

Windsor Medicare Extra may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, [or] add prior authorization, quantity limits and/or step therapy restrictions on a drug and/or move a drug to a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market we will immediately remove the drug from our formulary. The table below outlines changes to our formulary that will impact you:

Effective Date of Change	Name of Affected Drug	Description of Change (e.g. removal of drug from formulary, or changing preferred or tiered cost-sharing status)	Reason for Change
February	ACETAZOLAMIDE 500mg	Addition (Tier 2)	To Enhance the Windsor Formulary
April	AFINITOR	Addition (Tier 5 w/ PA-New Starts)	To Enhance the Windsor Formulary
July	AFINITOR	Addition (Tier 5, PA)	To Enhance the Windsor Formulary
October	AMOX/K CLAV SUSPENSION	Addition (Tier 2)	To Enhance the Windsor Formulary
November	APIDRA INJECTION SOLOSTAR	Addition (Tier 3, QLL)	To Enhance the Windsor Formulary
October	APRACLONIDIN	Addition (Tier 2)	To Enhance the Windsor Formulary
September	APTIVUS	Addition (Tier 5)	To Enhance the Windsor Formulary
March	AVINZA (45mg, 75mg)	Addition (Tier 4, QLL)	To Enhance the Windsor Formulary
April	BANZEL	Addition (Tier 4)	To Enhance the Windsor Formulary
October	BENZTROPINE	Addition (Tier 2)	To Enhance the Windsor Formulary

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September	BICALUTAMIDE	Addition (Tier 4)	To Enhance the Windsor Formulary
February	CALCITONIN-SALMON	Addition (Tier 2)	To Enhance the Windsor Formulary
February	CALCIUM ACETATE 667mg)	Addition (Tier 2)	To Enhance the Windsor Formulary
February	CARBOPLATIN INJ (150MG, 50mg)	Addition (Tier 2, B/D)	To Enhance the Windsor Formulary
February	CEFEPIME INJ 2GM	Addition (Tier 2, B/D)	To Enhance the Windsor Formulary
November	CELLCEPT (250mg, 500mg)	Brand Name Removal	Generic Cellcept (mycophenolate mofetil) is on formulary
February	CICLOPIROX 0.77%	Addition (Tier 3, PA-New Starts)	To Enhance the Windsor Formulary
February	CIPROFLOXACN SOL 200MG	Addition (Tier 4 B/D)	To Enhance the Windsor Formulary
November	CLONIDINE DIS (0.1/24hr, 0.2/24hr, 0.3/24hr)	Addition (Tier 2)	To Enhance the Windsor Formulary
April	COLESTIPOL HYDROCHLORIDE	Addition (Tier 2)	To Enhance the Windsor Formulary
August	COSOPT	Brand Name Removal	Generic Cosopt (dorzolamide hydrochloride and timolol maleate) is on formulary
September	CREON	Addition (Tier 4)	To Enhance the Windsor Formulary
October	CRESTOR	Tier Change (Moved to Tier 3)	To Enhance the Windsor Formulary
August	DEPAKOTE ER & DEPAKOTE SPRINKLES	Brand Name Removal	Generic Depakote ER (divalproex sodium) is on formulary
February	DIDANOSINE 125mg	Addition (Tier 2)	To Enhance the Windsor Formulary

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February	DILT-CD (120mg, 180mg, 240mg, 300mg)	Addition (Tier 2)	To Enhance the Windsor Formulary
February	DILTIAZEM HCL ER 420mg	Addition (Tier 2)	To Enhance the Windsor Formulary
February	DILT-XR (120mg, 180mg, 240mg)	Addition (Tier 2)	To Enhance the Windsor Formulary
March	DIVALPROEX SODIUM (125mg, 250mg, 500mg)	Addition (Tier 2)	To Enhance the Windsor Formulary
February	DORZOLAMIDE HCL 2%	Addition (Tier 2)	To Enhance the Windsor Formulary
February	DORZOLAMIDE HCL/TIMOLOL MALEATE	Addition (Tier 2)	To Enhance the Windsor Formulary
July	ELIPHOS (667MG)	Addition (Tier 4)	To Enhance the Windsor Formulary
February	ENALAPRIL MALEATE (10mg, 2.5mg, 20mg, 5mg)	Addition (Tier 2, ST)	To Enhance the Windsor Formulary
February	ENALAPRIL MALEATE/HYDROCHLOROTHIAZIDE	Addition (Tier 2)	To Enhance the Windsor Formulary
March	ENDOCET (10-325mg, 7.5-325mg, 7.5-500mg, 10-650mg)	Addition (Tier 2, QLL)	To Enhance the Windsor Formulary
July	EXFORGE HCT	Addition(Tier 3, QLL)	To Enhance the Windsor Formulary
March	FLOVENT DISKUS	Addition (Tier 3)	To Enhance the Windsor Formulary
February	FORTEO 600MCG/2.4ML	Addition (Tier 5, PA-New Starts)	To Enhance the Windsor Formulary
August	FORTICAL	Brand Name Removal	Generic Fortical (calcitonin, salmon) is on formulary
November	GALANTAMIN SOL (4mg/ml)	Addition (Tier 4)	To Enhance the Windsor Formulary

