 (Nivel 1)	DP
calcium high potency/vitamin d oral tablet 600-5 mg-mcg	$0 (Nivel 1)	DP
calcium lactate oral tablet 100 mg, 750 mg	$0 (Nivel 1)	DP
calcium magnesium zinc oral tablet 333-133-5 mg	$0 (Nivel 1)	DP
calcium oral tablet chewable 500-2.5 mg-mcg	$0 (Nivel 1)	DP
calcium oyster shell oral tablet 1250 (500 ca) mg, 500 mg	$0 (Nivel 1)	DP
calcium plus vitamin d oral tablet 500-5 mg-mcg	$0 (Nivel 1)	DP
calcium plus vitamin d3 oral tablet 600-20 mg-mcg	$0 (Nivel 1)	DP
calcium soft chews oral tablet chewable 500-1000-40 mg-unt-mcg, 500-500-40 mg-unt-mcg	$0 (Nivel 1)	DP
calcium+d3 oral tablet 500-10 mg-mcg, 500-15 mg-mcg, 600-20 mg-mcg	$0 (Nivel 1)	DP
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333-133-8.3 mg, 333.33-133.33-5 mg	$0 (Nivel 1)	DP
calcium-magnesium-zinc-d3 oral tablet 333 mg-133 mg-5 mg-5 mcg, 333-133-5-3.33 mg-mcg	$0 (Nivel 1)	DP
calcium-magnesium-zinc-vit d3 oral tablet 333 mg-133 mg-5 mg-1.7 mcg	$0 (Nivel 1)	DP
calcium-vitamin d oral tablet 600-20 mg-mcg	$0 (Nivel 1)	DP
calcium-vitamin d3 oral tablet 600-10 mg-mcg	$0 (Nivel 1)	DP
cal-mint oral tablet chewable 260 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
CALTRATE 600+D PLUS MINERALS ORAL TABLET 600-800 MG-UNIT	$0 (Nivel 1)	DP
CALTRATE 600+D3 ORAL TABLET 600-20 MG-MCG	$0 (Nivel 1)	DP
CALTRATE 600+D3 SOFT ORAL TABLET CHEWABLE 600-20 MG-MCG	$0 (Nivel 1)	DP
CALTRATE BONE HEALTH ADVANCED ORAL TABLET 300-800 MG-UNIT, 600-800 MG-UNIT	$0 (Nivel 1)	DP
CALTRATE BONE HEALTH ORAL TABLET 600-20 MG-MCG	$0 (Nivel 1)	DP
CALTRATE BONE HEALTH ORAL TABLET CHEWABLE 600-20 MG-MCG	$0 (Nivel 1)	DP
CALTRATE MINIS PLUS MINERALS ORAL TABLET 300-800 MG-UNIT	$0 (Nivel 1)	DP
CELEBRATE CALCIUM CITRATE ORAL TABLET CHEWABLE 500-12.5 MG-MCG	$0 (Nivel 1)	DP
CELEBRATE CALCIUM PLUS 500 ORAL TABLET CHEWABLE 500-8.325 MG-MCG	$0 (Nivel 1)	DP
chelated magnesium oral tablet 100 mg	$0 (Nivel 1)	DP
chelated zinc oral tablet 50 mg	$0 (Nivel 1)	DP
CITRACAL MAXIMUM ORAL TABLET 315-6.25 MG-MCG	$0 (Nivel 1)	DP
CITRACAL MAXIMUM PLUS ORAL TABLET	$0 (Nivel 1)	DP
CITRACAL PETITES/VITAMIN D ORAL TABLET 200-6.25 MG-MCG	$0 (Nivel 1)	DP
citrus calcium/vitamin d oral tablet 200-6.25 mg-mcg	$0 (Nivel 1)	DP
cvs calcium + d3 oral tablet 600-20 mg-mcg	$0 (Nivel 1)	DP
cvs calcium 600 & vitamin d3 oral tablet 600-20 mg-mcg	$0 (Nivel 1)	DP
cvs calcium 600 + d/minerals oral tablet 600-800 mg-unit	$0 (Nivel 1)	DP
cvs calcium 600+d oral tablet 600-20 mg-mcg	$0 (Nivel 1)	DP
cvs calcium carbonate oral tablet 1250 (500 ca) mg	$0 (Nivel 1)	DP
cvs calcium citrate+d3 oral tablet	$0 (Nivel 1)	DP
cvs calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	$0 (Nivel 1)	DP
cvs calcium citrate+d3 w/magne oral tablet	$0 (Nivel 1)	DP
cvs calcium soft chews oral tablet chewable 500-1000-40 mg-unt-mcg	$0 (Nivel 1)	DP
cvs calcium-magnesium-zinc oral tablet 333-133-5 mg	$0 (Nivel 1)	DP
cvs magnesium oral tablet 500 mg	$0 (Nivel 1)	DP
cvs magnesium oxide oral tablet 250 mg	$0 (Nivel 1)	DP
cvs oyster shell calcium-vit d oral tablet 500-3.125 mg-mcg	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
cvs zinc gluconate oral tablet 50 mg	$0 (Nivel 1)	DP
eq calcium 500+d oral tablet 500-5 mg-mcg	$0 (Nivel 1)	DP
eq calcium 600+d oral tablet 600-20 mg-mcg	$0 (Nivel 1)	DP
eq calcium 600+d+minerals oral tablet 600-800 mg-unit	$0 (Nivel 1)	DP
eq calcium citrate+d oral tablet 315-6.25 mg-mcg	$0 (Nivel 1)	DP
eq calcium citrate+d3 oral tablet 315-6.25 mg-mcg	$0 (Nivel 1)	DP
eq calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	$0 (Nivel 1)	DP
eql calcium citrate/vitamin d oral tablet 315-6.25 mg-mcg	$0 (Nivel 1)	DP
eql calcium citrate/vitamin d3 oral tablet 315-6.25 mg-mcg	$0 (Nivel 1)	DP
eql calcium/vitamin d oral tablet 600-10 mg-mcg	$0 (Nivel 1)	DP
eql calcium/vitamin d3 oral tablet 600-20 mg-mcg	$0 (Nivel 1)	DP
eql natural zinc oral tablet 50 mg	$0 (Nivel 1)	DP
fem-cal citrate oral tablet	$0 (Nivel 1)	DP
ft calcium + vitamin d3 oral tablet 500-5 mg-mcg	$0 (Nivel 1)	DP
ft calcium 600+vit d3/minerals oral tablet 600-800 mg-unit	$0 (Nivel 1)	DP
ft calcium citrate +vitamin d3 oral tablet 315-6.25 mg-mcg	$0 (Nivel 1)	DP
FT CALCIUM CITRATE/VIT D3 ORAL TABLET 315-6.25 MG-MCG	$0 (Nivel 1)	DP
ft calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	$0 (Nivel 1)	DP
ft calcium oral tablet 1500 (600 ca) mg	$0 (Nivel 1)	DP
FT CALCIUM/VITAMIN D3 ORAL TABLET 1000-20 MG-MCG	$0 (Nivel 1)	DP
FT CALCIUM+D3 ORAL TABLET 600-20 MG-MCG	$0 (Nivel 1)	DP
ft calcium-magnesium-zinc-d3 oral tablet 333-133-5-3.33 mg-mcg	$0 (Nivel 1)	DP
ft magnesium oral tablet 250 mg	$0 (Nivel 1)	DP
ft magnesium oxide oral tablet 400 (240 mg) mg	$0 (Nivel 1)	DP
ft zinc chelated oral tablet 50 mg	$0 (Nivel 1)	DP
gnp cal mag zinc +d3 oral tablet	$0 (Nivel 1)	DP
gnp calcium 500 +d3 oral tablet 500-15 mg-mcg	$0 (Nivel 1)	DP
gnp calcium 600 +d oral tablet 600-400 mg-unit	$0 (Nivel 1)	DP
gnp calcium 600 +d/minerals oral tablet 600-800 mg-unit	$0 (Nivel 1)	DP
gnp calcium 600 +d3 oral tablet 600-20 mg-mcg	$0 (Nivel 1)	DP
gnp calcium citrate +d3 oral tablet 315-6.25 mg-mcg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
gnp calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg	$0 (Nivel 1)	DP
gnp calcium oral tablet 1500 (600 ca) mg	$0 (Nivel 1)	DP
gnp magnesium oxide oral tablet 400 mg	$0 (Nivel 1)	DP
gnp zinc chelated oral tablet 50 mg	$0 (Nivel 1)	DP
high absorption magnesium oral tablet 100 mg	$0 (Nivel 1)	DP
IS-ZC 50 ORAL TABLET 50 MG	$0 (Nivel 1)	DP
kp calcium 600+d oral tablet 600-10 mg-mcg, 600-20 mg-mcg	$0 (Nivel 1)	DP
kp calcium citrate+d oral tablet 315-6.25 mg-mcg	$0 (Nivel 1)	DP
kp calcium-magnesium-zinc oral tablet 333-133-5 mg	$0 (Nivel 1)	DP
kp mag-oxide magnesium oral tablet 200 mg	$0 (Nivel 1)	DP
MAG-200 ORAL TABLET 200 MG	$0 (Nivel 1)	DP
MAG64 ORAL TABLET DELAYED RELEASE 64 MG	$0 (Nivel 1)	DP
MAGDELAY ORAL TABLET DELAYED RELEASE 64 MG	$0 (Nivel 1)	DP
mag-g oral tablet 500 (27 mg) mg	$0 (Nivel 1)	DP
MAGNEBIND 300 ORAL TABLET 250-300 MG	$0 (Nivel 1)	DP
MAGNEBIND 400 ORAL TABLET 80-115 MG	$0 (Nivel 1)	DP
magnesium carbonate oral powder 250 mg/gm	$0 (Nivel 1)	DP
magnesium gluconate oral tablet 250 mg, 27.5 mg, 550 mg	$0 (Nivel 1)	DP
magnesium lactate oral tablet extended release 84 mg (7meq)	$0 (Nivel 1)	DP
magnesium oral tablet 200 mg, 250 mg, 30 mg, 400 mg	$0 (Nivel 1)	DP
magnesium oxide -mg supplement oral tablet 250 mg, 400 (240 mg) mg, 400 mg, 500 mg	$0 (Nivel 1)	DP
magnesium oxide -mg supplement oral tablet chewable 200 mg	$0 (Nivel 1)	DP
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG	$0 (Nivel 1)	DP
MAGOX 400 ORAL TABLET 400 (240 MG) MG	$0 (Nivel 1)	DP
MAG-OXIDE ORAL TABLET 200 MG	$0 (Nivel 1)	DP
MAG-TAB SR ORAL TABLET EXTENDED RELEASE 84 MG (7MEQ)	$0 (Nivel 1)	DP
manganese chloride intravenous solution 0.1 mg/ml	$0 (Nivel 1)	DP
mg aspartate oral tablet 65 mg	$0 (Nivel 1)	DP
mgo oral tablet 400 (240 mg) mg	$0 (Nivel 1)	DP
MULTI MEGA MINERALS ORAL TABLET	$0 (Nivel 1)	DP
natrul magnesium oral tablet 250 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
nat-rul oyster calcium+vit d oral tablet 500-3.125 mg-mcg	$0 (Nivel 1)	DP
NEOFLEX CALCIUM + VITAMIN D ORAL TABLET 600-12.5 MG-MCG	$0 (Nivel 1)	DP
ONE VITE CALCIUM + D3 ORAL TABLET 600-10 MG-MCG	$0 (Nivel 1)	DP
ORAZINC ORAL CAPSULE 220 (50 ZN) MG	$0 (Nivel 1)	DP
ORAZINC ORAL TABLET 110 (25 ZN) MG	$0 (Nivel 1)	DP
OYSCO 500+D ORAL TABLET 500-5 MG-MCG	$0 (Nivel 1)	DP
oyster calcium/d3 oral tablet 500-5 mg-mcg	$0 (Nivel 1)	DP
oyster shell calcium + d oral tablet 500-10 mg-mcg, 500-5 mg-mcg	$0 (Nivel 1)	DP
oyster shell calcium + d3 oral tablet 500-10 mg-mcg	$0 (Nivel 1)	DP
oyster shell calcium oral tablet 1250 (500 ca) mg, 500 mg, 500-10 mg-mcg	$0 (Nivel 1)	DP
oyster shell calcium plus d oral tablet 500-5 mg-mcg	$0 (Nivel 1)	DP
oyster shell calcium w/d oral tablet 500-5 mg-mcg	$0 (Nivel 1)	DP
oyster shell calcium/d oral tablet 250-6.25 mg-mcg, 500-10 mg-mcg, 500-5 mg-mcg	$0 (Nivel 1)	DP
oyster shell calcium/d3 oral tablet 500-10 mg-mcg, 500-5 mg-mcg	$0 (Nivel 1)	DP
oyster shell calcium/vit d oral tablet 500-5 mg-mcg	$0 (Nivel 1)	DP
oyster shell calcium/vit d3 oral tablet 250-3.125 mg-mcg, 500-5 mg-mcg	$0 (Nivel 1)	DP
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg	$0 (Nivel 1)	DP
PROSTEON ORAL TABLET	$0 (Nivel 1)	DP
pure calcium carbonate oral tablet 1500 (600 ca) mg	$0 (Nivel 1)	DP
qc calcium 500mg-d3 oral tablet 500-5 mg-mcg	$0 (Nivel 1)	DP
qc calcium fast dissolution oral tablet 1500 (600 ca) mg	$0 (Nivel 1)	DP
qc zinc oral tablet 50 mg	$0 (Nivel 1)	DP
ra calcium 600 oral tablet 1500 (600 ca) mg	$0 (Nivel 1)	DP
ra calcium 600/vitamin d-3 oral tablet 600-10 mg-mcg	$0 (Nivel 1)	DP
ra calcium cit plus vit d-3 oral tablet 315-6.25 mg-mcg	$0 (Nivel 1)	DP
ra calcium citrate plus vit d oral tablet 315-5 mg-mcg	$0 (Nivel 1)	DP
ra calcium cit-vit d-3 petites oral tablet 200-6.25 mg-mcg	$0 (Nivel 1)	DP
ra calcium plus vitamin d oral tablet 600-10 mg-mcg, 600-5 mg-mcg	$0 (Nivel 1)	DP
ra calcium plus vitamin d3 oral tablet 600-10 mg-mcg	$0 (Nivel 1)	DP
RA HI CAL ORAL TABLET 500-5 MG-MCG	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ra natural magnesium oral tablet 250 mg	$0 (Nivel 1)	DP
ra zinc oral tablet 50 mg	$0 (Nivel 1)	DP
sb calcium + d oral tablet 600-5 mg-mcg	$0 (Nivel 1)	DP
sb oyster shell calcium oral tablet 500 mg	$0 (Nivel 1)	DP
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG	$0 (Nivel 1)	DP
SLOW-MAG ORAL TABLET DELAYED RELEASE 71.5-119 MG	$0 (Nivel 1)	DP
sodium fluoride oral solution 0.5 mg/ml, 1.1 (0.5 f) mg/ml	$0 (Nivel 1)	DP
sodium phosphates intravenous solution 45 mmole/15ml	$0 (Nivel 1)	DP
super calcium oral tablet 1500 (600 ca) mg	$0 (Nivel 1)	DP
sv magnesium oral tablet 250 mg	$0 (Nivel 1)	DP
THERACAL D2000 ORAL TABLET	$0 (Nivel 1)	DP
THERACAL D4000 ORAL TABLET	$0 (Nivel 1)	DP
THERACAL RAPID REPLETION ORAL TABLET	$0 (Nivel 1)	DP
true magnesium oxide oral tablet 400 mg, 500 mg	$0 (Nivel 1)	DP
true oyster shell calcium oral tablet 1250 (500 ca) mg	$0 (Nivel 1)	DP
ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg	$0 (Nivel 1)	DP
well magnesium oxide oral tablet 400 (240 mg) mg	$0 (Nivel 1)	DP
ZINC 15 ORAL TABLET 66 (15 ZN) MG	$0 (Nivel 1)	DP
zinc chelated oral tablet 22.5 mg	$0 (Nivel 1)	DP
zinc gluconate oral tablet 100 mg, 15 mg, 30 mg, 50 mg	$0 (Nivel 1)	DP
zinc oral capsule 220 (50 zn) mg	$0 (Nivel 1)	DP
zinc oral tablet 100 mg, 30 mg, 50 mg	$0 (Nivel 1)	DP
zinc sulfate oral capsule 220 (50 zn) mg	$0 (Nivel 1)	DP
zinc sulfate oral tablet 220 (50 zn) mg	$0 (Nivel 1)	DP
Nutrición Iv		
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 %	$0-$12.65 (Nivel 4)	B/D
AMINOSYN-PF INTRAVENOUS SOLUTION 10 %	$0-$12.65 (Nivel 4)	B/D
chromic chloride intravenous solution 40 mcg/10ml	$0 (Nivel 1)	DP
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 %	$0-$12.65 (Nivel 4)	B/D
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 %	$0-$12.65 (Nivel 4)	B/D
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 %	$0-$12.65 (Nivel 4)	B/D
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 %	$0-$12.65 (Nivel 4)	B/D

