Aetna Small Group Value Plus Plans
October 1, 2017 Updates

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Abbreviation Key

Refer to your plan documents for a complete description of benefits, exclusions and limitations of coverage

*	**Some plans may not cover this drug.** Alternatives are available.
Expect Gen Expect Generic	**Expect generic drugs to become available in the near future.** When this happens, we may cover the brand-name drug at a higher copayment, add the brand-name drug to the precertification, quantity limit or step-therapy lists, or add the brand-name drug to the formulary exclusions list.
FE Formulary Exclusion	**These drugs are not covered under your pharmacy benefit plan due to a formulary exclusion.** You can still get these drugs but will need to pay the full cost of the drug.
HCR - Health Care Reform	There is no copay for these drugs.
Medical	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
NC Not-Covered	**These drugs are not covered under your pharmacy benefit plan due to benefit exclusion.** You can still get these drugs but will need to pay the full cost of the drug.
NPB/G - Non-preferred brand or non-preferred generic drug	**These drugs aren't preferred**. You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
NPS Non-preferred specialty drug	**These drugs aren't preferred.** You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
PA - Preauthorization (Precertification)	**Preauthorization only applies if your plan includes precertification.** This means that we have to approve some drugs before we cover them. If this is required, your doctor must contact us to request approval of coverage.
PB Preferred brand-name drug	These are brand-name drugs that are covered at your 2nd Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
PS Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
PG Preferred generic	These are generic drugs that are covered at your 1st tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
QL Quantity limits	**Quantity limits only applies if your plan includes preauthorization.** Quantity limits help ensure that you get a safe amount of your drug. If you go past the quantity limit, your doctor must contact us to request approval of coverage.
SE Safety edit	**The drugs on this list require clinical checks for all plans.** These drugs have the greatest potential for harm according to the U.S. Food and Drug Administration (FDA). Overuse and abuse of these drugs can have harmful side effects and they must be used within the guidelines set by the FDA.
SPB Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
ST Step therapy	**Step therapy only applies if your plan includes this option.** This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug. Step therapy protocol complies with all mandated requirements which include disclosing an exceptions request process to the enrollee; and disclosing an enrollee's expedited adverse determination appeal rights and independent review organization (IRO) rights for denials of exception requests.

Aetna Opioid Safety Limits
October 1, 2017 Updates

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On October 1, 2017, the following edits will be added to certain opioid drugs.

The following drugs will require pre-authorization for safety:

ARYMO ER	*fentanyl patch*	METHADOSE SF	*oxymorphone er tab*
AVINZA	FENTORA* (Expect Gen)	*morphine sulfate er cap*	*tramadol er*
BUTRANS	*hydromorphone er tab*	*morphine sulfate er tab*	ULTRAM ER
CONZIP	HYSINGLA ER (Expect Gen)	MS CONTIN	XTAMPZA ER
DOLOPHINE	KADIAN	NUCYNTA ER	ZOHYDRO ER
DURAGESIC	*methadone*	OPANA ER	
EMBEDA	METHADOSE	*oxycodone er tab*	
EXALGO	*methadose*	OXYCONTIN	

* Safety pre-authorization already applies, generic is expected.

The following drugs will have safety limits of 120 doses per 30 days supply:

apap/caf/dihydro cap	*hydrocod/ibu*	OXAYDO	*tramadl/apap*
apap/caf/dihydro tab	*hydromorphone tab*	*oxycod/apap*	*tramadol tab*
apap/codeine	IBUDONE	*oxycod/asa*	TREZIX
ascomp/cod	*ibudone*	*oxycod/ibu*	TYLENOL/COD
but/apap/caf/cod	*levorphanol*	*oxycodone cap*	ULTRACET
but/asa/caf/cod	*lorcet*	*oxycodone tab*	ULTRAM
codeine tab	*lorcet hd*	*oxymorphone tab*	*verdrocet*
DEMEROL TAB	*lorcet plus*	*pentaz/nalox*	*vicodin*
dihydrocod/asa/caf	*lortab*	PERCOCET	*vicodin es*
DILAUDID TAB	*meperidine tab*	PRIMLEV	*vicodin hp*
endocet	*morphine sulfate tab*	REPREXAIN	VICOPROFEN
FIORICET/COD	NORCO	*reprexain*	XARTEMIS XR
FIORINAL/COD	NUCYNTA	ROXICODONE	XODOL
hydroco/apap	OPANA	SYNALGOS-DC	

The following drugs will require step therapy:

AVINZA	DURAGESIC	KADIAN	MS CONTIN
BELBUCA	EXALGO		

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Small Group Value Plus Plans
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Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
ABSORICA	FE	FE		Change PA
ACCOLATE	NPB/G	NPB/G		Add QL
acetazolamide er cap	PG	FE	*acetazolamide tablets*	Add ST
ADRENACLICK	NPB/G	NPB/G		Change QL
ADYPHREN AMP KIT	NPB/G	NPB/G		Change QL
ADYPHREN II KIT	NPB/G	NPB/G		Change QL
ADYPHREN KIT	NPB/G	NPB/G		Change QL
ALBENZA	NPB/G	NPB/G		Add QL
ALINIA	NPB/G	NPB/G		Add QL
amnesteem	NPB/G	NPB/G		Change PA
ANDROGEL 1.62%	PB	PB		Expect Gen
ATROVENT HFA	NPB/G	NPB/G		Add QL
AXIRON	FE	FE		Expect Gen
BYETTA	NPB/G	NPB/G		Expect Gen
calcipotriene-betamethasone dipropionate oint	NPB/G	FE	*calcipotriene crm/oint, betamethasone crm/oint*	Add QL
CAPEX	NPB/G	FE	*fluocinolone*	Add ST, Add QL
CEFTIN SUSPENSION	PB	NPB/G	*cefaclor, cefprozil*	
claravis	PG	PG		Change PA
clindamycin-tretinoin gel	PG	NPB/G	*tretinoin* , EPIDUO	
COLY-MYCIN S	PB	NPB/G	*neomycin-polymyxin-hc otic soln*	
COMBIVENT	PB	PB		Add QL
CONDYLOX GEL	PB	NPB/G	*imiquimod 5% crm*	
CORTISPORIN OTIC SUSP	PB	NPB/G	*neomycin-polymyxin-hc otic soln*	
DIAMOX SEQUE	FE	FE	*acetazolamide tablets*	Add ST
DIURIL SUSPENSION	PB	NPB/G	*chlorothiazide tablets*	
DUREZOL	PB	PB		Expect Gen
EFFIENT	NPB/G	NPB/G		Expect Gen
EFUDEX CRM 5%	FE	FE	*fluorouracil 5% crm*	Add ST
ELMIRON	PB	PB		Add QL
emverm	NPB/G	NPB/G		Add QL
ENSTILAR	NPB/G	NPB/G		Add QL
epinephrine auto-injector	PG	PG		Change QL
EPIPEN 2-PAK	PB	PB		Change QL
EPIPEN-JR	PB	PB		Change QL
EPISNAP KIT	NPB/G	NPB/G		Change QL
ERTACZO	NPB/G	FE	*ketoconazole crm*	Add ST, Add QL
EXELDERM	PB	FE	*ketoconazole crm*	Add ST, Add QL
EXTINA	FE	FE	*ketoconazole crm*	Add ST, Add QL
FLUOROPLEX CRM 1%	NPB/G	FE	*fluorouracil 5% crm*	Add ST
fluorouracil crm 0.5%	PG	FE	*fluorouracil 5% crm*	Add ST

UPPERCASE = brand-name drug; lower case *italics* = generic drug

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Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
FULYZAQ	NPB/G	NPB/G	*loperamide, diphenoxylate/atropine, bismuth subsalicylate*	Add ST
HALOTIN	NPB/G	NC	*ketoconazole crm*	
INDERAL LA	FE	FE	*propranolol sr*	Add ST
ketoconazole aerosol 2%	NPB/G	FE	*ketoconazole crm*	Add ST, Add QL
ketodan	NPB/G	FE	*ketoconazole crm*	Add ST, Add QL
k-sol 20%	PG	NPB/G	*potassium chloride soln 10%*	
LEVULAN KERA	NPB/G	NPB/G		Add QL
LOCOID LOTION	PB	NPB/G	*hydrocortisone lotion*	
LUZU	NPB/G	FE	*ketoconazole crm*	Add ST, Add QL
MENOSTAR	NPB/G	NPB/G		Expect Gen
MESTINON SYRUP	PB	NPB/G	*pyridostigmine tablets*	
metformin 1000mg er tab (generic glumetza)	FE	FE	generic GLUCOPHAGE/ GLUCOPHAGE XR	Add ST
metformin 500mg er tab (generic glumetza)	FE	FE	generic GLUCOPHAGE/ GLUCOPHAGE XR	Add ST
methergine	PG	PG		Add QL
methylergonovine	PG	PG		Add QL
myorisan	NPB/G	NPB/G		Change PA
MYTESI	NPB/G	NPB/G	*loperamide, diphenoxylate/ atropine, bismuth subsalicylate*	Add ST
naftifine hcl crm 2%	NPB/G	FE	*naftifine 1% crm*	Add ST, Add QL
NAFTIN	NPB/G	FE	*naftifine 1% crm*	Add ST, Add QL, Expect Gen
NAMENDA XR	PB	PB		Expect Gen
NAPRELAN 500mg, 750mg	NPB/G	FE	*naproxen 275mg, 550mg*	Add ST
NAPRELAN 375mg	FE	FE	*naproxen 275mg, 550mg*	Add ST
naproxen sod sr 24hr tab	NPB/G	FE	*naproxen 275mg, 550mg*	Add ST
NASCOBAL	NPB/G	FE	*cyanocobalamine inj*	Add ST
NEUPRO	NPB/G	NPB/G		Expect Gen
NUVARING	PB	PB		Expect Gen
oxiconazole	PG	FE	*ketoconazole crm*	Add ST, Add QL
OXISTAT	NPB/G	FE	*ketoconazole crm*	Add ST, Add QL
PAXIL SUSPENSION	PB	NPB/G	*citalopram oral soln, escitalopram oral soln, fluoxetine oral soln*	
pot chloride sol 20% sf	PG	NPB/G	*potassium chloride soln 10%*	
PRED-G OPHTH SUSP	PB	NPB/G	*tobramycin-dexamethasone susp*	

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Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
PRED-G S.O.P	PB	NPB/G	*tobramycin-dexamethasone susp*	
PREPOPIK	NPB/G	NPB/G		Expect Gen
PROCTOCORT CRM 1%	NPB/G	FE	*hydrocortisone rectal crm*	Add ST
PROVENTIL	NPB/G	NPB/G		Expect Gen
SABRIL	NPS	NPS		Expect Gen
SAFYRAL	NPB/G	NPB/G		Expect Gen
sodium sulfacetamide/ sulfur susp 10-5%	NPB/G	NC	*topical metronidazole, sulfacetamide, tretinoin*	
sodium sulfacetamide/ sulfur susp 8-4%	NPB/G	NC	*topical metronidazole, sulfacetamide, tretinoin*	
SORILUX	FE	FE		Add QL
SPRIX	NPB/G	FE	*ketorolac tablets*	Add ST, Change QL, Expect Gen
sulfacleanse	NPB/G	NC	*topical metronidazole, sulfacetamide, tretinoin*	
SUMAXIN TS	NPB/G	NC	*topical metronidazole, sulfacetamide, tretinoin*	
SYNAGEX	NPB/G	NC		
SYNATEK	NPB/G	NC		
SYPRINE	NPS	NPS		Expect Gen
TACLONEX OINT	FE	FE		Add QL
TACLONEX SUSP	NPB/G	NPB/G		Add QL
TOBRADEX OINT	PB	NPB/G	*tobramycin-dexamethasone susp*	
TOBRADEX ST	PB	NPB/G	*tobramycin-dexamethasone susp*	
TOBREX OPHTH OINT	PB	NPB/G	*erythromycin oint, gentamicin oint*	
TOLAK	NPB/G	FE	*fluorouracil 5% crm*	Add ST
TRACLEER	PS	PS		Expect Gen
TRAVATAN Z	PB	PB		Expect Gen
triderm 0.1% crm	PG/LGC	NC	*triamcinolone crm* by other manufacturers	
TUSSICAPS	PB	NPB/G	*generic cough and cold products*	
UCERIS	NPB/G	NPB/G		Expect Gen
VALTREX	FE	FE	*valacyclovir*	Add ST
VERDESO	NPB/G	FE	*desonide*	Add ST, Add QL
VIBRAMYCIN SYRUP	PB	NPB/G	*doxycycline suspension*	
VIGAMOX	NPB/G	NPB/G		Expect Gen
XANAX	FE	FE	*alprazolam*	Add ST
XANAX XR	FE	FE	*alprazolam*	Add ST
XOLEGEL	NPB/G	FE	*ketoconazole crm*	Add ST, Add QL

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Drug Name	Current Tier	Tier as of 10/1/17	Formulary Alternative(s)	Notes
xylon	PG	NC	*hydrocodone/ibuprofen* by other manufacturers	
zafirlukast	PG	PG		Add QL
ZELAPAR	NPB/G	FE	*selegiline*	Add ST
zenatane	NPB/G	NPB/G		Change PA
zileuton er	NPB/G	NPB/G		Add QL
ZOVIRAX OINT	NPB/G	FE	*acyclovir oint*	Add ST
ZYFLO	NPB/G	NPB/G		Add QL
ZYFLO CR	NPB/G	NPB/G		Add QL

Please note that if your prescription drug benefits plan changes, the information in this letter may no longer apply.

Some health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about your pharmacy plan, refer to your plan's website that is on your member ID card.

