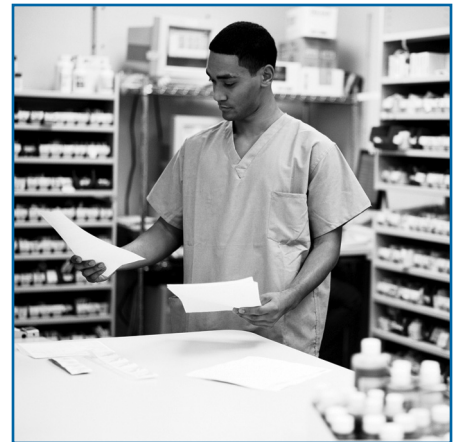


guide to prescription drug benefits



Capital BlueCross

An Independent Licensee of the Blue Cross and Blue Shield Association

table of contents

Contact Us	
- <i>Phone Number</i>	1
- <i>Web site</i>	

Using Your Prescription Drug Benefit	
- <i>Retail, mail order, and Specialty Pharmacy</i>	2
- <i>Refills</i>	

Be A Wise Health Care Consumer	
- <i>Generic</i>	3
- <i>Preferred Brand</i>	
- <i>Non-preferred Brand</i>	

Accessing Your Information	4
- <i>Web Site Information</i>	

Preferred Medication Listing	5-7
------------------------------	-----

Prior Authorization	8-11
---------------------	------

Drug Quantity Management Program	12-14
----------------------------------	-------

Generic Substitution Program	14
------------------------------	----

CuraScript [®] , Inc.	14-15
- <i>Specialty Medication List</i>	

Pharmacy Network	16-17
------------------	-------





Capital BlueCross

guide to prescription drug benefits

contact us

Customer Service

If you have questions about your prescription drug benefit, contact CVS Caremark customer service at **1-800-585-5794** (TTY: 1-866-236-1069). CVS Caremark pharmacists and customer service representatives are available any time of the day, seven days a week. The CVS Caremark customer service team also offers interpretive services in 140 languages, including in-house, Spanish-speaking representatives.

On the Web

Visit the Capital BlueCross Web site at capbluecross.com to learn more about your prescription drug benefit. Members can link to CVS Caremark from the Capital BlueCross Web site (see page 4 to learn more). You can also download the most up-to-date versions of the *Formulary*, *Preferred Medication List*, *Prior Authorization Program*, the *Drug Quantity Management Program*, available payment options, and other useful information¹.

¹ These documents are subject to change.

On behalf of Capital BlueCross, beginning January 1, 2011, CVS Caremark will assist in the administration of our prescription drug program. CVS Caremark is an independent pharmacy benefit manager.



Welcome to the Capital BlueCross prescription drug program. To help you understand how your prescription drug benefit works and how you can get the most out of your health care dollar, we have created this simple guide. If you need more information, please refer to your Certificate of Coverage, visit our Web site at capbluecross.com.

using your prescription drug benefit

Capital BlueCross makes it easy for you to fill your prescriptions.

- **Retail** (local neighborhood or chain store pharmacy) — Simply present your Capital BlueCross ID card at any participating retail pharmacy when you have a prescription to fill.²
- **Mail Order**—You can have medications that you take regularly delivered to your home. Simply complete the enclosed mail order form, include your doctor's prescription, and mail to the CVS Caremark Mail Service Pharmacy.²
- **Specialty**—CuraScript will deliver your specialty medications right to your doorstep. Specially trained staff are ready to assist you with managing your treatment and to answer questions about your unique health needs.² (See page 14-15)

mail order refills

- **Automated Telephone Reorder**—Getting a mail order refill is easy too. Simply call the CVS Caremark toll-free number found on your ID card to request a refill. You can also check on the status of a prescription or locate a participating pharmacy.
- **Web Site**—Once you have registered, mail order prescription refills can be requested online. Link to CVS Caremark from the Capital BlueCross Web site to submit a prescription refill. And, check out the various payment options offered by CVS Caremark.
- You can also mail your refill slip to CVS Caremark at:

CVS Caremark
P.O. Box 2110
Pittsburgh, PA 15230-2110

For additional information on using mail order, visit capbluecross.com.

² The amount of medication you can obtain at a retail or mail order pharmacy depends on your drug benefit. Please refer to your Certificate of Coverage.



be a wise health care consumer

The Capital BlueCross formulary is a reference list that includes generic and brand-name prescription drugs that have been approved by the U.S. Food and Drug Administration (FDA). The formulary is updated on a quarterly basis or when new generic or brand-name medications become available and as discontinued drugs are removed from the marketplace.

While you cannot control drug prices, there are some things you can do to lower your out-of-pocket costs. You can use information in the formulary to help you identify the tier status of medication you are taking and discuss less expensive alternatives with your doctor.

The Capital BlueCross formulary includes three tiers of medications: generic, preferred brand-name drugs, and non-preferred brand-name drugs. Your copayment or coinsurance for prescription medication is based on which tier your drug falls into.

Generic³ drugs (tier one) are typically the most affordable and offer you the lowest available copayment or coinsurance. The active ingredient in a generic drug is chemically identical to the active ingredient of the corresponding brand-name drug. To help lower your out-of-pocket costs, we encourage you to choose a generic medication whenever possible.

Brand-name³ drugs are marketed under a specific trade name and are protected by a patent. Brand-name drugs can be either *preferred* or *non-preferred*.

- **Preferred** brand-name drugs (tier two) are usually available at a slightly higher copayment or coinsurance than generic drugs. These drugs are designated *preferred* brand because they have been proven to be safe, effective, and favorably priced compared to other brand drugs that treat the same condition.
- **Non-preferred** brand-name drugs (tier three) usually have the highest copayment or coinsurance. These drugs are listed as *non-preferred* because they have not been found to be any more cost effective than available generics, preferred brands, or over-the-counter drugs.

Non-preferred brand medications are not covered under a closed formulary benefit plan. You or your physician may request coverage for medically necessary non-preferred drugs through the *Non-formulary Consideration Process*.

³ Drugs sold in the United States are approved by the Food and Drug Administration (FDA) whether they are brand-name or generic.



Visit the pharmacy page on the Capital BlueCross Web site at capbluecross.com to learn more about your prescription drug benefit, to download forms, and for the most up-to-date information.

accessing your prescription drug information

Web access gives you an opportunity to explore health information, find out about your benefits, and estimate the price of drugs you are taking.

Effective January 1, 2011, you can access your prescription drug information on the CVS Caremark Web site by following these instructions:

- Go to capbluecross.com
- Click on "Members"
- Click on the "Pharmacy Information" link
- Click on the "CVS Caremark" link
- Enter the required information
- In three simple steps, you are in!