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February	GALANTAMINE HYDROBROMIDE	Addition (Tier 2)	To Enhance the Windsor Formulary
September	GAVILYTE-G	Addition (Tier 2)	To Enhance the Windsor Formulary
March	GENERLAC SOLUTION	Addition (Tier 2)	To Enhance the Windsor Formulary
December	GOLYTELY	Brand Name Removal	Generic Golytely (gavilyte-g) is on formulary
October	HECTORAL	Addition (Tier 4)	To Enhance the Windsor Formulary
February	HUMALOG KWIKPEN	Addition (Tier 4)	To Enhance the Windsor Formulary
February	HUMALOG MIX 50/50 KWIKPEN	Addition (Tier 4)	To Enhance the Windsor Formulary
February	HUMALOG MIX 75/25 KWIKPEN	Addition (Tier 4)	To Enhance the Windsor Formulary
February	HUMULIN R U-500	Addition (Tier 4)	To Enhance the Windsor Formulary
August	IMITREX SOLUTION	Brand Name Removal	Generic Imitrex (sumatriptan succinate) is on formulary
August	KEPPRA	Brand Name Removal	Generic Keppra (levetiracetam) is on formulary
April	KEPPRA XR	Addition (Tier 4)	To Enhance the Windsor Formulary
October	LANTUS SOLOSTAR	Tier Change (Moved to Tier 3)	To Enhance the Windsor Formulary
March	LEVETIRAZETAM	Addition (Tier 2)	To Enhance the Windsor Formulary
November	MELPHALAN INJECTION 50mg	Addition (Tier 2, B v D)	To Enhance the Windsor Formulary

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February	MORPHINE SULFATE SOLUTION	Addition (Tier 2)	To Enhance the Windsor Formulary
July	MYCOPHENOLATE MOFETIL (250MG, 500MG)	Addition (Tier 2, PA)	To Enhance the Windsor Formulary
November	NATEGLINIDE (60mg, 120mg)	Addition (Tier 2)	To Enhance the Windsor Formulary
April	NICOTINE (14mg/24hr, 21mg/24hr, 7mg/24hr, 7mg/24hr)	Removed from formulary	CMS Deletion
February	NIFEDIPINE TAB 30MG ER, NIFEDIPINE TAB 60MG ER, NIFEDIPINE TAB 90MG CR	Addition (Tier 2)	To Enhance the Windsor Formulary
February	NOVOLIN 70/30	Addition (Tier 3, QLL)	To Enhance the Windsor Formulary
February	NOVOLIN 70/30 INNOLET	Addition (Tier 3, QLL)	To Enhance the Windsor Formulary
February	NOVOLIN 70/30 PENFILL	Addition (Tier 3, QLL)	To Enhance the Windsor Formulary
July	OMEPRAZOLE (20MG)	Change in Tier (Tier 1, QLL)	To Enhance the Windsor Formulary
February	OMEPRAZOLE 40mg	Addition (Tier 4, ST & QLL)	To Enhance the Windsor Formulary
October	OXALIPLATIN	Addition (Tier 5, PA-New Starts)	To Enhance the Windsor Formulary
February	OXYCODONE HCL (10mg, 20mg)	Addition (Tier 2, QLL)	To Enhance the Windsor Formulary
July	OXYCODONE/ACETAMINOPHEN (325MG)	Addition (Tier 2, QLL)	To Enhance the Windsor Formulary
November	PANTOPRAZOLE	Tier Change (Moved to Tier 2)	To Enhance the Windsor Formulary
October	PAXIL CR (12.5mg, 25mg)	Brand Name Removal	Generic Paxil CR (paroxetine hydrochloride) is on formulary