In accordance with state law, commercial fully insured (including HMO) members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Aetna Pharmacy Plan and Specialty Drug List will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

In accordance with state law, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, preauthorization, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are not available in all service areas. For example, step-therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. For more information you can refer to your plan's website.

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Abbreviation Key

Refer to your plan documents for a complete description of benefits, exclusions and limitations of coverage

*	**Some plans may not cover this drug.** Alternatives are available.
Expect Gen Expect Generic	**Expect generic drugs to become available in the near future.** When this happens, we may cover the brand-name drug at a higher copayment, add the brand-name drug to the precertification, quantity limit or step-therapy lists, or add the brand-name drug to the formulary exclusions list.
FE Formulary Exclusion	**These drugs are not covered under your pharmacy benefit plan due to a formulary exclusion.** You can still get these drugs but will need to pay the full cost of the drug.
HCR - Health Care Reform	There is no copay for these drugs.
Medical	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
NC Not-Covered	**These drugs are not covered under your pharmacy benefit plan due to benefit exclusion.** You can still get these drugs but will need to pay the full cost of the drug.
NPB/G - Non-preferred brand or non-preferred generic drug	**These drugs aren't preferred**. You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
NPS Non-preferred specialty drug	**These drugs aren't preferred.** You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
PA - Preauthorization (Precertification)	**Preauthorization only applies if your plan includes precertification.** This means that we have to approve some drugs before we cover them. If this is required, your doctor must contact us to request approval of coverage.
PB Preferred brand-name drug	These are brand-name drugs that are covered at your 2nd Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
PS Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
PG Preferred generic	These are generic drugs that are covered at your 1st tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
QL Quantity limits	**Quantity limits only applies if your plan includes preauthorization.** Quantity limits help ensure that you get a safe amount of your drug. If you go past the quantity limit, your doctor must contact us to request approval of coverage.
SE Safety edit	**The drugs on this list require clinical checks for all plans.** These drugs have the greatest potential for harm according to the U.S. Food and Drug Administration (FDA). Overuse and abuse of these drugs can have harmful side effects and they must be used within the guidelines set by the FDA. These guidelines limit quantities for long-acting narcotics and require approvals for drugs that are used to treat substance abuse or used for cancer pain management or for attention deficit hyperactivity disorder (ADHD).
SPB Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
ST Step therapy	**Step therapy only applies if your plan includes this option.** This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.

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Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
ABANEU-SL	NPB/G	NC		
ABSORICA	FE	FE		Add ST
ACTIVE FE	NPB/G	NC		
airavite	PG	NC		
AKTEN	NPB/G	NC		
alphatrex	PG	PG		Add QL
ALVESCO	NPB/G	NPB/G		Add QL
ana-lex	PG	NC		
ANIMI-3	NPB/G	NC		
aprepitant cap 125mg	PG	PG		Add QL
aprepitant cap 40mg, 80mg	PG	PG		Change QL
ASTERO	NC	NC		Move to Benefit Exclusion
ATRALIN	FE	FE	*tretinoin* , EPIDUO	Add ST
augmented betamethasone gel, lot, oint	PG	PG		Add QL
av-vite fb	PG	NC		
b6 folic acd	PG	NC		
BIFERARX	NPB/G	NC		
BONIVA	FE	FE	*alendronate 70mg*	Add ST
BP VIT 3	NPB/G	NC		
budesonide inh susp	PG	PG		Add QL
BYSTOLIC	NPB/G	NPB/G	*metoprolol, atenolol, nadolol*	Add PA, Add ST
carb/levo tab 10-100mg	NPB/G	PG		
CEM-UREA	NPB/G	NC		
CENFOL	NPB/G	NC		
CENTRATEX	PB	NC		
clobetasol	NPB/G	NPB/G		Add QL
clobetasol e	NPB/G	NPB/G		Add QL
CLOBEX LOT, SHAMPOO	FE	FE		Add QL
CLOBEX SPRAY	FE	FE		Add QL
clodan	NPB/G	NPB/G		Add QL
COLAZAL	FE	FE	*mesalamine DR* (generic ASACOL HD), DELZICOL, LIALDA, or PENTASA	Add ST
cormax scalp	NPB/G	NPB/G		Add QL
corvita 150	PG	NC		
CORVITE 150	NPB/G	NC		
diclofenac gel 3%	FE	FE		Change QL
dihydroergotamine spray	NPB/G	NPB/G	*naratriptan, rizatriptan, sumatriptan, zolmitriptan*	Add ST, Change QL
DIPROLENE LOT, OINT	FE	FE		Add QL
DIVISTA	NPB/G	NC		

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doxercalciferol cap	PG	PG		Add QL, Remove SPB
doxercalciferol inj	NPB/G	NC		Remove SPB
DRISDOL	HCR	FE		
ED CYTE F	NPB/G	NC		
EMEND CAP 125MG	NPB/G	NPB/G		Add QL
EMEND CAP 40MG, 80MG	NPB/G	NPB/G		Change QL
EPANED ORAL SOLN	NPB/G	NPB/G	*enalapril tablets*	Add PA, Add QL
EPANED PWD FOR ORAL SOLN	NPB/G	NPB/G	*enalapril tablets*	Add PA, Add QL
ergocalciferol cap 50000unt	HCR	PG		
fa-b6-b12	PG	NC		
fabb	PG	NC		
FE 90 PLUS	NPB/G	NC		
FERIVA	NPB/G	NC		
ferocon	PG	NC		
ferotrinsic	PG	NC		
FERRALET 90	NPB/G	NC		
FERRAPLUS 90	NPB/G	NC		
ferrocite	PG	NC		
FERRO-PLEX	NPB/G	NC		
FERROTRIN	NPB/G	NC		
finasteride	PG	PG	*dutasteride*	Add PA
fluocinonide soln, e-cream	PG	PG		Add QL
fluocinonide cream, gel, oint	NPB/G	NPB/G		Add QL
FOCALGIN DSS	NPB/G	NC		
folbee	PG	NC		
FOLGARD RX	FE	NC		
FOLIVANE-F	NPB/G	NC		
FOLIVANE-PLS	NPB/G	NC		
folplex 2.2	PG	NC		
foltrin	PG	NC		
FUSION PLUS	NPB/G	NC		
halobetasol	NPB/G	NPB/G		Add QL
HECTOROL CAP	FE	FE	*doxercalciferol* and *calcitriol*	Add ST, Add QL, Remove SPB
HECTOROL INJ 2MCG/ML	NPB/G	NC		Remove SPB
HECTOROL INJ 4MCG/ML	FE	NC		Remove SPB
hematinic pl	PG	NC		
hematinic/fa	PG	NC		
hematogen	PG	NC		
HEMATOGEN FA	NPB/G	NC		
HEMETAB	NPB/G	NC		
hemocyte	PG	NC		
HEMOCYTE PLS	PB	NC		

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hemocyte-f	PG	NC		
HORIZANT	NPB/G	NPB/G	*gabapentin*	Add PA, Add ST
hydrocort ac pow	PG	NC		
ibandronate tab 150mg	NPB/G	NPB/G	*alendronate 70mg*	Add ST
INDOCIN SUSPENSION	PB	NPB/G	*indomethacin capsules*	
INTEGRA F	NPB/G	NC		
INTEGRA PLUS	NPB/G	NC		
IROSPAN 24/6	NPB/G	NC		
IS 24/6	NPB/G	NC		
k-tan plus	PG	NC		
LANCETS (all Brands currently at Preferred Brand tier)	PB	NPB/G	*generic lancets*	
LDO PLUS	NC	NC		Move to Benefit Exclusion
levorphanol	NPB/G	NPB/G		Add QL, Add SE
lidazone	PG	NC		
lidocaine cre tetracai	PG	PG		Add QL
lidocaine pad 5%	PG	NPB/G	*gabapentin*	Add PA, Add ST
lidocaine/hc cre 3%-0.5%	PG	NC		
lidocaine/hc kit 2-2%	PG	NC		
lidocaine/hc kit 3%-0.5%	PG	NC		
lidocaine/hc kit 3%-1%	PG	NC		
lidocaine/hc kit 3-2.5%	PG	NC		
LIDODERM	FE	FE	*gabapentin*	Add PA, Add ST
lido-hydro gel 2.8-0.54	PG	NC		
LIDOVIN	NPB/G	NC		
LIDOZOL	NPB/G	NC		
MAXARON	NPB/G	NC		
MAXFE	NPB/G	NC		
MEPHYTON	PB	PB		Add QL
MIGRANAL	FE	FE	*naratriptan, rizatriptan, sumatriptan, zolmitriptan*	Change QL
MULTIGEN	NPB/G	NC		
MULTIGEN PLS	NPB/G	NC		
NEPHRON FA	NPB/G	NC		
NEURIN-SL	NPB/G	NC		
NITROSTAT	PB	NPB/G	NITROGLYCERN	Add ST
NORDITROPIN	FE	NPS	OMNITROPE	
NUCORT	NPB/G	FE		
nufol	PG	NC		
NUTROPIN AQ	FE	NPS	OMNITROPE	
OLUX	FE	FE		Add QL
OLUX-E	FE	FE		Add QL
omepra/bicar	FE	FE		Add QL

UPPERCASE = brand-name drug; lower case *italics* = generic drug

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Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
ORFADIN CAPS	PS	NPS		
ORFADIN SUSP	NPS	NPS		Add PA
paricalcitol cap	PG	PG		Remove SPB
paricalcitol inj	PS	NC		Remove SPB
PLIAGLIS	NPB/G	NPB/G		Add QL
PRE-FOLIC	NPB/G	NC		
PROFERRIN	NPB/G	NC		
PROSCAR	FE	FE	*dutasteride*	Add PA
PROTECTIRON	NPB/G	NC		
PROVENTIL HFA	NPB/G	NPB/G	VENTOLIN HFA and PROAIR	Add ST, Expect Gen
PULMICORT SUSP	FE	FE		Add QL
PUREFE	PB	NC		
purevit dual	PG	NC		
RAVICTI	NPS	NPS	*phenylbutyrate* , BUPHENYL	Add ST
RAYALDEE	HCR	NPB/G		
REGRANEX	NPB/G	NPB/G	SANTYL	Add PA, Add QL
RETIN-A	FE	FE	*tretinoin* , EPIDUO	Add ST
RETIN-A MICR 0.08% GEL	NPB/G	NPB/G	*tretinoin* , EPIDUO	Change ST
RETIN-A MICR CR, GEL, PUMP	FE	FE	*tretinoin* , EPIDUO	Change ST
SAIZEN	FE	NPS	OMNITROPE	
SANTYL	NPB/G	NPB/G		Add QL
selenium sulfide shampoo 2.25%	PG	NC		
SELRX	FE	NC		
SENSIPAR	PB	NPB/G	*calcitriol*	Add QL, Remove SPB, Expect Gen
SEROSTIM	FE	NPS		
se-tan plus	PG	NC		
SOLARAZE	FE	FE		Change QL
SYMAX DUOTAB	NPB/G	NC	*dicyclomine, glycopyrrolate*	
SYNERA	NPB/G	NPB/G		Add QL
TANDEM F	NPB/G	NC		
TANDEM PLUS	NPB/G	NC		
TARON FORTE	NPB/G	NC		
TEMOVATE CREAM	NPB/G	NPB/G		Add QL
TEMOVATE GEL, OINT, SOLN	FE	FE		Add QL
TEMOVATE E	NPB/G	NPB/G		Add QL
TERSI FOAM	NPB/G	NC		
tl gard rx	PG	NC		
tl icon	PG	NC		
TRETIN-X CRE	FE	FE	*tretinoin* , EPIDUO	Add ST

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Aetna Small Group Value Plus Plans
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Drug Name	Current Tier	Tier as of 7/1/17	Formulary Alternative(s)	Notes
tricon	PG	NC		
trigels-f	PG	NC		
ULTRAVATE LOTION	NPB/G	NPB/G		Add QL
ULTRAVATE CREAM, OINT	FE	FE		Add QL
URAMAXIN	NPB/G	NC		
UREA NAIL	NPB/G	NC		
VANOS	FE	FE		Add QL
VASCEPA	PB	PB		Add QL
VENIPUNCTURE CPI KIT	NPB/G	NC		
virt-gard	PG	NC		
virt-vite	PG	NC		
vitamin d cap 50000unt	HCR	PG		
VITAMIN D (all OTC products greater than 1200IU, currently covered under HCR)	HCR	NC	OTC Vitamin D 400IU-1200IU	
ZEGERID	FE	FE		Add QL
ZEMPLAR CAP	FE	FE	*paricalcitol* and *calcitriol*	Add ST, Remove SPB
ZEMPLAR INJ	FE	FE		Remove SPB
ZORBTIVE	FE	NPS		

UPPERCASE = brand-name drug; lower case *italics* = generic drug

Please note that if your prescription drug benefits plan changes, the information in this letter may no longer apply.

Some health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about your pharmacy plan, refer to your plan's website that is on your member ID card.

In accordance with state law, commercial fully insured (including HMO) members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Aetna Pharmacy Plan and Specialty Drug List will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, preauthorization approval is known as "preservice utilization review." It is not "verification" as defined by Texas law. Preauthorization means a determination that healthcare services proposed to be provided to a patient are medically necessary and appropriate.

In accordance with state law, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive preauthorization or step-therapy reviews will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, preauthorization, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are not available in all service areas. For example, step-therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. For more information you can refer to your plan's website.