Once you have Web access to CVS Caremark, some features available at your fingertips include:

- Online prescription services — place mail order refill requests and track prescription orders.
- Check drug cost — get the estimated cost of your medication and find out about possible generic alternatives, mail order options, and savings opportunities.
- My prescription plan — check out a summary of your prescription drug benefit plan.
- Personal reminders — create and schedule refill reminders and order status alerts for mail service prescriptions.
- Drug and health information — search the formulary to find out the tier status of your drug, check drug interaction and side effects, compare your drug to other drugs in the same therapy class, and get health and wellness information.



accessing your prescription drug information (continued)

- Pharmacy locator—find a participating pharmacy.
- Online customer service—use email to contact a CVS Caremark service representative for any questions about your prescription drug benefit.
- Coverage exception requests—initiate a request for prior authorization or Non-formulary Consideration by following the instructions provided.
- Methods of payment—pay by credit card, check, or money order. Or use Bill Me Later[®] for mail-order prescriptions. Visit capbluecross.com to learn more.

preferred medication list

The Preferred Medication List is an abbreviated version of the Formulary list containing the names of some of the most commonly prescribed drugs (pages 6-7).

The Capital BlueCross formulary serves as a reference for all prescription drug benefit designs ranging from an *open* formulary to a *closed* formulary.

- A closed formulary provides access to both generic (tier-one) and preferred brand-name (tier-two) drugs. You or your physician may request coverage for medically necessary non-preferred drugs through the Non-formulary Consideration Process.
- An Open Formulary Plan provides access to generic (tier-one), preferred brand (tier-two), and non-preferred brand-name (tier-three) medications.

You can easily identify *generic*, *preferred brand*, or *non-preferred* brand drugs on the Preferred Medication List as they will have the following symbols next to them:

Generic listed in bold lower case print	G
Preferred Brand listed in all UPPER CASE PRINT	P
Non-preferred Brand listed in all UPPER CASE PRINT	NP

Members are encouraged to use generic or preferred brand drugs which are typically less expensive than non-preferred brand drugs. To help maximize the value of your prescription drug benefit, the names of the preferred formulary alternatives are provided.



Drug Name	Alternatives (please discuss with your physician)	
ABILIFY	NP	risperidone
ACCU-CHECK	NP	ASCENSIA, ONE TOUCH
ACEON	NP	perindopril
ACIPHEX (EPA, QLL)	P	omeprazole, pantoprazole (QLL)
ACTONEL (EPA, QLL)	NP	alendronate (QLL)
ACTOS	P	
ADCIRCA (PAR)	P	
ADDERALL, -XR	NP	amphetamine combinations
ADVAIR (QLL)	P	
AFINITOR	P	
alendronate (QLL)	G	
ALLEGRA D (EPA)	NP	fexofenadine, -PSE ER
ALPHAGAN-P	P	brimonidine
ALVESCO INHALER (QLL)	NP	ASMANEX, FLOVENT
AMBIEN CR (EPA, QLL)	NP	zolpidem (QLL)
amlodipine (QLL)	G	
AMPYRA (EPA, QLL)	P	
ARICEPT	P	
ARICEPT ODT	NP	ARICEPT
ASCENSIA	P	
ASMANEX (QLL)	P	
ASTELIN	P	
AVALIDE (EPA)	NP	lisinopril/-hctz, BENICAR HCT (EPA), DIOVAN HCT (EPA)
AVANDIA	P	
AVAPRO (EPA)	NP	lisinopril, BENICAR (EPA), DIOVAN (EPA)
AVELOX	P	
AVODART	P	
azithromycin	G	
AZOR (EPA)	P	
BENICAR, -HCT (EPA)	P	enalapril, lisinopril
BENZACLIN	NP	clindamycin/benzoyl peroxide
bisoprolol, -hctz	G	
BONIVA tabs (EPA, QLL)	P	alendronate (QLL)
buprenorphine	G	
bupropion, -sr, -xl	G	
BYETTA (EPA)	P	
BYSTOLIC (EPA)	NP	carvedilol, metoprolol xl
carbidopa/levodopa	G	
carvedilol	G	
CAYSTON	NP	TOBI
CELEBREX (EPA)	P	meloxicam (QLL), nabumetone
CIALIS (QLL)	NP	LEVITRA (QLL)
CIMZIA (PAR, QLL)	NP	ENBREL (PAR, QLL), HUMIRA (PAR, QLL)
citalopram (QLL)	G	
CLARINEX (EPA)	NP	fexofenadine
COMBIVENT	P	
CONCERTA	P	methylphenidate er
COREG CR	NP	carvedilol, metoprolol xl
COSOPT	NP	dorzolamide/timolol
COUMADIN	NP	warfarin
COZAAR	NP	losartan
CRESTOR (EPA, QLL)	P	
CYMBALTA	NP	venlafaxine

Drug Name	Alternatives (please discuss with your physician)	
DETROL, -LA	NP	oxybutymin, -er
DEXILANT (EPA, QLL)	NP	omeprazole, pantoprazole
DILANTIN	NP	phenytoin
DIOVAN, -HCT (EPA)	P	enalapril, lisinopril
EFFEXOR XR (EPA)	P	
EFFIENT	P	
ELIDEL	P	beclomethasone valerate
enalapril, -hctz	G	
eplerenone	G	
estradiol	G	
EPIPEN, -JR (QLL)	P	
EVISTA	P	
EXELON	NP	galantamine, ARICEPT, NAMENDA
EXFORGE (EPA)	P	
FANAPT	NP	risperidone
FEMHRT	P	
fenofibrate	G	
fexofenadine, -PSE ER	G	
FLECTOR PATCH (EPA)	NP	ibuprofen, naproxen
FLOMAX	NP	tamsulosin
FLOVENT HFA (QLL)	P	
fluoxetine (QLL)	G	
fluticasone nasal spray (QLL)	G	
gabapentin	G	
galantamine, -ER	G	
gemfibrozil	G	
GEODON	P	risperidone
glimepiride	G	
glipizide, -er	G	
glyburide, -metformin	G	
HUMULIN/HUMALOG	P	
HYZAAR	NP	losartan/hctz
IMITREX (EPA, QLL)	NP	sumatriptan (QLL)
INTUNIV	NP	methylphenidate
JANUVIA (EPA)/JANUMET	P	metformin
KADIAN (QLL)	P	
KEPPRA, -XR	NP	levetiracetam
LAMICTAL	NP	lamotrigine
LANTUS	P	
LEVAQUIN	NP	ciprofloxacin, AVELOX
LEVEMIR	P	
levetiracetam	G	
LEVITRA (QLL)	P	
levothyroxine	G	
LEXAPRO (EPA, QLL)	NP	citalopram (QLL)
LIPITOR (EPA, QLL)	NP	simvastatin (QLL), CRESTOR (EPA, QLL), VYTORIN (QLL)
lisinopril, -hctz	G	
lovastatin (QLL)	G	
LUMIGAN	P	
LUNESTA (EPA, QLL)	NP	zaleplon (QLL), zolpidem (QLL)
LYRICA (EPA)	P	gabapentin
MAXALT, - MLT (EPA, QLL)	P	
meloxicam (QLL)	G	
metformin, -er	G	

