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**2025 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.)**

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 Section 5(a) for our coverage of smoking and tobacco cessation treatment, counseling, and classes.

## You Pay

See previous page

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## 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 non-covered assisted reproductive technology (ART) and assisted insemination procedures*
- *Drugs used in conjunction with IVF that exceed the covered 3 per year annual cycle limitation described in this section*
- *Insulin and diabetic supplies except when obtained from a Preferred retail pharmacy or except when Medicare Part B is primary or you are enrolled in the FEP Medicare Prescription Drug Program. See Section 5(a).*
- *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 previous benefits in this section for our coverage of medications recommended under the Affordable Care Act and for smoking and tobacco cessation medications.*

**You Pay**  
*All charges*

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*Covered Medications and Supplies - continued on next page*

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