Aetna Small Group Value Plus Plans
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Abbreviation Key

Refer to your plan documents for a complete description of benefits, exclusions and limitations of coverage

*	**Some plans may not cover this drug.** Alternatives are available.
Expect Gen Expect Generic	**Expect generic drugs to become available in the near future.** When this happens, we may cover the brand-name drug at a higher copayment, add the brand-name drug to the precertification, quantity limit or step-therapy lists, or add the brand-name drug to the Formulary Exclusions list.
FE Formulary Exclusion	**These drugs are not covered under your pharmacy benefit plan due to a formulary exclusion.** You can still get these drugs but will need to pay the full cost of the drug.
HCR - Health Care Reform	There is no copay for these drugs.
LGC - Lowest generic copay	Lowest generic copay only applies if your plan has the Value Drug Program.
Medical	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
NC Not-Covered	**These drugs are not covered under your pharmacy benefit plan due to benefit exclusion.** You can still get these drugs but will need to pay the full cost of the drug.
NPB/G - Non-preferred brand or non-preferred generic drug	**These drugs aren't preferred**. You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
NPS Non-preferred specialty drug	**These drugs aren't preferred.** You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
NPL National Precertification List	**Prior authorization (PA) is required for all plans.** Your doctor must contact us to request approval for coverage.
PA Prior authorization or precertification	**Prior authorization only applies if your plan includes precertification.** This means that we have to approve some drugs before we cover them. If this is required, your doctor must contact us to request approval of coverage.
PB Preferred brand-name drug	These are brand-name drugs that are covered at your 2nd Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
PS Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
PG Preferred generic	These are generic drugs that are covered at your 1st tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
QL Quantity limits	**Quantity limits only applies if your plan includes quantity limits.** Quantity limits help ensure that you get a safe amount of your drug. If you go past the quantity limit, your doctor must contact us to request approval of coverage.
Select OTC Select over-the-counter	Select OTC (over-the-counter) drugs are covered under your prescription plan with a prescription.
SPB Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
ST Step therapy	**Step therapy only applies if your plan includes step-therapy.** This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.

Aetna Small Group Value Plus Plans
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Drug Name	Current Tier	Tier as of 4/1/17	Formulary Alternative(s)	Notes
ADDERALL	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
ADDERALL XR	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
ADRENACLICK	NPB/G	NPB/G	EPIPEN, *epinephrine autoinjector*	Add ST
ADRENALIN INJ	NPB/G	NC	EPIPEN, *epinephrine autoinjector*	
ADYPHREN	NPB/G	NPB/G	EPIPEN, *epinephrine autoinjector*	Add QL
ADYPHREN II	NPB/G	NPB/G	EPIPEN, *epinephrine autoinjector*	Add QL
ALA-QUIN	NC	NC		Move to Benefit Exclusion
ALCORTIN A	NC	NC		Move to Benefit Exclusion
ALOQUIN	NC	NC		Move to Benefit Exclusion
AMITIZA	PB	PB		Remove ST
BACTROBAN TOPICAL OINT, CRM	NPB/G	NPB/G		Add QL
BENSAL HP	NC	NC		Move to Benefit Exclusion
BIVIGAM	FE	FE	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
CARIMUNE NF	FE	FE	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
CENTANY	NPB/G	NPB/G		Add QL
CIFEREX	NPB/G	NC		
COLCRYS	NPB/G	FE	*colchicine* , MITIGARE	Add ST
CONCERTA	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
CUVITRU	FE	FE	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
DAYTRANA	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add PA, Add ST
DEXEDRINE CAP	NPB/G	NPB/G		Remove PA, Add ST
dexedrine tab	PG	PG		Remove PA
dextroamphetamine	PG	PG		Remove PA

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Drug Name	Current Tier	Tier as of 4/1/17	Formulary Alternative(s)	Notes
doxepin hcl cream	NPB/G	NPB/G		Add QL
DURACHOL	NPB/G	NC		
DUTOPROL	NPB/G	FE	*metoprolol/hctz, metoprolol er tabs, hctz*	Add ST, Add QL
econazole	PG	PG		Add QL
EPISNAP	NPB/G	NPB/G	EPIPEN, *epinephrine autoinjector*	Add QL
EVEKEO	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add PA
FERIVA TAB 21/7	HCR	NC		
FLEBOGAMMA	FE	PS		
FOCALIN	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
FOCALIN XR	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
GAMMAGARD	FE	FE	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
GAMMAGARD SD	FE	FE	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
GAMMAKED	FE	FE	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
GAMMAPLEX	FE	PS		
GAMUNEX-C	FE	PS		
GLEEVEC	FE	FE	*imatinib*	Add QL
HIZENTRA	FE	FE	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
HYLAFEM	NC	NC		Move to Benefit Exclusion
HYQVIA	NPS	NPS	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
imatinib mes	PG	PG		Add QL
KAPVAY	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
LINZESS	NPB/G	PB		Remove ST

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Drug Name	Current Tier	Tier as of 4/1/17	Formulary Alternative(s)	Notes
METADATE CD	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
METHYLIN CHEW	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
METHYLIN SOLN	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
METOPROLOL/HCTZ SR	NPB/G	FE	*metoprolol/hctz, metoprolol er tabs, hctz*	Add ST, Add QL
MORCIN	NC	NC		Move to Benefit Exclusion
mupirocin oint, crm	PG	PG		Add QL
OCTAGAM	FE	PS		
ORTHO D	NPB/G	NC		
PRIVIGEN	FE	FE	FLEBOGAMMA, GAMMAPLEX, GAMUNEX-C, OCTAGAM	Add ST
PROCENTRA	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
PRUDOXIN	NPB/G	NPB/G		Add QL
REVESTA	NPB/G	NC		
RITALIN	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
RITALIN LA	NPB/G	NPB/G	generic stimulant, STRATTERA, VYVANSE	Add ST
RYNODERM	NPB/G	NC		
THALAMUS	NC	NC		Move to Benefit Exclusion
TRAUMEEL	NC	NC		Move to Benefit Exclusion
TREXIMET TAB 85-500MG	FE	FE	*sumatriptan and naproxen*	Add ST
TREXIMET TAB 10-60MG	FE	FE	*sumatriptan and naproxen*	Add ST, Add QL
UTOPIC	NPB/G	NC		
VANATOL LQ	NPB/G	FE	acetaminophen/ butalbital/caffeine tab	Add ST, Add QL
ZAVARA	NPB/G	NC		
ZENZEDI 2.5MG, 7.5MG, 15MG, 20MG	FE	FE		Remove PA, Add ST
zenzedi 5mg, 10mg	PG	PG		Remove PA
ZIPSOR	NPB/G	FE	*diclofenac sodium tab, diclofenac potassium tab*	
ZOLATE	NPB/G	NC		
ZONALON	NPB/G	NPB/G		Add QL

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Please note that if your prescription drug benefits plan changes, the information in this letter may no longer apply.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Aetna Pharmacy Plan and Specialty Drug List are subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug.

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Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about your pharmacy plan, refer to your plan's website that is on your member ID card.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Aetna Pharmacy Plan and Specialty Drug List will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "preservice utilization review." It is not "verification" as defined by Texas law.

In accordance with state law, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive precertification or step-therapy reviews will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive precertification or step-therapy reviews will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, precertification, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are not available in all service areas. For example, step-therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor. Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

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Abbreviation Key

Refer to your plan documents for a complete description of benefits, exclusions and limitations of coverage

*	**Some plans may not cover this drug.** Alternatives are available.
Expect Gen Expect Generic	**Expect generic drugs to become available in the near future.** When this happens, we may cover the brand-name drug at a higher copayment, add the brand-name drug to the precertification, quantity limit or step-therapy lists, or add the brand-name drug to the Formulary Exclusions list.
HCR Health Care Reform	There is no copay for these drugs.
LGC Lowest generic copay	Lowest generic copay only applies if your plan has the Value Drug Program.
Medical	These drugs are not covered under your Pharmacy benefit but may be covered under your Medical benefit.
NC Not-Covered	**These drugs are not covered under your pharmacy benefit plan.** You can still get these drugs but will need to pay the full cost of the drug.
NPB/G Non-preferred brand or non-preferred generic drug	**These drugs aren't preferred**. You may pay higher out-of-pocket costs when using a non-preferred brand-name or non-preferred generic drug.
NPS Non-preferred specialty drug	**These drugs aren't preferred.** You may pay higher out-of-pocket costs when using a non-preferred drug on the Aetna Specialty Drug List.
NPL National Precertification List	**Prior authorization (PA) is required for all plans.** Your doctor must contact us to request approval for coverage.
PA Prior authorization or precertification	**Prior authorization only applies if your plan includes precertification.** This means that we have to approve some drugs before we cover them. If this is required, your doctor must contact us to request approval of coverage.
PB Preferred brand-name drug	These are brand-name drugs that are covered at your 2nd Tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
PS Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Aetna Specialty Drug List.
PG Preferred generic	These are generic drugs that are covered at your 1st tier copay. You may pay lower out-of-pocket costs when you use preferred drugs, but this may not always be the case.
QL Quantity limits	**Quantity limits only applies if your plan includes quantity limits.** Quantity limits help ensure that you get a safe amount of your drug. If you go past the quantity limit, your doctor must contact us to request approval of coverage.
Select OTC Select over-the-counter	Select OTC (over-the-counter) drugs are covered under your prescription plan with a prescription.
SPB Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at an Aetna Specialty Pharmacy network provider, like Aetna Specialty Pharmacy. Specialty products are limited to a 30 day supply.
ST Step therapy	**Step therapy only applies if your plan includes step-therapy.** This means that you must try one or more prerequisite drug(s) before we cover a step-therapy drug.

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
ABILIFY	NPB/G	NC		
ABSTRAL	NPB/G	NPB/G	*fentanyl lozenge, morphine, hydrocodone, oxycodone, hydromorphone*	Add ST
ACANYA	NPB/G*	NC	EPIDUO	Add ST
ACCUPRIL	NPB/G	NC		
ACCURETIC	NPB/G	NC		
ACEON	NPB/G	NC		
acid control	PG/LGC	NC		Remove select OTC
acid reducer	PG/LGC	NC		Remove select OTC
a-cillin	PG	PG/LGC		
ACIPHEX	NPB/G	NC		
ACTICLATE	NPB/G*	NC		Add ST
ACTIGALL	NPB/G	NC		
ACTIMMUNE	PS	NPS		
ACTIQ	NPB/G	NC	*morphine, hydrocodone, oxycodone, hydromorphone*	Add ST
ACTIVELLA	NPB/G	NC		
ACTONEL	NPB/G	NC		
ACTOPLUS MET	NPB/G	NC		
ACTOS	NPB/G	NC		
ACULAR	NPB/G	NC		
ACULAR LS	NPB/G	NC		
ACZONE	NPB/G	NPB/G	EPIDUO	Add ST
ADAGEN	NPB/G	NPS		Add PA
ADALAT CC	NPB/G	NC		
ADDERALL / XR	NPB/G	NC		
ADOXA and ADOXA PAK	NPB/G*	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
AKYNZEO	NPB/G	NPB/G	*oral ondansetron tab*	Add PA, Add ST
alavert	PG/LGC	PG		
alaway	PG/LGC	PG		
alaway child	PG/LGC	PG		
ALCAINE	NPB/G	NC		
ALDACTAZIDE	NPB/G	NC		
ALDACTONE	NPB/G	NC		
ALDARA	NPB/G	NC		
ALDURAZYME	PS	NPS		
ALFERON N	NPB/G	NPS		
ALINIA	NPB/G	NPB/G		Expect Gen
ALKERAN	PB	NPB/G		
allergy	PG/LGC	PG		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
allergy eye drops	PG/LGC	PG		
allergy relief	PG/LGC	PG		
ALORA	NPB/G	NC		
alosetron	PG	PG	*diphenoxylate/atropine, loperamide*	Add ST
ALOXI	NPB/G	NPS		Remove NPL
ALPHAGAN P	NPB/G	NC		
ALPHANATE	NPS	NC		
ALPHANINE SD	NPS	NC		
ALPROLIX	NPS	NC		
ALSUMA	NPB/G*	NC	*naratriptan, rizatriptan, sumatriptan, zolmitriptan*	Add ST
ALTACE	NPB/G	NC		
ALUVEA	NC	NC		
AMARYL	NPB/G	NC		
AMBIEN / CR	NPB/G	NC	*eszopiclone, zaleplon, zolpidem*	
ambitussin	PG	NC		Remove select OTC
amcinonide cream	PG	NPB/G	*betamethasone dipropionate crm, oint, lot*	
AMERGE	NPB/G	NC		
amlodipine/valsartan	NPB/G	PG		Remove ST
amlodipine/valsartan HCT	NPB/G	PG		
AMMONUL	NPB/G	NPS		
amoxicillin	PG	PG/LGC		
amoxil	PG	PG/LGC		
ampicillin	NC	NPS		Add SPB
amp-sulbacta	NC	NPS		Add SPB
AMPYRA	NPB/G	PS		
AMRIX	NPB/G*	NC	generic FLEXERIL	Add ST
ANAFRANIL	NPB/G	NC		
ANALPRAM SINGLES	NC	NC		
ANALPRAM-HC	PB	NC		
ANAPROX DS	NPB/G	NC		
ANASPAZ	NC	NC		
ANDROGEL 1%	NPB/G	NC		
ANDROID	NPB/G	NC		
ANTABUSE	NPB/G	NC		
antihistamine	PG/LGC	PG		
ANUSOL-HC	NPB/G	NC		
ANZEMET	NC	NPS		Add PA, Remove NPL

