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**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

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**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](http://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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