



## January 1, 2017 Formulary Changes for Small Group Select

### Abbreviation Key

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

<b>Expect Gen</b> Expect Generic	<b>Expect generic drugs to become available in the near future.</b> 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.
<b>HCR</b> Health Care Reform	There is no copay for these drugs
<b>LGC</b> Lowest generic copay	Lowest generic copay only applies if your plan has the Best Value Generic Drug Program.
<b>NC</b> Not-Covered	<b>These drugs are not covered under your pharmacy benefit plan.</b> You can still get these drugs but will need to pay the full cost of the drug.
<b>NPB/G</b> Non-preferred brand-name or non-preferred generic drug	<b>These drugs aren't preferred.</b> You may pay higher out-of-pocket costs when using a non-preferred brand-name or generic drug.
<b>NPS</b> Non-preferred specialty drug	<b>These drugs aren't preferred.</b> You may pay higher out-of-pocket costs when using a non-preferred drug on the Coventry Drug List.
<b>PA</b> Prior authorization or precertification	<b>Prior authorization only applies if your plan includes precertification.</b> 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.
<b>PB</b> 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.
<b>PS</b> Preferred specialty drugs	You may pay lower out-of-pocket costs when you use preferred drugs on the Coventry Drug List.
<b>PG</b> 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.
<b>QL</b> Quantity limits	<b>Quantity limits only applies if your plan includes quantity limits.</b> 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.
<b>Select OTC</b> Select over-the-counter	Select OTC (over-the-counter) drugs are covered under your prescription plan with a prescription.
<b>SPB</b> Specialty pharmacy coverage	You may pay higher out of pocket costs and may be required to get these products at a Coventry Specialty Pharmacy network provider. Specialty products are limited to a 30 day supply.
<b>ST</b> Step therapy	<b>Step therapy only applies if your plan includes step-therapy.</b> 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		
ACCUPRIL	NPB/G	NC		
ACCURETIC	NPB/G	NC		
ACEON	NPB/G	NC		
<i>a-cillin</i>	PG	PG/LGC		
ACIPHEX	NPB/G	NC		
ACTIGALL	NPB/G	NC		
ACTIMMUNE	PS	NPS		
ACTIQ	NPB/G	NC	<i>morphine, hydrocodone, oxycodone, hydromorphone</i>	
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
ADALAT CC	NPB/G	NC		
ADDERALL	NPB/G	NC		
ADDERALL XR	NPB/G	NC		
<i>alavert tab</i>	PG/LGC	PG		
<i>alaway</i>	PG/LGC	PG		
<i>alaway child</i>	PG/LGC	PG		
ALCAINE	NPB/G	NC		
ALDACTAZIDE	NPB/G	NC		
ALDACTONE	NPB/G	NC		
ALDARA	NPB/G	NC		
ALDURAZYME	PS	NPS		
ALINIA	NPB/G	NPB/G		Expect Gen
ALKERAN	PB	NPB/G		
<i>allergy tab</i>	PG/LGC	PG		
<i>allergy eye</i>	PG/LGC	PG		
<i>allergy relief</i>	PG/LGC	PG		
ALORA	NPB/G	NC		
ALOXI	NPS	NPS		Remove NPL
ALPHAGAN P	NPB/G	NC		
ALPHANATE	NPS	PS		
ALPHANINE SD	NPS	NC		
ALPROLIX	NPS	NC		
ALTACE	NPB/G	NC		