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
apexicon	PG	NPB/G	betamethasone dipropionate crm, oint, lot	
APIDRA	NPB/G	NPB/G	HUMULIN products, HUMALOG products	Add ST
APLENZIN	NPB/G*	NC	*bupropion/xl, citalopram, escitalopram, fluoxetine, paroxetine, sertraline*	Add ST
ARALEN	NPB/G	NC		
ARAVA	NPB/G	NC		
ARICEPT	NPB/G	NC		
ARIMIDEX	NPB/G	NC		
ARIXTRA	NPB/G	NC		
ARMOUR THYROID	NPB/G	NC		
ARNUITY ELLIPTA	NPB/G	NPB/G		Remove PA, Remove ST
AROMASIN	NPB/G	NC		
arth foun aspirin tabs	PG	NC		Remove select OTC
ARTHROTEC 50	NPB/G	NC		
ARTHROTEC 75	NPB/G	NC		
ARZERRA	NPS	NPS		Add PA
aspirin	PG	NC		Remove select OTC
aspirtab m/s	PG	NC		Remove select OTC
ASTEPRO	NPB/G	NC		
ATACAND	NPB/G	NC	*candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan*	
ATACAND HCT	NPB/G	NC	candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz	
ATELVIA	NPB/G	NC		
ATIVAN	NPB/G*	NC	Add ST	
ATRIPLA	PB	NPB/G		
ATROVENT NASAL	NPB/G	NC		
AUGMENTIN	NPB/G	NC		
AUGMENTIN XR	NPB/G	NC		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
AVALIDE	NPB/G	NC	*candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz*	
AVAPRO	NPB/G	NC	*candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan*	
AVAR LS	NPB/G	NC		
AVAR-E LS	NPB/G	NC		
AVELOX	NPB/G	NC		
AVELOX ABC	NPB/G	NC		
avidoxy	PG*	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	
AVODART	NPB/G	NC		
AVONEX PEN	NPS	NPS		Add ST
AVONEX PREFL	NPS	NPS		Add ST
AXERT	NPB/G	NC		
AYGESTIN	NPB/G	NC		
AZACTAM	NPS	NC		
AZASAN	NPB/G	NPS		
AZILECT	PB	PB		Expect Gen
AZULFIDINE	NPB/G	NC		
azuphen mb	NC	NC		
BACTRIM	NPB/G	NC		
BACTROBAN	NPB/G	NC		
banophen	PG	NC		Remove select OTC
BARACLUDE	NPS	NC		
bayer advanced	PG	NC		Remove select OTC
bayer aspirin	PG	NC		Remove select OTC
BEBULIN	NPS	NC		
BEBULIN VH	NPS	NC		
beepen-vk	PG	PG/LGC		
BENLYSTA	NPB/G	NPS		
BENTYL	NPB/G	NC		
BERINERT	NPB/G	NPS		
BETAGAN	NPB/G	NC		
betamethasone valerate	PG	NPB/G	triamcinolone crm, oint, lot	
bexarotene	PS	PG		Add PA

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
BIAXIN	NPB/G	NC		
BIAXIN XL	NPB/G	NC		
bimatoprost	NPB/G	NPB/G	*latanoprost* , TRAVATAN Z	Add ST
BINOSTO	NPB/G*	NC	*alendronate*	Add ST
BIVIGAM	NPS	NC		
BLEPH-10	NPB/G	NC		
BONIVA inj	NPB/G	NC	*ibandronate*	Add ST, Remove NPL
BOTOX	NPB/G	NPS		
BOTOX COSMET	NPB/G	NPS		
bpm-dm-phen	PG	NC		Remove select OTC
BRAVELLE	NPS	PS		
BREO ELLIPTA	NPB/G	PB		
BRINTELLIX	NPB/G	NPB/G	*citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone*	Add ST
brodspec	PG/LGC	PG		
BUNAVAIL	NPB/G	NPB/G	generic SUBOXONE SL TAB, SUBOXONE FILM	Add ST
BUPHENYL	NPS	NC		
c/t/s	PG	NPB/G	EPIDUO	
CADUET	NPB/G*	NC	*amlodipine, atorvastatin*	Add ST
CALAN SR	NPB/G	NC		
CAMBIA	NPB/G*	NC	*naratriptan, rizatriptan, sumatriptan, zolmitriptan*	Add ST
CAMPTOSAR INJ 40MG/2ML, 100/5ML	NPB/G	NC		
CAMPTOSAR INJ 300/15ML	NPB/G	NPS		
capcof	PG	NC		Remove select OTC
CARAC	NPB/G*	NC	*fluouracil crm*	Add ST
CARAFATE	NPB/G	NC		
CARBAGLU	NPS	NPS		Expect Gen
CARBATROL	PB	NC		
CARDIZEM CD	NPB/G*	NC	*diltiazem er*	Add ST
CARDIZEM LA	NPB/G	NC		
CARDURA	NPB/G	NC		
CARIMUNE NF	NPS	NC		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
CASODEX	NPB/G	NC		
CATAPRES	NPB/G	NC		
CATAPRES-TTS	NPB/G	NC		
CEFTIN	NPB/G	NC		
CELEBREX	NPB/G	NC		
CELEXA	NPB/G	NC		
CENTANY	NPB/G	NC		
cephalexin	PG	PG/LGC		
CHENODAL	NPB/G	NPS		
cheratussin	PG	NC		Remove select OTC
chlorpropamide	PG/LGC	PG		
chlorthalidone	PG/LGC	PG		
chorionic gonadotropin	NPS	PS		
CICLODAN SOLUTION	PG	PG		Add PA
ciclopirox solution	PG	PG		Add PA
cidofovir	PG	PS		
CILOXAN	NPB/G	NC		
cimetidine	PG/LGC	PG		
CIPRO	NPB/G	NC		
CIPRO XR	NPB/G	NC		
ciprofloxacin	PG	PG/LGC		
CLAFORAN	NPS	NC		
CLARINEX	NPB/G	NC		
CLARITIN	PG	NC		
claritin	PG/LGC	PG		
claritin eye drops	PG/LGC	PG		
CLARITIN-D	PG	NC		
CLEOCIN	NPB/G	NC		
CLEOCIN PED	NPB/G	NC		
CLEOCIN PHOS	NPS	NC		
CLEOCIN-T	NPB/G	NC	EPIDUO	
c-lexin	PG	PG/LGC		
CLIMARA	NPB/G	NC		
CLIMARA PRO	NPB/G	NPB/G		Expect Gen
CLINDAGEL	NPB/G	NC	EPIDUO	
clindamax	PG	NPB/G	EPIDUO	
clindamycin inj	NPB/G	PS		
clobetasol *clobetason e*	PG	NPB/G	*augmented betamethasone crm, oint, lot, gel*	
CLOBEX LOTION	NPB/G	NC	*augmented betamethasone crm, oint, lot, gel*	
CLOBEX SHAMPOO	NPB/G	NC		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
CLOBEX SPRAY	PB	NC		
clonidine	NPB/G	NPB/G	*guanfacine er, amphetamine/ dextroamphetamine/sr, dexmethylphenidate/sr, methylphenidate/sr,* STRATTERA	Add ST
CLOZARIL	NPB/G	NC		
COLAZAL	NPB/G	NC		
COLCRYS	NPB/G	NPB/G	*colchicine,* MITIGARE	Add ST
COLESTID	NPB/G	NC		
colistimeth	PG	PS		
COLY-MYCIN M	NPB/G	NC		
COMBIVIR	NPB/G	NC		
COMPLERA	PB	NPB/G		
COMTAN	NPB/G	NC		
CONCERTA	NPB/G	NC		
CONZIP	NPB/G*	NC	generic ULTRAM/ER	Add ST
COPAXONE INJ 20MG	NPS	NC		
COPAXONE INJ 40MG	PB	PS		Expect Gen
COPEGUS	NPS	NC		
CORDARONE	NPB/G	NC		
COREG	NPB/G	NC		
COREG CR	NPB/G	NPB/G	*carvedilol*	Expect Gen
CORGARD	NPB/G	NC		
CORIFACT	NPS	NC		
cormax *cormax scalp*	PG	NPB/G	augmented betamethasone crm, oint, lot, gel	
CORTEF	NPB/G	NC		
CORTENEMA	NPB/G	NC		
CORZIDE	NPB/G	NC		
COUMADIN	NPB/G	NC		
COVERA-HS	NPB/G	NPB/G		Expect Gen
COZAAR	NPB/G	NC	*candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan*	
CUPRIMINE	NPB/G	NPS		Add PA, Add ST, Add SPB
CUTIVATE CREAM	NPB/G	NC	triamcinolone crm, oint, lot	

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
CUTIVATE LOTION	NPB/G	NC	triamcinolone crm, oint, lot	
cvs allergy	PG/LGC	PG		
cyclatet	PG/LGC	PG		
CYCLOGYL	NPB/G	NC		
CYMBALTA	NPB/G	NC		
CYSTAGON	PS	NPB/G		
CYTOGAM	PS	NC		
CYTOMEL	NPB/G	NC		
CYTOVENE	NPB/G	NC		
D.H.E. 45	NPB/G	NC		
DANTRIUM IV	NC	NPS		Add SPB
DAYPRO	NPB/G	NC		
DDAVP inj	NPS	NC		
DDAVP tabs, nasal	NPB/G	NC		
deferoxamine	PG	PS		
DELESTROGEN	NPB/G	NC		
delonide	PG	NPB/G	*aclometasone crm, oint*	
DEMADEX	NPB/G	NC		
DEMEROL inj	NC	NC		
DEMEROL tabs	NPB/G	NC		
DEPAKENE	NPB/G	NC		
DEPAKOTE / ER / SPR	NPB/G	NC		
DEPEN TITRA	NPB/G	PS		Add PA, Add SPB
DEPO-TESTOSTERONE	NPB/G	NC		
DERMA-SMOOTH	NPB/G	NC		
DERMOTIC	NPB/G	NC		
DESFERAL	NPB/G	NC		
desmopressin	PG	PS		
desonide	PG	NPB/G	*aclometasone crm, oint*	
DESOWEN	NPB/G	NC	*aclometasone crm, oint*	
desoximetasone 0.05%	PG	NPB/G	*triamcinolone crm, oint, lot*	
desoximetasone 0.25%	PG	NPB/G	*betamethasone dipropionate crm, oint, lot*	
DESOXYN	NPB/G	NC		
DETROL / LA	NPB/G	NC	*oxybutynin/er, tolterodine/er,* trospium/er, MYRBETRIQ, VESICARE	Add ST

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
DEXEDRINE	NPB/G	NC		
DIAMOX SEQUEL	NPB/G	NC		
DIBENZYLINE	NPB/G	NC		Add PA, Add ST, Add SPB
diclofenac gel	PG	NC	*generic nonsteroidal anti-inflammatory drug*	Add QL
diclotral	NPB/G	NC	*diclofenac tabs, capsaicin crm (otc)*	
DIFFERIN CREAM, GEL	NPB/G	NC	EPIDUO	
diflorasone cream	PG	NPB/G	*augmented betamethasone crm, oint, lot, gel*	
diflorasone oint	PG	NPB/G	*betamethasone dipropionate crm, oint, lot*	
DIFLUCAN	NPB/G	NC		
dihistine	PG	NC		Remove select OTC
DILANTIN	PB	NC		
DILANTIN-125	PB	NC		
DILAUDID	NPB/G	NC		
DIOVAN	NPB/G	NC	*candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan*	
DIOVAN HCT	NPB/G	NC	*candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz*	
DIPENTUM	NPB/G	NPB/G	APRISO, ASACOL/HD, DELZICOL, LIALDA, PENTASA	Add ST
diphenhydramine	PG	NC		Remove select OTC
DIPROLENE	NPB/G	NC		
DIPROLENE AF	NPB/G	NC		
DITROPAN XL	NPB/G	NC		
DOLOPHINE	NPB/G	NC		
DONNATAL	NC	NC		
DORYX	NPB/G*	NC		Add ST
DOVONEX	NPB/G	NC		
doxercalciferol	NPB/G	PG		

Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
doxycycline cap	NPB/G*	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
doxycycline cap 75mg	NPB/G*	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST, Add QL
doxycycline hyclate	PG/LGC	PG		
doxycycline hyclate dr	NPB/G*	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
doxycycline monohydrate	NPB/G*	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST
doxycycline monohydrate 100mg	PG*	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	
doxy-d	PG/LGC	PG		
DRYSOL	NC	NC		
DUAC	NPB/G	NC	EPIDUO	Add ST
DUETACT	NPB/G	NC		
DUEXIS	NPB/G*	NC	*ibuprofen 800mg, famotidine*	Add ST
DURAGESIC	NPB/G	NC		
DYAZIDE	NPB/G	NC		
DYMISTA	NPB/G*	NC	*azelastine,* FLONASE OTC	Add ST
DYSPORT	NPB/G	NPS		
EC-NAPROSYN	NPB/G	NC		
econazole	PG	NPB/G	*terbinafine, griseofulvin*	
ECOZA	NPB/G*	NC	*terbinafine, griseofulvin*	Add ST
EDLUAR	NPB/G*	NC	*eszopiclone, zaleplon, zolpidem*	Add ST
EFFEXOR XR	NPB/G	NC		
EFUDEX	NPB/G	NC		
EGRIFTA	NPS	NC		Remove SPB
ELAPRASE	PS	NPS		
ELDEPRYL	NPB/G	NC		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
ELELYSO	NPB/G	NPS		
ELESTAT	NPB/G	NC		
ELIGARD	NPB/G	NPS	*leuprolide*	Add PA
ELOCON	NPB/G	NC	*triamcinolone crm, oint, lot*	
ELOCTATE	NPS	NC		
EMLA	NPB/G	NPB/G		Add QL
ENBREL	PB	PS		
ENBREL SRCLK	PB	PS		
endacof-c	PG	NC		Remove select OTC
ENTOCORT EC	NPB/G	NC		
ENTYVIO	NPB/G	NPS	HUMIRA	Add ST
EPIVIR HBV SOLN	NPB/G	PB		
EPIDUO	NPB/G	PB		Remove ST, Expect Gen
EPIDUO FORTE	NPB/G	PB		Remove ST, Expect Gen
EPIPEN 2-PAK	PB	PB		Expect Gen
EPIPEN-JR	PB	PB		Expect Gen
EPIVIR	PB	NC		
EPIVIR HBV TAB	NPB/G	NC		
EPOGEN	PS	NPS		
EPZICOM	PB	PB		Expect Gen
eq itchy eye drops	PG/LGC	PG		
eridium	PG/LGC	PG		
ESGIC	NPB/G	NC		
ESTRACE	NPB/G	NC		
estropipate	PG/LGC	PG		
etoposide cap	PS	PG		
etoposide inj	PS	NPS		
EVOTAZ	PB	NPB/G		
EVOXAC	NPB/G	NC		
EVZIO	PB	NC	NARCAN NASAL SPRAY	Add ST
EXALGO	NPB/G	NC		
EXELON	NPB/G	NC		
EXFORGE	NPB/G	NC	*amlodipine, candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan*	

