Comparison: Small Group Value Plan to Small Group ACA Plan
January 1, 2018 Updates

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 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.
NPL - National Precertification List	**Preauthorization (PA) is required for all plans.** Your doctor must contact us to request approval for coverage.
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.

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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
ABSORICA	NPB/G	NPB/G*	minocycline, doxycycline	
ABSTRAL	NPB/G	NPB/G*		
ACCOLATE	NPB/G	NPB/G*		
ACCUPRIL	NPB/G	NPB/G*		
acetazolamide cap ER	NPB/G*	NPB/G		
ACIPHEX SPR	NPB/G	NPB/G*		
acitretin	PG	NPB/G		
ACTEMRA INJ 200/10ML	NPS	NC		Covered under medical benefit
ACTEMRA INJ 400/20ML	NPS	NC		Covered under medical benefit
ACTEMRA INJ 80MG/4ML	NPS	NC		Covered under medical benefit
ACTOPLUS MET	NPB/G	NPB/G		Add ST
acyclovir oint 5%	NPB/G	NPB/G*		
ACZONE	NPB/G	NPB/G		Remove ST
adapalene gel 0.3%	NPB/G	NPB/G		Add ST
adapalene gel pmp 0.3%	NPB/G	NPB/G		Add ST
adapalene lot 0.1%	NPB/G	NPB/G		Add ST
ADCIRCA	NPS	NPS		Expect Generic
ADVAIR DISKU	NPB/G	NPB/G		Add ST
ADVAIR HFA	NPB/G	NPB/G		Add ST
ADVATE INJ	PS	NPS		
ADYNOVATE	NPS	NPS*	ADVATE, KOGENATE, HELIXATE, ALPHANINE, WILATE	
ADYPHREN	NPB/G	NPB/G*		
ADZENYS XR	NPB/G	NPB/G*		
AEROSPAN	NPB/G	NPB/G*		
AFINITOR DIS TAB	NPS	NPS*		
AFREZZA	NPB/G	NPB/G*		
AFSTYLA	NPS	NPS*	ADVATE, KOGENATE, HELIXATE, ALPHANINE, WILATE	
AGGRENOX	NPB/G	NPB/G*		
AIRDUO RESPI	NPB/G	NPB/G*		
albuterol neb 0.083%	PG	NPB/G	albuterol neb 0.63MG/3ML	
albuterol neb 0.5%	PG	NPB/G	albuterol neb 0.63MG/3ML	

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

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ALECENSA	NPS	NPS*		
alendronate sol 70/75ml	PG	PG*		
ALFERON N	NPS	NPS*		
alfuzosin	PG	NPB/G		
ALKERAN INJ 50MG	NPB/G	NC		Covered under medical benefit
ALKERAN TAB 2MG	NPB/G	NPB/G		Remove ST
ALLZITAL	NPB/G	NPB/G*		
almotriptan	NPB/G	NPB/G		Add ST
alogliptin	PG	NPB/G	metformin	
alogliptin/ metformin	PG	NPB/G		
alogliptin/ pioglitazone	PG	NPB/G	metformin	
alosetron	PG	NPB/G		Remove PA
ALOXI	NPS	NC		Covered under medical benefit
ALPHANINE SD INJ 1000UNIT	NC	NPS		
ALPHANINE SD INJ 1500UNIT	NC	NPS		
ALPHANINE SD INJ 500UNIT	NC	NPS		
alprazolam ODT	PG	NPB/G	alprazolam tab	Remove PA
alprazolam tab	PG	PG		Remove PA
alprazolam tab ER	PG	NPB/G	alprazolam tab	Remove PA
ALREX	PB	NPB/G		
altacaine op	PG	NPB/G		
altafrin	PG	NPB/G		
ALUNBRIG	NPS	NPS*		
ALVESCO	NPB/G	NPB/G		Remove PA
ALZAIR NASAL	NPB/G	NPB/G*		
amabelz	PG	NPB/G		
AMICAR 1000 MG TAB	PB	NPB/G		
AMICAR 500 MG TAB	NPB/G	NPB/G*		
AMICAR SOL	NPB/G	NPB/G*		
amlodipine/valsartan	PG	NPB/G	losartan	
amlodipine/valsartan/HCTZ	PG	NPB/G	losartan	
AMMONUL INJ	NPS	NC		Covered under medical benefit
amnesteem	NPB/G	NPB/G	minocycline, doxycycline	Add ST
amphetamine/dextroamphetam	PG	PG		Add PA, Add ST
amp-sulbactam inj	NPS	NC		Covered under medical benefit
AMPYRA	NPS	PS		Expect Generic

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anagrelide	PG	NPB/G		
ANCOBON	NPB/G	NPB/G*		
ANDROGEL	PB	NPB/G*		
ANTARA	NPB/G	NPB/G*		
APEXICON E	NPB/G	NPB/G		Remove ST
APIDRA	NPB/G*	NPB/G		
apraclonidin	PG	NPB/G		
APRISO	NPB/G	PB		Remove ST
APTENSIO XR	NPB/G	NPB/G*		
APTIOM	NPB/G	NPB/G		Remove PA
APTIVUS	PB	NPB/G		
ARALAST NP	NPS	NC		Covered under medical benefit
armodafinil tab	PG	PG		Add ST
ARMONAIR	NPB/G	NPB/G*		
ARNUITY ELPT	NPB/G	NPB/G*		
ARTISS	NPB/G	NPB/G*		
ARYMO ER	NPB/G	NPB/G*		
ASACOL HD	NPB/G	NPB/G*		
ASMANEX HFA	PB	NPB/G		Add ST
ASTAGRAF XL	NPS	NPS*	tacrolimus	
ATACAND	NPB/G	NPB/G*		
atovaquone	PG	NPB/G		
atropine sul sol 1% ophth	PG	PG*		
AUBAGIO	PS	NPS		Add ST
aug betamethasone cre 0.05%	PG	NPB/G		
aug betamethasone gel 0.05%	PG	NPB/G		
aug betamethasone lot 0.05%	PG	NPB/G		
aug betamethasone oint 0.05%	PG	NPB/G		
AUGMENTIN SUSP 125/5ML	PB	NPB/G*	amoxicillin/k clav susp	
AUGMENTIN SUSP ES-600	NPB/G	NPB/G*	amoxicillin/k clav susp	
AURYXIA	NPB/G	NPB/G*		
AUSTEDO	NPS	NPS*		
AVONEX	PS	NPS		Add ST
azathioprine inj	PG	NC		Covered under medical benefit
azelastine spr 0.15%	NPB/G	PG		
AZILECT	NPB/G	NPB/G*		
AZOPT	PB	NPB/G		
AZOR	NPB/G	NPB/G*		

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bac/neo/poly oint ophth	PG	NPB/G		
bacitracin oint ophth	PG	NPB/G		
BACTRIM DS	NPB/G	NPB/G*		
BACTROBAN	PB	NPB/G		
BANZEL	NPB/G	NPB/G		Remove PA
BASAGLAR	PB	NPB/G*		
BELBUCA	NPB/G	NPB/G*		
BENEFIX	PS	NPS*	ADVATE, KOGENATE, HELIXATE, ALPHANINE, WILATE	
BENICAR	NPB/G	NPB/G*		
BENICAR HCTZ	NPB/G	NPB/G*		
BENZAMYCIN	NPB/G	NPB/G*		
BENZEFOAM	NPB/G	NPB/G*		
benzepro liq creamy	PG	PG*		
BENZIQ	NPB/G	NPB/G*		
BENZIQ LS	NPB/G	NPB/G*		
betamethasone diprop gel 0.05	PG	NPB/G		
BETAPACE	NPB/G	NPB/G*		
BETAPACE AF	NPB/G	NPB/G*		
BETASERON	PS	NPS		Add ST
betaxolol	NPB/G	PG		
BETHKIS NEB	NPS	NPS*	tobramycin	
BEVESPI	NPB/G	NPB/G*		
bexarotene cap	PS	PG		
BEYAZ	NPB/G	NPB/G*		
bicalutamide	PG	NPB/G		
BIEST/PROGES	NPB/G	NPB/G*		
BILTRICIDE	PB	NPB/G		
bimatoprost sol 0.03%	NPB/G	NPB/G		Remove PA
BIO-STATIN	NPB/G	NPB/G*		
BOTOX COSMET INJ	NPS	FE		Cosmetic
bp foam aer 9.8%	PG	PG*		
BREO ELLIPTA	PB	NPB/G	DULERA	Add ST
BREVICON	NPB/G	NPB/G*		
BRILINTA	PB	NPB/G		
brimonidine sol 0.2% ophth	PG	NPB/G		
BRISDELLE	NPB/G	NPB/G*		
BRIVIACT	NPB/G	NPB/G*		
brompheniramine	PG	PG*		