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AMARYL	NPB/G	NC		
AMBIEN	NPB/G	NC		
AMBIEN CR	NPB/G	NC	eszopiclone, zaleplon, zolpidem	
AMERGE	NPB/G	NC		
<i>amlod/valsar</i>	NPB/G	PG		
AMMONUL INJ 10%	NPB/G	NPS		
<i>amoxicillin</i>	PG	PG/LGC		
<i>amoxil</i>	PG	PG/LGC		
<i>ampicillin inj</i>	NC	NPS		Add SPD
<i>amp-sulbactam inj</i>	NC	NPS		Add SPD
AMPYRA	NPB/G	PS		
ANAFRANIL	NPB/G	NC		
ANALPRAM-HC	PB	NC		
ANAPROX DS	NPB/G	NC		
ANDROGEL 1% (50MG) PKT	PB	NC		
ANDROGEL 1% (25MG) PKT, PUMP	NPB/G	NC		
ANDROID	NPB/G	NC		
ANTABUSE	NPB/G	NC		
<i>antihistamine</i>	PG/LGC	PG		
ANUSOL-HC	NPB/G	NC		
ARAVA	NPB/G	NC		
ARICEPT	NPB/G	NC		
ARIMIDEX	NPB/G	NC		
ARIXTRA	NPB/G	NC		
ARMOUR THYRO	NPB/G	NC		
ARNUITY ELPT	NPB/G	NPB/G		Remove PA
AROMASIN	NPB/G	NC		
ARTHROTEC 50	NPB/G	NC		
ARTHROTEC 75	NPB/G	NC		
ARZERRA	NPS	NPS		Add PA
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	

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ATELVIA	NPB/G	NC		
ATRIPLA	PB	NPB/G		
ATROVENT NAS	NPB/G	NC		
AUGMENTIN / XR	NPB/G	NC		
AVALIDE	NPB/G	NC	<i>candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz</i>	
AVAPRO	NPB/G	NC	<i>candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan</i>	
AVAR LS	NPB/G	NC		
AVAR-E LS	NPB/G	NC		
AVELOX	PB	NC		
AVELOX	NPB/G	NC		
AVELOX ABC	PB	NC		
AVODART	PB	NC		
AVODART	NPB/G	NC		
AXERT	NPB/G	NC		
AYGESTIN	NPB/G	NC		
AZACTAM	NPS	NC		
AZILECT	PB	PB		Expect Gen
AZULFIDINE	NPB/G	NC		
BACTRIM	NPB/G	NC		
BACTROBAN	NPB/G	NC		
BARACLUDE	NPS	NC		
BEBULIN	NPS	NC		
BEBULIN VH	NPS	NC		
<i>beepen-vk</i>	PG	PG/LGC		
BENLYSTA INJ	NPB/G	NPS		
BENTYL	NPB/G	NC		
BENZACLIN	NPB/G	NPB/G	EPIDUO	Add ST
BERINERT INJ	NPB/G	NPS		
BETAGAN	NPB/G	NC		
<i>betameth val</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	
<i>betameth val oin 0.1%</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	
<i>bexarotene</i>	PS	PS		Add PA

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BIAXIN / XL	NPB/G	NC		
<i>bimatoprost</i>	NPB/G	NPB/G	<i>latanoprost</i> , TRAVATAN Z	Add PA
BIVIGAM	NPS	NC		
BLEPH-10	NPB/G	NC		
BONIVA inj	NC	NC		Remove NPL
<i>bpm-dm-phen</i>	PG	NC		Remove select OTC
BRAVELLE	NPS	PS		
BREO ELLIPTA	NPB/G	PB		
BUPHENYL	NPS	NC		
CALAN SR	NPB/G	NC		
CAMPTOSAR INJ 100/5ML	NC	NC		
CAMPTOSAR INJ 40MG/2ML	NC	NC		
CARAFATE	NPB/G	NC		
CARBAGLU	NPS	NPS		Expect Gen
CARBATROL	NPB/G	NC		
CARDIZEM LA	NPB/G	NC		
CARDURA	NPB/G	NC		
CARIMUNE NF	NPS	NC		
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		
<i>cephalexin</i>	PG	PG/LGC		
CHENODAL	NPB/G	NPS		
<i>chlorpropamide</i>	PG/LGC	PG		
<i>chlorthalidone</i>	PG/LGC	PG		
<i>chorionic gonadotropin</i>	NPS	PS		
CILOXAN	NPB/G	NC		
<i>cimetidine</i>	PG/LGC	PG		
CIPRO	NPB/G	NC		
CIPRO XR	NPB/G	NC		
<i>ciprofloxacin</i>	PG	PG/LGC		
CLAFORAN	NPS	NC		
CLARINEX	NPB/G	NC		
CLARITIN	PG	NC		
<i>claritin</i>	PG/LGC	PG		
<i>claritin eye</i>	PG/LGC	PG		
CLARITIN-D	PG	NC		

