Document Number: PSB25.05f.45
Chapter: Blue Cross and Blue Shield Service Benefit Plan

# Opioid Reversal Agents: Tier 1 medications including generic naloxone spray and injectable

2025 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option Section 5. Benefits Section 5(f). Prescription Drug Benefits Covered Medications and Supplies

# **Benefits Description**

Opioid Reversal Agents: Tier 1 medications including generic naloxone nasal spray and injectable

#### **Preferred Retail Pharmacies**

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

Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year (no deductible)

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.

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

Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.

# **Non-preferred Retail Pharmacies**

**Standard Option - You Pay** 

You pay all charges

**Basic Option - You Pay** 

You pay all charges

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# **Mail Service Prescription Drug Program**

For more information, consult the FDA guidance at <a href="https://www.fda.gov/consumers/consumers-updates/access-naloxone-can-save-life-during-opioid-overdose">https://www.findtreatment.samhsa.gov/consumers/consumers-updates/access-naloxone-can-save-life-during-opioid-overdose</a> or call SAMHSA's National Helpline 1-800-662-HELP (4357) or go to <a href="https://www.findtreatment.samhsa.gov/">https://www.findtreatment.samhsa.gov/</a>.

# **Standard Option - You Pay**

Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year (no deductible)

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.

### Basic Option - When Medicare Part B is primary, you pay the following:

Tier 1: Nothing for the purchase of up to a 90-day supply per calendar year

Note: Once you have purchased amounts of these medications in a calendar year that are equivalent to a 90-day supply combined, all Tier 1 fills thereafter are subject to the corresponding cost-share.