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budesonide cap	PG	NPB/G		
budesonide susp	PG	NPB/G		
BUMEX	NPB/G	NPB/G*		
bupap	PG	NPB/G		
buspirone tab 15mg	PG	NPB/G		
buspirone tab 30mg	PG	NPB/G		
buspirone tab 7.5mg	PG	NPB/G		
busulfan inj	PG	NC		Covered under medical benefit
butalbital/APAP	PG	NPB/G		
butalbital/APAP/caffeine	PG	NPB/G		
BUTRANS	NPB/G	NPB/G*		
BYDUREON	NPB/G*	NPB/G		
BYDUREON PEN	NPB/G*	NPB/G		
BYETTA	NPB/G*	NPB/G		
BYSTOLIC	NPB/G	NPB/G		Remove PA, Remove S
BYVALSON	NPB/G	NPB/G*		
CABOMETYX	PS	NPS*		
CAFERGOT	NPB/G	NPB/G*		
CALAN	NPB/G	NPB/G*		
CALCIFOL	NPB/G	NPB/G*		
calcipotrien sol 0.005%	NPB/G	NPB/G		Add ST
calcitonin	PG	NPB/G		Add ST
CALCIUM-FA	NPB/G	NPB/G*		
CANASA	PB	NPB/G	APRISO	Add ST
candesartan	PG	NPB/G	losartan	
candesartan/HCTZ	PG	NPB/G	losartan	
captopril	PG	NPB/G	lisinopril	
carbidopa	PG	NPB/G		
carbidopa/levodopa	NPB/G	PG		
carbinoxamine	NPB/G	PG		
cardioplegic	PG	PG*		
CARDIOVID	NPB/G	NPB/G*		
CARDIZEM	NPB/G	NPB/G*		
CARDIZEM LA	NPB/G	NPB/G*		
carisoprodol tab 250mg	NPB/G	NPB/G*		
carisoprodol tab 350mg	PG	NPB/G		
CARNITOR	NPB/G	NPB/G*		
CARNITOR SF	NPB/G	NPB/G*		
carteolol sol 1% op	PG	NPB/G		

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CEDAX	NPB/G	NPB/G*		
cefaclor susp	PG	NPB/G		
cefepime	NPS	NC		Covered under medical benefit
cefepime/dextrose	NPS	NC		Covered under medical benefit
CEFOTAN	NPB/G	NC		Covered under medical benefit
cefoxitin	NPS	NC		Covered under medical benefit
cefpodo prox	PG	NPB/G		
cefpodoxime tab	PG	NPB/G		
ceftibuten	NPB/G	PG		
CEFTIN	NPB/G	NPB/G*		
celecoxib	NPB/G	NPB/G		Add ST
CELLCEPT	NPS	NPS*	mycophenolate	
CELONTIN	PB	NPB/G		
CERDELGA	PB	PS		Add QL
CERVIDIL VAG	NPB/G	NPB/G*		
cevimeline	PG	NPB/G		
chlordiazepoxide cap	PG	PG		Remove PA
chlorpromazine	PG	NPB/G		
chlorzoxazon	PG	NPB/G		
CHOLBAM	NPS	NPS*		
chorionic gonadotropin	PG	PS		
ciclodan cre 0.77%	PG	NPB/G		
ciclopirox cre 0.77%	PG	NPB/G		
ciclopirox susp 0.77%	NPB/G	PG		
cilostazol	PG	NPB/G		
CINQAIR	NPS	NC		Covered under medical benefit
CINRYZE	NPS	NPS*	BERINERT	
CIPRO	NPB/G	NPB/G*		
CIPRODEX	PB	NPB/G		
ciprofloxacn tab 1000mg	PG	NPB/G		
ciprofloxacn tab 500mg ER	PG	NPB/G		
citalopram soln	PG	NPB/G	citalopram tab	
claravis	NPB/G	NPB/G	minocycline, doxycycline	Add ST
CLARINEX-D	NPB/G	NPB/G*		
CLEOCIN	NPB/G	NPB/G*		

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CLEOCIN PHOS INJ	NPB/G	NC		Covered under medical benefit
clindacin mis etz 1%	PG	NPB/G		
clindacin-p pad 1%	PG	NPB/G		
clindamycin gel 1%	NPB/G	NPB/G		Remove ST
clindamycin gel tretinoi	NPB/G	PG		
clindamycin lot 1%	NPB/G	NPB/G		Remove ST
clindamycin lot 10mg/ml	NPB/G	NPB/G		Remove ST
clindamycin mis 1%	PG	NPB/G		
clindamycin pad 1%	PG	NPB/G		
clindamycin sol 1%	NPB/G	NPB/G		Remove ST
clindamycin vag cream	PG	NPB/G		
clomipramine	PG	NPB/G		
clonazepam ODT	PG	NPB/G		
clonidine tab ER	PG	NPB/G		Remove PA, Add ST
clorazepate tab	PG	NPB/G		Remove PA
clozapine ODT	PG	NPB/G	clozapine tab	
COAGADEX	NPS	NPS*	ADVATE, KOGENATE, HELIXATE, ALPHANINE, WILATE	
colchicine cap	PG	PG*		
colchicine tab	PG	NPB/G		
COMBIGAN	PB	NPB/G		
COMBIVENT	PB	NPB/G		
CORDRAN	NPB/G	NPB/G*		
cortisone ac tab	PG	NPB/G		
CORTISPORIN	PB	NPB/G		
COSENTYX	NPS	NPS*		
COSOPT	NPB/G	NPB/G*		
COSOPT PF	NPB/G	NPB/G		Add ST
COTELLIC	NPS	NPS*		
COTEMPLA	NPB/G	NPB/G*		
CREON	PB	NPB/G	ZENPEP	Add PA, Add ST
CRESTOR	NPB/G	NPB/G*		
CRINONE GEL 4%	NPB/G	NPB/G		Add PA
CRINONE GEL 8%	NPB/G	NPB/G		Add PA, Add ST
CRIXIVAN	PB	NPB/G		
cromolyn sod	PG	NPB/G		
CUPRIMINE	NPS	NPS*	DEPEN	
CUVPOSA	NPB/G	NPB/G		Add PA

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CYCLESSA	NPB/G	NPB/G*		
cyclobenzapr tab 7.5mg	PG	NPB/G		
CYCLOGYL	NPB/G	NPB/G*		
cyclopentola sol 0.5%	PG	NPB/G		
CYCLOPHOSPH	PG	PB		
cyclophosphamide inj	NPB/G	NC		Covered under medical benefit
cyclosporine inj	PG	NC		Covered under medical benefit
cycofed syp	PG	PG*		
CYSTADANE POW	NPS	NPS		Add PA
CYSTAGON	NPB/G	PS		
DANTRIUM	NPB/G	NPB/G*		
DANTRIUM IV INJ	NPS	NC		Covered under medical benefit
DARAPRIM	PB	NPB/G		
darifenacin	NPB/G	NPB/G		Add ST
D-CARE DM2	NPB/G	NPB/G*		
DDAVP	NPB/G	NPB/G*		
deferoxamine inj	PS	NC		Covered under medical benefit
DELESTROGEN	NPB/G	NPB/G*		
DELZICOL	PB	NPB/G	APRISO	Add ST
DENAVIR	NPB/G	NPB/G		Add ST
DEPO-ESTRADI	NPB/G	NPB/G*		
DEPO-PROVERA	NPB/G	NPB/G*		
DEPO-SQ PROV	NPB/G	NPB/G*		
DESCOVY	NPB/G	PB		
desipramine	PG	NPB/G		
desloratadine	NPB/G	NPB/G		Add ST
desmopressin	PG	NPB/G		
desmopressin inj	PS	NC		Covered under medical benefit
desmopressin sol 0.01%	PG	PG*		
desmopressin spray	PG	NPB/G		
DESOGEN-28	NPB/G	NPB/G*		
DESVENLAFAX (KHEDEZLA)	NPB/G	NPB/G*		
desvenlafax (PRISTIQ)	NPB/G	NPB/G		Remove ST
dexmethylphenidate cap ER	PG	NPB/G	methylphenidate tab	Add PA, Add ST
DEXPAK	NPB/G	NPB/G*		