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CLEOCIN	NPB/G	NC		
CLEOCIN PED	NPB/G	NC		
CLEOCIN PHOS	NPS	NC		
CLEOCIN-T	NPB/G	NC	EPIDUO	
<i>c-lexin</i>	PG	PG/LGC		
CLIMARA	NPB/G	NC		
CLIMARA PRO	NPB/G	NPB/G		Expect Gen
CLINDAGEL	NPB/G	NC	EPIDUO	
<i>clindamycin/benz perox gel 1-5%</i>	NPB/G	NPB/G	EPIDUO	Add ST
<i>clindamycin topical</i>	NPB/G	PG	EPIDUO	
<i>clindamycin sol 1%</i>	NPB/G	PG	EPIDUO	
<i>clobetasol</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>clobetasol e</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
CLOBEX	NPB/G	NC	<i>augmented betamethasone crm, oint, lot, gel</i>	
CLOBEX	NPB/G	NC		
CLOZARIL	NPB/G	NC		
COLAZAL	NPB/G	NC		
<i>colchicine</i>	NPB/G	NPB/G	MITIGARE	Add ST
COLCRYS	NPB/G	NPB/G	<i>colchicine</i> , MITIGARE	Add ST
COLESTID	NPB/G	NC		
COMPLERA	PB	NPB/G		
COMTAN	NPB/G	NC		
CONCERTA	NPB/G	NC		
COPAXONE INJ 20MG	NPS	NC		
COPAXONE INJ 40MG	PB	PS		Expect Gen
COPEGUS	NPS	NC		
CORDARONE	NPB/G	NC		
COREG	NPB/G	NC		
CORGARD	NPB/G	NC		
CORIFACT	NPS	NC		
<i>cormax</i> <i>cormax scalp</i>	PB	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
CORTEF	NPB/G	NC		
CORTENEMA	NPB/G	NC		

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CORZIDE	NPB/G	NC		
COUMADIN	PB	NC		
COZAAR	NPB/G	NC	<i>candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan</i>	
CUPRIMINE	NPB/G	NPS		Add PA, Add ST, Add SPB
CUTIVATE	NPB/G	NC	<i>triamcinolone crm, oint, lot</i>	
CUTIVATE	NPB/G	NC		
<i>cvs allergy drops</i>	PG/LGC	PG		
CYCLOGYL	PB	NC		
CYCLOGYL	NPB/G	NC		
CYMBALTA	NPB/G	NC		
CYSTAGON	PS	NPB/G		
CYTOGAM	PS	NC		
CYTOMEL	NPB/G	NC		
D.H.E. 45	NPB/G	NC		
DANTRIUM IV	NC	NPS		Add SPD
DAYPRO	NPB/G	NC		
DDAVP	NPB/G	NC		
DEMADEX	NPB/G	NC		
DEMEROL	NPB/G	NC		
DEPAKENE / ER / SPR	NPB/G	NC		
DEPEN TITRA	NPB/G	NPS		Add PA, Add SPB
DEPO-TESTOST	NPB/G	NC		
DERMA-SMOOTH	NPB/G	NC		
DERMOTIC	NPB/G	NC		
<i>desonide</i>	PG	NPB/G	<i>aclometasone crm, oint</i>	
DESOWEN	NPB/G	NC	<i>aclometasone crm, oint</i>	
<i>desoximetasone 0.05% gel, oint</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	
<i>desoximetasone 0.25% cr, oint</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	
DESOXYN	NPB/G	NC		
DETROL / LA	NPB/G	NC	<i>oxybutynin/er, tolterodine/er, trospium/er, MYRBETRIQ, VESICARE</i>	
DEXEDRINE	NPB/G	NC		

