

2019 Supplemental Drug List

This supplemental drug list was updated on August 2018. For more recent information or other questions, please contact Blue Cross Medicare Advantage 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.

PLEASE READ:
THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Your plan includes a supplemental drug benefit that provides coverage for a number of drugs that are excluded from coverage under the Medicare Part D program. You will pay your tier 3 copay for drugs on this list. You can find the cost for each drug tier by checking the benefit chart in your Evidence of Coverage.

Since supplemental drugs are excluded from the Part D program, the amount you spend on supplemental drugs generally does not count toward your Part D true out-of-pocket (TrOOP) expenses. These drugs do not qualify for lower Part D catastrophic copays. In addition, 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 your formulary or call customer service for additional questions.

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

These requirements and limits may include:

QL = Quantity Limits

2019 Dosage Form Abbreviations Key

act	actuation	mcg	microgram
ad	adsorbed	meq	milliequivalent
aepb	aerosol powder blister	mg	milligram
aer, aero	aerosol	ml	milliliter
app	applicator	mu	million units
ba, breath act, breath activ	breath activated	nebu	nebules
bau	bioequivalent allergy units	orally disintegr tab	orally disintegrating tablets
cap, caps	capsules	oin, oint	ointment
cart	cartridge	op, ophth	ophthalmic
chew tab	chewable tablets	osm	osmotic
conc	concentrate	pak	pack
conj	conjugate, conjugated	pf	preservative-free
crys	crystals	pfu	plaque forming units
deter	deterrent	pow, powd	powder
disint	disintegrating	pref, prefill	prefilled
dr	delayed-release	pttw	patch twice weekly
ec	enteric coated	ptwk	patch weekly
el, elu	enzyme-linked immunosorbent assay	recomb	recombinant
er, ext, extend-release, extended, extended rel	extended-release	refrig	refrigerate
ext	extract	sl	sublingual
gm	gram	sol, soln	solution
gu	genitourinary	sqcm	square centimeter
hr	hour	supp, suppos	suppositories
ig	immune globulin	sus, susp	suspension
im	intramuscular	syr	syringe
inh, inhal	inhalation	tab, tabs	tablets
inj	injection	td	transdermal
ir	index of reactivity	tl	translingual
iv	intravenous	unt	unit
l	liter	va	vaginal
lf, lfu	flocculation units	vac	vaccine
liq, liqd	liquid		

Drug Name	Drug Tier	Requirements/Limits
Sexual Dysfunction		
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	
LEVITRA - vardenafil hcl tab 2.5 mg	3	QL (8 tablets/30 days)
LEVITRA - vardenafil hcl tab 5 mg	3	QL (8 tablets/30 days)
LEVITRA - vardenafil hcl tab 10 mg	3	QL (8 tablets/30 days)
LEVITRA - vardenafil hcl tab 20 mg	3	QL (8 tablets/30 days)
MUSE - alprostadil urethral pellet 125 mcg	3	
MUSE - alprostadil urethral pellet 250 mcg	3	
MUSE - alprostadil urethral pellet 500 mcg	3	
MUSE - alprostadil urethral pellet 1000 mcg	3	
PAPAVERINE-ALPROSTADIL - papaverine-alprostadil inj 30 mg/ ml-10 mcg/ml	3	
PAPAVERINE-ALPROSTADIL - papaverine-alprostadil inj 30 mg/ ml-20 mcg/ml	3	
PAPAVERINE-PHENTOLAMINE MES/ALPROSTADIL - papaverine-phentolamine-alprostadil inj 30-1-0.02 mg/ml	3	
PAPAVERINE-PHENTOLAMINE MESYLATE - papaverine- phentolamine inj 30-1 mg/ml	3	
PAPAVERINE/PHENTOLAMINE MES/ALPROSTADIL - papaverine-phentolamine-alprostadil inj 12-1-0.01 mg/ml	3	
PHENTOLAMINE MESYLATE-ALPROSTADIL - phentolamine- alprostadil inj 0.5 mg/ml-20 mcg/ml	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)
STAXYN - vardenafil hcl orally disintegrating tab 10 mg	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)
VIAGRA - sildenafil citrate tab 25 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.

Drug Name	Drug Tier	Requirements/Limits
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.



ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-299-1008 (TTY: 711). Nuestro horario es de 8:00 a.m. a 8:00 p.m., hora local, los 7 días de la semana. Si usted llama del 1 de abril al 30 de septiembre, durante los fines de semana y feriados, se usarán tecnologías alternas (por ejemplo, correo de voz).

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