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dextroamphet tab 5, 10mg	PG	NPB/G	methylphenidate tab	
dextroamphetamine cap ER	PG	NPB/G	methylphenidate tab	
DIAZEPAM GEL	PB	NPB/G*		
DICLEGIS	NPB/G	NPB/G*		
diclofenac gel 1%	PG	NPB/G		
diclofenac ophth	PG	NPB/G		
diclofenac tab 50mg	PG	NPB/G		
diclofenac tab ER	PG	NPB/G		
diclofenac/misoprostol	PG	NPB/G		
DIFFERIN	NPB/G	NPB/G*		
DIFICID	NPB/G	NPB/G		Add PA, Add ST
diflorasone oint 0.05%	NPB/G	NPB/G		Add ST
diflunisal	PG	NPB/G		
digoxin sol	PG	NPB/G		
dihydrocodeine/ASA/caffeine	NPB/G	NPB/G*		
DILANTIN	PB	NPB/G		
diltiazem ER tab	NPB/G	PG		
disopyramide	PG	NPB/G		
DMT SUIK	NPB/G	NPB/G*		
dofetilide	PG	NPB/G		
DOLOPHINE	NPB/G	NPB/G*		
donepezil tab hcl 23mg	NPB/G	NPB/G		Add ST
DORAL	NPB/G	NPB/G*		
doxycycline susp 25mg/5ml	PG	PG*		
doxycycline tab 20mg	NPB/G	PG		
dronabinol	NPB/G	NPB/G		Add ST
DS PREP PAK	NPB/G	NPB/G*		
DUAVEE	PB	NPB/G		Add PA, Add ST
DUOPA SUS 4.63-20	NPS	NPS*		
DUPIXENT INJ 300/2ML	NPS	NPS*		
DUREZOL	PB	NPB/G		
dutast/tamsu	PG	PG*		
dutasteride	PG	NPB/G	finasteride	Add ST
DYANAVEL XR	NPB/G	NPB/G*		
DYSPORT	NPS	NC		Covered under medical benefit
EDECRIN	NPB/G	NPB/G*		
EDURANT	PB	NPB/G		
effer-k 25 meq	PG	NPB/G		
EFFER-K TAB	PB	NPB/G		

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EFFIENT	NPB/G	NPB/G*	prasugrel	
ELAVIL	NPB/G	NPB/G*		
ELELYSO INJ 200UNIT	NPS	NPS		Add ST
ELIQUIS	PB	NPB/G		Add ST
ELMIRON	PB	NPB/G		
EMCYT	PB	NPB/G		
EMEND	NPB/G	NPB/G*		
EMEND TRIPAC	NPB/G	NPB/G*		
EMSAM	NPB/G	NPB/G		Add PA, Add ST
EMTRIVA	PB	NPB/G		
ENABLEX	NPB/G	NPB/G*		
ENDOMETRIN	NPB/G	NPB/G		Add PA
ENSTILAR	NPB/G	NPB/G*		
entacapone	PG	NPB/G		
entecavir tab	PG	PS		
ENTRESTO	PB	NPB/G*		
ENTYVIO	PS	NC		Covered under medical benefit
ENVARSUS XR	NPS	NPS*	tacrolimus, sirolimus	
EPANED	NPB/G	NPB/G*		
EPIDUO	PB	NPB/G		Add ST
EPIDUO FORTE	PB	NPB/G		Add ST
EPIPEN	PB	NPB/G*		
EPIVIR HBV SOL 5MG/ML	PB	PB		Expect Generic
EPZICOM TAB	NPB/G	NPB/G*	abacavir/lamivudine	
ergotamine/caffeine	PG	NPB/G		
ery/benzoyl gel 5-3%	PG	NPB/G		
ERYTHROCIN	NPB/G	NPB/G*		
erythromycin gel 2%	PG	NPB/G		
ESBRIET	NPS	NPS*		
escitalopram	PG	NPB/G	citalopram tab	
esomeprazole mag cap	PG	NPB/G	NEXIUM 24HR cap	Add PA, Add ST
esomeprazole strontium cap	PG	PG*		
estazolam	PG	NPB/G		Remove PA
estra/noreth tab 0.5-0.1	PG	NPB/G		
estra/noreth tab 1-0.5mg	PG	NPB/G		
estrad val inj	PG	PG*		
ESTROSTEP FE	NPB/G	NPB/G*		
eszopiclone	PG	NPB/G		Remove PA

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

Comparison: Small Group Value Plan to Small Group ACA Plan
January 1, 2018 Updates

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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
ETHYOL INJ 500MG	NPS	NC		Covered under medical benefit
EUFLEXXA	PS	NC		Covered under medical benefit
EVEKEO	NPB/G	NPB/G*		
EVISTA	NPB/G	NPB/G*		
EVOCLIN	NPB/G	NPB/G*		
EXALGO	NPB/G	NPB/G*		
exemestane	PG	NPB/G	anastrozole	
EXFORGE HCTZ	NPB/G	NPB/G*		
EXODERM	NPB/G	NPB/G*		
EYLEA	NPS	NC		Covered under medical benefit
ezetimibe	PG	NPB/G	simvastatin	
FABIOR	NPB/G	NPB/G*		
FALESSA	NPB/G	NPB/G*		
famciclovir	PG	NPB/G		
FARESTON	PB	NPB/G		
FARXIGA	NPB/G*	NPB/G		
FARYDAK	NPS	NPS*		
FASLODEX	NPS	NC		Covered under medical benefit
FAZACLO	NPB/G	NPB/G*		
FEIBA INJ	PS	NPS*	ADVATE, KOGENATE, HELIXATE, ALPHANINE, WILATE	
felbamate	PG	NPB/G		
FEMHRT	NPB/G	NPB/G*		
fenofibrate cap 50, 150mg	NPB/G	PG		
fenofibrate tab 48, 145mg	PG	NPB/G		
fenofibric cap 45mg, 135mg	PG	PG*		
fenofibric tab 35mg, 105mg	PG	NPB/G		
fenoprofen	PG	NPB/G		
fentanyl patch	PG	NPB/G		
FENTORA	NPB/G	NPB/G*		
ferric gluco inj	PG	NC		Covered under medical benefit
FIBRICOR	NPB/G	NPB/G*		
finasteride	PG	PG		Remove PA
FIORICET	NPB/G	NPB/G*		

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
FLAGYL	NPB/G	NPB/G*	metronidazole	
FLOLAN	NPS	NPS*	epoprostenol	
FLOVENT DISK	NPB/G	NPB/G		Add ST
FLOVENT HFA	NPB/G	NPB/G		Add ST
FLOWTUSS	NPB/G	NPB/G*		
fluoromethol	PG	NPB/G		
FLUOXETINE TAB 60MG	NPB/G	NPB/G*		
fluoxetine cap, sol, tab	PG	NPB/G	fluoxetine tab	
fluphenazine elx	PG	NPB/G		
flurandrenol	NPB/G	NPB/G*		
flurazepam	PG	PG		Remove PA
fluticasone oint 0.005%	PG	NPB/G		
fluvoxamine cap	PG	PG*	fluoxetine tab	
fluvoxamine tab	PG	NPB/G	fluoxetine tab	
FML	PB	NPB/G		
FOCALIN XR	NPB/G	NPB/G*		
FORANE	NPB/G	NPB/G*		
FORTAZ	NPS	NC		Covered under medical benefit
FOSCAVIR INJ	NPS	NC		Covered under medical benefit
FROVA	NPB/G	NPB/G*		
frovatriptan	NPB/G	NPB/G		Add ST
furosemide sol	PG	NPB/G		
fyavolv	PG	NPB/G		
FYCOMPA	NPB/G	NPB/G		Remove PA
GABITRIL	NPB/G	NPB/G*		
GABLOFEN	NPS	NC		Covered under medical benefit
GAMASTAN S/D INJ	NPS	NPS*	GAMMAPLEX, GAMUNEX C, FLEBOGAMMA, OCTAGAM, HIZENTRA	
GANIRELIX AC INJ	NPS	NC		Covered under medical benefit
GELFILM	NPB/G	NPB/G*		
GEL-ONE	NPS	NC		Covered under medical benefit
GELSYN-3	NPS	NC		Covered under medical benefit
GENERESS FE	NPB/G	NPB/G*		