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
clinimix/dextrose (6/5) intravenous solution 6 %	$0-$12.65 (Nivel 4)	B/D
clinimix/dextrose (8/10) intravenous solution 8 %	$0-$12.65 (Nivel 4)	B/D
clinimix/dextrose (8/14) intravenous solution 8 %	$0-$12.65 (Nivel 4)	B/D
CLINISOL SF INTRAVENOUS SOLUTION 15 %	$0-$12.65 (Nivel 4)	B/D
CLINOLIPID INTRAVENOUS EMULSION 20 %	$0-$12.65 (Nivel 4)	B/D
cupric chloride intravenous solution 0.4 mg/ml	$0 (Nivel 1)	DP
dextrose intravenous solution 10 %, 5 %	$0-$12.65 (Nivel 3)	
dextrose intravenous solution 50 %, 70 %	$0-$12.65 (Nivel 3)	B/D
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 %	$0-$12.65 (Nivel 4)	B/D
NUTRILIPID INTRAVENOUS EMULSION 20 %	$0-$12.65 (Nivel 4)	B/D
PLENAMINE INTRAVENOUS SOLUTION 15 %	$0-$12.65 (Nivel 4)	B/D
PREMASOL INTRAVENOUS SOLUTION 10 %	$0-$12.65 (Nivel 5)	B/D
PROSOL INTRAVENOUS SOLUTION 20 %	$0-$12.65 (Nivel 4)	B/D
selenious acid intravenous solution 60 mcg/ml	$0 (Nivel 1)	DP
TRALEMENT INTRAVENOUS SOLUTION 300-55-60-3000 MCG/ML	$0 (Nivel 1)	DP
TRAVASOL INTRAVENOUS SOLUTION 10 %	$0-$12.65 (Nivel 4)	B/D
TROPHAMINE INTRAVENOUS SOLUTION 10 %	$0-$12.65 (Nivel 4)	B/D
zinc chloride intravenous solution 1 mg/ml	$0 (Nivel 1)	DP
Vitaminas		
50+ adult eye health oral capsule	$0 (Nivel 1)	DP
a thru z advanced adult oral tablet	$0 (Nivel 1)	DP
a thru z advanced oral tablet	$0 (Nivel 1)	DP
a thru z high potency oral tablet	$0 (Nivel 1)	DP
a thru z select 50+ advanced oral tablet	$0 (Nivel 1)	DP
a thru z select 50+ mens oral tablet	$0 (Nivel 1)	DP
a thru z select advanced oral tablet	$0 (Nivel 1)	DP
a thru z select oral tablet	$0 (Nivel 1)	DP
a thru z select oral tablet chewable	$0 (Nivel 1)	DP
a thru z select ultimate women oral tablet	$0 (Nivel 1)	DP
a thru z ultimate mens oral tablet	$0 (Nivel 1)	DP
a-10000 oral capsule 3 mg (10000 ut)	$0 (Nivel 1)	DP
a-25 oral capsule 7.5 mg (25000 ut)	$0 (Nivel 1)	DP
abc complete adult oral tablet	$0 (Nivel 1)	DP
abc complete mens oral tablet	$0 (Nivel 1)	DP
abc complete senior 50+ oral tablet	$0 (Nivel 1)	DP
abc complete senior mens 50+ oral tablet	$0 (Nivel 1)	DP
abc complete senior womens 50+ oral tablet	$0 (Nivel 1)	DP
abc complete womens oral tablet	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
acerola c-500 oral tablet chewable 500 mg	$0 (Nivel 1)	DP
actical oral capsule	$0 (Nivel 1)	DP
ACTIVNUTRIENTS ORAL CAPSULE	$0 (Nivel 1)	DP
ACTIVNUTRIENTS ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ACTIVNUTRIENTS PERFORMANCE ORAL CAPSULE	$0 (Nivel 1)	DP
ACTIVNUTRIENTS W/O IRON ORAL CAPSULE	$0 (Nivel 1)	DP
ADEK GUMMIES PLUS ZN ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ADRENAL MANAGER ORAL CAPSULE	$0 (Nivel 1)	DP
ADRENALIV ORAL CAPSULE	$0 (Nivel 1)	DP
adrenoid oral capsule	$0 (Nivel 1)	DP
adult one daily gummies oral tablet chewable	$0 (Nivel 1)	DP
ADVANCED C PLUS ORAL TABLET	$0 (Nivel 1)	DP
advanced eye health oral capsule	$0 (Nivel 1)	DP
ADVANCED MULTI EA ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
AFLORA ORAL TABLET	$0 (Nivel 1)	DP
AIRAVITE ORAL TABLET 2.5-25-1 MG	$0 (Nivel 1)	DP
AIRBORNE ELDERBERRY ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
AIRBORNE GUMMIES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
AIRBORNE KIDS ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
AIRBORNE ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ALIVE ADULT PREMIUM ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ALIVE CALCIUM BONE SUPPORT ORAL TABLET	$0 (Nivel 1)	DP
alive daily energy oral tablet	$0 (Nivel 1)	DP
ALIVE DIABETIC MULTIVITAMIN ORAL TABLET	$0 (Nivel 1)	DP
ALIVE ENERGY 50+ ORAL TABLET	$0 (Nivel 1)	DP
ALIVE EVERYDAY IMMUNE HEALTH ORAL CAPSULE	$0 (Nivel 1)	DP
ALIVE GARDEN GOODNESS ORAL TABLET	$0 (Nivel 1)	DP
ALIVE GUMMIES FOR CHILDREN ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ALIVE HAIR, SKIN & NAILS ORAL CAPSULE	$0 (Nivel 1)	DP
ALIVE HAIR, SKIN & NAILS ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ALIVE MAX 6 POTENCY ORAL CAPSULE	$0 (Nivel 1)	DP
ALIVE MENS 50+ MULTI GUMMY ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ALIVE MENS 50+ ORAL TABLET	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ALIVE MENS 50+ ULTRA ORAL TABLET	$0 (Nivel 1)	DP
ALIVE MENS COMPLETE MULTI ORAL TABLET	$0 (Nivel 1)	DP
ALIVE MENS GUMMY MULTIVITAMINS ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ALIVE MENS ULTRA ORAL TABLET	$0 (Nivel 1)	DP
ALIVE MULTI-VITAMIN CHILDRENS ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ALIVE MULTI-VITAMIN ORAL LIQUID	$0 (Nivel 1)	DP
ALIVE MULTI-VITAMIN ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ALIVE ONCE DAILY WOMENS ORAL TABLET	$0 (Nivel 1)	DP
ALIVE ULTRA POTENCY ADULT ORAL TABLET	$0 (Nivel 1)	DP
ALIVE ULTRA POTENCY WOMENS 50+ ORAL TABLET	$0 (Nivel 1)	DP
ALIVE WOMENS 50+ COMPLETE MV ORAL TABLET	$0 (Nivel 1)	DP
ALIVE WOMENS 50+ GUMMY ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ALIVE WOMENS 50+ ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ALIVE WOMENS ENERGY ORAL TABLET	$0 (Nivel 1)	DP
ALIVE WOMENS GUMMY ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ALLBEE/C ORAL TABLET	$0 (Nivel 1)	DP
ALPHA BETIC ORAL TABLET	$0 (Nivel 1)	DP
altrixa ob oral tablet 15-0.4-0.6 mg	$0 (Nivel 1)	DP
altrixa oral tablet	$0 (Nivel 1)	DP
AMORYN MOOD BOOSTER ORAL CAPSULE	$0 (Nivel 1)	DP
anti-allergy oral tablet 100-100-50 mg	$0 (Nivel 1)	DP
antioxidant a/c/e/selenium oral tablet	$0 (Nivel 1)	DP
antioxidant formula oral tablet	$0 (Nivel 1)	DP
antioxidant formula/minerals oral capsule	$0 (Nivel 1)	DP
antioxidant oral capsule	$0 (Nivel 1)	DP
anti-oxidant oral tablet	$0 (Nivel 1)	DP
antioxidant vitamins oral tablet	$0 (Nivel 1)	DP
APETIBEX ORAL CAPSULE	$0 (Nivel 1)	DP
APPE-CURB ORAL CAPSULE	$0 (Nivel 1)	DP
AQUA-E ORAL LIQUID 50.25 MG/ML (75 UT/ML)	$0 (Nivel 1)	DP
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML	$0 (Nivel 1)	DP
aqueous vitamin d oral liquid 10 mcg/ml	$0 (Nivel 1)	DP
ascorbic acid injection solution 500 mg/ml	$0 (Nivel 1)	DP
ascorbic acid oral liquid 500 mg/5ml	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ascorbic acid oral tablet 1000 mg, 500 mg	$0 (Nivel 1)	DP
ATABEX EC ORAL TABLET DELAYED RELEASE 29-1 MG	$0 (Nivel 1)	DP
ATABEX OB ORAL TABLET 29-1 MG	$0 (Nivel 1)	DP
ATABEX ORAL TABLET CHEWABLE 18-0.8 MG	$0 (Nivel 1)	DP
azesco oral tablet 13-1 mg	$0 (Nivel 1)	DP
b complex formula 1 (w/ fa) oral tablet	$0 (Nivel 1)	DP
b complex oral capsule	$0 (Nivel 1)	DP
b complex vitamins oral capsule	$0 (Nivel 1)	DP
b complex-b12 oral tablet	$0 (Nivel 1)	DP
b complex-c oral tablet	$0 (Nivel 1)	DP
b complex-c-folic acid oral tablet	$0 (Nivel 1)	DP
b1 natural oral tablet 250 mg	$0 (Nivel 1)	DP
b1 oral tablet 100 mg	$0 (Nivel 1)	DP
b-1 oral tablet 100 mg, 250 mg	$0 (Nivel 1)	DP
b-100 b-complex oral tablet	$0 (Nivel 1)	DP
b-12 oral tablet 100 mcg, 1000 mcg, 2000 mcg, 250 mcg, 2500 mcg, 50 mcg, 500 mcg	$0 (Nivel 1)	DP
b-12 oral tablet chewable 1000 mcg	$0 (Nivel 1)	DP
b-12 oral tablet dispersible 2500 mcg	$0 (Nivel 1)	DP
b-12 oral tablet extended release 1000 mcg	$0 (Nivel 1)	DP
b-12 quick dissolve sublingual tablet sublingual 1000 mcg, 3000 mcg	$0 (Nivel 1)	DP
b-12 slow release oral tablet extended release 1000 mcg	$0 (Nivel 1)	DP
b-12 sublingual tablet sublingual 2500 mcg, 500 mcg, 5000 mcg	$0 (Nivel 1)	DP
b-12 tr oral tablet extended release 1000 mcg, 2000 mcg	$0 (Nivel 1)	DP
b-50 complex oral tablet	$0 (Nivel 1)	DP
b6 natural oral tablet 100 mg	$0 (Nivel 1)	DP
b-6 oral tablet 100 mg, 250 mg, 50 mg, 500 mg	$0 (Nivel 1)	DP
BABY DDROPS ORAL LIQUID 10 MCG /0.028ML, 10 MCG/0.03ML	$0 (Nivel 1)	DP
baby vitamin d3 oral liquid 10 mcg /0.028ml	$0 (Nivel 1)	DP
BABYS SUPER DAILY D3 ORAL LIQUID 10 MCG /0.028ML	$0 (Nivel 1)	DP
BACMIN ORAL TABLET	$0 (Nivel 1)	DP
balance b-50 oral tablet	$0 (Nivel 1)	DP
balanced b complex oral tablet	$0 (Nivel 1)	DP
balanced b-100 oral tablet	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
balanced b-50/fa oral tablet	$0 (Nivel 1)	DP
BARIATRIC FUSION ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
bariatric multivitamin/iron oral tablet chewable	$0 (Nivel 1)	DP
bariatric multivitamins oral capsule	$0 (Nivel 1)	DP
bariatric multivitamins oral tablet	$0 (Nivel 1)	DP
bariatric multivitamins oral tablet chewable	$0 (Nivel 1)	DP
bariatric multivitamins/iron oral capsule	$0 (Nivel 1)	DP
bariatric multivitamins/iron oral tablet chewable	$0 (Nivel 1)	DP
basic am oral tablet	$0 (Nivel 1)	DP
basic pm oral tablet	$0 (Nivel 1)	DP
b-compleet-100 oral tablet	$0 (Nivel 1)	DP
b-compleet-50 oral tablet	$0 (Nivel 1)	DP
b-complex (folic acid) oral tablet	$0 (Nivel 1)	DP
b-complex balanced oral tablet	$0 (Nivel 1)	DP
b-complex oral tablet	$0 (Nivel 1)	DP
b-complex plus b-12 oral tablet	$0 (Nivel 1)	DP
b-complex/b-12 oral tablet	$0 (Nivel 1)	DP
b-complex/electrolytes oral tablet	$0 (Nivel 1)	DP
b-complex/vitamin c oral tablet	$0 (Nivel 1)	DP
b-complex-c (w/folic acid) oral tablet	$0 (Nivel 1)	DP
b-complex-c oral tablet	$0 (Nivel 1)	DP
better b complex oral tablet	$0 (Nivel 1)	DP
BIG 100 (BIOTIN) ORAL TABLET	$0 (Nivel 1)	DP
BIG 100 ORAL TABLET	$0 (Nivel 1)	DP
bilberry plus oral capsule	$0 (Nivel 1)	DP
BIO-35 GLUTEN-FREE ORAL CAPSULE	$0 (Nivel 1)	DP
BIO-35 IRON FREE ORAL CAPSULE	$0 (Nivel 1)	DP
biocal oral capsule	$0 (Nivel 1)	DP
biocel oral tablet	$0 (Nivel 1)	DP
BIO-D-MULSION FORTE ORAL LIQUID 50 MCG/0.04ML	$0 (Nivel 1)	DP
BIO-D-MULSION ORAL LIQUID 10 MCG/0.04ML	$0 (Nivel 1)	DP
bioflex oral tablet	$0 (Nivel 1)	DP
BIOTECT PLUS ORAL CAPSULE	$0 (Nivel 1)	DP
biotin forte oral tablet 3 mg, 5 mg	$0 (Nivel 1)	DP
biotin maximum strength oral capsule 5000 mcg	$0 (Nivel 1)	DP
biotin maximum strength oral tablet 10000 mcg	$0 (Nivel 1)	DP
biotin oral capsule 1 mg, 10 mg, 5 mg, 5000 mcg	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
biotin oral tablet 10 mg, 1000 mcg, 10000 mcg, 5 mg, 5000 mcg, 800 mcg	$0 (Nivel 1)	DP
biotin super potency oral capsule 5000 mcg	$0 (Nivel 1)	DP
bladder 2.2 oral tablet	$0 (Nivel 1)	DP
blood sugar manager oral tablet	$0 (Nivel 1)	DP
body/hair/skin/nails oral capsule	$0 (Nivel 1)	DP
BONEUP 3 PER DAY ORAL CAPSULE	$0 (Nivel 1)	DP
BONEUP ORAL CAPSULE	$0 (Nivel 1)	DP
BONEUP VEGETARIAN ORAL TABLET	$0 (Nivel 1)	DP
BOOSTNOW IMMUNE SUPPORT ORAL CAPSULE	$0 (Nivel 1)	DP
bp vit 3 oral capsule 1 mg	$0 (Nivel 1)	DP
b-plex oral tablet	$0 (Nivel 1)	DP
b-plex plus oral tablet	$0 (Nivel 1)	DP
BPROTECTED MULTI-VITE ORAL LIQUID	$0 (Nivel 1)	DP
BPROTECTED PEDIA D-VITE ORAL LIQUID 10 MCG/ML	$0 (Nivel 1)	DP
BPROTECTED PEDIA POLY-VITE ORAL SOLUTION	$0 (Nivel 1)	DP
BPROTECTED PEDIA POLY-VITE/FE ORAL SOLUTION 10 MG/ML, 11 MG/ML, 5.5 MG/0.5ML	$0 (Nivel 1)	DP
BPROTECTED PEDIA TRI-VITE ORAL SOLUTION 35-412.5-10	$0 (Nivel 1)	DP
BPROTECTED VITAMIN C ORAL LIQUID 500 MG/5ML	$0 (Nivel 1)	DP
brain builder kids oral tablet chewable	$0 (Nivel 1)	DP
BURIED TREASURE ACTIVE 55 PLUS ORAL LIQUID	$0 (Nivel 1)	DP
c 1000 oral tablet 1000 mg	$0 (Nivel 1)	DP
c 500 oral tablet chewable 500 mg	$0 (Nivel 1)	DP
c 500/rose hips oral tablet 500 mg	$0 (Nivel 1)	DP
c extra strength oral tablet 1000 mg	$0 (Nivel 1)	DP
c-1000 oral tablet 1000 mg	$0 (Nivel 1)	DP
c-1000 oral tablet extended release 1000 mg	$0 (Nivel 1)	DP
c-1000/rose hips oral tablet 1000 mg	$0 (Nivel 1)	DP
c-250 oral tablet 250 mg	$0 (Nivel 1)	DP
c-250 oral tablet chewable 250 mg	$0 (Nivel 1)	DP
c-500 oral tablet 500 mg	$0 (Nivel 1)	DP
c-500 oral tablet chewable 500 mg	$0 (Nivel 1)	DP
c-500 oral tablet extended release 500 mg	$0 (Nivel 1)	DP
c-500/rose hips oral tablet 500 mg	$0 (Nivel 1)	DP
CALCIDOL ORAL SOLUTION 200 MCG/ML	$0 (Nivel 1)	DP
cardiopress oral capsule	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
c-chewable oral tablet chewable 500 mg	$0 (Nivel 1)	DP
CELEBRATE MULTI-COMPLETE 18 ORAL CAPSULE	$0 (Nivel 1)	DP
CELEBRATE MULTI-COMPLETE 18 ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CELEBRATE MULTI-COMPLETE 36 ORAL CAPSULE	$0 (Nivel 1)	DP
CELEBRATE MULTI-COMPLETE 36 ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CELEBRATE MULTI-COMPLETE 45 ORAL CAPSULE	$0 (Nivel 1)	DP
CELEBRATE MULTI-COMPLETE 45 ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CELEBRATE MULTI-COMPLETE 60 ORAL CAPSULE	$0 (Nivel 1)	DP
CELEBRATE MULTI-COMPLETE 60 ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
centavite a-z complete-mineral oral tablet	$0 (Nivel 1)	DP
centravites 50 plus oral tablet	$0 (Nivel 1)	DP
centravites adults oral tablet	$0 (Nivel 1)	DP
centravites oral tablet	$0 (Nivel 1)	DP
CENTRUM ADULT 50+ MULTIGUMMIES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM ADULT ORAL LIQUID	$0 (Nivel 1)	DP
CENTRUM ADULTS MULTIGUMMIES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM ADULTS ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM CARDIO ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM DUAL ACT MULTI+ BEAUTY ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM DUAL ACT MULTI+OMEGA-3 ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM FLAVOR BURST ADULT ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM FLAVOR BURST KIDS ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM FLAVOR BURST ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM FRESH/FRUITY 50+ ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM FRESH/FRUITY ADULT ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM KIDS MULTIGUMMIES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
CENTRUM KIDS ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM MEN 50+ MULTIGUMMIES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM MEN MULTIGUMMIES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM MEN ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM MENOPAUSE HOT FLASH ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM MENOPAUSE MIND/MOOD ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM MINIS ADULTS 50+ ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM MINIS MEN 50+ ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM MINIS WOMEN 50+ ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM MINIS WOMEN IMMUNE SUP ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM MULTI + OMEGA 3 ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM MULTI+ MENTAL FOCUS ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM ORAL LIQUID	$0 (Nivel 1)	DP
CENTRUM POSTNATAL GUMMIES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM SILVER 50+MEN ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM SILVER 50+WOMEN ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM SILVER ADULT 50+ ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM SILVER MEN 50+ ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM SILVER ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM SILVER ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM SILVER ULTRA WOMENS ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM SILVER WOMEN 50+ ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM SPECIALIST HEART ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM SPECIALIST IMMUNE ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM SPECIALIST VISION ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM ULTRA WOMENS ORAL TABLET	$0 (Nivel 1)	DP
CENTRUM VITAMINTS ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM WOMEN 50+ MULTIGUMMIES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM WOMEN MULTIGUMMIES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CENTRUM WOMEN ORAL TABLET	$0 (Nivel 1)	DP
century mature oral tablet	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
century oral tablet	$0 (Nivel 1)	DP
CENVITE ORAL LIQUID	$0 (Nivel 1)	DP
CEREFOLIN BRAIN WELLNESS ORAL TABLET 6-2-600 MG	$0 (Nivel 1)	DP
CEROVITE JR ORAL TABLET CHEWABLE 18 MG	$0 (Nivel 1)	DP
CEROVITE SENIOR ORAL TABLET	$0 (Nivel 1)	DP
CERTAVITE SENIOR ORAL TABLET	$0 (Nivel 1)	DP
CERTAVITE SENIOR/ANTIOXIDANT ORAL TABLET	$0 (Nivel 1)	DP
CERTAVITE/ANTIOXIDANTS ORAL TABLET	$0 (Nivel 1)	DP
childrens animal shapes oral tablet chewable 18 mg	$0 (Nivel 1)	DP
childrens chew multivitamin oral tablet chewable	$0 (Nivel 1)	DP
childrens chewable vitamins oral tablet chewable	$0 (Nivel 1)	DP
childrens gummies oral tablet chewable	$0 (Nivel 1)	DP
CHOICEFUL MULTIVITAMIN ORAL CAPSULE	$0 (Nivel 1)	DP
CHOICEFUL MULTIVITAMIN ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
cholase control oral capsule	$0 (Nivel 1)	DP
cholecalciferol oral tablet 50 mcg (2000 ut)	$0 (Nivel 1)	DP
CITRACAL +D3 ORAL TABLET	$0 (Nivel 1)	DP
classic prenatal oral tablet 28-0.8 mg	$0 (Nivel 1)	DP
cod liver oil oral capsule , 1250-130 unit, 1250-133 unit, 1250-135 unit, 4000-200 unit	$0 (Nivel 1)	DP
cod liver oil w/vit a & d oral capsule	$0 (Nivel 1)	DP
cod liver oil/low vitamin a oral capsule	$0 (Nivel 1)	DP
cod liver oil/vitamins a & d oral capsule	$0 (Nivel 1)	DP
collagen ultra oral capsule	$0 (Nivel 1)	DP
companion oral tablet	$0 (Nivel 1)	DP
COMPETE ORAL TABLET	$0 (Nivel 1)	DP
complete multivitamin/mineral oral liquid	$0 (Nivel 1)	DP
CO-NATAL FA ORAL TABLET	$0 (Nivel 1)	DP
coral calcium plus oral capsule	$0 (Nivel 1)	DP
CORTICARE B ORAL CAPSULE	$0 (Nivel 1)	DP
CORVITA ORAL TABLET	$0 (Nivel 1)	DP
CRUSH VITAMIN C DROPS MOUTH/THROAT LOZENGE 60 MG	$0 (Nivel 1)	DP
CULTURELLE KIDS COMPLETE ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CULTURELLE KIDS PROBIOTIC-MV ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CULTURELLE PROBIOTIC MEN DAILY ORAL CAPSULE	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
CULTURELLE PROBIOTICS + MULTIV ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
cvs adult 50+ eye health oral capsule	$0 (Nivel 1)	DP
cvs adult multivitamin oral tablet chewable	$0 (Nivel 1)	DP
CVS AIRSHIELD IMMUNITY SUPPORT ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
CVS AIRSHIELD ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
cvs b complex plus c oral tablet	$0 (Nivel 1)	DP
cvs b-1 oral tablet 100 mg	$0 (Nivel 1)	DP
cvs b12 gummies oral tablet chewable 500 mcg	$0 (Nivel 1)	DP
cvs b-12 oral tablet 500 mcg	$0 (Nivel 1)	DP
cvs b12 oral tablet chewable 2500 mcg, 5000 mcg	$0 (Nivel 1)	DP
cvs b6 oral tablet 100 mg	$0 (Nivel 1)	DP
cvs biotin high potency oral tablet 1000 mcg	$0 (Nivel 1)	DP
cvs biotin oral capsule 10 mg, 5000 mcg	$0 (Nivel 1)	DP
cvs biotin oral tablet 5000 mcg	$0 (Nivel 1)	DP
cvs chewable c with rose hips oral tablet chewable 500 mg	$0 (Nivel 1)	DP
cvs chewable childrens vitamin oral tablet chewable 18 mg	$0 (Nivel 1)	DP
cvs childrens complete oral tablet chewable 18 mg	$0 (Nivel 1)	DP
cvs d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	$0 (Nivel 1)	DP
cvs daily gummies adult oral tablet chewable	$0 (Nivel 1)	DP
cvs daily gummies oral tablet chewable	$0 (Nivel 1)	DP
cvs daily multiple for men oral tablet	$0 (Nivel 1)	DP
cvs daily multiple women 50+ oral tablet	$0 (Nivel 1)	DP
cvs daily multiv/mineral mens oral tablet	$0 (Nivel 1)	DP
cvs daily multivitamin mens oral tablet	$0 (Nivel 1)	DP
cvs daily multivitamin womens oral tablet	$0 (Nivel 1)	DP
cvs e oral capsule 90 mg (200 unit)	$0 (Nivel 1)	DP
cvs eye health & lutein oral tablet	$0 (Nivel 1)	DP
cvs eye health adult 50+ oral capsule	$0 (Nivel 1)	DP
cvs folic acid oral tablet 800 mcg	$0 (Nivel 1)	DP
cvs gummy dinos oral tablet chewable	$0 (Nivel 1)	DP
cvs gummy multivitamin kids oral tablet chewable	$0 (Nivel 1)	DP
cvs immune support oral capsule	$0 (Nivel 1)	DP
cvs mens daily gummies oral tablet chewable	$0 (Nivel 1)	DP
cvs one daily essential oral tablet	$0 (Nivel 1)	DP
cvs one daily mens 50+ adv oral tablet	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
cvs one daily mens formula oral tablet	$0 (Nivel 1)	DP
cvs one daily womens 50+ adv oral tablet	$0 (Nivel 1)	DP
cvs one daily womens formula oral tablet	$0 (Nivel 1)	DP
cvs prenatal gummy oral tablet chewable 0.4-113.5 mg	$0 (Nivel 1)	DP
cvs prenatal multi+dha oral capsule 27-0.8-250 mg	$0 (Nivel 1)	DP
cvs prenatal multivitamin oral capsule 27-0.8-250 mg	$0 (Nivel 1)	DP
cvs prenatal oral tablet 27-0.8 mg	$0 (Nivel 1)	DP
cvs spectravite adult 50+ oral tablet	$0 (Nivel 1)	DP
cvs spectravite adult 50+ oral tablet chewable	$0 (Nivel 1)	DP
cvs spectravite adults oral tablet	$0 (Nivel 1)	DP
cvs spectravite advanced oral tablet	$0 (Nivel 1)	DP
cvs spectravite men 50+ oral tablet	$0 (Nivel 1)	DP
cvs spectravite men oral tablet	$0 (Nivel 1)	DP
cvs spectravite senior oral tablet	$0 (Nivel 1)	DP
cvs spectravite ultra men 50+ oral tablet	$0 (Nivel 1)	DP
cvs spectravite ultra mens oral tablet	$0 (Nivel 1)	DP
cvs spectravite ultra women oral tablet	$0 (Nivel 1)	DP
cvs spectravite women 50+ oral tablet	$0 (Nivel 1)	DP
cvs spectravite women oral tablet	$0 (Nivel 1)	DP
cvs spectravite women oral tablet chewable	$0 (Nivel 1)	DP
cvs spectravite womens senior oral tablet	$0 (Nivel 1)	DP
cvs super b complex/c oral tablet	$0 (Nivel 1)	DP
cvs vision health oral capsule	$0 (Nivel 1)	DP
cvs vitamin a oral capsule 2400 mcg (8000 ut)	$0 (Nivel 1)	DP
cvs vitamin b12 oral tablet 1000 mcg	$0 (Nivel 1)	DP
cvs vitamin b-12 oral tablet 1000 mcg	$0 (Nivel 1)	DP
cvs vitamin b12 oral tablet extended release 1000 mcg	$0 (Nivel 1)	DP
cvs vitamin b-12 oral tablet extended release 2000 mcg	$0 (Nivel 1)	DP
cvs vitamin c oral tablet 1000 mg, 250 mg, 500 mg	$0 (Nivel 1)	DP
cvs vitamin c-rose hips oral tablet 1000 mg, 500-10 mg	$0 (Nivel 1)	DP
cvs vitamin d3 oral capsule 250 mcg (10000 ut)	$0 (Nivel 1)	DP
cvs vitamin e oral capsule 180 mg (400 unit), 450 mg (1000 ut)	$0 (Nivel 1)	DP
cvs womens active daily oral tablet	$0 (Nivel 1)	DP
cvs womens daily gummies oral tablet chewable	$0 (Nivel 1)	DP
cvs womens prenatal+dha oral 28-0.975 & 200 mg	$0 (Nivel 1)	DP
cyanocobalamin injection solution 1000 mcg/ml	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
cyanocobalamin nasal solution 500 mcg/0.1ml	$0 (Nivel 1)	DP
d 1000 oral capsule 25 mcg (1000 ut)	$0 (Nivel 1)	DP
d-1000 extra strength oral tablet 25 mcg (1000 ut)	$0 (Nivel 1)	DP
d3 2000 oral capsule 50 mcg (2000 ut)	$0 (Nivel 1)	DP
d3 5000 oral capsule 125 mcg (5000 ut)	$0 (Nivel 1)	DP
d3 baby drops oral liquid 10 mcg /0.025ml	$0 (Nivel 1)	DP
d3 extra strength oral capsule 125 mcg (5000 ut)	$0 (Nivel 1)	DP
d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	$0 (Nivel 1)	DP
d3 high potency oral tablet 10 mcg (400 unit)	$0 (Nivel 1)	DP
d3 max st oral capsule 250 mcg (10000 ut)	$0 (Nivel 1)	DP
d3 maximum strength oral capsule 125 mcg (5000 ut)	$0 (Nivel 1)	DP
d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	$0 (Nivel 1)	DP
d3 oral tablet 50 mcg (2000 ut)	$0 (Nivel 1)	DP
d3 super strength oral capsule 50 mcg (2000 ut)	$0 (Nivel 1)	DP
d3-1000 oral capsule 25 mcg (1000 ut)	$0 (Nivel 1)	DP
d3-1000 oral tablet 25 mcg (1000 ut)	$0 (Nivel 1)	DP
d-3-5 oral capsule 125 mcg (5000 ut)	$0 (Nivel 1)	DP
D3-50 ORAL CAPSULE 1.25 MG (50000 UT)	$0 (Nivel 1)	DP
d-400 oral tablet 10 mcg (400 unit)	$0 (Nivel 1)	DP
d-5000 oral tablet 125 mcg (5000 ut)	$0 (Nivel 1)	DP
daily betic oral tablet	$0 (Nivel 1)	DP
daily combo multi vitamins oral tablet	$0 (Nivel 1)	DP
daily multiple vitamins oral tablet	$0 (Nivel 1)	DP
daily multiple vitamins/min oral tablet	$0 (Nivel 1)	DP
daily multivitamin oral capsule	$0 (Nivel 1)	DP
daily value multivitamin oral tablet	$0 (Nivel 1)	DP
daily vitamin/iron oral tablet	$0 (Nivel 1)	DP
daily vitamins oral tablet	$0 (Nivel 1)	DP
daily vite multivitamin/iron oral tablet	$0 (Nivel 1)	DP
daily vite oral tablet	$0 (Nivel 1)	DP
daily vites oral tablet	$0 (Nivel 1)	DP
daily vites/iron oral tablet	$0 (Nivel 1)	DP
daily-vite multivitamin oral tablet	$0 (Nivel 1)	DP
daily-vite oral tablet	$0 (Nivel 1)	DP
DDROPS BOOSTER ORAL LIQUID 15 MCG /0.028ML	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
DDROPS ORAL LIQUID 25 MCG /0.028ML, 25 MCG/0.03ML, 50 MCG /0.028ML, 50 MCG/0.03ML	$0 (Nivel 1)	DP
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT)	$0 (Nivel 1)	DP
DECUBI-VITE ORAL CAPSULE	$0 (Nivel 1)	DP
dekas bariatric oral tablet chewable	$0 (Nivel 1)	DP
DEKAS PLUS OCEAN ORAL CAPSULE	$0 (Nivel 1)	DP
DEKAS PLUS ORAL CAPSULE	$0 (Nivel 1)	DP
DEKAS PLUS ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
delta d3 oral tablet 10 mcg (400 unit)	$0 (Nivel 1)	DP
DEPLIN MA ORAL CAPSULE	$0 (Nivel 1)	DP
DERMAVITE ORAL TABLET	$0 (Nivel 1)	DP
destress-iron oral tablet	$0 (Nivel 1)	DP
diabetes health formula oral tablet	$0 (Nivel 1)	DP
DIALYVITE 3000 ORAL TABLET 3 MG	$0 (Nivel 1)	DP
DIALYVITE 5000 ORAL TABLET 5 MG	$0 (Nivel 1)	DP
DIALYVITE 800 ORAL TABLET 0.8 MG	$0 (Nivel 1)	DP
dialyvite 800/ultra d oral tablet	$0 (Nivel 1)	DP
DIALYVITE 800/ZINC ORAL TABLET 0.8 MG	$0 (Nivel 1)	DP
DIALYVITE 800-ZINC 15 ORAL TABLET 0.8 MG	$0 (Nivel 1)	DP
DIALYVITE ORAL TABLET	$0 (Nivel 1)	DP
DIALYVITE SUPREME D ORAL TABLET	$0 (Nivel 1)	DP
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT)	$0 (Nivel 1)	DP
DIALYVITE/ZINC ORAL TABLET	$0 (Nivel 1)	DP
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT)	$0 (Nivel 1)	DP
DRY EYE FORMULA ORAL CAPSULE	$0 (Nivel 1)	DP
D-VI-SOL ORAL LIQUID 10 MCG/ML	$0 (Nivel 1)	DP
d-vite pediatric oral liquid 10 mcg/ml	$0 (Nivel 1)	DP
e 1000 oral capsule 450 mg (1000 ut)	$0 (Nivel 1)	DP
e200 oral capsule 90 mg (200 unit)	$0 (Nivel 1)	DP
e-200 oral capsule 90 mg (200 unit)	$0 (Nivel 1)	DP
e400 oral capsule 180 mg (400 unit)	$0 (Nivel 1)	DP
e-400 oral capsule 180 mg (400 unit), 268 mg (400 unit)	$0 (Nivel 1)	DP
e-400-clear oral capsule 268 mg (400 unit)	$0 (Nivel 1)	DP
EASY-C IMMUNE HEALTH ORAL TABLET 500 MG	$0 (Nivel 1)	DP
EASY-C ORAL TABLET 500 MG	$0 (Nivel 1)	DP
ELDERTONIC ORAL LIQUID	$0 (Nivel 1)	DP
ELFOLATE ORAL TABLET 15 MG, 7.5 MG	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ELFOLATE PLUS ORAL TABLET 3-35-2 MG	$0 (Nivel 1)	DP
ELITE-OB ORAL TABLET 50-1.25 MG	$0 (Nivel 1)	DP
EMERGEN-C APPLE CIDER VINEGAR ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
EMERGEN-C ASHWAGANDHA ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
EMERGEN-C ELDERBERRY ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
EMERGEN-C IMMUNE PLUS/VIT D ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
EMERGEN-C IMMUNE+ ELDERBERRY ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
emergen-c immune+ oral tablet chewable	$0 (Nivel 1)	DP
EMERGEN-C KIDZ DAILY IMMUNE ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
emergen-c kidz immune+ oral tablet chewable	$0 (Nivel 1)	DP
EMERGEN-C TURMERIC & GINGER ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
EMERGEN-C VITAMIN C ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG	$0 (Nivel 1)	DP
ENDUR-C ORAL TABLET EXTENDED RELEASE 1000 MG, 500 MG	$0 (Nivel 1)	DP
energy b12 oral tablet chewable 500 mcg	$0 (Nivel 1)	DP
ENFAMIL EXPECTA ORAL 28-0.8 & 200 MG	$0 (Nivel 1)	DP
ENFAMIL POLY-VI-SOL-IRON ORAL SOLUTION 11 MG/ML	$0 (Nivel 1)	DP
eq complete multivit adult 50+ oral tablet	$0 (Nivel 1)	DP
eq complete multivitamin child oral tablet chewable 18 mg	$0 (Nivel 1)	DP
eq complete multivitamin-adult oral tablet	$0 (Nivel 1)	DP
eq d3 drops infants/childrens oral liquid 10 mcg /0.025ml	$0 (Nivel 1)	DP
eq multivitamin gummies oral tablet chewable	$0 (Nivel 1)	DP
eq multivitamins adult gummy oral tablet chewable	$0 (Nivel 1)	DP
eq multivitamins gummy child oral tablet chewable	$0 (Nivel 1)	DP
eq one daily mens 50+ oral tablet	$0 (Nivel 1)	DP
eq one daily mens health oral tablet	$0 (Nivel 1)	DP
EQ ONE DAILY WOMENS 50+ ORAL TABLET	$0 (Nivel 1)	DP
eq one daily womens health oral tablet	$0 (Nivel 1)	DP
eq vision formula 50+ oral capsule	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
eql b complex 50 oral tablet	$0 (Nivel 1)	DP
eql b-12 oral tablet 1000 mcg	$0 (Nivel 1)	DP
eql b-6 oral tablet 100 mg	$0 (Nivel 1)	DP
eql biotin oral capsule 5000 mcg	$0 (Nivel 1)	DP
eql century mature adults 50+ oral tablet	$0 (Nivel 1)	DP
eql century mature men 50+ oral tablet	$0 (Nivel 1)	DP
eql century mature oral tablet	$0 (Nivel 1)	DP
eql century mature women 50+ oral tablet	$0 (Nivel 1)	DP
eql century mens oral tablet	$0 (Nivel 1)	DP
eql century oral tablet	$0 (Nivel 1)	DP
eql century womens oral tablet	$0 (Nivel 1)	DP
eql child multivit/minerals oral tablet chewable 18 mg	$0 (Nivel 1)	DP
eql gummies childrens oral tablet chewable	$0 (Nivel 1)	DP
eql one daily adult gummies oral tablet chewable	$0 (Nivel 1)	DP
eql one daily mens 50+ advance oral tablet	$0 (Nivel 1)	DP
eql one daily mens health oral tablet	$0 (Nivel 1)	DP
eql one daily mens oral tablet	$0 (Nivel 1)	DP
eql one daily womens 50+ adv oral tablet	$0 (Nivel 1)	DP
eql prenatal formula oral tablet 28-0.8 mg	$0 (Nivel 1)	DP
eql super b complex/vitamin c oral tablet	$0 (Nivel 1)	DP
eql vision formula oral tablet	$0 (Nivel 1)	DP
eql vitamin b-12 oral tablet 500 mcg	$0 (Nivel 1)	DP
eql vitamin b-12 tr oral tablet extended release 1000 mcg	$0 (Nivel 1)	DP
eql vitamin c drops mouth/throat lozenge 53 mg	$0 (Nivel 1)	DP
eql vitamin c gummies oral tablet chewable 125 mg	$0 (Nivel 1)	DP
eql vitamin c oral tablet 1000 mg, 500 mg	$0 (Nivel 1)	DP
eql vitamin c/rose hips oral tablet 1000 mg, 500 mg	$0 (Nivel 1)	DP
eql vitamin d3 oral capsule 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	$0 (Nivel 1)	DP
eql vitamin e oral capsule 400 unit	$0 (Nivel 1)	DP
ergocalciferol oral capsule 1.25 mg (50000 ut)	$0 (Nivel 1)	DP
ergocalciferol oral solution 10 mcg/0.05ml, 200 mcg/ml	$0 (Nivel 1)	DP
ESSENTIA ORAL TABLET	$0 (Nivel 1)	DP
essential balance oral tablet	$0 (Nivel 1)	DP
ESTER-C ORAL TABLET	$0 (Nivel 1)	DP
ESTROFACTORS ORAL TABLET	$0 (Nivel 1)	DP
eye health + lutein oral tablet	$0 (Nivel 1)	DP
eye health areds 2 oral capsule	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
eye health oral capsule	$0 (Nivel 1)	DP
eye multivitamin/sodium oral tablet	$0 (Nivel 1)	DP
EYE VITAMINS ORAL CAPSULE	$0 (Nivel 1)	DP
EYE-VITES ORAL TABLET	$0 (Nivel 1)	DP
fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg	$0 (Nivel 1)	DP
FEMQUIL ORAL CAPSULE	$0 (Nivel 1)	DP
FINAZOL ORAL TABLET	$0 (Nivel 1)	DP
FINEST NUTRITION VITAMIN B-12 ORAL TABLET 500 MCG	$0 (Nivel 1)	DP
finest nutrition vitamin d3 oral capsule 25 mcg (1000 ut)	$0 (Nivel 1)	DP
FITNESS TABS FOR MEN AM/PM ORAL TABLET	$0 (Nivel 1)	DP
FITNESS TABS FOR WOMEN AM/PM ORAL TABLET	$0 (Nivel 1)	DP
FLEXGEN ORAL TABLET	$0 (Nivel 1)	DP
FLINTSTONES + EXTRA IRON ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
FLINTSTONES GUMMIES COMPLETE ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
FLINTSTONES GUMMIES-IMMUNITY ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
FLINTSTONES PLUS EXTRA IRON ORAL TABLET CHEWABLE 18 MG	$0 (Nivel 1)	DP
FLINTSTONES/MY FIRST ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
FLINTSTONES-IMMUNITY SUPPORT ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
FLORIVA PLUS ORAL SUSPENSION 0.25 MG/ML	$0 (Nivel 1)	DP
FLORRAXYL ORAL TABLET	$0 (Nivel 1)	DP
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	$0 (Nivel 1)	DP
folate oral tablet 400 mcg	$0 (Nivel 1)	DP
folatexcel oral tablet 20-1 mg	$0 (Nivel 1)	DP
folawise oral tablet	$0 (Nivel 1)	DP
folbee oral tablet 2.5-25-1 mg	$0 (Nivel 1)	DP
folbee plus oral tablet	$0 (Nivel 1)	DP
FOLBIC ORAL TABLET 2.5-25-2 MG	$0 (Nivel 1)	DP
folic acid injection solution 5 mg/ml	$0 (Nivel 1)	DP
folic acid oral tablet 1 mg, 400 mcg, 800 mcg	$0 (Nivel 1)	DP
folplex 2.2 oral tablet 2.2-25-0.5 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
FOLTABS 800 ORAL TABLET 800-10-115 MCG-MG-MCG	$0 (Nivel 1)	DP
FOLTANX ORAL TABLET 3-35-2 MG	$0 (Nivel 1)	DP
freedavite oral tablet	$0 (Nivel 1)	DP
fruit c 500 oral tablet chewable 500 mg	$0 (Nivel 1)	DP
fruit c oral tablet chewable 100 mg	$0 (Nivel 1)	DP
fruity c oral tablet chewable 250 mg	$0 (Nivel 1)	DP
fruity chews oral tablet chewable	$0 (Nivel 1)	DP
fruity chews/iron oral tablet chewable	$0 (Nivel 1)	DP
ft adult multi gummies oral tablet chewable	$0 (Nivel 1)	DP
ft b-complex plus vitamin c oral tablet	$0 (Nivel 1)	DP
ft biotin oral capsule 5 mg	$0 (Nivel 1)	DP
ft biotin oral tablet 10 mg	$0 (Nivel 1)	DP
ft century 50+ oral tablet	$0 (Nivel 1)	DP
ft century adults oral tablet	$0 (Nivel 1)	DP
ft century men 50+ oral tablet	$0 (Nivel 1)	DP
ft century men oral tablet	$0 (Nivel 1)	DP
ft century women 50+ oral tablet	$0 (Nivel 1)	DP
ft century women oral tablet	$0 (Nivel 1)	DP
ft childrens multi oral tablet chewable	$0 (Nivel 1)	DP
ft childrens multi plus immune oral tablet chewable	$0 (Nivel 1)	DP
ft eye health oral capsule	$0 (Nivel 1)	DP
ft eye health oral tablet	$0 (Nivel 1)	DP
ft folic acid oral tablet 400 mcg, 800 mcg	$0 (Nivel 1)	DP
ft hair skin & nails extra str oral tablet	$0 (Nivel 1)	DP
ft immune support oral tablet chewable	$0 (Nivel 1)	DP
ft one daily mens 50+ oral tablet	$0 (Nivel 1)	DP
ft one daily mens oral tablet	$0 (Nivel 1)	DP
ft one daily womens 50+ oral tablet	$0 (Nivel 1)	DP
ft one daily womens oral tablet	$0 (Nivel 1)	DP
ft prenatal oral tablet 28-0.8 mg	$0 (Nivel 1)	DP
ft vitamin a oral capsule 3000 mcg	$0 (Nivel 1)	DP
ft vitamin b-1 oral tablet 100 mg	$0 (Nivel 1)	DP
ft vitamin b-12 extra strength oral tablet chewable 1500 mcg	$0 (Nivel 1)	DP
ft vitamin b-12 oral tablet 500 mcg	$0 (Nivel 1)	DP
ft vitamin b-12 pr oral tablet extended release 1000 mcg	$0 (Nivel 1)	DP
ft vitamin b-12 sublingual tablet sublingual 2500 mcg, 5000 mcg	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ft vitamin b-6 oral tablet 100 mg	$0 (Nivel 1)	DP
ft vitamin c oral tablet 1000 mg	$0 (Nivel 1)	DP
ft vitamin c oral tablet chewable 500 mg	$0 (Nivel 1)	DP
ft vitamin c/rose hips oral tablet 1000 mg, 500 mg	$0 (Nivel 1)	DP
ft vitamin d3 oral capsule 25 mcg, 50 mcg (2000 ut)	$0 (Nivel 1)	DP
ft vitamin d3 oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg	$0 (Nivel 1)	DP
ft vitamin d3 rapid release oral capsule 125 mcg (5000 ut), 250 mcg (10000 ut)	$0 (Nivel 1)	DP
ft vitamin e oral capsule 180 mg	$0 (Nivel 1)	DP
full spectrum b/vitamin c oral tablet 0.8 mg	$0 (Nivel 1)	DP
genadek step 1 oral capsule	$0 (Nivel 1)	DP
genadek step 2 oral capsule	$0 (Nivel 1)	DP
geri-freeda senior formula oral tablet	$0 (Nivel 1)	DP
GERITOL COMPLETE ORAL TABLET	$0 (Nivel 1)	DP
GERITOL NUTRITION SUPPORT ORAL TABLET	$0 (Nivel 1)	DP
gerivite complete oral tablet	$0 (Nivel 1)	DP
GLYCOTROL COMPLETE ORAL CAPSULE	$0 (Nivel 1)	DP
GLYCOTROL ORAL CAPSULE	$0 (Nivel 1)	DP
gnp adult mini oral tablet chewable	$0 (Nivel 1)	DP
gnp b-12 oral tablet dispersible 2500 mcg	$0 (Nivel 1)	DP
gnp biotin oral capsule 5000 mcg	$0 (Nivel 1)	DP
gnp biotin oral tablet 10000 mcg	$0 (Nivel 1)	DP
gnp century adult formula oral tablet	$0 (Nivel 1)	DP
gnp century adult oral tablet	$0 (Nivel 1)	DP
gnp century adults men oral tablet	$0 (Nivel 1)	DP
gnp century adults women oral tablet	$0 (Nivel 1)	DP
gnp century mature adults 50+ oral tablet	$0 (Nivel 1)	DP
gnp century mature men's 50+ oral tablet	$0 (Nivel 1)	DP
gnp century mature women's 50+ oral tablet	$0 (Nivel 1)	DP
gnp childrens chewables/ex c oral tablet chewable	$0 (Nivel 1)	DP
gnp childrens chewables/iron oral tablet chewable 15 mg	$0 (Nivel 1)	DP
gnp childrens/extra c oral tablet chewable	$0 (Nivel 1)	DP
gnp d 1000 oral capsule 25 mcg (1000 ut)	$0 (Nivel 1)	DP
gnp d3 oral capsule 125 mcg (5000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	$0 (Nivel 1)	DP
gnp d3 oral tablet 250 mcg (10000 ut)	$0 (Nivel 1)	DP
gnp essential one daily oral tablet	$0 (Nivel 1)	DP
gnp folic acid oral tablet 400 mcg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
gnp hair/skin/nails oral tablet	$0 (Nivel 1)	DP
gnp healthy eyes oral tablet	$0 (Nivel 1)	DP
gnp healthy eyes supervision 2 oral capsule	$0 (Nivel 1)	DP
gnp immune support oral tablet chewable	$0 (Nivel 1)	DP
gnp little ones childrens oral tablet chewable	$0 (Nivel 1)	DP
gnp mega multi for men oral tablet	$0 (Nivel 1)	DP
gnp mega multi for women oral tablet	$0 (Nivel 1)	DP
gnp multi childrens oral tablet chewable	$0 (Nivel 1)	DP
gnp one daily maximum oral tablet	$0 (Nivel 1)	DP
gnp one daily mens health 50+ oral tablet	$0 (Nivel 1)	DP
gnp one daily mens/lycopene oral tablet	$0 (Nivel 1)	DP
gnp one daily womens 50+ oral tablet	$0 (Nivel 1)	DP
gnp one daily womens oral tablet	$0 (Nivel 1)	DP
gnp prenatal oral tablet 28-0.8 mg	$0 (Nivel 1)	DP
gnp prenatal/folic acid oral tablet 28-0.8 mg	$0 (Nivel 1)	DP
gnp therapeutic-m oral tablet	$0 (Nivel 1)	DP
gnp vitamin a oral capsule 3000 mcg	$0 (Nivel 1)	DP
gnp vitamin b-1 oral tablet 100 mg	$0 (Nivel 1)	DP
gnp vitamin b-12 oral tablet 500 mcg	$0 (Nivel 1)	DP
gnp vitamin b-12 oral tablet extended release 1000 mcg	$0 (Nivel 1)	DP
gnp vitamin b-6 oral tablet 100 mg	$0 (Nivel 1)	DP
gnp vitamin c drops mouth/throat lozenge 60 mg	$0 (Nivel 1)	DP
gnp vitamin c oral tablet 1000 mg, 250 mg, 500 mg	$0 (Nivel 1)	DP
gnp vitamin c oral tablet chewable 125 mg, 500 mg	$0 (Nivel 1)	DP
gnp vitamin c oral tablet extended release 500 mg	$0 (Nivel 1)	DP
gnp vitamin c w/rose hips oral tablet 500-37 mg	$0 (Nivel 1)	DP
gnp vitamin c/rose hips oral tablet 1000 mg	$0 (Nivel 1)	DP
gnp vitamin d maximum strength oral tablet 50 mcg (2000 ut)	$0 (Nivel 1)	DP
gnp vitamin d oral tablet 25 mcg (1000 ut)	$0 (Nivel 1)	DP
gnp vitamin d super strength oral tablet 125 mcg (5000 ut)	$0 (Nivel 1)	DP
gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)	$0 (Nivel 1)	DP
gnp vitamin d3 oral tablet 10 mcg (400 unit)	$0 (Nivel 1)	DP
gnp vitamin d-400 oral tablet 10 mcg (400 unit)	$0 (Nivel 1)	DP
gnp vitamin e oral capsule 180 mg (400 unit), 400 unit, 450 mg (1000 ut), 90 mg (200 unit)	$0 (Nivel 1)	DP
gnp vitamin health b12 oral tablet chewable 1500 mcg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
growing bones & muscles kids oral tablet chewable	$0 (Nivel 1)	DP
GUMMI BEAR MULTIVITAMIN/MIN ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
hair skin & nails advanced oral tablet	$0 (Nivel 1)	DP
hair skin & nails oral tablet	$0 (Nivel 1)	DP
hair skin and nails formula oral tablet	$0 (Nivel 1)	DP
hair skin nails oral capsule	$0 (Nivel 1)	DP
hair/skin/nails oral capsule	$0 (Nivel 1)	DP
hair/skin/nails oral tablet	$0 (Nivel 1)	DP
HARD NAILS ORAL CAPSULE 2.5 MG	$0 (Nivel 1)	DP
head care proactive health oral tablet	$0 (Nivel 1)	DP
healthy eyes oral tablet	$0 (Nivel 1)	DP
healthy eyes supervision 2 oral capsule	$0 (Nivel 1)	DP
healthy eyes/lutein-zeaxanthin oral capsule	$0 (Nivel 1)	DP
healthy hair/skin/nails oral tablet	$0 (Nivel 1)	DP
heart savior oral capsule	$0 (Nivel 1)	DP
hi c-500 oral tablet 500-100-50 mg	$0 (Nivel 1)	DP
high potency e oral capsule 450 mg (1000 ut)	$0 (Nivel 1)	DP
high potency multivit/fa oral tablet	$0 (Nivel 1)	DP
hi-kovite 2-part formula oral tablet	$0 (Nivel 1)	DP
HONEY BEARS W/IRON-ZINC ORAL TABLET CHEWABLE 30-200-3	$0 (Nivel 1)	DP
hydroxocobalamin acetate intramuscular solution 1000 mcg/ml	$0 (Nivel 1)	DP
ICAPS AREDS FORMULA ORAL TABLET	$0 (Nivel 1)	DP
ICAPS LUTEIN & OMEGA-3 ORAL CAPSULE	$0 (Nivel 1)	DP
ICAPS LUTEIN & ZEAXANTHIN ORAL TABLET DELAYED RELEASE	$0 (Nivel 1)	DP
ICAPS MV ORAL TABLET	$0 (Nivel 1)	DP
ICAPS ORAL CAPSULE	$0 (Nivel 1)	DP
IMMUNE ESSENTIALS DAILY ORAL CAPSULE	$0 (Nivel 1)	DP
immune support oral tablet chewable	$0 (Nivel 1)	DP
IMMUNERX ORAL CAPSULE	$0 (Nivel 1)	DP
immunicare oral capsule	$0 (Nivel 1)	DP
INATAL GT ORAL TABLET	$0 (Nivel 1)	DP
INFLAMEX ORAL CAPSULE	$0 (Nivel 1)	DP
INFUVITE ADULT INTRAVENOUS SOLUTION	$0 (Nivel 1)	DP
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION	$0 (Nivel 1)	DP
inulose blood sugar support oral capsule	$0 (Nivel 1)	DP
IS-D 10,000 ORAL CAPSULE 250 MCG (10000 UT)	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
i-vite oral tablet	$0 (Nivel 1)	DP
joint health & bone strength oral tablet	$0 (Nivel 1)	DP
just 4 kidz multivit/probiotic oral tablet chewable	$0 (Nivel 1)	DP
k 100 oral tablet 100 mcg	$0 (Nivel 1)	DP
kls d3 oral capsule 50 mcg (2000 ut)	$0 (Nivel 1)	DP
kobee oral tablet	$0 (Nivel 1)	DP
kosher prenatal plus iron oral tablet 30-1 mg	$0 (Nivel 1)	DP
kp adults 50+ daily formula oral tablet	$0 (Nivel 1)	DP
kp adults daily formula oral tablet	$0 (Nivel 1)	DP
kp b complex-c oral tablet	$0 (Nivel 1)	DP
kp folic acid oral tablet 1 mg, 800 mcg	$0 (Nivel 1)	DP
kp mens 50+ daily formula oral tablet	$0 (Nivel 1)	DP
kp mens daily formula oral tablet	$0 (Nivel 1)	DP
kp niacin oral tablet 500 mg	$0 (Nivel 1)	DP
kp prenatal multivitamins oral tablet 28-0.8 mg	$0 (Nivel 1)	DP
KP VISION FORMULA ORAL TABLET	$0 (Nivel 1)	DP
KP VISION FORMULA/LUTEIN ORAL TABLET	$0 (Nivel 1)	DP
kp vitamin b-12 oral tablet 1000 mcg	$0 (Nivel 1)	DP
kp vitamin b-6 oral tablet 100 mg	$0 (Nivel 1)	DP
kp vitamin d oral capsule 25 mcg (1000 ut)	$0 (Nivel 1)	DP
kp vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)	$0 (Nivel 1)	DP
kp vitamin e oral capsule 45 mg (100 unit)	$0 (Nivel 1)	DP
kp womens 50+ daily formula oral tablet	$0 (Nivel 1)	DP
kp womens daily formula oral tablet	$0 (Nivel 1)	DP
K-PAX IMMUNE PROFESSIONAL ST ORAL TABLET	$0 (Nivel 1)	DP
kpn prenatal oral tablet 0.1 mg	$0 (Nivel 1)	DP
LAND BEFORE TIME MULTIVITAMIN ORAL TABLET CHEWABLE , 15 MG	$0 (Nivel 1)	DP
LIPOTRIAD VISION SUPPORT ORAL CAPSULE	$0 (Nivel 1)	DP
lipotriad vision support plus oral capsule	$0 (Nivel 1)	DP
LIPOTRIAD VISIONARY ORAL CAPSULE	$0 (Nivel 1)	DP
liquid c oral liquid 500 mg/5ml	$0 (Nivel 1)	DP
little animals oral tablet chewable	$0 (Nivel 1)	DP
liver detox oral tablet	$0 (Nivel 1)	DP
LIVITA ADULTS ORAL LIQUID	$0 (Nivel 1)	DP
l-methylfolate calcium oral tablet 15 mg, 7.5 mg	$0 (Nivel 1)	DP
l-methylfolate oral tablet 15 mg, 7.5 mg	$0 (Nivel 1)	DP
l-methyl-mc oral tablet 6-1-50-5 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
lutein-zeaxanthin oral tablet	$0 (Nivel 1)	DP
LYSIPLEX PLUS ORAL LIQUID	$0 (Nivel 1)	DP
LYSIPLEX PLUS ORAL TABLET	$0 (Nivel 1)	DP
MACULAR HEALTH FORMULA ORAL CAPSULE	$0 (Nivel 1)	DP
MACUVITE EYE CARE ORAL TABLET	$0 (Nivel 1)	DP
MACUVITE ORAL TABLET	$0 (Nivel 1)	DP
MACUVITE/LUTEIN ORAL TABLET	$0 (Nivel 1)	DP
masonatal oral tablet 28-0.8 mg	$0 (Nivel 1)	DP
MATERNACEL ORAL TABLET 20-1 MG	$0 (Nivel 1)	DP
MAXIMUM D3 ORAL CAPSULE 325 MCG (13000 UT)	$0 (Nivel 1)	DP
maximum daily green oral tablet	$0 (Nivel 1)	DP
MEDCAPS DPO ORAL CAPSULE	$0 (Nivel 1)	DP
MEDCAPS GI ORAL CAPSULE	$0 (Nivel 1)	DP
MEDCAPS IS ORAL CAPSULE	$0 (Nivel 1)	DP
MEDCAPS T3 ORAL CAPSULE	$0 (Nivel 1)	DP
medi tab oral tablet	$0 (Nivel 1)	DP
mega biotin oral capsule 10 mg	$0 (Nivel 1)	DP
mega multi for women oral tablet	$0 (Nivel 1)	DP
MEGA MULTI MEN ORAL TABLET	$0 (Nivel 1)	DP
megavite fruits & veggies oral tablet	$0 (Nivel 1)	DP
meijer advanced formula oral tablet	$0 (Nivel 1)	DP
meijer c oral tablet 500 mg	$0 (Nivel 1)	DP
MEMORALL ORAL CAPSULE	$0 (Nivel 1)	DP
mens 50+ advanced oral capsule	$0 (Nivel 1)	DP
mens 50+ multivitamin oral tablet	$0 (Nivel 1)	DP
MENS LIFE PACK ORAL TABLET	$0 (Nivel 1)	DP
mens multi health formula oral tablet	$0 (Nivel 1)	DP
mens multivitamin gummies oral tablet chewable	$0 (Nivel 1)	DP
mens multivitamin oral tablet	$0 (Nivel 1)	DP
mens multivitamin oral tablet chewable	$0 (Nivel 1)	DP
MERIBIN ORAL CAPSULE 5 MG	$0 (Nivel 1)	DP
METAFOLBIC ORAL TABLET 6-1-50-5 MG	$0 (Nivel 1)	DP
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG	$0 (Nivel 1)	DP
METHYL PROTECT ORAL CAPSULE	$0 (Nivel 1)	DP
METHYL-GUARD ORAL CAPSULE	$0 (Nivel 1)	DP
METHYL-GUARD PLUS ORAL CAPSULE	$0 (Nivel 1)	DP
mincora oral tablet	$0 (Nivel 1)	DP
mi-vite rx oral tablet 1 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
mm biotin/keratin oral capsule	$0 (Nivel 1)	DP
m-natal plus tablet 27-1 mg oral	$0 (Nivel 1)	DP
MOMMY'S BLISS VIT D ORGANIC ORAL LIQUID 10 MCG /0.036ML	$0 (Nivel 1)	DP
MOOD FOOD ES ORAL CAPSULE	$0 (Nivel 1)	DP
MOOD FOOD ORAL CAPSULE	$0 (Nivel 1)	DP
MTX SUPPORT ORAL TABLET	$0 (Nivel 1)	DP
multi + omega-3 adult gummies oral tablet chewable	$0 (Nivel 1)	DP
multi + omega-3 gummies oral tablet chewable	$0 (Nivel 1)	DP
multi adult gummies oral tablet chewable	$0 (Nivel 1)	DP
MULTI COMPLETE ORAL CAPSULE	$0 (Nivel 1)	DP
multi complete/iron oral tablet	$0 (Nivel 1)	DP
multi for her 50+ oral capsule	$0 (Nivel 1)	DP
multi for her 50+ oral tablet	$0 (Nivel 1)	DP
multi for her oral capsule	$0 (Nivel 1)	DP
multi for her oral tablet	$0 (Nivel 1)	DP
multi for him 50+ oral tablet	$0 (Nivel 1)	DP
MULTI FOR HIM ORAL CAPSULE	$0 (Nivel 1)	DP
MULTI FOR HIM ORAL TABLET	$0 (Nivel 1)	DP
multi prenatal oral tablet 27-0.8 mg	$0 (Nivel 1)	DP
multi vitamin oral tablet	$0 (Nivel 1)	DP
multi vitamin w/d-3 oral tablet	$0 (Nivel 1)	DP
multi vitamin/minerals oral tablet	$0 (Nivel 1)	DP
MULTIA ORAL CAPSULE	$0 (Nivel 1)	DP
multiple vit/minerals/no iron oral tablet	$0 (Nivel 1)	DP
multiple vitamin-folic acid oral tablet	$0 (Nivel 1)	DP
multiple vitamins essential oral tablet	$0 (Nivel 1)	DP
multiple vitamins oral tablet	$0 (Nivel 1)	DP
multiple vitamins/iron oral tablet	$0 (Nivel 1)	DP
multiple vitamins/womens oral tablet	$0 (Nivel 1)	DP
multiple vitamins-iron oral tablet	$0 (Nivel 1)	DP
multiple vitamins-iron oral tablet chewable 15 mg	$0 (Nivel 1)	DP
multiple vitamins-minerals oral liquid	$0 (Nivel 1)	DP
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml	$0 (Nivel 1)	DP
multivit/multimineral adult oral liquid	$0 (Nivel 1)	DP
multivitamin adult (minerals) oral tablet	$0 (Nivel 1)	DP
multivitamin adult oral tablet	$0 (Nivel 1)	DP
multivitamin adults 50+ oral tablet	$0 (Nivel 1)	DP
multivitamin adults oral tablet	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
multivitamin childrens (w/ fa) oral tablet chewable	$0 (Nivel 1)	DP
multivitamin childrens gummies oral tablet chewable	$0 (Nivel 1)	DP
multivitamin childrens oral tablet chewable	$0 (Nivel 1)	DP
multivitamin drops/iron oral solution 11 mg/ml	$0 (Nivel 1)	DP
multivitamin gummies adult oral tablet chewable	$0 (Nivel 1)	DP
multivitamin gummies mens oral tablet chewable	$0 (Nivel 1)	DP
multi-vitamin gummies oral tablet chewable	$0 (Nivel 1)	DP
multivitamin gummies womens oral tablet chewable	$0 (Nivel 1)	DP
multivitamin infant & toddler oral solution , 11 mg/ml	$0 (Nivel 1)	DP
multivitamin iron-free oral tablet	$0 (Nivel 1)	DP
multivitamin men 50+ oral tablet	$0 (Nivel 1)	DP
multivitamin men oral tablet	$0 (Nivel 1)	DP
multi-vitamin monocaps oral tablet	$0 (Nivel 1)	DP
multivitamin oral liquid	$0 (Nivel 1)	DP
multivitamin oral tablet	$0 (Nivel 1)	DP
multi-vitamin oral tablet	$0 (Nivel 1)	DP
multivitamin plus iron adult oral tablet	$0 (Nivel 1)	DP
multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	$0 (Nivel 1)	DP
multivitamin women 50+ oral tablet	$0 (Nivel 1)	DP
multivitamin women oral tablet	$0 (Nivel 1)	DP
multivitamin womens 50+ adv oral tablet	$0 (Nivel 1)	DP
multivitamin/fluoride oral suspension 0.25 mg/ml, 0.5 mg/ml	$0 (Nivel 1)	DP
multi-vitamin/fluoride oral suspension 0.25 mg/ml, 0.5 mg/ml	$0 (Nivel 1)	DP
multivitamin/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg	$0 (Nivel 1)	DP
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	$0 (Nivel 1)	DP
multi-vitamin/iron oral tablet	$0 (Nivel 1)	DP
multi-vitamin/minerals oral tablet	$0 (Nivel 1)	DP
multivitamin/zinc stress oral tablet	$0 (Nivel 1)	DP
multivitamin-minerals oral tablet	$0 (Nivel 1)	DP
multi-vitamins oral tablet	$0 (Nivel 1)	DP
multivitamins plus iron child oral tablet chewable 18 mg	$0 (Nivel 1)	DP
multi-vite oral liquid	$0 (Nivel 1)	DP
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	$0 (Nivel 1)	DP
multivit-min gummies childrens oral tablet chewable	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
MVW COMPLETE FORMULATION D3000 ORAL CAPSULE	$0 (Nivel 1)	DP
MVW COMPLETE FORMULATION D3000 ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
MVW COMPLETE FORMULATION D5000 ORAL CAPSULE	$0 (Nivel 1)	DP
MVW COMPLETE FORMULATION D5000 ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
MVW COMPLETE FORMULATION MINIS ORAL CAPSULE	$0 (Nivel 1)	DP
MVW COMPLETE FORMULATION ORAL CAPSULE	$0 (Nivel 1)	DP
MVW COMPLETE FORMULATION ORAL SOLUTION	$0 (Nivel 1)	DP
MVW COMPLETE FORMULATION ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
mvw hi-d adek gummies oral tablet chewable	$0 (Nivel 1)	DP
MVW MODULATOR FORMULATION MINI ORAL CAPSULE	$0 (Nivel 1)	DP
MVW MODULATOR FORMULATION ORAL CAPSULE	$0 (Nivel 1)	DP
MVW ORANGE CHEWABLES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
myamulti oral tablet	$0 (Nivel 1)	DP
MYNEPHRON ORAL CAPSULE 1 MG	$0 (Nivel 1)	DP
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML	$0 (Nivel 1)	DP
natal pnv oral tablet 6-0.5 mg	$0 (Nivel 1)	DP
nat-rul daily-vite+iron oral tablet	$0 (Nivel 1)	DP
nat-rul theravite-m oral tablet	$0 (Nivel 1)	DP
nat-rul vitamin d oral tablet 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	$0 (Nivel 1)	DP
natrul-vites oral tablet	$0 (Nivel 1)	DP
natural c/rose hips oral tablet 1000 mg, 500 mg	$0 (Nivel 1)	DP
natural vitamin a oral capsule 3 mg (10000 ut)	$0 (Nivel 1)	DP
natural vitamin d-3 oral tablet 125 mcg (5000 ut)	$0 (Nivel 1)	DP
natural vitamin e oral capsule 670 mg (1000 ut)	$0 (Nivel 1)	DP
neomaterna oral tablet 20-1 mg	$0 (Nivel 1)	DP
NEOMULTIVITE ORAL TABLET	$0 (Nivel 1)	DP
neonatal complete oral tablet 27-1 mg	$0 (Nivel 1)	DP
NEONATAL PLUS ORAL TABLET 27-1 MG	$0 (Nivel 1)	DP
neonatal prenatal oral tablet 27-0.8 mg	$0 (Nivel 1)	DP
NEONATAL VITAMIN ORAL TABLET 27-0.8 MG	$0 (Nivel 1)	DP
neo-vital rx oral tablet 1 mg	$0 (Nivel 1)	DP
NEPHPLEX RX ORAL TABLET	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
nephro vitamins oral tablet 0.8 mg	$0 (Nivel 1)	DP
NEPHRO-VITE ORAL TABLET 0.8 MG	$0 (Nivel 1)	DP
NESTABS DHA ORAL 32-1 MG	$0 (Nivel 1)	DP
NESTABS ONE ORAL CAPSULE 38-1-225 MG	$0 (Nivel 1)	DP
NESTABS ORAL TABLET 32-1 MG	$0 (Nivel 1)	DP
niacin er oral capsule extended release 250 mg, 500 mg	$0 (Nivel 1)	DP
niacin er oral tablet extended release 1000 mg, 250 mg, 500 mg, 750 mg	$0 (Nivel 1)	DP
niacin flush free oral capsule 590 mg	$0 (Nivel 1)	DP
niacin oral capsule 100 mg	$0 (Nivel 1)	DP
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	$0 (Nivel 1)	DP
niacinamide oral tablet 100 mg, 500 mg	$0 (Nivel 1)	DP
NIAVASC 750 ORAL TABLET EXTENDED RELEASE 750 MG	$0 (Nivel 1)	DP
NIAVASC ORAL TABLET EXTENDED RELEASE 500 MG	$0 (Nivel 1)	DP
NICOMIDE ORAL TABLET 750-27-2-0.5 MG	$0 (Nivel 1)	DP
NIVA-FOL ORAL TABLET 2.5-25-2 MG	$0 (Nivel 1)	DP
NIVA-PLUS ORAL TABLET 27-1 MG	$0 (Nivel 1)	DP
no iron mult vitamin-minerals oral tablet	$0 (Nivel 1)	DP
norwegian cod liver oil oral capsule	$0 (Nivel 1)	DP
NUFOL ORAL TABLET 2.5-25-1 MG	$0 (Nivel 1)	DP
NUTRALYN ORAL TABLET	$0 (Nivel 1)	DP
NUTRIFAC ZX ORAL TABLET	$0 (Nivel 1)	DP
OB COMPLETE ORAL TABLET 50-1.25 MG	$0 (Nivel 1)	DP
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG	$0 (Nivel 1)	DP
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG	$0 (Nivel 1)	DP
OBTREX ORAL TABLET	$0 (Nivel 1)	DP
ocular vitamins oral tablet	$0 (Nivel 1)	DP
ocutabs oral tablet	$0 (Nivel 1)	DP
ocutabs-lutein oral tablet	$0 (Nivel 1)	DP
OCUVITE ADULT 50+ ORAL CAPSULE	$0 (Nivel 1)	DP
OCUVITE ADULT FORMULA ORAL CAPSULE	$0 (Nivel 1)	DP
OCUVITE EXTRA ORAL TABLET	$0 (Nivel 1)	DP
OCUVITE EYE + MULTI ORAL TABLET	$0 (Nivel 1)	DP
OCUVITE EYE HEALTH FORMULA ORAL CAPSULE	$0 (Nivel 1)	DP
OCUVITE EYE HEALTH GUMMIES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
OCUVITE-LUTEIN ORAL CAPSULE	$0 (Nivel 1)	DP
OCUVITE-LUTEIN ORAL TABLET	$0 (Nivel 1)	DP
omnicap oral tablet	$0 (Nivel 1)	DP
once daily oral tablet	$0 (Nivel 1)	DP
ONCOVITE ORAL TABLET	$0 (Nivel 1)	DP
ONE A DAY MEN 50 PLUS ORAL TABLET	$0 (Nivel 1)	DP
ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ONE A DAY PRENATAL ORAL CAPSULE 27-0.8-200 MG	$0 (Nivel 1)	DP
ONE A DAY WOMEN 50 PLUS ORAL TABLET	$0 (Nivel 1)	DP
ONE A DAY WOMEN 50 PLUS ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
one daily 50 plus oral tablet	$0 (Nivel 1)	DP
one daily calcium/iron oral tablet	$0 (Nivel 1)	DP
one daily complete for men oral tablet	$0 (Nivel 1)	DP
one daily complete oral tablet	$0 (Nivel 1)	DP
ONE DAILY ESSENTIAL ORAL TABLET	$0 (Nivel 1)	DP
one daily essentials oral tablet	$0 (Nivel 1)	DP
one daily for men 50+ advanced oral tablet	$0 (Nivel 1)	DP
one daily for men/lycopene oral tablet	$0 (Nivel 1)	DP
one daily for women 50+ adv oral tablet	$0 (Nivel 1)	DP
one daily for women oral tablet	$0 (Nivel 1)	DP
one daily healthy weight adv oral tablet	$0 (Nivel 1)	DP
one daily healthy weight oral tablet	$0 (Nivel 1)	DP
one daily maximum oral tablet	$0 (Nivel 1)	DP
one daily men formula w/o iron oral tablet	$0 (Nivel 1)	DP
one daily mens 50+ multivit oral tablet	$0 (Nivel 1)	DP
one daily mens 50+/lycopene oral tablet	$0 (Nivel 1)	DP
one daily mens health oral tablet	$0 (Nivel 1)	DP
one daily mens oral tablet	$0 (Nivel 1)	DP
one daily multivit/iron-free oral tablet	$0 (Nivel 1)	DP
one daily multivitamin adult oral tablet	$0 (Nivel 1)	DP
one daily multivitamin men oral tablet	$0 (Nivel 1)	DP
one daily multivitamin women oral tablet	$0 (Nivel 1)	DP
one daily multivitamin/iron oral tablet	$0 (Nivel 1)	DP
one daily oral tablet	$0 (Nivel 1)	DP
one daily womens 50 plus oral tablet	$0 (Nivel 1)	DP
one daily womens 50+ oral tablet	$0 (Nivel 1)	DP
one daily womens oral tablet	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
one daily/minerals oral tablet	$0 (Nivel 1)	DP
ONE VITE DAILY MULTIVITAMIN ORAL TABLET	$0 (Nivel 1)	DP
one vite womens oral tablet 27-0.8 mg	$0 (Nivel 1)	DP
one vite womens plus oral tablet 27-1 mg	$0 (Nivel 1)	DP
ONE-A-DAY FOR HER VITACRAVES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ONE-A-DAY FOR HIM VITACRAVES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
ONE-A-DAY MENOPAUSE FORMULA ORAL TABLET	$0 (Nivel 1)	DP
ONE-A-DAY MENS (MINERALS) ORAL TABLET	$0 (Nivel 1)	DP
ONE-A-DAY MENS 50+ ADVANTAGE ORAL TABLET	$0 (Nivel 1)	DP
ONE-A-DAY MENS 50+ ORAL TABLET	$0 (Nivel 1)	DP
ONE-A-DAY MENS HEALTH FORMULA ORAL TABLET	$0 (Nivel 1)	DP
ONE-A-DAY MENS PRO EDGE ORAL TABLET	$0 (Nivel 1)	DP
ONE-A-DAY PROACTIVE 65+ ORAL TABLET	$0 (Nivel 1)	DP
ONE-A-DAY WOMENS 50+ ADVANTAGE ORAL TABLET	$0 (Nivel 1)	DP
ONE-A-DAY WOMENS 50+ ORAL TABLET	$0 (Nivel 1)	DP
ONE-A-DAY WOMENS ORAL TABLET	$0 (Nivel 1)	DP
ONE-A-DAY WOMENS PETITES ORAL TABLET	$0 (Nivel 1)	DP
ONE-A-DAY WOMENS VITACRAVES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
one-daily multi caps oral capsule	$0 (Nivel 1)	DP
one-daily multi vitamins oral tablet	$0 (Nivel 1)	DP
one-daily multi-vit/mineral oral tablet	$0 (Nivel 1)	DP
one-daily multi-vitamin oral tablet	$0 (Nivel 1)	DP
one-daily multi-vitamin/iron oral tablet	$0 (Nivel 1)	DP
one-daily/iron oral tablet	$0 (Nivel 1)	DP
optic-vites oral tablet	$0 (Nivel 1)	DP
optic-vites with lutein oral tablet	$0 (Nivel 1)	DP
OPTIFAST POST BARIATRIC ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
OPTIMAL D3 M ORAL CAPSULE 350 MCG (14000 UT)	$0 (Nivel 1)	DP
OPTIMAL D3 ORAL CAPSULE 1.25 MG (50000 UT)	$0 (Nivel 1)	DP
optimum airvites oral tablet chewable	$0 (Nivel 1)	DP
optimum pms oral tablet	$0 (Nivel 1)	DP
OPTISOURCE POST BARIATRIC SURG ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
OPTIVITE P.M.T. ORAL TABLET	$0 (Nivel 1)	DP
OPURITY B12/FOLIC ACID ORAL TABLET 1000-200 MCG	$0 (Nivel 1)	DP
OPURITY BYPASS OPTIMIZED ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
OPURITY ORAL TABLET	$0 (Nivel 1)	DP
OSTEOPRIME PLUS ORAL TABLET	$0 (Nivel 1)	DP
OSTEOPRIME ULTRA ORAL TABLET	$0 (Nivel 1)	DP
pan-c 500/bioflavonoids oral tablet	$0 (Nivel 1)	DP
parvlex oral tablet	$0 (Nivel 1)	DP
pc pediatric poly-vita/fe drop oral solution 10 mg/ml	$0 (Nivel 1)	DP
pc pediatric poly-vitamin drop oral solution	$0 (Nivel 1)	DP
pc pediatric tri-vitamin drops oral solution 750-400-35 unit-mg/ml	$0 (Nivel 1)	DP
PERIDIN-C ORAL TABLET 200-50-150 MG	$0 (Nivel 1)	DP
pharmacist choice d-vitamin oral liquid 400 unit/ml	$0 (Nivel 1)	DP
PHYTOMULTI ORAL TABLET	$0 (Nivel 1)	DP
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	$0 (Nivel 1)	DP
phytonadione oral tablet 5 mg	$0 (Nivel 1)	DP
pnv 27-ca/fe/fa oral tablet 60-1 mg	$0 (Nivel 1)	DP
pnv prenatal plus multivitamin oral tablet 27-1 mg	$0 (Nivel 1)	DP
pnv tabs 20-1 oral tablet 20-1 mg	$0 (Nivel 1)	DP
pnv-select oral tablet 27-0.6-0.4 mg	$0 (Nivel 1)	DP
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	$0 (Nivel 1)	DP
POLY-VI-SOL ORAL SOLUTION	$0 (Nivel 1)	DP
POLY-VI-SOL/IRON ORAL SOLUTION 11 MG/ML	$0 (Nivel 1)	DP
poly-vita oral solution	$0 (Nivel 1)	DP
poly-vita/iron oral solution 10 mg/ml	$0 (Nivel 1)	DP
poly-vite pediatric oral solution	$0 (Nivel 1)	DP
poly-vite/iron oral solution 11 mg/ml	$0 (Nivel 1)	DP
pregenna oral tablet 20-1 mg	$0 (Nivel 1)	DP
PREMESISRX ORAL TABLET 1 MG	$0 (Nivel 1)	DP
PRENATABS RX ORAL TABLET 29-1 MG	$0 (Nivel 1)	DP
prenatal (w/iron & fa) oral tablet 27-0.8 mg	$0 (Nivel 1)	DP
prenatal 19 oral tablet , 29-1 mg	$0 (Nivel 1)	DP
prenatal complete oral tablet 14-0.4 mg	$0 (Nivel 1)	DP
prenatal formula a-free oral tablet 9-0.267 mg	$0 (Nivel 1)	DP
prenatal formula oral capsule 28-0.8-235 mg	$0 (Nivel 1)	DP
prenatal forte oral tablet	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
prenatal multi +dha oral capsule 27-0.8-228 mg, 27-0.8-250 mg	$0 (Nivel 1)	DP
PRENATAL MULTIVITAMIN + DHA ORAL 28-0.8 & 200 MG	$0 (Nivel 1)	DP
prenatal multivitamin plus dha oral capsule 27-0.8-250 mg	$0 (Nivel 1)	DP
prenatal one daily oral tablet 27-0.8 mg	$0 (Nivel 1)	DP
prenatal oral tablet 27-0.8 mg, 28-0.8 mg, 6.75-0.2 mg	$0 (Nivel 1)	DP
prenatal plus oral tablet 27-1 mg	$0 (Nivel 1)	DP
prenatal plus vitamin/mineral oral tablet 27-1 mg	$0 (Nivel 1)	DP
prenatal tablet 27-1 mg oral	$0 (Nivel 1)	DP
prenatal vitamin and mineral oral tablet 28-0.8 mg	$0 (Nivel 1)	DP
prenatal vitamins oral tablet 27-0.8 mg, 28-0.8 mg	$0 (Nivel 1)	DP
prenatal/iron oral tablet , 28-0.8 mg	$0 (Nivel 1)	DP
prenatal+dha oral 28-0.975 & 200 mg	$0 (Nivel 1)	DP
PRENATE AM ORAL TABLET 1 MG	$0 (Nivel 1)	DP
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG	$0 (Nivel 1)	DP
PRENATOL-M ORAL TABLET 27-1.2 MG	$0 (Nivel 1)	DP
prescription support multivit oral capsule	$0 (Nivel 1)	DP
PRESERVISION AREDS 2 ORAL CAPSULE	$0 (Nivel 1)	DP
PRESERVISION AREDS 2 ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
PRESERVISION AREDS 2+MULTI VIT ORAL CAPSULE	$0 (Nivel 1)	DP
PRESERVISION AREDS ORAL CAPSULE	$0 (Nivel 1)	DP
PRESERVISION AREDS ORAL TABLET	$0 (Nivel 1)	DP
PRESERVISION/LUTEIN ORAL CAPSULE	$0 (Nivel 1)	DP
prevent oral capsule	$0 (Nivel 1)	DP
prev-rx oral tablet	$0 (Nivel 1)	DP
pro hers rx oral capsule	$0 (Nivel 1)	DP
pro his rx oral capsule	$0 (Nivel 1)	DP
pro pcos rx oral capsule	$0 (Nivel 1)	DP
probiotics + bariatric multi oral capsule	$0 (Nivel 1)	DP
PRO-CAL ORAL TABLET	$0 (Nivel 1)	DP
PROCERV HP ORAL TABLET	$0 (Nivel 1)	DP
PRORENAL + D ORAL TABLET	$0 (Nivel 1)	DP
PRORENAL + D W/ OMEGA-3 ORAL CAPSULE	$0 (Nivel 1)	DP
PROSIGHT ORAL TABLET	$0 (Nivel 1)	DP
PROTECT CARDIO AF ORAL CAPSULE	$0 (Nivel 1)	DP
PROTECT PLUS SO ORAL CAPSULE	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
PROTEGRA ORAL CAPSULE	$0 (Nivel 1)	DP
PROVIT ORAL TABLET	$0 (Nivel 1)	DP
pyridoxine hcl injection solution 100 mg/ml	$0 (Nivel 1)	DP
pyridoxine hcl oral tablet 25 mg, 50 mg	$0 (Nivel 1)	DP
qc b12 sublingual tablet sublingual 2500 mcg	$0 (Nivel 1)	DP
qc biotin oral tablet 800 mcg	$0 (Nivel 1)	DP
qc childrens complete oral tablet chewable 18 mg	$0 (Nivel 1)	DP
qc childrens vitamins/extra c oral tablet chewable	$0 (Nivel 1)	DP
qc childrens vitamins/iron oral tablet chewable 15 mg	$0 (Nivel 1)	DP
qc cod liver oil oral capsule 1250-135 unit	$0 (Nivel 1)	DP
qc daily multivit/multimineral oral tablet	$0 (Nivel 1)	DP
qc daily multivitamins/iron oral tablet	$0 (Nivel 1)	DP
qc essentials oral tablet	$0 (Nivel 1)	DP
qc folic acid oral tablet 800 mcg	$0 (Nivel 1)	DP
qc hair skin & nails oral tablet	$0 (Nivel 1)	DP
qc mens daily multivitamin oral tablet	$0 (Nivel 1)	DP
qc multi-vite 50 & over oral tablet	$0 (Nivel 1)	DP
qc multi-vite oral tablet	$0 (Nivel 1)	DP
qc niacin oral tablet 100 mg	$0 (Nivel 1)	DP
QC OCUHEALTH VISION SUPPORT 2 ORAL CAPSULE	$0 (Nivel 1)	DP
qc prenatal oral tablet 28-0.8 mg	$0 (Nivel 1)	DP
qc therin-m oral tablet	$0 (Nivel 1)	DP
qc vitamin b1 oral tablet 100 mg	$0 (Nivel 1)	DP
qc vitamin b12 oral tablet 500 mcg	$0 (Nivel 1)	DP
qc vitamin b12 oral tablet extended release 1000 mcg	$0 (Nivel 1)	DP
qc vitamin b6 oral tablet 100 mg	$0 (Nivel 1)	DP
qc vitamin c oral tablet 1000 mg, 500 mg	$0 (Nivel 1)	DP
qc vitamin c oral tablet chewable 500 mg	$0 (Nivel 1)	DP
qc vitamin c with rose hips oral tablet 500 mg	$0 (Nivel 1)	DP
qc vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)	$0 (Nivel 1)	DP
qc vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	$0 (Nivel 1)	DP
qc vitamin e oral capsule 180 mg (400 unit)	$0 (Nivel 1)	DP
qc womens daily multivitamin oral tablet	$0 (Nivel 1)	DP
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG	$0 (Nivel 1)	DP
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
QUFLORA PEDIATRIC ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	$0 (Nivel 1)	DP
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG	$0 (Nivel 1)	DP
quin b strong b-25 oral tablet	$0 (Nivel 1)	DP
quin b strong oral tablet	$0 (Nivel 1)	DP
quintabs oral tablet	$0 (Nivel 1)	DP
quintabs-m oral tablet	$0 (Nivel 1)	DP
ra balanced b-100 oral tablet	$0 (Nivel 1)	DP
ra balanced b-50 oral tablet	$0 (Nivel 1)	DP
ra b-complex oral tablet	$0 (Nivel 1)	DP
ra b-complex with b-12 oral tablet	$0 (Nivel 1)	DP
ra biotin oral capsule 2500 mcg	$0 (Nivel 1)	DP
ra biotin oral tablet 1000 mcg	$0 (Nivel 1)	DP
ra central-vite mens mature oral tablet	$0 (Nivel 1)	DP
RA CENTRAL-VITE ORAL TABLET	$0 (Nivel 1)	DP
ra central-vite womens mature oral tablet	$0 (Nivel 1)	DP
ra folic acid oral tablet 400 mcg, 800 mcg	$0 (Nivel 1)	DP
ra natural vitamin e oral capsule 268 mg (400 unit)	$0 (Nivel 1)	DP
ra niacin oral tablet 100 mg, 500 mg	$0 (Nivel 1)	DP
ra no flush niacin oral tablet 500 mg	$0 (Nivel 1)	DP
ra one daily maximum oral tablet	$0 (Nivel 1)	DP
ra one daily mens 50+ w/vit d3 oral tablet	$0 (Nivel 1)	DP
ra one daily mens multi oral tablet	$0 (Nivel 1)	DP
ra one daily mens/vit d-3 oral tablet	$0 (Nivel 1)	DP
ra prenatal formula oral tablet 28-0.8 mg	$0 (Nivel 1)	DP
ra prenatal oral tablet 28-0.8 mg	$0 (Nivel 1)	DP
ra vitamin a oral capsule 3 mg (10000 ut)	$0 (Nivel 1)	DP
ra vitamin b-1 oral tablet 100 mg	$0 (Nivel 1)	DP
ra vitamin b-12 oral tablet 100 mcg	$0 (Nivel 1)	DP
ra vitamin b12 oral tablet extended release 2000 mcg	$0 (Nivel 1)	DP
ra vitamin b-12 tr oral tablet extended release 1000 mcg	$0 (Nivel 1)	DP
ra vitamin b-6 oral tablet 100 mg, 50 mg	$0 (Nivel 1)	DP
ra vitamin c cr oral tablet extended release 500 mg	$0 (Nivel 1)	DP
ra vitamin c drops mouth/throat lozenge 53 mg	$0 (Nivel 1)	DP
ra vitamin c oral tablet 250 mg, 500 mg	$0 (Nivel 1)	DP
ra vitamin c oral tablet chewable 250 mg, 500 mg	$0 (Nivel 1)	DP
ra vitamin c/acerola oral tablet chewable 500 mg	$0 (Nivel 1)	DP
ra vitamin c/rose hips oral tablet 1000 mg, 500 mg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)	$0 (Nivel 1)	DP
ra vitamin d-3 oral tablet 25 mcg (1000 ut)	$0 (Nivel 1)	DP
ra vitamin e natural oral capsule 670 mg (1000 ut)	$0 (Nivel 1)	DP
ra vitamin e oral capsule 134 mg (200 unit), 268 mg (400 unit)	$0 (Nivel 1)	DP
ra vitamins complete childrens oral tablet chewable 18 mg	$0 (Nivel 1)	DP
RADIANCE PLATINUM VITAMIN D3 ORAL TABLET 125 MCG (5000 UT)	$0 (Nivel 1)	DP
relcare oral tablet	$0 (Nivel 1)	DP
RENAL ORAL CAPSULE 1 MG	$0 (Nivel 1)	DP
renal vitamin oral tablet 0.8 mg	$0 (Nivel 1)	DP
RENAPLEX ORAL TABLET	$0 (Nivel 1)	DP
RENAPLEX-D ORAL TABLET	$0 (Nivel 1)	DP
rena-vite oral tablet	$0 (Nivel 1)	DP
rena-vite rx oral tablet 1 mg	$0 (Nivel 1)	DP
reno caps oral capsule 1 mg	$0 (Nivel 1)	DP
RETAINE VISION ORAL CAPSULE	$0 (Nivel 1)	DP
right step prenatal oral tablet 27-0.8 mg	$0 (Nivel 1)	DP
sb vitamin c oral tablet 500 mg	$0 (Nivel 1)	DP
se-natal 19 oral tablet 29-1 mg	$0 (Nivel 1)	DP
senior tabs oral tablet	$0 (Nivel 1)	DP
sentry oral tablet	$0 (Nivel 1)	DP
sentry senior mens 50+ oral tablet	$0 (Nivel 1)	DP
sentry senior oral tablet	$0 (Nivel 1)	DP
sentry senior/lutein oral tablet	$0 (Nivel 1)	DP
skin hair & nails advanced oral capsule	$0 (Nivel 1)	DP
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG	$0 (Nivel 1)	DP
sm vitamin d3 oral tablet 25 mcg (1000 ut)	$0 (Nivel 1)	DP
SMARTY PANTS KIDS COMPLETE ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
solo oral tablet	$0 (Nivel 1)	DP
SOLUVITA ACD WITH FLUORIDE ORAL SOLUTION 0.25 MG/ML	$0 (Nivel 1)	DP
SOLUVITA WITH FLUORIDE ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	$0 (Nivel 1)	DP
span c oral tablet	$0 (Nivel 1)	DP
SPECTRAVITE ORAL TABLET	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
SPONGEBOB SQUAREPANTS GUMMIES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
stress b complex/antioxid/zinc oral tablet	$0 (Nivel 1)	DP
stress b complex/iron oral tablet	$0 (Nivel 1)	DP
stress formula (folic acid) oral tablet	$0 (Nivel 1)	DP
stress formula oral tablet	$0 (Nivel 1)	DP
stress formula/iron oral tablet	$0 (Nivel 1)	DP
stress formula/zinc/energy oral tablet	$0 (Nivel 1)	DP
STRESSTABS ADVANCED ORAL TABLET	$0 (Nivel 1)	DP
STRESSTABS ENERGY ORAL TABLET	$0 (Nivel 1)	DP
STROVITE ONE ORAL TABLET	$0 (Nivel 1)	DP
STUART ONE ORAL CAPSULE 27-0.8-200 MG	$0 (Nivel 1)	DP
SUNKIST VITAMIN C ORAL TABLET CHEWABLE 500 MG	$0 (Nivel 1)	DP
super antioxidant oral capsule	$0 (Nivel 1)	DP
super antioxidants protector oral capsule	$0 (Nivel 1)	DP
super aytinal 50 plus oral tablet	$0 (Nivel 1)	DP
super aytinal oral tablet	$0 (Nivel 1)	DP
super b complex/fa/vit c oral tablet	$0 (Nivel 1)	DP
super b complex/vitamin c oral tablet	$0 (Nivel 1)	DP
super b-complex + vitamin c oral tablet	$0 (Nivel 1)	DP
super b-complex oral tablet	$0 (Nivel 1)	DP
super b-complex/vit c/fa oral tablet	$0 (Nivel 1)	DP
super biotin oral capsule 5000 mcg	$0 (Nivel 1)	DP
super biotin oral tablet 5000 mcg	$0 (Nivel 1)	DP
super daily d3 oral liquid 25 mcg /0.028ml, 50 mcg /0.028ml	$0 (Nivel 1)	DP
SUPER DEC B-100 ORAL TABLET	$0 (Nivel 1)	DP
super d-zinc-selenium-copper oral tablet	$0 (Nivel 1)	DP
SUPER QUINTS B-50 ORAL TABLET	$0 (Nivel 1)	DP
super thera vite m oral tablet	$0 (Nivel 1)	DP
super vita-mins oral tablet	$0 (Nivel 1)	DP
superior mens multi oral tablet	$0 (Nivel 1)	DP
superior womens multi oral tablet	$0 (Nivel 1)	DP
support oral liquid	$0 (Nivel 1)	DP
SUPPORT-500 ORAL CAPSULE	$0 (Nivel 1)	DP
sv b12 extra strength sublingual tablet sublingual 5000 mcg	$0 (Nivel 1)	DP
sv b12 oral tablet dispersible 5000 mcg	$0 (Nivel 1)	DP
sv b12 sublingual tablet sublingual 500 mcg	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
sv vitamin b-12 er oral tablet extended release 1000 mcg	$0 (Nivel 1)	DP
sv vitamin d3 oral capsule 25 mcg, 50 mcg (2000 ut)	$0 (Nivel 1)	DP
synertropin oral capsule	$0 (Nivel 1)	DP
SYSTANE ICAPS AREDS2 ORAL CAPSULE	$0 (Nivel 1)	DP
SYSTANE ICAPS AREDS2 ORAL TABLET	$0 (Nivel 1)	DP
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
TAB-A-VITE ORAL TABLET	$0 (Nivel 1)	DP
TAB-A-VITE/BETA CAROTENE ORAL TABLET	$0 (Nivel 1)	DP
TAB-A-VITE/IRON ORAL TABLET	$0 (Nivel 1)	DP
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET	$0 (Nivel 1)	DP
THERA ORAL TABLET	$0 (Nivel 1)	DP
thera vital m oral tablet	$0 (Nivel 1)	DP
thera vital-m oral tablet	$0 (Nivel 1)	DP
therabasic-m oral tablet	$0 (Nivel 1)	DP
THERA-D 2000 ORAL TABLET 50 MCG (2000 UT)	$0 (Nivel 1)	DP
THERA-D 4000 ORAL TABLET 100 MCG (4000 UT)	$0 (Nivel 1)	DP
THERA-D RAPID REPLETION ORAL TABLET 50 MCG (2000 UT)	$0 (Nivel 1)	DP
THERAGRAN-M ADVANCED 50 PLUS ORAL TABLET	$0 (Nivel 1)	DP
THERAGRAN-M ADVANCED ORAL TABLET	$0 (Nivel 1)	DP
THERAGRAN-M ORAL TABLET	$0 (Nivel 1)	DP
THERAGRAN-M PREMIER 50 PLUS ORAL TABLET	$0 (Nivel 1)	DP
THERAGRAN-M PREMIER ORAL TABLET	$0 (Nivel 1)	DP
thera-m plus mv w/beta-carot oral tablet	$0 (Nivel 1)	DP
THERAMILL FORTE ORAL CAPSULE	$0 (Nivel 1)	DP
THERANATAL CORE NUTRITION ORAL TABLET 27-1 MG	$0 (Nivel 1)	DP
THERANATAL LACTATION ONE ORAL CAPSULE	$0 (Nivel 1)	DP
therapeutic formula/hematinics oral tablet	$0 (Nivel 1)	DP
therapeutic-m oral tablet	$0 (Nivel 1)	DP
thera-tabs m oral tablet	$0 (Nivel 1)	DP
thera-tabs oral tablet	$0 (Nivel 1)	DP
THERATRUM COMPLETE 50 PLUS ORAL TABLET	$0 (Nivel 1)	DP
THERATRUM COMPLETE ORAL TABLET	$0 (Nivel 1)	DP
thera-vite max-m oral tablet	$0 (Nivel 1)	DP
THEREMS ORAL TABLET	$0 (Nivel 1)	DP
thiamine hcl injection solution 100 mg/ml, 200 mg/2ml	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
thiamine hcl oral tablet 100 mg	$0 (Nivel 1)	DP
thiamine mononitrate oral tablet 100 mg	$0 (Nivel 1)	DP
THRIVE FOR LIFE WOMENS ORAL TABLET	$0 (Nivel 1)	DP
thrivite rx oral tablet 29-1 mg	$0 (Nivel 1)	DP
tm-daily vite oral tablet	$0 (Nivel 1)	DP
tm-vite rx oral tablet 1 mg	$0 (Nivel 1)	DP
toco-sorb oral capsule 13 mg (19 unit)	$0 (Nivel 1)	DP
TRI SUPER FLAVONS ORAL TABLET	$0 (Nivel 1)	DP
trinatal rx 1 oral tablet 60-1 mg	$0 (Nivel 1)	DP
TRINATE ORAL TABLET	$0 (Nivel 1)	DP
triphrocaps oral capsule 1 mg	$0 (Nivel 1)	DP
TRI-VI-SOL A/C/D ORAL SOLUTION 250-50-10	$0 (Nivel 1)	DP
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	$0 (Nivel 1)	DP
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	$0 (Nivel 1)	DP
tropical liquid nutrition oral liquid	$0 (Nivel 1)	DP
true daily vite oral tablet	$0 (Nivel 1)	DP
true folic acid oral tablet 1 mg, 400 mcg	$0 (Nivel 1)	DP
true vitamin a oral capsule 10000 unit, 8000 unit	$0 (Nivel 1)	DP
true vitamin b1 oral tablet 100 mg, 250 mg, 50 mg	$0 (Nivel 1)	DP
true vitamin b12 oral tablet 1000 mcg, 500 mcg	$0 (Nivel 1)	DP
true vitamin b3 oral tablet 250 mg, 50 mg, 500 mg	$0 (Nivel 1)	DP
true vitamin b6 oral tablet 10 mg, 100 mg, 25 mg, 50 mg	$0 (Nivel 1)	DP
true vitamin c oral tablet 1000 mg, 250 mg, 500 mg	$0 (Nivel 1)	DP
true vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut)	$0 (Nivel 1)	DP
true vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg	$0 (Nivel 1)	DP
true vitamin e oral capsule 180 mg, 450 mg, 90 mg	$0 (Nivel 1)	DP
t-vites oral tablet	$0 (Nivel 1)	DP
UDAMIN SP ORAL TABLET	$0 (Nivel 1)	DP
ULTRA BONEUP ORAL TABLET	$0 (Nivel 1)	DP
ULTRA CHOICE MULTIVITAMIN KIDS ORAL TABLET CHEWABLE 18 MG	$0 (Nivel 1)	DP
ultra freeda oral tablet	$0 (Nivel 1)	DP
ultra freeda/iron oral tablet	$0 (Nivel 1)	DP
ultra multi formula/iron oral capsule	$0 (Nivel 1)	DP
ULTRACHOICE ADV FORMULA MATURE ORAL TABLET	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ULTRACHOICE ADVANCED FORMULA ORAL TABLET	$0 (Nivel 1)	DP
UPSPRING BABY VIT D ORAL LIQUID 10 MCG /0.025ML	$0 (Nivel 1)	DP
vasoflex hd oral tablet	$0 (Nivel 1)	DP
VASOFLEX ORAL TABLET	$0 (Nivel 1)	DP
v-c forte oral capsule	$0 (Nivel 1)	DP
VIC-FORTE ORAL CAPSULE	$0 (Nivel 1)	DP
vision formula 2 oral capsule	$0 (Nivel 1)	DP
vision formula/lutein oral tablet	$0 (Nivel 1)	DP
vision health oral capsule	$0 (Nivel 1)	DP
VISION OPTIMIZER ORAL CAPSULE	$0 (Nivel 1)	DP
vision plus oral capsule	$0 (Nivel 1)	DP
vision vitamins oral tablet	$0 (Nivel 1)	DP
VISTA ADVANCED AREDS2 FORMULA ORAL CAPSULE	$0 (Nivel 1)	DP
VISTA ADVANCED DRY EYE FORMULA ORAL CAPSULE	$0 (Nivel 1)	DP
vit e-vit c-beta carotene oral tablet 200-250-5000	$0 (Nivel 1)	DP
vita c/bioflavonoids/rose hips oral tablet 1000-30-18 mg	$0 (Nivel 1)	DP
vita hair oral tablet	$0 (Nivel 1)	DP
VITA S FORTE ORAL TABLET	$0 (Nivel 1)	DP
vitabasic complete oral tablet	$0 (Nivel 1)	DP
vitabasic senior oral tablet	$0 (Nivel 1)	DP
vitabex oral capsule	$0 (Nivel 1)	DP
vitabex plus oral capsule	$0 (Nivel 1)	DP
VITACEL ORAL TABLET	$0 (Nivel 1)	DP
vitachew adult multi vitamin oral tablet chewable	$0 (Nivel 1)	DP
vitachew multiple vitamin oral tablet chewable	$0 (Nivel 1)	DP
vitachew vit c citrus burst oral tablet chewable 125 mg	$0 (Nivel 1)	DP
VITACORE ORAL TABLET	$0 (Nivel 1)	DP
VITAFOL-OB ORAL TABLET	$0 (Nivel 1)	DP
VITAFUSION MULTI WOMENS ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
VITAJOY DAILY C GUMMIES ORAL TABLET CHEWABLE 125 MG	$0 (Nivel 1)	DP
VITAJOY MULTI GUMMIES ADULT ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
vitalara oral tablet 20-1 mg	$0 (Nivel 1)	DP
VITAL-D RX ORAL TABLET 1 MG	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
vitalee oral tablet	$0 (Nivel 1)	DP
VITALETS CHILDRENS ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
VITAMIN A FISH ORAL CAPSULE 2250 MCG (7500 UT)	$0 (Nivel 1)	DP
vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut), 7.5 mg (25000 ut)	$0 (Nivel 1)	DP
vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml	$0 (Nivel 1)	DP
vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml	$0 (Nivel 1)	DP
vitamin b 12 oral tablet 500 mcg	$0 (Nivel 1)	DP
vitamin b complex oral capsule	$0 (Nivel 1)	DP
vitamin b complex oral tablet	$0 (Nivel 1)	DP
vitamin b complex w/b-12 oral tablet	$0 (Nivel 1)	DP
vitamin b1 oral tablet 100 mg	$0 (Nivel 1)	DP
vitamin b-1 oral tablet 100 mg, 250 mg, 50 mg	$0 (Nivel 1)	DP
vitamin b-12 er oral tablet extended release 1000 mcg, 1500 mcg, 2000 mcg	$0 (Nivel 1)	DP
vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg, 50 mcg, 500 mcg	$0 (Nivel 1)	DP
vitamin b12 oral tablet 100 mcg, 1000 mcg, 500 mcg	$0 (Nivel 1)	DP
vitamin b-12 oral tablet dispersible 5000 mcg	$0 (Nivel 1)	DP
vitamin b12 oral tablet extended release 1000 mcg	$0 (Nivel 1)	DP
vitamin b-12 sublingual tablet sublingual 1000 mcg, 2500 mcg, 3000 mcg, 5000 mcg, 6000 mcg	$0 (Nivel 1)	DP
vitamin b12 tr oral tablet extended release 2000 mcg	$0 (Nivel 1)	DP
vitamin b12-folic acid oral tablet 500-400 mcg	$0 (Nivel 1)	DP
vitamin b-6 er oral tablet extended release 200 mg	$0 (Nivel 1)	DP
vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg	$0 (Nivel 1)	DP
vitamin b6 oral tablet 100 mg, 250 mg, 50 mg	$0 (Nivel 1)	DP
vitamin c adult gummies oral tablet chewable 125 mg	$0 (Nivel 1)	DP
vitamin c drops mouth/throat lozenge 60 mg	$0 (Nivel 1)	DP
vitamin c er oral capsule extended release 500 mg	$0 (Nivel 1)	DP
vitamin c er oral tablet extended release 1500 mg, 500 mg	$0 (Nivel 1)	DP
vitamin c gummie oral tablet chewable 120 mg	$0 (Nivel 1)	DP
vitamin c gummies oral tablet chewable 125 mg	$0 (Nivel 1)	DP
vitamin c immune health oral tablet chewable 500 mg	$0 (Nivel 1)	DP
vitamin c oral liquid 500 mg/5ml	$0 (Nivel 1)	DP
vitamin c oral tablet 100 mg, 1000 mg, 250 mg, 500 mg	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
vitamin c oral tablet chewable 100 mg, 125 mg, 250 mg, 500 mg	$0 (Nivel 1)	DP
vitamin c plus wild rose hips oral tablet chewable 500 mg	$0 (Nivel 1)	DP
vitamin c/bioflavonoids/rosehp oral tablet 500 mg	$0 (Nivel 1)	DP
vitamin c/natural rose hips oral tablet 1000 mg	$0 (Nivel 1)	DP
vitamin c/rose hips oral tablet 500 mg	$0 (Nivel 1)	DP
vitamin c/rose hips tr oral tablet extended release 1000 mg	$0 (Nivel 1)	DP
vitamin c-acerola oral tablet chewable 500 mg	$0 (Nivel 1)	DP
vitamin c-rose hips er oral tablet extended release 1000 mg, 500 mg	$0 (Nivel 1)	DP
vitamin c-rose hips oral tablet 1000 mg, 500 mg	$0 (Nivel 1)	DP
vitamin c-rose hips oral tablet chewable 500 mg	$0 (Nivel 1)	DP
vitamin c-rose hips tr oral tablet extended release 500 mg	$0 (Nivel 1)	DP
vitamin d (cholecalciferol) oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	$0 (Nivel 1)	DP
vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit), 25 mcg (1000 ut)	$0 (Nivel 1)	DP
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50 mcg (2000 ut), 50000 unit	$0 (Nivel 1)	DP
vitamin d high potency oral capsule 1.25 mg (50000 ut), 25 mcg (1000 ut)	$0 (Nivel 1)	DP
vitamin d infant oral liquid 10 mcg/ml	$0 (Nivel 1)	DP
vitamin d oral capsule 1.25 mg (50000 ut), 125 mcg, 50 mcg (2000 ut)	$0 (Nivel 1)	DP
vitamin d oral liquid 10 mcg/ml	$0 (Nivel 1)	DP
vitamin d oral tablet 25 mcg (1000 ut), 400 unit, 50 mcg (2000 ut)	$0 (Nivel 1)	DP
VITAMIN D-1000 MAX ST ORAL TABLET 25 MCG (1000 UT)	$0 (Nivel 1)	DP
VITAMIN D3 IMMUNE HEALTH ORAL LIQUID 25 MCG/10ML	$0 (Nivel 1)	DP
vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)	$0 (Nivel 1)	DP
vitamin d3 oral capsule 1.25 mg (50000 ut), 10 mcg (400 unit), 1000 unit, 125 mcg (5000 ut), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 62.5 mcg	$0 (Nivel 1)	DP
vitamin d-3 oral capsule 25 mcg (1000 ut)	$0 (Nivel 1)	DP
vitamin d3 oral liquid 10 mcg/ml, 125 mcg/0.5ml, 125 mcg/ml, 30 mcg/15ml, 5000 unit/ml	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
vitamin d3 oral tablet 10 mcg (400 unit), 125 mcg (5000 ut), 20 mcg (800 unit), 25 mcg, 25 mcg (1000 ut), 250 mcg (10000 ut), 50 mcg (2000 ut), 75 mcg (3000 ut)	$0 (Nivel 1)	DP
vitamin d3 super strength oral capsule 50 mcg (2000 ut)	$0 (Nivel 1)	DP
vitamin d3 super strength oral tablet 50 mcg (2000 ut)	$0 (Nivel 1)	DP
vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)	$0 (Nivel 1)	DP
vitamin e blend oral capsule 400 unit	$0 (Nivel 1)	DP
vitamin e high potency oral capsule 180 mg (400 unit), 90 mg	$0 (Nivel 1)	DP
vitamin e oral capsule 100 unit, 1000 unit, 134 mg (200 unit), 180 mg (400 unit), 200 unit, 268 mg (400 unit), 400 unit, 45 mg (100 unit), 450 mg (1000 ut), 670 mg (1000 ut), 90 mg (200 unit)	$0 (Nivel 1)	DP
vitamin e water soluble oral capsule 180 mg (400 unit), 450 mg (1000 ut)	$0 (Nivel 1)	DP
vitamin e/d-alpha oral capsule 134 mg (200 unit)	$0 (Nivel 1)	DP
vitamin k (phytonadione) oral tablet 100 mcg	$0 (Nivel 1)	DP
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	$0 (Nivel 1)	DP
vita-min oral capsule	$0 (Nivel 1)	DP
vitamin-b complex oral tablet	$0 (Nivel 1)	DP
vitamins acd-fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	$0 (Nivel 1)	DP
vitamins a-d-e/selenium oral tablet	$0 (Nivel 1)	DP
vitamins for hair oral capsule	$0 (Nivel 1)	DP
VITAROCA PLUS ORAL TABLET	$0 (Nivel 1)	DP
VITASANA ORAL TABLET	$0 (Nivel 1)	DP
VITATHELY WITH GINGER ORAL TABLET 27-1 MG	$0 (Nivel 1)	DP
VITEYES AREDS 2 FORMULA +COQ10 ORAL CAPSULE	$0 (Nivel 1)	DP
VITEYES AREDS 2 FORMULA +MULTI ORAL CAPSULE	$0 (Nivel 1)	DP
VITEYES AREDS 2 FORMULA ORAL CAPSULE	$0 (Nivel 1)	DP
VITEYES CLASSIC ADVANCED ORAL CAPSULE	$0 (Nivel 1)	DP
VITEYES CLASSIC MACULAR SUPPOR ORAL CAPSULE	$0 (Nivel 1)	DP
VITEYES CLASSIC MULTIVITAMIN ORAL TABLET	$0 (Nivel 1)	DP
VITEYES CLASSIC+OMEGA-3 ORAL CAPSULE	$0 (Nivel 1)	DP
VITEYES COMPLETE ORAL CAPSULE	$0 (Nivel 1)	DP
VITEYES OPTIC NERVE SUPPORT ORAL TABLET	$0 (Nivel 1)	DP
WAL-BORN VITAMIN C ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
WEEKLY-D ORAL CAPSULE 1.25 MG (50000 UT)	$0 (Nivel 1)	DP
well vitamin c oral tablet 1000 mg, 500 mg	$0 (Nivel 1)	DP
well vitamin d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	$0 (Nivel 1)	DP
wescaps oral capsule 1 mg	$0 (Nivel 1)	DP
westab max oral tablet 2.5-25-2 mg	$0 (Nivel 1)	DP
westab one oral tablet 2.5-25-1 mg	$0 (Nivel 1)	DP
womens 50+ advanced oral capsule	$0 (Nivel 1)	DP
womens 50+ multi vitamin oral tablet	$0 (Nivel 1)	DP
womens daily formula oral tablet	$0 (Nivel 1)	DP
WOMENS LIFE PACK ORAL TABLET	$0 (Nivel 1)	DP
womens multi gummies oral tablet chewable	$0 (Nivel 1)	DP
womens multi oral capsule	$0 (Nivel 1)	DP
womens multivitamin + collagen oral tablet chewable	$0 (Nivel 1)	DP
womens multivitamin gummies oral tablet chewable	$0 (Nivel 1)	DP
womens multivitamin oral tablet	$0 (Nivel 1)	DP
xcellent a 3000 oral capsule 3000 mcg	$0 (Nivel 1)	DP
xcellent a 7500 oral capsule 7.5 mg (25000 ut)	$0 (Nivel 1)	DP
XCELLENT E ORAL CAPSULE 33.5 MG (50 UNIT)	$0 (Nivel 1)	DP
YELETS TEENAGE FORMULA ORAL TABLET	$0 (Nivel 1)	DP
yl balanced b-100 oral tablet	$0 (Nivel 1)	DP
yl folic acid oral tablet 400 mcg	$0 (Nivel 1)	DP
yl vitamin b-6 oral tablet 100 mg	$0 (Nivel 1)	DP
yl vitamin c oral tablet 1000 mg, 500 mg	$0 (Nivel 1)	DP
yl vitamin c-rose hips oral tablet 1000 mg, 500 mg	$0 (Nivel 1)	DP
YOUR LIFE MULTI ADULT GUMMIES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
YUM-VS COMPLETE MULTIVITAMIN ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
YUMVS MULTI ZERO ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
YUMVS VITAMIN C ZERO ORAL TABLET CHEWABLE 125 MG	$0 (Nivel 1)	DP
YUMVS ZERO DIABETIC MULTIVITAM ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
YUMVSKIDS MULTI ZERO ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
zalvit oral tablet 13-1 mg	$0 (Nivel 1)	DP
ziphex oral tablet 13-1 mg	$0 (Nivel 1)	DP
ZOO FRIENDS MULTI GUMMIES ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ZOO FRIENDS/EXTRA C ORAL TABLET CHEWABLE	$0 (Nivel 1)	DP
TÓPICOS		
Agentes Para Boca/Garganta/Dentales		
ANBESOL MAXIMUM STRENGTH MOUTH/THROAT GEL 20 %	$0 (Nivel 1)	DP
AQUORAL MOUTH/THROAT SOLUTION	$0 (Nivel 1)	DP
BIOTENE DRY MOUTH MOIST SPRAY MOUTH/THROAT SOLUTION	$0 (Nivel 1)	DP
cevimeline hcl oral capsule 30 mg	$0-$12.65 (Nivel 4)	
chlorhexidine gluconate mouth/throat solution 0.12 %	$0 (Nivel 1)	
clotrimazole mouth/throat troche 10 mg	$0-$12.65 (Nivel 3)	QL; 150 pastillas cada 30 días
cvs dry mouth mouth/throat solution	$0 (Nivel 1)	DP
cvs oral anesthetic max str mouth/throat gel 20 %	$0 (Nivel 1)	DP
DENTA 5000 PLUS DENTAL CREAM 1.1 %	$0 (Nivel 1)	DP
dentagel dental gel 1.1 %	$0 (Nivel 1)	DP
eql dry mouth oral rinse mouth/throat solution	$0 (Nivel 1)	DP
FLUORIDEX DAILY RENEWAL MOUTH/THROAT CONCENTRATE 0.63 %	$0 (Nivel 1)	DP
fraiche 5000 dental dental gel 1.1 %	$0 (Nivel 1)	DP
goodsense oral pain relief mouth/throat gel 20 %	$0 (Nivel 1)	DP
HURRICAINE MOUTH/THROAT GEL 20 %	$0 (Nivel 1)	DP
instant oral pain relief max mouth/throat gel 20 %	$0 (Nivel 1)	DP
intense toothache pain relief mouth/throat gel 20 %	$0 (Nivel 1)	DP
KOURZEQ MOUTH/THROAT PASTE 0.1 %	$0-$12.65 (Nivel 3)	
lidocaine viscous hcl mouth/throat solution 2 %	$0 (Nivel 2)	
LOLLICAINE MOUTH/THROAT GEL 20 %	$0 (Nivel 1)	DP
MOI-STIR MOUTH/THROAT SOLUTION	$0 (Nivel 1)	DP
MOUTH KOTE MOUTH/THROAT SOLUTION	$0 (Nivel 1)	DP
MOUTH KOTE REMINT MOUTH/THROAT SOLUTION	$0 (Nivel 1)	DP
NUMOISYN MOUTH/THROAT LIQUID	$0 (Nivel 1)	DP
nystatin mouth/throat suspension 100000 unit/ml	$0 (Nivel 2)	
oral analgesic max st mouth/throat gel 20 %	$0 (Nivel 1)	DP
oral relief spray mouth/throat solution	$0 (Nivel 1)	DP
ORASEP MOUTH/THROAT SOLUTION 2-0.5-0.1 %	$0 (Nivel 1)	DP
PERIOGARD MOUTH/THROAT SOLUTION 0.12 %	$0 (Nivel 1)	
PERIOMED MOUTH/THROAT CONCENTRATE 0.63 %	$0 (Nivel 1)	DP
pilocarpine hcl oral tablet 5 mg, 7.5 mg	$0-$12.65 (Nivel 3)	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 %	$0 (Nivel 1)	DP

