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

Section 5(f). Prescription Drug Benefits

Page 99

Benefits Description

Covered Medications and Supplies (cont.)

Not covered:

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

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

- *Infant formula other than previously described in this section and in Section 5(a)*
- *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 previously described in this section*
- *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 previously described in this section*
- *Drugs used to terminate pregnancy*
- *Sublingual allergy desensitization drugs, except as described in Section 5(a)*

You Pay

All charges

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 previously described in this section

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

Drugs From Other Sources - continued on next page

Go to page [98](#). Go to page [100](#).