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
GENVISC 850	NPS	NC		Covered under medical benefit
GIAZO	NPB/G	NPB/G		Remove PA
GLASSIA	NPS	NC		Covered under medical benefit
GLEOSTINE	NPB/G	PB		
GLIADEL	NPB/G	NPB/G*		
GLUCAGEN	PB	NPB/G		
GLUCAGON	PB	NPB/G		
GLUCOPHAGE	NPB/G	NPB/G*		
GLYSET	NPB/G	NPB/G*		
GONITRO	NPB/G	NPB/G*		
granisetron inj	NPS	NC		Covered under medical benefit
GRANIX	NPS	NPS*		
griseofulvin	PG	NPB/G		
guaifenesin tab 600mg CR	PG	PG*		
guanfacine tab ER	NPB/G	NPB/G		Remove PA, Add ST
guanidine	PG	NPB/G		
H.P. ACTHAR INJ 80UNIT	NPS	NPS*		
HAEGARDA	PS	NPS*	BERINERT	
HARVONI TAB 90-400MG	PS	PS		Add QL
hc butyrate cre 0.1%	PG	NPB/G		
hc butyrate oint 0.1%	PG	NPB/G		
hc butyrate sol 0.1%	PG	NPB/G		
hc pramoxine cre 1-1%	PG	NPB/G		
hc valerate cre 0.2%	PG	NPB/G		
hc valerate oint 0.2%	PG	NPB/G		
HELIXATE FS	NC	NPS		
HEPAGAM B INJ	PS	NC		Covered under medical benefit
HEXALEN CAP 50MG	PS	NPS		
HISMANAL	NPB/G	NPB/G*		
homatropaire	NPB/G	PG		
homatropine	NPB/G	PG		
HORIZANT	NPB/G	NPB/G		Remove PA
HUMIRA	NPS	PS		
HYALGAN	NPS	NC		Covered under medical benefit
HYCAMTIN CAP	NPS	NPS		Add QL

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
HYDREA	NPB/G	NPB/G*		
hydrocodone/APAP	PG	NPB/G		
hydrocodone/ibuprofen	PG	NPB/G		
hydromorphon liq 1mg/ml	PG	PG*		
HYMOVIS	NPS	NC		Covered under medical benefit
HYQVIA INJ 2.5-200	NPS	NPS		Remove ST
ibandronate	NPB/G	NPB/G		Add PA
ibandronate inj	PS	NC		Covered under medical benefit
ibudone	PG	NPB/G		
ICLUSIG	NPS	NPS		Remove ST
IDELVION	NPS	NPS*	ADVATE, KOGENATE, HELIXATE, ALPHANINE, WILATE	
IDHIFA	NPS	NPS*		
IMBRUVICA	NPS	NPS*		
imiquimod	PG	NPB/G		
IMITREX	NPB/G	NPB/G*		
INDERAL XL	NPB/G	NPB/G*		
indomethacin cap ER	PG	NPB/G		
INFLECTRA	PS	NC		Covered under medical benefit
INGREZZA	NPS	NPS*		
INNOPRAN XL	NPB/G	NPB/G*		
INTELENCE	PB	NPB/G		
INTRAROSA	NPB/G	NPB/G*		
iodine	PG	PG*		
ipratropium spr	PG	NPB/G		
ipratropium/ albuterol neb	PG	NPB/G	ipratropium soln	
IPRIVASK	NPB/G	NPB/G*		
IRESSA	NPS	NPS*		
ISENTRESS	NPB/G	PB		
isoflurane inh	PG	PG*		
ISOPTO CARP OPHTH	NPB/G	NPB/G*		
itraconazole cap	PG	NPB/G		Add PA, Add ST
IXINITY	NPS	NPS*	ADVATE, KOGENATE, HELIXATE, ALPHANINE, WILATE	
JADENU	NPS	NPS*	deferoxamine	
JARDIANCE	PB	NPB/G	metformin	

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
JETREA	NPB/G	NC		Covered under medical benefit
jevantique l	PG	NPB/G		
jinteli	PG	NPB/G		
KALBITOR	NPS	NPS*	BERINERT	
KALETRA TAB	PB	NPB/G		Expect Generic
KANUMA	PS	NC		Covered under medical benefit
KARBINAL ER	NPB/G	NPB/G*		
KCENTRA	NPS	NPS*	ADVATE, KOGENATE, HELIXATE, ALPHANINE, WILATE	
k-effervesce	PG	NPB/G		
KEFLEX	NPB/G	NPB/G*	cephalexin cap	
KERALYT	NPB/G	NPB/G*		
KERLONE	NPB/G	NPB/G*		
ketoconazole tab	PG	NPB/G		
ketoprofen cap 200mg ER	PG	PG*		
ketoprofen cap 50mg, 75mg	PG	NPB/G		
ketorolac	PG	NPB/G		
ketorolac ophth	NPB/G	PG		
KEVEYIS	NPS	NPS*		
KEVZARA	NPS	NPS*		
KHEDEZLA	NPB/G	NPB/G*		
KISQALI	NPS	NPS*		
KISQALI	NPS	NPS*		
klor-con/ef	PG	NPB/G		
KOGENATE FS	NC	NPS		
KOMBIGLYZ XR	NPB/G*	NPB/G		
K-PHOS NEUTRAL	NPB/G	NPB/G*		
K-PHOS TAB	PB	NPB/G		
k-prime	PG	NPB/G		
KRYSTEXXA	NPS	NC		Covered under medical benefit
k-vescent	PG	NPB/G		
KYNAMRO	NPS	NPS*		
lactic acid lot 10%	NPB/G	PG		
LAMICTAL	NPB/G	NPB/G*	lamotrigine tab	
LAMICTAL ODT	NPB/G	NPB/G*	lamotrigine tab	
lamotrigine chew tab	PG	NPB/G	lamotrigine tab	

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
lamotrigine ODT	NPB/G	NPB/G		Remove PA, Remove S
lamotrigine ODT KIT	PG	NPB/G	lamotrigine tab	
lamotrigine tab ER	PG	NPB/G	lamotrigine tab	Remove PA, Remove S
LANOXIN	NPB/G	NPB/G*		
lansopr/amox mis /clarith	PG	PG*		
lansoprazole cap 30mg dr	PG	NPB/G	Prevacid 24HR cap	Remove PA
LANTUS	NPB/G*	NPB/G		
LATUDA	PB	NPB/G	risperidone tab	
LAZANDA	NPB/G	NPB/G*		
LEMTRADA	NPS	NC		Covered under medical benefit
LENVIMA	NPS	NPS*		
LETAIRIS	PS	PS		Expect Generic
letrozole	PG	NPB/G	anastrozole	
leuprolide inj	PG	PS		
levalbuterol aerosol	NPB/G	NPB/G		Add ST
levalbuterol neb	PG	NPB/G	albuterol neb 0.63MG/3ML	
levetiracetam ER	PG	NPB/G	lamotrigine tab	
levofloxacin sol 0.5%	PG	NPB/G		
LEXIVA	PB	NPB/G		Expect Generic
LIALDA	PB	NPB/G*		
lidocaine cre tetracai	PG	PG*		
lidocaine pad 5%	NPB/G	NPB/G*		
lidocaine sol 4%	PG	PG*		
LINZESS	PB	NPB/G		Add ST
LIORESAL INT INJ	NPS	NC		Covered under medical benefit
LIPOFEN	NPB/G	NPB/G*		
LITHOBID	NPB/G	NPB/G*		
LITHOSTAT	PB	NPB/G		
LO LOESTRIN	NPB/G	NPB/G*		
LOCOID	NPB/G	NPB/G*		
LOESTRIN	NPB/G	NPB/G*		
LOESTRIN 21	NPB/G	NPB/G*		
LOESTRIN FE	NPB/G	NPB/G*		
LOPID	NPB/G	NPB/G*		
lopreeza	PG	NPB/G		
LOPROX	NPB/G	NPB/G*		
LOSEASONIQUE	NPB/G	NPB/G*		

