
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.)

Note: Due to safety requirements, some medications are dispensed as originally packaged by the manufacturer and we cannot make adjustments to the packaged quantity or otherwise open or split packages to create a 30-day supply of these medications.

Contact Us: If you have any questions about this program, or need assistance with your specialty drug orders, please call 888-346-3731, TTY: 711.

You Pay

Continued from previous page:

Non-preferred specialty drug pharmacy: You pay all charges

Benefits Description

Not covered:

- *Drugs and supplies purchased from a Non-preferred pharmacy*
- *Medical supplies such as dressings and antiseptics*
- *Drugs and supplies for cosmetic purposes*
- *Supplies for weight loss*
- *Drugs for orthodontic care, dental implants, and periodontal disease*
- *Drugs used in conjunction with assisted reproductive technology (ART) and assisted insemination procedures*

- *Insulin and diabetic supplies except when obtained from a Preferred retail pharmacy or except when Medicare Part B is primary. See pages [53](#) and [94](#).*
- *Medications and orally taken nutritional supplements that do not require a prescription under Federal law even if your doctor prescribes them or if a prescription is required under your state law*

Note: See page [96](#) for our coverage of medications recommended under the Affordable Care Act and page [98](#) for smoking and tobacco cessation medications.

- *Medical foods administered orally are not covered if not obtained at a Preferred retail pharmacy*

Note: See Section 5(a), page [54](#), for our coverage of medical foods when administered by catheter or nasogastric tube.

- *Products and foods other than liquid formulas or powders mixed to become formulas; foods and formulas readily available in a retail environment and marketed for persons without medical conditions; low-protein modified foods (e.g., pastas, breads, rice, sauces and baking mixes); nutritional supplements, energy products; and similar items*

Note: See Section 5(a), page [54](#), for our coverage of medical foods and nutritional supplements when administered by catheter or nasogastric tube.

- *Infant formula other than described on pages [54](#) and [94](#)*
- *Drugs not listed on the formulary or preferred drug list*
- *Brand name opioids*
- *Remicade, Renflexis, and Inflectra are not covered for prescriptions obtained from a Preferred retail pharmacy, or through the Specialty Drug Pharmacy Program*
- *Drugs for which prior approval has been denied or not obtained*
- *Drugs and supplies related to sexual dysfunction or sexual inadequacy*
- *Drugs and covered-drug-related supplies for the treatment of gender dysphoria if not obtained from a Preferred retail pharmacy or the Specialty Drug Pharmacy Program as described on pages [93](#) and [98](#)*

You Pay

All charges

Covered Medications and Supplies - continued on next page

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