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DIAMOX SEQUE	NPB/G	NC		
DIBENZYLINE	NPB/G	NC		
<i>diclofenac gel 3%</i>	PG	PG		Add QL
DIFFERIN	NPB/G	NC	EPIDUO	
<i>diflorasone cream</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>diflorasone oint</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	
DIFLUCAN	NPB/G	NC		
DILANTIN	PB	NC		
DILANTIN-125	PB	NC		
DILAUDID	NPB/G	NC		
DIOVAN	NPB/G	NC	<i>candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan</i>	
DIOVAN HCT	NPB/G	NC	<i>candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz</i>	
DIPROLENE	NPB/G	NC		
DIPROLENE AF	NPB/G	NC		
DITROPAN XL	NPB/G	NC		
DOLOPHINE	NPB/G	NC		
DOVONEX	NPB/G	NC		
<i>doxercalciferol</i>	NPB/G	PG		
<i>doxycycline monohydrate</i>	PG	NPB/G*	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	
<i>doxycycline hyclate</i>	PG/LGC	PG		
<i>doxycycline</i>	PG	NPB/G*	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	

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<i>doxycycline cap 75mg</i>	NPB/G	NPB/G*	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	
<i>doxycycline monohydrate 100mg</i>	PG	NPB/G*	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	
<i>doxy-d</i>	PG/LGC	PG		
DRISDOL	NPB/G	NC		
DUAC	NPB/G	NC	EPIDUO	
DUAC	NPB/G	NC		
DUETACT	NPB/G	NC		
DURAGESIC	NPB/G	NC		
DYAZIDE	NPB/G	NC		
EC-NAPROSYN	NPB/G	NC		
<i>econazole</i>	PG	NPB/G	<i>terbinafine, griseofulvin</i>	
EFFEXOR XR	NPB/G	NC		
EFUDEX	NPB/G	NC		
EGRIFTA	NPS	NC		Remove SPB
ELAPRASE	PS	NPS		
ELDEPRYL	NPB/G	NC		
ELESTAT	NPB/G	NC		
ELIGARD	NPS	NPS		Add PA
ELOCON	NPB/G	NC	<i>triamcinolone crm, oint, lot</i>	
ELOCTATE	NPS	NC		
EMLA	NPB/G	NPB/G		Add QL
ENBREL	PB	PS		
ENBREL SRCLK	PB	PS		
<i>endacof-c</i>	PG	NC		Remove select OTC
ENTOCORT EC	NPB/G	NC		
EPIDUO	NPB/G	NPB/G		Remove ST, Expect Gen
EPIDUO FORTE	NPB/G	NPB/G		Expect Gen
EPIPEN 2-PAK	PB	PB		Expect Gen
EPIPEN-JR	PB	PB		Expect Gen
EPIVIR	PB	NC		
EPIVIR HBV	NPB/G	NC		
EPOGEN	PS	NPS		
EPZICOM	PB	NPB/G		Expect Gen