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
LOTEMAX	PB	NPB/G		
LUCENTIS	NPS	NC		Covered under medical benefit
LUMIGAN	NPB/G	NPB/G		Remove PA
LYNPARZA	NPS	NPS*		
LYRICA	PB	NPB/G	gabapentin	Add PA, Add ST, Add Q
LYSODREN	PB	NPB/G		
MACUGEN	NPS	NC		Covered under medical benefit
MAGNEBIND	NPB/G	NPB/G*		
MAKENA	NPS	NC		Covered under medical benefit
MATULANE	PS	NPS		
matzim LA	NPB/G	PG		
MAVIK	NPB/G	NPB/G*	trandolapril	
MAXIPIME	NPS	NC		Covered under medical benefit
MAXITROL	NPB/G	NPB/G*		
meclofen sod	PG	NPB/G		
MEDROL	NPB/G	NPB/G*		
MENEST	PB	NPB/G		
meperidine sol	PG	PG*		
meperidine tab	PG	NPB/G		
MEPHYTON	PB	NPB/G		
meprobamate	PG	NPB/G		
mesalamine enema	PG	PG*		
mesalamine tab	PG	NPB/G	APRISO	
methadone	PG	NPB/G		
methadose	PG	NPB/G		
methamphetamine tab 5mg	PG	NPB/G	methylphenidate tab	Add ST
methenamine	PG	NPB/G		
methotrexate inj	PG	PG*		
methoxsalen	PG	NPB/G		
methyclothiazide	NPB/G	PG		
methyldopa/HCTZ	PG	NPB/G		
methylphenidate cap	PG	NPB/G	methylphenidate tab	
methylphenidate cap ER	PG	NPB/G	methylphenidate tab	
methylphenidate sol	PG	NPB/G	methylphenidate tab	
metipranolol sol 0.3% ophth	PG	NPB/G		
METROLOTION	NPB/G	NPB/G*		

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
metronidazol cap	PG	NPB/G		
metronidazol cre 0.75%	PG	NPB/G		
metronidazol gel 0.75%	PG	NPB/G		
mexiletine	PG	NPB/G		
MIACALCIN INJ	NPS	NC		Covered under medical benefit
miconazole 3 susp	NPB/G	NPB/G*		
MICRODOT	NPB/G	NPB/G		Add PA
MICROZIDE	NPB/G	NPB/G*		
miglitol	PG	NPB/G	metformin	
MILLIPRED	NPB/G	PB		
mimvey	PG	NPB/G		
mimvey lo	PG	NPB/G		
MINASTRIN 24	NPB/G	NPB/G*		
MITIGARE	PB	NPB/G*		
mixed vespid inj	PG	NC		Covered under medical benefit
modafinil	PG	NPB/G		Add ST
mometasone spr	PG	NPB/G	fluticasone spray	
MONODOX	NPB/G	NPB/G*		
MONONINE INJ	PS	NPS*	ADVATE, KOGENATE, HELIXATE, ALPHANINE, WILATE	
MONOVISC	PS	NC		Covered under medical benefit
MORPHABOND	NPB/G	NPB/G*		
morphine cap ER	PG	NPB/G		Add ST
morphine sol	PG	NPB/G		
morphine sup	PG	NPB/G		
MOVANTIK	PB	NPB/G*		
MOXATAG	NPB/G	NPB/G*		
moxifloxacin	PG	NPB/G		
mupirocin cre 2%	PG	NPB/G		
MYDAYIS	NPB/G	NPB/G*		
MYFORTIC	NPS	NPS*	mycophenolic acid	
MYLERAN TAB	PB	NPB/G		
myorisan	NPB/G	NPB/G	minocycline, doxycycline	Add ST
nadolol	PG	NPB/G		
nadolol/bendroflumethiazide	NPB/G	PG		
naftifine cre hcl 1%	NPB/G	NPB/G		Add ST

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Comparison: Small Group Value Plan to Small Group ACA Plan
January 1, 2018 Updates

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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
nalbuphine inj	NPS	NC		Covered under medical benefit
naproxen susp	PG	NPB/G		
NASONEX	NPB/G	NPB/G*		
NATAZIA	NPB/G	NPB/G*		
nateglinide	NPB/G	PG		
NATPARA	NPS	NPS*		
NEBUPENT	PB	NPB/G		
neo/bac/poly oint ophth	PG	NPB/G		
neo/poly/bac oint /hc 1% ophth	PG	NPB/G		
neo/poly/hc sus ophth	PG	NPB/G		
neo-polycin oint hc 1% ophth	PG	NPB/G		
neo-polycin oint ophth	PG	NPB/G		
NEORAL CAP	NPS	NPS*	cyclosporine	
NEORAL SOL	NPB/G	NPS*	cyclosporine	
NEOSPORIN	NPB/G	NPB/G*		
NEPTAZANE	NPB/G	NPB/G*		
NERLYNX	NPS	NPS*		
NEUPRO	NPB/G	NPB/G		Add ST
NEXIUM	NPB/G	NPB/G		Add PA
NIACOR	NPB/G	NPB/G*		
nicardipine	PG	NPB/G	felodipine	
NILANDRON	PB	NPB/G*		
nilutamide	PG	NPB/G		
nimodipine	PG	NPB/G		
NINLARO	NPS	NPS*		
NITRO-DUR	NPB/G	NPB/G*		
nitroglycerine cap ER	PG	NPB/G		
nitroglycerine spray	PG	NPB/G		
NITROMIST	NPB/G	NPB/G*		
NITROSTAT	NPB/G	NPB/G*		
nitro-time cap CR	PG	NPB/G		
NITYR	NPS	NPS*		
NORDETTE-28	NPB/G	NPB/G*		
noreth/ethin tab 0.5-2.5	PG	NPB/G		
noreth/ethin tab 1mg-5mcg	PG	NPB/G		
NORITATE CRE 1%	NPB/G	NPB/G*		
NORPACE	NPB/G	NPB/G*		
NORTHERA	NPS	NPS*		
NORVIR	PB	NPB/G		Expect Generic

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
novarel	PG	PS		
NOXAFIL SUSP	NPB/G	NPB/G		Add PA, Add ST
NOXAFIL TAB	NPB/G	NPB/G*		
np thyroid	PG	NPB/G	levothyroxine	
NPLATE	NPS	NPS		Add PA
NUCALA	NPS	NC		Covered under medical benefit
NUCYNTA	NPB/G	NPB/G		Add PA
NUEDEXTA	PB	NPB/G		Add PA
NULOJIX	NPS	NPS		Add PA
NUPLAZID	NPS	NPS*		
NUVIGIL	NPB/G	NPB/G*		
NYMALIZE	NPB/G	NPB/G*		
nystat/triam cre	PG	NPB/G		
nystat/triam oint	PG	NPB/G		
OBIZUR	NPB/G	NPS*	ADVATE, KOGENATE, HELIXATE, ALPHANINE, WILATE	
OBREDON	NPB/G	NPB/G*		
OCALIVA	NPS	NPS*		
octreotide inj	PG	PS		
OFEV	NPS	NPS*		
ofloxacin dro 0.3% ophth	PG	NPB/G		
ofloxacin otic	PG	NPB/G		
olanzapine	PG	NPB/G	risperidone tab	
olmesartan	PG	NPB/G	losartan	
olmesartan/HCTZ	PG	NPB/G	losartan	
omega-3-acid	PG	NPB/G	niacin ER	
ONFI	NPB/G	NPB/G		Remove PA
ONGLYZA	NPB/G*	NPB/G		
ORAVIG	NPB/G	NPB/G		Add ST
ORENCIA INJ 250MG	NPS	NC		Covered under medical benefit
orphenadrine	PG	NPB/G		
ORTHO MICRON	NPB/G	NPB/G*		
ORTHO TRI-	NPB/G	NPB/G*		
ORTHO-CYCLEN	NPB/G	NPB/G*		
ORTHO-NOVUM	NPB/G	NPB/G*		
ORTHOVISC	PS	NC		Covered under medical benefit

