

---

**2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**  
**Section 5(f)(a). FEP Medicare Prescription Drug Program**  
**Page 98**

---

**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*

---

Go to page [97](#). Go to page [99](#).