

CareSource Advantage 2010 Preferred Drug List UPDATE

Affected Drug Brand Name	Affected Drug Strength	Offset Brand Name	Alternative Tier	Effective Date	Action
CareSource Advantage Comprehensive Formulary UPDATE - 9/1/10					
DEMADEX IV	10 MG/ML	TORSEMIDE	tier 1	11/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
CareSource Advantage Comprehensive Formulary UPDATE - 8/1/10					
AUGMENTIN XR	1000 MG	AMOXICILLIN/CLAVULANATE	tier 1	10/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
EVOCLIN	10 MG/ML	CLINDAMYCIN	tier 1	10/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
COLESTID*	5 GM	COLESTIPOL	tier 1	10/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
COPEGUS*	200 MG	RIBAVIRIN	tier 1	10/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
DILAUDID*	10 MG/ML	HYDROMORPHONE	tier 1	10/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
DURAMORPH PF*	0.5 MG/ML	MORPHINE	tier 1	10/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
DURAMORPH PF*	1 MG/ML	MORPHINE	tier 1	10/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
MAXIPIME*	280 MG/ML	CEFEPIME	tier 1	10/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
STADOL*	2 MG/ML	BUTORPHANOL	tier 1	10/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
ZITHROMAX*	20 MG/ML	AZITHROMYCIN	tier 1	10/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
*If you are currently taking this drug, this change will not affect your coverage for this drug for the rest of the plan year					
CareSource Advantage Comprehensive Formulary UPDATE - 7/1/10					
LIPRAM-PN	10, 16, 20	CREON	tier 2	7/1/2010	This drug will not be available due to an FDA-ordered or manufacturer withdrawal, and will be taken off the
PANCREASE MT	4, 10, 16, 20	CREON	tier 2	7/1/2010	This drug will not be available due to an FDA-ordered or manufacturer withdrawal, and will be taken off the
PANCRELIPASE	NA	CREON	tier 2	7/1/2010	This drug will not be available due to an FDA-ordered or manufacturer withdrawal, and will be taken off the
PANCRON EC	10	CREON	tier 2	7/1/2010	This drug will not be available due to an FDA-ordered or manufacturer withdrawal, and will be taken off the

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ALDARA	50 MG/ML	IMIQUIMOD	tier 1	9/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
FLOMAX	0.4 MG	TAMSULOSIN	tier 1	9/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1

CareSource Advantage Comprehensive Formulary UPDATE - 6/1/10

LIPRAM-PN	10, 16, 20	CREON	tier 2	7/1/2010	This drug will not be available due to an FDA-ordered or manufacturer withdrawal, and will be taken off the
PANCREASE MT	4, 10, 16, 20	CREON	tier 2	7/1/2010	This drug will not be available due to an FDA-ordered or manufacturer withdrawal, and will be taken off the
PANCRELIPASE	NA	CREON	tier 2	7/1/2010	This drug will not be available due to an FDA-ordered or manufacturer withdrawal, and will be taken off the
PANCRON EC	10	CREON	tier 2	7/1/2010	This drug will not be available due to an FDA-ordered or manufacturer withdrawal, and will be taken off the
ALDARA	50 MG/ML	IMIQUIMOD	tier 1	9/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
FLOMAX	0.4 MG	TAMSULOSIN	tier 1	9/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1

CareSource Advantage Comprehensive Formulary UPDATE - 5/1/10

MIRAPEX	0.125 MG, 0.25 MG, 0.5 MG, 1 MG, 1.5 MG	PRAMIPEXOLE	tier 1	7/1/2009	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
SUMATRIPTAN	6 MG/0.5 ML	SUMATRIPTAN	tier 1	5/1/2009	This drug will be taken off the formulary based upon new guidelines or information accepted by Medicare.

CareSource Advantage Comprehensive Formulary UPDATE - 4/1/10

ACULAR	0.4%, 0.5%	KETOROLAC	tier 1	6/1/2009	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
OPTIVAR	0.05%	AZELASTINE	tier 1	6/1/2009	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
RISPERDAL-M	1 MG	RISPERIDONE	tier 1	6/1/2009	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
STARLIX	120 MG, 60 MG	NATEGLINIDE	tier 1	6/1/2009	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
SUBUTEX	2 MG, 8 MG	BUPRENORPHINE	tier 1	6/1/2009	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
TRILEPTAL	300 MG/5ML	OXCARBAZEPINE	tier 1	6/1/2009	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
VALTRESX	1 GM, 500 MG	VALACYCLOVIR	tier 1	6/1/2009	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1

CareSource Advantage Comprehensive Formulary UPDATE - 3/1/10

CareSource Advantage 2010 Preferred Drug List UPDATE

AMINESS	5.2	AMINOSYN 5%	tier 2	3/1/2009	This drug will not be available due to an FDA-ordered or manufacturer withdrawal, and will be taken off the formulary
ALKERAN I.V.	5 MG/ML	MELPHALAN	tier 1	5/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
AUGMENTIN	250/5ML	AMOXICILLIN/ CLAVULANATE	tier 1	5/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
CATAPRES-TTS	0.1/24HR, 0.2/24HR, 0.3/24HR	CLONIDINE	tier 1	5/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
COGENTIN	1 MG/ML	BENZTROPINE	tier 1	5/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
ELOXATIN	5 MG/ML	OXALIPLATIN	tier 3	5/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 3
OVIDE	5 MG/ML	MALATHION	tier 1	5/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1
PLAN B	0.75 MG	NEXT CHOICE	tier 1	5/1/2010	The brand drug will be taken off the formulary since an equal generic drug is available in tier 1