

**2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**  
**Section 5(f). Prescription Drug Benefits**  
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**Benefit Description**

**Covered Medications and Supplies (cont.)**

- Benefits for these medications listed above are subject to the dispensing limitations described earlier and are limited to recommended prescribed limits.
- To receive benefits, you must use a Preferred retail pharmacy and present a written prescription from your physician to the pharmacist.
- A complete list of USPSTF-recommended preventive care services is available online at: [www.healthcare.gov/preventive-care-benefits](http://www.healthcare.gov/preventive-care-benefits). See Sections 5(a) and 5(c) for information about other covered preventive care services.

**You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

**Benefit Description**

Generic medications to reduce breast cancer risk for women, age 35 or over, who have not been diagnosed with any form of breast cancer

Note: Your physician must send a completed Coverage Request Form to CVS Caremark before you fill the prescription. Call CVS Caremark at 800-624-5060, TTY: 711, to request this form. You can also obtain the Coverage Request Form through our website at [www.fepblue.org](http://www.fepblue.org).

**You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

**Benefit Description**

We cover the first prescription filled for certain **bowel preparation** medications for colorectal cancer screenings with no member cost-share. We also cover certain **antiretroviral therapy** medications for HIV for those at risk but who do not have HIV. You can view the list of covered medications on our website at [www.fepblue.org](http://www.fepblue.org) or call 800-624-5060, TTY: 711, for assistance.

### **You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

### **Benefit Description**

Opioid rescue agents are covered under this Plan with no cost sharing when obtained with a prescription from a pharmacy in any over-the-counter or prescription form available such as nasal sprays and intramuscular injections.

For more information, consult the FDA guidance at <https://www.fda.gov/consumers/consumer-updates/access-naloxone-can-save-life-during-opioid-overdose> or call SAMHSA's National Helpline 1-800-662-HELP (4357) or go to <https://www.findtreatment.samhsa.gov/>.

### **You Pay**

Preferred retail pharmacy: Nothing for the purchase of one 90-day supply per calendar year (no deductible)

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.

Non-preferred retail pharmacy: You pay all charges

### **Benefit Description**

#### **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.

### **You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

*Covered Medications and Supplies - continued on next page*