**2027 Blue Cross and Blue Shield Service Benefit Plan**
**FEP Blue Standard and FEP Blue Basic**
**Section 5(f). Prescription Drug Benefits**

**• These are the dispensing limitations.**

**Standard Option:** Subject to manufacturer packaging and your prescriber's instructions, you may purchase **up to** a 90-day supply of covered drugs and supplies through the Retail Pharmacy Program. You may purchase a supply of **more than** 21 days **up to** 90 days through the Mail Service Prescription Drug Program for a single copayment.

**Basic Option:** When you fill Tier 1 (generic), Tier 2 (preferred brand-name), and Tier 3 (non-preferred brand-name) prescriptions at a Preferred retail pharmacy, you may purchase either **up to** a 30-day supply, or **up to** a 90-day supply unless otherwise noted. Members with primary Medicare Part B coverage may purchase a supply of **more than** 21 days **up to** 90 days through the Mail Service Prescription Drug Program.

**Under Standard Option and Basic Option**

Benefits for Tier 4 and Tier 5 specialty drugs purchased at a retail pharmacy are limited to one purchase of up to a 30-day supply for each prescription dispensed. All refills must be obtained through the Specialty Drug Pharmacy Program. Benefits for the first three fills of each Tier 4 or Tier 5 specialty drug are limited to a 30-day supply. Benefits are available for a 90-day supply after the third fill of the specialty drug.

Note: Certain drugs such as narcotics may have additional limits or requirements as established by the U.S. FDA or by national scientific or medical practice guidelines (such as Centers for Disease Control and Prevention, American Medical Association, etc.) on the quantities that a pharmacy may dispense. In addition, pharmacy dispensing practices are regulated by the state where they are located and may also be determined by individual pharmacies. Due to safety requirements, some medications are dispensed as originally packaged by the manufacturer and we cannot make adjustments to the packaged quantity or otherwise open or split packages to create 22, 30, and 90-day supplies of those medications. **In most cases, refills cannot be obtained until 75% of the prescription has been used. Controlled substances cannot be refilled until 80% of the prescription has been used.** Controlled substances are medications that can cause physical and mental dependence, and have restrictions on how they can be filled and refilled. They are regulated and classified by the DEA (Drug Enforcement Administration) based on how likely they are to cause dependence. Call us or visit our website if you have any questions about dispensing limits. Please note that in the event of a national or other emergency, or if you are a reservist or National Guard member who is called to active military duty, you should contact us regarding your prescription drug needs.

Note: Benefits for certain self-injectable (self-administered) drugs are provided only when they are dispensed by a pharmacy under the pharmacy benefit. Medical benefits will be provided for a one-time dose per therapeutic category of drugs dispensed by your provider or any non-pharmacy-benefit provider. This benefit limitation does not apply if you have primary Medicare Part B coverage. See later in this section for Tier 4 and Tier 5 specialty drug fills from a Preferred pharmacy.

Note: Benefits for certain auto-immune infusion medications (Remicade, Renflexis and Inflectra) are

provided only when obtained from a non-pharmacy provider, such as a physician or facility (hospital or ambulatory surgical center). See *Drugs From Other Sources* in this Section for more information.