
2024 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

Section 5(f). Prescription Drug Benefits

Page 97

Benefits Description

Covered Medications and Supplies (cont.)

- Benefits are not available for acetaminophen, ibuprofen, naproxen, etc.
- Benefits for these medications listed above are subject to the dispensing limitations described earlier and are limited to recommended prescribed limits.
- To receive benefits, you must use a Preferred retail pharmacy and present a written prescription from your physician to the pharmacist.
- A complete list of USPSTF-recommended preventive care services is available online at: www.healthcare.gov/preventive-care-benefits. See Sections 5(a) and 5(c) for information about other covered preventive care services.

You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Benefits Description

Generic medications to reduce breast cancer risk for women, age 35 or over, who have not been diagnosed with any form of breast cancer

Note: Your physician must send a completed Coverage Request Form to CVS Caremark before you fill the prescription. Call CVS Caremark at 800-624-5060, TTY: 711, to request this form. You can also obtain the Coverage Request Form through our website at www.fepblue.org. This not required if you are covered under our FEP Medicare Prescription Drug Program.

You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Benefits Description

We cover the first prescription filled for certain **bowel preparation** medications for colorectal cancer screenings with no member cost-share. We also cover certain **antiretroviral therapy** medications for HIV for those at risk but who do not have HIV. You can view the list of covered medications on our website at www.fepblue.org or call 800-624-5060, TTY: 711, for assistance.

You Pay

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

Benefits Description

Opioid Reversal Agents: Tier 1 medications limited to generic naloxone nasal spray and injectable

You Pay

Preferred retail pharmacy: Nothing for the purchase of one 90-day supply per calendar year (no deductible)

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.

Non-preferred retail pharmacy: You pay all charges

Covered Medications and Supplies - continued on next page

Go to page [96](#). Go to page [98](#).