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August	PHOSLO	Brand Name Removal	Generic Phoslo (calcium acetate) is on formulary
February	PREZISTA (600mg, 400mg)	Addition (Tier 5)	To Enhance the Windsor Formulary
March	PREZISTA 75mg	Addition (Tier 5)	To Enhance the Windsor Formulary
April	PROMACTA	Addition (Tier 5 w/ PA)	To Enhance the Windsor Formulary
October	PROTONIX (40mg, 20mg)	Brand Name Removal	Generic Protonix (pantoprazole sodium) is on formulary
February	RAMIPRIL (1.25mg, 10mg, 2.5mg, 5mg)	Addition (Tier 2, ST)	To Enhance the Windsor Formulary
July	RAPTIVA (125mg Kit)	Removed from Formulary	CMS Deletion
October	REQUIP (0.25mg, 0.5mg, 1mg, 2mg, 5mg, 3mg, 4mg)	Brand Name Removal	Generic Requip (ropinirole hydrochloride) is on formulary
November	RISPERDAL-M (2mg, 0.5mg)	Brand Name Removal	Generic Risperdal-M (risperidone) is on formulary
September	RISPERIDONE ODT (0.25mg, 3mg, 4mg)	Addition (Tier 2)	To Enhance the Windsor Formulary
July	RISPERIDONE ODT (0.5MG, 2MG)	Addition (Tier 2)	To Enhance the Windsor Formulary
March	RISPERIDONE SOLUTION	Addition (Tier 2)	To Enhance the Windsor Formulary
September	SEROQUEL XR	Addition (Tier 3, QLL)	To Enhance the Windsor Formulary
March	SODIUM SULFACETAMINDE	Addition (Tier 2)	To Enhance the Windsor Formulary
July	STAVUDINE	Addition (Tier 2)	To Enhance the Windsor Formulary
March	SUMATRIPTAN SUCCINATE	Addition (Tier 2)	To Enhance the Windsor Formulary

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October	SYMBICORT	Addition (Tier 3)	To Enhance the Windsor Formulary
October	TACROLIMUS	Addition (Tier 2, PA-New Starts)	To Enhance the Windsor Formulary
February	TIZANIDINE HCL 2mg	Addition (Tier 2)	To Enhance the Windsor Formulary
August	TOBRADEX	Brand Name Removal	Generic Tobradex (dexamethasone and tobramycin sulfate) is on formulary
February	TOBRAMYCIN/DEXAMETHASONE	Addition (Tier 2)	To Enhance the Windsor Formulary
September	TOPAMAX (25mg, 50mg, 100mg, 200mg)	Brand Name Removal	Generic Topamax (topiramate) is on formulary
November	TOPAMAX SPRINKLE (25mg, 15mg)	Brand Name Removal	Generic Topamax Sprinkle (topiramate) is on formulary
July	TOPIRAMATE	Addition (Tier 2)	To Enhance the Windsor Formulary
February	TRAVATAN Z 0.004%	Addition (Tier 4)	To Enhance the Windsor Formulary
September	TRI-LO SPRINTEC	Removed from Formulary	CMS Deletion
July	ULORIC	Addition (Tier 4, PA)	To Enhance the Windsor Formulary
June	ULORIC	Addition (Tier 4 w/ PA)	To Enhance the Windsor Formulary
February	UNITHROID	Addition (Tier 3)	To Enhance the Windsor Formulary
August	URSODIOL (250mg, 500mg)	Addition (Tier 1)	To Enhance the Windsor Formulary
October	VENTOLIN HFA	Addition (Tier 3)	To Enhance the Windsor Formulary

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August	VIDEX EC	Brand Name Removal	Generic Videx EC (didanosine) is on formulary
June	VIMPAT (100mg, 200mg, 150mg Tabs)	Addition (Tier 4 w/ PA-New Starts)	To Enhance the Windsor Formulary
July	VIMPAT (200MG/20ML IV SOL, 50MG Tabs)	Addition (Tier 5, PA-New Starts)	To Enhance the Windsor Formulary
August	VIMPAT (200mg/20ml, 50mg Tabs)	Tier Change (Moved to Tier 4, PA-New Starts)	To Enhance the Windsor Formulary
February	XENAZINE (12.5mg, 25mg)	Addition (Tier 5, PA)	To Enhance the Windsor Formulary
November	ZERIT (15mg, 20mg, 30mg, 40mg)	Brand Name Removal	Generic Zerit (stavudine) is on formulary

*Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate listed here is appropriate for you given the individualized nature of drug therapy. Please consult with your physician as to whether this is an appropriate drug for you.