Drug Name	Alternatives (please discuss with your physician)	
metoprolol, -xl	G	
MIRAPEX	NP	pramipexole
mirtazapine	G	
MULTAQ	NP	amiodarone
NAMENDA	P	
NASACORT AQ (EPA)	NP	fluticasone nasal spray (QLL)
NASONEX (EPA)	NP	fluticasone nasal spray (QLL)
NEXIUM (EPA, QLL)	NP	omeprazole, pantoprazole (QLL)
NIASPAN	P	
NOVOLIN/NOVOLOG	P	
omeprazole	G	
OMNARIS (EPA)	NP	fluticasone (QLL)
ondansetron (QLL)	G	
ONE TOUCH	P	
ONGLYZA (EPA)	P	
ONSOLIS	NP	fentanyl
ORTHO EVRA	NP	tri-sprintec
ORTHO TRI-CYCLEN LO	NP	tri-sprintec
oxybutynin, -er	G	
OXYCONTIN (QLL)	NP	KADIAN (QLL)
pantoprazole (QLL)	G	
paroxetine (QLL)	G	
PATANOL, PATADAY	NP	Zaditor OTC (not covered)
PAXIL, -CR (EPA, QLL)	NP	paroxetine, -CR (QLL)
PLAVIX	P	
PRANDIN	P	
pravastatin (QLL)	G	
PREMARIN, PREMPRO	P	
PREVACID (EPA, QLL)	NP	lansoprazole (QLL)
PRISTIQ (EPA, QLL)	NP	venlafaxine
PROAIR HFA	P	
PROMACTA	P	
PROVENTIL HFA	NP	PROAIR HFA
PULMICORT (QLL)	NP	ASMANEX (QLL), FLOVENT HFA (QLL)
quinapril, quinaretic	G	
ramipril	G	
RANEXA (PAR)	P	
RELPAK (EPA, QLL)	NP	sumatriptan (QLL), MAXALT/-MLT (EPA, QLL)
RHINOCORT AQUA (EPA)	NP	fluticasone (QLL)
risperidone	G	
ropinirole	G	
ROZEREM	P	zaleplon (QLL), zolpidem (QLL)
SABRIL	NP	carbamazepine, gabapentin
SANCUSO PATCH (EPA, QLL)	NP	granisetron, ondansetron
SAPHRIS	NP	risperidone
SAVELLA (EPA)	P	
SEREVENT DISKUS	P	
SEROQUEL	P	risperidone
SEROQUEL XR (QLL)	NP	risperidone
sertraline	G	
SIMCOR (EPA)	P	
SIMPONI (EPA, QLL)	NP	ENBREL (PAR, QLL), HUMIRA (PAR, QLL)
simvastatin (QLL)	G	
SINGULAIR (EPA)	P	

Drug Name	Alternatives (please discuss with your physician)	
SKELAXIN	NP	metaxalone
SPIRIVA	P	
STARLIX	NP	nateglinide
STRATTERA	NP	methylphenidate er, CONCERTA
sumatriptan tablets (QLL)	G	
SYMBICORT (QLL)	NP	ADVAIR DISKUS/-HFA (QLL)
SYMLIN (EPA)	P	
SYNTHROID	NP	levothyroxine
tacrolimus	G	
TEKTURNA, -HCT (EPA)	P	
TOBRADEX	P	
TOPAMAX	NP	topiramate
tramadol, -ER (QLL)	G	
TRAVATAN	P	
TREXIMET (EPA)	NP	sumatriptan (QLL) + naproxen
triamterene -hctz	G	
TRICOR	P	fenofibrate
TUSSIONEX	P	
TYVASO (PAR)	NP	ADCIRCA (PAR), REVATIO (PAR)
VALTREX	NP	valacyclovir
venlafaxine	G	
VENTOLIN HFA	P	
VERAMYST (EPA, QLL)	NP	fluticasone (QLL)
verapamil, -sr	G	
VESICARE	P	oxybutynin, -er
VIAGRA (QLL)	NP	LEVITRA (QLL)
VICTOZA (EPA)	NP	BYETTA (EPA)
VOTRIENT	P	
VYTORIN (QLL)	P	
VYVANSE	P	CONCERTA
warfarin	G	
XALATAN	NP	LUMIGAN, TRAVATAN
XOPENEX HFA	NP	PROAIR HFA
XYZAL (EPA)	NP	fexofenadine
YASMIN	NP	ocella
zaleplon (QLL)	G	
ZETIA	P	
zolpidem (QLL)	G	
ZOMIG/-ZMT (EPA, QLL)	NP	sumatriptan (QLL)
ZYPREXA	P	risperidone

G: Generics
P: Preferred Brands
NP: Non-preferred Brands

QLL: Quantity Level Limit
PAR: Prior Authorization Required
EPA: Enhanced Prior Authorization

This list is not all-inclusive and does not guarantee coverage. Please check your Certificate of Coverage for detailed information regarding individual drug coverage, pharmaceutical management procedures, benefit limitations and exclusions.

The preferred medication list does not apply to Medicare Advantage or Medicare part D programs.

Current as of January 2011.

committed to your safety and well being

Prior Authorization⁴

The prior authorization process helps to ensure that certain drugs are prescribed appropriately and in keeping with FDA guidelines. You can easily identify these drugs on our formulary list as they will have a **PAR** symbol next to them (*refer to the Preferred Medication List on pages 5–7*).

To help prevent possible delays in filling your prescription, you, your physician, or your authorized representative should request a prior authorization before your prescriptions are filled. Your physician can direct prior authorization requests to CVS Caremark by calling **1-800-294-5979** (fax: 1-888-836-0730).

You can also request a prior authorization or start the Non-formulary Consideration Process by phone or online. Please be sure to mention the following information:

- Your name (as it appears on your ID card)
- Your member ID number
- Your date of birth
- Name of the drug
- Name of the physician who prescribed the drug
- Physician phone number with area code
- Physician fax number with area code (if available)

Be sure to select '*prior authorization*' or '*non-formulary drug*' when making your request.

⁴ The following list is not intended to be a complete list of drug classifications and is subject to change. Some classifications of drugs may not be covered under your prescription drug program. Please refer to your Certificate of Coverage for specific terms, conditions, exclusions, and limitations relating to our coverage.