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 %	$0 (Nivel 1)	DP
PREVIDENT DENTAL GEL 1.1 %	$0 (Nivel 1)	DP
qc oral pain relieving mouth/throat gel 20 %	$0 (Nivel 1)	DP
ra dry mouth mouth/throat solution	$0 (Nivel 1)	DP
sf 5000 plus dental cream 1.1 %	$0 (Nivel 1)	DP
sf dental gel 1.1 %	$0 (Nivel 1)	DP
sodium fluoride 5000 plus dental cream 1.1 %	$0 (Nivel 1)	DP
sodium fluoride 5000 ppm dental cream 1.1 %	$0 (Nivel 1)	DP
sodium fluoride 5000 ppm dental gel 1.1 %	$0 (Nivel 1)	DP
sodium fluoride dental cream 1.1 %	$0 (Nivel 1)	DP
sodium fluoride dental gel 1.1 %	$0 (Nivel 1)	DP
triamcinolone acetonide mouth/throat paste 0.1 %	$0-$12.65 (Nivel 3)	
ZILACTIN BABY MOUTH/THROAT GEL 10 %	$0 (Nivel 1)	DP
Dermatología, Acné		
ACCUTANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	$0-$12.65 (Nivel 4)	PA
adapalene external gel 0.1 %	$0 (Nivel 1)	DP
adapalene treatment external gel 0.1 %	$0 (Nivel 1)	DP
AMNESTEEM ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	$0-$12.65 (Nivel 4)	PA
BENZEPRO EXTERNAL FOAM 5.3 %	$0 (Nivel 1)	DP
benzoyl peroxide-erythromycin external gel 5-3 %	$0-$12.65 (Nivel 4)	QL; 46,6 g cada 30 días
CLARAVIS ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	$0-$12.65 (Nivel 4)	PA
clindamycin phos (once-daily) external gel 1 %	$0-$12.65 (Nivel 3)	PA; QL; 75 ml cada 30 días
clindamycin phos (twice-daily) external gel 1 %	$0-$12.65 (Nivel 3)	QL; 60 g cada 30 días
clindamycin phos-benzoyl perox external gel 1.2-5 %	$0-$12.65 (Nivel 3)	QL; 45 g cada 30 días
clindamycin phosphate external lotion 1 %	$0-$12.65 (Nivel 3)	QL; 60 ml cada 30 días
clindamycin phosphate external solution 1 %	$0-$12.65 (Nivel 3)	QL; 60 ml cada 30 días
cvs adapalene external gel 0.1 %	$0 (Nivel 1)	DP
DIFFERIN EXTERNAL GEL 0.1 %	$0 (Nivel 1)	DP
ery external pad 2 %	$0-$12.65 (Nivel 3)	QL; 60 compresas cada 30 días
erythromycin external gel 2 %	$0-$12.65 (Nivel 3)	QL; 60 g cada 30 días
erythromycin external solution 2 %	$0-$12.65 (Nivel 3)	QL; 60 ml cada 30 días
gnp adapalene external gel 0.1 %	$0 (Nivel 1)	DP
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	$0-$12.65 (Nivel 4)	PA
NEUAC EXTERNAL GEL 1.2-5 %	$0-$12.65 (Nivel 3)	QL; 45 g cada 30 días
sulfacetamide sodium (acne) external lotion 10 %	$0-$12.65 (Nivel 4)	QL; 118 ml cada 30 días
tretinoin external cream 0.025 %, 0.05 %, 0.1 %	$0-$12.65 (Nivel 4)	PA; QL; 45 g cada 30 días
tretinoin external gel 0.01 %, 0.025 %	$0-$12.65 (Nivel 4)	PA; QL; 45 g cada 30 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ZENATANE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG	$0-$12.65 (Nivel 4)	PA
Dermatología, Agentes Para El Cuidado De Heridas		
SANTYL EXTERNAL OINTMENT 250 UNIT/GM	$0-$12.65 (Nivel 4)	PA; QL; 180 g cada 30 días
sodium chloride irrigation solution 0.9 %	$0-$12.65 (Nivel 3)	
sterile water for irrigation irrigation solution	$0 (Nivel 2)	
Dermatología, Anestésicos Locales		
GLYDO EXTERNAL PREFILLED SYRINGE 2 %	$0-$12.65 (Nivel 3)	PA; QL; 60 ml cada 30 días
lidocaine external ointment 5 %	$0-$12.65 (Nivel 4)	PA; QL; 50 g cada 30 días
lidocaine external patch 5 %	$0-$12.65 (Nivel 4)	PA; QL; 3 parches cada 1 día
lidocaine hcl external solution 4 %	$0-$12.65 (Nivel 3)	PA; QL; 50 ml cada 30 días
lidocaine hcl urethral/mucosal external prefilled syringe 2 %	$0-$12.65 (Nivel 3)	PA; QL; 60 ml cada 30 días
lidocaine-prilocaine external cream 2.5-2.5 %	$0 (Nivel 2)	B/D; QL; 30 g cada 30 días
LIDOCAN EXTERNAL PATCH 5 %	$0-$12.65 (Nivel 4)	PA; QL; 3 parches cada 1 día
TRIDACAINE III EXTERNAL PATCH 5 %	$0-$12.65 (Nivel 4)	PA; QL; 3 parches cada 1 día
Dermatología, Antibióticos		
antibiotic external ointment 500 unit/gm	$0 (Nivel 1)	DP
bacitracin external ointment 500 unit/gm	$0 (Nivel 1)	DP
bacitracin zinc external ointment 500 unit/gm	$0 (Nivel 1)	DP
bacitracin zinc-aloe external ointment 500 unit/gm	$0 (Nivel 1)	DP
BACITRAYCIN PLUS EXTERNAL OINTMENT 500 UNIT/GM	$0 (Nivel 1)	DP
cvs antibiotic external ointment 3.5-400-5000	$0 (Nivel 1)	DP
cvs antibiotic pain/scar external ointment 1 %	$0 (Nivel 1)	DP
cvs bacitracin external ointment 500 unit/gm	$0 (Nivel 1)	DP
cvs bacitracin zinc external ointment 500 unit/gm	$0 (Nivel 1)	DP
double antibiotic external ointment 500-10000 unit/gm	$0 (Nivel 1)	DP
eq bacitracin zinc external ointment 500 unit/gm	$0 (Nivel 1)	DP
eq triple antibiotic external ointment 3.5-400-5000	$0 (Nivel 1)	DP
eql bacitracin zinc external ointment 500 unit/gm	$0 (Nivel 1)	DP
eql first aid antibiotic external ointment 1 %, 3.5-400-5000	$0 (Nivel 1)	DP
first aid antibiotic external ointment 3.5-500-10000	$0 (Nivel 1)	DP
ft antibiotic external ointment 500 unit/gm	$0 (Nivel 1)	DP
ft double antibiotic external ointment 500-10000 unit/gm	$0 (Nivel 1)	DP
ft triple antibiotic + pain external ointment 1 %	$0 (Nivel 1)	DP
ft triple antibiotic external ointment 3.5-400-5000	$0 (Nivel 1)	DP
gentamicin sulfate external cream 0.1 %	$0-$12.65 (Nivel 3)	QL; 30 g cada 30 días

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
gentamicin sulfate external ointment 0.1 %	$0-$12.65 (Nivel 3)	QL; 30 g cada 30 días
gnp bacitracin zinc external ointment 500 unit/gm	$0 (Nivel 1)	DP
gnp triple antibiotic external ointment	$0 (Nivel 1)	DP
gnp triple antibiotic plus external ointment 1 %	$0 (Nivel 1)	DP
goodsense first aid antibiotic external ointment	$0 (Nivel 1)	DP
LANABIOTIC EXTERNAL OINTMENT 5-500-10000	$0 (Nivel 1)	DP
medi-first triple antibiotic external ointment 5-400-5000 mg-unit	$0 (Nivel 1)	DP
meijer triple antibiotic external ointment 3.5-400-5000	$0 (Nivel 1)	DP
mupirocin external ointment 2 %	$0 (Nivel 2)	QL; 220 g cada 30 días
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 %	$0 (Nivel 1)	DP
NEOSPORIN + PAIN/ITCH/SCAR EXTERNAL OINTMENT 1 %	$0 (Nivel 1)	DP
NEOSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM	$0 (Nivel 1)	DP
NEOSPORIN ORIGINAL EXTERNAL OINTMENT , 3.5-400-5000	$0 (Nivel 1)	DP
NEOSPORIN/BURN RELIEF EXTERNAL OINTMENT 1 %	$0 (Nivel 1)	DP
poly bacitracin external ointment 500-10000 unit/gm	$0 (Nivel 1)	DP
POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM	$0 (Nivel 1)	DP
qc bacitracin external ointment 500 unit/gm	$0 (Nivel 1)	DP
qc bacitracin zinc external ointment 500 unit/gm	$0 (Nivel 1)	DP
qc triple antibiotic external ointment 3.5-400-5000	$0 (Nivel 1)	DP
qc triple antibiotic max st external ointment 1 %	$0 (Nivel 1)	DP
qc triple antibiotic multi-act external ointment 1 %	$0 (Nivel 1)	DP
qc triple antibiotic pain rlf external ointment 1 %	$0 (Nivel 1)	DP
ra antibiotic + pain relief external ointment 1 %	$0 (Nivel 1)	DP
ra antibiotic/pain relief external ointment 1 %	$0 (Nivel 1)	DP
ra bacitracin external ointment 500 unit/gm	$0 (Nivel 1)	DP
ra bacitracin zinc first aid external ointment 500 unit/gm	$0 (Nivel 1)	DP
ra double antibiotic external ointment 500-10000 unit/gm	$0 (Nivel 1)	DP
ra triple antibiotic external ointment 3.5-400-5000	$0 (Nivel 1)	DP
sb bacitracin external ointment 500 unit/gm	$0 (Nivel 1)	DP
sb triple antibiotic external ointment 3.5-400-5000	$0 (Nivel 1)	DP
silver sulfadiazine external cream 1 %	$0 (Nivel 2)	
SSD EXTERNAL CREAM 1 %	$0 (Nivel 2)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
SULFAMYLON EXTERNAL CREAM 85 MG/GM	$0-$12.65 (Nivel 4)	QL; 453,6 g cada 30 días
triple antibiotic external ointment , 3.5-400-5000 , 3.5-400-5000 mg-unit, 5-400-5000 , 5-400-5000 mg-unit	$0 (Nivel 1)	DP
triple antibiotic pain relief external ointment 1 %	$0 (Nivel 1)	DP
triple antibiotic plus external ointment 1 %	$0 (Nivel 1)	DP
triple antibiotic plus max st external ointment 1 %	$0 (Nivel 1)	DP
wal-sporin external ointment 500-100000 unit/gm	$0 (Nivel 1)	DP
Dermatología, Anticuerpos		
ALOE VESTA ANTIFUNGAL EXTERNAL OINTMENT 2 %	$0 (Nivel 1)	DP
antifungal (clotrimazole) external cream 1 %	$0 (Nivel 1)	DP
antifungal (tolnaftate) external cream 1 %	$0 (Nivel 1)	DP
antifungal external cream 2 %	$0 (Nivel 1)	DP
antifungal external powder 2 %	$0 (Nivel 1)	DP
athletes foot (clotrimazole) external cream 1 %	$0 (Nivel 1)	DP
athletes foot (terbinafine) external cream 1 %	$0 (Nivel 1)	DP
athletes foot external cream 1 %	$0 (Nivel 1)	DP
athletes foot external powder 2 %	$0 (Nivel 1)	DP
athletes foot external solution 1 %	$0 (Nivel 1)	DP
athletes foot powder spray external aerosol powder 1 %	$0 (Nivel 1)	DP
AZOLEN ANTI-FUNGAL WASH EXTERNAL SOLUTION 2 %	$0 (Nivel 1)	DP
AZOLEN TINCTURE EXTERNAL SOLUTION 2 %	$0 (Nivel 1)	DP
baza antifungal external cream 2 %	$0 (Nivel 1)	DP
butenafine hcl external cream 1 %	$0 (Nivel 1)	DP
castellani paint external liquid 1.5 %	$0 (Nivel 1)	DP
castellani paint modified external liquid 1.5 %	$0 (Nivel 1)	DP
ciclopirox external shampoo 1 %	$0-$12.65 (Nivel 3)	QL; 120 ml cada 30 días
ciclopirox olamine external cream 0.77 %	$0-$12.65 (Nivel 3)	QL; 90 g cada 30 días
ciclopirox olamine external suspension 0.77 %	$0-$12.65 (Nivel 3)	QL; 60 ml cada 30 días
clotrimazole af external cream 1 %	$0 (Nivel 1)	DP
clotrimazole anti-fungal external cream 1 %	$0 (Nivel 1)	DP
clotrimazole athletes foot external cream 1 %	$0 (Nivel 1)	DP
clotrimazole cream 1 % external (otc)	$0 (Nivel 1)	DP
clotrimazole cream 1 % external (rx)	$0 (Nivel 1)	DP
clotrimazole cream 1 % external (rx)	$0 (Nivel 2)	QL; 45 g cada 30 días
clotrimazole solution 1 % external (otc)	$0 (Nivel 1)	DP
clotrimazole solution 1 % external (rx)	$0 (Nivel 1)	DP
clotrimazole solution 1 % external (rx)	$0-$12.65 (Nivel 3)	QL; 60 ml cada 30 días