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EXFORGE HCT	NPB/G	NPB/G	*amlodipine, candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz*	Remove ST
EXTINA	NPB/G	NC		
eye itch relief	PG/LGC	PG		
EYLEA	PS	NPS		Add PA, Add NPL
FABRAZYME	PS	NPS		
FAMVIR	NPB/G	NC		
FARXIGA	NPB/G	NPB/G		Remove ST
FASLODEX	NPB/G	NPS		Add PA
FAZACLO	NPB/G	NC		
FEIBA VH	PS	NC		
FELBATOL	NPB/G	NC		
FELDENE	NPB/G	NC		
FEMARA	NPB/G	NC		
FENOGLIDE	NPB/G*	NC	generic ANTARA, LIPOFEN, LOFIBRA, TRICOR	Add ST
fentanyl ot lozenge	NPB/G	NPB/G	*morphine, hydrocodone, oxycodone, hydromorphone*	Add ST
FENTORA	NPB/G	NPB/G	*fentanyl lozenge, morphine, hydrocodone, oxycodone, hydromorphone*	Add ST
ferrous sulfate	HCR	NC		
FETZIMA	NPB/G	NPB/G	*citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone*	Add ST
FEXMID	NPB/G	NC		
FIORICET TAB	NPB/G	NC		
FIORINAL	NPB/G	NC		
FIORINAL/COD	NPB/G	NC		
FIRAZYR	NPS	NC		
FIRMAGON	NPB/G	NPS	*leuprolide*	

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
FLAGYL	NPB/G	NC		
FLEBOGAMMA	NPS	NC		
FLECTOR	NPB/G*	NC	*oral diclofenac*	Add ST
FLOLAN	NPB/G	NPS		
FLOMAX	NPB/G	NC		
flonase allergy	PG	PG		Add QL
FLOVENT DISK	NPB/G	NPB/G		Remove PA, Remove ST
FLOVENT HFA	NPB/G	NPB/G		Remove PA, Remove ST
FLUMADINE	NPB/G	NC		
flunisolide	PG	PG		Remove QL
fluocinolone acetonide	PG	NPB/G	*augmented betamethasone crm, oint, lot, gel*	
fluocinonide 0.1%	PG	NPB/G	*augmented betamethasone crm, oint, lot, gel*	
fluocinonide cream 0.05%	PG/LGC	NPB/G	*betamethasone dipropionate crm, oint, lot*	
fluocinonide cream -e 0.05%	PG/LGC	NPB/G	*betamethasone dipropionate crm, oint, lot*	
fluocinonide oint, gel 0.05%	PG	NPB/G	*betamethasone dipropionate crm, oint, lot*	
fluoxetine	PG/LGC	PG		
flurosyn	PG	NPB/G	*augmented betamethasone crm, oint, lot, gel*	
fluticasone cream	PG	NPB/G	*triamcinolone crm, oint, lot*	
FML LIQUIFLM	NPB/G	NC		
FOCALIN / XR	NPB/G	NC		
FOLGARD RX	NPB/G	NC		
FOLLISTIM AQ	NPS	NPS	*clomiphene, tamoxifen*	Add ST
FOLTX	NC	NC		
FORFIVO XL	NPB/G*	NC	*bupropion xl 300mg, bupropion xl 150mg*	Add ST
FORTAMET	NPB/G*	NC	generic GLUCOPHAGE, GLUCOPHAGE XR	Add ST
FORTAZ	NPS	NC		

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FORTEO	NPS	NPS	*alendronate, risedronate*	Add ST
FOSAMAX	NPB/G	NC		
FREESTYLE TEST STRIPS	NPB/G	PB		Remove PA
FURADANTIN	NPB/G	NC		
FUZEON	NPB/G	NPS		
GABITRIL	NPB/G	NC		
GABLOFEN	NC	NPS		Add SPB
GAMMAGARD	NPS	NC		
GAMMAGARD SD	NPS	NC		
GAMMAKED	NPS	NC		
GAMMAPLEX	NPS	NC		
GAMUNEX-C	NPS	NC		
ganciclovir	PG	PS		
GASTROCROM	NPB/G	NC		
GASTROGRAFIN	NPB/G	NC		
GEL-ONE	NPB/G	NPS	EUFLEXXA, ORTHOVISC, MONOVISC	Add ST
gentamicin cream	PG/LGC	PG		
GENVISC	NPB/G	NPS		
GENVOYA	NPB/G	NPS		Add PA, Add SPB
GEODON	NPB/G	NC		
gg/codeine	PG	NC		Remove select OTC
GIAZO	NPB/G	NPB/G	APRISO, ASACOL/HD, DELZICOL, LIALDA, PENTASA	Add ST, Expect Gen
GILENYA	PB	PS		
GLASSIA	NPB/G	NPS		
glatopa	PG	PS		
GLEEVEC	NPB/G	NC		
GLUCOPHAGE	NPB/G	NC		
GLUCOSE TEST STRIPS (any brand except LIFESCAN and ABBOTT products)	NPB/G	NC	LIFESCAN products (such as ONETOUCH), ABBOTT products (such as FREESTYLE)	
GLUCOTROL	NPB/G	NC		
GLUCOTROL XL	NPB/G	NC		
GLUCOVANCE	NPB/G	NC		
GLUMETZA	NPB/G*	NC	generic GLUCOPHAGE, GLUCOPHAGE XR	Add ST
GLYNASE	NPB/G	NC		
GONAL-F	NPS	PS		
GONAL-F RFF	NPS	PS		
grafco silver	NC	NC		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
GRALISE	NPB/G	NPB/G	generic NEURONTIN	Add ST
GRALISE STAR	NPB/G	NPB/G	generic NEURONTIN	Add ST
GRIS-PEG	NPB/G	NC		
guaiatussin	PG	NC		Remove select OTC
guaifenesin	PG	NC		Remove select OTC
guiatuss dac	PG	NC		Remove select OTC
H.P. ACTHAR	NPB/G	NPS		
HALCION	NPB/G	NC		
halobetasol	PG	NPB/G	*augmented betamethasone crm, oint, lot, gel*	
HARVONI	PS	NPS	ZEPATIER	Add ST, Add QL
hc pramoxine	NC	NC		
heartburn	PG/LGC	NC		Remove select OTC
HECTOROL	NPB/G	NC		
hemmorex-hc				
HEMOFIL M	NPB/G	NC		
HEMOFIL M	NPS	NC		
HEPSERA	NPS	NC		
HETLIOZ	NPS	NPS		Add QL
HIPREX	NPB/G	NC		
HIZENTRA	NPS	NC		
HUMATE-P	NPS	NC		
HUMIRA	PB	PS		
HUMIRA PEDIA	PB	PS		
HUMIRA PEN	PB	PS		
HUMULIN	NPB/G	PB		
HUMULIN N	NPB/G	PB		
HYALGAN	NPS	NPS	EUFLEXXA, ORTHOVISC, MONOVISC	Add ST
HYCET	NPB/G	NC		
HYDRO 35	NC	NC		
hydroxyzine hcl	PG/LGC	PG		
hyolev mb	NC	NC		
hyosyne	NC	NC		
hypercare	NC	NC		
HYPERHEP B	NPB/G	NC		
HYPERRAB S/D	NPB/G	NC		
HYPERRHO S/D	NPS	NC		
HYPERTET S/D	PS	NC		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
HYZAAR	NPB/G	NC	*candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz*	
ibandronate inj	PG	PS	*ibandronate*	Add ST, Remove NPL
IBUDONE	NPB/G	NC		
IMITREX	NPB/G	NC		
IMOGAM RABIE	PS	NC		
IMURAN	NPB/G	NC		
INDERAL LA	NPB/G	NC		
indiomin mb	NC	NC		
INSPRA	NPB/G	NC		
INTERMEZZO	NPB/G*	NC	*eszopiclone, zaleplon, zolpidem*	Add ST
INTRON A	PS	NPB/G		
INTRON-A	PS	NPB/G		
INTUNIV	NPB/G	NC		
INVEGA	NPB/G	NC		
INVIRASE	PB	NPB/G		
iophen c-nr	PG	NC		Remove select OTC
IOPIDINE	NPB/G	NC		
irinotecan	PG	PS		
ISENTRESS	PB	NPB/G		
ISOPTIN SR TAB	NPB/G	NC		
ISORDIL	NPB/G	NC		
itchy eye	PG/LGC	PG		
JAKAFI	NPS	NPS		Add QL
JALYN	NPB/G	NC		
JARDIANCE	NPB/G	NPB/G		Remove ST
JENTADUETO	NPB/G	PB		Remove ST
JEVTANA	NC	NPS		Add PA, Add SPB, Remove NPL
JUBLIA	NPB/G	NPB/G	*terbinafine, itraconazole, griseofulvin*	Add ST
KADIAN	NPB/G	NC		
KALBITOR	NPB/G	NPS		
kaon-cl-10	PG/LGC	PG		

Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
KAPVAY	NPB/G	NC	*guanfacine er, amphetamine/ dextroamphetamine/sr, dexmethylphenidate/sr, methylphenidate/sr,* STRATTERA	Add ST
KAYEXALATE	NPB/G	NC		
KEFLEX	NPB/G	NC		
KENALOG	NPB/G	NC		
KEPIVANCE	NC	NPS		Add PA, Add SPB
KEPPRA / XR	NPB/G	NC		
KERALAC	NC	NC		
KERYDIN	NPB/G	NPB/G	*terbinafine, itraconazole, griseofulvin*	Add ST
ketotifin fum	PG/LGC	PG		
KHEDEZLA	NPB/G	NPB/G	*citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone*	Add PA, Add ST
KITABIS	PS	NC		
KLARON	NPB/G	NC		
KLONOPIN	NPB/G	NC		
klor-con 10	PG/LGC	PG		
klotrix	PG/LGC	PG		
KOATE-DVI	NPS	NC		
KOMBIGLYZE	PB	NPB/G	*alogliptin,* JANUVIA/JANUMET/XR, TRADJENTA/ JENTADUETO/XR	Add ST
KOVALTRY	NPS	NC		
KRYSTEXXA	NPB/G	NPS		
k-sol	PG/LGC	PG		
K-TAB	NPB/G	NC		
K-TABS	NPB/G	NC		
LAC-HYDRIN	NC	NC		
LAMICTAL	NPB/G	NC		
LAMICTAL ODT	NPB/G	NC		
LAMICTAL XR	NPB/G	NC		
LAMISIL	NPB/G	NC		
LANOXIN	NPB/G	NC		

Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
LANTUS	NPB/G	NPB/G	LEVEMIR	Add ST
LASIX	NPB/G	NC		
LAZANDA	NPB/G	NPB/G	*fentanyl lozenge, morphine, hydrocodone, oxycodone, hydromorphone*	Add ST
ledercillin vk	PG	PG/LGC		
LESCOL	NPB/G	NC	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin*	
LESCOL XL	NPB/G	NC	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin*	
LETAIRIS	PB	PS		
LEUKERAN	PB	PS		
LEUKINE	PS	NPS		
leuprolide	NPB/G	PS		
LEVAQUIN	NPB/G	NC		
LEVBID	NC	NC		
LEVSIN	NC	NC		
LEVSIN/SL	NC	NC		
LEXAPRO	NPB/G	NC		
LEXIVA	PB	PB		Expect Gen
lidocaine	PG	PG		Add QL
lidocaine oint	NPB/G	NPB/G		Add QL
lidocaine pad	PG	PG		Add QL
lidocaine-prilocaine cream	PG	PG		Add QL
LIDODERM	NPB/G	NC		Add QL
lidopril	NC	NC		Add QL
LIPITOR	NPB/G	NC	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin*	
LIVALO	NPB/G	NPB/G	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin*	Add ST

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
LOCOID	NPB/G	NC		
LOCOID LIPO	NPB/G	NC		
LODOSYN	NPB/G	NC		
LOFIBRA	NPB/G	NC		
lohist-dm	PG	NC		Remove select OTC
lokara	PG	NPB/G	*aclometasone crm, oint*	
LOMOTIL	NPB/G	NC		
LOPRESSOR	NPB/G	NC		
LOPRESSOR HCT	NPB/G	NC		
LOPROX	NPB/G	NC		
loratadine	PG/LGC	PG		
LORZONE	NPB/G*	NC	*chlorzoxazone 250mg, 500mg*	Add ST
LOTEMAX	PB	PB		Expect Gen
LOTENSIN	NPB/G	NC		
LOTENSIN HCT	NPB/G	NC		
LOTREL	NPB/G	NC		
LOTRISONE	NPB/G	NC		
LOTRONEX	NPB/G	NC		
LOVAZA	NPB/G	NC		
LOVENOX	NPB/G	NC		
LUCENTIS	PS	NPS		Add PA, Add NPL
LUMIZYME	PS	NPS		
LUNESTA	NPB/G	NC	eszopiclone, zaleplon, zolpidem	
LUPANETA	NPB/G	NPS	leuprolide	Add PA
LUPR DEP-PED	NPB/G	NPS	leuprolide	Add PA
LUPRON DEPOT	NPS	NPS	leuprolide	Add PA
LUXIQ	NPB/G	NC		
LYSTEDA	NPB/G	NC		
MACROBID	NPB/G	NC		
MACRODANTIN	NPB/G	NC		
MACUGEN	NPB/G	NPS		Add PA, Add NPL
MAKENA	NPB/G	NPS		
MALARONE	NPB/G	NC		
mar-cof bp	PG	NC		Remove select OTC
MARINOL	NPB/G	NC		
MAXALT	NPB/G	NC		
MAXALT-MLT	NPB/G	NC		
MAXIPIME	NPS	NC		
MAXZIDE	NPB/G	NC		
MAXZIDE-25	NPB/G	NC		
m-clear wc	PG	NC		Remove select OTC