Prior authorization requests are processed as soon as possible once all information/documentation is received by CVS Caremark. For requests that meet predetermined clinical criteria, notification of approval will be communicated to the physician and to the Member in writing. If prior authorization is denied, written notification, including the reason for the denial, will be sent to the Member and the prescribing physician. Participating physicians and Members have the right to appeal a denial. Appeal instructions are provided with the written denial notification.

Prior Authorization applies to all applicable generic equivalents of the brand-name products listed in the following list.



If you are making the request by phone, please follow the prompts and select the option to speak to a customer service representative. Be sure to tell the representative who answers the phone that you are calling to request prior authorization for a drug or to start the Non-formulary Consideration Process.

- If authorization is approved, your prescription will be filled and the appropriate copayment or coinsurance will be applied.

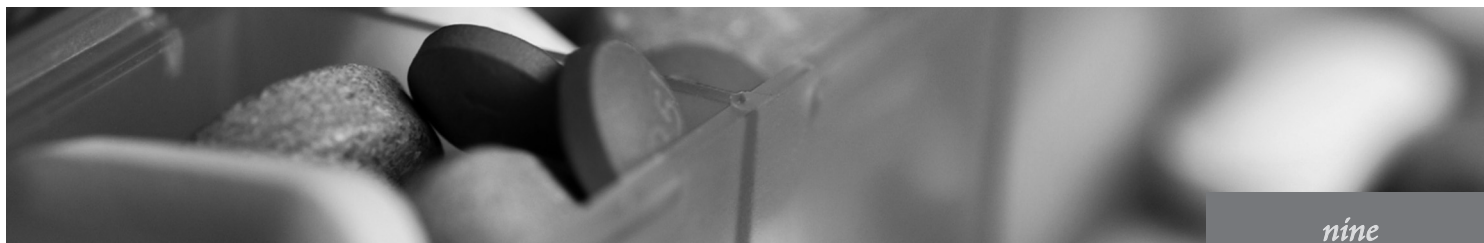
• If authorization is not approved, you have the following choices:

- You may still have the prescription filled but you will pay the entire cost of the drug.
- You may ask your physician to prescribe an alternative drug that is covered by your Prescription Drug Benefit.
- You may initiate an appeal of the decision.

The following list of prescription medications requires prior authorization.⁵

Classification	Product Name (s)
Antifungal Agents	<ul style="list-style-type: none"> • Lamisil tablets • SporanoX • Terbinex
Cardiovascular Vasodilators	<ul style="list-style-type: none"> • Adcirca • Letairis • Revatio • Tracleer • Tyvaso • Ventavis
Chelating Agent	<ul style="list-style-type: none"> • Exjade
Erythroid Stimulants	<ul style="list-style-type: none"> • Aranesp • Epogen • Procrit
Growth Hormones	<p>All products, examples include:</p> <ul style="list-style-type: none"> • Genotropin • Humatrope • Increlex • Norditropin • Nutropin, -AQ, -Depot • Omnitrope • Saizen • Serostim • Tev-tropin
Injectable Biologicals	<ul style="list-style-type: none"> • Cimzia • Enbrel • Forteo • Kineret • Raptiva • Humira
Miscellaneous Agents	<ul style="list-style-type: none"> • Mozobil • Pulmicort Respules (> age 12) • Ranexa • Somatuline Depot • Xenazine
Narcolepsy Agents	<ul style="list-style-type: none"> • Nuvigil • Provigil • Xyrem
Topical Acne Products (> age 25)	<ul style="list-style-type: none"> • Altinac • Avita • Retin-A • Retin-A Micro • Tazorac
<i>NOTE: Renova and Avage are benefit exclusions across all prescription drug plans since their indications are considered cosmetic.</i>	
Weight Loss Drugs	<p>All products, examples include:</p> <ul style="list-style-type: none"> • Bontril • Desoxyn • Didrex • Ionamin • Meridia • Tenuate • Xenical
Wound Healing Agents	<ul style="list-style-type: none"> • Regranex

⁵ Current as of January 2011.



Enhanced Prior Authorization (step therapy)⁶

Certain medications are subject to enhanced prior authorization (or step therapy) due to health care concerns and/or safety reasons. In order to have these medications covered under your prescription drug benefit, you may be required to first try a formulary alternative or complete the coverage determination process. To obtain a coverage determination, your physician or pharmacist should contact CVS Caremark or fax the request with supporting clinical information to **1-866-443-1172**. You may initiate a coverage determination by calling CVS Caremark at **1-800-585-5794**, or by visiting the Web site at capbluecross.com.

The following list of prescription medications requires enhanced prior authorization.⁷

Classification	Product Name (s)
Aldosterone Antagonists (Brand-name) <i>NOTE: For most conditions, generic spironolactone must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> Inspra
Antidepressant Agents (Brand-name) <i>NOTE: For most conditions, a generic antidepressant agent must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> Aplenzin ER Cymbalta Effexor Effexor XR Emsam Lexapro Paxil Paxil CR Pexeva Pristiq Prozac Weekly Sarafem Wellbutrin/SR/XL Zoloft
Antidiabetic Agents <i>NOTE: For most conditions, one (1) oral diabetes drug must be utilized before receiving prior authorization for Byetta and Victoza, metformin must be utilized before receiving prior authorization for Januvia and Onglyza, and either one (1) oral diabetes drug or insulin must be utilized before receiving prior authorization for Symlin.</i>	<ul style="list-style-type: none"> Byetta Januvia Onglyza Symlin Victoza
Antidotes <i>NOTE: For most conditions, concurrent use of a pain medication is required.</i>	<ul style="list-style-type: none"> Relistor
Antiemetic Agents (Brand-name) <i>NOTE: For most conditions, a generic antiemetic agent must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> Sancuso Patch
Anti-Inflammatory Agents <i>NOTE: For most conditions, two (2) generic non-steroidal anti-inflammatory drugs (NSAID) must be utilized before receiving prior authorization for Celebrex and one generic NSAID for Flector Patch.</i>	<ul style="list-style-type: none"> Celebrex Flector Patch
Beta-Blockers <i>NOTE: For most conditions, a generic beta-blocker must be utilized before receiving prior authorization for Bystolic</i>	<ul style="list-style-type: none"> Bystolic
Cholesterol Lowering Agents <i>NOTE: For most conditions, a generic statin must be utilized before receiving prior authorization for the medications in this program.</i>	<p>All brand-name products, examples include:</p> <ul style="list-style-type: none"> Altprev Crestor 5mg Lescol/XL Lipitor Livalo Vytorin 10mg/10mg
Injectable Biologicals <i>NOTE: For most conditions, Enbrel or Humira must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> Simponi
Leukotriene Modifiers <i>NOTE: For most conditions, a nasal steroid and an antihistamine must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> Accolate Singulair Zyflo, -CR