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
clotrimazole-betamethasone external cream 1-0.05 %	$0-$12.65 (Nivel 3)	QL; 45 g cada 30 días
CRITIC-AID CLEAR AF EXTERNAL OINTMENT 2 %	$0 (Nivel 1)	DP
cvs athletes foot (tolnaftate) external aerosol powder 1 %	$0 (Nivel 1)	DP
cvs athletes foot (tolnaftate) external cream 1 %	$0 (Nivel 1)	DP
cvs athletes foot external cream 1 %	$0 (Nivel 1)	DP
cvs butenafine hcl external cream 1 %	$0 (Nivel 1)	DP
cvs clotrimazole external cream 1 %	$0 (Nivel 1)	DP
cvs clotrimazole external solution 1 %	$0 (Nivel 1)	DP
cvs foot & sneaker external aerosol powder 1 %	$0 (Nivel 1)	DP
cvs itch relief external cream 1 %	$0 (Nivel 1)	DP
cvs jock itch external cream 1 %	$0 (Nivel 1)	DP
cvs ringworm external cream 1 %	$0 (Nivel 1)	DP
DESENEX EXTERNAL CREAM 2 %	$0 (Nivel 1)	DP
DESENEX EXTERNAL POWDER 2 %	$0 (Nivel 1)	DP
econazole nitrate external cream 1 %	$0-$12.65 (Nivel 3)	QL; 85 g cada 30 días
eq antifungal external cream 1 %	$0 (Nivel 1)	DP
eq athletes foot (terbinafine) external cream 1 %	$0 (Nivel 1)	DP
eq athletes foot (tolnaftate) external cream 1 %	$0 (Nivel 1)	DP
eq athletes foot external cream 1 %	$0 (Nivel 1)	DP
eq athletes foot ultra external cream 1 %	$0 (Nivel 1)	DP
eq jock itch external cream 1 %	$0 (Nivel 1)	DP
eql athletes foot external cream 1 %	$0 (Nivel 1)	DP
eql athletes foot(terbinafine) external cream 1 %	$0 (Nivel 1)	DP
ft antifungal external cream 1 %, 2 %	$0 (Nivel 1)	DP
ft athletes foot (clotrimaz) external cream 1 %	$0 (Nivel 1)	DP
ft athletes foot (terbinafine) external cream 1 %	$0 (Nivel 1)	DP
fungi-guard external cream 1 %	$0 (Nivel 1)	DP
FUNGOID TINCTURE EXTERNAL SOLUTION 2 %	$0 (Nivel 1)	DP
gnp athletes foot external cream 1 %	$0 (Nivel 1)	DP
gnp miconazorb af external powder 2 %	$0 (Nivel 1)	DP
gnp terbinafine hydrochloride external cream 1 %	$0 (Nivel 1)	DP
gnp tolnaftate external cream 1 %	$0 (Nivel 1)	DP
goodsense athletes foot external cream 1 %	$0 (Nivel 1)	DP
jock itch external cream 1 %	$0 (Nivel 1)	DP
jock itch relief external cream 1 %	$0 (Nivel 1)	DP
ketoconazole cream 2 % external	$0-$12.65 (Nivel 3)	QL; 60 g cada 30 días
ketoconazole cream 2 % external	$0 (Nivel 1)	DP
ketoconazole external shampoo 2 %	$0 (Nivel 2)	QL; 120 ml cada 30 días

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
KLAYESTA EXTERNAL POWDER 100000 UNIT/GM	$0-$12.65 (Nivel 3)	QL; 60 g cada 30 días
LAMISIL AT ATHLETES FOOT EXTERNAL CREAM 1 %	$0 (Nivel 1)	DP
LAMISIL AT JOCK ITCH EXTERNAL CREAM 1 %	$0 (Nivel 1)	DP
LOTRIMIN AF EXTERNAL CREAM 1 %	$0 (Nivel 1)	DP
LOTRIMIN AF EXTERNAL POWDER 1 %	$0 (Nivel 1)	DP
LOTRIMIN AF JOCK ITCH EXTERNAL CREAM 1 %	$0 (Nivel 1)	DP
LOTRIMIN ULTRA EXTERNAL CREAM 1 %	$0 (Nivel 1)	DP
MEDPURA ANTIFUNGAL EXTERNAL CREAM 2 %	$0 (Nivel 1)	DP
micaderm external cream 2 %	$0 (Nivel 1)	DP
miconazole antifungal external cream 2 %	$0 (Nivel 1)	DP
miconazole external powder 2 %	$0 (Nivel 1)	DP
miconazole nitrate external cream 2 %	$0 (Nivel 1)	DP
miconazole nitrate external solution 2 %	$0 (Nivel 1)	DP
miconazorb af external powder 2 %	$0 (Nivel 1)	DP
MICOTRIN AP EXTERNAL POWDER 2 %	$0 (Nivel 1)	DP
MYCOZYL AP EXTERNAL POWDER 2 %	$0 (Nivel 1)	DP
NYAMYC EXTERNAL POWDER 100000 UNIT/GM	$0-$12.65 (Nivel 3)	QL; 60 g cada 30 días
nystatin external cream 100000 unit/gm	$0 (Nivel 2)	QL; 30 g cada 30 días
nystatin external ointment 100000 unit/gm	$0 (Nivel 2)	QL; 30 g cada 30 días
nystatin external powder 100000 unit/gm	$0-$12.65 (Nivel 3)	QL; 60 g cada 30 días
NYSTOP EXTERNAL POWDER 100000 UNIT/GM	$0-$12.65 (Nivel 3)	QL; 60 g cada 30 días
odor control foot & sneaker external aerosol powder 1 %	$0 (Nivel 1)	DP
ODOR EATERS ANTIFUNGAL EXTERNAL POWDER 1 %	$0 (Nivel 1)	DP
ODOR EATERS FOOT/SNEAKER SPRAY EXTERNAL AEROSOL POWDER 1 %	$0 (Nivel 1)	DP
pro-ex antifungal external cream 1 %	$0 (Nivel 1)	DP
qc antifungal (tolnaftate) external cream 1 %	$0 (Nivel 1)	DP
qc athletes foot external cream 1 %	$0 (Nivel 1)	DP
qc clotrimazole external cream 1 %	$0 (Nivel 1)	DP
qc tolnaftate external cream 1 %	$0 (Nivel 1)	DP
ra antifungal foot care external cream 1 %	$0 (Nivel 1)	DP
ra athletes foot external cream 1 %	$0 (Nivel 1)	DP
ra clotrimazole external cream 1 %	$0 (Nivel 1)	DP
ra foot care (terbinafine) external cream 1 %	$0 (Nivel 1)	DP
ra foot care (tolnaftate) external cream 1 %	$0 (Nivel 1)	DP
ra jock itch external cream 1 %	$0 (Nivel 1)	DP
ra jock itch max st external aerosol powder 1 %	$0 (Nivel 1)	DP

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sb anti-fungal external cream 1 %	$0 (Nivel 1)	DP
sb clotrimazole foot external cream 1 %	$0 (Nivel 1)	DP
SECURA ANTIFUNGAL EXTRA THICK EXTERNAL CREAM 2 %	$0 (Nivel 1)	DP
selenium sulfide external lotion 2.5 %	$0 (Nivel 2)	
terbinafine hcl external cream 1 %	$0 (Nivel 1)	DP
TINACTIN EXTERNAL CREAM 1 %	$0 (Nivel 1)	DP
TINEACIDE EXTERNAL CREAM 2 %	$0 (Nivel 1)	DP
tolnaftate antifungal external cream 1 %	$0 (Nivel 1)	DP
tolnaftate antifungal external powder 1 %	$0 (Nivel 1)	DP
tolnaftate external aerosol powder 1 %	$0 (Nivel 1)	DP
tolnaftate external cream 1 %	$0 (Nivel 1)	DP
tolnaftate external powder 1 %	$0 (Nivel 1)	DP
tolnaftate powder	$0 (Nivel 1)	DP
TRIMAZOLE EXTERNAL CREAM 1 %	$0 (Nivel 1)	DP
TRIPLE PASTE AF EXTERNAL OINTMENT 2 %	$0 (Nivel 1)	DP
TRITOLNACIDE C EXTERNAL CREAM 1 %	$0 (Nivel 1)	DP
ZEASORB-AF EXTERNAL POWDER 2 %	$0 (Nivel 1)	DP
Dermatología, Antipsoriáticos		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	$0-$12.65 (Nivel 4)	PA
calcipotriene external cream 0.005 %	$0-$12.65 (Nivel 4)	PA; QL; 120 g cada 30 días
calcipotriene external ointment 0.005 %	$0-$12.65 (Nivel 4)	PA; QL; 120 g cada 30 días
calcipotriene external solution 0.005 %	$0-$12.65 (Nivel 3)	PA; QL; 120 ml cada 30 días
CALCITRENE EXTERNAL OINTMENT 0.005 %	$0-$12.65 (Nivel 4)	PA; QL; 120 g cada 30 días
ENSTILAR EXTERNAL FOAM 0.005-0.064 %	$0-$12.65 (Nivel 5)	PA; QL; 120 g cada 30 días
PELLIX EXTERNAL SOLUTION 0.005 %	$0-$12.65 (Nivel 3)	PA; QL; 120 ml cada 30 días
tazarotene external cream 0.05 %, 0.1 %	$0-$12.65 (Nivel 3)	PA; QL; 60 g cada 30 días
Dermatología, Corticosteroides		
ala-cort external cream 1 %	$0 (Nivel 1)	
alclometasone dipropionate external cream 0.05 %	$0-$12.65 (Nivel 3)	QL; 60 g cada 30 días
alclometasone dipropionate external ointment 0.05 %	$0-$12.65 (Nivel 3)	QL; 60 g cada 30 días
betamethasone dipropionate aug external cream 0.05 %	$0 (Nivel 2)	QL; 120 g cada 30 días
betamethasone dipropionate aug external gel 0.05 %	$0-$12.65 (Nivel 4)	QL; 120 g cada 30 días
betamethasone dipropionate aug external lotion 0.05 %	$0-$12.65 (Nivel 4)	QL; 120 ml cada 30 días
betamethasone dipropionate aug external ointment 0.05 %	$0-$12.65 (Nivel 4)	QL; 120 g cada 30 días
betamethasone dipropionate external cream 0.05 %	$0-$12.65 (Nivel 3)	QL; 120 g cada 30 días
betamethasone dipropionate external lotion 0.05 %	$0-$12.65 (Nivel 3)	QL; 120 ml cada 30 días

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betamethasone dipropionate external ointment 0.05 %	$0-$12.65 (Nivel 4)	QL; 120 g cada 30 días
betamethasone valerate external cream 0.1 %	$0-$12.65 (Nivel 3)	QL; 120 g cada 30 días
betamethasone valerate external lotion 0.1 %	$0-$12.65 (Nivel 3)	QL; 120 ml cada 30 días
betamethasone valerate external ointment 0.1 %	$0-$12.65 (Nivel 3)	QL; 120 g cada 30 días
clobetasol prop emollient base external cream 0.05 %	$0-$12.65 (Nivel 4)	QL; 120 g cada 30 días
clobetasol propionate external cream 0.05 %	$0-$12.65 (Nivel 4)	QL; 120 g cada 30 días
clobetasol propionate external gel 0.05 %	$0-$12.65 (Nivel 4)	QL; 120 g cada 30 días
clobetasol propionate external ointment 0.05 %	$0-$12.65 (Nivel 4)	QL; 120 g cada 30 días
clobetasol propionate external shampoo 0.05 %	$0-$12.65 (Nivel 4)	QL; 236 ml cada 30 días
clobetasol propionate external solution 0.05 %	$0-$12.65 (Nivel 4)	QL; 100 ml cada 30 días
CLODAN EXTERNAL SHAMPOO 0.05 %	$0-$12.65 (Nivel 4)	QL; 236 ml cada 30 días
fluocinolone acetonide body external oil 0.01 %	$0-$12.65 (Nivel 3)	QL; 118,28 ml cada 30 días
fluocinolone acetonide external cream 0.01 %	$0-$12.65 (Nivel 4)	QL; 60 g cada 30 días
fluocinolone acetonide external cream 0.025 %	$0-$12.65 (Nivel 4)	QL; 120 g cada 30 días
fluocinolone acetonide external ointment 0.025 %	$0-$12.65 (Nivel 3)	QL; 120 g cada 30 días
fluocinolone acetonide external solution 0.01 %	$0-$12.65 (Nivel 4)	QL; 60 ml cada 30 días
fluocinolone acetonide scalp external oil 0.01 %	$0-$12.65 (Nivel 3)	QL; 118,28 ml cada 30 días
fluocinonide emulsified base external cream 0.05 %	$0-$12.65 (Nivel 4)	QL; 120 g cada 30 días
fluocinonide external cream 0.05 %, 0.1 %	$0-$12.65 (Nivel 3)	QL; 120 g cada 30 días
fluocinonide external gel 0.05 %	$0-$12.65 (Nivel 4)	QL; 60 g cada 30 días
fluocinonide external ointment 0.05 %	$0-$12.65 (Nivel 4)	QL; 60 g cada 30 días
fluocinonide external solution 0.05 %	$0-$12.65 (Nivel 3)	QL; 60 ml cada 30 días
fluticasone propionate external cream 0.05 %	$0-$12.65 (Nivel 3)	
fluticasone propionate external ointment 0.005 %	$0-$12.65 (Nivel 3)	
halobetasol propionate external cream 0.05 %	$0-$12.65 (Nivel 4)	QL; 50 g cada 30 días
halobetasol propionate external ointment 0.05 %	$0-$12.65 (Nivel 4)	QL; 50 g cada 30 días
hydrocortisone external cream 1 %	$0 (Nivel 1)	
hydrocortisone external cream 2.5 %	$0 (Nivel 2)	
hydrocortisone external lotion 2.5 %	$0 (Nivel 2)	
hydrocortisone external ointment 1 %	$0 (Nivel 2)	QL; 30 g cada 30 días
hydrocortisone external ointment 2.5 %	$0 (Nivel 2)	
hydrocortisone valerate external cream 0.2 %	$0-$12.65 (Nivel 3)	QL; 60 g cada 30 días
mometasone furoate external cream 0.1 %	$0-$12.65 (Nivel 3)	
mometasone furoate external ointment 0.1 %	$0-$12.65 (Nivel 3)	
mometasone furoate external solution 0.1 %	$0-$12.65 (Nivel 3)	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	$0 (Nivel 2)	QL; 454 g cada 30 días
triamcinolone acetonide external lotion 0.025 %, 0.1 %	$0-$12.65 (Nivel 3)	

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Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	$0 (Nivel 2)	
TRIDERM EXTERNAL CREAM 0.5 %	$0 (Nivel 2)	QL; 454 g cada 30 días
Dermatología, Escabicidas Y Pediculicidas		
cvs lice killing external shampoo 0.33-4 %	$0 (Nivel 1)	DP
CVS LICE SOLUTION COMBINATION KIT	$0 (Nivel 1)	DP
eql lice killing max st external shampoo 0.33-4 %	$0 (Nivel 1)	DP
ft lice killing max st external shampoo 0.33-4 %	$0 (Nivel 1)	DP
gnp lice killing external shampoo 0.33-4 %	$0 (Nivel 1)	DP
gnp lice treatment external liquid 1 %	$0 (Nivel 1)	DP
goodsense lice killing external liquid 1 %	$0 (Nivel 1)	DP
goodsense lice killing max str external shampoo 0.33-4 %	$0 (Nivel 1)	DP
lice killing external shampoo 0.33-4 %	$0 (Nivel 1)	DP
lice killing shampoo max str external shampoo 0.33-4 %	$0 (Nivel 1)	DP
lice treatment external liquid 1 %	$0 (Nivel 1)	DP
malathion external lotion 0.5 %	$0-$12.65 (Nivel 4)	QL; 59 ml cada 30 días
NIX CREME RINSE EXTERNAL LIQUID 1 %	$0 (Nivel 1)	DP
permethrin external cream 5 %	$0-$12.65 (Nivel 3)	QL; 60 g cada 30 días
ra lice maximum strength external shampoo 0.33-4 %	$0 (Nivel 1)	DP
ra lice solution combination kit 0.5-0.33-4 %	$0 (Nivel 1)	DP
ra lice treatment external liquid 1 %	$0 (Nivel 1)	DP
RID LICE KILLING SHAMPOO EXTERNAL SHAMPOO 0.33-4 %	$0 (Nivel 1)	DP
sb lice killing max st external shampoo 0.33-4 %	$0 (Nivel 1)	DP
sb lice treatment external liquid 1 %	$0 (Nivel 1)	DP
stop lice complete treatment combination kit 0.33-4-0.5 %	$0 (Nivel 1)	DP
Dermatología, Varios Para La Piel Y Membranas Mucosas		
AL12 EXTERNAL LOTION 12 %	$0 (Nivel 1)	DP
aluminum acetate external solution	$0 (Nivel 1)	DP
AMLACTIN DAILY EXTERNAL LOTION 12 %	$0 (Nivel 1)	DP
AMLACTIN DAILY NOURISH EXTERNAL LOTION 12 %	$0 (Nivel 1)	DP
AMLACTIN ULTRA SMOOTHING EXTERNAL CREAM 15 %	$0 (Nivel 1)	DP
ammonium lactate cream 12 % external (otc)	$0 (Nivel 1)	DP
ammonium lactate cream 12 % external (rx)	$0 (Nivel 2)	
ammonium lactate cream 12 % external (rx)	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
ammonium lactate lotion 12 % external (otc)	$0 (Nivel 1)	DP
ammonium lactate lotion 12 % external (rx)	$0 (Nivel 1)	DP
ammonium lactate lotion 12 % external (rx)	$0 (Nivel 2)	
anti-itch external cream 2-0.1 %	$0 (Nivel 1)	DP
anti-itch extra strength external cream 2-0.1 %	$0 (Nivel 1)	DP
antiseptic skin cleanser external solution 4 %	$0 (Nivel 1)	DP
AQUA GLYCOLIC FACE EXTERNAL CREAM	$0 (Nivel 1)	DP
AQUA-CERIN EXTERNAL CREAM	$0 (Nivel 1)	DP
arthritis pain relieving external cream 0.075 %	$0 (Nivel 1)	DP
ASPERCREME LIDOCAINE EXTERNAL PATCH 4 %	$0 (Nivel 1)	DP
asperflex max st external patch 4 %	$0 (Nivel 1)	DP
ASPERFLEX PAIN RELIEVING EXTERNAL PATCH 4 %	$0 (Nivel 1)	DP
astringent external packet	$0 (Nivel 1)	DP
AVEENO DAILY MOISTURIZING FACE EXTERNAL CREAM	$0 (Nivel 1)	DP
AVEENO INTENSE RELIEF HAND EXTERNAL CREAM	$0 (Nivel 1)	DP
AVEENO POSITIVELY RADIANT EXTERNAL CREAM	$0 (Nivel 1)	DP
AVEENO RESTORATIVE SKIN THERAP EXTERNAL CREAM	$0 (Nivel 1)	DP
AVEENO SKIN RELF MOIST REPAIR EXTERNAL CREAM	$0 (Nivel 1)	DP
BABY ANTI MONKEY BUTT EXTERNAL POWDER 8 %	$0 (Nivel 1)	DP
BALMBARR HAND & BODY EXTERNAL CREAM	$0 (Nivel 1)	DP
BALMBARR MOISTURIZING EXTERNAL CREAM	$0 (Nivel 1)	DP
BALMBARR STRETCH MARK EXTERNAL CREAM	$0 (Nivel 1)	DP
BANOPHEN EXTERNAL CREAM 2-0.1 %	$0 (Nivel 1)	DP
BENADRYL EXTRA STRENGTH EXTERNAL CREAM 2-0.1 %	$0 (Nivel 1)	DP
benzoin external tincture	$0 (Nivel 1)	DP
beta care external cream	$0 (Nivel 1)	DP
BETA XMA EXTERNAL CREAM	$0 (Nivel 1)	DP
BETADINE EXTERNAL SOLUTION 10 %, 5 %	$0 (Nivel 1)	DP
BETADINE SURGICAL SCRUB EXTERNAL SOLUTION 7.5 %	$0 (Nivel 1)	DP
BETASEPT SURGICAL SCRUB EXTERNAL SOLUTION 4 %	$0 (Nivel 1)	DP
bexarotene external gel 1 %	$0-$12.65 (Nivel 5)	PA; QL; 60 g cada 30 días

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
BLUE-EMU PAIN RELIEF DRY EXTERNAL PATCH 4 %	$0 (Nivel 1)	DP
boro-packs external packet 49-51 %	$0 (Nivel 1)	DP
calamine external lotion 8-8 %	$0 (Nivel 1)	DP
calamine-zinc oxide external lotion , 8-8 %	$0 (Nivel 1)	DP
CALMOSEPTINE EXTERNAL OINTMENT 0.44-20.6 %	$0 (Nivel 1)	DP
CALPROTECT EXTERNAL OINTMENT 0.44-20.6 %	$0 (Nivel 1)	DP
capsaicin external cream 0.025 %, 0.035 %, 0.05 %, 0.075 %, 0.1 %	$0 (Nivel 1)	DP
capsaicin hp external cream 0.1 %	$0 (Nivel 1)	DP
capsaicin pain relief external cream 0.1 %	$0 (Nivel 1)	DP
capsaid es arthritis relief external cream 0.1 %	$0 (Nivel 1)	DP
CAPZASIN-HP EXTERNAL CREAM 0.1 %	$0 (Nivel 1)	DP
CAPZASIN-P EXTERNAL CREAM 0.035 %	$0 (Nivel 1)	DP
capzix external cream 0.1 %	$0 (Nivel 1)	DP
CERAVE DIABETICS DRY SKIN EXTERNAL CREAM	$0 (Nivel 1)	DP
CERAVE MOISTURIZING EXTERNAL CREAM	$0 (Nivel 1)	DP
CERAVE SA ROUGH & BUMPY SKIN EXTERNAL CREAM	$0 (Nivel 1)	DP
CETAPHIL MOISTURIZING EXTERNAL CREAM	$0 (Nivel 1)	DP
CETAPHIL THERAPEUTIC HAND EXTERNAL CREAM	$0 (Nivel 1)	DP
chlorhexidine gluconate external solution 4 %	$0 (Nivel 1)	DP
CICAPLAST BAUME B5 SOOTH BALM EXTERNAL CREAM	$0 (Nivel 1)	DP
CIRCATA EXTERNAL CREAM 0.05 %	$0 (Nivel 1)	DP
CLORPACTIN POWDER 2 GM	$0 (Nivel 1)	DP
cocoa butter skin external cream	$0 (Nivel 1)	DP
coconut oil beauty external cream	$0 (Nivel 1)	DP
collagen external cream	$0 (Nivel 1)	DP
collagen premium skin external cream	$0 (Nivel 1)	DP
CUTEMOL EXTERNAL CREAM	$0 (Nivel 1)	DP
cvs antiseptic skin cleanser external solution 4 %	$0 (Nivel 1)	DP
cvs astringent solution external packet	$0 (Nivel 1)	DP
cvs capsaicin hp external cream 0.1 %	$0 (Nivel 1)	DP
cvs dry skin therapy external cream	$0 (Nivel 1)	DP
cvs hydrating skin treatment external lotion 12 %	$0 (Nivel 1)	DP
cvs itch relief extra strength external cream 2-0.1 %	$0 (Nivel 1)	DP
cvs lidocaine pain relief external patch 4 %	$0 (Nivel 1)	DP
cvs lidocaine pain-relieving external patch 4 %	$0 (Nivel 1)	DP

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
cvs moisturizing external cream	$0 (Nivel 1)	DP
cvs pain relief external patch 4 %	$0 (Nivel 1)	DP
cvs povidone-iodine external solution 10 %	$0 (Nivel 1)	DP
cvs skin treatment external lotion 12 %	$0 (Nivel 1)	DP
cvs zinc oxide external ointment 20 %	$0 (Nivel 1)	DP
D-CERIN EXTERNAL CREAM 33 %	$0 (Nivel 1)	DP
DERMABASE EXTERNAL CREAM	$0 (Nivel 1)	DP
DERMACINRX CIRCATRIX EXTERNAL CREAM 0.05 %	$0 (Nivel 1)	DP
dermaide aloe external cream 70 %	$0 (Nivel 1)	DP
derma-r external cream	$0 (Nivel 1)	DP
DERMELEVE ANTI-ITCH SCALP EXTERNAL SOLUTION 0.2 %	$0 (Nivel 1)	DP
DERMEND BRUISE FORMULA EXTERNAL CREAM	$0 (Nivel 1)	DP
DERMEND FRAGILE SKIN EXTERNAL CREAM	$0 (Nivel 1)	DP
DIABETIDERM EXTERNAL CREAM	$0 (Nivel 1)	DP
DIABETIDERM FOOT REJUVENATING EXTERNAL CREAM	$0 (Nivel 1)	DP
diclofenac sodium external solution 1.5 %	$0-$12.65 (Nivel 3)	QL; 300 ml cada 28 días
diphenhydramine-zinc acetate external cream 2-0.1 %	$0 (Nivel 1)	DP
DML FORTE EXTERNAL CREAM	$0 (Nivel 1)	DP
DOMEBORO EXTERNAL PACKET	$0 (Nivel 1)	DP
DYNA-HEX 4 EXTERNAL SOLUTION 4 %	$0 (Nivel 1)	DP
ELON SKIN REPAIR SYSTEM EXTERNAL CREAM	$0 (Nivel 1)	DP
EMOLLIA-CREME EXTERNAL CREAM	$0 (Nivel 1)	DP
endit external ointment 20 %	$0 (Nivel 1)	DP
eq first aid antiseptic external solution 10 %	$0 (Nivel 1)	DP
eq lidocaine pain relieving external patch 4 %	$0 (Nivel 1)	DP
eq povidone-iodine external solution 10 %	$0 (Nivel 1)	DP
eq therapeutic dry skin external cream	$0 (Nivel 1)	DP
eq therapeutic moisturizing external cream	$0 (Nivel 1)	DP
eql moisturizing external cream	$0 (Nivel 1)	DP
eucerin advanced repair external cream	$0 (Nivel 1)	DP
EUCERIN ADVANCED REPAIR HAND EXTERNAL CREAM	$0 (Nivel 1)	DP
EUCERIN CALMING DAILY MOIST EXTERNAL CREAM	$0 (Nivel 1)	DP
EUCERIN DAILY HYDRATION EXTERNAL CREAM	$0 (Nivel 1)	DP
EUCERIN PLUS EXTERNAL CREAM 2.5-10 %	$0 (Nivel 1)	DP
EUCERIN REDNESS RELIEF NIGHT EXTERNAL CREAM	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
EUCERIN ROUGHNESS RELIEF EXTERNAL CREAM	$0 (Nivel 1)	DP
EUCERIN SKIN CALMING EXTERNAL CREAM	$0 (Nivel 1)	DP
EUCRISA EXTERNAL OINTMENT 2 %	$0-$12.65 (Nivel 4)	PA; QL; 120 g cada 30 días
first aid antiseptic external ointment 10 %	$0 (Nivel 1)	DP
fluorouracil external cream 5 %	$0-$12.65 (Nivel 4)	QL; 40 g cada 30 días
fluorouracil external solution 2 %, 5 %	$0-$12.65 (Nivel 3)	QL; 10 ml cada 30 días
formaldehyde external solution 10 %	$0 (Nivel 1)	DP
ft ammonium lactate external lotion 12 %	$0 (Nivel 1)	DP
ft anti-itch extra strength external cream 2-0.1 %	$0 (Nivel 1)	DP
ft antiseptic skin cleanser external solution 4 %	$0 (Nivel 1)	DP
ft calamine external lotion 8-8 %	$0 (Nivel 1)	DP
ft pain relief max strength external patch 4 %	$0 (Nivel 1)	DP
ft phenolated calamine external lotion	$0 (Nivel 1)	DP
ft povidone-iodine external solution 10 %	$0 (Nivel 1)	DP
gnp anti-itch external cream 2-0.1 %	$0 (Nivel 1)	DP
gnp antiseptic skin cleanser external solution 4 %	$0 (Nivel 1)	DP
gnp calamine external lotion 8-8 %	$0 (Nivel 1)	DP
gnp calamine phenolated external lotion	$0 (Nivel 1)	DP
gnp lidocaine pain relief external patch 4 %	$0 (Nivel 1)	DP
gnp povidone-iodine external solution 10 %	$0 (Nivel 1)	DP
gnp zinc oxide external ointment 20 %	$0 (Nivel 1)	DP
GOLD BOND CREPE CORRECTOR EXTERNAL CREAM	$0 (Nivel 1)	DP
GOLD BOND DIABETICS DRY SKIN EXTERNAL CREAM	$0 (Nivel 1)	DP
GOLD BOND ESSENTIALS MENS EXTERNAL CREAM	$0 (Nivel 1)	DP
GOLD BOND HEALING HAND EXTERNAL CREAM	$0 (Nivel 1)	DP
GOLD BOND RADIANCE RENEWAL EXTERNAL CREAM	$0 (Nivel 1)	DP
GOLD BOND ULT ROUGH/BUMPY SKIN EXTERNAL CREAM	$0 (Nivel 1)	DP
GOLD BOND ULTIMATE HEALING EXTERNAL CREAM	$0 (Nivel 1)	DP
GOLD BOND ULTIMATE SOOTHING EXTERNAL CREAM	$0 (Nivel 1)	DP
HEALTHWISE PAIN RELIEF EXTERNAL PATCH 4 %	$0 (Nivel 1)	DP
HIBICLENS EXTERNAL SOLUTION 4 %	$0 (Nivel 1)	DP
HYDRASYN25 EXTERNAL CREAM	$0 (Nivel 1)	DP
hydrocortisone (perianal) external cream 1 %, 2.5 %	$0-$12.65 (Nivel 3)	

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
imiquimod external cream 5 %	$0-$12.65 (Nivel 3)	QL; 24 paquetes cada 30 días
itch relief extra strength external cream 2-0.1 %	$0 (Nivel 1)	DP
J & J BURN CREAM EXTERNAL CREAM	$0 (Nivel 1)	DP
KERADAN EXTERNAL CREAM	$0 (Nivel 1)	DP
LAC-HYDRIN FIVE EXTERNAL LOTION 5 %	$0 (Nivel 1)	DP
LACTINOL HX EXTERNAL CREAM	$0 (Nivel 1)	DP
LIDO KING EXTERNAL PATCH 4 %	$0 (Nivel 1)	DP
lidocaine external patch 4 %	$0 (Nivel 1)	DP
lidocaine max st 24 hours external patch 4 %	$0 (Nivel 1)	DP
lidocaine pain relief external patch 4 %	$0 (Nivel 1)	DP
lidocaine pain relief max st external patch 4 %	$0 (Nivel 1)	DP
lidocaine pain relieving external patch 4 %	$0 (Nivel 1)	DP
lidocanna external patch 4 %	$0 (Nivel 1)	DP
LIDOCARE ARM/NECK/LEG EXTERNAL PATCH 4 %	$0 (Nivel 1)	DP
LIDOCARE BACK/SHOULDER EXTERNAL PATCH 4 %	$0 (Nivel 1)	DP
lidocore external patch 4 %	$0 (Nivel 1)	DP
LIDOGUARD EXTERNAL PATCH 4 %	$0 (Nivel 1)	DP
lidotrode external patch 4 %	$0 (Nivel 1)	DP
MEDERMA AG FACE EXTERNAL CREAM	$0 (Nivel 1)	DP
MEDERMA STRETCH MARKS THERAPY EXTERNAL CREAM	$0 (Nivel 1)	DP
MEDPURA HYDROSEPTINE EXTERNAL OINTMENT 0.44-20.6 %	$0 (Nivel 1)	DP
MEDPURA ZINC OXIDE EXTERNAL OINTMENT 20 %	$0 (Nivel 1)	DP
meijer calamine external lotion	$0 (Nivel 1)	DP
meijer zinc oxide external ointment 20 %	$0 (Nivel 1)	DP
metronidazole external cream 0.75 %	$0-$12.65 (Nivel 3)	QL; 45 g cada 30 días
metronidazole external gel 0.75 %	$0-$12.65 (Nivel 3)	QL; 45 g cada 30 días
metronidazole external lotion 0.75 %	$0-$12.65 (Nivel 4)	QL; 59 ml cada 30 días
moisture barrier external ointment 0.44-20.6 %	$0 (Nivel 1)	DP
moisturizing cream external cream	$0 (Nivel 1)	DP
NEUTROGENA HAND EXTERNAL CREAM	$0 (Nivel 1)	DP
NISEKO HYDRATING FACIAL EXTERNAL CREAM	$0 (Nivel 1)	DP
nitroglycerin rectal ointment 0.4 %	$0-$12.65 (Nivel 4)	QL; 30 g cada 30 días
NIVEA EXTERNAL CREAM	$0 (Nivel 1)	DP
NIVEA VISAGE EXTERNAL CREAM	$0 (Nivel 1)	DP
NIVEA VISAGE INNER BEAUTY EXTERNAL CREAM	$0 (Nivel 1)	DP
NUTRADERM EXTERNAL CREAM	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

Nombre del medicamento	Cuánto le costará el medicamento (nivel de cobertura)	Acciones necesarias, restricciones o límites de uso
OKEEFFES WORKING HANDS EXTERNAL CREAM	$0 (Nivel 1)	DP
pain relief max str external patch 4 %	$0 (Nivel 1)	DP
pain relief maximum strength external patch 4 %	$0 (Nivel 1)	DP
pain relieving lidocaine external patch 4 %	$0 (Nivel 1)	DP
PALMERS COCOA BUTTER FORMULA EXTERNAL CREAM	$0 (Nivel 1)	DP
PALMERS INTENSIVE RELIEF HAND EXTERNAL CREAM	$0 (Nivel 1)	DP
PALMERS NIGHT CREAM EXTERNAL CREAM	$0 (Nivel 1)	DP
PALMERS STRETCH MARKS EXTERNAL CREAM	$0 (Nivel 1)	DP
PANRETIN EXTERNAL GEL 0.1 %	$0-$12.65 (Nivel 5)	PA; QL; 60 g cada 30 días
PEN-KERA EXTERNAL CREAM	$0 (Nivel 1)	DP
PENTRAVAN EXTERNAL CREAM	$0 (Nivel 1)	DP
PENTRAVAN PLUS EXTERNAL CREAM	$0 (Nivel 1)	DP
phenol liquid , 89 %	$0 (Nivel 1)	DP
pimecrolimus external cream 1 %	$0-$12.65 (Nivel 4)	PA; QL; 100 g cada 30 días
podofilox external solution 0.5 %	$0-$12.65 (Nivel 3)	QL; 7 ml cada 28 días
povidone-iodine external solution 10 %	$0 (Nivel 1)	DP
PRETTY FEET/HANDS EXTERNAL CREAM	$0 (Nivel 1)	DP
PROCTOCORT EXTERNAL CREAM 1 %	$0-$12.65 (Nivel 3)	
PROCTO-MED HC EXTERNAL CREAM 2.5 %	$0-$12.65 (Nivel 3)	
PROCTOSOL HC EXTERNAL CREAM 2.5 %	$0-$12.65 (Nivel 3)	
PROCTOZONE-HC EXTERNAL CREAM 2.5 %	$0-$12.65 (Nivel 3)	
qc anti-itch extra strength external cream 2-0.1 %	$0 (Nivel 1)	DP
qc antiseptic skin cleanser external solution 4 %	$0 (Nivel 1)	DP
qc calamine external lotion	$0 (Nivel 1)	DP
qc lidocaine pain relief external patch 4 %	$0 (Nivel 1)	DP
qc povidone iodine external solution 10 %	$0 (Nivel 1)	DP
qc zinc oxide external ointment 20 %	$0 (Nivel 1)	DP
ra allergy external cream 2-0.1 %	$0 (Nivel 1)	DP
ra anti-itch skin protectant external cream 2-0.1 %	$0 (Nivel 1)	DP
ra antiseptic external solution 10 %	$0 (Nivel 1)	DP
ra antiseptic skin cleanser external solution 4 %	$0 (Nivel 1)	DP
ra lidocaine pain relieving external patch 4 %	$0 (Nivel 1)	DP
ra pain relieving external patch 4 %	$0 (Nivel 1)	DP
ra zinc oxide external ointment 20 %	$0 (Nivel 1)	DP
RE-LIEVED MAXIMUM STRENGTH EXTERNAL PATCH 4 %	$0 (Nivel 1)	DP
RESTA EXTERNAL CREAM	$0 (Nivel 1)	DP
RISABAL-PH EXTERNAL CREAM	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

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SALONPAS PAIN RELIEVING EXTERNAL PATCH 4 %	$0 (Nivel 1)	DP
sb povidone-iodine external solution 10 %	$0 (Nivel 1)	DP
SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION 10 %	$0 (Nivel 1)	DP
special care external cream	$0 (Nivel 1)	DP
STUDIO 35 MOISTURIZING SKIN EXTERNAL CREAM	$0 (Nivel 1)	DP
tacrolimus external ointment 0.03 %, 0.1 %	$0-$12.65 (Nivel 4)	PA; QL; 100 g cada 30 días
theracare lidocaine max str external patch 4 %	$0 (Nivel 1)	DP
theracare pain relief external patch 4 %	$0 (Nivel 1)	DP
therapeutic moisturizing external cream	$0 (Nivel 1)	DP
UDDERLY SMOOTH EXTERNAL CREAM	$0 (Nivel 1)	DP
UDDERLY SMOOTH EXTRA CARE 20 EXTERNAL CREAM	$0 (Nivel 1)	DP
UDDERLY SMOOTH EXTRA CARE EXTERNAL CREAM	$0 (Nivel 1)	DP
ultra lido external patch 4 %	$0 (Nivel 1)	DP
VALCHLOR EXTERNAL GEL 0.016 %	$0-$12.65 (Nivel 5)	PA; QL; 60 g cada 30 días
VANICREAM EXTERNAL CREAM	$0 (Nivel 1)	DP
VELVACHOL EXTERNAL CREAM	$0 (Nivel 1)	DP
vitamin e with panthenol external cream	$0 (Nivel 1)	DP
WAL-DRYL EXTERNAL CREAM 2-0.1 %	$0 (Nivel 1)	DP
we care zinc oxide external ointment 20 %	$0 (Nivel 1)	DP
WELMATE LIDOCAINE PAIN RELIEV EXTERNAL PATCH 4 %	$0 (Nivel 1)	DP
XERAC AC EXTERNAL SOLUTION 6.25 %	$0 (Nivel 1)	DP
zinc oxide external ointment 20 %, 25 %	$0 (Nivel 1)	DP
ZOSTRIX NATURAL PAIN RELIEF EXTERNAL CREAM 0.033 %	$0 (Nivel 1)	DP
Óticos		
CLEARCANAL EARWAX SOFTENER OTIC SOLUTION 6.5 %	$0 (Nivel 1)	DP
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION 6.5 %	$0 (Nivel 1)	DP
cvs ear drops otic solution 6.5 %	$0 (Nivel 1)	DP
cvs ear wax removal system otic solution 6.5 %	$0 (Nivel 1)	DP
cvs earwax removal kit otic solution 6.5 %	$0 (Nivel 1)	DP
DEBROX OTIC SOLUTION 6.5 %	$0 (Nivel 1)	DP
ear drops earwax aid otic solution 6.5 %	$0 (Nivel 1)	DP
ear drops otic solution 6.5 %	$0 (Nivel 1)	DP

PA - autorización previa **QL** - límites de cantidad **ST** - terapia escalonada **B/D** - cubierto por Medicare B o D **DP** - el medicamento no pertenece a la Parte D Última actualización: **10/29/2026**

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ear wax removal drops otic solution 6.5 %	$0 (Nivel 1)	DP
ear wax removal kit otic solution 6.5 %	$0 (Nivel 1)	DP
ear wax removal system otic solution 6.5 %	$0 (Nivel 1)	DP
earwax removal kit otic solution 6.5 %	$0 (Nivel 1)	DP
earwax removal otic solution 6.5 %	$0 (Nivel 1)	DP
earwax treatment drops otic solution 6.5 %	$0 (Nivel 1)	DP
eq ear wax removal aid otic solution 6.5 %	$0 (Nivel 1)	DP
eq earwax removal aid otic solution 6.5 %	$0 (Nivel 1)	DP
ft earwax removal kit otic solution 6.5 %	$0 (Nivel 1)	DP
ft earwax removal otic solution 6.5 %	$0 (Nivel 1)	DP
gnp earwax removal drops otic solution 6.5 %	$0 (Nivel 1)	DP
gnp earwax removal kit otic solution 6.5 %	$0 (Nivel 1)	DP
goodsense ear wax kit otic solution 6.5 %	$0 (Nivel 1)	DP
goodsense ear wax removal otic solution 6.5 %	$0 (Nivel 1)	DP
MURINE EAR OTIC SOLUTION 6.5 %	$0 (Nivel 1)	DP
MURINE EAR WAX REMOVAL SYSTEM OTIC SOLUTION 6.5 %	$0 (Nivel 1)	DP
qc ear wax removal otic solution 6.5 %	$0 (Nivel 1)	DP
qc earwax removal kit otic solution 6.5 %	$0 (Nivel 1)	DP
qc earwax removal otic solution 6.5 %	$0 (Nivel 1)	DP
ra ear drops otic solution 6.5 %	$0 (Nivel 1)	DP
ra earwax removal kit otic solution 6.5 %	$0 (Nivel 1)	DP
sm ear drops otic solution 6.5 %	$0 (Nivel 1)	DP

D. Índice de medicamentos cubiertos

En esta sección, puede encontrar un medicamento al buscarlo por su nombre en orden alfabético. Esto le indicará el número de página donde puede encontrar información adicional sobre la cobertura de su medicamento.