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
MEDROL	NPB/G	NC		
MEFOXIN	NPB/G	NPS		
MEGACE ES	NPB/G	NC		
melphalan	PG	NPS		
m-end pe	PG	NC		Remove select OTC
m-end wc	PG	NC		Remove select OTC
MENOPUR	NPS	PS		
MEPRON	NPB/G	NC		
mesehist wc	PG	NC		Remove select OTC
MESNEX	PB	NPS		
MESTINON	NPB/G	NC		
METADATE CD	NPB/G	NC		
METHYLIN	NPB/G	NC		
METROGEL	NPB/G	NC		
METROGEL VAG	NPB/G	NC		
METROGEL-VAG	NPB/G	NC		
MIACALCIN Inj	NC	NPS		Add ST, Add SPB
MIACALCIN spray	NPB/G	NC		
MICARDIS	NPB/G	NC	*candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan*	
MICARDIS HCT	NPB/G	NC	*candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz*	
MICRHOGAM	NPS	NC		
MICRO-K	NPB/G	NC		
MICRO-K 10	NPB/G	NC		
MIGRANAL	NPB/G*	NC	*dihydroergotamine spray, naratriptan, rizatriptan, sumatriptan, zolmitriptan*	Add ST
MINASTRIN 24	NPB/G	NPB/G		Expect Gen
MINIPRESS	NPB/G	NC		
MINIVELLE	NPB/G	NC		
MINOCIN	NPB/G	NC		
minocycline tab 50mg	PG*	NC	generic DYNACIN caps, MINOCIN caps	
MIRAPEX	NPB/G	NC		
MIRAPEX ER	NPB/G	NC		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
MIRCETTE	NPB/G	NC		
MIRENA	NPB/G	NPB/G		Expect Gen
MITIGARE	NPB/G	PB		
MOBIC	NPB/G	NC		
MODERIBA PAK 600, 800, 1000, 1200/DAY	NPS	NPB/G		
moderiba tab 200mg	NPS	PG		
mometasone	PG	NPB/G	*triamcinolone* *crm, oint, lot*	
mondoxyne nl	NPB/G*	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST, Add QL
MONOCLATE-P	PS	NC		
MONODOX	NPB/G*	NC	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	Add ST, Add QL
morgidox	PG/LGC	PG		
MS CONTIN	NPB/G	NC		
MYAMBUTOL	NPB/G	NC		
MYCOBUTIN	NPB/G	NC		
MYDRIACYL	NPB/G	NC		
MYLERAN	PB	NPB/G		
MYOZYME	PS	NPS		
MYSOLINE	NPB/G	NC		
mytussin dac	PG	NC		Remove select OTC
NABI-HB	NPB/G	NC		
NAGLAZYME	PS	NPS		
NAMENDA	NPB/G	NC		
NAPRELAN	NPB/G	NC		
NAPROSYN	NPB/G	NC		
naproxen sod	PG/LGC	PG		
NARCAN	NPB/G	PB		
NARDIL	NPB/G	NC		
NASONEX	PB	NPB/G	*flunisolide, mometasone,* FLONASE OTC, NASACORT 24HR	Add ST
NATESTO GEL	NPB/G	NC	ANDROGEL 1.62%	
NEBUPENT	PB	PS		
NEOSPORIN GU	NPB/G	NC		
neuac	NPB/G	NC	EPIDUO	Add ST
NEUMEGA	NPB/G	NPS		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
NEUPOGEN	PS	NPS		
NEURONTIN	NPB/G	NC		
NEXIUM	NPB/G	NC	*omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole*	
NIASPAN	NPB/G	NC		
NITROLINGUAL	NPB/G	NC		
NIZORAL	NPB/G	NC		
NORCO	NPB/G	NC		
NORPRAMIN	NPB/G	NC		
NORVASC	NPB/G	NC		
notuss-nx	PG	NC		Remove select OTC
notuss-nxd	PG	NC		Remove select OTC
novadyne	PG	NC		Remove select OTC
novarel	NPS	PS		
NOVOEIGHT	NPS	NC		
NOVOLIN NOVOLIN N NOVOLIN R NOVOLIN 70/30	PB	NPB/G	HUMULIN products, HUMALOG products	Add ST
NOVOLOG NOVOLOG MIX	NPB/G	NPB/G	HUMULIN products, HUMALOG products	Add ST
NOVOSEVEN RT	PS	NC		
NPLATE	NPB/G	NPS		
NULEV	NC	NC		
NULOJIX	NPB/G	NPS		
NUWIQ	NPS	NC		
OCTAGAM	NPS	NC		
octreotide	PG	PS		
OCUFLOX	NPB/G	NC		
OLUX	NPB/G	NC		
OLUX-E	NPB/G	NC		
omeprazole	PG/LGC	PG		
OMNIPRED	NPB/G	NC		
OMNITROPE	PB	PS		
ONETOUCH TEST STRIPS	PB	PB		Remove PA
ONGLYZA	PB	NPB/G	*alogliptin,* JANUVIA/JANUMET/XR, TRADJENTA/ JENTADUETO/XR	Add ST
OPANA	NPB/G	NC		
OPSUMIT	PB	PS		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
ORACEA	NPB/G*	NC	*metronidazole gel*	Add ST
ORAP	NPB/G	NC		
ORAPRED ODT	NPB/G	NC		
ORFADIN	NPS	NPS		Add PA
ormir	PG	NC		Remove select OTC
ortho-est	PG/LGC	PG		
oscimin	NC	NC		
oscimin sr	NC	NC		
OTEZLA	NPS	PS		Remove ST
OTREXUP	NPS	NPS	*methotrexate*	Add ST
OTREXUP INJ 7.5/0.4	NPS	NPS	*methotrexate*	Add ST
OVACE PLUS	NPB/G	NC		
OVACE WASH LIQ 10%	NPB/G	NC		
OVCON-35	NPB/G	NC		
OVIDE	NPB/G	NC		
OXANDRIN	NPB/G	NC		
OXECTA	NPB/G*	NC		Add ST
OXSORALEN-UL	NPB/G	NC		
PAMELOR	NPB/G	NC		
pamidronate	NPS	PS		Remove NPL
PARAFON FORT	NPB/G	NC		
paricalcitol	NPB/G	PG		
PARNATE	NPB/G	NC		
PATADAY	NPB/G	NPB/G		Expect Gen
PATANASE	NPB/G	NC		
PATANOL	NPB/G	NC		
PAXIL	NPB/G	NC		
PAXIL CR	NPB/G	NC		
pc pen vk	PG	PG/LGC		
pc tet	PG/LGC	PG		
PEDIAPRED	NPB/G	NC		
PEGASYS	NPS	PB		
PEG-INTRON	NPS	NPB/G		
penhist dh	PG	NC		Remove select OTC
penicilln vk	PG	PG/LGC		
PENLAC	NPB/G	NC	*terbinafine, itraconazole, griseofulvin*	Add PA, Add ST
PENNSAID	NPB/G	NC	*generic nonsteroidal anti-inflammatory drug*	
pen-vee k	PG	PG/LGC		
PEPCID	NPB/G	NC		
PERCOCET	NPB/G	NC		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
PERSANTINE	NPB/G	NC		
PEXEVA	NPB/G*	NC	generic PAXIL	Add ST
pharbedryl	PG	NC		Remove select OTC
phenazopyridine	PG/LGC	PG		
phenohytro	NC	NC		
phenoxybenza	PG	PS		Add PA, Add SPB
phenylbutyra	NPS	PS		
PLAQUENIL	NPB/G	NC		
PLAVIX	NPB/G	NC		
PLEGRIDY	NPB/G	NPS		
PLETAL	NPB/G	NC		
PLEXION	NPB/G	NC		
polymox	PG	PG/LGC		
POLYTRIM	NPB/G	NC		
POLY-TUSSIN	PG	NC		Remove select OTC
POLY-TUSSIND	PG	NC		Remove select OTC
PONSTEL	NPB/G	NC		
potassium chloride	PG/LGC	PG		
PRANDIN	NPB/G	NC		
PRAVACHOL	NPB/G	NC	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin*	
prazosin hcl	PG/LGC	PG		
PRECISION PT TEST STRIPS	NPB/G	PB		Remove PA
PRECISION TEST STRIPS	NPB/G	PB		Remove PA
PRECOSE	NPB/G	NC		
PRED FORTE	NPB/G	NC		
prednicen-m	PG/LGC	PG		
prednisone	PG/LGC	PG		
pregnyl	NPS	PS		
PREVACID	NPB/G	NC	*omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole*	
PREVIDENT	NC	NC		
PREVIDENT 5000	NC	NC		
PREVPAC	NPB/G	NC		
PRIALT	NPB/G	NPS		

Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
PRILOSEC	NPB/G*	NC	*omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole*	Add ST
PRILOSEC OTC	PG/LGC	PG		
PRINIVIL	NPB/G	NC		
PRISTIQ	NPB/G	NPB/G	*citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone*	Add PA, Add ST, Expect Gen
PRIVIGEN	NPS	NC		
PROCARDIA XL	NPB/G	NC		
PROCENTRA	NPB/G	NC		
PRO-CLEAR AC	PG	NC		Remove select OTC
PROCORT CREAM	NPB/G	NC		
PRODRIN	NC	NC		
PROFILNINE	NPS	NC		
profilnine	NPS	NC		
PROGRAF	NPB/G	NPS		
PROLIA	NPS	NPS	*zoledronic acid*	Add ST
PROMETRIUM	NPB/G	NC		
PRO-RED AC	PG	NC		Remove select OTC
PROSCAR	NPB/G	NC		
PROTONIX	NPB/G	NC	*omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole*	
PROTOPIC	NPB/G	NC	*fluticasone propionate, betamethasone dipropionate/augmented, triamcinolone acetonide*	
PROVERA	NPB/G	NC		
PROVIGIL	NPB/G	NC		
PROZAC	NPB/G	NC		
PROZAC WEEKLY	NPB/G	NC		
PULMICORT	NPB/G	NC		
pyridiate	PG/LGC	PG		
QUALAQUIN	NPB/G	NC		
QUESTRAN	NPB/G	NC		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
ra aspirin	PG	NC		Remove select OTC
rabeprazole	NPB/G	PG		Remove PA
ranitidine	PG/LGC	NC		Remove select OTC
RASUVO	NPS	NPS	*methotrexate*	Add ST
RAZADYNE	NPB/G	NC		
RAZADYNE ER	NPB/G	NC		
REBETOL CAP 200MG	NPS	NC		
REBETOL SOL 40MG/ML	NPS	NPB/G		
REBIF	PB	PS		
REBIF REBIDO	PB	PS		
REBIF TITRTN	PB	PS		
RECLAST	NPS	NC	*zoledronic acid*	Add ST, Remove NPL
RECOMBINATE	NPS	NC		
REGLAN	NPB/G	NC		
relcof c	PG	NC		Remove select OTC
RELION 70/30 RELION N RELION R	PB	NPB/G	HUMULIN products, HUMALOG products	Add ST
RELPAX	NPB/G	NPB/G		Expect Gen
REMERON	NPB/G	NC		
REMERON SLTB	NPB/G	NC		
REMICADE	PS	NC		
REMODULIN	NPB/G	NPS		
REQUIP	NPB/G	NC		
REQUIP XL	NPB/G	NC		
RESCRIPTOR	PB	NPB/G		
RESTORIL	NPB/G	NC		
RETIN-A	NPB/G	NC		Add ST
RETIN-A MICR	NPB/G	NC	EPIDUO	Add ST
RETIN-A MICR GEL 0.08%	NPB/G	NPB/G	EPIDUO	Add ST
RETROVIR	PB	NC		
REVATIO	NPS	NC		
REVATIO INJ	NPB/G	NPS		
REVATIO SUS	NPS	NPS		Expect Gen
REYATAZ	PB	NPB/G		Expect Gen
RHOGAM PLUS	NPS	NC		
RHOPHYLAC	NPS	NC		
RIASTAP	NPS	NC		
RIBAPAK	NPS	NPB/G		
ribapak	NPS	NPB/G		
ribasphere cap 200mg	PS	PG		
ribasphere tab 200mg	PS	PG		
ribasphere tab 400mg, 600mg	PS	NPB/G		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
ribatab	NPS	NPB/G		
ribavirin	PS	PG		
RIFADIN	NPB/G	NC		
RILUTEK	NPB/G	NC		
RISPERDAL, RISPERDAL M	NPB/G	NC		
RITALIN, RITALIN LA	NPB/G	NC		
RITUXAN	NPS	NPS		Add ST
RIXUBIS	PS	NPS		
ROBINUL	NPB/G	NC		
ROBINUL FORT	NPB/G	NC		
robitet	PG/LGC	PG		
ROCALTROL	NPB/G	NC		
ROXICODONE	NPB/G	NC		
RYDEX	PG	NC		Remove select OTC
RYTHMOL	NPB/G	NC		
RYTHMOL SR	NPB/G	NC		
SALAGEN	NPB/G	NC		
salicylic acid aer	NC	NC		
SALIVAMAX	NC	NC		
SANCTURA / XR	NPB/G	NPB/G	*oxybutynin/er, tolterodine/er, trospium/er* , MYRBETRIQ, VESICARE	Add ST
SANDOSTATIN	NPS	NC		
SANDOSTATIN LAR	NPS	NPS		Add PA, Expect Gen
SAVELLA	NPB/G	NPB/G	*duloxetine,* LYRICA	Add ST
SEASONIQUE	NPB/G	NC		
SELRX	NPB/G*	NC	*selenium sulfide*	Add ST
SEROQUEL	NPB/G	NC		
SILVADENE	NPB/G	NC		
SIMPONI	NPS	NPS		Add ST
SINEMET	NPB/G	NC		
SINEMET CR	NPB/G	NC		
SINGULAIR	NPB/G	NC		
SITAVIG	NPB/G*	NC	oral acyclovir tabs, caps	Add ST
SKELAXIN	NPB/G	NC		
sod chloride	PG	NC		Remove select OTC
sodium chlor	PG	NC		Remove select OTC
SOLARAZE	NPB/G	NC	*imiquimod*	Add QL
SOLODYN	NPB/G*	NC		Add ST
SOLU-MEDROL	NC	NC		
SOMA	NPB/G	NC	*carisoprodol 350mg*	Add ST
SOMAVERT	NPS	NPS		Expect Gen