Classification	Product Name (s)
Migraine Therapy <i>NOTE: For most conditions, sumatriptan or naratriptan must be utilized before receiving prior authorization for medications in this program.</i>	<ul style="list-style-type: none"> Amerge Axert Frova Imitrex Maxalt / -MLT Relpax Sumavel Treximex Zomig / -ZMT
Miscellaneous Anticonvulsants <i>NOTE: For most conditions, gabapentin must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> Banzel Lyrica Savella Vimpat
Miscellaneous Medications	<ul style="list-style-type: none"> Toviaz (overactive bladder) Uloric (gout)
Multiple Sclerosis Agents <i>NOTE: For most conditions, Avonex or Copaxone must be utilized before receiving prior authorization for the medications in this program. Avonex, Betaseron, Copaxone, or Rebif must be utilized as concomitant therapy with Ampyra.</i>	<ul style="list-style-type: none"> Ampyra Betaseron Extavia Rebif
Nasal Corticosteroids <i>NOTE: For most conditions, fluticasone or flunisolide nasal spray must be utilized before receiving prior authorization for the medications in this program.</i>	<p>All brand-name products, examples include:</p> <ul style="list-style-type: none"> Beconase AQ Nasacort Nasonex Omnaris Rhinocort Aqua Veramyst
Non-Sedating Antihistamines <i>NOTE: For most conditions, fexofenadine must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> Allegra, -D Clarinet Clarinet -D Xyzal
Osteoporosis Agents <i>NOTE: For most conditions, alendronate must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> Actonel Boniva Fosamax Fosamax +D
Proton Pump Inhibitors (PPI) <i>NOTE: A generic PPI (lansoprazole, omeprazole, or pantoprazole) does not require prior authorization.</i> Level 1: A generic PPI must be utilized before receiving prior authorization for a Level 1 PPI. Level 2: A generic PPI + a Level 1 brand preferred PPI must be utilized before receiving prior authorization for a Level 2 PPI.	<p>LEVEL 1</p> <ul style="list-style-type: none"> Aciphex <p>LEVEL 2</p> <ul style="list-style-type: none"> Dexilant Nexium Prevacid / -Solutabs Prilosec Protonix Zegerid
Renin-Angiotensin System Antagonists (Brand-name) <i>NOTE: For most conditions, a generic ACE inhibitor / - combination or a generic ARB must be utilized before receiving prior authorization for the medications in this program.</i>	<p>All brand-name products, examples include:</p> <ul style="list-style-type: none"> Atacand / -HCT Avapro / Avalide Azor Benicar / -HCT Cozaar / Hyzaar Diovan / -HCT Exforge Micardis / -HCT Tekturna / -HCT Teveten / -HCT Twynsta Valturna
Sedatives/Hypnotics <i>NOTE: For most conditions, zaleplon or zolpidem must be utilized before receiving prior authorization for the medications in this program.</i>	<ul style="list-style-type: none"> Ambien, -CR Lunesta Sonata
Short-Acting Fentanyl Products <i>NOTE: For most conditions, a long-acting narcotic agent must be used in combination with Actiq or Fentora.</i>	<ul style="list-style-type: none"> Actiq Fentanyl citrate Fentora Onsolis
Topical Acne Product <i>NOTE: For most conditions, a topical anti-acne product must be utilized before receiving prior authorization for Aczone.</i>	<ul style="list-style-type: none"> Aczone

⁶ This list is not intended to be a complete list of drug classifications and is subject to change. Some classifications of drugs may not be covered under your prescription drug program. Please refer to your Certificate of Coverage for specific terms, conditions, exclusions, and limitations relating to our coverage.

Prior authorization requests are processed as soon as possible once all information/documentation is received by CVS Caremark. For requests that meet predetermined clinical criteria, notification of approval will be communicated to the physician and to the Member in writing. If prior authorization is denied, written notification, including the reason for the denial, will be sent to the Member and the prescribing physician. Participating physicians and Members have the right to appeal a denial. Appeal instructions are provided with the written denial notification.

⁷ Current as of January 2011.

focusing on your safety

Drug Quantity Management Program⁸

Quantity limits help to promote appropriate use of selected medications and enhance patient safety. If your prescription is written for more than the allowed quantity, your prescription will be filled up to the allowed quantity. You can easily identify these drugs on our formulary and Preferred Medication List as they will have a **QLL** symbol next to them (*refer to the Preferred Medication List on pages 5–7*).

Your physician can direct Drug Quantity Management (DQM) override requests to CVS Caremark by faxing the request with supporting clinical information to CVS Caremark at **1-866-443-1172**.