12 hour allergy-d 134
12 hour decongestant 134
12 hour nasal decongestant 134
12 hour nasal relief spray 134
12 hour nasal spray 134
12 hr mucus relief max 134
12hr allergy relief 121
1st base 66
24hr allergy relief 121
3 day vaginal 107
3232a infant formula 166
4-WAY FAST ACTING 134
50+ adult eye health 191
600+d3 183
7 day vaginal 107
8 hour arthritis pain 39
8 hour pain reliever 39
8 hr arthritis pain relief 39
8hr muscle aches & pain relief 39
a thru z advanced 191
a thru z advanced adult 191
a thru z high potency 191
a thru z select 191
a thru z select 50+ advanced 191
a thru z select 50+ mens 191
a thru z select advanced 191
a thru z select ultimate women 191
a thru z ultimate mens 191
a-10000 191
a-25 191
abacavir sulfate 48
abacavir sulfate-lamivudine 50
abc complete adult 191
abc complete mens 191
abc complete senior 50+ 191
abc complete senior mens 50+ 191
abc complete senior womens 50+ 191
abc complete womens 191
ABIGALE 84
ABIGALE LO 84
ABILIFY ASIMTUFII 158
ABILIFY MAINTENA 158
abiraterone acetate 18
ABIRTEGA 18
ABRYSVO 33
acamprosate calcium 164
acarbose 80
ACCUTANE 233
acebutolol hcl 61
ACERFLEX 166
acerola c-500 192
acetaminophen 39
acetaminophen 8 hour 39
acetaminophen childrens 39
acetaminophen er 39
acetaminophen extra strength 39
acetaminophen infants 39
acetaminophen-codeine 38
acetazolamide 64
acetazolamide er 64
acetic acid 66, 109, 120
acetylcysteine 130
acitretin 239
ACTHIB 33
actical 192
actidom dmx 134
ACTIMMUNE 32
ACTINEL DM 134
active fe 111
ACTIVNUTRIENTS 192
ACTIVNUTRIENTS PERFORMANCE 192
ACTIVNUTRIENTS W/O IRON 192
acyclovir 54
acyclovir sodium 55
ADACEL 33
adalimumab-bwwd 28
adapalene 233
adapalene treatment 233
ADDAPRIN 35
adefovir dipivoxil 55
ADEK GUMMIES PLUS ZN 192
ADEMPAS 65
ADIPEX-P 86
ADMELOG 78
ADMELOG SOLOSTAR 78
ADRENAL MANAGER 192
ADRENALIV 192
adrenoid 192
adult one daily gummies 192
ADVAIR HFA 129
ADVANCED C PLUS 192
ADVANCED CALCIUM/D/MAGNESIUM 183
advanced eye health 192
ADVANCED MULTI EA 192
ADVANTAGE CARE ELECTROLYTE PED 182
ADVERA 166
ADVIL 35
ADVIL JUNIOR STRENGTH 35, 39
advin covid-19 antigen test 51
AEROCHAMBER HOLDING CHAMBER 130
AEROCHAMBER MINI CHAMBER 130
AEROCHAMBER MV 130
AEROCHAMBER PLS FLOVU MTHPIECE 130
AEROCHAMBER PLUS FLO-VU 130
AEROCHAMBER PLUS FLO-VU INTERM 130
AEROCHAMBER PLUS FLO-VU LARGE 130
AEROCHAMBER PLUS FLO-VU MEDIUM 130
AEROCHAMBER PLUS FLO-VU SMALL 130
AEROCHAMBER PLUS FLOW VU 130
AEROCHAMBER Z-STAT PLUS 130
AEROCHAMBER Z-STAT PLUS CHAMBR 130
AEROCHAMBER Z-STAT PLUS/LARGE 130
AEROCHAMBER Z-STAT PLUS/MEDIUM 130
AEROCHAMBER Z-STAT PLUS/SMALL 130
AEROCHAMBER2GO ANTI-STATIC 130
AEROVENT PLUS 130
AFIRMELLE 71
AFLORA 192
AFRIN 12 HOUR 134
AFRIN ALLERGY SINUS 134
AFRIN NODRIP CHILDRENS 134
AFRIN NODRIP EXTRA MOISTURE 134
AFRIN NODRIP NIGHT 134
AFRIN NODRIP ORIGINAL 134
AFRIN NODRIP SEVERE CONGEST 134
AFRIN NODRIP SINUS 134
AFRIN ORIGINAL 134
AFRIN SEVERE CONGESTION 134
AIMOVIG 163
aimsco lubricated 71
AIRAVITE 192
AIRBORNE 192
AIRBORNE ELDERBERRY 192
AIRBORNE GUMMIES 192
AIRBORNE KIDS 192
AIRSUPRA 129
AKEEGA 18
AL12 241
ala-cort 239
ALAVERT 121
ALAVERT D-12 HOUR ALLERGY/CONG 134
albendazole 51
albuterol sulfate 128
albuterol sulfate hfa 128
alclometasone dipropionate 239
alcoholado eucaliptino 66

ALCON TEARS....117
ALDURAZYME.... 82
ALECENSA....20
alendronate sodium.... 87
aler-cap.... 121
alertab.... 121
ALFAMINO JUNIOR.... 166
alfuzosin hcl er.... 109
aliskiren fumarate....64
ALIVE ADULT PREMIUM.... 192
ALIVE CALCIUM BONE SUPPORT....192
alive daily energy.... 192
ALIVE DIABETIC MULTIVITAMIN.192
ALIVE ENERGY 50+.... 192
ALIVE EVERYDAY IMMUNE HEALTH....192
ALIVE GARDEN GOODNESS....192
ALIVE GUMMIES FOR CHILDREN 192
ALIVE HAIR, SKIN & NAILS.... 192
ALIVE MAX 6 POTENCY....192
ALIVE MENS 50+.... 192
ALIVE MENS 50+ MULTI GUMMY 192
ALIVE MENS 50+ ULTRA.... 193
ALIVE MENS COMPLETE MULTI.193
ALIVE MENS GUMMY MULTIVITAMINS.... 193
ALIVE MENS ULTRA....193
ALIVE MULTI-VITAMIN.... 193
ALIVE MULTI-VITAMIN CHILDRENS.... 193
ALIVE ONCE DAILY WOMENS.... 193
ALIVE ULTRA POTENCY ADULT.193
ALIVE ULTRA POTENCY WOMENS 50+.... 193
ALIVE WOMENS 50+.... 193
ALIVE WOMENS 50+ COMPLETE MV....193
ALIVE WOMENS 50+ GUMMY.... 193
ALIVE WOMENS ENERGY.... 193
ALIVE WOMENS GUMMY.... 193
all day allergy.... 121
all day allergy childrens....121
all day allergy d.... 134
ALLBEE/C....193
all-day allergy childrens.... 121
ALLEGRA ALLERGY....121
aller-chlor.... 121
allergy.... 121
allergy (cetirizine)....121
allergy 24hour indoor/outdoor.... 121
allergy 24-hr.... 121
allergy childrens.... 121
allergy d-12.... 134
allergy eye....114
allergy rel child (loratadine)....121
allergy rel d12 (cetirizine)....134
allergy relief....121, 122
allergy relief (cetirizine).... 121
allergy relief (loratadine).... 121
allergy relief 24-hr.... 121
allergy relief cetirizine.... 121
allergy relief childrens.... 121
allergy relief childrens 24-hr....121
allergy relief d....134, 135
allergy relief d12....135
allergy relief d-12.... 135
allergy relief d-24.... 135
allergy relief/indoor/outdoor.... 122
allergy relief/nasal decongest.... 135
allergy relief-d.... 135
allergy/congestion relief.... 135
ALLI....86
allopurinol....48
ALMACONE DOUBLE STRENGTH 87
ALOE VESTA ANTIFUNGAL....236
alosetron hcl....94
ALPHA BETIC....193
alprazolam.... 155
ALTACHLORE....117
ALTADERM.... 66
altarussin....135
altarussin dm....135
ALTAVERA.... 71
altipres.... 135
altipres pediatric....135
altituss....135
altrixa.... 193
altrixa ob.... 193
alum & mag hydroxide-simeth.... 88
aluminum acetate....241
aluminum hydroxide gel.... 88
aluminum-magnesium-simethicone. 88
ALUNBRIG....20
ALVAIZ....110
ALVESCO.... 133
alyacen 1/35....71
alyacen 7/7/7....71
ALYFTREK.... 130
ALYGLO....31
ALYQ.... 65
amantadine hcl....154
ambrisentan.... 65
AMETHYST.... 71
amikacin sulfate.... 51
amiloride hcl....64
amiloride-hydrochlorothiazide.... 64
aminofen.... 39
AMINOSYN II....190
AMINOSYN-PF.... 190
amiodarone hcl.... 60
amitriptyline hcl.... 156
AMLACTIN DAILY.... 241
AMLACTIN DAILY NOURISH....241
AMLACTIN ULTRA SMOOTHING.241
amlodipine besy-benazepril hcl....63
amlodipine besylate.... 62
amlodipine besylate-valsartan.... 63
amlodipine-olmesartan....63
ammonium lactate....241, 242
AMNESTEEM.... 233
AMORYN MOOD BOOSTER.... 193
amoxapine.... 156
amoxicillin.... 58
amoxicillin-pot clavulanate.... 58
amphetamine-dextroamphet er.....161
amphetamine-dextroamphetamine 161
amphotericin b.... 50
amphotericin b liposome.... 51
ampicillin.... 58
ampicillin sodium....58
ampicillin-sulbactam sodium.... 58
anagrelide hcl....110
anastrozole.... 18
ANBESOL MAXIMUM STRENGTH 232
anefrin spray.... 135
ANORO ELLIPTA.... 129
antacid.... 88
antacid & antigas.... 88
antacid & anti-gas max str.... 88
antacid advanced....88
antacid anti-gas....88
antacid anti-gas max strength....88
antacid calcium.... 88
antacid calcium rich.... 88
antacid extra strength.... 88
antacid fast relief....88
antacid i....88
antacid iii....88
antacid liquid....88
antacid m.... 88
antacid maximum strength....88
antacid regular strength.... 88
antacid/antigas....88
antacid/simethicone ds.... 88
anti-allergy.... 193
antibiotic....234
anti-diarrheal....90
antifungal.... 236
antifungal (clotrimazole)....236
antifungal (tolnaftate).... 236
anti-hist allergy....122
anti-itch.... 242
anti-itch extra strength.... 242
antioxidant....193
anti-oxidant.... 193
antioxidant a/c/e/selenium.... 193
antioxidant formula....193
antioxidant formula/minerals.... 193
antioxidant vitamins.... 193
antiseptic skin cleanser....242
apap childrens....39
apap extra strength....39, 40
APETIBEX.... 193
APHEN....40

APPE-CURB 193
apra 40
aprepitant 93
APRI 71
APTIOM 150
APTIVUS 48
AQUA GLYCOLIC FACE 242
AQUA-CERIN 242
AQUA-E 193
aquanaz 135
AQUASOL A 193
aqueous vitamin d 193
AQUORAL 232
ARALAST NP 130
ARANELLE 71
ARBEM H-COSMETIC 66
ARBEM LIPOPEN 66
ARCALYST 32
AREXVY 33
ARGINAID EXTRA 166
ARIKAYCE 51
aripiprazole 158
ARISTADA 158
ARISTADA INITIO 158
armodafinil 163
ARNUITY ELLIPTA 133
arthritis pain relief 40
arthritis pain reliever 40
arthritis pain relieving 242
artificial tears 117
artificial tears pf 117
ascorbic acid 193, 194
asenapine maleate 158
ASHLYNA 72
ASPERCREME LIDOCAINE 242
asperflex max st 242
ASPERFLEX PAIN RELIEVING 242
aspirin 40
aspirin 81 40
aspirin adult low dose 40
aspirin adult low strength 40
aspirin buf(cacarb-mgcarb-mgo) 40
aspirin childrens 40
aspirin ec 40
aspirin ec adult low dose 40
aspirin ec adult low strength 40
aspirin ec low dose 40
aspirin ec low strength 40
aspirin low dose 40
aspirin low strength 40
aspirin regimen 40
aspirin-dipyridamole er 114
ASSURE ID INSULIN SAFETY SYR 78
ASTAGRAF XL 32
asthma relief 130
astringent 242
ATABEX 194
ATABEX EC 194
ATABEX OB 194
atazanavir sulfate 48
atenolol 61
atenolol-chlorthalidone 63
athletes foot 236
athletes foot (clotrimazole) 236
athletes foot (terbinafine) 236
athletes foot powder spray 236
atomoxetine hcl 161
atorvastatin calcium 60
atovaquone 51
atovaquone-proguanil hcl 54
ATREVIS HYDROGEL 66
atropine sulfate 117
ATROVENT HFA 121
AUBRA EQ 72
AUGTYRO 20
AUROVELA 1/20 72
AUROVELA 24 FE 72
AUROVELA FE 1.5/30 72
AUROVELA FE 1/20 72
AUSTEDO 162
AUSTEDO XR 162
AUSTEDO XR PATIENT TITRATION 162
AUVELITY 156
AUVELITY TITRATION PACK 156
AUXIPRO VANISHING 66
AVEDANA GLYCERIN (ADULT) 97
AVEENO DAILY MOISTURIZING FACE 242
AVEENO INTENSE RELIEF HAND 242
AVEENO POSITIVELY RADIANT 242
AVEENO RESTORATIVE SKIN THERAP 242
AVEENO SKIN RELF MOIST REPAIR 242
AVIANE 72
AVMAPKI FAKZYNJA CO-PACK 20
AYUNA 72
AYVAKIT 20
az cream 66
azacitidine 26
azathioprine 32
azelastine hcl 114, 122
azesco 194
azithromycin 57
AZO URINARY TRACT DEFENSE 51
AZOLEN ANTI-FUNGAL WASH 236
AZOLEN TINCTURE 236
aztreonam 51
AZURETTE 72
b complex 194
b complex formula 1 (w/ fa) 194
b complex vitamins 194
b complex-b12 194
b complex-c 194
b complex-c-folic acid 194
b1 194
b-1 194
b1 natural 194
b-100 b-complex 194
b-12 194
b-12 quick dissolve 194
b-12 slow release 194
b-12 tr 194
b-50 complex 194
b-6 194
b6 natural 194
BABY ANTI MONKEY BUTT 242
BABY DDROPS 194
baby vitamin d3 194
BABY'S BIG SUPPORT 166
BABYS SUPER DAILY D3 194
bacitracin 234
bacitracin zinc 234
bacitracin zinc-aloe 234
bacitracin-polymyxin b 116
bacitra-neomycin-polymyxin-hc 115
BACITRAYCIN PLUS 234
baclofen 155
BACMIN 194
BAFIERTAM 154
balance b-50 194
balanced b complex 194
balanced b-100 194
balanced b-50/fa 195
balanced nutritional drink 166
balanced nutritional drink pls 166
balanced nutritional shake pls 166
BALMBARR HAND & BODY 242
BALMBARR MOISTURIZING 242
BALMBARR STRETCH MARK 242
balsalazide disodium 97
BALVERSA 20
BALZIVA 72
BANOPHEN 122, 242
BARACLUDE 55
BARIATRIC FUSION 195
bariatric multivitamin/iron 195
bariatric multivitamins 195
bariatric multivitamins/iron 195
BASE PCCA CLARIFYING 66
base w301 66
basic am 195
basic pm 195
BAYER ADVANCED ASPIRIN REG ST 40
BAYER ASPIRIN 40
BAYER ASPIRIN EC LOW DOSE 40
BAYER LOW DOSE 40
baza antifungal 236
BCAD 1 166
BCAD 2 166
bcg vaccine 33
b-compleet-100 195
b-compleet-50 195

b-complex 195
b-complex (folic acid) 195
b-complex balanced 195
b-complex plus b-12 195
b-complex/b-12 195
b-complex/electrolytes 195
b-complex/vitamin c 195
b-complex-c 195
b-complex-c (w/folic acid) 195
BENADRYL ALLERGY 122
BENADRYL ALLERGY CHILDRENS 122
BENADRYL ALLERGY EXTRA STR 122
BENADRYL ALLERGY ULTRATABS 122
BENADRYL EXTRA STRENGTH .. 242
benazepril hcl 65
benazepril-hydrochlorothiazide 63
bendamustine hcl 18
BENDEKA 18
BENECALORIE 166
BENLYSTA 32
BENZEPRO 233
benzoin 242
benzonatate 135
benzoyl peroxide-erythromycin 233
benzphetamine hcl 86
benztropine mesylate 154
BERINERT 110
besifloxacin hcl 116
BESIVANCE 116
BESREMI 27
BESREMI PEN 27
beta care 242
BETA XMA 242
BETADINE 242
BETADINE SURGICAL SCRUB 242
betaine 82
betamethasone dipropionate . 239, 240
betamethasone dipropionate aug .. 239
betamethasone valerate 240
BETASEPT SURGICAL SCRUB ... 242
BETASERON 154
betatemp childrens 40
betaxolol hcl 61, 115
bethanechol chloride 109
better b complex 195
BEVESPI AEROSPHERE 129
bexarotene 27, 242
BEXSERO 33
bicalutamide 18
BICILLIN L-A 58
BIG 100 195
BIG 100 (BIOTIN) 195
BIKTARVY 50
bilberry plus 195
BILDYOS 87
BIMZELX 28
BINAXNOW COVID-19 AG HOME TEST 51
BIO-35 GLUTEN-FREE 195
BIO-35 IRON FREE 195
biocal 195
biocel 195
biocof 135
biocotron 135
biodesp dm 135
BIO-D-MULSION 195
BIO-D-MULSION FORTE 195
bioflex 195
BIOLLE GEL TEARS 117
BIOLLE TEARS 117
BIOLYTE 182
BION TEARS PF 117
BIOTECT PLUS 195
BIOTENE DRY MOUTH MOIST SPRAY 232
biotin 195, 196
biotin forte 195
biotin maximum strength 195
biotin super potency 196
bio-z-cough 135
bisacodyl 97
bisacodyl ec 97
bisacodyl laxative 97
bismuth 90
bismuth subsalicylate 90
bisoprolol fumarate 61
bisoprolol-hydrochlorothiazide 63
BIVIGAM 31
BLACK-DRAUGHT LAX-SENNA 97
bladder 2.2 196
BLISOVI 24 FE 72
BLISOVI FE 1.5/30 72
BLISOVI FE 1/20 72
blood sugar manager 196
BLUE-EMU PAIN RELIEF DRY 243
BLUJEPA 51
body/hair/skin/nails 196
bone density builder 183
BONEUP 196
BONEUP 3 PER DAY 196
BONEUP VEGETARIAN 196
BONSITY 87
BOOST 167
BOOST BREEZE 167
BOOST BREEZE 2-FLAVOR PACK 167
BOOST GLUCOSE CONTROL 167
BOOST GLUCOSE CTRL MAX PROTEIN 167
BOOST HIGH PROTEIN 167
BOOST KID ESSENTIALS 1.0 CAL 167
BOOST KID ESSENTIALS 1.5 CAL 167
BOOST KID ESSENTIALS 1.5/FIBER 167
BOOST ORIGINAL 167
BOOST PLUS 167
BOOST VERY HIGH CALORIE 167
BOOST VHC 167
BOOST WOMEN 167
BOOSTNOW IMMUNE SUPPORT 196
BOOSTRIX 33
boro-packs 243
bortezomib 20
bosentan 65
BOSULIF 20
bosutinib 20
bp vit 3 196
b-plex 196
b-plex plus 196
BPROTECTED MULTI-VITE 196
BPROTECTED PEDIA D-VITE 196
BPROTECTED PEDIA IRON 111
BPROTECTED PEDIA POLY-VITE 196
BPROTECTED PEDIA POLY-VITE/FE 196
BPROTECTED PEDIA TRI-VITE ... 196
BPROTECTED VITAMIN C 196
BRAFTOVI 20
brain builder kids 196
BRAINSUSTAIN FOR KIDS 167
breathe comfort chamber/adult 130
breathe comfort chamber/child 130
breathe ease large 130
breathe ease medium 130
breathe ease small 130
BREATHERITE VALVED MDI CHAMBER 130
BREO ELLIPTA 129
BREYNA 129
BREZTRI AEROSPHERE 129
briellyn 72
BRIGHT BEGINNINGS PEDIATRIC 167
brimonidine tartrate 115
brinzolamide 115
brivaracetam 150
BRIVIACT 150
bromocriptine mesylate 154
BRONKAID MAX 130
BRUKINSA 20
BUCKLEYS CHEST CONGESTION 135
budesonide 97, 133
budesonide er 97
budesonide-formoterol fumarate 129
BUFFERIN 41
BUFFERIN EXTRA STRENGTH 41
bumetanide 64
buprenorphine 38
buprenorphine hcl 164

buprenorphine hcl-naloxone hcl 164
bupropion hcl 156
bupropion hcl er (smoking det) 164
bupropion hcl er (sr) 156
bupropion hcl er (xl) 156
BURIED TREASURE ACTIVE 55 PLUS 196
buspirone hcl 155
butenafine hcl 236
butorphanol tartrate 38
BYSANTI 158
BYSANTI TITRATION PACK A 158
BYSANTI TITRATION PACK B 158
BYSANTI TITRATION PACK C 158
c 1000 196
c 500 196
c 500/rose hips 196
c extra strength 196
c-1000 196
c-1000/rose hips 196
c-250 196
c-500 196
c-500/rose hips 196
cabergoline 82
CABOMETYX 20
calamine 243
calamine-zinc oxide 243
CALCIDOL 196
calcipotriene 239
calcitonin (salmon) 87
calcitrate plus d 183
cal-citrate plus vitamin d 183
CALCITRENE 239
calcitriol 71
calcium 185
calcium + d 183
calcium + d3 183
calcium + vitamin d3 183
calcium 1000 + d 183
calcium 1200 183
calcium 500 + d 184
calcium 500 + d3 184
calcium 500/d 184
calcium 500/vitamin d 184
calcium 500+d 184
calcium 500+d high potency 184
calcium 500+d3 184
calcium 600 184
calcium 600 + d 184
calcium 600 +d high potency 184
calcium 600/vitamin d 184
calcium 600/vitamin d3 184
calcium 600+d 184
calcium 600+d high potency 184
calcium 600+d3 184
calcium 600+d3 plus minerals 184
calcium antacid 88
calcium carb-cholecalciferol 184
calcium carbonate 184
calcium carbonate antacid 88
calcium carbonate extra light 184
calcium carbonate light 184
calcium carbonate-vitamin d 184
calcium citrate 185
calcium citrate + ... 185
calcium citrate + d 184
calcium citrate + d3 185
calcium citrate + d3 maximum 185
calcium citrate chewy bite 185
calcium citrate plus 185
calcium citrate plus/magnesium 185
calcium citrate+d3 185
calcium citrate+d3 petites 185
calcium citrate-mag-minerals 185
calcium citrate-vitamin d 185
calcium citrate-vitamin d3 185
calcium creamies 185
calcium gluconate 185
calcium high potency 185
calcium high potency/vitamin d 185
calcium lactate 185
calcium magnesium zinc 185
calcium oyster shell 185
calcium plus vitamin d 185
calcium plus vitamin d3 185
calcium soft chews 185
calcium+d3 185
calcium-magnesium-zinc 185
calcium-magnesium-zinc-d3 185
calcium-magnesium-zinc-vit d3 185
calcium-vitamin d 185
calcium-vitamin d3 185
CAL-GEST ANTACID 88
cal-mint 185
CALMOSEPTINE 243
CALPROTECT 243
CALQUENCE 20
CALTRATE 600+D PLUS MINERALS 186
CALTRATE 600+D3 186
CALTRATE 600+D3 SOFT 186
CALTRATE BONE HEALTH 186
CALTRATE BONE HEALTH ADVANCED 186
CALTRATE MINIS PLUS MINERALS 186
CAMILA 72
CAMRESE 72
CAMRESE LO 72
candesartan cilexetil 59
candesartan cilexetil-hctz 63
CAPLYTA 158
CAPRELSA 20
capsaicin 243
capsaicin hp 243
capsaicin pain relief 243
capsaid es arthritis relief 243
captopril 65
captopril-hydrochlorothiazide 63
CAPZASIN-HP 243
CAPZASIN-P 243
capzix 243
carbamazepine 150
carbamazepine er 150
carbidopa-levodopa 154
carbidopa-levodopa er 154
carbidopa-levodopa-entacapone 154
carboplatin 18
carboxymethylcellulose sod pf 117
carboxymethylcellulose sodium 117
cardiopress 196
CARESTART COVID-19 HOME TEST 51
carglumic acid 82
carisoprodol 155
CARNATION BREAKFAST ESSENTIALS 167
carteolol hcl 115
CARTIA XT 62
carvedilol 61
caspofungin acetate 51
castellani paint 236
castellani paint modified 236
CAVHANZA 20
CAYSTON 52
c-chewable 197
cefaclor 56
cefadroxil 56
cefazolin sodium 56
cefazolin sodium-dextrose 56
cefdinir 56
cefepime hcl 56
cefixime 56
cefotetan disodium 56
cefoxitin sodium 56
cefpodoxime proxetil 56
cefprozil 56
ceftaroline fosamil 56
ceftazidime 56
ceftriaxone sodium 56
cefuroxime axetil 56
cefuroxime sodium 56, 57
CELEBRATE CALCIUM CITRATE 186
CELEBRATE CALCIUM PLUS 500 186
CELEBRATE MULTI-COMPLETE 18 197
CELEBRATE MULTI-COMPLETE 36 197
CELEBRATE MULTI-COMPLETE 45 197
CELEBRATE MULTI-COMPLETE 60 197
celecoxib 35
centavite a-z complete-mineral 197
CENTRATEX 111
centravites 197

centravites 50 plus 197
centravites adults 197
CENTRUM 198
CENTRUM ADULT 197
CENTRUM ADULT 50+ MULTIGUMMIES 197
CENTRUM ADULTS 197
CENTRUM ADULTS MULTIGUMMIES 197
CENTRUM CARDIO 197
CENTRUM DUAL ACT MULTI+ BEAUTY 197
CENTRUM DUAL ACT MULTI+OMEGA-3 197
CENTRUM FLAVOR BURST 197
CENTRUM FLAVOR BURST ADULT 197
CENTRUM FLAVOR BURST KIDS 197
CENTRUM FRESH/FRUITY 50+ ... 197
CENTRUM FRESH/FRUITY ADULT 197
CENTRUM KIDS 198
CENTRUM KIDS MULTIGUMMIES 197
CENTRUM MEN 198
CENTRUM MEN 50+ MULTIGUMMIES 198
CENTRUM MEN MULTIGUMMIES 198
CENTRUM MENOPAUSE HOT FLASH 198
CENTRUM MENOPAUSE MIND/MOOD 198
CENTRUM MINIS ADULTS 50+ 198
CENTRUM MINIS MEN 50+ 198
CENTRUM MINIS WOMEN 50+ 198
CENTRUM MINIS WOMEN IMMUNE SUP 198
CENTRUM MULTI + OMEGA 3 198
CENTRUM MULTI+ MENTAL FOCUS 198
CENTRUM POSTNATAL GUMMIES 198
CENTRUM SILVER 198
CENTRUM SILVER 50+MEN 198
CENTRUM SILVER 50+WOMEN .. 198
CENTRUM SILVER ADULT 50+ ... 198
CENTRUM SILVER MEN 50+ 198
CENTRUM SILVER ULTRA WOMENS 198
CENTRUM SILVER WOMEN 50+ . 198
CENTRUM SPECIALIST HEART .. 198
CENTRUM SPECIALIST IMMUNE 198
CENTRUM SPECIALIST VISION .. 198
CENTRUM ULTRA WOMENS 198
CENTRUM VITAMINTS 198
CENTRUM WOMEN 198
CENTRUM WOMEN 50+ MULTIGUMMIES 198
CENTRUM WOMEN MULTIGUMMIES 198
century 199
century mature 198
CENVITE 199
cephalexin 57
CEQUR SIMPL EXT WEAR INSERTER 78
CEQUR SIMPLICITY 1U EXTND WEAR 78
CEQUR SIMPLICITY 2U 78
CEQUR SIMPLICITY 2U EXTND WEAR 78
CEQUR SIMPLICITY INSERTER 78
CERALYTE 70 182
CERASPORT 182
CERASPORT EX1 182
CERAVE DIABETICS DRY SKIN .. 243
CERAVE MOISTURIZING 243
CERAVE SA ROUGH & BUMPY SKIN 243
CERDELGA 82
CEREFOLIN BRAIN WELLNESS .. 199
CEREZYME 82
CEROVITE JR 199
CEROVITE SENIOR 199
CERTAVITE SENIOR 199
CERTAVITE SENIOR/ANTIOXIDANT 199
CERTAVITE/ANTIOXIDANTS 199
CETAPHIL MOISTURIZING 243
CETAPHIL THERAPEUTIC HAND 243
cetirizine hcl 122
cetirizine hcl allergy child 122
cetirizine hcl childrens 122
cetirizine hcl childrens alrgy 122
cetirizine-pseudoephedrine er 135
cevimeline hcl 232
CFPREOP 167
charcoal activated 82
CHATEAL EQ 72
chelated magnesium 186
chelated zinc 186
CHEMET 71
CHEMSTRIP K 82
CHEMSTRIP UGK 82
chest congestion relief 135
chest congestion relief child 135
chest congestion relief dm 135
chicken/peas/carrots 167
chicken/peas/carrots plus 167
chicken/peas/carrots plus pedi 167
childrens 24 hour allergy 122
CHILDRENS ADVIL 35
childrens animal shapes 199
childrens apap 41
childrens aspirin 41
childrens aspirin free 41
childrens chew multivitamin 199
childrens chewable vitamins 199
childrens gummies 199
childrens ibuprofen 35
childrens ibuprofen 100 35
childrens loratadine 122
CHILDRENS MEDI-PROFEN 35
CHILDRENS MEDI-TABS 41
CHILDRENS MOTRIN 35
childrens non-aspirin 41
childrens pain reliever 41
chlorhexidine gluconate 232, 243
chlorhist 122
chloroquine phosphate 54
chlorphen 122
chlorpheniramine maleate 122
chlorpheniramine maleate er 122
chlorpromazine hcl 158
chlorthalidone 64
CHLOR-TRIMETON ALLERGY 122
CHOICEFUL MULTIVITAMIN 199
cholase control 199
cholecalciferol 199
cholestyramine 60, 61
cholestyramine light 60
CHOLEXTRA 167
CHROMAGEN 111
chromic chloride 190
CHRYSADERM DAY 66
CHRYSADERM NIGHT 66
CICAPLAST BAUME B5 SOOTH BALM 243
ciclopirox 236
ciclopirox olamine 236
cilostazol 110
CILOXAN 116
CIMDUO 50
cinacalcet hcl 82
ciprofloxacin hcl 57, 116
ciprofloxacin in d5w 57
ciprofloxacin-dexamethasone 120
CIRCATA 243
cisplatin 18
citalopram hydrobromide 156
CITRACAL +D3 199
CITRACAL MAXIMUM 186
CITRACAL MAXIMUM PLUS 186
CITRACAL PETITES/VITAMIN D .. 186
citrus bioflavonoids 66
citrus calcium/vitamin d 186
CLARAVIS 233
clarithromycin 57
clarithromycin er 57
CLARITIN 122
CLARITIN ALLERGY CHILDRENS 122
CLARITIN CHILDRENS 122
CLARITIN REDITABS 123
CLARITIN REDITABS JUNIORS ... 123

CLARITIN-D 12 HOUR 135
CLARITIN-D 24 HOUR 135
classic neti pot sinus wash 130
classic prenatal 199
CLEAR EYES NATURAL TEARS ..117
CLEARCANAL EARWAX SOFTENER 248
CLEARDETECT COVID-19 AG HOME 52
CLEARLAX 97
clemastine fumarate 123
CLEODERM 66
CLEVER CHOICE HOLDING CHAMBER 130
click espresso protein drink 167
clindamycin hcl 52
clindamycin palmitate hcl 52
clindamycin phos (once-daily) 233
clindamycin phos (twice-daily) 233
clindamycin phos-benzoyl perox 233
clindamycin phosphate 52, 107, 233
clindamycin phosphate in d5w 52
clindamycin phosphate in nacl 52
CLINERE EARWAX REMOVAL KIT 248
CLINIMIX/DEXTROSE (4.25/10) ... 190
CLINIMIX/DEXTROSE (4.25/5) 190
CLINIMIX/DEXTROSE (5/15) 190
CLINIMIX/DEXTROSE (5/20) 190
clinimix/dextrose (6/5) 191
clinimix/dextrose (8/10) 191
clinimix/dextrose (8/14) 191
CLINISOL SF 191
CLINITEST RAPID COVID-19 TEST 52
CLINOLIPID 191
clobazam 150
clobetasol prop emollient base 240
clobetasol propionate 240
CLODAN 240
clomipramine hcl 156
clonazepam 151
clonidine 64
clonidine hcl 64
clopidogrel bisulfate 114
clorazepate dipotassium 151
CLORPACTIN 243
clotrimazole 107, 232, 236
clotrimazole 3 107
clotrimazole af 236
clotrimazole anti-fungal 236
clotrimazole athletes foot 236
clotrimazole-7 107
clotrimazole-betamethasone 237
clozapine 158, 159
co q 10 167
co q10 167
co q-10 167
COARTEM 54
COBENFY 159
COBENFY STARTER PACK 159
cocoa butter skin 243
coconut oil beauty 243
cod liver oil 199
cod liver oil w/vit a & d 199
cod liver oil/low vitamin a 199
cod liver oil/vitamins a & d 199
coditussin ac 135
coditussin dac 135
coenzyme q10 167
coenzyme q-10 167
co-enzyme q10 167
co-enzyme q-10 167
COLACE 98
COLACE 2-IN-1 98
COLACE CLEAR 98
colchicine 48
colchicine-probenecid 48
cold multi-symptom severe day 123
colesevelam hcl 61
colestipol hcl 61
colistimethate sodium (cba) 52
collagen 243
collagen premium skin 243
collagen ultra 199
COMBIGAN 115
COMBIVENT RESPIMAT 129
COMETRIQ (100 MG DAILY DOSE) 20
COMETRIQ (140 MG DAILY DOSE) 20
COMETRIQ (60 MG DAILY DOSE) .20
COMFORT ASSIST INSULIN SYRINGE 78
comfort gel 89
comfort gel antacid & anti-gas 88
comfort gel antacid anti-gas 88
COMPACT SPACE CHAMBER 130
COMPACT SPACE CHAMBER/LG MASK 131
COMPACT SPACE CHAMBER/MED MASK 131
COMPACT SPACE CHAMBER/SM MASK 131
companion 199
COMPETE 199
COMPLEAT 167
COMPLEAT ORGANIC BLENDS .. 167
COMPLEAT PEDI PEPTIDE 1.5 ... 167
COMPLEAT PEDI STANDARD 1.0 ..... 167, 168
COMPLEAT PEDI STANDARD 1.4 168
COMPLEAT PEDIATRIC 168
COMPLEAT PEDIATRIC ORG BLENDS 168
COMPLEAT PEPTIDE 1.5 168
COMPLEAT STANDARD 1.4 168
complete allergy medicine 123
complete allergy relief 123
complete multivitamin/mineral 199
COMPLEX ESSENTIAL MSD 168
COMPRO 93
COMTREX DEEP CHEST COLD .. 136
CO-NATAL FA 199
condoms 72
constulose 98
COPAXONE 154
COPIKTRA 20
coq10 168
coq-10 168
coq10 gummies adult 168
coq10 maximum strength 168
coral calcium plus 199
CORLANOR 64
CORTICARE B 199
CORVITA 199
CORVITA 150 111
CORVITE 150 111
corvite fe 111
COTELLIC 20
cough & chest congestion dm 136
cough & congestion kids 136
cough dm 136
cough dm childrens 136
coughtab 136
covid-19 at home antigen test 52
covid-19 at-home test 52
covid-19 otc antigen 1-pack 52
covid-19 otc antigen 2-pack 52
cream base 66
cream concentrate 66
CREON 94
CRESEMBA 51
CRITIC-AID CLEAR AF 237
cromolyn sodium 94, 114, 131
CRUSH VITAMIN C DROPS 199
CRYSELLE 72
CULTURELLE KIDS COMPLETE . 199
CULTURELLE KIDS PROBIOTIC-MV 199
CULTURELLE PROBIOTIC MEN DAILY 199
CULTURELLE PROBIOTICS + MULTIV 200
cupric chloride 191
curanol 41
curelief 123
CUTEMOL 243
cutis plus 66
cvs 12 hour nasal decongestant 136
cvs 8hr arthritis pain relief 41
cvs 8hr muscle aches & pain 41
cvs acetaminophen 41
cvs acetaminophen ex st 41
cvs adapalene 233
cvs adult 50+ eye health 200

cvs adult multivitamin 200
CVS AIRSHIELD 200
CVS AIRSHIELD IMMUNITY SUPPORT 200
cvs allerg rel child (lorat) 123
cvs allergy 123
cvs allergy & hives relief 123
cvs allergy childrens 123
cvs allergy nasal mist no drip 136
cvs allergy relief 123
cvs allergy relief adult 123
cvs allergy relief childrens 123
cvs allergy relief d 136
cvs allergy relief neti pot 131
cvs allergy relief(cetirizine) 123
cvs allergy relief-d 136
cvs allergy relief-d12 136
cvs antacid maximum strength 89
cvs antacid plus antigas 89
cvs antacid/anti-gas 89
cvs antibiotic 234
cvs antibiotic pain/scar 234
cvs anti-diarrheal 91
cvs antiseptic skin cleanser 243
cvs arthritis pain relief 41
cvs aspirin 41
cvs aspirin adult low dose 41
cvs aspirin adult low strength 41
cvs aspirin ec 41
cvs aspirin low dose 41
cvs aspirin low strength 41
cvs asthma relief 131
cvs astringent solution 243
cvs athletes foot 237
cvs athletes foot (tolnaftate) 237
cvs b complex plus c 200
cvs b-1 200
cvs b12 200
cvs b-12 200
cvs b12 gummies 200
cvs b6 200
cvs bacitracin 234
cvs bacitracin zinc 234
cvs biotin 200
cvs biotin high potency 200
cvs butenafine hcl 237
cvs calcium + d3 186
cvs calcium 600 & vitamin d3 186
cvs calcium 600 + d/minerals 186
cvs calcium 600+d 186
cvs calcium carbonate 186
cvs calcium citrate+d3 186
cvs calcium citrate+d3 petites 186
cvs calcium citrate+d3 w/magne 186
cvs calcium soft chews 186
cvs calcium-magnesium-zinc 186
cvs capsaicin hp 243
cvs chewable c with rose hips 200
cvs chewable childrens vitamin 200
cvs childrens allergy 123
cvs childrens complete 200
cvs childrens ibuprofen 35
cvs childs non-aspirin 41
cvs c-lax laxative 98
cvs clotrimazole 237
cvs clotrimazole 3 107
cvs coenzyme q-10 168
cvs coq-10 168
cvs coq-10 ultra 168
cvs cough & chest congestion 136
cvs cough dm 136
cvs cough dm childrens 136
cvs covid-19 at home test kit 52
cvs d3 200
cvs daily fiber 98
cvs daily gummies 200
cvs daily gummies adult 200
cvs daily multiple for men 200
cvs daily multiple women 50+ 200
cvs daily multiv/mineral mens 200
cvs daily multivitamin mens 200
cvs daily multivitamin womens 200
cvs dm maximum adult 136
cvs dry eye relief 117
cvs dry mouth 232
cvs dry skin therapy 243
cvs e 200
cvs ear drops 248
cvs ear wax removal system 248
cvs earwax removal kit 248
cvs electrolyte solution 182
cvs enema disposable 98
cvs enema ready-to-use 98
cvs epsom salt 98
cvs ethyl alcohol 66
cvs eye allergy relief 114
cvs eye health & lutein 200
cvs eye health adult 50+ 200
cvs fever reducing childrens 41
cvs fiber 98
cvs fiber laxative 98
cvs folic acid 200
cvs foot & sneaker 237
cvs gas relief 94
cvs gas relief extra strength 94
cvs gas relief infants 94
cvs gas relief ultra strength 94
cvs gauze sterile 78
cvs gentle laxative 98
cvs gentle laxative womens 98
cvs genuine aspirin 41
cvs glycerin adult 98
cvs glycerin child 98
cvs gummy dinos 200
cvs gummy multivitamin kids 200
cvs hydrating skin treatment 243
cvs ibuprofen 35
cvs ibuprofen childrens 35
cvs ibuprofen infants 35
cvs immune support 200
cvs indoor/outdoor allergy rlf 123
cvs infants gas relief 94
cvs infants pain relief drops 41
cvs iron 111
cvs itch relief 237
cvs itch relief extra strength 243
cvs jock itch 237
CVS KETONE CARE 82
cvs laxative pills max st 98
cvs lice killing 241
CVS LICE SOLUTION 241
cvs lidocaine pain relief 243
cvs lidocaine pain-relieving 243
cvs lubricant drops 117
cvs lubricant drops fast act 117
cvs lubricant eye drops 117
cvs lubricant eye drops (pf) 117
cvs magnesium 186
cvs magnesium oxide 186
cvs melatonin 168
cvs mens daily gummies 200
cvs menstrual relief 41
cvs miconazole 1 combo pack 107
cvs miconazole 3 combo pack 107
cvs miconazole 3 combo-supp 107
cvs miconazole 7 107
cvs milk of magnesia 98
cvs mineral oil 98
cvs mini enema 98
cvs mini enema kids 98
cvs moisturizing 244
cvs mucus dm extended release 136
cvs mucus extended release 136
cvs multi-symptoms cold child 136
cvs nasal decongestant 136
cvs nasal mist 136
cvs nasal spray 136
cvs natural daily fiber 98
cvs natural fiber supplement 98
cvs natural tears pf 117
cvs neti pot soft tip 131
cvs nicotine 164
cvs nicotine polacrilex 164
cvs non-aspirin childrens 41
cvs non-aspirin extra strength 41
cvs nutrition liquid 168
cvs nutrition plus 168
cvs nutrition plus chocolate 168
cvs nutrition plus vanilla 168
cvs nutritional shake 168
cvs one daily essential 200
cvs one daily mens 50+ adv 200
cvs one daily mens formula 201
cvs one daily womens 50+ adv 201
cvs one daily womens formula 201
cvs oral anesthetic max str 232
cvs oyster shell calcium-vit d 186

cvs pain & fever childrens 41
cvs pain & fever infants 41
cvs pain relief 42, 244
cvs pain relief childrens 41
cvs pain relief extra strength 42
cvs ped electrolyte freeze pop 182
cvs pediatric electrolyte 182
cvs petroleum jelly 67
cvs pinworm treatment 52
cvs povidone-iodine 244
cvs prenatal 201
cvs prenatal gummy 201
cvs prenatal multi+dha 201
cvs prenatal multivitamin 201
CVS PURELAX 98
cvs ringworm 237
cvs saline sinus wash refills 131
cvs senna 98
cvs senna plus 98
cvs senna-extra 98
cvs severe cough/congest 136
cvs sinus nasal spray 136
cvs sinus pe decongestant 136
cvs sinus wash system 131
cvs skin treatment 244
cvs slow release dried iron 111
cvs slow release iron 111
cvs sod chloride hypertonicity 117
cvs sodium chloride 117
cvs spectravite adult 50+ 201
cvs spectravite adults 201
cvs spectravite advanced 201
cvs spectravite men 201
cvs spectravite men 50+ 201
cvs spectravite senior 201
cvs spectravite ultra men 50+ 201
cvs spectravite ultra mens 201
cvs spectravite ultra women 201
cvs spectravite women 201
cvs spectravite women 50+ 201
cvs spectravite womens senior 201
cvs stomach relief 91
cvs stomach relief max st 91
cvs stool softener 98
cvs stool softener/laxative 98
cvs super b complex/c 201
cvs tussin adult chest congest 136
cvs tussin cough 136
cvs tussin dm 137
cvs tussin dm max st 137
cvs tussin maximum strength 137
cvs tussindm cough/chest adult 137
cvs vision health 201
cvs vitamin a 201
cvs vitamin b12 201
cvs vitamin b-12 201
cvs vitamin c 201
cvs vitamin c-rose hips 201
cvs vitamin d3 201
cvs vitamin e 201
cvs womens active daily 201
cvs womens daily gummies 201
cvs womens prenatal+dha 201
cvs zinc gluconate 187
cvs zinc oxide 244
cyanocobalamin 201, 202
CYCLINEX-1 168
CYCLINEX-2 168
cyclobenzaprine hcl 155
cyclophosphamide 18
cycloserine 49
cyclosporine 32
cyclosporine modified 32
cyproheptadine hcl 123
CYRED EQ 72
CYSTADROPS 117
CYSTAGON 82
CYSTARAN 117
CYSTEX URINARY PAIN RELIEF 52
cytarabine 26
d 1000 202
d-1000 extra strength 202
d3 202
d3 2000 202
d3 5000 202
d3 baby drops 202
d3 extra strength 202
d3 high potency 202
d3 max st 202
d3 maximum strength 202
d3 super strength 202
d3-1000 202
d-3-5 202
D3-50 202
d-400 202
d-5000 202
dabigatran etexilate mesylate 109
daily betic 202
daily combo multi vitamins 202
daily fiber 98
daily multiple vitamins 202
daily multiple vitamins/min 202
daily multivitamin 202
daily value multivitamin 202
daily vitamin/iron 202
daily vitamins 202
daily vite 202
daily vite multivitamin/iron 202
daily vites 202
daily vites/iron 202
daily-vite 202
daily-vite multivitamin 202
dalfampridine er 154
danazol 71
dantrolene sodium 155
DANZITEN 20
dapagliflozin 80
dapagliflozin-metformin hcl er 80
dapsone 52
DAPTACEL 33
daptomycin 52
darunavir 48
dasatinib 21
DASETTA 1/35 (28) 72
DASETTA 7/7/7 72
DAURISMO 21
DAYHIST ALLERGY 12 HOUR RELIEF 123
DAYSEE 72
DAYVIGO 162
D-CERIN 244
DDROPS 203
DDROPS BOOSTER 202
DEBLITANE 72
DEBROX 248
DECARA 203
DECONEX IR 137
decongestant 137
decongestant vapor 137
DECUBI-VITE 203
deferasirox 71
dekas bariatric 203
DEKAS PLUS 203
DEKAS PLUS OCEAN 203
DELSTRIGO 50
DELSYM 137
DELSYM CGH/CHEST CONG DM CHILD 137
DELSYM COUGH CHILDRENS 137
DELSYM COUGH/CHEST CONGEST DM 137
delta d3 203
DENTA 5000 PLUS 232
dentagel 232
DEPLIN MA 203
DEPO-SUBQ PROVERA 104 72
DEPO-TESTOSTERONE 71
DERMABASE 244
DERMACINRX CIRCATRIX 244
dermaide aloe 244
derma-r 244
DERMAVITE 203
DERMELEVE ANTI-ITCH SCALP 244
DERMEND BRUISE FORMULA 244
DERMEND FRAGILE SKIN 244
DESCOVY 50
DESENEX 237
DESGEN DM 137
DESGEN PEDIATRIC 137
desipramine hcl 156
desmopressin ace spray refrig 82
desmopressin acetate 82
desmopressin acetate pf 82
desmopressin acetate spray 82
desogestrel-ethinyl estradiol 72
despec dm 137
despec dm-g 137

despec eda 137
destress-iron 203
desvenlafaxine succinate er 156
dexamethasone 85
DEXAMETHASONE INTENSOL 85
dexamethasone sod phos (pf) 85
dexamethasone sod phosphate pf ...85
dexamethasone sodium phosphate 85, 116
dexmethylphenidate hcl 161
dextromethorphan hbr 137
dextromethorphan polistirex er 137
dextromethorphan-guaifenesin 137
dextromethorphan-quinidine 162
dextrose 191
dextrose in lactated ringers 180
dextrose-sodium chloride 180, 181
dhea 67
DHEA 50 67
diabetes health formula 203
diabetic siltussin-dm 137
DIABETIC TUSSIN ALLERGY 123
DIABETIC TUSSIN DM 137
DIABETIC TUSSIN DM MAX ST ... 137
DIABETIC TUSSIN EX 137
DIABETIDERM 244
DIABETIDERM FOOT REJUVENATING 244
DIABETISOURCE AC 168
DIACOMIT 151
DIALYVITE 203
DIALYVITE 3000 203
DIALYVITE 5000 203
DIALYVITE 800 203
dialyvite 800/ultra d 203
DIALYVITE 800/ZINC 203
DIALYVITE 800-ZINC 15 203
DIALYVITE SUPREME D 203
DIALYVITE VITAMIN D 5000 203
DIALYVITE/ZINC 203
diamode 91
diarrhea 91
DIASCREEN 10 82
DIASCREEN 1B 82
DIASCREEN 1G 82
DIASCREEN 1K 82
DIASCREEN 2GK 82
DIASCREEN 2GP 82
DIASCREEN 3 82
DIASCREEN 4NL 82
DIASCREEN 4OBL 82
DIASCREEN 4PH 82
DIASCREEN 5 82
DIASCREEN 6 82
DIASCREEN 7 82
DIASCREEN 8 82
DIASCREEN 9 83
diascreen liquid urine control 83
DIATRUST COVID-19 HOME TEST 52
diazepam 151, 163
DIAZEPAM INTENSOL 151
diazoxide 70
diclofenac potassium 35
diclofenac sodium 36, 116, 244
diclofenac sodium er 36
dicloxacillin sodium 58
dicyclomine hcl 94
diethylpropion hcl 86
diethylpropion hcl er 86
DIFFERIN 233
DIFICID 57
diflunisal 36
difluprednate 116
digoxin 64
dihydroergotamine mesylate 163
DILANTIN 151
diltiazem hcl 62
diltiazem hcl er 62
diltiazem hcl er beads 62
diltiazem hcl er coated beads 62
dilt-xr 62
diphen 123
diphenhist 123
diphenhydramine hcl 123, 124
diphenhydramine hcl childrens 123
diphenhydramine-zinc acetate 244
diphenoxylate-atropine 94
dipyridamole 114
disopyramide phosphate 60
disulfiram 164
divalproex sodium 151
divalproex sodium er 151
DML FORTE 244
docetaxel 27
DOCIVYX 27
docqlace 98
docusate calcium 98
docusate mini 98
docusate sodium 99
DOCUSOL KIDS 99
dofetilide 60
DOK 99
DOLISHALE 72
DOMEBORO 244
dometuss-dmx 137
donepezil hcl 155
DOPTELET 110
DOPTELET SPRINKLE 110
dorzolamide hcl 115
dorzolamide hcl-timolol mal 115
DOTTI 84
double antibiotic 234
DOVATO 50
doxazosin mesylate 59
doxepin hcl 156, 162
doxorubicin hcl 27
doxorubicin hcl liposomal 27
DOXY 100 59
doxycycline hyclate 59
doxycycline monohydrate 59
DPP DIPEPTIDE POWER 168
DQZATE 99
DRISDOL 203
DRISTAN 137
DRIZALMA SPRINKLE 156
dronabinol 93
drospiren-eth estrad-levomefol 72
drospirenone-ethinyl estradiol 72
DROXIA 110
droxidopa 64
drxchoice gas relief 94
DRY EYE FORMULA 203
dry eye relief drops 117
dss 99
DULCOLAX 99
DULCOLAX MILK OF MAGNESIA .. 99
DULCOLAX PINK LAXATIVE 99
DULCOLAX PINK STOOL SOFTENER 99
DULCOLAX STOOL SOFTENER 99
DULERA 129
duloxetine hcl 156
DUOCAL 168
DUPIXENT 28
DURABASE 67
DURABASE ADVANCED 67
DUREX EXTRA SENSITIVE THIN .. 72
DUREX REALFEEL 72
DUREX TROPICAL 72
dutasteride 109
dutasteride-tamsulosin hcl 109
D-VI-SOL 203
d-vite pediatric 203
DYNA-HEX 4 244
e 1000 203
E.E.S. 400 57
e200 203
e-200 203
e400 203
e-400 203
e-400-clear 203
ear drops 248
ear drops earwax aid 248
ear wax removal drops 249
ear wax removal kit 249
ear wax removal system 249
earwax removal 249
earwax removal kit 249
earwax treatment drops 249
EASIVENT 131
EASIVENT MASK LARGE 131
EASIVENT MASK MEDIUM 131
EASIVENT MASK SMALL 131
EASY-C 203
EASY-C IMMUNE HEALTH 203