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
OSPHENA	NPB/G	NPB/G		Add PA, Add ST
OTEZLA	PS	PS		Add ST
OTIPRIO	NPB/G	NPB/G*		
OTOVEL	NPB/G	NPB/G		Add ST
OTREXUP	NPS	NPS*	oral methotrexate	
OVACE PLUS	NPB/G	NPB/G*		
oxandrolone	NPB/G	PG		
OXAYDO	PB	NPB/G		Add PA, Add ST
oxazepam	PG	NPB/G		Remove PA
oxybutynin tab ER	PG	NPB/G	oxybutynin tab	Add ST
oxycodone con	PG	NPB/G		
oxycodone sol	PG	NPB/G		
oxycodone tab ER	PG	NPB/G*		
oxycodone/ APAP	PG	PG*		
oxycodone/ ASA	PG	NPB/G		
OXYCONTIN	PB	NPB/G*		
oxymorphone tab	PG	NPB/G		Add PA, Add ST
oxymorphone tab ER	PG	NPB/G		Add ST
OXYTROL/WOMN	PG	NPB/G*		
OZURDEX	PS	NC		Covered under medical benefit
paliperidone ER	NPB/G	NPB/G		Add ST
PANCREAZE	NPB/G	NPB/G		Add PA
PANRETIN	PB	NPB/G		
PARLODEL	NPB/G	NPB/G*		
paromomycin	PG	NPB/G		
paroxetine tab ER	PG	NPB/G	paroxetine tab	Add ST
PATADAY	NPB/G	NPB/G*		
PAXIL SUSP 10MG/5ML	NPB/G	NPB/G*	paroxetine tab	
PAZEO	NPB/G	NPB/G*		
PENTASA	PB	NPB/G	APRISO	Add ST
PERFOROMIST	NPB/G	NPB/G		Remove ST
perindopril	NPB/G	PG		
perphenazine/amitriptyline	PG	NPB/G		
PERTZYE	NPB/G	NPB/G		Add PA
phenadoz sup	PG	NPB/G		
phenergan sup	PG	NPB/G		
phenlac/benz sol 10-10%	PG	NC		Covered under medical benefit
phenylephrin sol 10% ophth	PG	NPB/G		

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
phenylephrin sol 2.5% ophth	PG	NPB/G		
PHENYTEK	PB	NPB/G*		
PHOSLO	NPB/G	NPB/G*		
PHOSPHOLINE	PB	NPB/G		
PICATO	PB	NPB/G		
pilocarpine sol ophth	PG	NPB/G		
PLEGISOL	NPB/G	NPB/G*		
PLEGRIDY INJ	PS	NPS		Add ST, Add QL
PLEGRIDY INJ PEN	PS	NPS		Add ST
PODOCON	NPB/G	NPB/G*		
POLY-VI-FLOR	PB	NPB/G		
pot chloride sol	PG	NPB/G		
PRADAXA	NPB/G	NPB/G		Remove ST
pramcort cre 1-1%	PG	NPB/G		
PRAMOSONE	NPB/G	NPB/G*		
prasugrel	PG	NPB/G		
pregnyl	PG	PS		
PREMARIN	PB	NPB/G		
PREMARIN VAG	PB	NPB/G		
PREMPHASE	PB	NPB/G		
PREMPRO	PB	NPB/G		
PREVACID	NPB/G	NPB/G*		
PREZCOBIX	PB	NPB/G		
PREZISTA	PB	NPB/G		
PRIALT	NPS	NC		Covered under medical benefit
primaquine	PG	NPB/G		
PRIMLEV	NPB/G	NPB/G*		
PRISTIQ	NPB/G	NPB/G*		
PROAIR HFA	PB	NPB/G*		
PROAIR RESPI	PB	NPB/G*		
PROCARDIA	NPB/G	NPB/G*		
PROCYSBI	NPS	NPS*	CYSTAGON	
PROGRAF CAP	NPS	NPS*	tacrolimus	
PROGRAF INJ	NPS	NC		Covered under medical benefit
PROLASTIN-C	NPS	NC		Covered under medical benefit
prometh vc sol plain	PG	PG*		
prometh vc syp 6.25-5/5	PG	PG*		

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

Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
prometh/pe syp 6.25-5/5	PG	PG*		
promethazine sup	PG	NPB/G		
promethegan sup	PG	NPB/G		
propafenone cap ER	PG	NPB/G		
propafenone cap SR	PG	NPB/G		
propantheline	PG	NPB/G		
proparacaine sol ophth	NPB/G	PG		
propranolol cap	PG	NPB/G		
PROTONIX	NPB/G	NPB/G*		
protriptyline	PG	NPB/G		
PROVENTIL	NPB/G	NPB/G*		
PRUDOXIN	NPB/G	NPB/G*		
PULMICORT	NPB/G	NPB/G		Remove PA
PURIXAN SUS 20MG/ML	NPS	NPS		Add ST
pyrazinamide	PG	NPB/G		
PYRIDIUM	NPB/G	NPB/G*		
QBRELIS	NPB/G	NPB/G*		
QUARTETTE	NPB/G	NPB/G*		
quazepam	NPB/G	NPB/G		Remove PA
QUDEXY XR	NPB/G	NPB/G*		
QUESTRAN	NPB/G	NPB/G*		
QUILLICHEW	NPB/G	NPB/G*		
quinidine tab	PG	NPB/G		
QUTENZA	NPB/G	NPB/G*		
rabeprazole	PG	NPB/G	omeprazole	Add PA, Add ST
RANEXA	PB	NPB/G		
RAPAFLO	PB	NPB/G		
RAPAMUNE TAB	NPS	NPS*	sirolimus	
rasagiline	PG	NPB/G		
RASUVO	NPS	NPS*	oral methotrexate	
RAYOS	NPB/G	NPB/G*		
REBETOL SOL	NPB/G	PB		Remove QL
RECURA	NPB/G	NPB/G*		
REGRANEX	NPB/G	NPB/G		Remove PA
RELISTOR	NPB/G	NPB/G*		
RELPAX	NPB/G	NPB/G*		
REMICADE	PS	NC		Covered under medical benefit
REMODULIN	NPS	NPS		Expect Generic
RENACIDIN	PB	NPB/G*		

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Comparison: Small Group Value Plan to Small Group ACA Plan
January 1, 2018 Updates

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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
RENFLEXIS	PS	NC		Covered under medical benefit
RENVELA PAK	PB	NPB/G*		
RENVELA TAB	PB	NPB/G		
RESCULA	NPB/G	NPB/G		Remove PA
RESECTISOL	NPB/G	NPB/G*		
RESTASIS	PB	NPB/G		
RESTASIS MUL	PB	NPB/G		
RETIN-A MICR	NPB/G	NPB/G*		
RETROVIR INJ	NPB/G	NC		Covered under medical benefit
REVATIO INJ	NPS	NC		Covered under medical benefit
REVATIO SUS	NPS	NPS*	sildenafil, LETAIRIS, OPSUMIT, TRACLEER	
revonto inj	PG	NC		Covered under medical benefit
RHOFADE	NPB/G	NPB/G*		
RIAX	NPB/G	NPB/G*		
RIBASPHERE TAB 400,600MG	PG	NPB/G		
rifabutin	PG	NPB/G		
rimantadine	PG	NPB/G		
RIOMET	NPB/G	NPB/G*		
risedron sod tab 35mg dr	NPB/G	NPB/G		Add ST
risperidone ODT	PG	NPB/G	risperidone tab	
RIXUBIS	NPS	NPS*	ADVATE, KOGENATE, HELIXATE, ALPHANINE, WILATE	
ROBAXIN	NPB/G	NPB/G*		
ROBAXIN-750	NPB/G	NPB/G*		
ROCALTROL	NPB/G	NPB/G*		
ROCEPHIN	NPS	NC		Covered under medical benefit
rosadan cre 0.75%	PG	NPB/G		
rosadan gel 0.75%	PG	NPB/G		
rosuvastatin	PG	NPB/G	simvastatin	Add ST
ROZEREM	NPB/G	NPB/G		Add PA
RUCONEST	NPS	NPS*	BERINERT	
RYDAPT	NPS	NPS*		
RYTARY	NPB/G	NPB/G*		