Classification	Drug Name	Retail Maximum Quantity Level
ANTIDEPRESSANT THERAPY	<ul style="list-style-type: none"> • Celexa tablets • Effexor XR tablets (venlafaxine ER) • Lexapro tablets • Lexapro suspension • Paxil tablets • Paxil CR tablets • Pristiq tablets • Prozac capsules • Prozac Weekly 	<ul style="list-style-type: none"> • 30 tablets of 10mg, 20mg, 30mg per 30-day period • 30 tablets of 225mg; 60 tablets of 150mg; 90 tablets of 37.5mg, 75mg per 30-day period • 30 tablets of 5mg, 10mg, 20mg per 30-day period • 3 bottles (720ml) per 30-day period • 30 tablets of 10mg, 20mg, 30mg, 40mg per 30-day period • 30 tablets of 12.5mg, 25mg per 30-day period • 30 tablets of 50mg, 100mg per 30-day period • 30 capsules of 10mg, 20mg per 30-day period • 4 capsules of 90mg per 30-day period
ANTIEMETIC THERAPY (nausea/vomiting)	<ul style="list-style-type: none"> • Anzemet tablets • Cesamet capsules • Emend capsules • Kytril tablets • Kytril suspension • Sancuso patch • Zofran tablets • Zofran suspension 	<ul style="list-style-type: none"> • 5 tablets of 50mg, 100mg per Rx • 6 capsules of 1mg per Rx • 8 capsules of 40mg, 80mg; 4 capsules of 125mg; 4 packs per Rx • 8 tablets of 1mg per Rx • 2 bottles (60ml) per Rx • 1 patch per Rx • 24 tablets of 4mg, 8mg; 4 tablets of 24mg per Rx • 5 bottles (250ml) per Rx
ANTI-FLU THERAPY	<ul style="list-style-type: none"> • Relenza inhalations • Tamiflu capsules • Tamiflu suspension 	<ul style="list-style-type: none"> • 1 kit per Rx; max of 2 Rxs per year • 10 capsules of 30mg, 45mg, 75mg per Rx; max of 2 Rxs per year • 1 bottle (75 ml) per Rx; max of 2 Rxs per year
ANTI-HYPERTENSIVE THERAPY (blood pressure)	<ul style="list-style-type: none"> • Lotrel capsules • Norvasc tablets • Tarka tablets 	<ul style="list-style-type: none"> • 30 capsules of 2.5/10mg, 5/10mg per Rx • 30 tablets of 2.5mg, 5mg per Rx • 30 tablets of 1/240mg, 2/180mg per Rx
BISPHOSPHONATE THERAPY (osteoporosis)	<ul style="list-style-type: none"> • Actonel tablets • Actonel+Calcium tablets • Boniva tablets • Fosamax tablets • Fosamax+D tablets 	<ul style="list-style-type: none"> • 4 tablets of 35mg; 2 tablets of 75mg per 28-day period • 4 tablets per 28-day period • 1 tablet of 150mg per 28-day period • 4 tablets of 35mg, 70mg per 28-day period • 4 tablets per 28-day period
DISEASE MODIFYING ANTI-RHEUMATIC DRUG (DMARD) INJECTABLE BIOLOGICALS	<ul style="list-style-type: none"> • Cimzia • Enbrel • Humira • Simponi 	<ul style="list-style-type: none"> • 8 injectables of 200mg per 30-day period • 4 injectables of 50mg; 8 injectables of 25mg per day 30-day period • 2 injectables of 40mg per 30-day period • 1 injectable of 50mg per 30-day period
ERECTILE DYSFUNCTION THERAPY	<ul style="list-style-type: none"> • Caverject injection • Cialis tablets • Edex injection • Levitra tablets • Muse inserts • Viagra tablets 	Therapy class allows 6 units (any combination of products) per 30-day supply
CHOLESTEROL-LOWERING THERAPY	<ul style="list-style-type: none"> • Crestor tablets • Lescol XL tablets • Lipitor tablets • Livalo tablets • Pravachol tablets • Simcor tablets • Zocor tablets 	<ul style="list-style-type: none"> • 30 tablets of 5mg, 10mg, 20mg, 40mg per 30-day period • 30 tablets of 80mg per 30-day period • 30 tablets of 10mg, 20mg, 40mg per 30-day period • 30 tablets of 1mg, 2mg, 4mg per 30-day period • 30 tablets of 10mg, 20mg, 40mg per 30-day period • 60 tablets of 500/20mg, 750/20mg, 1,000/20mg per 30-day period • 30 tablets of 5mg, 10mg, 40mg per 30-day period
LOW MOLECULAR WEIGHT HEPARIN THERAPY	<ul style="list-style-type: none"> • Arixtra injection • Innohep injection • Fragmin injection • Lovenox injection 	<ul style="list-style-type: none"> • 10 syringes per 30-day period • 10 syringes per 30-day period • 20 syringes per 30-day period • 20 syringes per 30-day period

Classification	Drug Name	Retail Maximum Quantity Level
MIGRAINE THERAPY	<ul style="list-style-type: none"> • Amerge tablets • Axert tablets • Frova tablets • Imitrex tablets • Imitrex nasal spray • Imitrex injection • Maxalt/-MLT tabs • Migranal NS spray • Relpax tablets • Stadol NS spray • Sumavel injection • Treximet tablets • Zomig tablets • Zomig nasal spray 	<ul style="list-style-type: none"> • 9 tablets of 2.5mg; 20 tablets of 1mg per 30-day period • 8 tablets of 12.5mg; 18 tablets of 6.25mg per 30-day period • 9 tablets of 2.5mg per 30-day period • 9 tablets of 100mg; 18 tablets of 50mg; 36 tablets of 25mg per 30-day period • 8 nasal sprays of 20mg; 32 of 5mg per 30-day period • 4 kits (8 syringes or vials) per 30-day period • 12 tablets of 10mg; 24 tablets of 5mg per 30-day period • 1 kit (8 ampules) per 30-day period • 6 tablets of 40mg; 12 tablets of 20mg per 30-day period • 4 spray pumps of 2.5ml per 30-day period • 4 kits (8 syringes or vials) per 30-day period • 9 tablets per 30-day period • 9 tablets of 5mg; 18 tablets of 2.5mg per 30-day period • 8 nasal sprays of 5mg per 30-day period
NARCOTIC PAIN RELIEVER THERAPY	<ul style="list-style-type: none"> • Actiq lozenges • Avinza capsules • codeine with acetaminophen (e.g., TYLENOL w/CODEINE #2, 3, and 4)⁹ • codeine with aspirin⁹ • Duragesic patches • Fentora lozenges • hydrocodone with acetaminophen (e.g., LORCET, LORTAB, VICODIN)⁹ • hydrocodone with ibuprofen (e.g., VICOPROFEN)⁹ • Kadian capsules • MS Contin tablets • Nucynta tablets • Onsolis soluble films • Opana ER tablets • oxycodone with acetaminophen (e.g., PERCOCET, ENDOCET, ROXICET)⁹ • oxycodone with aspirin (e.g., PERCODAN tablets)⁹ • oxycodone with ibuprofen (e.g., COMBUNOX tablets)⁹ • Oxycontin tablets • propoxyphene and acetaminophen (e.g., DARVO CET)⁹ • Ryzolt ER tablets • tramadol extended release (e.g., ULTRAM ER)⁹ • Ultram/Ultracet 	<ul style="list-style-type: none"> • 120 lozenges per 30-day period • 60 capsules per 30-day period • 4500mls of 12/120mg per 5ml solution per 30-day period • 360 tablets of 15/300mg, 30/300mg per 30-day period • 180 tablets of 60/300mg per 30-day period • 180 tablets per 30-day period • 10 patches per 30-day period • 120 lozenges per 30-day period • 360 tablets of 5/325mg per 30-day period • 240 tablets of 2.5/500mg, 5/500mg, 7.5/325mg per 30-day period • 180 tablets of 7.5/500mg, 7.5/650mg, 10/325mg, 10/650mg, 10/660mg per 30-day period • 150 tablets of 7.5/750mg, 10/750mg per 30-day period • 150 tablets or capsules per 30-day period • 60 capsules per 30-day period • 90 tablets per 30-day period • 360 tablets of 50mg; 240 tablets of 75mg; 180 tablets of 100mg per 30-day period • 120 films per 30-day period • 90 tablets per 30-day period • 360 tablets of 2.5/325mg, 5/325mg per 30-day period • 240 tablets of 5/500mg, 7.5/325mg, 7.5/500mg per 30-day period • 180 tablets of 10/325mg, 10/650mg per 30-day period • 300 tablets of 4.5/325mg per 30-day period • 120 tablets per 30-day period • 90 tablets per 30-day period • 240 tablets of 50/325mg per 30-day period • 180 tablets of 100/325mg, 100/500mg, 65/650mg, 100/650mg per 30-day period • 30 tablets per 30-day period • 90 tablets of 100mg per 30-day period • 60 tablets of 200mg per 30-day period • 30 tablets of 300mg per 30-day period • 240 tablets per 30-day period
NON-STEROIDAL ANTI-INFLAMMATORY THERAPY	<ul style="list-style-type: none"> • Mobic tablets • Mobic suspension 	<ul style="list-style-type: none"> • 30 tablets of 7.5mg, 15mg per Rx • 3 bottles (300ml) per Rx
PROTON PUMP INHIBITOR THERAPY (stomach acid)	<ul style="list-style-type: none"> • Aciphex tablets • Dexilant capsules • Nexium capsules • Prevacid • Prilosec capsules • Protonix tablets • Zegerid capsules 	<ul style="list-style-type: none"> • 30 tablets/capsules per 30-day period (all products in therapy class)
RESPIRATORY MEDICATIONS (inhalers)	<ul style="list-style-type: none"> • Advair • Aerobid • Alvesco • Asmanex • Azmacort • Dulera • Flovent • Pulmicort • Qvar • Symbicort 	<ul style="list-style-type: none"> • 1 inhaler per 30-day period (all products in therapy class)