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
SONATA	NPB/G	NC	*eszopiclone, zaleplon, zolpidem*	
SORIATANE	NPB/G	NC		
SORILUX	NPB/G*	NC	*augmented betamethasone crm, oint, lot, gel*	Add ST
SOVALDI	PS	NPS	ZEPATIER	Add ST
SPORANOX	NPB/G	NC		
STARLIX	NPB/G	NC		
statuss	PG	NC		Remove select OTC
STELARA	PB	PS		
STRATTERA	PB	PB		Expect Gen
STRIBILD	PB	NPS		Add PA, Add SPB
STRIVERDI	NPB/G	NPB/G	SEREVENT	Add PA, Add ST
STROMECTOL	NPB/G	NC		
SUBOXONE	NPB/G	NPB/G		Expect Gen
SULAR	NPB/G	NC		
sulfacetamide sodium with sulfur	NPB/G	NC	EPIDUO	
sulfacetamide sodium with sulfur liquid wash	NPB/G	NC		
SUMADAN WASH	NPB/G	NC	EPIDUO	
SUMAVEL DOSE	NPB/G*	NC	*naratriptan, rizatriptan, sumatriptan, zolmitriptan*	Add ST
SUMAXIN WASH LIQUID 9-4%	NPB/G	NC		
sumycin	PG/LGC	PG		
SUPARTZ	NPS	NPS	EUFLEXXA, ORTHOVISC, MONOVISC	Add ST
SUPPRELIN LA	PS	PS		Add PA
SURESTEP	PB	PB		Remove PA
SURESTEP PRO	PB	PB		Remove PA
SUSTIVA	PB	NPB/G		Expect Gen
symax-sl	NC	NC		
symax-sr	NC	NC		
SYMBYAX	NPB/G	NC		
SYNAREL	PB	NPS		Add PA
SYNJARDY	NPB/G	NPB/G		Remove ST
SYNRIBO	NPS	NPS	*imatinib* , BOSULIF, SPRYCEL, TASIGNA	Add ST
SYNTHROID	NPB/G	NC		
SYNVISC	NPS	NPS	EUFLEXXA, ORTHOVISC, MONOVISC	Add ST

Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
SYNVISC ONE	NPS	NPS	EUFLEXXA, ORTHOVISC, MONOVISC	Add ST
SYPRINE	NPB/G	NPS	DEPEN TITRA	Add PA, Add ST, Add SPB
TACLONEX	NPB/G	NC		
tacrolimus	NPB/G	NPB/G	*fluticasone propionate, betamethasone dipropionate/augmented, triamcinolone acetonide*	Add ST
TAMIFLU	NPB/G	NPB/G		Expect Gen
TAPAZOLE	NPB/G	NC		
TARGRETIN CAP 75MG	NPS	NC		
TARGRETIN GEL 1%	NPS	NPS		Add PA
TARKA	NPB/G	NC		
TASMAR	NPB/G	NC		
TEGRETOL	PB	NC		
TEGRETOL-XR	PB	NC		
teline	PG/LGC	PG		
TEMODAR	NPB/G	NC		
TEMOVATE	NPB/G	NC	*augmented betamethasone crm, oint, lot, gel*	
ten-k	PG/LGC	PG		
TESSALON PER	NPB/G	NC		
TESTIM	NPB/G	NC		
TESTRED	NPB/G	NC		
tetracycline	PG/LGC	PG		
tetram	PG/LGC	PG		
THIOLA	PB	NPS	DEPEN TITRA	Add PA, Add ST, Add SPB
THYMOGLOBULN	NPB/G	NPS		
TIAZAC	NPB/G	NC		
TIGAN	NPB/G	NC		
TIKOSYN	NPB/G	NPB/G		Expect Gen
TIMOPTIC	NPB/G	NC		
TIMOPTIC-XE	NPB/G	NC		
TINDAMAX	NPB/G	NC		
TIVICAY	PB	NPB/G		
TOBI	NPS	NC		
TOBI PODHALR	NPS	PS		
TOBRADEX	NPB/G	NC		
tobramycin	PG	PS		
TOPAMAX	NPB/G	NC		

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Aetna Small Group Value Plus Plans
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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
TOPAMAX SPR	NPB/G	NC		
TOPICORT 0.05%	NPB/G	NC	*triamcinolone crm, oint, lot*	
TOPICORT 0.25%	NPB/G	NC	*betamethasone dipropionate crm, oint, lot*	
TOPICORT SPRAY	NPB/G*	NC	*augmented betamethasone crm, oint, lot, gel*	Add ST
TOPROL XL	NPB/G	NC	*metoprolol er*	
TOUJEO SOLO	NPB/G	NPB/G		Remove PA, Remove QL
TRACLEER	PB	PS		Expect Gen
TRADJENTA	NPB/G	PB		Remove ST
TRANXENE T	NPB/G	NC		
trazodone	PG	PG/LGC		
TRELSTAR	NPB/G	NPS	*leuprolide*	Add PA
TRELSTAR MIX	NPB/G	NPS	*leuprolide*	Add PA
TRESIBA FLEX	NPB/G	PB		Remove ST
TRETTEN	NPS	NC		
TREXIMET	NPB/G*	NC	*naratriptan, rizatriptan, sumatriptan, zolmitriptan*	Add ST
triaminic	PG/LGC	PG		
TRICOR	NPB/G	NC		
TRIGLIDE	NPB/G	NC		
TRILEPTAL	NPB/G	NC		
TRILIPIX	NPB/G	NC		
trimox	PG	PG/LGC		
TRIZIVIR	NPB/G	NC		
TROKENDI XR	NPB/G	NPB/G		Expect Gen
TRUSOPT	NPB/G	NC		
TRUVADA	PB	NPB/G		Add PA
tusnel c	PG	NC		Remove select OTC
TWYNSTA	NPB/G	NC		
TYBOST	PB	NPB/G		
TYLENOL/COD	NPB/G	NC		
ULTRACET	NPB/G	NC		
ULTRAM	NPB/G	NC		
ULTRAM ER	NPB/G	NC		
ULTRAVATE	NPB/G	NC	*augmented betamethasone crm, oint, lot, gel*	

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Aetna Small Group Value Plus Plans
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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
UNASYN	NC	NC		
URAMAXIN	NC	NC		
URAMAXIN GT	NC	NC		
uramit mb	NC	NC		
URECHOLINE	NPB/G	NC		
ure-k	NC	NC		
UROCIT-K 10	NPB/G	NC		
UROCIT-K 15	NPB/G	NC		
urolet mb	NC	NC		
URSO 250	NPB/G	NC		
URSO FORTE	NPB/G	NC		
UTOPIC CREAM 41%	NPB/G	NC		
VALCYTE	NPS	NC		
valganciclov	PG	PS		
VALIUM	NPB/G	NC		
VALTREX	NPB/G	NC		
VANOS	NPB/G*	NC		
VANTAS	NPB/G	NPS	*leuprolide*	Add PA
VASERETIC	NPB/G	NC		
VASOTEC	NPB/G*	NC	*enalapril*	Add ST
veetids	PG	PG/LGC		
VELETRI	NPB/G	NPS		
VENOFER	NPB/G	NPS		
VENOMIL MIX	NPB/G	NPS		
VERELAN	NPB/G	NC		
VFEND	NPB/G	NC		
VIBERZI	NPB/G	PB		Remove ST
VIBRAMYCIN	NPB/G	NC		
VIDEX EC	NPB/G	NC		
VIEKIRA PAK	NPS	NPS		Add QL
VIMOVO	NPB/G*	NC	*naproxen, omeprazole, pantoprazole, esomeprazole, lansoprazole*	Add ST
VIRACEPT	PB	NPB/G		
VIRAMUNE	NPB/G	NC		
VIRAMUNE XR	PB	NC		
VIREAD	PB	NPB/G		Expect Gen
virtussin	PG	NC		Remove select OTC
virtussin ac	PG	NC		Remove select OTC
VISTARIL	NPB/G	NC		
VISTIDE	NPS	NC		
VISUDYNE	NPB/G	NPS		Expect Gen
VITEKTA	PB	NPB/G		

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Aetna Small Group Value Plus Plans
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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
VIVELLE-DOT	NPB/G	NC		
VIVITROL	NPB/G	NPB/G		Remove SPB
VOGELXO	NPB/G	NC		
VORAXAZE	NPB/G	NPS		
VYTORIN	NPB/G	NPB/G	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin,* ZETIA	Add ST, Expect Gen
wal-itin	PG/LGC	PG		
wal-itin children's	PG/LGC	PG		
wal-vert	PG/LGC	PG		
wal-zan	PG/LGC	NC		Remove select OTC
wal-zyr	PG/LGC	PG		
WELLBUTRIN	NPB/G	NC	*bupropion xl, citalopram, escitalopram, fluoxetine, paroxetine, sertraline*	Add ST
WILATE	NPS	NC		
wincillin-vk	PG	PG/LGC		
WINRHO SDF	NPB/G	NC		
wymox	PG	PG/LGC		
XALATAN	NPB/G	NC		
XANAX	NPB/G	NC		
XANAX XR	NPB/G	NC		
XELODA	NPS	NC		
XENAZINE	NPS	NC		
XEOMIN	NPB/G	NPS		
XIFAXAN	PB	PB	*lactulose, diphenoxylate/atropine, loperamide (otc)*	Add PA
XIGDUO XR	NPB/G	NPB/G		Remove ST
XODOL	NPB/G	NC		
XOPENEX	NPB/G	NC		
XOPENEX CONC	NPB/G	NC		
XURIDEN	PS	NPS		
x-viate	NC	NC		
XYLOCAINE	NC	NC		
XYNTHA	NPS	NC		
XYNTHA SOLOF	NPS	NC		
XYZAL	NPB/G	NC		
ZALTRAP	NC	NPS		Add PA, Add SPB
ZANAFLEX	NPB/G	NC		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
zantac 150 tabs	PG/LGC	NC		Remove select OTC
ZANTAC 150mg	PG/LGC	NC		Remove select OTC
ZANTAC 300mg	NPB/G	NC		
ZARONTIN	NPB/G	NC		
zartan	PG	PG/LGC		
ZARXIO	NPS	PS		
ZEGERID	NPB/G*	NC	*omeprazole, pantoprazole, esomeprazole, lansoprazole, rabeprazole*	Add ST
ZEMPLAR	NPS	NC		
zencia liquid 9-4%	NPB/G	NC		
ZEPATIER	NPS	PS		Remove ST
ZERIT	PB	NC		
ZESTRIL TAB	NPB/G	NC		
ZIAC	NPB/G	NC		
ZIAGEN	PB	NC		
ZIAGEN	NPB/G	NC		
ZINACEF	NPS	NC		
ZITHROMAX	NPB/G	NC		
ZOCOR	NPB/G	NC	*atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin*	
ZODRYL AC	PG	NC		Remove select OTC
ZODRYL DAC	PG	NC		Remove select OTC
ZODRYL DEC	PG	NC		Remove select OTC
ZOFRAN	NPB/G	NC		
ZOHYDRO ER	NPB/G	NPB/G	BUTRANS, HYSINGLA ER, OXYCONTIN	Add ST
ZOLADEX	NPB/G	NPS	*leuprolide*	Add PA
zoledronic acid inj	PG	PS	*alendronate*	Add ST, Remove NPL
ZOLOFT	NPB/G	NC		
zolpidem tartrate	NPB/G*	NC	*eszopiclone, zaleplon, zolpidem*	Add ST
ZOLPIMIST	NPB/G*	NC	*eszopiclone, zaleplon, zolpidem*	Add ST
ZOMETA INJ	NPS	NC	*zoledronic acid*	Remove NPL
ZOMIG	NPB/G	NC		
ZOMIG ZMT	NPB/G	NC		
ZONEGRAN	NPB/G	NC		

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Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
ZONTIVITY	NPB/G	NPB/G	*clopidogrel*	Add PA, Add QL
ZOSYN	NPS	NC		
ZOVIRAX	NPB/G	NC		
Z-TUSS AC	PG	NC		Remove select OTC
ZUPLENZ	NPB/G*	NC	*oral ondansetron tab*	Add ST
ZUTRIPRO	NPB/G	NC		
ZYCLARA	NPB/G*	NC	generic ALDARA	Add ST
ZYCLARA PUMP	NPB/G*	NC	generic ALDARA	Add ST
ZYMAXID	NPB/G	NC		
ZYPREXA	NPB/G	NC		
ZYPREXA ZYDIS	NPB/G	NC		
ZYRTEC CHILD	PG	NC		
ZYRTEC HIVES	PG	NC		
zyrtec itchy	PG/LGC	PG		
ZYRTEC-D	PG	NC		
ZYVOX susp	PB	NC		
ZYVOX tabs	NPB/G	NC		

Please note that if your prescription drug benefits plan changes, the information in this letter may no longer apply.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Aetna negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Aetna Pharmacy Plan and Specialty Drug List are subject to manufacturer rebates. Coinsurance is calculated before any rebates are subtracted. That means it may be possible for your cost of a preferred drug to be higher than your cost of a non-preferred drug.