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
SAFYRAL	NPB/G	NPB/G*		
SAIZEN	NPS	NPS		Add ST
SALEX	NPB/G	NPB/G*		
salicylic ac	NPB/G	NPB/G*		
salsalate	PG	NPB/G		
SAMSCA	NPS	NPS		Expect Generic
SANDIMMUNE INJ	NPS	NC		Covered under medical benefit
SANDIMMUNE SOL	NPS	NPS*	cyclosporine	
SANDIMMUNE CAP	NPS	NPS*	cyclosporine	
SANDOSTATIN LAR	NPS	NPS*	octreotide	
SAPHRIS	NPB/G	NPB/G		Remove PA
SARAFEM	NPB/G	NPB/G*		
SAVAYSA	NPB/G	NPB/G*		
SEEBRI NEOHA	NPB/G	NPB/G*		
SELZENTRY SOL	PB	NPB/G		
SELZENTRY TAB 150MG	PB	NPB/G		
SELZENTRY TAB 25MG	PB	NPB/G		Add QL
SELZENTRY TAB 300MG	PB	NPB/G		
SELZENTRY TAB 75MG	PB	NPB/G		Add QL
SEREVENT DIS	PB	NPB/G	DULERA	
SEROMYCIN	NPB/G	NPB/G*		
SEROQUEL XR	NPB/G	NPB/G*		
SEROSTIM	NPS	NPS		Add ST
sevelamer	PG	NPB/G		
sevoflurane inh	PG	PG*		
SIGNIFOR LAR	NPS	NPS*	SIGNIFOR	
sildenafil inj	PG	NC		Covered under medical benefit
SILIQ	NPS	NPS*		
SIMPONI INJ	PS	NPS		
SIMPONI ARIA	PS	NC		Covered under medical benefit
SIMULECT	NPS	NPS		Add PA
SIVEXTRO	NPB/G	NPB/G		Add ST
sod benzate/sol phen 10%	PG	NC		Covered under medical benefit
sod sul/sulf emu 10-5%	PG	NPB/G		
SOLIQUA	PB	NPB/G*		
SOLIRIS	PS	NC		Covered under medical benefit

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
SOLTAMOX	NPB/G	NPB/G*		
SOTYLIZE	NPB/G	NPB/G*		
SPECTRACEF	NPB/G	NPB/G*		
SPIRIVA	PB	NPB/G	INCRUSE	Add ST
SPORANOX	NPB/G	NPB/G		Add PA, Add ST
SPRITAM	NPB/G	NPB/G*		
STELARA INJ 5MG/ML	PS	NC		Covered under medical benefit
STELARA INJ 45MG/0.5	PS	NC		Covered under medical benefit
STIMATE SOL 1.5MG/ML	NPB/G	NPS		Add PA
STIOLTO	PB	NPB/G	Anoro Ellipt	Add ST
STRATTERA	NPB/G	NPB/G*		
STRENSIQ	NPS	NPS*		
SUBSYS	NPB/G	NPB/G*		
sumatriptan inj	PG	NPB/G	sumatriptan tab	
sumatriptan spr	PG	NPB/G	sumatriptan tab	
SUPARTZ	NPS	NC		Covered under medical benefit
SUPARTZ FX	NPS	NC		Covered under medical benefit
SUPPRELIN LA KIT 50MG	PS	NC		Covered under medical benefit
SUPRANE	NPB/G	NPB/G*		
SUPRAX SUSP	NPB/G	NPB/G*		
SURMONTIL	NPB/G	NPB/G*		
SYMBICORT	PB	NPB/G	DULERA	Add ST
SYNALAR	NPB/G	NPB/G*		
SYNJARDY	PB	NPB/G	metformin	
SYNJARDY XR	PB	NPB/G	metformin	
SYNVISC	NPS	NC		Covered under medical benefit
SYNVISC ONE	NPS	NC		Covered under medical benefit
TABLOID	PB	NPB/G		
TACLONEX	NPB/G	NPB/G		Add ST
tacrolimus oint 0.1%, 0.03%	NPB/G	NPB/G		Remove PA
TAGRISSO	NPS	NPS*		
TALTZ	NPS	NPS*		
TAMIFLU	NPB/G	NPB/G*		

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
TANZEUM	NPB/G*	NPB/G		
TAPAZOLE	NPB/G	NPB/G*		
TARGADOX	NPB/G	NPB/G*		
TAYTULLA	NPB/G	NPB/G*		
tazarotene cre 0.1%	PG	NPB/G		Remove PA, Add ST
TAZORAC CRE 0.05%	NPB/G	NPB/G		Remove PA
TAZORAC CRE 0.1%	NPB/G	NPB/G*		
TAZORAC GEL	NPB/G	NPB/G		Remove PA
TECFIDERA	PS	NPS		Add ST
temazepam	PG	PG		Remove PA
TENCON	NPB/G	NPB/G*		
TENORETIC	NPB/G	NPB/G*		
TENORMIN	NPB/G	NPB/G*		
terconazole	PG	NPB/G		
terrell	PG	PG*		
TESTOPEL	NPB/G	NPB/G		Add PA
testosterone inj	PG	NPB/G		
testosterone pellet	PG	NPB/G*		
tetcaine ophth	PG	NPB/G		
tetracaine ophth	PG	NPB/G		
tetravisc ophth	PG	NPB/G		
THALOMID	PB	PB		Expect Generic
THEO-24	PB	NPB/G	theophylline tab CR	
theophylline sol 80/15ml	PG	NPB/G	theophylline tab CR	
THYROGEN	PS	NC		Covered under medical benefit
thyroid	PG	NPB/G	levothyroxine	
tiagabine	PG	NPB/G		
TIGAN INJ	NPB/G	NC		Covered under medical benefit
TIKOSYN	NPB/G	NPB/G*		
timolol gel	PG	NPB/G		
timolol tab	PG	NPB/G		
TIVICAY	NPB/G	PB		
TOBI PODHALR CAP	PS	NPS*	tobramycin nebules	
TOBRADEX ST	NPB/G	NPB/G*		
tobramycin neb	PS	PG		
tobramycin/dexamethasone op	PG	NPB/G		
TOBREX	NPB/G	NPB/G*		
TOFRANIL	NPB/G	NPB/G*		

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
tolbutamide	NPB/G	PG		
tolmetin sod	PG	NPB/G		
tolterodine cap ER	NPB/G	NPB/G		Add ST
tolterodine tab	PG	NPB/G	oxybutynin tab	Add ST
topiramate cap	PG	NPB/G		
topiramate cap ER	PG	PG*		
tramadol tab ER	PG	NPB/G		Add ST, Add QL
tramadol/APAP	PG	NPB/G		
trandolapril-verapamil	PG	NPB/G	lisinopril	
tranylcypromine	PG	NPB/G		
TREMFYA	PS	NPS*		
TRESIBA FLEX	PB	NPB/G	LEVEMIR	Add ST
tretinoin gel 0.04%	PG	PG*		
tretinoin gel 0.04%pmp	PG	PG*		
tretinoin gel 0.1%	PG	PG*		
tretinoin gel 0.1%pump	PG	PG*		
TRETIN-X	NPB/G	NPB/G*		
TREZIX	NPB/G	NPB/G*		
triamcinolone aer susp	PG	PG		Add ST
triamterene/HCTZ cap	PG	NPB/G		
triazolam	PG	NPB/G		Remove PA
TRIBENZOR	NPB/G	NPB/G*		
TRIFERIC	NPB/G	NPB/G*		
trifluridine	PG	NPB/G		
triklo	PG	NPB/G	niacin ER	
TRI-NORINYL	NPB/G	NPB/G*		
triple antib oint ophth	PG	NPB/G		
TROKENDI XR	NPB/G	NPB/G*		
trospium cap ER	PG	NPB/G	oxybutynin tab	Add ST
TRUE METRIX	NPB/G	NPB/G		Add PA
TRUETEST	NPB/G	NPB/G		Add PA
TRUETRACK	NPB/G	NPB/G		Add PA
TRULANCE	PB	NPB/G*		
TRULICITY	PB	NPB/G	INVOKANA, TRADJENTA, JANUVIA	
TYKERB	NPS	NPS		Add QL
TYSABRI	NPS	NC		Covered under medical benefit
TYVASO	NPS	NPS*	sildenafil, LETAIRIS, OPSUMIT, TRACLEER	

