

2020 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus
Section 5(f). Prescription Drug Benefits
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Important things you should keep in mind about these benefits:

- We cover prescription drugs and supplies, as described in the chart beginning on page [95](#).
- If there is no generic drug available, you must pay the brand-name cost-sharing amount when you receive a brand-name drug.
- If there is a generic substitution available and you or your provider requests a brand-name drug, you will be responsible for the applicable cost-share plus the difference in the costs of the brand-name and generic drugs.
- If the cost of your prescription is less than your cost-sharing amount, you pay only the cost of your prescription.
- Please remember that all benefits are subject to the definitions, limitations, and exclusions in this brochure and are payable only when we determine they are medically necessary.
- Benefits for certain self-injectable (self-administered) drugs are provided only when they are dispensed by a pharmacy under the pharmacy benefit. See page [95](#) for specialty drug fills from a Preferred pharmacy.
- Benefits for certain auto-immune infusion medications (limited to Remicade, Renflexis and Inflectra) are covered only when they are obtained by a non-pharmacy provider, such as a physician or facility (hospital or ambulatory surgical center). See *Drugs From Other Sources* in this Section, page [102](#), for more information.
- Be sure to read Section 4, *Your Costs for Covered Services*, for valuable information about how cost-sharing works. Also, read Section 9 for information about how we pay if you have other coverage, or if you are age 65 or over.
- Medication prices vary among different retail pharmacies and the Specialty Drug Pharmacy Program. **Review purchasing options for your prescriptions to get the best price.** A drug cost tool is available at www.fepblue.org or call:
 - **Retail Pharmacy Program: 800-624-5060, TTY: 800-624-5077**
 - **Specialty Drug Pharmacy Program: 888-346-3731, TTY: 877-853-9549**
- **YOU MUST GET PRIOR APPROVAL FOR CERTAIN DRUGS AND SUPPLIES, and prior approval must be renewed periodically.** Prior approval is part of our Patient Safety and Quality Monitoring (PSQM) program. Please refer to page [94](#) for more information about the

PSQM program and to Section 3 for more information about prior approval.

- During the course of the year, we may move a brand-name drug from Tier 2 (preferred brand-name, preferred generic specialty and preferred brand-name specialty drugs) to non-covered if a generic equivalent or biosimilar becomes available or if new safety concerns arise. If your drug is moved to non-covered, you pay the full cost of the medication. Tier reassignments during the year are not considered benefit changes.
- A pharmacy restriction may be applied for clinically inappropriate use of prescription drugs and supplies.
- **You must use Preferred retail pharmacies or the Specialty Drug Pharmacy Program in order to receive benefits.** Our specialty drug pharmacy is a Preferred pharmacy.
- There is no calendar year deductible for the Retail Pharmacy Program or the Specialty Drug Pharmacy Program.
- The FEP Blue Focus formulary contains a comprehensive list of drugs under all therapeutic categories with two exceptions: some drugs, nutritional supplements and supplies are non-covered (see page [101](#)); we may also exclude certain U.S. FDA-approved drugs when multiple generic equivalents/alternative medications are available. See page [93](#) for details.
- **The Blue Cross and Blue Shield Service Benefit Plan's FEP Blue Focus uses a closed formulary, see page [92](#).**