

2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus
Section 5(f). Prescription Drug Benefits
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Benefits Description

Covered Medications and Supplies (cont.)

Smoking and Tobacco Cessation Medications

If you are a covered member, you may be eligible to obtain specific prescription generic and brand-name smoking and tobacco cessation medications at no charge. Additionally, you may be eligible to obtain over-the-counter (OTC) smoking and tobacco cessation medications, prescribed by your physician, at no charge. These benefits are only available when you use a Preferred retail pharmacy.

Note: There may be age-restrictions based on U.S. FDA guidelines for these medications.

The following medications are covered through this program:

- Generic medications available by prescription:
 - Bupropion ER 150 mg tablet
 - Bupropion SR 150 mg tablet
 - Varenicline 0.5 mg tablets
 - Varenicline 1 mg tablets
 - Varenicline starting pack
- Brand-name medications available by prescription:
 - Nicotrol cartridge inhaler
 - Nicotrol NS spray 10 mg/ml
- Over-the-counter (OTC) medications

Notes:

- To receive benefits for over-the-counter (OTC) smoking and tobacco cessation medications, you must have a physician's prescription for each OTC medication that must be filled by a

pharmacist at a Preferred retail pharmacy.

- Regular prescription drug benefits will apply to purchases of smoking and tobacco cessation medications not meeting these criteria. Benefits are not available for over-the-counter (OTC) smoking and tobacco cessation medications except as described above.
- See page [55](#) for our coverage of smoking and tobacco cessation treatment, counseling, and classes.

You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Benefits Description

Specialty Drug Pharmacy Program

We cover specialty drugs that are listed on the FEP Blue Focus Specialty Drug List. This list is subject to change. For the most up-to-date list, call the phone number below or visit our website, www.fepblue.org. (See page [134](#) for the definition of “specialty drugs.”)

Each time you order a new specialty drug or refill, a Specialty Drug pharmacy representative will work with you to arrange a delivery time and location that are most convenient for you, as well as ask you about any side effects you may be experiencing. See page [114](#) for more details about the Program.

You Pay

Specialty Drug Pharmacy Program

Tier 2:

- 40% of the Plan allowance (up to a \$350 maximum) for each purchase of up to a 30-day supply (no deductible)
 - If a 31 to 90-day supply of a specialty drug has to be dispensed due to manufacturer packaging, you pay 40% of the Plan allowance (up to a \$1,050 maximum) for each purchase (no deductible).
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Covered Medications and Supplies - continued on next page

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