BlueCross BlueShield of Illinois

2027 Supplemental Drug List

PLEASE READ:

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

This supplemental drug list was updated in September 2026. For more recent information or other questions, please contact Blue Cross Group Medicare Advantage[SM] 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

2027 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		
ADDYI - flibanserin tab 100 mg	3	
avanafil tab 50 mg	1	QL (8 tablets/30 days)
avanafil tab 100 mg	1	QL (8 tablets/30 days)
avanafil tab 200 mg	1	QL (8 tablets/30 days)
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	
EDEX (2 CARTRIDGE) - alprostadil for inj kit 10 mcg	3	
EDEX (2 CARTRIDGE) - alprostadil for inj kit 20 mcg	3	
EDEX (2 CARTRIDGE) - alprostadil for inj kit 40 mcg	3	
EDEX (6 CARTRIDGE) - alprostadil for inj kit 10 mcg	3	
EDEX (6 CARTRIDGE) - alprostadil for inj kit 20 mcg	3	
EDEX (6 CARTRIDGE) - alprostadil for inj kit 40 mcg	3	
IFE-BIMIX 30/1 - papaverine-phentolamine inj 30-1 mg/ml	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	
sildenafil citrate tab 25 mg	1	QL (8 tablets/30 days)
sildenafil citrate tab 50 mg	1	QL (8 tablets/30 days)
sildenafil citrate tab 100 mg	1	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	
tadalafil tab 2.5 mg	1	QL (30 tablets/30 days)
tadalafil tab 5 mg	1	QL (30 tablets/30 days)
tadalafil tab 10 mg	1	QL (8 tablets/30 days)
tadalafil tab 20 mg	1	QL (8 tablets/30 days)
TRI-MIX - papav-phentolamine-alprostadil for inj 150 mg-5 mg-50 mcg	3	
vardenafil hcl orally disintegrating tab 10 mg	1	QL (8 tablets/30 days)
vardenafil hcl tab 2.5 mg	1	QL (8 tablets/30 days)
vardenafil hcl tab 5 mg	1	QL (8 tablets/30 days)
vardenafil hcl tab 10 mg	1	QL (8 tablets/30 days)
vardenafil hcl tab 20 mg	1	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
VYBRIQUE - sildenafil citrate oral film 25 mg (base equivalent)	3	QL (8 films/30 days)
VYBRIQUE - sildenafil citrate oral film 50 mg (base equivalent)	3	QL (8 films/30 days)
VYBRIQUE - sildenafil citrate oral film 75 mg (base equivalent)	3	QL (8 films/30 days)
VYBRIQUE - sildenafil citrate oral film 100 mg (base equivalent)	3	QL (8 films/30 days)
VYLEESI - bremelanotide acet subcutaneous soln auto-inj 1.75 mg/0.3ml	3	

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

Non-Discrimination Notice

Health Care Coverage Is Important For Everyone

We do not discriminate on the basis of race, color, national origin (including limited English knowledge and first language), age, disability, or sex (as understood in the applicable regulation). We provide people with disabilities with reasonable modifications and free communication aids to allow for effective communication with us. We also provide free language assistance services to people whose first language is not English.

To receive reasonable modifications, communication aids or language assistance free of charge, please call us at 1-877-299-1008 (TTY: 711).

If you believe we have failed to provide a service, or think we have discriminated in another way, you can file a grievance with:

Office of Civil Rights Coordinator
Attn: Office of Civil Rights Coordinator
300 E. Randolph St., 35th Floor
Chicago, IL 60601

Phone: 1-855-664-7270 (voicemail)
TTY/TDD: 1-855-661-6965
Fax: 1-855-661-6960
Email: civilrightscoordinator@hcsc.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, please call the toll-free phone number listed on the back of your ID card (TTY: 711).

You may file a civil rights complaint with the US Department of Health and Human Services, Office for Civil Rights, at:

US Dept of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

Phone: 1-800-368-1019
TTY/TDD: 1-800-537-7697
Complaint Portal:
ocrportal.hhs.gov/ocr/smartscreen/main.jsf
Complaint Forms:
hhs.gov/civil-rights/filing-a-complaint/index.html

This notice is available on our website at bcbsil.com/legal-and-privacy/non-discrimination-notice

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ATTENTION: If you speak another language, 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 1-877-299-1008 (TTY: 711) or speak to your provider. Our office hours are 8 a.m. – 8 p.m., local time, 7 days a week. If you are calling from April 1 through Sept. 30, alternate technologies (for example, voicemail) will be used on weekends and holidays.

Español Spanish	ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-299-1008 (TTY: 711) o hable con su proveedor.
العربية Arabic	تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-299-1008 (TTY: 711) أو تحدث إلى مقدم الخدمة.
中文 Chinese	注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-299-1008 文本电话：711）或咨询您的服务提供商。
Français French	ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-299-1008 (TTY : 711) ou parlez à votre fournisseur.
Deutsch German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-299-1008 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.
ગુજરાતી Gujarati	ધ્યાન આપો: જો તમે ગુજરાતી બોલતા હો તો મફત ભાષાકીય સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. યોગ્ય ઑક્ઝિલરી સહાય અને ઍક્સેસિબલ ફૉર્મેટમાં માહિતી પૂરી પાડવા માટેની સેવાઓ પણ વિના મૂલ્યે ઉપલબ્ધ છે. 1-877-299-1008 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતા સાથે વાત કરો.
दी Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी निःशुल्क उपलब्ध हैं। 1-877-299-1008 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।
Italiano Italian	ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'1-877-299-1008 (tty: 711) o parla con il tuo fornitore.
한국어 Korean	주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-299-1008 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.
Diné Navajo	SHOOH: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-877-299-1008 (TTY: 711) hodíilnih doodago nika'análwo'í bich'į' hanidziih.
فارسي Farsi	توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-877-299-1008 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود

Polski Polish	UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-877-299-1008 (TTY: 711) lub porozmawiaj ze swoim dostawcą.
Русский Russian	ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-299-1008 (TTY: 711) или обратитесь к своему поставщику услуг.
Tagalog Tagalog	PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-299-1008 (TTY: 711) o makipag-usap sa iyong provider.
اردو Urdu	توجہ دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ (TTY: 711) 1-877-299-1008 پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔
Ελληνικά Greek	ΠΡΟΣΟΧΗ: Εάν μιλάτε ελληνικά, υπάρχουν διαθέσιμες δωρεάν υπηρεσίες υποστήριξης στη συγκεκριμένη γλώσσα. Διατίθενται δωρεάν κατάλληλα βοηθήματα και υπηρεσίες για παροχή πληροφοριών σε προσβάσιμες μορφές. Καλέστε το 1-877-299-1008 (TTY: 711) ή απευθυνθείτε στον πάροχό σας.
Việt Vietnamese	LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-299-1008 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.



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