easy-lax 99
easy-lax plus 99
EBGLYSS 28
econazole nitrate 237
ECONTRA ONE-STEP 86
ECOTRIN 42
ECOTRIN ARTHRTIS PAIN 42
ECOTRIN LOW STRENGTH 42
ed chlorped jr 124
ed-a-hist dm 137
ed-apap 42
EDURANT 48
EDURANT PED 48
efavirenz 48
efavirenz-emtricitab-tenofo df 50
efavirenz-lamivudine-tenofovir 50
effervescent antacid/pain rel 42
EGG/PRO 168
ELDERTONIC 203
ELECARE 168
ELECARE DHA/ARA 168
ELECARE DHA/ARA INFANT 168
ELECARE JR 168
ELFOLATE 203
ELFOLATE PLUS 204
ELIGARD 18
ELINEST 73
ELIQUIS 109
ELIQUIS (1.5 MG PACK) 109
ELIQUIS (2 MG PACK) 109
ELIQUIS DVT/PE STARTER PACK 109
ELITE-OB 204
ellume covid-19 home test 52
ELON SKIN REPAIR SYSTEM 244
ELURYNG 73
EMERGEN-C APPLE CIDER VINEGAR 204
EMERGEN-C ASHWAGANDHA 204
EMERGEN-C ELDERBERRY 204
EMERGEN-C IMMUNE PLUS/VIT D 204
emergen-c immune+ 204
EMERGEN-C IMMUNE+ ELDERBERRY 204
EMERGEN-C KIDZ DAILY IMMUNE 204
emergen-c kidz immune+ 204
EMERGEN-C TURMERIC & GINGER 204
EMERGEN-C VITAMIN C 204
EMGALITY 163
EMGALITY (300 MG DOSE) 163
EMOLIVAN 67
EMOLLIA-CREME 244
emollient base 67
EMSAM 157
emtricitabine 48
emtricitabine-tenofovir df 50
emtricitab-rilpivir-tenofov df 50
EMTRIVA 48
EMVERM 52
EMZAHH 73
enalapril maleate 65
enalapril-hydrochlorothiazide 63
ENBREL 28
ENBREL MINI 28
ENBREL SURECLICK 28
ENCALA 168
ENCARE 107
endit 244
ENDOCET 38
ENDUR-ACIN 204
ENDUR-C 204
enema disposable 99
enema ready-to-use 99
ENEMEEZ KIDS 99
ENEMEEZ MINI 99
ENEMEEZ PLUS 99
energy b12 204
ENFAMIL ENFALYTE 182
ENFAMIL EXPECTA 204
ENFAMIL POLY-VI-SOL-IRON 204
ENGERIX-B 33
ENILLORING 73
ENLIVE 168
enoxaparin sodium 109
ENSACOVE 21
ENSKYCE 73
ENSTILAR 239
ENSURE 169
ENSURE ACTIVE 169
ENSURE ACTIVE HEART HEALTH 168
ENSURE ACTIVE HIGH PROTEIN 168
ENSURE ACTIVE LIGHT 169
ENSURE BONE HEALTH REVIGOR 169
ENSURE CLEAR 169
ENSURE CLINICAL ST REVIGOR 169
ENSURE COMPACT 169
ENSURE COMPLETE 169
ENSURE COMPLETE SHAKE 169
ENSURE ENLIVE 169
ENSURE HEALTHY MOM 169
ENSURE HIGH CALCIUM 169
ENSURE HIGH PROTEIN 169
ENSURE IMMUNE HEALTH 169
ENSURE MAX PROTEIN 169
ENSURE MUSCLE HEALTH REVIGOR 169
ENSURE NUTRA SHAKE HI-CAL 169
ENSURE NUTRITION SHAKE 169
ENSURE ORIG THERAPEUTIC NUTRI 169
ENSURE ORIGINAL 169
ENSURE ORIGINAL/FIBER 169
ENSURE PLANT-BASED PROTEIN 169
ENSURE PLUS 169
ENSURE PLUS HIGH PROTEIN 169
ENSURE PLUS HN 169
ENSURE PLUS WITH FIBER 169
ENSURE PRE-SURGERY 169
ENSURE SURGERY 169
ENSURE SURGICAL NUTRITION 169
ENSURE/FIBER 169
entacapone 154
entecavir 55
ENTERADE 169
ENTERADE IBS-D 169
ENTRESTO 63
ENU COMPLETE NUTRITION SHAKE 169
ENU NUTRITIONAL SHAKE 169
ENU PRO3 PLUS 170
enulose 99
EO28 SPLASH 170
EPCLUSA 55
EPIDIOLEX 151
epinephrine 64, 131
epinephrine pf 64
eplerenone 59
epsom salt 99
eq 12 hour mucus relief 137
eq 8hr arthritis pain relief 42
eq acetaminophen 42
eq all day allergy relief 124
eq allerg relief child (cetir) 124
eq allerg relief child (lorat) 124
eq allergy & congestion relief 138
eq allergy childrens 124
eq allergy relief 124, 138
eq allergy relief (cetirizine) 124
eq allergy relief childrens 124
EQ ALLERGY RELIEF NASAL DECONG 138
eq antacid 89
eq antacid maximum strength 89
eq anti-diarrheal 91
eq antifungal 237
eq arthritis pain 42
eq artificial tears 117
eq aspirin 42
eq aspirin adult low dose 42
eq aspirin low dose 42
eq athletes foot 237
eq athletes foot (terbinafine) 237
eq athletes foot (tolnaftate) 237
eq athletes foot ultra 237
eq bacitracin zinc 234
eq calcium 500+d 187
eq calcium 600+d 187
eq calcium 600+d+minerals 187
eq calcium citrate+d 187
eq calcium citrate+d3 187

eq calcium citrate+d3 petites 187
eq cetirizine hcl 124
EQ CLEARLAX 99
eq complete multivit adult 50+ 204
eq complete multivitamin child 204
eq complete multivitamin-adult 204
eq cough & chest congestion dm ... 138
eq cough childrens 138
eq cough dm 138
eq d3 drops infants/childrens 204
eq daily fiber 99
eq ear wax removal aid 249
eq earwax removal aid 249
eq enema 99
eq eye allergy relief 115
eq fiber therapy 99
eq first aid antiseptic 244
eq gas relief 94
eq gas relief extra strength 94
eq gas relief ultra strength 94
eq gentle laxative 99
eq ibuprofen 36
eq ibuprofen childrens 36
eq ibuprofen junior 36
eq infants gas relief 94
eq jock itch 237
eq laxative 99
eq lidocaine pain relieving 244
eq loperamide hcl 91
eq loratadine 124
eq loratadine childrens 124
eq lubricant eye drops 117
eq miconazole 1 107
eq miconazole 3-day combo 107
eq miconazole 7 107
eq mineral oil 99
EQ MUCUS ER 138
eq mucus relief 138
eq mucus relief 12 hour max st 138
eq mucus relief congest/cough 138
eq mucus relief dm 138
eq multi-symptom cold children 138
eq multivitamin gummies 204
eq multivitamins adult gummy 204
eq multivitamins gummy child 204
eq nasal spray 138
eq nasal spray fast acting 138
eq natural vegetable laxative 99
eq nicotine 164
eq nicotine polacrilex 164
eq nicotine step 3 164
eq nutritional shake 170
eq nutritional shake plus 170
eq one daily mens 50+ 204
eq one daily mens health 204
EQ ONE DAILY WOMENS 50+ 204
eq one daily womens health 204
eq pain & fever childrens 42
eq pain & fever infants 42
eq pain relief/rapid burst 42
eq pain reliever 42
eq pain reliever ex st 42
eq povidone-iodine 244
eq restore plus lubricant eye 118
eq restore tears 118
eq senna-s 99
eq sinus & congestion max str 138
eq sinus 12-hour 138
eq slow-release iron 111
eq space chamber anti-static 131
eq space chamber anti-static l 131
eq space chamber anti-static m 131
eq space chamber anti-static s 131
eq stomach relief 91
eq stool softener 99
eq stool softener extra str 99
eq stool softener/laxative 100
eq therapeutic dry skin 244
eq therapeutic moisturizing 244
eq triple antibiotic 234
eq tussin dm max adult 138
eq tussin dm max daytime 138
eq vegetable laxative 100
eq vision formula 50+ 204
eq weight loss shake 170
eql acetaminophen 42
eql acetaminophen childrens 42
eql acetaminophen ex st 42
eql all day allergy 124
eql all day allergy childrens 124
eql allergy 124
eql allergy relief 124
eql allergy/congestion relief 138
eql antacid 89
eql anti-diarrheal 91
eql aspirin ec 42
eql aspirin low dose 42
eql athletes foot 237
eql athletes foot(terbinafine) 237
eql b complex 50 205
eql b-12 205
eql b-6 205
eql bacitracin zinc 234
eql biotin 205
eql calcium citrate/vitamin d 187
eql calcium citrate/vitamin d3 187
eql calcium/vitamin d 187
eql calcium/vitamin d3 187
eql century 205
eql century mature 205
eql century mature adults 50+ 205
eql century mature men 50+ 205
eql century mature women 50+ 205
eql century mens 205
eql century womens 205
eql child multivit/minerals 205
eql childrens allergy 124
eql childrens ibuprofen 36
EQL CLEARLAX 100
eql coq10 170
eql cough dm 138
eql dry mouth oral rinse 232
eql ethyl alcohol (rubbing) 67
eql fiber laxative 100
eql fiber therapy 100
eql first aid antibiotic 234
eql gas gone 94
eql gas relief 94
eql gentle laxative 100
eql gummies childrens 205
eql ibuprofen 36
eql ibuprofen infants 36
eql iron supplement therapy 111
eql laxative 100
eql laxative maximum strength 100
eql lice killing max st 241
eql menstrual relief max st 42
eql miconazole 3 107
eql miconazole 7 107
eql moisturizing 244
eql mucus-dm 138
eql nasal decongestant 138
eql nasal decongestant pe 138
eql nasal spray 12 hour 138
eql nasal spray fast acting 138
eql nasal spray no drip 139
eql natural fiber 100
eql natural zinc 187
eql one daily adult gummies 205
eql one daily mens 205
eql one daily mens 50+ advance ... 205
eql one daily mens health 205
eql one daily womens 50+ adv 205
eql prenatal formula 205
eql ready-to-use enema 100
eql senna laxative 100
eql senna-s 100
eql slow release iron 111
eql smooth texture fiber 100
eql stomach relief 91
eql stomach relief max st 91
eql stool softener 100
eql super b complex/vitamin c 205
eql tussin cough/chest congest 139
eql tussin cough/chest dm max 139
eql vapor nasal decongestant 139
eql vision formula 205
eql vitamin b-12 205
eql vitamin b-12 tr 205
eql vitamin c 205
eql vitamin c drops 205
eql vitamin c gummies 205
eql vitamin c/rose hips 205
eql vitamin d3 205
eql vitamin e 205
equacare jr 170
EQUALYTE 182

EQUATE 170
EQUATE PLUS 170
ergocalciferol 205
ergotamine-caffeine 163
ERIVEDGE 21
ERLEADA 19
erlotinib hcl 21
ERRIN 73
ertapenem sodium 52
ery 233
ERYTHROCIN LACTOBIONATE 57
erythromycin 57, 116, 233
erythromycin base 57
erythromycin ethylsuccinate 57
erythromycin lactobionate 57
ERZOFRI 159
escitalopram oxalate 157
eslicarbazepine acetate 151
esomeprazole magnesium 97
ESSENTIA 205
essential balance 205
ESSENTIAL CARE JR 170
ESTARYLLA 73
ESTER-C 205
estradiol 84
estradiol valerate 84
estradiol-norethindrone acet 85
ESTROFACTORS 205
eszopiclone 162
ethambutol hcl 49
ethosuximide 151
ethyl alcohol (rubbing) 67
ethynodiol diac-eth estradiol 73
etodolac 36
etodolac er 36
etonogestrel-ethinyl estradiol 73
etoposide 27
etravirine 48
eucerin advanced repair 244
EUCERIN ADVANCED REPAIR HAND 244
EUCERIN CALMING DAILY MOIST 244
EUCERIN DAILY HYDRATION 244
EUCERIN PLUS 244
EUCERIN REDNESS RELIEF NIGHT 244
EUCERIN ROUGHNESS RELIEF 245
EUCERIN SKIN CALMING 245
EUCRISA 245
EULEXIN 19
EVAC 100
EVAC-U-GEN 100
everolimus 21, 32
EVOTAZ 50
EXEL COMFORT POINT PEN NEEDLE 78
exemestane 19
EX-LAX MAXIMUM STRENGTH 100
EX-LAX ULTRA 100
EXPEDITE 170
EXXUA 157
EXXUA TITRATION PACK 157
eye allergy relief 115
eye health 206
eye health + lutein 205
eye health areds 2 205
eye multivitamin/sodium 206
EYE VITAMINS 206
EYES ALIVE 118
EYE-VITES 206
EYSUVIS 118
ezetimibe 61
ezetimibe-simvastatin 61
FABRAZYME 83
fagron ls plus 67
fagron natural 67
fagron supreme 67
FALMINA 73
famciclovir 55
famotidine 87
famotidine (pf) 87
famotidine premixed 87
FANAPT 159
FANAPT TITRATION PACK A 159
FANAPT TITRATION PACK B 159
FANAPT TITRATION PACK C 159
FANTASY LUBRICATED 73
FANTASY LUBRICATED/SPERMICIDE 73
FARXIGA 80
FASENRA 131
FASENRA PEN 131
fastep covid-19 antigen test 52
fa-vitamin b-6-vitamin b-12 206
FC2 FEMALE CONDOM 73
FEIRZA 1.5/30 73
FEIRZA 1/20 73
felbamate 151
felodipine er 62
fem-cal citrate 187
FEMQUIL 206
fenofibrate 60
fenofibrate micronized 60
fentanyl 38
FEOSOL 111
FERAHEME 111
FERATE 111
FERGON 111
FER-IN-SOL 111
FEROSUL 111
ferotrinsic 111
FERRALET 90 111
ferretts 111
FERREX 150 111
ferric x-150 111
FERRIMIN 150 111
FERRLECIT 111
ferrotabs 111
ferrous fumarate 112
ferrous gluconate 112
ferrous sulfate 112
ferrous sulfate er 112
ferumoxytol 112
fesoterodine fumarate er 106
FETZIMA 157
FETZIMA TITRATION 157
FEVERALL CHILDRENS 42
FEVERALL INFANTS 42
FEVERALL JUNIOR STRENGTH 42
fe-vite iron 112
fexofenadine hcl 124
FIASP 78
FIASP FLEXTOUCH 78
FIASP PENFILL 78
FIASP PUMPCART 78
fiber 100
FIBER FLOW 170
fiber laxative 100
fiber laxative + calcium 100
FIBERCON 100
fiber-lax 100
FIBERSOURCE HN 170
fidaxomicin 57
finasteride 109
FINAZOL 206
FINEST NUTRITION VITAMIN B-12 206
finest nutrition vitamin d3 206
fingolimod hcl 154
FINTEPLA 151
FINZALA 73
FIRMAGON 19
FIRMAGON (240 MG DOSE) 19
first aid antibiotic 234
first aid antiseptic 245
FITALITE 67
FITNESS TABS FOR MEN AM/PM 206
FITNESS TABS FOR WOMEN AM/PM 206
FLAC 120
flavor plus 67
FLEBOGAMMA DIF 31
flecainide acetate 60
FLEET ENEMA 100
FLEET GLYCERIN (ADULT) 100
FLEET LAXATIVE MINERAL OIL 100
FLEET STIMULANT 100
FLEET STOOL SOFTENER 100
flex base 67
FLEXGEN 206
FLEXICHAMBER 131
FLINTSTONES + EXTRA IRON 206
FLINTSTONES COMPLETE 206
FLINTSTONES GUMMIES COMPLETE 206

FLINTSTONES GUMMIES-IMMUNITY 206
FLINTSTONES PLUS EXTRA IRON 206
FLINTSTONES/MY FIRST 206
FLINTSTONES-IMMUNITY SUPPORT 206
FLORIVA PLUS 206
FLORRAXYL 206
FLOTREX 206
FLOWFLEX COVID-19 AG HOME TEST 52
fluconazole 51
fluconazole in sodium chloride 51
flucytosine 51
fludrocortisone acetate 85
flunisolide 133
fluocinolone acetonide 120, 240
fluocinolone acetonide body 240
fluocinolone acetonide scalp 240
fluocinonide 240
fluocinonide emulsified base 240
FLUORIDEX DAILY RENEWAL 232
fluorometholone 116
fluorouracil 26, 245
fluoxetine hcl 157
fluphenazine decanoate 159
fluphenazine hcl 159
flurbiprofen 36
flurbiprofen sodium 116
fluticasone propionate 133, 240
fluticasone-salmeterol 129
fluvoxamine maleate 155
folate 206
folatexcel 206
folawise 206
folbee 206
folbee plus 206
FOLBIC 206
folding paddle walker 164
folic acid 206
FOLITAB 500 112
FOLIVANE-F 112
FOLIVANE-PLUS 112
folplex 2.2 206
FOLTABS 800 207
FOLTANX 207
foltrin 112
fondaparinux sodium 109
formaldehyde 245
FORTA DRINK 170
FORTA SHAKE 170
fosamprenavir calcium 48
fosfomycin tromethamine 52
fosinopril sodium 65
fosinopril sodium-hctz 64
FOTIVDA 21
fraiche 5000 dental 232
freedavite 207
freedom adaptaderm 67
freedom derma serum 67
FREEDOM DERMA-D 67
FREEDOM DERMA-N 67
FRINDOVYX 18
fruit c 207
fruit c 500 207
fruity c 207
fruity chews 207
fruity chews/iron 207
FRUZAQLA 21
ft 12 hour cough relief 139
ft 7 day vaginal 107
ft 8 hour pain relief 43
ft adult multi gummies 207
ft all day allergy 124
ft all day allergy 24 hour 124
ft all day allergy childrens 124
ft all day allergy relief 124
ft all day allergy-d 139
ft allergy childrens 124
ft allergy d-12 hour 139
ft allergy relief 124
ft allergy relief 12 hour 124
ft allergy relief 24 hour 124
ft allergy relief cetirizine 124
ft allergy relief childrens 124
ft allergy relief loratadine 124
ft allergy relief-d 139
ft ammonium lactate 245
ft antacid & antigas 89
ft antacid regular strength 89
ft antibiotic 234
ft anti-diarrheal 91
ft antifungal 237
ft anti-itch extra strength 245
ft antiseptic skin cleanser 245
ft arthritis pain reliever 43
ft aspirin 43
ft aspirin low dose 43
ft athletes foot (clotrimaz) 237
ft athletes foot (terbinafine) 237
ft b-complex plus vitamin c 207
ft biotin 207
ft calamine 245
ft calcium 187
ft calcium + vitamin d3 187
ft calcium 600+vit d3/minerals 187
ft calcium citrate +vitamin d3 187
FT CALCIUM CITRATE/VIT D3 187
ft calcium citrate+d3 petites 187
FT CALCIUM/VITAMIN D3 187
FT CALCIUM+D3 187
ft calcium-magnesium-zinc-d3 187
ft century 50+ 207
ft century adults 207
ft century men 207
ft century men 50+ 207
ft century women 207
ft century women 50+ 207
ft childrens multi 207
ft childrens multi plus immune 207
ft children's pain/fever 43
ft clearlax 100
ft clotrimazole 107
ft clotrimazole 3 107
ft co q-10 170
ft co q-10 rapid release 170
ft double antibiotic 234
ft earwax removal 249
ft earwax removal kit 249
ft electrolyte 183
ft enema 100
ft enteric coated aspirin 43
ft epsom salt 100
ft ethyl rubbing alcohol 67
ft eye health 207
ft fiber 100
ft fiber laxative 100
ft fiber supplement 100
ft folic acid 207
ft gas relief 94
ft gas relief extra strength 94
ft gas relief infants 94
ft gas relief ultra strength 94
ft gentle laxative 101
ft hair skin & nails extra str 207
ft ibuprofen 36
ft ibuprofen childrens 36
ft ibuprofen ib childrens 36
ft ibuprofen infants 36
ft immune support 207
ft iron 112
ft iron slow release 112
ft laxative 101
ft lice killing max st 241
ft lubricant eye drops 118
ft magnesium 187
ft magnesium oxide 187
ft melatonin 170
ft miconazole 3 comb pack-supp 107
ft miconazole 3 combo pack 107
ft miconazole 7 108
ft milk of magnesia 101
ft mineral oil 101
ft mucus relief 12hr 139
ft mucus relief 12hr max str 139
ft mucus relief dm 139
ft nasal decongestant max str 139
ft nasal decongestant pe 139
ft nasal spray 139
ft nicotine 165
ft nicotine mini 165
ft one daily mens 207
ft one daily mens 50+ 207
ft one daily womens 207
ft one daily womens 50+ 207
ft pain & fever childrens 43

ft pain & fever infants 43
ft pain relief 36, 43
ft pain relief adult extra st 43
ft pain relief extra strength 43
ft pain relief max strength 245
ft pain reliever adults 43
ft pain reliever children 43
ft pain reliever ex str adult 43
ft phenolated calamine 245
ft povidone-iodine 245
ft prenatal 207
ft rapid release pain relief 43
ft senna laxative 101
ft senna laxatives 101
ft senna-s 101
ft stomach relief 91
ft stool softener 101
ft triple antibiotic 234
ft triple antibiotic + pain 234
ft tussin adult 139
ft tussin cf adult 139
ft tussin dm 139
ft tussin dm adult 139
ft tussin dm max adult 139
ft vapor inhaler 139
ft vitamin a 207
ft vitamin b-1 207
ft vitamin b-12 207
ft vitamin b-12 extra strength 207
ft vitamin b-12 pr 207
ft vitamin b-6 208
ft vitamin c 208
ft vitamin c/rose hips 208
ft vitamin d3 208
ft vitamin d3 rapid release 208
ft vitamin e 208
ft zinc chelated 187
full spectrum b/vitamin c 208
FULPHILA 110
fulvestrant 19
fungi-guard 237
FUNGOID TINCTURE 237
furosemide 64
FUSION 112
FUSION PLUS 112
FYAVOLV 85
FYCOMPA 151
g tussin ac 139
GA 170
GA-1 ANAMIX EARLY YEARS 170
gabapentin 151, 163
galantamine hydrobromide 155
galantamine hydrobromide er 155
GALBRIELA 73
GALLIFREY 86
GAMASTAN 31
GAMMAGARD 31
GAMMAGARD ERC 31
GAMMAGARD S/D LESS IGA 31
GAMMAKED 31
GAMMAPLEX 31
GAMUNEX-C 31
ganciclovir sodium 55
GARDASIL 9 33
gas relief 95
gas relief extra strength 94, 95
gas relief infants 95
gas relief ultra strength 95
GAS-X EXTRA STRENGTH 95
GAS-X INFANT DROPS 95
GAS-X MAXIMUM STRENGTH 95
GAS-X ULTRA STRENGTH 95
gatifloxacin 116
GATTEX 95
gavilax 101
GAVILYTE-C 101
GAVILYTE-G 101
GAVILYTE-N WITH FLAVOR PACK 101
GAVRETO 21
gcon dmx 139
gcon ir 139
gefitinib 21
GELATEIN MCT 170
GELUSIL 89
gemcitabine hcl 26
gemfibrozil 60
GEMTESA 106
GENABIO COVID-19 RAPID TEST 52
genadek step 1 208
genadek step 2 208
generlac 101
GENGRAF 32
GENOTROPIN 83
GENOTROPIN MINIQUICK 83
gentamicin in saline 52
gentamicin sulfate 52, 116, 234, 235
GENTEAL SEVERE 118
GENTEAL TEARS 118
GENTEAL TEARS MODERATE PF 118
GENTEAL TEARS PF 118
GENTEAL TEARS SEVERE DAY/NIGHT 118
gentle laxative 101
genuine aspirin 43
GENVOYA 50
geri-dryl 125
geri-freeda senior formula 208
geri-kot 101
geri-lanta 89
geri-lanta maximum strength 89
geri-mox 89
geri-mox maximum strength 89
geri-mucil 101
GERITOL COMPLETE 208
GERITOL NUTRITION SUPPORT 208
geri-tussin 139
geri-tussin dm 139
gerivite complete 208
GILOTRIF 21
GILTUSS COUGH & CHEST 139
GILTUSS COUGH & CHEST CHILDREN 139
GILTUSS COUGH & COLD 140
GILTUSS COUGH & COLD CHILDRENS 140
GILTUSS DIABETIC COUGH & COLD 140
GILTUSS EX EXPECTORANT CHILD 140
GILTUSS EX MAXIMUM STRENGTH 140
GILTUSS HONEY CGH/CHEST CONGES 140
GILTUSS HONEY CGH/CHST CHILD 140
GILTUSS SEVERE SINUS 140
GILTUSS SINUS & CONGESTION 140
glatiramer acetate 154, 155
GLATOPA 155
GLEOSTINE 18
glimepiride 80
glipizide 80
glipizide er 80
glipizide-metformin hcl 80
global alcohol prep ease 78
GLUCERNA 170
GLUCERNA 1.0 CAL 170
GLUCERNA 1.0 CAL/CARBSTEADY 170
GLUCERNA 1.0 CAL/FIBER 170
GLUCERNA 1.2 CAL 170
GLUCERNA 1.5 CAL 170
GLUCERNA 1.5 CAL/CARBSTEADY 170
GLUCERNA ADVANCE SHAKE 170
GLUCERNA CARBSTEADY 170
GLUCERNA HUNGER SMART SHAKE 170
GLUCERNA OS 170
GLUCERNA SELECT 170
GLUCERNA SHAKE 170
GLUCERNA SNACK SHAKE 171
GLUCERNA WEIGHT LOSS SHAKE 171
GLUCO TO GO 15 70
glucose 70
glutamine 171
GLUTAREX-1 171
GLUTAREX-2 171
GLUTOSE 5 70
glycerin (adult) 101
glycerin (child) 101
glycerin (infants & children) 101
glycerin (pediatric) 101

glycerin adult 101
glycerin childrens 101
GLYCOLAX 101
glycopyrrolate 94
GLYCOTROL 208
GLYCOTROL COMPLETE 208
GLYDO 234
GLYTACTIN BETTERMILK 171
GLYTACTIN RESTORE 10 171
GLYTACTIN RESTORE LITE 10 ... 171
GLYTACTIN RTD 10 171
GLYTACTIN RTD 15 171
GLYTACTIN RTD LITE 15 171
GLYTROL PREBIO1 171
GLYXAMBI 80
gnp 8 hour arthritis relief 43
gnp 8 hour pain relief 43
gnp 8 hour pain reliever 43
gnp acetaminophen 43
gnp adapalene 233
gnp adult aspirin low strength 43
gnp adult mini 208
gnp alcohol denatured 67
gnp all day allergy 125
gnp all day allergy childrens 125
gnp all day allergy-d 140
gnp allergy 125
gnp allergy & congestion 140
gnp allergy relief 125
gnp allergy relief 24 hr 125
gnp allergy relief max st 125
gnp allergy/congestion relief 140
gnp antacid 89
gnp antacid & anti-gas 89
gnp antacid regular strength 89
gnp antibacterial urinary pain 53
gnp anti-diarrheal 91
gnp anti-gas 95
gnp anti-itch 245
gnp antiseptic skin cleanser 245
gnp artificial tears 118
gnp aspirin 43
gnp aspirin low dose 43
gnp athletes foot 237
gnp b-12 208
gnp bacitracin zinc 235
gnp biotin 208
gnp cal mag zinc +d3 187
gnp calamine 245
gnp calamine phenolated 245
gnp calcium 188
gnp calcium 500 +d3 187
gnp calcium 600 +d 187
gnp calcium 600 +d/minerals 187
gnp calcium 600 +d3 187
gnp calcium citrate +d3 187
gnp calcium citrate+d3 petites 188
gnp century adult 208
gnp century adult formula 208
gnp century adults men 208
gnp century adults women 208
gnp century mature adults 50+ 208
gnp century mature men's 50+ 208
gnp century mature women's 50+ 208
gnp childrens allergy 125
gnp childrens chewables/ex c 208
gnp childrens chewables/iron 208
gnp childrens ibuprofen 36
gnp children's pain & fever 43
gnp childrens/extra c 208
GNP CLEARLAX 101
gnp clotrimazole 3 108
gnp co q10 171
gnp co q-10 171
gnp cough dm er 140
gnp cough relief childrens 140
gnp d 1000 208
gnp d3 208
gnp earwax removal drops 249
gnp earwax removal kit 249
gnp electrolyte solution 183
gnp epsom salt 101
gnp essential one daily 208
gnp ethyl rubbing alcohol 67
gnp eye drops 118
gnp eye drops long lasting 118
gnp fexofenadine hcl 125
gnp fiber 101
gnp fiber-caps 101
gnp folic acid 208
gnp gas relief 95
gnp gas relief extra strength 95
gnp gentle laxative 101
gnp glycerin (adult) 101
gnp glycerin child 101
gnp hair/skin/nails 209
gnp healthy eyes 209
gnp healthy eyes supervision 2 209
gnp ibuprofen 36
gnp ibuprofen childrens 36
gnp ibuprofen infants 36
gnp immune support 209
gnp infant gas relief 95
gnp infants pain/fever 43
gnp iron 112
gnp lice killing 241
gnp lice treatment 241
gnp lidocaine pain relief 245
gnp little ones childrens 209
gnp loperamide hcl 91
gnp loratadine 125
gnp loratadine childrens 125
gnp loratadine-d 12hr 140
gnp lubricant eye drops (pf) 118
gnp magnesium oxide 89, 188
gnp mega multi for men 209
gnp mega multi for women 209
gnp melatonin 171
gnp melatonin maximum strength 171
gnp miconazole 1 108
gnp miconazole 3 108
gnp miconazole 7 108
gnp miconazorb af 237
gnp milk of magnesia 102
gnp mineral oil 102
gnp mucus dm 140
gnp mucus er 140
gnp multi childrens 209
gnp nasal decongestant 140
gnp nasal decongestant pe 140
gnp nasal four spray 140
gnp nasal spray 140
gnp nasal spray fast acting 140
gnp natural fiber 102
gnp nicotine 165
gnp nicotine mini 165
gnp nicotine polacrilex 165
gnp no drip nasal spray 140
gnp one daily maximum 209
gnp one daily mens health 50+ 209
gnp one daily mens/lycopene 209
gnp one daily womens 209
gnp one daily womens 50+ 209
gnp pain & fever childrens 43
gnp pain & fever infants 43
gnp pain relief 43
gnp pain relief extra strength 43
gnp pain relief nighttime 165
gnp petroleum jelly 67
gnp pink bismuth 91
gnp pink bismuth ultra str 91
gnp povidone-iodine 245
gnp prenatal 209
gnp prenatal/folic acid 209
gnp rubbing alcohol 67
gnp senna lax 102
gnp senna plus 102
gnp sinus wash neti pot 131
gnp sinus wash refill 131
gnp squeeze bottle sinus relie 131
gnp stomach relief 91
gnp stool softener 102
gnp stool softener/laxative 102
gnp terbinafine hydrochloride 237
gnp therapeutic-m 209
gnp tolnaftate 237
gnp triple antibiotic 235
gnp triple antibiotic plus 235
gnp tussin adult 140
gnp tussin cf cough & cold 141
gnp tussin dm 141
gnp tussin dm max 141
gnp vitamin a 209
gnp vitamin b-1 209
gnp vitamin b-12 209
gnp vitamin b-6 209
gnp vitamin c 209

gnp vitamin c drops 209
gnp vitamin c w/rose hips 209
gnp vitamin c/rose hips 209
gnp vitamin d 209
gnp vitamin d maximum strength ... 209
gnp vitamin d super strength 209
gnp vitamin d3 209
gnp vitamin d3 extra strength 209
gnp vitamin d-400 209
gnp vitamin e 209
gnp vitamin health b12 209
gnp womens gentle laxative 102
gnp zinc chelated 188
gnp zinc oxide 245
GOLD BOND CREPE CORRECTOR 245
GOLD BOND DIABETICS DRY SKIN 245
GOLD BOND ESSENTIALS MENS 245
GOLD BOND HEALING HAND 245
GOLD BOND RADIANCE RENEWAL 245
GOLD BOND ULT ROUGH/BUMPY SKIN 245
GOLD BOND ULTIMATE HEALING 245
GOLD BOND ULTIMATE SOOTHING 245
GOMEKLI 21
goodsense advanced antacid 89
goodsense all day allergy 125
goodsense all day allergy-d 141
goodsense aller-ease 125
goodsense allergy relief 125
goodsense allergy relief child 125
goodsense antacid 89
goodsense antacid & gas relief 89
goodsense anti-diarrheal 91
goodsense arthritis pain 44
goodsense artificial tears 118
goodsense aspirin 44
goodsense aspirin low dose 44
goodsense athletes foot 237
goodsense bisacodyl laxative 102
GOODSENSE CLEARLAX 102
goodsense cough dm 141
goodsense cough dm childrens 141
goodsense ear wax kit 249
goodsense ear wax removal 249
goodsense electrolyte 183
goodsense electrolyte adv care 183
goodsense enema 102
goodsense epsom salt 102
goodsense fiber laxative 102
goodsense first aid antibiotic 235
goodsense gas relief 95
goodsense gas relief extra st 95
goodsense ibuprofen 36
goodsense ibuprofen childrens 36
goodsense ibuprofen infants 36
GOODSENSE IRON 112
goodsense laxative pills 102
goodsense lice killing 241
goodsense lice killing max str 241
goodsense loratadine 125
goodsense lubricating plus pf 118
goodsense menstrual relief 44
goodsense milk of magnesia 102
goodsense mineral oil 102
goodsense mucus er 141
goodsense mucus er maximum str 141
goodsense mucus relief child 141
goodsense mucus/congest/cough . 141
goodsense nicotine 165
goodsense nutrisure original 171
goodsense nutrisure plus 171
goodsense oral pain relief 232
goodsense pain & fever child 44
goodsense pain & fever infants 44
goodsense pain relief 44
goodsense pain relief extra st 44
goodsense petroleum jelly 67
goodsense psyllium fiber 102
goodsense senna laxative 102
goodsense stimulant lax plus 102
goodsense stomach relief 91
goodsense stool softener 102
goodsense tussin cf 141
goodsense tussin dm 141
goodsense tussin dm max 141
goodsense ultra lubricant drop 118
goodsense vapor 141
GOTOKNOW COVID-19 ANTIGEN RAPI 53
granisetron hcl 93
griseofulvin microsize 51
griseofulvin ultramicrosize 51
growing bones & muscles kids 210
g-supress dx pediatric 141
G-TRON PED 141
G-TRON PEDIATRIC DROPS 141
G-TUSICOF 141
guaiasorb dm 141
guaiatussin ac 141
guaifed 141
guaifed-dm 141
guaifenesin 141
guaifenesin dm 141
guaifenesin er 141
guaifenesin-codeine 141
guaifenesin-dm 141
guanfacine hcl 64
guanfacine hcl er 161
GUMMI BEAR MULTIVITAMIN/MIN 210
GVOKE HYPOPEN 1-PACK 70
GVOKE HYPOPEN 2-PACK 70
GVOKE KIT 70
GVOKE PFS 70
GYNAZOLE-1 108
G-ZYNCOF 141
HABITROL 165
HADLIMA 29
HADLIMA PUSHTOUCH 29
HAEGARDA 110
haelan 951 fermented soy 171
haelan htpi fermented soy 171
HAILEY 1.5/30 73
HAILEY 24 FE 73
HAILEY FE 1/20 73
hair skin & nails 210
hair skin & nails advanced 210
hair skin and nails formula 210
hair skin nails 210
hair/skin/nails 210
halobetasol propionate 240
haloperidol 159
haloperidol decanoate 159
haloperidol lactate 159
HARD NAILS 210
HAVRIX 33
HCU ANAMIX EARLY YEARS 171
HCU ANAMIX NEXT 171
HCU COOLER 171
HCU COOLER15 171
HCU LOPHLEX LQ 171
HCU MAXAMUM 171
HCY 1 171
HCY 2 171
head care proactive health 210
HEALTH SOURCE 171
HEALTHWISE PAIN RELIEF 245
HEALTHY ACCENTS NUTRA FIT 171
HEALTHY ACCENTS NUTRA FIT PLUS 171
healthy eyes 210
healthy eyes supervision 2 210
healthy eyes/lutein-zeaxanthin 210
healthy hair/skin/nails 210
HEALTHY MAMA SHAKE THAT ACHE 44
HEALTHY MAMA TAME THE FLAME 89
HEALTHYLAX 102
heart savior 210
heartland gas relief 95
HEATHER 73
h-e-b aspirin 44
h-e-b childrens allergy 125
h-e-b oral electrolyte 183
HEMATEX 112
hematinic/folic acid 112
HEMATOGEN 112
HEMATOGEN FA 112
HEMATOGEN FORTE 112
HEMOCYTE PLUS 112

heparin (porcine) in nacl 109
heparin sodium (porcine) 109
heparin sodium (porcine) pf 110
HEPLISAV-B 33
HERBAL EXPEC 142
HERCEPTIN 21
HERCEPTIN HYLECTA 21
HERCESSI 21
HERNEXEOS 21
HERZUMA 21
hi c-500 210
HIBERIX 33
HIBICLENS 245
HI-CAL 171
high absorption magnesium 188
high potency e 210
high potency iron 112
high potency multivit/fa 210
high-protein nutritional shake 171
hi-kovite 2-part formula 210
hm enema 102
hm mucus relief er max st 142
hm petroleum jelly 67
HOM 2 171
HOMACTIN AA PLUS 171
HOMINEX-1 171
HOMINEX-2 171
HONEY BEARS W/IRON-ZINC 210
HUMIRA (2 PEN) 29
HUMIRA (2 SYRINGE) 29
HUMIRA-CD/UC/HS STARTER 29
HUMIRA-PSORIASIS/UVEIT STARTER 29
HUMULIN N 78
HUMULIN R 78
HUMULIN R U-500 KWIKPEN 79
HURRICAINE 232
HYCODAN 142
hydralazine hcl 64, 65
HYDRALYTE 183
HYDRALYTE FREEZER POPS 183
HYDRASYN25 245
hydrochloric acid 67
hydrochlorothiazide 64
HYDROCIL 102
hydrocod poli-chlorphe poli er 142
hydrocodone bitartrate er 38
hydrocodone bit-homatrop mbr 142
hydrocodone-acetaminophen 38
hydrocodone-ibuprofen 38
hydrocortisone 85, 97, 240
hydrocortisone (perianal) 245
hydrocortisone sod suc (pf) 85
hydrocortisone valerate 240
hydrocortisone-acetic acid 120
hydromet 142
hydromorphone hcl 38
hydrous emulsified base 67
hydroxocobalamin acetate 210
hydroxychloroquine sulfate 31
hydroxyurea 27
hydroxyzine hcl 125
hydroxyzine pamoate 125
HYPERSAL 142
HYRNUO 21
HYVEE ADVANCED ANTACID 89
HYVEE IBUPROFEN CHILDRENS 36
ibandronate sodium 87
IBRANCE 21
IBTROZI 21
IBU 36
ibuprofen 37
ibuprofen 100 junior strength 36
ibuprofen childrens 36
ibuprofen infants 36
ibuprofen junior strength 36
ICAPS 210
ICAPS AREDS FORMULA 210
ICAPS LUTEIN & OMEGA-3 210
ICAPS LUTEIN & ZEAXANTHIN 210
ICAPS MV 210
ICAR 112
icatibant acetate 110
ICLEVIA 73
ICLUSIG 21
IDHIFA 21
IDVYNSO 50
IFEREX 150 112
igualtuss 142
IHEALTH COVID-19 RAPID TEST 53
imatinib mesylate 21
IMBRUVICA 21, 22
imipenem-cilastatin 53
imipramine hcl 157
imiquimod 246
imkeldi 22
IMMULIFE 172
IMMUNE ESSENTIALS DAILY 210
immune support 210
IMMUNERX 210
immunicare 210
IMODIUM A-D 92
IMOVAX RABIES 33
IMPACT 172
IMPACT ADVANCED RECOVERY 172
INATAL GT 210
INBRIJA 154
INCASSIA 73
INCRELEX 83
INCRUSE ELLIPTA 121
indapamide 64
INDICAID COVID-19 RAPID TEST 53
INFANRIX 33
INFANTS ADVIL 37
infants gas relief 95
infants ibuprofen 37
infants pain & fever 44
INFED 112
INFLAMEX 210
infliximab 29
INFUVITE ADULT 210
INFUVITE PEDIATRIC 210
INJECTAFER 112
INLURIYO 19
INLYTA 22
INNOVACIN 172
INQOVI 26
INREBIC 22
INSPIREASE 131
instant oral pain relief max 232
INTEGRA 112
INTEGRA F 112
INTEGRA PLUS 113
INTELENCE 48
INTELISWAB COVID-19 RAPID TEST 53
intense cough reliever 142
intense toothache pain relief 232
INTRALIPID 191
INTROLITE 172
INTROVALE 73
inulose blood sugar support 210
INVEGA HAFYERA 159
INVEGA SUSTENNA 159
INVEGA TRINZA 160
IPOL 33
ipratropium bromide 121
ipratropium bromide hfa 121
ipratropium-albuterol 129
irbesartan 59
irbesartan-hydrochlorothiazide 63
irinotecan hcl 27
IROFOL 113
iron 113
iron (ferrous sulfate) 113
iron 27 113
iron chews pediatric 113
iron complex 113
iron folate plus 113
iron high-potency 113
iron infant & toddler 113
iron infant/toddler 113
iron slow release 113
iron sucrose 113
iron supplement 113
IRON UP 113
iron-vitamin c 113
IS-D 10,000 210
ISENTRESS 48, 49
ISENTRESS HD 48
ISIBLOOM 73
ISOLYTE-P IN D5W 181
ISOLYTE-S PH 7.4 181
isoniazid 49
isosorbide dinitrate 66
isosorbide mononitrate er 66
ISOSOURCE 1.5 CAL 172

ISOSOURCE HN 172
isotretinoin 233
isradipine 62
IS-ZC 50 188
itch relief extra strength 246
ITOVEBI 22
itraconazole 51
IVA ANAMIX EARLY YEARS 172
IVA ANAMIX NEXT 172
IVA MAXAMUM 172
ivabradine hcl 65
I-VALEX-1 172
I-VALEX-2 172
ivermectin 53
i-vite 211
IWILFIN 27
IXIARO 33
J & J BURN CREAM 246
JAIMIESS 73
JAKAFI 22
JANTOVEN 110
JANUMET 80
JANUMET XR 80
JANUVIA 80
JARDIANCE 80
JASMIEL 73
JAVYGTOR 83
JAYPIRCA 22
JENCYCLA 73
JENTADUETO 80
JENTADUETO XR 80, 81
JEVITY 1 CAL 172
JEVITY 1 CAL/FIBER 172
JEVITY 1.2 CAL 172
JEVITY 1.2 CAL/FIBER 172
JEVITY 1.5 CAL/FIBER 172
JIDEYTRO 22
JINTELI 85
jock itch 237
jock itch relief 237
joint health & bone strength 211
JOLESSA 73
JOURNAVX 44
JUICE PLUS FIBRE 172
JULEBER 73
JULUCA 50
JUNEL 1.5/30 73
JUNEL 1/20 73
JUNEL FE 1.5/30 73
JUNEL FE 1/20 73
JUNEL FE 24 73
just 4 kidz multivit/probiotic 211
just tears eye drops 118
JUVEN 172
JYLAMVO 31
JYNNEOS 33
k 100 211
KADCYLA 22
KAITLIB FE 73
kale/quinoa/berries 172
kale/quinoa/berries plus 172
kale/quinoa/berries plus pedia 172
KALETRA 50
KALYDECO 131
KAMELEON LUBRICATED 74
KANJINTI 22
KAOPECTATE 92
KAOPECTATE EXTRA STRENGTH 92
KARIVA 74
KATE FARMS GLUCOSE SUPPORT 1.2 172
KATE FARMS KIDS NUTRITION 172
KATE FARMS PED PEPTIDE 1.0 172
KATE FARMS PED PEPTIDE 1.5 172
KATE FARMS PED STANDARD 1.2 172
KATE FARMS PEPTIDE 1.0 172
KATE FARMS PEPTIDE 1.5 172
KATE FARMS RENAL SUPPORT 1.8 172
KATE FARMS STANDARD 1.0 172
KATE FARMS STANDARD 1.4 173
kcl (0.149%) in nacl 181
kcl (0.298%) in nacl 181
kcl in dextrose-nacl 181
KELNOR 1/35 74
KERADAN 246
KERENDIA 59
KESIMPTA 155
keto 173
KETOCAL 2.5/1 LQ MULTI FIBER 173
KETOCAL 3/1 173
KETOCAL 4/1 173
KETOCAL 4/1 LQ MULTI FIBER 173
KETOCAL 4/1 LQ MULTI-FIBER 173
ketoconazole 51, 237
KETO-DIASTIX 83
ketogen 173
ketone test 83
KETONEX-1 173
KETONEX-2 173
ketorolac tromethamine 116
KETOSTIX 83
KETOVIE 173
KETOVIE 3/1 173
KETOVIE 4/1 173
KETOVIE PEPTIDE 173
kettle neti pot sinus wash 131
KEYTRUDA 22
KEYTRUDA QLEX 22
KFLO 173
KIDS PLANT PROTEIN SHAKE 173
KIDS PROTEIN ORGANIC SHAKE 173
kimono 74
KIMONO COLORS 74
KIMONO MAXX-LARGE FLARE 74
kimono micro thin 74
kimono micro thin plus 74
kimono plus 74
kimono ps 74
kimono ps plus 74
kimono sensation 74
kimono sensation plus 74
KIMONO SPECIAL 74
KINDERLYTE 183
KINDERLYTE PREMAX 183
KINDERMED KIDS ALLERGY 125
KINDERSPROUT PLANT PROTEIN 173
KINERET 29
KINRIX 34
KIONEX 71
KISQALI (200 MG DOSE) 22
KISQALI (400 MG DOSE) 22
KISQALI (600 MG DOSE) 22
KLAYESTA 238
KLOR-CON 182
KLOR-CON 10 182
KLOR-CON M10 182
KLOR-CON M15 182
KLOR-CON M20 182
KLOXXADO 165
kls acetaminophen ex st 44
KLS ALLERCLEAR 125
KLS ALLERCLEAR D-12HR 142
KLS ALLERCLEAR D-24HR 142
KLS ALLER-FEX 125
kls allergy medicine 125
KLS ALLER-TEC 125
KLS ALLER-TEC CHILDRENS 125
KLS ALLER-TEC D 142
kls aspirin low dose 44
kls d3 211
kls ibuprofen 37
kls ibuprofen ib 37
KLS LAXACLEAR 102
KLS QUIT2 165
KLS QUIT4 165
kls stool softener 102
kobee 211
KOMZIFTI 22
KONSYL DAILY PSYLLIUM FIBER 102
KOSELUGO 22
kosher prenatal plus iron 211
KOURZEQ 232
kp adults 50+ daily formula 211
kp adults daily formula 211
kp aspirin 44
kp b complex-c 211
kp bisacodyl 102
kp calcium 600+d 188
kp calcium citrate+d 188
kp calcium-magnesium-zinc 188
kp diphenhydramine hcl 125

