



**BlueCross BlueShield
of Illinois**

2024 Supplemental Drug List

PLEASE READ:

THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

This supplemental drug list was updated in October 2023. For more recent information or other questions, please contact Blue Cross Group Medicare AdvantageSM Customer Service at 1-877-299-1008, or for TTY users 711, 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

Your plan includes a supplemental drug benefit that covers a number of drugs that are excluded from coverage under the Medicare Part D program. Since supplemental drugs are excluded from the Part D program, the amount you spend on supplemental drugs does not count toward your Part D true out-of-pocket (TrOOP) expenses. These drugs do not qualify for lower Part D catastrophic copays.

Like your covered Part D drugs, your cost for these drugs is based on the tier each drug is in. You can find the tier number next to the drug name in the chart below. You can find the cost for each drug tier by checking the benefit chart in your Evidence of Coverage. If you receive extra help to pay for your prescriptions, you will not get extra help to pay for these drugs.

This is not a complete list of drugs covered by your plan. For the full list of your covered Part D drugs, please refer to the Comprehensive Formulary posted on www.myprime.com. Sign in and go to 'Find medicines' to see your retiree group plan Comprehensive Formulary. You will need to create an account the first time you use this service. For additional questions, please call customer service.

KEY

Generic drugs are shown in lower-case *italics*.

Brand name drugs are shown in CAPITAL letters.

Some covered drugs may have additional requirements or limits on coverage.

These requirements and limits may include:

QL = Quantity Limits

2024 Dosage Form Abbreviations Key

cap, caps	capsules
chew tab	chewable tablets
conc	concentrate
disint, disintegr	disintegrating
dr	delayed-release
er, extended, extended rel, xr	extended release
gm	gram
hr	hour
inj	injection
liq, liqd	liquid
lotn	lotion
mcg	microgram
mg	milligram
ml	milliliter
mm	millimeter
nebu	nebules
op, ophth	ophthalmic
pak	pack
pref, prefill	prefilled
sol, soln	solution
supp, suppos	suppositories
sus, susp	suspension
syr	syringe
tab, tabs	tablets
td	transdermal

Drug Name	Drug Tier	Requirements/Limits
Sexual Dysfunction		
BI-MIX - papaverine-phentolamine for inj 150-5 mg	3	
CAVERJECT - alprostadil for inj 20 mcg	3	
CAVERJECT - alprostadil for inj 40 mcg	3	
CAVERJECT IMPULSE - alprostadil for inj kit 10 mcg	3	
CAVERJECT IMPULSE - alprostadil for inj kit 20 mcg	3	
CIALIS - tadalafil tab 2.5 mg	3	QL (30 tablets/30 days)
CIALIS - tadalafil tab 5 mg	3	QL (30 tablets/30 days)
CIALIS - tadalafil tab 10 mg	3	QL (8 tablets/30 days)
CIALIS - tadalafil tab 20 mg	3	QL (8 tablets/30 days)
EDEX - alprostadil for inj kit 10 mcg	3	
EDEX - alprostadil for inj kit 20 mcg	3	
EDEX - alprostadil for inj kit 40 mcg	3	
MUSE - alprostadil urethral pellet 250 mcg	3	
MUSE - alprostadil urethral pellet 500 mcg	3	
MUSE - alprostadil urethral pellet 1000 mcg	3	
PHENYLEPHRINE HYDROCHLORIDE - phenylephrine hcl intracavernosal soln 2 mg/2ml (0.1%)	3	
QUAD-MIX - papav-phentol-alpros-atrop for inj 150 mg-10 mg-0.1 mg-1 mg	3	
<i>sildenafil citrate tab 25 mg</i>	3	QL (8 tablets/30 days)
<i>sildenafil citrate tab 50 mg</i>	3	QL (8 tablets/30 days)
<i>sildenafil citrate tab 100 mg</i>	3	QL (8 tablets/30 days)
STENDRA - avanafil tab 50 mg	3	QL (8 tablets/30 days)
STENDRA - avanafil tab 100 mg	3	QL (8 tablets/30 days)
STENDRA - avanafil tab 200 mg	3	QL (8 tablets/30 days)
SUPER BI-MIX - papaverine-phentolamine for inj 150-10 mg	3	
SUPER QUAD-MIX - papav-phentol-alpros-atrop for inj 150 mg-20 mg-0.2 mg-2 mg	3	
SUPER TRI-MIX - papav-phentolamine-alprostadil for inj 150 mg-10 mg-100 mcg	3	
<i>tadalafil tab 2.5 mg</i>	3	QL (30 tablets/30 days)
<i>tadalafil tab 5 mg</i>	3	QL (30 tablets/30 days)
<i>tadalafil tab 10 mg</i>	3	QL (8 tablets/30 days)
<i>tadalafil tab 20 mg</i>	3	QL (8 tablets/30 days)
TRI-MIX - papav-phentolamine-alprostadil for inj 150 mg-5 mg-50 mcg	3	
<i>ildenafil hcl orally disintegrating tab 10 mg</i>	3	QL (8 tablets/30 days)
<i>ildenafil hcl tab 2.5 mg</i>	3	QL (8 tablets/30 days)
<i>ildenafil hcl tab 5 mg</i>	3	QL (8 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

Drug Name	Drug Tier	Requirements/Limits
<i>var</i> denafil hcl tab 10 mg	3	QL (8 tablets/30 days)
<i>var</i> denafil hcl tab 20 mg	3	QL (8 tablets/30 days)
VIAGRA - sildenafil citrate tab 25 mg	3	QL (8 tablets/30 days)
VIAGRA - sildenafil citrate tab 50 mg	3	QL (8 tablets/30 days)
VIAGRA - sildenafil citrate tab 100 mg	3	QL (8 tablets/30 days)

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.



**BlueCross BlueShield
of Illinois**

Blue Cross and Blue Shield of Illinois complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross and Blue Shield of Illinois does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross and Blue Shield of Illinois:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact a Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Illinois has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, 1-855-664-7270, TTY/TDD: 1-855-661-6965, Fax: 1-855-661-6960. You can file a grievance by phone, mail, or fax. If you need help filing a grievance, a Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-877-299-1008** (TTY/TDD: **711**). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **1-877-299-1008** (TTY/TDD: **711**). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **1-877-299-1008** (TTY/TDD: **711**)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **1-877-299-1008** (TTY/TDD: **711**)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **1-877-299-1008** (TTY/TDD: **711**). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **1-877-299-1008** (TTY/TDD: **711**). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **1-877-299-1008** (TTY/TDD: **711**). sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **1-877-299-1008** (TTY/TDD: **711**). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **1-877-299-1008** (TTY/TDD: **711**). 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **1-877-299-1008** (TTY/TDD: **711**). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: سيقوم شخص ما يتحدث العربية إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول **1-877-299-1008** (TTY/TDD: **711**). بمساعدتك. هذه خدمة مجانية على مترجم فوري، ليس عليك سوى الاتصال بنا على

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें **1-877-299-1008** (TTY/TDD: **711**). पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **1-877-299-1008** (TTY/TDD: **711**). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **1-877-299-1008** (TTY/TDD: **711**). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **1-877-299-1008** (TTY/TDD: **711**). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **1-877-299-1008** (TTY/TDD: **711**). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**1-877-299-1008** (TTY/TDD: **711**). にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。



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