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
UCERIS AERO	NPB/G	NPB/G*		
UCERIS TAB	NPB/G	NPB/G		Add PA, Remove ST
ULTANE	NPB/G	NPB/G*		
UNASYN	NPB/G	NC		Covered under medical benefit
uni-guaifen tab 600-300	PG	PG*		
UPTRAVI	NPS	NPS*	sildenafil, LETAIRIS, OPSUMIT, TRACLEER	
UROXATRAL	NPB/G	NPB/G*		
UTIBRON	NPB/G	NPB/G*		
VAGIFEM	NPB/G	NPB/G*		
VALCHLOR	NPS	NPS*		
VALCYTE SOL	NPS	NPS*	valganciclovir	
valganciclovir	PG	PS		
valsartan	PG	NPB/G	losartan	
valsartan/HCTZ	PG	NPB/G	losartan	
VANCOCIN HCL	NPB/G	NPB/G*		
VANTAS	NPS	NC		Covered under medical benefit
VARUBI	NPB/G	NPB/G*		
VASCEPA	PB	NPB/G*		
VECAMYL	NPS	NPS*		
VECTICAL	NPB/G	NPB/G*		
VELETRI	NPS	NPS*	epoprostenol	
VELTASSA	NPB/G	NPS*	sodium polystyrene sulfonate	
VELTIN	NPB/G	NPB/G*		
VEMLIDY	NPS	NPS*		
VENCLEXTA	NPS	NPS*		
VENOFER	NPS	NC		Covered under medical benefit
VENOMIL MIX INJ VESPID	NPS	NC		Covered under medical benefit
VERASENS	NPB/G	NPB/G		Add PA
verdrocet	PG	NPB/G		
VERELAN PM	NPB/G	NPB/G*		
VERSACLOZ	NPB/G	NPB/G*		
VFEND	NPB/G	NPB/G*		
VIBERZI	PB	NPB/G*		
VIBRAMYCIN	NPB/G	NPB/G*		

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
vicodin	PG	NPB/G		
VICTOZA	PB	NPB/G	INVOKANA, TRADJENTA, JANUVIA	
VIDEX SOL	PB	NPB/G		
VIGAMOX	NPB/G	NPB/G*		
VIIBRYD	NPB/G	NPB/G		Add ST
VIMIZIM	PS	NC		Covered under medical benefit
VIOKACE	NPB/G	NPB/G		Add PA
VIRASAL	NPB/G	NPB/G*		
VIROPTIC	NPB/G	NPB/G*		
VISCO-3	NPS	NC		Covered under medical benefit
VISUDYNE	NPS	NC		Covered under medical benefit
VIVITROL	NPB/G	NPB/G*		
VOLTAREN	PB	NPB/G*		
VONVENDI	NPS	NPS*	ADVATE, KOGENATE, HELIXATE, ALPHANINE, WILATE	
voriconazole susp 40mg/ml	PG	PG*		
voriconazole tab	PG	NPB/G		Add PA
VOSPIRE ER	NPB/G	NPB/G*		
VUSION	NPB/G	NPB/G*		
VYTORIN	NPB/G	NPB/G*		
VYVANSE	PB	NPB/G	methylphenidate tab	Add PA, Add ST
WILATE INJ	NC	NPS		
XARELTO	PB	NPB/G		
XARELTO STAR	PB	NPB/G		
XELJANZ	PS	NPS		
XELJANZ XR	PS	NPS		
XEOMIN	NPS	NC		Covered under medical benefit
XERMELO	NPS	NPS*		
XIAFLEX	PS	NPS		Add PA
XIFAXAN	PB	NPB/G		
XIGDUO XR	NPB/G*	NPB/G		
XIIDRA	PB	NPB/G		
XOLAIR	PS	NPS*		
XOPENEX HFA	NPB/G	NPB/G*		

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
XTAMPZA ER	NPB/G	PB		Remove ST
XULTOPHY	PB	NPB/G*		
YASMIN 28	NPB/G	NPB/G*		
YAZ	NPB/G	NPB/G*		
ZACLIR	NPB/G	NPB/G*		
zaleplon	PG	PG		Remove PA
ZALTRAP	NPS	NC		Covered under medical benefit
ZAVESCA	NPS	NPS		Add ST Expect Generic
ZEJULA	NPS	NPS*		
ZEMAIRA	NPS	NC		Covered under medical benefit
zenatane	NPB/G	NPB/G	minocycline, doxycycline	Add ST
zenzedi tab 5, 10mg	PG	NPB/G	methylphenidate tab	
ZESTORETIC	NPB/G	NPB/G*		
ZESTRIL	NPB/G	NPB/G*		
ZETIA	NPB/G	NPB/G*		
ZIANA	NPB/G	NPB/G*		
ZINACEF	NPS	NC		Covered under medical benefit
ZINBRYTA	NPS	NPS*		
ZIOPTAN	NPB/G	NPB/G		Remove PA
ZITHROMAX POW 1GM PAK	NPB/G	NPB/G*		
ZOFRAN	NPB/G	NPB/G*		
ZOHYDRO ER	NPB/G	NPB/G*		
ZOLADEX	NPS	NC		Covered under medical benefit
zolmitriptan	PG	NPB/G	sumatriptan tab	Add ST
zolpidem	PG	PG		Remove PA
ZOMETA	NPS	NC		Covered under medical benefit
ZONALON	NPB/G	NPB/G*		
ZORBTIVE	NPS	NPS		Add ST
ZOVIRAX	NPB/G	NPB/G		Add ST
ZUBSOLV	NPB/G	NPB/G*		
ZURAMPIC	NPB/G	NPB/G*		
ZYBAN	NPB/G	NPB/G*		
ZYFLO CR	NPB/G	NPB/G*		
ZYLOPRIM	NPB/G	NPB/G*		

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Comparison: Small Group Value Plan to Small Group ACA Plan
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Drug Name	SG Value Tier 1/1/18	SG ACA Tier 1/1/18	Formulary Alternative(s)	Notes
ZYTIGA	PB	PB		Expect Generic

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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 complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:
Civil Rights Coordinator,
P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),
1-800-648-7817, TTY: 711,
Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

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)

ᏣᎩᏍᏗ ᎦᏬᏂᎯᏍᏗ ᎢᏅᎾᏓᏮᏁᏗ Ꮭ ᎪᎱᏍᏗ ᏗᏟᎬᏣᏔᏁᏗ ᏯᎩ, ᏬᎰᎯᏏᏔᏮᏏ ᎾᏍᎩ ᏗᏎᏍᏗ ᏥᏕᎪᏪᎵ ᏅᎾᎢ ID ᏆᏂᏱᏍᏗ ᏣᏙᎵᎢ. (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)

လၢတၢ်ကမၤန့ၢ်ကျိာ်အတၢ်မၤစၢၤအတၢ်ဖံးတၢ်မၤတဖဉ်လၢတအိဉ်ဒီးအပှ့ၤလၢနကဘဉ်ဟ့ဉ်အီၤဘဉ်နှဉ်,ကိးဘဉ်လီတဲစိနီၢ်ဂံၢ်လၢအိဉ်လၢနတၢ်ဂီၤခိဉ် (ID) အခးလိၤန့ဉ်တက့ၢ် (Karen)

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

Ɱ dyi wuɖu-dù kà kò ɖò ɓě dyi mɔ́uń nì pídyi ní, nìí, ɖá nɔɓà 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 ܝܠܘܟ ܥܠ ܝܠܦܢܘܬܐ ܕܬܘܪܓܡܐ ܠܫܢܐ ܡܓܢܐܝܬ، ܩܪܝ ܠܡܢܝܢܐ ܥܠ ܦܬܩܐ ܕܡܘܕܥܢܘܬܐ ܕܝܘܟ. (Syriac-Assyrian)

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 פּרייַז 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)