kp ferrous gluconate 113
kp ferrous sulfate 113
kp fexofenadine hcl 126
kp folic acid 211
kp mag-oxide magnesium 188
kp melatonin 173
kp mens 50+ daily formula 211
kp mens daily formula 211
kp niacin 211
kp prenatal multivitamins 211
kp pseudoephedrine hcl 142
kp senna 102
KP VISION FORMULA 211
KP VISION FORMULA/LUTEIN 211
kp vitamin b-12 211
kp vitamin b-6 211
kp vitamin d 211
kp vitamin d3 211
kp vitamin e 211
kp womens 50+ daily formula 211
kp womens daily formula 211
K-PAX IMMUNE PROFESSIONAL ST 211
K-PAX PROTEIN BLEND IMMUNE 173
kpn prenatal 211
KRAZATI 22
K-TAN PLUS 113
KURVELO 74
labetalol hcl 61
LAC-HYDRIN FIVE 246
lacosamide 151, 152, 163
lactated ringers 181
LACTINOL HX 246
lactulose 102
lactulose encephalopathy 102
LAMISIL AT ATHLETES FOOT 238
LAMISIL AT JOCK ITCH 238
lamivudine 49, 55
lamivudine-zidovudine 50
lamotrigine 152
lamotrigine er 152
LANABIOTIC 235
LAND BEFORE TIME MULTIVITAMIN 211
lanreotide acetate 83
lansoprazole 97
LANTUS 79
LANTUS SOLOSTAR 79
lapatinib ditosylate 22
LARIN 1.5/30 74
LARIN 1/20 74
LARIN 24 FE 74
LARIN FE 1.5/30 74
LARIN FE 1/20 74
latanoprost 115
laxative 102
laxative max str 102
laxative regular strength 102
LAZCLUZE 22
lecithin 173
leflunomide 31
lenalidomide 28
LENVIMA (10 MG DAILY DOSE) 23
LENVIMA (12 MG DAILY DOSE) 23
LENVIMA (14 MG DAILY DOSE) 23
LENVIMA (18 MG DAILY DOSE) 23
LENVIMA (20 MG DAILY DOSE) 23
LENVIMA (24 MG DAILY DOSE) 23
LENVIMA (4 MG DAILY DOSE) 23
LENVIMA (8 MG DAILY DOSE) 23
LESSINA 74
letrozole 19
leucovorin calcium 27
LEUKERAN 18
leuprolide acetate 19
levalbuterol hcl 128
levalbuterol tartrate 129
levetiracetam 152, 163
levetiracetam er 152
levetiracetam in nacl 163
levobunolol hcl 115
levocarnitine 83
levocetirizine dihydrochloride 126
levofloxacin 57, 58
levofloxacin in d5w 57
LEVONEST 74
levonorgest-eth est & eth est 74
levonorgest-eth estrad 91-day 74
levonorgestrel-ethinyl estrad 74
levonorg-eth estrad triphasic 74
LEVORA 0.15/30 (28) 74
levothyroxine sodium 70
LEVOXYL 70
l-glutamine 110, 173
lice killing 241
lice killing shampoo max str 241
lice treatment 241
LIDO KING 246
lidocaine 234, 246
lidocaine hcl 44, 234
lidocaine hcl (pf) 44
lidocaine hcl urethral/mucosal 234
lidocaine max st 24 hours 246
lidocaine pain relief 246
lidocaine pain relief max st 246
lidocaine pain relieving 246
lidocaine viscous hcl 232
lidocaine-prilocaine 234
LIDOCAN 234
lidocanna 246
LIDOCARE ARM/NECK/LEG 246
LIDOCARE BACK/SHOULDER 246
lidocore 246
LIDOGUARD 246
lidotrode 246
LIFYORLI (125 MG DOSE) 19
LIFYORLI (150 MG DOSE) 19
LIL MIXINS-EGG 173
LIL MIXINS-PEANUT 173
LILETTA (52 MG) 74
linezolid 53
linezolid in sodium chloride 53
LINZESS 95
LIOMNY 70
LIOPEN ABSORPTION ENHANCING 67
liothyronine sodium 70
LIPISTART 173
lipo cream base 67
LIPOCREAM BASE 67
lipopen ultra base 67
LIPOTRIAD VISION SUPPORT 211
lipotriad vision support plus 211
LIPOTRIAD VISIONARY 211
liquid acetaminophen 44
liquid allergy relief 126
liquid c 211
LIQUID HOPE 173
LIQUID HOPE PEPTIDE 173
LIQUID HOPE PEPTIDE BERRY 173
liquid pain relief 44
lisinopril 66
lisinopril-hydrochlorothiazide 64
lithium 162
lithium carbonate 162
lithium carbonate er 162
little animals 211
LITTLE REMEDIES FOR FEVER 44
LITTLE REMEDIES GAS RELIEF 95
liver detox 211
LIVITA ADULTS 211
LIVTENCITY 55
LMD 173
l-methylfolate 211
l-methylfolate calcium 211
l-methyl-mc 211
LOESTRIN 1.5/30 (21) 74
LOESTRIN 1/20 (21) 74
LOESTRIN FE 1.5/30 74
LOESTRIN FE 1/20 74
lohist-dm 142
LOJAIMIESS 75
LOKELMA 71
LOLLICAINE 232
LOMAIRA 86
lomustine 18
long acting nasal spray 142
long lasting antacid 89
long lasting nasal spray 142
LONSURF 26
loperamide hcl 92, 95
LOPHLEX LQ 20 173
lopinavir-ritonavir 50
loradamed 126
loratadine 126
loratadine childrens 126

loratadine-d 12hr 142
loratadine-d 24hr 142
lorazepam 155
LORAZEPAM INTENSOL 155
LORBRENA 23
LORYNA 75
losartan potassium 59
losartan potassium-hctz 63
LOTEMAX 116
loteprednol-tobramycin 115
LOTRIMIN AF 238
LOTRIMIN AF JOCK ITCH 238
LOTRIMIN ULTRA 238
lovastatin 60
LOW-OGESTREL 75
loxapine succinate 160
LPS CRITICAL CARE SUGAR FREE 173
LPS SUGAR FREE 173
lubiprostone 95
lubricant drops/dual-action 118
lubricant eye drop 118
lubricant eye drops 118
lubricant eye drops (pf) 118
lubricant eye drops pf 118
lubricating tears eye drops 118
LUIZZA 1.5/30 75
LUIZZA 1/20 75
LUMAKRAS 23
LUMIGAN 115
LUMIZYME 83
LUPRON DEPOT (1-MONTH) 19
LUPRON DEPOT (3-MONTH) 19
LUPRON DEPOT-PED (1-MONTH) 83
LUPRON DEPOT-PED (3-MONTH) 83
LUPRON DEPOT-PED (6-MONTH) 83
lurasidone hcl 160
lutein-zeaxanthin 212
LUTERA 75
LYBALVI 160
LYLEQ 75
LYLLANA 85
LYNPARZA 23
LYSIPLEX PLUS 212
LYSODREN 19
LYTGOBI (12 MG DAILY DOSE) 23
LYTGOBI (16 MG DAILY DOSE) 23
LYTGOBI (20 MG DAILY DOSE) 23
LYZA 75
MAALOX MAX 89
MAALOX MULTI SYMPTOM MAX ST 89
macitentan 65
MACULAR HEALTH FORMULA 212
MACUVITE 212
MACUVITE EYE CARE 212
MACUVITE/LUTEIN 212
MAG-200 188
MAG64 188
mag-al 90
mag-al plus 90
mag-al plus xs 90
MAGDELAY 188
mag-g 188
MAGNEBIND 300 188
MAGNEBIND 400 188
magnesium 188
magnesium carbonate 188
magnesium gluconate 188
magnesium lactate 188
magnesium oxide 90
magnesium oxide (antacid) 90
magnesium oxide -mg supplement 188
magnesium sulfate 181
magnesium sulfate in d5w 181
magnesium-aluminum-simethicone 90
MAGNESIUM-OXIDE 188
MAGOX 400 188
MAG-OXIDE 188
MAG-TAB SR 188
malathion 241
MALTOCARB 173
manganese chloride 188
MAOX 90
mapap 44
MAPAP ACETAMINOPHEN EXTRA STR 44
MAPAP CHILDRENS 44
maraviroc 49
MAR-COF CG EXPECTORANT 142
marlissa 75
MARPLAN 157
masonatal 212
MATERNACEL 212
MATULANE 27
MAVYRET 55
MAX RELIEF JR CHILD PAIN/FEVER 44
MAX RELIEF JUNIOR 44
MAX SLEEP JUNIOR 67
MAX TUSSIN DM COUGH&CHEST CONG 142
MAX TUSSIN MUCUS & CHEST CONG 142
MAXALLERGY KIDS 126
maxifed 142
MAXIMUM D3 212
maximum daily green 212
maxi-tuss ac 142
maxi-tuss cd 142
maxi-tuss g 142
maxi-tuss gmx 142
maxx 75
maxx plus 75
m-dryl 126
meclizine hcl 93
MEDCAPS DPO 212
MEDCAPS GI 212
MEDCAPS IS 212
MEDCAPS T3 212
MEDERMA AG FACE 246
MEDERMA STRETCH MARKS THERAPY 246
medi tab 212
medi-bismuth 92
MEDIDERM 67
MEDI-FIRST ASPIRIN 44
MEDI-FIRST IBUPROFEN 37
medi-first triple antibiotic 235
MEDI-LAX 102
MEDI-MUCIL 102
medi-natural 103
medi-natural plus 103
MEDI-PROFEN 37
MEDIQUE ASPIRIN 44
MEDI-TABS CHILDRENS 44
MEDI-TABS EXTRA STRENGTH 45
MEDI-TABS JUNIOR STRENGTH 45
medi-tussin dm 143
medi-tussin dm double strength 142
MEDPURA ANTIFUNGAL 238
MEDPURA HYDROSEPTINE 246
MEDPURA ZINC OXIDE 246
medroxyprogesterone acetate 75, 86
mefloquine hcl 54
mega biotin 212
mega coq10 173
mega multi for women 212
MEGA MULTI MEN 212
megavite fruits & veggies 212
megestrol acetate 19, 86
meijer advanced formula 212
meijer allergy relief 126
meijer allergy relief-d 143
meijer antacid anti-gas 90
meijer anti-diarrheal 92
meijer antihistamine allergy 126
meijer aspirin ec 45
meijer aspirin free 45
meijer c 212
meijer calamine 246
meijer ferrous sulfate 113
meijer ibuprofen 37
meijer jr st aspirin free 45
meijer loratadine 126
meijer nasal decongestant 143
meijer triple antibiotic 235
meijer zinc oxide 246
MEKINIST 23
MEKTOVI 23
melatonin 67, 173, 174
melatonin extra strength 173
melatonin maximum strength 173
MELEYA 75
meloxicam 37
memantine hcl 155, 156
memantine hcl er 155

memantine hcl-donepezil hcl er 156
MEMORALL 212
MENQUADFI 34
mens 50+ advanced 212
mens 50+ multivitamin 212
MENS LIFE PACK 212
mens multi health formula 212
mens multivitamin 212
mens multivitamin gummies 212
menstrual relief max strength 45
MENVEO 34
mercaptopurine 26
MERIBIN 212
meropenem 53
mesalamine 97
mesalamine er 97
mesalamine-cleanser 97
mesna 27
METAFOLBIC 212
METAFOLBIC PLUS 212
METAMUCIL 3 IN 1 DAILY FIBER 103
METAMUCIL 4 IN 1 FIBER 103
METAMUCIL FREE & NATURAL .. 103
METAMUCIL PREMIUM BLEND ... 103
METAMUCIL SMOOTH TEXTURE 103
metformin hcl 81
metformin hcl er 81
methadone hcl 38
METHADONE HCL INTENSOL 38
methazolamide 64
methenamine hippurate 53
methimazole 70
METHIONAID 174
methocarbamol 155
methotrexate sodium 27, 31
methotrexate sodium (pf) 26
methsuximide 152
METHYL PROTECT 212
METHYL-GUARD 212
METHYL-GUARD PLUS 212
methylphenidate hcl 162
methylphenidate hcl er 161
methylprednisolone 85
methylprednisolone acetate 85
methylprednisolone sodium succ 85
metoclopramide hcl 93
metolazone 64
metoprolol succinate er 61
metoprolol tartrate 61
metoprolol-hydrochlorothiazide 63
metronidazole 53, 108, 246
metyrosine 65
mg aspartate 188
mgo 188
MIBELAS 24 FE 75
micaderm 238
micafungin sodium 51
miconazole 238
miconazole 1 108
miconazole 3 combo pack 108
miconazole 3 combo-supp 108
miconazole 7 108
miconazole antifungal 238
miconazole nitrate 108, 238
miconazole nitrate combo pack 108
miconazorb af 238
MICOTRIN AP 238
MICROCHAMBER 131
microderm base 67
MICROGESTIN 1.5/30 75
MICROGESTIN 1/20 75
MICROGESTIN FE 1.5/30 75
MICROGESTIN FE 1/20 75
MICROSOME BASE 67
MICROSPACER 131
midodrine hcl 65
MIDOL 45
MIDOL COMPLETE 45
MIEBO 118
mifepristone 83
MILI 75
milk of magnesia 103
MIMVEY 85
mincora 212
mineral oil 103
mineral oil heavy 103
mineral oil lubricant laxative 103
minocycline hcl 59
minoxidil 65
MINTOX 90
mintox maximum strength 90
MINTOX PLUS 90
MIRALAX 103
MIRALAX MIX-IN PAX 103
mirtazapine 157
misoprostol 95
mi-vite rx 212
MM ACETAMINOPHEN EX STR 45
MM ALLER-BEN 126
mm allergy relief 24 hour 126
mm arthritis pain 45
mm aspirin 45
mm biotin/keratin 213
MM CLEARLAX 103
mm fexofenadine hcl 126
mm stool softener 103
mm stool softener laxative 103
MMA/PA ANAMIX EARLY YEARS 174
MMA/PA ANAMIX NEXT 174
MMA/PA COOLER15 174
MMA/PA MAXAMUM 174
M-M-R II 34
m-natal plus 182, 213
modafinil 163
MODEYSO 27
MODULEN 174
moexipril hcl 66
MOI-STIR 232
moisture barrier 246
moisturizing cream 246
moisturizing lubricant eye 118
molindone hcl 160
mometasone furoate 240
MOMMY'S BLISS GAS RELIEF DROPS 95
MOMMY'S BLISS VIT D ORGANIC 213
MONISTAT 1 COMBO PACK 108
MONISTAT 1 DAY OR NIGHT 108
MONISTAT 3 108
MONISTAT 3 COMBINATION PACK 108
MONISTAT 3 COMBO PACK APP 108
MONISTAT 7 COMBO PACK APP 108
MONISTAT 7 SIMPLY CURE 108
MONJUVI 23
MONOFERRIC 113
MONOGEN 174
MONO-LINYAH 75
montelukast sodium 133, 134
MOOD FOOD 213
MOOD FOOD ES 213
morphine sulfate 38
morphine sulfate (concentrate) 38
morphine sulfate er 38
MOTRIN CHILDRENS 37
MOTRIN IB 37
MOTRIN INFANTS DROPS 37
MOUNJARO 81
MOUTH KOTE 232
MOUTH KOTE REMINT 232
MOVANTIK 95
moxifloxacin hcl 58, 116
moxifloxacin hcl in nacl 58
m-pap 45
MRESVIA 34
MSUD 2 174
MSUD AID 174
MSUD ANAMIX EARLY YEARS 174
MSUD COOLER 174
MSUD LOPHLEX LQ 174
MSUD MAXAMAID 174
MSUD MAXAMUM 174
MTX SUPPORT 213
MUCINEX 143
MUCINEX CHILDRENS FREEFROM 143
MUCINEX COLD CHILDRENS 143
MUCINEX COUGH & CONGEST CHILD 143
MUCINEX COUGH CHILDRENS .. 143
MUCINEX COUGH FOR KIDS 143
MUCINEX DM 143
MUCINEX FAST-MAX CHEST CONG MS 143
MUCINEX FAST-MAX CONGEST COUGH 143

MUCINEX FAST-MAX DM MAX....143
MUCINEX FAST-MAX SEVERE CON/CG....143
MUCINEX MAXIMUM STRENGTH143
MUCINEX SINUS-MAX CLEAR & COOL....143
MUCINEX SINUS-MAX SINUS/ALLRGY....143
mucus & chest congestion....143
mucus congest & cough child....143
mucus dm....143
mucus relief....144
mucus relief chest congestion....143
mucus relief dm....143, 144
mucus relief dm max....143
mucus relief er....144
mucus relief max st....144
mucus relief multi symptom....144
mucus relief severe congst/cgh....144
mucus-dm....144
MULTAQ....60
multi + omega-3 adult gummies....213
multi + omega-3 gummies....213
multi adult gummies....213
MULTI COMPLETE....213
multi complete/iron....213
multi for her....213
multi for her 50+....213
MULTI FOR HIM....213
multi for him 50+....213
MULTI MEGA MINERALS....188
multi prenatal....213
multi vitamin....213
multi vitamin w/d-3....213
multi vitamin/minerals....213
MULTIA....213
MULTIGEN....113
MULTIGEN PLUS....113
multi-phasic penetrating cmpd....67
multiple electro type 1 ph 7.4....181
multiple vit/minerals/no iron....213
multiple vitamin-folic acid....213
multiple vitamins....213
multiple vitamins essential....213
multiple vitamins/iron....213
multiple vitamins/womens....213
multiple vitamins-iron....213
multiple vitamins-minerals....213
multi-symptom cold childrens....144
multi-symptom cold plus child....144
multi-vit/iron/fluoride....213
multivit/multimineral adult....213
multivitamin....214
multi-vitamin....214
multivitamin adult....213
multivitamin adult (minerals)....213
multivitamin adults....213
multivitamin adults 50+....213
multivitamin childrens....214
multivitamin childrens (w/ fa)....214
multivitamin childrens gummies....214
multivitamin drops/iron....214
multi-vitamin gummies....214
multivitamin gummies adult....214
multivitamin gummies mens....214
multivitamin gummies womens....214
multivitamin infant & toddler....214
multivitamin iron-free....214
multivitamin men....214
multivitamin men 50+....214
multi-vitamin monocaps....214
multivitamin plus iron adult....214
multivitamin w/fluoride....214
multivitamin women....214
multivitamin women 50+....214
multivitamin womens 50+ adv....214
multivitamin/fluoride....214
multi-vitamin/fluoride....214
multi-vitamin/fluoride/iron....214
multi-vitamin/iron....214
multi-vitamin/minerals....214
multivitamin/zinc stress....214
multivitamin-minerals....214
multi-vitamins....214
multivitamins plus iron child....214
multi-vite....214
MULTI-VIT-FLOR....214
multivit-min gummies childrens....214
mupirocin....235
MURINE EAR....249
MURINE EAR WAX REMOVAL SYSTEM....249
MURO 128....118
MVW COMPLETE FORMULATION....215
MVW COMPLETE FORMULATION D3000....215
MVW COMPLETE FORMULATION D5000....215
MVW COMPLETE FORMULATION MINIS....215
mvw hi-d adek gummies....215
MVW MODULATOR FORMULATION....215
MVW MODULATOR FORMULATION MINI....215
MVW ORANGE CHEWABLES....215
myamulti....215
mycophenolate mofetil....32
mycophenolate sodium....32
MYCOZYL AP....238
MYLANTA MAXIMUM STRENGTH....90
MYLICON INFANTS GAS RELIEF....95
MYNEPHRON....215
MYRBETRIQ....106, 107
na ferric gluc cplx in sucrose....113
na sulfate-k sulfate-mg sulf....103
nabumetone....37
nac....174
nac 600....174
n-acetyl cysteine....174
nadolol....61
nafcillin sodium....58
NAGLAZYME....83
naloxone hcl....165
naltrexone hcl....165
NAMZARIC....156
NAPHCON-A....115
naproxen....37
naproxen sodium....37
NARAMIN....126
naratriptan hcl....163
nasal decongestant....144
nasal decongestant 12hr....144
nasal decongestant d....144
nasal decongestant d max str....144
nasal decongestant pe....144
nasal decongestant pe max st....144
nasal decongestant spray....144
nasal four....144
nasal spray....144
nasal spray 12 hour....144
nasal spray max strength....144
nasal spray no drip....144
NASALCROM....131
NASCOBAL....215
NATACYN....116
natal pnv....215
nateglinide....81
nat-rul daily-vite+iron....215
nat-rul iron....113
natrul magnesium....188
nat-rul oyster calcium+vit d....189
nat-rul theravite-m....215
nat-rul vitamin d....215
natrul-vites....215
natural c/rose hips....215
natural fiber....103
natural fiber laxative....103
natural psyllium seed....103
natural senna laxative....103
natural vitamin a....215
natural vitamin d-3....215
natural vitamin e....215
NAYZILAM....152
nebivolol hcl....61
NECON 0.5/35 (28)....75
nefazodone hcl....157
NEOCATE INFANT HYPOALLERGENIC....174
NEOCATE JUNIOR....174
NEOCATE JUNIOR PREBIOTICS 174
NEOCATE SPLASH JUNIOR....174
NEOCATE SPOON....174
NEOCATE SYNEO JUNIOR....174

NEOFLEX CALCIUM + VITAMIN D 189
neomaterna 215
NEOMULTIVITE 215
neomycin sulfate 53
neomycin-bacitracin zn-polymyx 116
neomycin-polymyxin-dexameth 115
neomycin-polymyxin-gramicidin 116
neomycin-polymyxin-hc 115, 120
neonatal complete 215
NEONATAL PLUS 215
neonatal prenatal 215
NEONATAL VITAMIN 215
NEOQ10 174
NEOSPORIN 235
NEOSPORIN + PAIN RELIEF MAX ST 235
NEOSPORIN + PAIN/ITCH/SCAR 235
NEOSPORIN ORIGINAL 235
NEOSPORIN/BURN RELIEF 235
NEO-SYNEPHRINE COLD/ALLRGY EXT 144
neotuss 144
neo-vital rx 215
NEPHPLEX RX 215
nephro vitamins 216
NEPHRON FA 113
NEPHRO-VITE 216
NEPRO 174
NEPRO/CARBSTEADY 174
NERLYNX 23
NESTABS 216
NESTABS DHA 216
NESTABS ONE 216
neti pot sinus wash 132
NEUAC 233
NEUTROGENA HAND 246
nevirapine 49
nevirapine er 49
NEXLETOL 61
NEXLIZET 61
NEXPLANON 75
NF FORMULAS NAC 174
niacin 216
niacin er 216
niacin er (antihyperlipidemic) 61
niacin flush free 216
niacinamide 216
NIAVASC 216
NIAVASC 750 216
nicardipine hcl 62
NICODERM CQ 165
NICOMIDE 216
NICORELIEF 165
NICORETTE 165
NICORETTE MINI 165
NICORETTE STARTER KIT 165
nicotine 166
nicotine mini 165
nicotine polacrilex 165
nicotine polacrilex mini 165
nicotine step 1 166
nicotine step 2 166
nicotine step 3 166
NICOTROL NS 166
nifedipine er 62
nifedipine er osmotic release 62
NIFEREX 113
NIKKI 75
nilotinib hcl 23
nilutamide 19
nimodipine 62
NINJACOF-XG 144
NINLARO 23
nintedanib esylate 132
NISEKO HYDRATING FACIAL 246
nitazoxanide 53
nitisinone 83
NITRO-BID 66
nitrofurantoin macrocrystal 53
nitrofurantoin monohyd macro 53
nitroglycerin 66, 246
NIVA-FOL 216
NIVANEX DMX 144
NIVA-PLUS 216
NIVEA 246
NIVEA VISAGE 246
NIVEA VISAGE INNER BEAUTY 246
NIX CREME RINSE 241
nizatidine 87
no drip nasal spray 144
no iron mult vitamin-minerals 216
nohist-dm 144
non-aspirin 45
non-aspirin extra strength 45
non-aspirin jr strength 45
non-aspirin pain relief 45
non-pseudo sinus decongestant 144
NORA-BE 75
norelgestromin-eth estradiol 75
norethin ace-eth estrad-fe 75
norethindrone 75
norethindrone acetate 86
norethindrone acet-ethinyl est 75
norethindrone-eth estradiol 85
norethindron-ethinyl estrad-fe 75
norgestimate-eth estradiol 75
norgestim-eth estrad triphasic 76
NORLYROC 76
NORTREL 0.5/35 (28) 76
NORTREL 1/35 (21) 76
NORTREL 1/35 (28) 76
NORTREL 7/7/7 76
nortriptyline hcl 157
NORVIR 49
norwegian cod liver oil 216
NOSTRILLA 144
NOURILITE 68
NOURISH 174
NOURISH PEPTIDE FORMULA 174
NOURIVAN ANTIOX BASE 68
NOVAFERRUM 113
NOVAFERRUM 50 113
NOVAFERRUM PEDIATRIC DROPS 113
NOVASOURCE RENAL 174
NOVOLIN 70/30 79
NOVOLIN 70/30 FLEXPEN 79
NOVOLIN 70/30 RELION 79
NOVOLIN N 79
NOVOLIN N FLEXPEN 79
NOVOLIN N RELION 79
NOVOLIN R 79
NOVOLIN R FLEXPEN 79
NOVOLIN R RELION 79
NOVOLOG 79
NOVOLOG FLEXPEN 79
NOVOLOG FLEXPEN RELION 79
NOVOLOG MIX 70/30 79
NOVOLOG MIX 70/30 FLEXPEN 79
NOVOLOG PENFILL 79
NOVOLOG RELION 79
NRS NASAL RELIEF 144
NUBEQA 19
NUEDEXTA 162
NUFOL 216
NU-IRON 113
NULOJIX 32
NUMOISYN 232
NUPLAZID 160
NURTEC 163
NUTRA/SHAKE 174
NUTRADERM 246
NUTRALYN 216
NUTREN 1.0 174
NUTREN 1.0/FIBER 174
NUTREN 1.5 175
NUTREN 2.0 175
NUTREN JR 175
NUTREN JR FIBER 175
NUTREN JUNIOR 1.0 175
NUTREN JUNIOR/FIBER 175
NUTREN PULMONARY 175
NUTRIFAC ZX 216
nutrifocus 175
NUTRIHEP 1.5 CAL 175
NUTRILIPID 191
nutritional drink 175
nutritional drink mix 175
nutritional drink plus 175
nutritional drink shake mix 175
nutritional shake 175
nutritional shake complete 175
nutritional shake high protein 175
nutritional shake plus 175
nutritional shake plus protein 175
nutritional supplement 175

nutritional supplement plus 175
NUZYRA 59
NYAMYC 238
NYLIA 1/35 76
NYLIA 7/7/7 76
nystatin 51, 232, 238
NYSTOP 238
OA 1 175
OA 2 175
OB COMPLETE 216
OB COMPLETE PREMIER 216
OBSTETRIX EC 216
OBTREX 216
OCTAGAM 31
octreotide acetate 83
ocular vitamins 216
ocutabs 216
ocutabs-lutein 216
OCUVITE ADULT 50+ 216
OCUVITE ADULT FORMULA 216
OCUVITE EXTRA 216
OCUVITE EYE + MULTI 216
OCUVITE EYE HEALTH FORMULA 216
OCUVITE EYE HEALTH GUMMIES 216
OCUVITE-LUTEIN 217
ODEFSEY 50
ODOMZO 23
odor control foot & sneaker 238
ODOR EATERS ANTIFUNGAL 238
ODOR EATERS FOOT/SNEAKER SPRAY 238
OFEV 132
ofloxacin 116, 120
OGIVRI 23
OGSIVEO 23
ohc covid-19 antigen self test 53
OJEMDA 24
OJJAARA 24
OKEEFFES WORKING HANDS 247
olanzapine 160
olmesartan medoxomil 59, 60
olmesartan medoxomil-hctz 63
olmesartan-amlodipine-hctz 63
omega-3-acid ethyl esters 61
omeprazole 97
OMNIBASE 68
omnicap 217
OMNIPOD 5 DEXG7G6 INTRO GEN 5 79
OMNIPOD 5 DEXG7G6 PODS GEN 5 79
OMNIPOD 5 LIBRE INTRO 79
OMNIPOD 5 LIBRE PODS 79
OMNIPOD DASH INTRO (GEN 4) 80
OMNIPOD DASH PODS (GEN 4) 80
OMNITROPE 84
ON/GO COVID-19 ANTIGEN TEST 53
ON/GO ONE COVID-19 HOME TEST 53
once daily 217
ONCOVITE 217
ondansetron 93
ondansetron hcl 93
ONE A DAY MEN 50 PLUS 217
ONE A DAY MENS VITACRAVES 217
ONE A DAY PRENATAL 217
ONE A DAY WOMEN 50 PLUS 217
one daily 217
one daily 50 plus 217
one daily calcium/iron 217
one daily complete 217
one daily complete for men 217
ONE DAILY ESSENTIAL 217
one daily essentials 217
one daily for men 50+ advanced 217
one daily for men/lycopene 217
one daily for women 217
one daily for women 50+ adv 217
one daily healthy weight 217
one daily healthy weight adv 217
one daily maximum 217
one daily men formula w/o iron 217
one daily mens 217
one daily mens 50+ multivit 217
one daily mens 50+/lycopene 217
one daily mens health 217
one daily multivit/iron-free 217
one daily multivitamin adult 217
one daily multivitamin men 217
one daily multivitamin women 217
one daily multivitamin/iron 217
one daily womens 217
one daily womens 50 plus 217
one daily womens 50+ 217
one daily/minerals 218
ONE VITE CALCIUM + D3 189
ONE VITE DAILY MULTIVITAMIN 218
ONE VITE FERROUS SULFATE 113
one vite womens 218
one vite womens plus 218
ONE-A-DAY FOR HER VITACRAVES 218
ONE-A-DAY FOR HIM VITACRAVES 218
ONE-A-DAY MENOPAUSE FORMULA 218
ONE-A-DAY MENS (MINERALS) 218
ONE-A-DAY MENS 50+ 218
ONE-A-DAY MENS 50+ ADVANTAGE 218
ONE-A-DAY MENS HEALTH FORMULA 218
ONE-A-DAY MENS PRO EDGE 218
ONE-A-DAY PROACTIVE 65+ 218
ONE-A-DAY WOMENS 218
ONE-A-DAY WOMENS 50+ 218
ONE-A-DAY WOMENS 50+ ADVANTAGE 218
ONE-A-DAY WOMENS PETITES 218
ONE-A-DAY WOMENS VITACRAVES 218
one-daily multi caps 218
one-daily multi vitamins 218
one-daily multi-vit/mineral 218
one-daily multi-vitamin 218
one-daily multi-vitamin/iron 218
one-daily/iron 218
ONELAX 103
ONELAX DAILY FIBER 103
ONELAX FIBER THERAPY 103
ONELAX SENNA 103
ONTRUZANT 24
ONUREG 27
OPCON-A 115
OPIPZA 160
OPSUMIT 65
OPTICHAMBER DIAMOND 132
OPTICHAMBER DIAMOND-LG MASK 132
OPTICHAMBER DIAMOND-MD MASK 132
OPTICHAMBER DIAMOND-SM MASK 132
OPTICLEANSE GHI 175
optic-vites 218
optic-vites with lutein 218
OPTIFAST POST BARIATRIC 218
OPTIMAL D3 218
OPTIMAL D3 M 218
OPTIMENTAL 175
optimum airvites 218
optimum pms 218
OPTIONS GYNOL II CONTRACEPTIVE 108
OPTISOURCE POST BARIATRIC SURG 218
OPTIVITE P.M.T. 219
OPURITY 219
OPURITY B12/FOLIC ACID 219
OPURITY BYPASS OPTIMIZED 219
oral analgesic max st 232
oral electrolyte freezer pops 183
oral electrolytes 183
oral relief spray 232
oral suspend 68
ORALYTE 183
ORAPENN SD ANHYD SWEETENED 68
ORAPENN SD ANHYD UNSWEETEN 68
ORA-PLUS 68
ORASEP 232
ORAZINC 189
ORGANIC NUTRITION SHAKE 175
ORGANIC PEDIA SMART 175

ORGOVYX....19
ORKAMBI....132
orlistat....86
ORQUIDEA....76
ORSERDU....19
OS 2....175
oseltamivir phosphate....55
OSMOLITE....175
OSMOLITE 1 CAL....175
OSMOLITE 1.2 CAL....175
OSMOLITE 1.5 CAL....175
OSMOLITE HN....175
OSPOMYV....87
OSTEOPRIME PLUS....219
OSTEOPRIME ULTRA....219
oxacillin sodium....58
oxaliplatin....18
oxcarbazepine....152
OXEPA....176
OXEPA 1.5....175
oxybutynin chloride....107
oxybutynin chloride er....107
oxycodone hcl....38, 39
oxycodone-acetaminophen....39
oxymetazoline hcl....145
OYSCO 500+D....189
oyster calcium/d3....189
oyster shell calcium....189
oyster shell calcium + d....189
oyster shell calcium + d3....189
oyster shell calcium plus d....189
oyster shell calcium w/d....189
oyster shell calcium/d....189
oyster shell calcium/d3....189
oyster shell calcium/vit d....189
oyster shell calcium/vit d3....189
oyster shell calcium/vitamin d....189
OZEMPIC....81
OZEMPIC (0.25 OR 0.5 MG/DOSE)....81
OZEMPIC (1 MG/DOSE)....81
OZEMPIC (2 MG/DOSE)....81
PACERONE....60
paclitaxel....27
paclitaxel protein-bound part....28
pain & fever childrens....45
pain & fever infants....45
pain & fever kids....45
pain and fever relief kids....45
pain relief....45
pain relief childrens....45
pain relief extra strength....45
pain relief max str....247
pain relief maximum strength....247
pain relief regular strength....45
pain reliever....45
pain reliever extra strength....45
pain reliever for adults....45
pain reliever/fever reducer....45
pain relieving lidocaine....247
paliperidone er....160
PALMERS COCOA BUTTER FORMULA....247
PALMERS INTENSIVE RELIEF HAND....247
PALMERS NIGHT CREAM....247
PALMERS STRETCH MARKS....247
pamidronate disodium....87
pan-c 500/bioflavonoids....219
PANRETIN....247
pantoprazole sodium....97
PANZYGA....32
paricalcitol....71
paroxetine hcl....157
parvlex....219
PAXLOVID (150/100)....55
PAXLOVID (300/100 & 150/100)....55
PAXLOVID (300/100)....55
pazopanib hcl....24
pc pediatric iron drops....113
pc pediatric poly-vita/fe drop....219
pc pediatric poly-vitamin drop....219
pc pediatric tri-vitamin drops....219
PCCA ALADERM BASE....68
PCCA ANHYDROUS LIPODERM BASE....68
PCCA BASE 7542....68
PCCA BIOPEPTIDE BASE....68
PCCA CANNIDEX 2.0 CUSTOM BASE....68
PCCA CANNIDEX CUSTOM BASE 68
PCCA COSMETIC HRT BASE....68
PCCA EMOLLIENT CREAM BASE..68
PCCA HYDRABASE SB CUSTOM BASE....68
PCCA LIPODERM BASE....68
PCCA MVC BASE....68
PCCA NATACREAM....68
PCCA PRACASIL TM-PLUS BASE..68
PCCA VANISHING CREAM BASE..68
PCCA VANISHING CREAM LIGHT..68
PCCA VANPEN BASE....68
PCCA WAV CUSTOM BASE....68
PECGEN DMX....145
PECGEN PSE....145
ped electrolyte freeze pops....183
ped electrolyte freezer pops....183
PEDIA VANCE....183
PEDIACARE CHILDREN....45
PEDIACARE CHILDRENS ALLERGY....126
PEDIACARE COUGH/CONGESTION....145
PEDIACARE INFANT FEVER/PAIN....46
PEDIACARE INFANTS....46
PEDIACARE INFANTS GAS RELIEF....95
PEDIA-LAX....103
PEDIALYTE....183
PEDIALYTE ADVANCED CARE....183
PEDIALYTE FREEZER POPS....183
PEDIALYTE IMMUNE SUPPORT..183
PEDIALYTE SINGLES....183
PEDIARIX....34
PEDIASMART PEA PROTEIN....176
PEDIASURE....176
PEDIASURE 1.0 CAL/FIBER....176
PEDIASURE 1.5 CAL....176
PEDIASURE 1.5 CAL/FIBER....176
PEDIASURE GROW & GAIN....176
PEDIASURE GROW & GAIN ORGANIC....176
PEDIASURE GROW & GAIN/FIBER....176
PEDIASURE HARVEST 1.0 CAL..176
PEDIASURE NUTRIPALS....176
PEDIASURE PEDIATRIC....176
PEDIASURE PEPTIDE 1.0 CAL....176
PEDIASURE PEPTIDE 1.5 CAL....176
PEDIASURE REDUCED CALORIE 176
PEDIASURE SHAKE MIX....176
PEDIASURE SHAKE/FIBER....176
PEDIASURE SIDEKICKS....176
PEDIASURE SIDEKICKS CLEAR..176
PEDIASURE SIDEKICKS SHAKE..176
PEDIASURE/FIBER....176
pediatric drink....176
pediatric electrolyte....183
PEDVAXHIB....34
peg 3350....103
peg 3350-kcl-na bicarb-nacl....103
peg-3350/electrolytes....103
PEGASYS....55
PELLIX....239
PEMAZYRE....24
pemetrexed disodium....27
PENBRAYA....34
penderm....68
penicillamine....71
penicillin g potassium....58
penicillin g sodium....58
penicillin v potassium....59
PEN-KERA....247
penmenvy....34
pensomal....68
PENTACEL....34
pentamidine isethionate....53
pentoxifylline er....110
PENTRAVAN....247
PENTRAVAN PLUS....247
PEPTAMEN....177
PEPTAMEN 1 CAL/PREBIO1....176
PEPTAMEN 1.5 CAL....176
PEPTAMEN 1.5 CAL/PREBIO1....176
PEPTAMEN AF....176

PEPTAMEN INTENSE VHP 176
PEPTAMEN JUNIOR 1 CAL 176
PEPTAMEN JUNIOR 1 CAL/PREBIO1 176
PEPTAMEN JUNIOR 1.5 177
PEPTAMEN JUNIOR 1.5 CAL 176
PEPTAMEN JUNIOR FIBER 177
PEPTAMEN JUNIOR HP 177
PEPTAMEN JUNIOR PHGG 1.2 ... 177
PEPTAMEN JUNIOR/PREBIO1 177
PEPTAMEN/PREBIO1 177
PEPTO-BISMOL 92
PEPTO-BISMOL MAX STRENGTH 92
PEPTO-BISMOL TO-GO 92
perampanel 152
PERATIVE 177
PERATIVE 1.3 CAL 177
PERDIEM OVERNIGHT RELIEF ... 104
PERIDIN-C 219
PERIFLEX ADVANCE 177
PERIFLEX JUNIOR 177
perindopril erbumine 66
PERIOGARD 232
PERIOMED 232
permethrin 241
perphenazine 160
petrolatum 68
petrolatum white 68
petroleum jelly 68
PFCB 68
PFD 2 177
PFD TODDLER 177
PFIZERPEN 59
pharbechlor 126
pharbedryl 126
PHARBETOL 46
PHARBETOL EXTRA STRENGTH . 46
PHARMABASE ANTIOXIDANT 68
PHARMABASE COSMETIC 68
PHARMABASE COSMETIC NATURAL 69
PHARMABASE HEAVY 69
PHARMABASE LIGHT 69
PHARMABASE VAGINAL 69
pharmacist choice d-vitamin 219
PHAZYME 96
PHAZYME MAXIMUM STRENGTH 95
PHAZYME ULTRA STRENGTH 96
phendimetrazine tartrate 86
phenelzine sulfate 157
PHENEX-1 177
PHENEX-2 177
phenobarbital 152
phenobarbital sodium 164
phenol 247
phentermine hcl 86
phentermine-topiramate er 86
PHENYLADE DRINK MIX 177
PHENYLADE ESSENTIAL DRINK MIX 177
PHENYLADE ESSENTIAL MIX/FIBER 177
PHENYLADE GMP 177
PHENYLADE GMP MIX DHA/FIBER 177
PHENYLADE GMP MIX-IN 177
PHENYLADE GMP READY 177
PHENYLADE RTD PKU 10 177
PHENYLADE60 DRINK MIX 177
phenylephrine hcl 145
phenylephrine-dm-gg 145
PHENYL-FREE 2 177
PHENYL-FREE 2HP 177
PHENYTEK 152
phenytoin 152
phenytoin sodium 164
phenytoin sodium extended ... 152, 164
PHESGO 24
PHILITH 76
PHILLIPS MILK OF MAGNESIA 104
PHYTOBASE 69
PHYTOMULTI 219
phytonadione 219
PIFELTRO 49
pilocarpine hcl 115, 232
PILOT COVID-19 AT-HOME TEST . 53
pimecrolimus 247
pimozide 160
PIMTREA 76
pin-away 53
pindolol 61
pink bismuth 92
pink bismuth maximum strength 92
pinworm medicine 53
pioglitazone hcl 81
pioglitazone hcl-metformin hcl 81
piperacillin sod-tazobactam so 59
PIQRAY (200 MG DAILY DOSE) 24
PIQRAY (250 MG DAILY DOSE) 24
PIQRAY (300 MG DAILY DOSE) 24
pirfenidone 132
piroxicam 37
PIVOT 1.5 CAL 177
PKU 2 177
PKU 3 177
PKU AIR20 GOLD 177
PKU AIR20 GREEN 177
PKU AIR20 YELLOW 177
PKU COOLER 10 177
PKU COOLER 15 177
PKU COOLER 20 177
PKU EASY SHAKE & GO 177
PKU LOPHLEX LQ 20 178
PKU PERIFLEX EARLY YEARS ... 178
PKU PERIFLEX JUNIOR PLUS 178
PKU SPHERE 20 178
PKU SPHERE NEXT 15 178
PKU START 178
pku trio 178
PLENAMINE 191
PLENVU 104
pnv 27-ca/fe/fa 219
pnv prenatal plus multivitamin 219
pnv tabs 20-1 219
pnv-select 219
POCKET CHAMBER 132
POCKET SPACER 132
podofilox 247
poly bacitracin 235
POLYCAL 178
polyethylene glycol 3350 ..... 69, 104
POLY-IRON 150 114
polymyxin b sulfate 53
polymyxin b-trimethoprim 116
polysaccharide iron complex 114
polysaccharide-iron complex 114
POLYSPORIN 235
poly-tussin ac 145
POLY-VENT IR 145
POLY-VI-FLOR 219
polyvinyl alcohol 118
POLY-VI-SOL 219
POLY-VI-SOL/IRON 219
poly-vita 219
poly-vita/iron 219
poly-vite pediatric 219
poly-vite/iron 219
pomalidomide 28
POMALYST 28
PORTAGEN 178
PORTIA-28 76
posaconazole 51
potassium chloride 181, 182
potassium chloride crys er 182
potassium chloride er 182
potassium chloride in nacl 181
potassium citrate er 109
potassium cl in dextrose 5% 181
potassium hydroxide 69
povidone-iodine 247
pramipexole dihydrochloride 154
prasugrel hcl 114
pravastatin sodium 60
praziquantel 53
prazosin hcl 59
prednisolone 85
prednisolone acetate 116
prednisolone sodium phosphate 85, 117
prednisone 86
PREDNISONE INTENSOL 86
preferred plus insulin syringe 80
pregabalin 152
pregenna 219
PREMASOL 191
PREMESISRX 219

PRENATABS RX 219
prenatal 182, 220
prenatal (w/iron & fa) 219
prenatal 19 219
prenatal complete 219
prenatal formula 219
prenatal formula a-free 219
prenatal forte 219
prenatal multi +dha 220
PRENATAL MULTIVITAMIN + DHA 220
prenatal multivitamin plus dha 220
prenatal one daily 220
prenatal plus 220
prenatal plus vitamin/mineral 220
prenatal vitamin and mineral 220
prenatal vitamins 220
prenatal/iron 220
prenatal+dha 220
PRENATE AM 220
PRENATE ELITE 220
PRENATOL-M 220
prescription support multivit 220
PRESERVISION AREDS 220
PRESERVISION AREDS 2 220
PRESERVISION AREDS 2+MULTI VIT 220
PRESERVISION/LUTEIN 220
PRESGEN 145
PRESGEN PEDIATRIC 145
PRETTY FEET/HANDS 247
PREVALITE 61
prevent 220
PREVIDENT 233
PREVIDENT 5000 DRY MOUTH 232
PREVIDENT 5000 PLUS 233
prev-rx 220
PREVYMIS 55
PREZCOBIX 50
PREZISTA 49
PRIFTIN 50
primaquine phosphate 54
primidone 152
PRIORIX 34
PRIVIGEN 32
pro comfort spacer adult 132
pro comfort spacer child 132
pro comfort spacer infant 132
pro hers rx 220
pro his rx 220
pro pcos rx 220
probenecid 48
probiotics + bariatric multi 220
PRO-CAL 220
procare spacer/adult mask 132
procare spacer/child mask 132
PROCERV HP 220
prochamber vhc 132
prochlorperazine 93
prochlorperazine edisylate 93
prochlorperazine maleate 93
PROCRIT 111
PROCTOCORT 247
PROCTO-MED HC 247
PROCTOSOL HC 247
PROCTOZONE-B 104
PROCTOZONE-HC 247
pro-ex antifungal 238
progesterone 87
PROGRAF 32
PROLASTIN-C 132
PROLAXA 104
PROLIA 87
promethazine hcl 93, 94
promethazine-codeine 145
promethazine-dm 145
PROMOD 178
PROMOTE 178
PROMOTE 1.0 178
PROMOTE 1.0 WITH FIBER 178
PROMOTE/FIBER 178
propafenone hcl 60
propafenone hcl er 60
proparacaine hcl 119
PRO-PHREE 178
PROPIMEX-1 178
PROPIMEX-2 178
propranolol hcl 61, 62
propranolol hcl er 61
propylthiouracil 70
PROQUAD 34
PRORENAL + D 220
PRORENAL + D W/ OMEGA-3 220
PROSIGHT 220
PROSOL 191
PROSOURCE 178
PROSOURCE PLUS 178
PROSOURCE TF 178
PROSOURCE XTRACAL 178
PROSOURCE ZAC 178
PROSTEON 189
PROSURE 178
PROTALITY 178
PROTECT CARDIO AF 220
PROTECT PLUS SO 220
PROTEGRA 221
protriptyline hcl 157
PROVIMIN 178
PROVIT 221
pseudoeph-bromphen-dm 145
pseudoephedrine hcl 145
pseudoephedrine hcl er 145
p-siloxan ds 69
psyldex 104
psyllium fiber 104
PULMOCARE 178
PULMOCARE 1.5 178
PULMOSAL 145
PULMOZYME 132
pure calcium carbonate 189
pure comfort spacer chamber 132
PURECARB 178
purevit dualfe plus 114
push 20+ advanced 178
pyrazinamide 50
pyridostigmine bromide 162
pyridoxine hcl 221
pyrimethamine 53
PYZCHIVA 29
qc 8 hour arthritis pain 46
qc 8 hour pain relief 46
qc acetaminophen 8 hours 46
qc acetaminophen 8hr arth pain 46
qc acetaminophen 8hr musc ache 46
qc acetaminophen infants 46
qc all day allergy 126
qc allergy childrens 126
qc allergy relief 126
qc allergy relief childrens 126
qc antacid 90
qc antacid & pain relief 46
qc antacid/anti-gas 90
qc anti-diarrheal 92
qc antifungal (tolnaftate) 238
qc anti-gas 96
qc anti-itch extra strength 247
qc antiseptic skin cleanser 247
qc arthritis pain relief 46
qc artificial tears 119
qc aspirin 46
qc aspirin low dose 46
qc athletes foot 238
qc b12 221
qc bacitracin 235
qc bacitracin zinc 235
qc biotin 221
qc calamine 247
qc calcium 500mg-d3 189
qc calcium fast dissolution 189
qc cetirizine allergy relief 126
qc childrens aspirin 46
qc childrens complete 221
qc childrens vitamins/extra c 221
qc childrens vitamins/iron 221
qc chlor-pheniramine 126
qc clotrimazole 108, 238
qc co q-10 178
qc cod liver oil 221
qc complete allergy medicine 126
qc daily multivit/multimineral 221
qc daily multivitamins/iron 221
qc diarrhea relief 92
qc docusate calcium 104
qc ear wax removal 249
qc earwax removal 249
qc earwax removal kit 249
qc enema 104