SEDATIVE/HYPNOTIC THERAPY (sleep aids)	<ul style="list-style-type: none"> • Ambien tablets • Ambien CR tablets • Lunesta tablets • Sonata capsules 	Therapy class allows 30 units (any combination of products) per 30-day period.
MISCELLANEOUS MEDICATIONS	<ul style="list-style-type: none"> • Adrenaclick • Ampyra tablets • Epipen/Epipen Jr. • Estrogel • Flonase nasal spray • Invega tablets • Lysteda tablets • Relistor injection • Seroquel XR tablets • Twinject Auto-Injector • Veramyst nasal spray • Zyprexa tablets • Zyprexa Zydis tablets 	<ul style="list-style-type: none"> • 1 injectable per Rx • 60 tablets per 30-day period • 1 injectable per Rx • 1 pump (93g) per Rx (at mail, limit is 2 pumps per Rx) • 1 nasal spray per Rx • 60 tablets per 30-day period • 30 tablets per 30-day period • First prescription limited to 3 doses with therapy duration no longer than 4 months • 30 tablets per 30-day period • 1 injectable per Rx • 1 nasal spray per Rx • 30 tablets of all strengths per Rx • 30 tablets of 5mg, 10mg, 15mg, 20mg per Rx

⁸ This list is not intended to be a complete list of drug classifications and is subject to change. Some classifications of drugs may not be covered under your prescription drug program. Please refer to your Certificate of Coverage for specific terms, conditions, exclusions, and limitations relating to our coverage.

DQM override requests are processed as soon as possible once all information/documentation is received by CVS Caremark. For requests that meet predetermined clinical criteria, notification of approval will be communicated to the physician and to the Member in writing. If DQM override request is denied, written notification, including the reason for the denial, will be sent to the Member and the prescribing physician. Participating physicians and Members have the right to appeal a denial. Appeal instructions are provided with the written denial notification.

Drug quantity level limits apply to all applicable generic equivalents of the brand-name products listed in this document.

Applicable mail service quantity levels are two to three times the retail quantity level limits, depending on the prescription drug benefit design chosen by the Member or employer group.

Current as of January 2011.

⁹ Effective April 1, 2011.

Generic Substitution Program

Generic substitution programs help to reduce the Member's out-of-pocket expenses and help to contain the rising costs of providing prescription drug benefits. Capital BlueCross offers two types of generic substitution programs: *mandatory* and *restrictive*.

- **Mandatory Generic Substitution Program** is when a generic drug is substituted for a brand-name product. If a generic drug is available and is not substituted for a brand-name drug even if your doctor has requested Brand necessary, you will be charged the brand-name copayment or coinsurance *plus* the cost difference between the generic and brand-name medication.
- **Restrictive Generic Substitution Program** allows your physician to specify that a brand-name drug be dispensed "No Generic Substitution Permissible" on the written prescription. In this case, you will only be charged the brand-name copayment or coinsurance. But, if you request a brand-name drug when a generic is available, you will be charged the brand-name copayment or coinsurance plus the cost difference between the generic and brand-name medication.

CuraScript[®], Inc.... committed to providing affordable care, one patient at a time

Through a special arrangement with CuraScript, Inc., Capital BlueCross makes it easy for you to get the patient care you deserve and the speciality medications (self-administered) you need to help manage your unique health conditions.

CuraScript[®], Inc. offering a broad range of services

- A *patient care coordinator* who will work with you and your physician to answer questions, obtain prior authorizations, and much more. Your patient care coordinator will even contact you when it's time to refill your prescription.
- A *complete specialty pharmacy* that offers many products and services which aren't usually available from your local retail pharmacy. You get the convenience of having your specialty medications delivered directly to your home at no additional cost.
- Access to *necessary supplies* (like free needles, syringes, and disposal containers for used medical supplies) you need to administer your injectable medications.
- You will also have access to *detailed personal instructions* and educational materials to ensure you get the training, education, and support you need to administer your medications. These services are offered at no additional cost to you.
- *Care management programs* that help you achieve the best results from your prescribed drug therapy. These programs are designed to help you get the most benefit from your specialty medications.

The following medications are available through CuraScript, Inc.:

ACTIMMUNE ¹⁰	INCRELEX	PROFILNINE SD ¹⁰
ADVATE ¹⁰	INFERGEN	PROMACTA
ALPHANATE ¹⁰	INNOHEP ¹⁰	REBETOL
ALPHANINE SD ¹⁰	INTRON-A	REBIF
ARANESP	IRESSA	RECOMBIMATE ¹⁰
ARIXTRA ¹⁰	KINERET	REFACTO ¹⁰
AVONEX	KOATE-DVI ¹⁰	REPRONEX
BEBULIN VH ¹⁰	KOGENATE FS ¹⁰	REVATIO ¹⁰
BENEFIX ¹⁰	LETAIRIS ¹⁰	REVLIMID
BETASERON	LEUKINE	RIBAVIRIN
BRAVELLE	LEUPROLIDE ACETATE	ROFERON-A ¹⁰
CETROTIDE	LOVENOX ¹⁰	SAIZEN
CIMZIA ¹⁰	LUPRON, -DEPOT	SANDOSTATIN
COPAXONE	MONARC-M ¹⁰	SEROSTIM
COPEGUS	MONOCLATE-P ¹⁰	SIMPONI ¹⁰
DDAVP	MONONINE ¹⁰	SPRYCEL
ELIGARD ¹⁰	NEULASTA	SUTENT
ENBREL	NEUMEGA	SYNAREL ¹⁰
EPOGEN	NEUPOGEN	TARCEVA
FEIBA VH ¹⁰	NEXAVAR	TASIGNA
FOLLISTIM	NORDITROPIN	TEMODAR
FORTEO	NOVAREL	TEV-TROPIN ¹⁰
FRAGMIN ¹⁰	NOVOSEVEN ¹⁰	THALOMID
FUZEON	NUTROPIN, -AQ	TOBI ¹⁰
GANIRELIX	OCTREOTIDE ¹⁰	TRACLEER ¹⁰
GENOTROPIN	OMNITROPE ¹⁰	TYKERB
GONAL-F, -RFF	ONDANSETRON ¹⁰	VIVAGLOBIN ¹⁰
HELIXATE FS ¹⁰	IVIDREL	XELODA
HEMOPIL-M ¹⁰	PEGASYS	ZOFRAN ¹⁰
HUMATE-P ¹⁰	PEG-INTRON	ZOLADEX ¹⁰
HUMATROPE	PREGNYL	ZOLINZA
HUMIRA	PROCRIT	ZORBIVE

