

**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.)**

*Not covered:*

- *Drugs purchased through the mail or internet from pharmacies inside or outside the United States by members located in the United States*
- *Over-the-counter (OTC) contraceptive drugs and devices, except as described on page [95](#)*
- *Drugs used to terminate pregnancy*
- *Sublingual allergy desensitization drugs, except as described on page [48](#)*

**You Pay**

*All charges*

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**Benefits Description**

**Drugs From Other Sources**

Covered prescription drugs and supplies not obtained at a retail pharmacy or through the Specialty Drug Pharmacy Program to include, but not limited to:

- Physician's office – for more information refer to Section 5(a)
- Facility (inpatient or outpatient) – for more information refer to Section 5(c)

- Hospice agency – for more information refer to Section 5(c)
- Drugs obtained at a physician's office, inpatient or outpatient facility or hospice agency while overseas, see Section 5(i)
- Drugs and supplies covered only under the medical benefit, see auto-immune infusions below
- Prescription drugs obtained from a Preferred retail pharmacy, that are billed by a skilled nursing facility, nursing home, or extended care facility, see page [97](#)

Note: Prior approval is required for certain high-cost drugs obtained outside one of our pharmacy programs. Contact the customer service number on the back of your ID card or visit us at [www.fepblue.org/highcostdrugs](http://www.fepblue.org/highcostdrugs) for a list of these drugs. See page [20](#) for more information on prior approval.

### **You Pay**

Preferred professional providers and facilities: 30% of the Plan allowance (deductible applies)

Non-preferred professional providers (Participating/Non-participating) and Non-preferred facilities (Member/Non-member): You pay all charges

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### **Benefits Description**

Auto-immune infusion medications: Remicade, Renflexis and Inflectra

Note: Benefits for certain auto-immune infusion medications (limited to Remicade, Renflexis and Inflectra) are covered only when they are obtained by a non-pharmacy provider, such as a physician or facility (hospital or ambulatory surgical center).

### **You Pay**

Preferred professional providers and facilities: 30% of the Plan allowance (deductible applies)

Non-preferred professional providers (Participating/Non-participating) and Non-preferred facilities (Member/Non-member): You pay all charges

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