qc enteric aspirin 46
qc epsom salt 104
qc essentials 221
qc ferrous sulfate 114
qc fiber 104
qc fiber laxative 104
qc fiber therapy 104
qc folic acid 221
qc gas relief 96
qc gas relief extra strength 96
qc gas relief infants 96
qc gentle laxative 104
qc gentle laxative womens 104
qc glycerin 104
qc hair skin & nails 221
qc ibuprofen 37
qc ibuprofen ib 37
qc laxative 104
qc lidocaine pain relief 247
qc loratadine allergy relief 126
qc loratadine-d 145
qc lubricant eye drops 119
qc magnesium 90
qc medifin mucus relief child 145
qc melatonin max st 178
qc mens daily multivitamin 221
qc menstrual complete max st 46
qc miconazole 7 108
qc milk of magnesia 104
qc mucus & cough relief child 145
qc mucus relief 145
qc mucus relief childrens 145
qc mucus relief dm max 145
qc mucus relief er 145
qc mucus relief max st 145
qc mucus relief severe con/cgh 145
qc multi-vite 221
qc multi-vite 50 & over 221
qc nasal decongestant pe 145
qc nasal mist no drip 145
qc nasal spray 145
qc natural vegetable 104
qc natura-lax 104
qc niacin 221
qc nicotine transdermal system 166
qc no drip extra moisturizing 145
qc no drip nasal relief 145
qc no drip original 12 hours 145
qc non-aspirin 8 hour 46
qc non-aspirin childrens 46
qc non-aspirin extra strength 46
QC OCUHEALTH VISION SUPPORT 2 221
qc oral pain relieving 233
qc pain relief 46
qc pain relief childrens 46
qc pain relief extra strength 46
qc petroleum jelly 69
qc pink bismuth 92
qc povidone iodine 247
qc prenatal 221
qc psyllium fiber 104
qc senna 104
qc senna-s 104
qc stomach relief 92
qc stomach relief ultra 92
qc stool softener 104
qc stool softener pls laxative 104
qc suphedrine maximum strength 146
qc therin-m 221
qc tolnaftate 238
qc triple antibiotic 235
qc triple antibiotic max st 235
qc triple antibiotic multi-act 235
qc triple antibiotic pain rlf 235
qc tussin cf adult 146
qc tussin dm cough/congestion 146
qc urinary pain relief 53
qc vapor inhaler 146
qc vegetable laxative 104
qc vitamin b1 221
qc vitamin b12 221
qc vitamin b6 221
qc vitamin c 221
qc vitamin c with rose hips 221
qc vitamin d3 221
qc vitamin e 221
qc womens daily multivitamin 221
qc zinc 189
qc zinc oxide 247
QINLOCK 24
QLEARQUIL 146
Q-SORB CO Q-10 178
QSYMIA 86
QUADRACEL 34
quetiapine fumarate 160
quetiapine fumarate er 160
QUFLORA FE 221
QUFLORA FE PEDIATRIC 221
QUFLORA PEDIATRIC 222
QUICKVUE AT-HOME COVID-19 TEST 54
quin b strong 222
quin b strong b-25 222
quinapril hcl 66
quinidine sulfate 60
quinine sulfate 54
quintabs 222
quintabs-m 222
QULIPTA 163
ra 12 hour nasal spray 146
ra 2-in-1 lax/stool softener 104
ra 8 hour pain relief 46
ra acetaminophen 47
ra acetaminophen childrens 46
ra acetaminophen ex st 46
ra allergy 127, 247
ra allergy medication 126, 127
ra allergy relf & nasal decong 146
ra allergy relief 127
ra allergy relief (cetirizine) 127
ra allergy relief (loratadine) 127
ra allergy relief childrens 127
ra allergy rlf/nasal decongest 146
ra allergy/congestion relief 146
ra allergy/congestion relief-d 146
ra antacid 90
ra antacid/anti-gas 90
ra antacid/anti-gas max st 90
ra antacid/gas relief max st 90
ra antibiotic + pain relief 235
ra antibiotic/pain relief 235
ra anti-diarrheal 92
ra antifungal foot care 238
ra anti-itch skin protectant 247
ra antiseptic 247
ra antiseptic skin cleanser 247
ra arthritis pain relief 47
ra aspirin 47
ra aspirin adult low dose 47
ra aspirin adult low strength 47
ra aspirin childrens 47
ra aspirin ec 47
ra aspirin ec adult low st 47
ra athletes foot 238
ra bacitracin 235
ra bacitracin zinc first aid 235
ra balanced b-100 222
ra balanced b-50 222
ra b-complex 222
ra b-complex with b-12 222
ra biotin 222
ra calcium 600 189
ra calcium 600/vitamin d-3 189
ra calcium cit plus vit d-3 189
ra calcium citrate plus vit d 189
ra calcium cit-vit d-3 petites 189
ra calcium plus vitamin d 189
ra calcium plus vitamin d3 189
RA CENTRAL-VITE 222
ra central-vite mens mature 222
ra central-vite womens mature 222
ra cetiri-d 146
ra childrens fever/pain 47
ra chlorpheniramine maleate 127
ra clotrimazole 238
ra clotrimazole 7 108
ra coenzyme q-10 178
ra col-rite 104
ra complete allergy 127
ra cough dm 146
ra decongestant inhaler 146
RA DIPHEDRYL ALLERGY 127
ra double antibiotic 235
ra dry mouth 233
ra ear drops 249
ra earwax removal kit 249

ra enema 104
ra epsom salt 104
ra ethyl rubbing alcohol 69
ra eye allergy relief 115
ra fast relief laxative 104
ra fever reducer/pain reliever 47
ra folic acid 222
ra foot care (terbinafine) 238
ra foot care (tolnaftate) 238
ra gas relief 96
ra gas relief extra strength 96
ra gas relief ultra strength 96
RA HI CAL 189
ra high potency iron 114
ra ibuprofen 37
ra ibuprofen childrens 37
ra ibuprofen infants 37
ra ibuprofen junior strength 37
ra iron 114
ra jock itch 238
ra jock itch max st 238
ra laxative 104, 105
ra lice maximum strength 241
ra lice solution 241
ra lice treatment 241
ra lidocaine pain relieving 247
ra lorata-d 146
ra loratadine 127
ra lubricant eye 119
ra lubricant eye drops 119
ra melatonin 178
ra menstrual relief 47
ra menthol nasal inhaler 146
ra miconazole 3 combo pack 108
ra miconazole 3 combo pack app 108
ra miconazole 7 108
ra micro-filtered sinus wash 132
ra milk of magnesia 105
ra mineral oil 105
ra mini nicotine 166
ra mucus relief 146
ra mucus relief dm 146
ra mucus relief max st 146
ra multihealth fiber 105
ra nasal decongestant pe 146
ra natural magnesium 190
ra natural vitamin e 222
ra niacin 222
ra nicotine 166
ra nicotine gum 166
ra nicotine polacrilex 166
ra no flush niacin 222
ra nose drops extra strength 146
ra one daily maximum 222
ra one daily mens 50+ w/vit d3 222
ra one daily mens multi 222
ra one daily mens/vit d-3 222
ra p col-rite 105
ra pain relief acetaminophen 47
ra pain relief aspirin 47
ra pain relief ibuprofen 37
ra pain reliever ex st 47
ra pain relieving 247
ra pediatric electrolyte 183
ra prenatal 222
ra prenatal formula 222
ra sinus wash nasal relief 132
ra sinus wash neti pot 132
ra sinus/congestion relief 146
ra sinus/congestion relief pe 146
ra slow release iron 114
ra stomach relief 92
ra stool softener 105
ra suphedrine 146
ra triple antibiotic 235
ra tussin 147
ra tussin cgh & cold mucus cf 146
ra tussin cgh/chest congest dm 146
ra tussin chest congestion 147
ra tussin cough 147
ra tussin cough dm sugar free 147
ra tussin cough/chest dm max 147
ra tussin dm 147
ra vitamin a 222
ra vitamin b-1 222
ra vitamin b12 222
ra vitamin b-12 222
ra vitamin b-12 tr 222
ra vitamin b-6 222
ra vitamin c 222
ra vitamin c cr 222
ra vitamin c drops 222
ra vitamin c/acerola 222
ra vitamin c/rose hips 222
ra vitamin d-3 223
ra vitamin e 223
ra vitamin e natural 223
ra vitamins complete childrens 223
ra womens laxative 105
ra zinc 190
ra zinc oxide 247
RABAVERT 34
rabeprazole sodium 97
RADIANCE PLATINUM VITAMIN D3 223
RALDESY 157
raloxifene hcl 84
ramelteon 162
ramipril 66
ranolazine er 65
rasagiline mesylate 154
RE/NEPH 179
RE/NEPH LP/HC 179
RE/NEPH REDUCED SUGAR 179
REALITY LATEX CONDOMS 76
REALITY LATEX/ULTRA TEXTURED 76
REALITY LATEX/ULTRA THIN 76
REASON 179
RECLIPSEN 76
RECOMBIVAX HB 34
reeses pinworm medicine 54
REFRESH 119
REFRESH CELLUVISC 119
REFRESH DIGITAL 119
REFRESH DIGITAL PF 119
REFRESH LIQUIGEL 119
REFRESH OPTIVE 119
REFRESH OPTIVE ADVANCED 119
REFRESH OPTIVE ADVANCED PF 119
REFRESH OPTIVE MEGA-3 119
REFRESH OPTIVE PF 119
REFRESH PLUS 119
REFRESH RELIEVA 119
REFRESH RELIEVA PF 119
REFRESH RELIEVA PF XTRA 119
REFRESH TEARS 119
REFRESH TEARS PF 119
regular nutritional shake 179
REGULOID 105
REHYDRALYTE 183
relcare 223
RELENZA DISKHALER 55
RELGAABI 152
RE-LIEVED MAXIMUM STRENGTH 247
RELION GLUCOSE 70
RELI-ON INSULIN SYRINGE 80
RELION KETONE TEST 84
RELISTOR 96
REMICADE 29
RENAL 223
renal vitamin 223
RENALCAL 179
RENAPLEX 223
RENAPLEX-D 223
RENASTART 179
RENASTEP 179
rena-vite 223
rena-vite rx 223
RENFLEXIS 29
reno caps 223
repaglinide 81
REPATHA 61
REPATHA SURECLICK 61
REPLETE 179
REPLETE FIBER 179
REPLETE FIBER 1 CAL 179
RESOURCE 2.0 179
RESTA 247
RESTASIS 119
RESTASIS MULTIDOSE 119
RESTORA RX 92
restore fusion renal support 179
restore renal support 179
RETAINE CMC 119

RETAINE VISION 223
RETEVMO 24
REVCOVI 84
REVUFORJ 24
REXULTI 160
REYATAZ 49
REZDIFFRA 84
REZLIDHIA 24
REZUROCK 32
RHOPRESSA 115
ribavirin 55
RID LICE KILLING SHAMPOO 241
rifabutin 50
rifampin 50
rifapentine 50
right step prenatal 223
rilpivirine hcl 49
riluzole 162
rimantadine hcl 55
RINVOQ 29
RINVOQ LQ 29
RISABAL-PH 247
risedronate sodium 87
risperidone 160, 161
risperidone microspheres er 160
RITEFLO 132
ritonavir 49
rivaroxaban 110
rivastigmine 156
rivastigmine tartrate 156
RIVELSA 76
rizatriptan benzoate 163
robafen cf multi-symptom cold 147
ROBAFEN DM 147
ROBAFEN DM CGH/CHEST CONGEST 147
ROBAFEN DM COUGH 147
ROBAFEN MUCUS/CHEST CONGESTION 147
ROBITUSSIN 12 HOUR COUGH 147
ROBITUSSIN 12 HOUR COUGH CHILD 147
ROBITUSSIN CHILD COUGH/COLD CF 147
ROBITUSSIN COUGH & CHEST ADULT 147
ROBITUSSIN COUGH & CHEST CHILD 147
ROBITUSSIN COUGH+CHEST CONG DM 147
ROBITUSSIN HONEY CGH/CHEST DM 147
ROBITUSSIN LONG-ACT COUGHGELS 147
ROBITUSSIN PEAK COLD MULTI-SYM 147
ROCKLATAN 115
roflumilast 132
ROMVIMZA 24
ropinirole hcl 154
rosuvastatin calcium 60
ROSYRAH 76
ROTARIX 34
ROTATEQ 34
ROWEEPRA 152
ROZLYTREK 24
RUBRACA 24
rufinamide 152, 153
RUKOBIA 49
RYBELSUS 81
RYDAPT 24
rydex g 147
rynex pse 147
sa3 derm 69
sacubitril-valsartan 63
SAFETUSSIN DM COUGH/CHEST CONG 147
SAJAZIR 110
saline 132
SALONPAS PAIN RELIEVING 248
salt durable cream 69
SALT STABLE LS ADVANCED 69
SALTSTABLE LO 69
SANTYL 234
sapropterin dihydrochloride 84
sb 12hr nasal spray 147
sb allergy 127
sb allergy medicine 127
sb allergy relief 127
sb allergy relief/nasal decong 147
sb antacid 90
sb antacid anti-gas 90
sb anti-diarrhea 92
sb anti-fungal 239
sb anti-gas 96
sb arthritis pain relief 47
sb aspirin 47
sb aspirin ec 47
sb bacitracin 235
sb bisacodyl laxative ec 105
sb bismuth 92
sb calcium + d 190
sb cetirizine hcl childrens 127
sb childrens aspirin 47
sb chlorpheniramine 127
sb clotrimazole foot 239
sb complete nutrition 179
sb complete nutrition plus 179
sb cough control 147
sb cough control cf 147
sb coughtab 148
sb docusate sodium 105
sb docusate sodium/senna 105
sb fib lax orange 105
sb fiber laxative 105
sb gas relief 96
sb gentle lax-women 105
sb glycerin adult 105
sb glycerin pediatric 105
sb ibuprofen 37
sb infants ibuprofen 37
sb laxative 105
sb lice killing max st 241
sb lice treatment 241
sb loratadine 127
sb loratadine allergy relief 127
sb low dose asa ec 47
sb milk of magnesia 105
sb nasal spray no-drip 148
sb natural fiber laxative 105
sb non-aspirin 47
sb non-aspirin extra strength 47
sb oyster shell calcium 190
sb pain reliever childrens 47
sb pain reliever ex st 47
sb pediatric electrolyte 183
sb polyethylene glycol 3350 105
sb povidone-iodine 248
sb senna-lax 105
sb sinus relief 148
sb stool softener 105
sb triple antibiotic 235
sb vitamin c 223
SCANDICAL 179
SCANDISHAKE 179
scar care 69
SCEMBLIX 24
scopolamine 94
scot-tussin expectorant 148
SCOT-TUSSIN SENIOR 148
SCRUB CARE POVIDONE-IODINE 248
SECUADO 161
SECURA ANTIFUNGAL EXTRA THICK 239
selegiline hcl 154
selenious acid 191
selenium sulfide 239
SELZENTRY 49
se-natal 19 223
senexon-s 105
senior tabs 223
senna 105
senna laxative 105
senna plus 105
senna s 105
SENNA SMOOTH 105
senna-docusate sodium 105
senna-lax 105
senna-plus 105
senna-s 105
senna-tabs 105
senna-time 105
senna-time s 106
sennazon 106
sennosides 106
sennosides-docusate sodium 106

SENOKOT 106
SENOKOT EXTRA STRENGTH 106
SENOKOT KIDS GUMMIES 106
SENOKOT LAXATIVE GUMMIES . 106
SENOKOT S 106
sentry 223
sentry senior 223
sentry senior mens 50+ 223
sentry senior/lutein 223
SERACAL 179
SEREVENT DISKUS 129
sertraline hcl 157
se-tan plus 114
SETLAKIN 76
sf 233
sf 5000 plus 233
SHAROBEL 76
SHINGRIX 34
SIGNIFOR 84
SIKLOS 110
sildenafil citrate 65
silprotex plus 69
siltussin sa 148
silver sulfadiazine 235
SIMBRINZA 115
simeped 96
simethicone 96
simethicone drops infants 96
simethicone extra strength 96
simethicone ultra strength 96
SIMLIYA 76
SIMPESSE 76
simvastatin 60
SINUCLEANSE NETI POT 132
SINUCLEANSE REFILL 132
SINUGATOR NASAL WASH 132
sinus nasal spray 148
sinus relief 148
sinus relief extra strength 148
sinus relief mist 148
sinus wash squeeze bottle 132
sirolimus 32
SIRTURO 50
sitaglip phos-metformin hcl er 81
sitagliptin phos-metformin hcl 81
sitagliptin phosphate 81
skin hair & nails advanced 223
SKYRIZI 30
SKYRIZI PEN 30
skyy derm 69
SLO-NIACIN 223
SLOW FE 114
slow iron 114
slow release iron 114
SLOW-MAG 190
SLOWMAG MG MUSCLE/HEART 190
sm allergy relief 127
sm aspirin ec 47
sm ear drops 249
sm ibuprofen ib 37
sm loratadine 127
sm nicotine 166
sm nicotine polacrilex 166
sm pediatric electrolyte 183
sm petroleum jelly 69
sm tussin cough/chest congest 148
sm vitamin d3 223
SMARTY PANTS KIDS COMPLETE 223
SMOOTH LAX 106
sod phos mono-sod phos dibasic .. 106
sodium bicarbonate 90
sodium chloride 148, 182, 234
sodium chloride (hypertonic) 119
sodium fluoride 182, 190, 233
sodium fluoride 5000 plus 233
sodium fluoride 5000 ppm 233
sodium oxybate 163
sodium phenylbutyrate 84
sodium phosphates 190
sodium polystyrene sulfonate 71
sol carb 179
solifenacin succinate 107
SOLIQUA 80
solo 223
SOLTAMOX 19
SOLU-CORTEF 86
SOLUVITA ACD WITH FLUORIDE 223
SOLUVITA WITH FLUORIDE 223
SOMATULINE DEPOT 84
SOMAVERT 84
SOOTHE 93
SOOTHE HYDRATION 119
SOOTHE MAXIMUM STRENGTH ... 92
SOOTHE XP 119
SOOTHE XP XTRA PROTECTION 120
sorafenib tosylate 24
SORBUGEN NR 148
sorbutuss nr 148
sotalol hcl 60
sotalol hcl (af) 60
SOTYKTU 30
span c 223
SPATONE PUR-ABSORB IRON ... 114
special care 248
SPECTRAVITE 223
SPEEDY SWAB COVID-19 ANTIGEN 54
SPIRIVA RESPIMAT 121
spironolactone 59
spironolactone-hctz 64
SPONGEBOB SQUAREPANTS GUMMIES 224
SPRINTEC 28 76
SPRITAM 153, 164
SPS (SODIUM POLYSTYRENE SULF) 71
squeeze bottle sinus wash 132
SRONYX 76
SSD 235
ST JOSEPH ASPIRIN 47
ST JOSEPH LOW DOSE 47
STELARA 30
sterile water for irrigation 234
stevia extract 69
stimulant laxative 106
STIVARGA 24
stomach relief 93
stomach relief extra strength 93
stomach relief plus 93
stomach relief ultra 93
stool softener 106
stool softener laxative 106
stool softener plus laxative 106
stool softener/laxative 106
stop lice complete treatment 241
streptomycin sulfate 54
stress b complex/antioxid/zinc 224
stress b complex/iron 224
stress formula 224
stress formula (folic acid) 224
stress formula/iron 224
stress formula/zinc/energy 224
STRESSTABS ADVANCED 224
STRESSTABS ENERGY 224
STRIBILD 50
STROVITE ONE 224
STUART ONE 224
STUDIO 35 MOISTURIZING SKIN 248
STYE 120
SUBVENITE 153
sucralfate 96
SUDAFED 148
SUDAFED 12 HOUR 148
SUDAFED PE SINUS CONGESTION 148
SUDAFED SINUS CONGESTION . 148
SUDAFED SINUS CONGESTION 12HR 148
SUDAFED SINUS CONGESTION 24HR 148
SUDOGEST 148
SUDOGEST MAXIMUM STRENGTH 148
SUDOGEST PE 148
sulfacetamide sodium 116
sulfacetamide sodium (acne) 233
sulfacetamide-prednisolone 116
sulfadiazine 54
sulfamethoxazole-trimethoprim 54
SULFAMYLON 236
sulfasalazine 97
sulindac 37
sumatriptan 163
sumatriptan succinate 163
sunitinib malate 24

SUNKIST VITAMIN C 224
SUNLENCA 49
super antioxidant 224
super antioxidants protector 224
super aytinal 224
super aytinal 50 plus 224
super b complex/fa/vit c 224
super b complex/vitamin c 224
super b-complex 224
super b-complex + vitamin c 224
super b-complex/vit c/fa 224
super biotin 224
super calcium 190
super daily d3 224
SUPER DEC B-100 224
super d-zinc-selenium-copper 224
SUPER QUINTS B-50 224
super thera vite m 224
super vita-mins 224
superior mens multi 224
superior womens multi 224
suphedrine 12hour 148
SUPLENA 179
SUPLENA 1.8/CARBSTEADY 179
SUPLENA/CARB STEADY 179
support 224
SUPPORT-500 224
supress dm pediatric 148
supress-dx pediatric 148
SURFAK 106
sv b12 224
sv b12 extra strength 224
sv iron 114
sv magnesium 190
sv melatonin 179
sv vitamin b-12 er 225
sv vitamin d3 225
SWEET CHEEKS 70
SYEDA 76
SYMDEKO 133
SYMPAZAN 153
SYMTUZA 50
SYNAREL 84
SYNDROS 94
synertropin 225
SYNTHROID 70
SYRSPEND SF 69
SYSTANE 120
SYSTANE BALANCE 120
SYSTANE COMPLETE 120
SYSTANE CONTACTS 120
SYSTANE HYDRATION PF 120
SYSTANE ICAPS AREDS2 225
SYSTANE PRESERVATIVE FREE 120
SYSTANE ULTRA 120
SYSTANE ULTRA PF 120
TAB-A-VITE 225
TAB-A-VITE/BETA CAROTENE 225
TAB-A-VITE/IRON 225
TAB-A-VITE/IRON/BETA CAROTENE 225
TABLOID 27
TABRECTA 24
tacrolimus 33, 248
tacrolimus er 33
tadalafil 109
tadalafil (pah) 65
TAFINLAR 24, 25
TAGRISSO 25
TALZENNA 25
tamoxifen citrate 19
tamsulosin hcl 109
TANDEM 114
TANDEM PLUS 114
TARINA 24 FE 76
TARINA FE 1/20 EQ 76
tasimelteon 162
TAVNEOS 110
tazarotene 239
TAZICEF 57
TECENTRIQ 25
TECENTRIQ HYBREZA 25
teeny tummy gas relief drops 96
TEFLARO 57
telmisartan 60
telmisartan-amlodipine 63
telmisartan-hctz 63
temazepam 162
TENIVAC 34
tenofovir disoproxil fumarate 49
teo-tus 148
TEPMETKO 25
terazosin hcl 59
terbinafine hcl 51, 239
terbutaline sulfate 129
terconazole 108
teriparatide 87
teroderm 69
teroderm-plus 69
testosterone 71
testosterone cypionate 71
testosterone enanthate 71
tetrabenazine 162
tetracycline hcl 59
THALOMID 28
THE MAGIC BULLET 106
theophylline 133
theophylline er 133
THERA 225
thera vital m 225
thera vital-m 225
therabasic-m 225
THERACAL D2000 190
THERACAL D4000 190
THERACAL RAPID REPLETION 190
theracare lidocaine max str 248
theracare pain relief 248
THERA-D 2000 225
THERA-D 4000 225
THERA-D RAPID REPLETION 225
THERAGRAN-M 225
THERAGRAN-M ADVANCED 225
THERAGRAN-M ADVANCED 50 PLUS 225
THERAGRAN-M PREMIER 225
THERAGRAN-M PREMIER 50 PLUS 225
thera-m plus mv w/beta-carot 225
THERAMILL FORTE 225
THERANATAL CORE NUTRITION 225
THERANATAL LACTATION ONE 225
therapeutic formula/hematinics 225
therapeutic moisturizing 248
therapeutic-m 225
thera-tabs 225
thera-tabs m 225
THERATEARS 120
THERATEARS EXTRA 120
THERATEARS NIGHTTIME 120
THERATRUM COMPLETE 225
THERATRUM COMPLETE 50 PLUS 225
thera-vite max-m 225
THEREMS 225
thiamine hcl 225, 226
thiamine mononitrate 226
THICK-IT THICKENED CRANBERRY 179
thioridazine hcl 161
thiothixene 161
thrivacin 30 179
thrivacin detox 179
THRIVE 166
THRIVE FOR LIFE WOMENS 226
thrivite rx 226
TIADYLT ER 62
tiagabine hcl 153
TIBSOVO 25
ticagrelor 114
TICOVAC 34
tigecycline 59
TILIA FE 76
timolol maleate 62, 115
TINACTIN 239
TINEACIDE 239
tinidazole 54
TIVICAY 49
TIVICAY PD 49
tizanidine hcl 155
tm-daily vite 226
tm-vite rx 226
TOBI PODHALER 54
TOBRADEX 116
tobramycin 54, 116
tobramycin sulfate 54
tobramycin-dexamethasone 116

toco-sorb 226
tofacitinib citrate 30
tofacitinib citrate er 30
tolnaftate 239
tolnaftate antifungal 239
tolterodine tartrate 107
tolterodine tartrate er 107
tolvaptan 84
topiramate 153
toremifene citrate 19
TORPENZ 25
torsemide 64
total allergy 127
TOTAL ALLERGY MEDICINE 127
TOUJEO MAX SOLOSTAR 80
TOUJEO SOLOSTAR 80
TPN ELECTROLYTES 182
TRADJENTA 81
TRALEMENT 191
tramadol hcl 39
tramadol-acetaminophen 39
trandolapril 66
tranexamic acid 110
tranylcypromine sulfate 157
TRAVASOL 191
TRAZIMERA 25
trazodone hcl 157
TRELEGY ELLIPTA 129
TREMFYA 30
TREMFYA ONE-PRESS 30
TREMFYA PEN 30
TREMFYA-CD/UC INDUCTION 30
treprostinil 65
tretinoin 27, 233
TRI SUPER FLAVONS 226
triamcinolone acetonide 233, 240, 241
triamterene-hctz 64
tri-buffered aspirin 47
TRICON 114
TRIDACAINE III 234
TRIDERM 241
trientine hcl 71
TRI-ESTARYLLA 76
trifluoperazine hcl 161
trifluridine 116
trigels-f forte 114
trihexyphenidyl hcl 154
TRIJARDY XR 81
TRIKAFTA 133
TRI-LEGEST FE 76
TRI-LINYAH 76
TRI-LO-ESTARYLLA 76
TRI-LO-MARZIA 77
TRI-LO-MILI 77
TRI-LO-SPRINTEC 77
TRIMAZOLE 239
trimethoprim 54
TRI-MILI 77
trimipramine maleate 157
trinatal rx 1 226
TRINATE 226
TRINTELLIX 157
triphrocaps 226
triple antibiotic 236
triple antibiotic pain relief 236
triple antibiotic plus 236
triple antibiotic plus max st 236
TRIPLE PASTE AF 239
TRISPEC PSE 148
TRI-SPRINTEC 77
TRITOLNACIDE C 239
TRIUMEQ 50
triumeq pd 50
TRI-VI-SOL A/C/D 226
tri-vite pediatric 226
tri-vite/fluoride 226
TRI-VYLIBRA 77
TRI-VYLIBRA LO 77
TROGARZO 49
TROJAN ENZ 77
TROJAN MAGNUM 77
TROJAN ULTRA RIBBED LUBRICATED 77
TROJAN ULTRA THIN 77
TROJAN ULTRA THIN/SPERMICIDAL 77
TROJAN-ENZ LUBRICATED 77
TROJAN-ENZ/SPERMICIDAL 77
TROPHAMINE 191
tropical liquid nutrition 226
trospium chloride 107
TRUCLEAR STEVIA PLUS 69
true cover 77
true daily vite 226
true ferrous sulfate 114
true folic acid 226
true laxative 106
true magnesium oxide 190
true oyster shell calcium 190
true vitamin a 226
true vitamin b1 226
true vitamin b12 226
true vitamin b3 226
true vitamin b6 226
true vitamin c 226
true vitamin d3 226
true vitamin e 226
truelyte 183
TRULICITY 81
TRUMENBA 34
TRUQAP 25
TRUSTEX COLOR CONDOMS + LUBE 77
TRUSTEX LUB/RIBBED/STUDDED 77
TRUSTEX LUB/SPERMICIDE EX ST 77
TRUSTEX LUB/SPERMICIDE XL 77
TRUSTEX LUBRICATED 77
TRUSTEX LUBRICATED EX LARGE 77
TRUSTEX LUBRICATED EXTRA ST 77
TRUSTEX LUBRICATED/SPERMICIDE 77
TRUSTEX NATURAL CONDOMS + LUBE 77
TRUSTEX NON-LUBRICATED 77
TRUSTEX RIA LUB/SPERMICIDE 77
TRUSTEX RIA LUBRICATED 77
TRUSTEX RIA NON-LUBRICATED 77
TRUSTEX-NONOXYNOL-9/RIB/STUD 77
TRUXIMA 25
TUKYSA 25
TUMS 90
TUMS LASTING EFFECTS 90
TURALIO 25
TURQOZ 77
TUSICOF 148
TUSNEL 149
tusnel diabetic 148
TUSNEL DM 148
TUSNEL DM PEDIATRIC 148
TUSNEL PEDIATRIC 149
TUSNEL-EX 149
tussin cf cough & cold 149
tussin cough 149
tussin dm 149
tussin dm cough & chest 149
tussin dm cough & chest conges 149
tussin dm cough + chest 149
tussin dm max 149
tussin mucus & chest congest 149
tussin mucus+chest congest sf 149
tussin mucus+chest congestion 149
TUSSI-PRES 149
TUSSI-PRES PEDIATRIC 149
TUSSLIN 149
TUSSLIN PEDIATRIC 149
t-vites 226
TWINRIX 35
TWOCAL HN 179
TWOCAL HN 2.0 179
TYBOST 49
TYDEMY 77
TYENNE 30
TYLACTIN RESTORE 10 179
TYLACTIN RTD 15 179
TYLENOL 48
TYLENOL 8 HOUR 48
TYLENOL 8 HOUR ARTHRITIS PAIN 47
TYLENOL CHILDRENS 48
TYLENOL CHILDRENS CHEWABLES 48

TYLENOL CHILDRENS PAIN + FEVER 48
TYLENOL EXTRA STRENGTH 48
TYLENOL FOR CHILDREN + ADULTS 48
TYLENOL INFANTS PAIN+FEVER 48
TYMLOS 87
TYPHIM VI 35
TYR ANAMIX EARLY YEARS 179
TYR ANAMIX NEXT 179
TYR COOLER 179
TYR LOPHLEX LQ 179
TYREX-1 179
TYREX-2 179
TYROS 1 180
TYROS 2 180
U-BASE 69
UBRELVY 163
UCD 2 180
UCD ANAMIX JUNIOR 180
ucd trio 180
UDAMIN SP 226
UDDERLY SMOOTH 248
UDDERLY SMOOTH EXTRA CARE 248
UDDERLY SMOOTH EXTRA CARE 20 248
ULTRA BONEUP 226
ultra calcium + vitamin d3 190
ULTRA CHOICE MULTIVITAMIN KIDS 226
ultra freeda 226
ultra freeda/iron 226
ULTRA FRESH 120
ultra lido 248
ultra lubricating eye drops 120
ultra lubricating eye drops pf 120
ultra multi formula/iron 226
ULTRACHOICE ADV FORMULA MATURE 226
ULTRACHOICE ADVANCED FORMULA 227
ultramino soy protein 180
ULTRIENT 1.5 SAFE-T FEED 180
UNITHROID 70
UPSPRING BABY VIT D 227
UPTRAVI 65
UPTRAVI TITRATION 65
URO-PAIN DUAL ACTION 54
ursodiol 96
ustekinumab 30
VAGISTAT-3 108
valacyclovir hcl 55
VALCHLOR 248
valganciclovir hcl 55
valproate sodium 164
valproic acid 153
valsartan 60
valsartan-hydrochlorothiazide 63
VALTOCO 10 MG DOSE 153
VALTOCO 15 MG DOSE 153
VALTOCO 20 MG DOSE 153
VALTOCO 5 MG DOSE 153
VALTYA 1/35 77
VALTYA 1/50 77
VANACOF DM 149
VANATAB DM 149
vancomycin hcl 54
vancomycin hcl in nacl 54
VANFLYTA 25
VANIBASE 69
VANICREAM 248
vanishing 69
vanishing cream botanical base 69
vanish-pen 69
VAQTA 35
varenicline tartrate 166
varenicline tartrate (starter) 166
varenicline tartrate(continue) 166
VARIVAX 35
VASCEPA 61
VASELINE 69
VASELINE PURE ULTRA WHITE 69
VASOFLEX 227
vasoflex hd 227
VAXCHORA 35
v-c forte 227
VCF VAGINAL CONTRACEPTIVE 109
vegetable lax+stool softener 106
VELIVET 77
VELSIPITY 30
VELVACHOL 248
VENCLEXTA 25
VENCLEXTA STARTING PACK 25
venlafaxine hcl 158
venlafaxine hcl er 157
VENOFER 114
VENTOLIN HFA 129
VEPPANU 19
verapamil hcl 62
verapamil hcl er 62
VERQUVO 65
VERSACLOZ 161
VERSAPRO 69
versatile cream base 69
VERSATILE RICH BASE 69
VERSIGEL 69
VERZENIO 25
VESTURA 77
VIC-FORTE 227
VICKS DAYQUIL MUCUS CONTROL DM 149
VICKS SINEX 12 HOUR DECONGEST 149
VICKS SINEX MOISTURIZING 149
VICKS SINEX SEVERE 149
VICKS SINEX SEVERE DECONGEST 149
VICKS VAPOINHALER 149
VIENVA 78
vigabatrin 153
VIGADRONE 153
VIGAFYDE 153
VILACTIN AA PLUS 180
vilazodone hcl 158
VIMKUNYA 35
vincristine sulfate 28
vinorelbine tartrate 28
viorele 78
VIRACEPT 49
VIREAD 49
VISINE 115
vision formula 2 227
vision formula/lutein 227
vision health 227
VISION OPTIMIZER 227
vision plus 227
vision vitamins 227
VISTA ADVANCED AREDS2 FORMULA 227
VISTA ADVANCED DRY EYE FORMULA 227
vit e-vit c-beta carotene 227
vita c/bioflavonoids/rose hips 227
vita hair 227
VITA S FORTE 227
vitabasic complete 227
vitabasic senior 227
vitabex 227
vitabex plus 227
VITACEL 227
vitachew adult multi vitamin 227
vitachew multiple vitamin 227
vitachew vit c citrus burst 227
VITACORE 227
VITAFOL-OB 227
VITAFUSION MULTI WOMENS 227
VITAJOY DAILY C GUMMIES 227
VITAJOY MULTI GUMMIES ADULT 227
VITAL 1.0 CAL 180
VITAL 1.5 CAL 180
VITAL AF 1.2 CAL 180
VITAL AF 1.2 CAL ADV FORMULA 180
VITAL HP 1.0 CAL 180
VITAL JR 180
VITAL PEPTIDE 1.5 CAL 180
vitalara 227
VITAL-D RX 227
vitalee 228
VITALETS CHILDRENS 228
vita-min 230
vitamin a 228
VITAMIN A FISH 228
vitamin a/c/d/ infant/toddler 228
vitamin a-c-d infant 228

vitamin b 12 228
vitamin b complex 228
vitamin b complex w/b-12 228
vitamin b1 228
vitamin b-1 228
vitamin b12 228
vitamin b-12 228
vitamin b-12 er 228
vitamin b12 tr 228
vitamin b12-folic acid 228
vitamin b6 228
vitamin b-6 228
vitamin b-6 er 228
vitamin c 228, 229
vitamin c adult gummies 228
vitamin c drops 228
vitamin c er 228
vitamin c gummie 228
vitamin c gummies 228
vitamin c immune health 228
vitamin c plus wild rose hips 229
vitamin c/bioflavonoids/rosehp 229
vitamin c/natural rose hips 229
vitamin c/rose hips 229
vitamin c/rose hips tr 229
vitamin c-acerola 229
vitamin c-rose hips 229
vitamin c-rose hips er 229
vitamin c-rose hips tr 229
vitamin d 229
vitamin d (cholecalciferol) 229
vitamin d (ergocalciferol) 229
vitamin d high potency 229
vitamin d infant 229
VITAMIN D-1000 MAX ST 229
vitamin d3 ..... 229, 230
vitamin d-3 229
VITAMIN D3 IMMUNE HEALTH 229
vitamin d3 maximum strength 229
vitamin d3 super strength 230
vitamin d3 ultra strength 230
vitamin e 230
vitamin e blend 230
vitamin e high potency 230
vitamin e water soluble 230
vitamin e with panthenol 248
vitamin e/d-alpha 230
vitamin k (phytonadione) 230
vitamin k1 230
vitamin-b complex 230
vitamins acd-fluoride 230
vitamins a-d-e/selenium 230
vitamins for hair 230
VITAROCA PLUS 230
VITASANA 230
VITATHELY WITH GINGER 230
VITEYES AREDS 2 FORMULA 230
VITEYES AREDS 2 FORMULA +COQ10 230
VITEYES AREDS 2 FORMULA +MULTI 230
VITEYES CLASSIC ADVANCED 230
VITEYES CLASSIC MACULAR SUPPOR 230
VITEYES CLASSIC MULTIVITAMIN 230
VITEYES CLASSIC+OMEGA-3 230
VITEYES COMPLETE 230
VITEYES OPTIC NERVE SUPPORT 230
VITRAKVI 25
VITRON-C 114
vivimusta 18
VIVITROL 166
VIVONEX PEDIATRIC 180
VIVONEX RTF 180
VIVOTIF 35
VIZIMPRO 25
VONJO 25
VOQUEZNA DUAL PAK 96
VOQUEZNA TRIPLE PAK 96
VORANIGO 25
voriconazole 51
VORTEX VALVE CHAMBER-PEDI MASK 133
VORTEX VALVED HOLDING CHAMBER 133
VOSEVI 55
VOWST 96
vp dermabase 69
VRAYLAR 161
VYFEMLA 78
VYLIBRA 78
VYNDAMAX 65
VYZULTA 115
WAL-BORN VITAMIN C 230
WAL-DRYL 248
WAL-DRYL ALLERGY 127
WAL-DRYL ALLERGY CHILDRENS 127
WAL-FEX 128
WAL-FEX ALLERGY 96, 127, 128
WAL-FINATE 128
WAL-ITIN 128
WAL-ITIN ALLERGY CHILDRENS 128
WAL-ITIN ALLERGY REDITABS 128
WAL-ITIN ALLER-MELTS 128
WAL-ITIN CHILDRENS 128
WAL-ITIN D 149
WAL-ITIN D 24 HOUR 149
WAL-MUCIL 106
WAL-PHED 12 HOUR 149
WAL-PHED D 150
WAL-PHED PE 150
WAL-PROFEN 37
wal-sporin 236
WAL-TAP CHILDRENS 37
wal-tap cold/allergy 150
wal-tussin 150
WAL-TUSSIN CF MAX 150
WAL-TUSSIN CHEST CONGESTION 150
WAL-TUSSIN COUGH 150
WAL-TUSSIN COUGH LONG ACTING 150
WAL-TUSSIN DM CGH/CHEST CONG 150
WAL-VERT 128
WAL-ZYR 128
WAL-ZYR ALL DAY ALLERGY CHILD 128
WAL-ZYR ALLERGY CHILDRENS 128
WAL-ZYR CHILDRENS 128
WAL-ZYR D 150
warfarin sodium 110
WE CARE ENEMA 106
we care zinc oxide 248
wee care 114
WEEKLY-D 231
WELIREG 27
well magnesium oxide 190
well vitamin c 231
well vitamin d3 231
WELMATE LIDOCAINE PAIN RELIEV 248
WERA 78
wescaps 231
westab max 231
westab one 231
westab plus 182
white petrolatum 69
white petroleum jelly 69
WINREVAIR 65
WIXELA INHUB 130
WND 1 180
WND 2 180
womans laxative 106
womens 50+ advanced 231
womens 50+ multi vitamin 231
womens daily formula 231
womens laxative 106
WOMENS LIFE PACK 231
womens multi 231
womens multi gummies 231
womens multivitamin 231
womens multivitamin + collagen 231
womens multivitamin gummies 231
wound care 69
WYMZYA FE 78
WYOST 87
XALKORI 25
XARAH FE 78
XARELTO 110
XARELTO STARTER PACK 110
XATMEP 31
XCEL 100 70
xcellent a 3000 231

xcellent a 7500 231
XCELLENT E 231
XCOPRI 153
XCOPRI (250 MG DAILY DOSE) .. 153
XCOPRI (350 MG DAILY DOSE) .. 153
XDEMVY 116
XELJANZ 30
XELJANZ XR 31
XELRIA FE 78
XEMATOP BASE 70
XENICAL 86
XERAC AC 248
XERMELO 96
XHANCE 133
XIFAXAN 97
XIGDUO XR 82
XIIDRA 120
XLEU MAXAMAID 180
XLYS-XTRP MAXAMAID 180
XLYS-XTRP MAXAMUM 180
XMET MAXAMAID 180
XMET XCYS MAXAMAID 180
XMTVI MAXAMAID 180
XOFLUZA (40 MG DOSE) 55
XOFLUZA (80 MG DOSE) 55
XOLAIR 133
XOSPATA 25
XPHE MAXAMAID 180
XPHE-XTYR MAXAMAID 180
XPOVIO (100 MG ONCE WEEKLY) 26
XPOVIO (40 MG ONCE WEEKLY) .. 26
XPOVIO (40 MG TWICE WEEKLY) 26
XPOVIO (60 MG ONCE WEEKLY) .. 26
XPOVIO (60 MG TWICE WEEKLY) 26
XPOVIO (80 MG ONCE WEEKLY) .. 26
XPOVIO (80 MG TWICE WEEKLY) 26
XTANDI 19
XTRACAL PLUS 180
XTRENBO 87
XULANE 78
XULTOPHY 80
XYZAL ALLERGY 24HR 128
YELETS TEENAGE FORMULA 231
YESINTEK 31
YF-VAX 35
yl balanced b-100 231
yl coenzyme q10 180
yl folic acid 231
yl vitamin b-6 231
yl vitamin c 231
yl vitamin c-rose hips 231
YONSA 19
YOUR LIFE MULTI ADULT GUMMIES 231
YULITHIRA 26
YUM-VS COMPLETE MULTIVITAMIN 231
YUMVS MULTI ZERO 231
YUMVS VITAMIN C ZERO 231
YUMVS ZERO DIABETIC MULTIVITAM 231
YUMVSKIDS MULTI ZERO 231
YUTREPIA 65
YUVAFEM 85
ZAFEMY 78
zafirlukast 134
zaleplon 162, 163
zalvit 231
ZARBEES SLEEP CHILD/MELATONIN 70
ZARXIO 111
ZEASORB-AF 239
ZEGALOGUE 70
ZEJULA 26
ZELBORAF 26
ZELVYSIA 84
ZEMAIRA 133
ZENATANE 234
ZENBEXUS 28
ZENPEP 97
ZEPHREX-D 150
ZERVIATE 115
zidovudine 49
ZILACTIN BABY 233
zinc 190
ZINC 15 190
zinc chelated 190
zinc chloride 191
zinc gluconate 190
zinc oxide 248
zinc sulfate 190
ziphex 231
ziprasidone hcl 161
ziprasidone mesylate 161
ZIRABEV 26
ZIRGAN 116
zoledronic acid 87
ZOLINZA 26
zolpidem tartrate 163
ZONISADE 153
zonisamide 153
ZOO FRIENDS MULTI GUMMIES 231
ZOO FRIENDS/EXTRA C 232
ZOSTRIX NATURAL PAIN RELIEF 248
ZOVIA 1/35 (28) 78
ZTALMY 153
ZUMANDIMINE 78
ZURZUVAE 158
ZYDELIG 26
ZYKADIA 26
ZYLET 116
ZYNCOF 150
ZYPREXA RELPREVV 161
ZYRTEC 128
ZYRTEC ALLERGY 128
ZYRTEC CHILDRENS ALLERGY . 128
ZYRTEC-D ALLERGY & CONGESTION 150
ZYRTEC-D ALLERGY & SINUS 150

Neighborhood INTEGRITY for Duals (HMO D-SNP)

Lista de medicamentos cubiertos de 2026 (Lista de medicamentos o Formulario)

POR FAVOR, LEA: ESTE DOCUMENTO CONTIENE INFORMACIÓN SOBRE LOS MEDICAMENTOS QUE CUBRIMOS EN ESTE PLAN

Esta *Lista de medicamentos* se actualizó el **29/10/2026**. Para obtener información más nueva o si tiene otras preguntas, contáctenos al 1-844-812-6896 (usuarios de TTY: 711) de 8:00 a. m. a 8:00 p. m., los siete días de la semana del 1 de octubre al 31 de marzo. Del 1 de abril al 30 de septiembre, puede llamarnos de 8:00 a. m. a 8:00 p. m., de lunes a viernes (puede dejar un mensaje de voz los sábados, domingos y días festivos federales) o visite www.nhpri.org/INTEGRITYDuals.

Notice of Non-Discrimination

Neighborhood Health Plan of Rhode Island (Neighborhood) does not discriminate or treat people differently because of race, color, national origin (including people who do not speak English as their primary language), age, disability, religion, or sex (such as sexual orientation, sexual stereotypes, gender identity, pregnancy or related conditions).

We're here for you!

Neighborhood offers FREE assistance such as:

- aids and services for people with disabilities
- qualified interpreters, translation services, and sign language interpreters
- written information in large print, braille, electronic and audio format

If you need any of these services, call the Member Services phone number on the back of your Neighborhood ID card. If you are not a Neighborhood member, please call us at 1-800-963-1001 (TTY 711).

Discrimination Complaints

If you feel like Neighborhood has failed to provide these services or has discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a grievance in person, by phone, mail, fax or email. Need help? Call your Neighborhood Civil Rights Coordinator at the phone number below.

PHONE:	1-401-427-7646 (TTY 711)
MAIL OR IN PERSON:	Neighborhood Health Plan of Rhode Island Attn: Civil Rights Coordinator 910 Douglas Pike Smithfield, RI 02917
FAX:	1-401-709-7005
EMAIL:	OCRCoordinator@nhpri.org
ONLINE:	https://www.nhpri.org/non-discrimination-language-assistance

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#3511 Approved 09/13/24

You can also file a complaint with the **U.S. Department of Health and Human Services**:

PHONE: Call 1-800-368-1019 (TTY 1-800-537-7697)

BY MAIL: Office for Civil Rights
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

ONLINE: https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

For more information or to view this notice online, please visit the Neighborhood website at www.nhpri.org.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-963-1001 (TTY 711) or speak to your provider.

تنبيه: إذا كنت تتحدث اللغة العربية، فستكون خدمات المساعدة اللغوية متاحة لك مجانًا. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات بديلة لأصحاب الإعاقات مجانًا. اتصل على 1-800-963-1001 (هاتف الصم وضعاف السمع 711) أو تحدث إلى مقدم الخدمة الخاص بك.

注意：若您使用粵語，我們將為您提供免費的語言協助服務。此外，我們也提供適當的輔助設備與服務，為您提供免費且易於閱讀的資訊。致電 1-800-963-1001 (TTY 711) 或與您的供應商商討。

请注意：如果您说普通话，我们可以为您提供免费的语言援助服务。还会以通俗易懂的形式，免费提供相应的辅助性帮助和服务。请致电 1-800-963-1001 (TTY 711) 或直接联系您的供应商。

À NOTER : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-963-1001 (ATS 711) ou parlez à votre fournisseur.

ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib tou gratis. Rele 1-800-963-1001 (TTY 711) oswa pale ak founisè w la.

ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlose Sprachassistenzdienste nutzen. Geeignete unterstützende Hilfen und Services, die Informationen in barrierefreien Formaten bereitstellen, sind ebenfalls kostenfrei. Rufen Sie 1-800-963-1001 (TTY 711) an oder kontaktieren Sie Ihren Anbieter.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक सहायता और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-800-963-1001 (TTY 711) पर कॉल करें या अपने प्रदाता से बात करें।

ATTENZIONE: Se parlate italiano, avete a disposizione dei servizi di assistenza linguistica gratuiti. Sempre gratuitamente, sono disponibili anche supporti e servizi ausiliari appropriati per fornivi informazioni in formati accessibili. Potete chiamare il numero 1-800-963-1001 (TTY 711) o parlare con il vostro fornitore.

注意：日本語を話せる場合には、無料の言語サービスをご利用いただけます。利用できる形式で情報を提供するための適切な補助器具・サービスも無料でご利用いただけます。1-800-963-1001（テキスト電話（TTY）711）にお電話でお問い合わせになるか、提供者にご相談ください。

ការយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ
សេវាជំនួយភាសាឥតគិតថ្លៃមានផ្តល់ជូនដល់អ្នក។ ក៏មានការផ្តល់ការគាំទ្រ
និងសេវាកម្មជំនួយសមស្របដោយឥតគិតថ្លៃក្នុងការផ្តល់ព័ត៌មានជាទម្រង់ដែលអាចចូលប្រើបានផងដែរ។ សូមហៅទូរសព្ទទៅលេខ 1-800-963-1001 (TTY 711) ឬពិគ្រោះយោបល់ជាមួយអ្នកផ្តល់សេវារបស់អ្នក។

참조: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이해 가능한 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스도 무료 이용하실 수 있습니다. 1-800-963-1001(TTY 711)로 전화하시거나 서비스 제공업체에 문의하세요.

UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług językowych. Dostępne są również bezpłatne pomoce i usługi, które zapewniają informacje w zrozumiałym formacie. Zadzwoń pod numer 1-800-963-1001 (TTY 711) lub skonsultuj się ze swoim świadczeniodawcą.

ATENÇÃO: Se fala português, tem à sua disposição serviços de assistência linguística gratuitos. Estão também disponíveis, a título gratuito, ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-800-963-1001 (TDD 711) ou fale com o seu prestador

ВНИМАНИЕ! Если вы говорите по-русски, то вам доступны бесплатные услуги языковой поддержки. Также бесплатно предоставляются соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Позвоните по телефону 1-800-963-1001 (телетайп 711) или обратитесь к своему поставщику услуг.

ATENCIÓN: Si habla español, se ofrecen servicios gratuitos de asistencia con el idioma. También se ofrecen ayudas y servicios auxiliares apropiados para brindar información en formatos accesibles sin cargo alguno. Llame al 1-800-963-1001 (TTY 711) o consulte con su proveedor.

PANSININ: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng tulong serbisyo sa lengguwahe. Ang mga naaangkop na dagdag na mga pantulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na porma ay magagamit din nang walang bayad. Tumawag sa 1-800-963-1001 (TTY 711) o makipag-usap sa iyong tagapagbigay.

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các biện pháp hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Hãy gọi số 1-800-963-1001 (TTY 711) hoặc nói chuyện với nhà cung cấp dịch vụ của quý vị.