¹⁰ These drugs may also be obtained at network pharmacies.
Current as of January 2011.

For more information about CuraScript, Inc. and the services available to you, please contact a CuraScript, Inc. representative at **1-877-595-3707**, Monday thru Friday, 8 a.m. to 9 p.m. and Saturday 9 a.m. to 1 p.m. (fax: 1-888-773-7386).

Visit the CuraScript, Inc. Web site at curascript.com to learn more about CuraScript, Inc. and the products and services they offer.

Please refer to your certificate of coverage for specific terms, conditions, exclusions, and limitations relative to our coverage.

On behalf of Capital BlueCross, CuraScript[®], Inc. assists in the delivery of specialty medications directly to our Members. CuraScript is an independent company.



Capital BlueCross Pharmacy Network¹¹

As a Capital BlueCross Member you have access to the CVS Caremark National Pharmacy Network. This network provides access to many chain and independent pharmacies nationwide, with convenient locations in the Capital BlueCross service area and across the country. Mail service is provided by the CVS Caremark Mail Service Pharmacy and specialty medications are available through CuraScript.¹²

To find out if your pharmacy participates, you can:

- Check with the pharmacy.
- Use the pharmacy locator tool on the Web site. You can link to the pharmacy locator from the Capital BlueCross Web site.
- Contact CVS Caremark Member Services at 1-800-585-5794.

¹¹ This list is not intended to be a complete list of Capital BlueCross participating pharmacies. This list of network pharmacies is subject to change.

¹² Pharmacy participation is dependent on your specific prescription drug benefit. Please refer to your Certificate of Coverage for more information.

A&P	Fagen Pharmacy	Lewis Drug	Sam's Club
A-1 Discount Pharmacy	Family Fare Pharmacy	Lewis Family Drug	Schnucks Pharmacy
Acme Pharmacy	Family Drug Store	Lowes Marketplace Pharmacy	Scolari's Pharmacy
Agnesian Pharmacy	Farm Fresh Pharmacy	Marsh Drug Store	Scott's Pharmacy
AHF Pharmacy	Food 4 Less Pharmacy	Martin's Pharmacy	Shop 'N Save
American Pharmaceutical Svcs	Food Basket	Med Fast Pharmacy	Shopko Pharmacy
Aurora Pharmacy	Food City Pharmacy	Medicap Pharmacy	Shoppers Pharmacy
Baker's Pharmacy	Food Lion Pharmacy	Medicine Shoppe Pharmacy	Shoprite
Bel Air Pharmacy	Food World	Medistat Pharmacy Svcs	Shurfine Pharmacy
Biggs	Fred Meyer Pharmacy	Medstar Pharmacy	Smith's Pharmacy
Bilo Market & Pharmacy	Fruth Pharmacy	Navarro Discount Pharmacy	Snyder's Drug Store
Bi-Lo Pharmacy	Fry's Pharmacy	NCS Healthcare	Stop & Shop
Blount Discount Pharmacy	Genuardi's Pharmacy	Neighborcare	Sunscript Pharmacy
Brookshire Brothers	Gerbes Pharmacy	North Florida Pharmacy	Super Fresh
Bruno's	Giant Discount Drug	Omnicare Pharmacy	Superior Pharmacy
Busch's Pharmacy	Giant Eagle Pharmacy	P & C Food And Pharmacy	Target Pharmacy
Carr - Gottstein Foods	Giant Pharmacy	Pamida Pharmacy	Thrifty White Drug
Cash Wise Pharmacy	Glens Pharmacy	Park Nicollet Pharmacy	Tom Thumb Pharmacy
City Market	Happy Harry's Inc.	Pathmark Pharmacy	Tops Pharmacy
Coborn's Pharmacy	Harris Teeter Pharmacy	Pavilions Pharmacy	United Pharmacy
Costco Pharmacy	HEB	Payless Pharmacy	Village Pharmacy
Cub Pharmacy	Homeland Pharmacy	Price Chopper Pharmacy	Vons Pharmacy
CVS	Hy-Vee Drugstore Clinic	QFC Pharmacy	Waldbaum's
D&W Pharmacy	IHC Health Center Pharmacy	Quality Pharmacy	Walgreens
Dahl's Pharmacy	King Kullen Pharmacy	Raley's Drug Center	Wal-Mart
Dean Pharmacy	King Soopers Pharmacy	Ralph's Pharmacy	Wegmans Pharmacy
Dierberg Pharmacy	Klingensmith's Drug	Randalls Pharmacy	Weis Pharmacy
Dillon Pharmacy	Kmart Pharmacy	Recept Pharmacy	White Drug
Discount Drug Mart	Kopp Drug	Rite Aid	Wiley's Pharmacy
Doc's Drugs	Kroger Pharmacy	Rosauers Pharmacy	Williams Apothecary
Dominicks Pharmacy	Lawrence Bros Pharmacy	Safeway Pharmacy	Winn-Dixie Pharmacy



Capital BlueCross

An Independent Licensee of the Blue Cross and Blue Shield Association

The information contained in this document was current at the time of printing and is subject to change. It is not intended to substitute your physician's independent medical judgement based on your specific needs. Please call the customer service number on your ID card for the most current formulary information and your expected out-of-pocket expenses.

On behalf of Capital BlueCross, beginning January 1, 2011, CVS Caremark will assist in the administration of our prescription drug program. CVS Caremark is an independent pharmacy benefit manager.

Health care benefit programs issued or administered by Capital BlueCross and/or its subsidiaries, Capital Advantage Insurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross and Blue Shield Association. Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.

On behalf of Capital BlueCross, CuraScript®, Inc. assists in the delivery of specialty medications directly to our Members. CuraScript is an independent company.