



2021 SUPPLEMENTAL PLUS DRUG LIST

Group MedicareBlueSM Rx (PDP)

Effective January 1, 2021

About supplemental drugs

Group MedicareBlue Rx includes a supplemental drug benefit that provides coverage for a number of drugs that are excluded from the Medicare Part D program. Your employer or union has chosen to cover certain prescription vitamins and vitamin combinations, DESI[†] drugs (and other non-FDA approved drugs), certain over-the-counter (OTC) drugs, selected cough and cold drugs and sexual dysfunction drugs. This list contains all of the supplemental drugs available to you.

You pay 25% coinsurance for these drugs. Since supplemental drugs are excluded from the Part D program, the amount you spend on supplemental drugs does not count toward your Part D annual out-of-pocket maximum. In addition, if you receive extra help to pay for your prescriptions, you will not get extra help to pay for these drugs. For this reason, please talk to your doctor to identify generic or alternate medications that are on the formulary.

This is not a complete list of drugs covered by our plan. For a complete listing, please call customer service at the number below or visit YourMedicareSolutions.com/GroupPlans. This supplemental plus drug list is also available at YourMedicareSolutions.com/GroupDocuments or by calling customer service at the number below. If you have questions about this supplemental plus drug list, please contact customer service at the number below. If you have questions about your benefits, please contact your employer group.

Customer service



Enrolled members call **1-877-838-3827**

TTY: **711**

Help is available 8 a.m. to 8 p.m., daily, Central and Mountain times.



Or, visit YourMedicareSolutions.com/GroupPlans

[†]DESI drugs do not meet the FDA's drug efficacy study implementation standards. Drugs that do not meet DESI standards are not covered by Part D.

How to use this supplemental plus drug list

- You pay 25% coinsurance for these drugs.
- Only the drugs listed are covered by the supplemental plus benefit.
- Only generics are covered unless otherwise noted.
- Except as noted, brand-name drugs shown in parentheses and capital letters (for example, ZYRTEC) are for reference only for the generic version that is covered. These brand-name drugs are **not** covered by your supplemental plus drug benefit.
- Your pharmacy may give you a generic equivalent rather than the brand-name drug or the specific name on the prescription from your doctor.

Do you have a question or need more information?

- Your Medicare prescription drug coverage is through a stand-alone Medicare prescription drug plan, Group MedicareBlue Rx. If you have questions about this drug formulary, please call customer service at the number on the front of this document.

January 1, 2021 supplemental plus drug list

| Category | Product name |
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| Cough and cold products | |
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| | benzonatate 100 mg, 200 mg caps (generic for TESSALON) |
| | guaifenesin-codeine syrup 100-10 mg/5mL |
| | promethazine-codeine syrup 6.25-10 mg/5 mL |
| | promethazine-dextromethorphan syrup 6.25-15 mg/5 mL |

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| Sexual dysfunction products | |
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| | sildenafil tabs (generic for VIAGRA)* |
| | tadalafil tabs (generic for CIALIS)* |
| | varafenafil ODT (generic for STAXYN)* |
| | varafenafil tabs (generic for LEVITRA)* |
| | CAVERJECT (alprostadil for inj kit) |
| | EDEX (alprostadil for inj kit) |
| | MUSE (alprostadil urethral pellets) |
| | OSPHENA (ospemifine tabs) |
| | *Quantity limit 6/month combined |

Questions?

Call your employer group
or Group MedicareBlue
Rx customer service at

1-877-838-3827

daily from 8 a.m. to 8 p.m.,
Central and Mountain times.

TTY: 711.

Prescription vitamins/combinations

ascorbic acid injection 500 mg/mL (vitamin C)
B-complex with folic acid (generic for NEPHROCAPS,
FOLBIC, etc.)
calcifediol capsule CR 30mcg (vitamin D3 analogue)
cyanocobalamin tabs/inj/nasal spray (vitamin B-12)
ergocalciferol capsule 50,000 units (vitamin D2)
ferrous fumarate-folic acid-vitamin C-vitamin B12 (iron
complex)
folic acid
L-methylfolate with vitamin B6-vitamin B12 tablets
3-35-2 mg (L-methyl-B6-B12)
phytonadione injection 1mg / 0.5mL (vitamin K)
phytonadione injection 10 mg/mL (vitamin K)
phytonadione tablets 5 mg (vitamin K)
potassium aminobenzoate capsules 500 mg
(potassium/vitamin B)
pyridoxine injection 100 mg/mL (vitamin B6)
sodium ascorbate granules (mineral salt of vitamin C)
sodium ascorbate injection 250 mg/mL (mineral salt of
vitamin C)
thiamine injection 100 mg/mL (vitamin B1)
vitamin A injection 50,000 units/mL

DESI drugs and other non-FDA approved drugs

granulex aerosol
hydrocortisone acetate with pramoxine cream/foam/
kit (generic for PROCTOFOAM)
hydrocortisone rectal supp
phenazopyridine tabs
thyroid tabs (generic for ARMOUR Thyroid)
trypsin with castor oil and peruvian balsam spray
(generic granulex): See granulex aerosol
wheat germ oil

OTC drugs

cetirizine caps/tabs (generic for ZYRTEC)
cetirizine/pseudoephedrine (generic for ZYRTEC-D)
fexofenadine (generic for ALLEGRA)
fexofenadine/pseudoephedrine (generic for
ALLEGRA-D)
loratadine (generic for CLARITIN)
loratadine/pseudoephedrine (generic for CLARITIN-D)



Group MedicareBlueSM Rx (PDP) is a Medicare-approved Part D sponsor. Enrollment in Group MedicareBlue Rx depends on renewal of the plan sponsor's contract with Medicare. Coverage is available to members of an employer or union group and separately issued by one of the following plans: Wellmark Blue Cross and Blue Shield of Iowa,* Blue Cross and Blue Shield of Minnesota,* Blue Cross and Blue Shield of Montana,* Blue Cross and Blue Shield of Nebraska,* Blue Cross Blue Shield of North Dakota,* Wellmark Blue Cross and Blue Shield of South Dakota,* and Blue Cross Blue Shield of Wyoming.*

*Independent licensees of the Blue Cross and Blue Shield Association

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-838-3827** (TTY: **711**).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau **1-877-838-3827** (TTY: **711**).

MedicareBlue Rx complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

MedicareBlue Rx cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

MedicareBlue Rx ua raws cov kev cailij choj yuam siv ntawm Tsom Fwv Nrub Nrab Teb Chaw hais txog pej xeeem cov cai (Federal civil rights laws) thiab tsis ciav-cais leejtwg vim nws hom neeg, nqaij tawv, lub tebchaws tuaj, hnuv nyoog, kev tsis taus, los yog poj niam txiv.