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<i>eq itchy eye</i>	PG/LGC	PG		
<i>eridium</i>	PG/LGC	PG		
ESGIC	NPB/G	NC		
ESTRACE	NPB/G	NC		
<i>estropipate</i>	PG/LGC	PG		
<i>etoposide cap</i>	PS	PG		
EVOXAC	NPB/G	NC		
EVZIO	PB	NC	NARCAN NASAL SPRAY	Add PA
EXACTECH	NPB/G	PB		Remove PA
EXALGO	NPB/G	NC		
EXELON	NPB/G	NC		
EXFORGE	NPB/G	NC	<i>amlodipine, candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan</i>	
EXTINA	NPB/G	NC		
<i>eye itch relief</i>	PG/LGC	PG		
EYLEA	PS	NPS		Add PA, Add NPL
FABIOR	NPB/G	NPB/G		Change ST
FABRAZYME	PS	NPS		
FAMVIR	NPB/G	NC		
FARXIGA	NPB/G	NPB/G		Remove ST
FASLODEX	NPS	NPS		Add PA
FAZACLO	NPB/G	NC		
FELBATOL	NPB/G	NC		
FELDENE	NPB/G	NC		
FEMARA	NPB/G	NC		
<i>ferrous sulf</i>	HCR	PG		
FEXMID	NPB/G	NC		
FIORINAL	NPB/G	NC		
FIORINAL/COD	NPB/G	NC		
FIRAZYR	NPS	NC		
FIRMAGON	NPB/G	NPS		
FLAGYL	NPB/G	NC		
FLEBOGAMMA	NPS	NC		
FLOMAX	NPB/G	NC		
FLOXASE	NPB/G	NPB/G		Add QL
<i>flonase allergy</i>	PG	PG		Add QL
FLOVENT DISK	NPB/G	NPB/G		Remove PA
FLOVENT HFA	NPB/G	NPB/G		Remove PA
FLUMADINE	NPB/G	NC		

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<i>fluocinolone acetonide cr 0.01%</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>fluocinonide gel, oint 0.05%</i>	PG	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	
<i>fluocinonide 0.1%</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>fluocinonide cre -e 0.05%</i>	PG/LGC	PG	<i>betamethasone dipropionate crm, oint, lot</i>	Add ST
<i>fluocinonide cream 0.05%</i>	PG/LGC	NPB/G	<i>betamethasone dipropionate crm, oint, lot</i>	Add ST
<i>fluoxetine</i>	PG/LGC	PG		
<i>fluticasone cream</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	
<i>fluticasone spray</i>	PG	PG		Add QL
FML LIQUIFLM	NPB/G	NC		
FOCALIN	NPB/G	NC		
FOCALIN XR	NPB/G	NC		
FOLGARD RX	NPB/G	NC		
FORTAZ	NPS	NC		
FOSAMAX	NPB/G	NC		
FREESTYLE	NPB/G	PB		Remove PA
FURADANTIN	NPB/G	NC		
FUZEON	NPB/G	NPS		
GABITRIL	NPB/G	NC		
GABLOFEN	NC	NPS		
GAMMAGARD	NPS	NC		
GAMMAGARD SD	NPS	NC		
GAMMAKED	NPS	NC		
GAMMAPLEX	NPS	NC		
GAMUNEX-C	NPS	NC		
GASTROCROM	NPB/G	NC		
GASTROGRAFIN	NPB/G	NC		
<i>gentamicin cream</i>	PG/LGC	PG		
GENVOYA	NPB/G	NPS		Add PA
GEODON	NPB/G	NC		

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GIAZO	NPB/G	NPB/G	APRISO, ASACOL/HD, DELZICOL, LIALDA, PENTASA	Expect Gen
GLASSIA	NPB/G	NPS		
<i>glatopa</i>	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)	Remove PA, Add ST
GLUCOTROL	NPB/G	NC		
GLUCOTROL XL	NPB/G	NC		
GLUCOVANCE	NPB/G	NC		
GLYNASE	NPB/G	NC		
GOLYTELY	NPB/G	NC		
GONAL-F	NPS	PS		
GONAL-F RFF	NPS	PS		
GRALISE	NPB/G	NPB/G	generic NEURONTIN	Remove PA, Add ST
GRALISE STAR	NPB/G	NPB/G	generic NEURONTIN	Remove PA, Add ST
GRIS-PEG	NPB/G	NC		
HALCION	NPB/G	NC		
<i>halobetasol</i>	PG	NPB/G	<i>augmented betamethasone crm, oint, lot, gel</i>	
HARVONI	PS	NPS	ZEPATIER	Add ST, Add QL
HECTOROL	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		
HYCET	NPB/G	NC		
<i>hydroxyz hcl</i>	PG/LGC	PG		
HYPERRHO S/D	NPS	NC		
HYPERTET S/D	PS	NC		

