

## Preferred retail pharmacies

---

### 2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

#### Section 5(f). Prescription Drug Benefits

#### Covered Medications and Supplies

#### Preferred retail pharmacies

---

**Note: We state whether or not the calendar year deductible applies for each benefit listed in this section.**

#### Benefits Description

#### Covered Medications and Supplies

#### Preferred retail pharmacies

#### Covered drug and supplies, such as:

- Drugs, vitamins and minerals, and nutritional supplements that by federal law of the United States require a prescription for their purchase.
- Drugs for the diagnosis and treatment of infertility
- Drugs for IVF - limited to 3 cycles annually (prior approval required)

Note: Drugs for the treatment of IVF must be purchased through the pharmacy drug program and you must meet our definition of infertility

- Drugs associated with covered artificial insemination procedures
- Drugs to treat gender dysphoria (gonadotropin releasing hormone (GnRH) antagonists and testosterone)
- Drugs prescribed to treat obesity (prior approval required)
- Medical foods
- Insulin, diabetic test strips, lancets, and tubeless insulin delivery systems (See Section 5(a) for our coverage of insulin pumps with tubes.)

- Needles and disposable syringes for the administration of covered medications
- Clotting factors and anti-inhibitor complexes for the treatment of hemophilia
- Contraceptive drugs and devices, limited to:
  - Diaphragms and contraceptive rings
  - Injectable contraceptives
  - Intrauterine devices (IUDs)
  - Implantable contraceptives
  - Oral and transdermal contraceptives

Notes:

- We waive your cost-share for available forms of generic contraceptives and for brand-name contraceptives that have no generic equivalent or generic alternative, as listed in each therapeutic class under the HRSA guidelines found at <https://www.hrsa.gov/womens-guidelines>, when purchased from a Preferred retail pharmacy. You may seek an exception for any contraceptive that is not available with zero-member cost-share. Your provider will need to complete the Contraceptive Exception Form under Pharmacy Forms found on our website at [www.fepblue.org/claim-forms](http://www.fepblue.org/claim-forms). If you have questions about the exception process, call 800-624-5060. If you have difficulty accessing contraceptive coverage or other reproductive healthcare, you can contact [contraception@opm.gov](mailto:contraception@opm.gov).
- Reimbursement for covered over-the-counter contraceptives can be submitted in accordance with Section 7.
- For additional Family Planning benefits, see Section 5(a).
- Benefits for Tier 2 specialty drugs purchased at a Preferred retail pharmacy are limited to one purchase of up to a 30-day supply for each prescription dispensed.
- All refills must be obtained through the Specialty Drug Pharmacy Program.
- 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 Section 7 for more details about the 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 Section 10 for the definition of "specialty drugs.")

## You Pay

**Tier 1 Preferred Generic Drugs** obtained at Preferred retail pharmacies:

- \$5 copayment for each purchase of up to a 30-day supply (no deductible)
- \$15 copayment for each purchase of a 31 to 90-day supply (no deductible)

Non-preferred pharmacy: You pay all charges

**Tier 2 Preferred Brand-Name Drugs** obtained at Preferred retail pharmacies:

- 40% of the Plan allowance (up to a \$350 maximum) for each purchase of up to a 30-day supply (no deductible)
- 40% of the Plan allowance (up to a \$1,050 maximum) for each purchase of up to a 90-day supply (no deductible)

Non-preferred pharmacy: You pay all charges

**Preferred Specialty Drugs (generic and brand-name)** obtained at Preferred retail pharmacies and through the Specialty Drug Pharmacy Program:

- 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)

Non-preferred pharmacy: You pay all charges