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**2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(f). Prescription Drug Benefits**  
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**Benefits Description**

**Covered Medications and Supplies**

**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. To qualify, create a Tobacco Cessation Quit Plan using Daily Habits. For more information, see Section 5(h). 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

Note: 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.

Note: These benefits apply only when all of the criteria listed above are met. 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.

Note: See Section 5(a) for our coverage of smoking and tobacco cessation treatment, counseling, and classes.

#### **Standard Option - You Pay**

Preferred retail pharmacy: Nothing (no deductible)

Non-preferred retail pharmacy: You pay all charges

#### **Basic Option - You Pay**

Preferred retail pharmacy: Nothing

Non-preferred retail pharmacy: You pay all charges

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*Covered Medications and Supplies - continued on next page*

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