Health benefits and health insurance plans are offered, administered and/or underwritten by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products.

Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change.

Aetna receives rebates from drug manufacturers that may be taken into account in determining the Aetna Pharmacy Plan and Specialty Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about Aetna plans, refer to **www.aetna.com**.

In accordance with state law, commercial fully insured members in Louisiana and Texas (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are added or removed from the Aetna Pharmacy Plan and Specialty Drug List will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, precertification approval is known as "preservice utilization review." It is not "verification" as defined by Texas law.

In accordance with state law, fully insured commercial California HMO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive precertification or step-therapy reviews will continue to have those medications covered, for as long as the treating physician continues prescribing them, provided that the drug is appropriately prescribed and is considered safe and effective for treating the enrollee's medical condition.

In accordance with state law, fully insured commercial Connecticut PPO members (except Federal Employee Health Benefit Plan members) who are receiving coverage for medications that are to receive precertification or step-therapy reviews will continue to have those medications covered for as long as the treating physician prescribes them, provided the drug is medically necessary and more medically beneficial than other covered drugs. Nothing in this section shall preclude the prescribing provider from prescribing another drug covered by the plan that is medically appropriate for the enrollee, nor shall anything in this section be construed to prohibit generic drug substitutions.

The drugs on the Aetna Pharmacy Plan and Specialty Drug List including formulary exclusions, precertification, quantity limit and step-therapy reviews are subject to change. The quantity limits and step-therapy drug coverage review programs are not available in all service areas. For example, step-therapy programs do not apply to fully insured members in Indiana. Step therapy does not apply to fully insured members in New Jersey. However, these programs are available to self-funded plans.

Aetna Pharmacy Management administers, but does not offer, insure or otherwise underwrite the prescription drug benefit portion of your health plan and has no financial responsibility therefor; Aetna Pharmacy Management refers to an internal business unit of Aetna Health Management, LLC.

This material is for information only. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. For more information about Aetna plans, refer to www.aetna.com.

05.03.451.1C (9/8/16)

TTY: 711

To access language services at no cost to you, call the number on your ID card.

Para acceder a los servicios de idiomas sin costo, llame al número que figura en su tarjeta de identificación. (Spanish)

如欲使用免費語言服務，請致電您 ID 卡上的電話號碼 (Chinese)

Afin d'accéder aux services langagiers sans frais, veuillez composer le numéro inscrit sur votre carte d'identité. (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tawagan ang numero sa inyong ID card. (Tagalog)

T’áá ni nizaad k’ehjí bee níká a’doowoł doo bą́ą́h ílínígóó naaltsoos bee atah nílı̨́go nanitinígíí bee néého’dólzinígíí béésh bee hane’í bikáá’ áajı̨’ hólne’. (Navajo)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie die Nummer auf Ihrer ID-Karte an. (German)

Për shërbime përkthimi falas për ju, telefononi në numrin që gjendet në kartën tuaj të identitetit. (Albanian)

የቋንቋ አገልግሎቶችን ያለክፍያ ለማግኘት፣ በመታወቂያዎት ላይ ያለውን ቁጥር ይደውሉ።፡ (Amharic)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم الموجود على بطاقتك الشخصية. (Arabic)

Անվճար լեզվական ծառայություններից օգտվելու համար զանգահարեք ձեր ինքնության (ID) քարտի վրա նշված հեռախոսահամարով: (Armenian)

Kugira uronke serivisi z’indimi atakiguzi, Hamagara inumero iri kuri karangamuntu kawe. (Bantu)

আপনাকে বিনামূল্যে ভাষা পরিষেবা পেতে হলে আপনার পরিচয়পত্রে দেওয়া নম্বরে টেলিফোন করুন। (Bengali)

Ngadto maakses ang mga serbisyo sa pinulongan alang libre, tawagan sa numero sa nimong ID card. (Bisayan-Visayan)

သင့်အနေဖြင့် အခကြေးငွေ မပေးရပဲ ဘာသာစကားဝန်ဆောင်မှုများ ရရှိနိုင်ရန်၊ သင့် ID ကတ်ပေါ်တွင်ရှိသော ဖုန်းနံပတ်အား ခေါ်ဆိုပါ။ (Burmese)

Per accedir a serveis lingüístics sense cap cost per vostè, telefoni al número indicat a la seva targeta d’identificació. (Catalan)

Para un hago' i setbision lengguåhi ni dibåtde para hågu, ågang i numiru gi iyo-mu kard aidentifikasion. (Chamorro)

ᏩᎩᏍᏗ ᎦᏬᏂᎯᏍᏗ ᎢᏫᎾᏓᏛᏁᏗ Ꮭ ᎪᎱᏍᏗ ᏗᏣᎬᏩᎳᏁᏗ ᏱᎩ, ᏫᏲᎯᏏᎳᏛᏏ ᎾᏍᎩ ᏗᏎᏍᏗ ᏥᎦᎪᏊᏢ ᎤᎾᎢ ID ᏆᏂᏲᏍᏗ ᏩᏴᏢᎢ. (Cherokee)

Anumpa tohsholi I toksvli ya peh pilla ho ish I paya hinla kvt chi holisso iskitini holhtena takanli ma I paya. (Choctaw)

Tajaajiiloota afaanii gatii bilisaa ati argaachuuf,lakkoofsa duugda waraaqaa eenyummaa (ID) kee irraa jiruun bilbili. (Cushite-Oromo)

Voor gratis toegang tot taaldiensten, bel het nummer op uw ID-kaart. (Dutch)

Pou jwenn sèvis lang gratis, rele nimewo telefòn ki sou kat idantite ou a. (French Creole-Haitian)

Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό που αναγράφεται στην κάρτα σας προνομίων μέλους. (Greek)

તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, તમારા આઇડી કાર્ડ ઉપરના નંબરને કોલ કરો. (Gujarati)

No ka wala‘au ‘ana me ka lawelawe ‘ōlelo e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki ‘ole ‘ia kēia kōkua nei. (Hawaiian)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, अपने आईडी कार्ड पर दिये नम्बर पर कॉल करें। (Hindi)

Xav tau kev pab txhais lus tsis muaj nqi them rau koj, hu tus naj npawb ntawm koj daim npav ID. (Hmong)

Iji nwetaòhèrè na ọrụ gasị asụsụ n'efu, kpọọ nọmba no na kaadị ID gị. (Ibo)

Tapno maaksesyo dagiti serbisio maipapan iti pagsasao nga awan ti bayadanyo, tawagan ti numero idiay ID cardyo. (Ilocano)

Untuk mengakses layanan bahasa tanpa dikenakan biaya, hubungi nomor telepon di kartu identitas Anda. (Indonesian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero sulla tessera identificativa. (Italian)

言語サービスを無料でご利用いただくには、IDカードに記載の番号にお電話ください。(Japanese)

လၢတၢ်ကမၤန့ၢ်ကျိာ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖၣ်လၢတအိၣ်ဒီးအပ့ှၤလၢနကဘၣ်ဟ့ၣ်အီၤဘၣ်နှၣ်,ကိးဘၣ်လီတဲစိနီၣ်ဂံၢ်လၢအိၣ်လၢနတၢ်ဂီၤခိၣ် (ID) အခးလိၤန့ၣ်တက့ၢ် (Karen)

무료 언어 서비스를 이용하려면 보험 ID 카드에 수록된 번호로 전화해 주십시오. (Korean)

M̀ dyi wuɖu-dù kà kò ɖò bě dyi mɔ́uń nì pídyi ní, nìí, ɖá nɔ̀bà nìà nì ID káàɔ̀ kɔ̃ɛ. (Kru-Bassa)

بۆ دەستپێڕاگەیشتن بە خزمەتگوزاری زمان بەبێ تێچوون بۆ تۆ، پەیوەندی بکە بە ژمارەی سەر ئای دی(ID) کارتی خۆت.
(Kurdish)

ເພື່ອເຂົ້າໃຊ້ການບໍລິການພາສາໂດຍບໍ່ເສຍຄ່າຕໍ່ກັບທ່ານ,
ໃຫ້ໂທຫາເບີໂທທີ່ບອກໄວ້ໃນບັດປະຈຳຕົວຂອງທ່ານ. (Laotian)

कोणत्याही शुल्काशिवाय भाषा सेवा प्राप्त करण्यासाठी, तुमच्या ID कार्डावरील क्रमांकावर फोन करा. (Marathi)

Nan etal nan jikin jiban ko ikijen kajin ilo an ejelok onen nan kwe, kirlok nomba eo ilo ID kaat eo am. (Marshallese)

Pwehn alehdi sawas en lokaia kan ni sohte pweipwei, koahlih nempe nan amhw doaropwe en ID. (Micronesian-Pohnpeian)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់
លេខដែលមាននៅលើប័ណ្ណសម្គាល់ខ្លួនរបស់លោកអ្នក។ (Mon-Khmer, Cambodian)

निःशुल्क भाषा सेवा प्राप्त गर्न आफ्नो परिचयपत्रमा भएको नम्बरमा टेलिफोन गर्नुहोस् । (Nepali)

Të kɔɔr yïn wëër de thokic ke cïn wëu kɔr keek tënɔŋ yïn. Ke cɔl kɔc ye kɔc kuɔny në nɔmba de abac tɔ̈ në ID kard du kɔ̈u. (Nilotic-Dinka)

For tilgang til kostnadsfri språktjenester, ring nummeret på ID-kortet ditt. (Norwegian)

Um Schprooch Services zu griege mitaus Koscht, ruff die Nummer uff dei ID Kaart. (Pennsylvania Dutch)

برای دسترسی به خدمات زبان به طور رایگان، با شماره قید شده روی کارت شناسایی خود تماس بگیرید. (Persian-Farsi)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonić numer telefonu na Twojej Karcie Identykującej (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para o número que consta na sua identidade. (Portuguese)

ਤੁਹਾਡੇ ਲਈ ਬਿਨਾਂ ਕਿਸੇ ਕੀਮਤ ਵਾਲੀਆਂ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਵਰਤੋਂ ਕਰਨ ਲਈ, ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

Pentru a accesa gratuit serviciile de limbă, apelați numărul de pe cardul dvs. de identificare. (Romanian)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону, приведенному на вашей карточке участника плана. (Russian)

Mo le mauaina o auaunaga tau gagana e aunoa ma se totogi, vala'au le numera I luga o lau pepa ID. (Samoan)

Za besplatne prevodilačke usluge pozovite broj naveden na Vašoj identifikacionoj kartici. (Serbo-Croatian)

Heeba a nasta jangirde djey wolde, apelou lamba djey do windi ha dereji Maada. (Sudanic-Fulfulde)

Kupata huduma za lugha bila malipo kwako, piga nambari iliyo kwenye kadi yako ya kitambulisho. (Swahili)

ܐܢ ܣܢܝܩܐ ܝܘܬܘܢ ܥܠ ܝܠܦܢܘܬܐ ܕܬܪܓܡܢܘܬܐ ܡܓܢܐܝܬ، ܩܪܘܢ ܡܢܝܢܐ ܥܠ ܦܬܩܐ ܕܡܫܘܕܥܢܘܬܐ ܕܝܘܟܘܢ. (Assyrian-Syriac)

మీరు భాష సేవలను ఉచితంగా అందుకునేందుకు, మీ ID కార్డుపై ఉన్న నంబరుకు కాల్ చేయండి. (Telugu)

หากท่านต้องการเข้าถึงการบริการทางด้านภาษาโดยไม่มีค่าใช้จ่าย โปรดโทรหมายเลขที่แสดงอยู่บนบัตรประจำตัวของท่าน (Thai)

Kapau 'oku ke fiema'u ta'etōtōngi 'a e ngaahi sēvesi kotoa pē he ngaahi lea kotoa, telefoni ki he fika 'oku hā atu 'i ho'o ID kaati. (Tongan)

Ren omw kopwe angei aninisin eman chon awewei (ese kamo), kopwe kori ewe nampa mei mak won noum ena katen ID (Trukese)

Sizin için ücretsiz dil hizmetlerine erişebilmek için, kartınızdaki numarayı arayın. (Turkish)

Щоб отримати безкоштовний доступ до мовних послуг, задзвоніть за номером, вказаним на Вашій ідентифікайній картці. (Ukrainian)

بلاقیمت زبان سے متعلقہ خدمات حاصل کرنے کے لیے ، اپنے شناختی کارڈ پر درج نمبرپر بات کریں۔ (Urdu)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số điện thoại ghi trên thẻ ID (Nhận dạng) của quý vị. (Vietnamese)

צוטריט שפּראַך באַדינונגען אין קיין פרייַז צו איר, רופן די נומער אויף דיין שייַן קאָרט. (Yiddish)

Lati wọnú awọn isẹ èdè l'ọfẹ fun ọ, pe nọmba ori káádi idánimọ rẹ. (Yoruba)

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1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

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