

**2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus
Section 5(f)(a). FEP Medicare Prescription Drug Program
Page 96**

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. The Quit Plan is not required for those covered under the FEP Medicare Prescription Drug Program.

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 Section 5(a) 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

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*

You Pay

All charges

Covered Medications and Supplies - continued on next page