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

## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
HYZAAR	NPB/G	NC	<i>candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz</i>	
IBUDONE	NPB/G	NC		
IMITREX	NPB/G	NC		
IMOGAM RABIE	PS	NC		
IMURAN	NPB/G	NC		
INDERAL LA	NPB/G	NC		
INSPRA	NPB/G	NC		
INTRON A	PS	NPB/G		
INTUNIV	NPB/G	NC		
INVEGA	NPB/G	NC		
IOPIDINE	NPB/G	NC		
ISENTRESS	PB	NPB/G		
ISORDIL	NPB/G	NC		
<i>itchy eye</i>	PG/LGC	PG		
JAKAFI	NPS	NPS		Add QL
JALYN	NPB/G	NC		
JARDIANCE	NPB/G	NPB/G		Remove ST
JENTADUETO	NPB/G	PB		Remove PA
JEVTANA	NC	NPS		Add PA, Add SBD
KADIAN	NPB/G	NC		
<i>kaon-cl-10</i>	PG/LGC	PG		
KAPVAY	NPB/G	NC	<i>guanfacine er, amphetamine/ dextroamphetamine/sr, dexmethylphenidate/sr, methylphenidate/sr, STRATTERA</i>	
KAYEXALATE	NPB/G	NC		
KEFLEX	NPB/G	NC		
KENALOG	NPB/G	NC		
KEPIVANCE	NC	NPS		Add PA, Add SPD
KEPPRA	NPB/G	NC		
KEPPRA XR	NPB/G	NC		
KERALAC	NC	NC		
<i>ketotif fum</i>	PG/LGC	PG		
KLARON	NPB/G	NC		

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## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
KLONOPIN	NPB/G	NC		
<i>klor-con 10</i>	PG/LGC	PG		
<i>klotrix</i>	PG/LGC	PG		
KOATE-DVI	NPS	NC		
KOMBIGLYZE	PB	NPB/G	<i>alogliptin, JANUVIA/JANUMET/XR, TRADJENTA/JENTADUETO/XR</i>	Add PA
<i>k-sol</i>	PG/LGC	PG		
K-TAB	NPB/G	NC		
LAC-HYDRIN	NPB/G	NC		
LAMICTAL	NPB/G	NC		
LAMICTAL ODT	NPB/G	NC		
LAMICTAL XR	NPB/G	NC		
LAMISIL	NPB/G	NC		
LANOXIN	NPB/G	NC		
LASIX	NPB/G	NC		
<i>ledercill vk</i>	PG	PG/LGC		
LESCOL / XL	NPB/G	NC	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	
LETAIRIS	PB	PS		
LEUKERAN	PB	PS		
LEUKINE	PS	NPS		
LEVAQUIN	NPB/G	NC		
LEXAPRO	NPB/G	NC		
LEXIVA	PB	PB		Expect Gen
<i>lido/prilocn</i>	PG	PG		Add QL
<i>lidocaine</i>	PG	PG		Add QL
<i>lidocaine oint</i>	NPB/G	NPB/G		Add QL
<i>lidocaine-pr</i>	NPB/G	NPB/G		Add QL
LIDODERM	PG	NC		Add QL
LIDODERM PAD 5%	NPB/G	NC		Add QL
LIPITOR	NPB/G	NC	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	
LOCOID	NPB/G	NC		
LOCOID LIPO	NPB/G	NC		
LODOSYN	NPB/G	NC		
LOFIBRA	NPB/G	NC		
<i>lohist-dm</i>	PG	NC		Remove select OTC

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## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
LOMOTIL	NPB/G	NC		
LOPRESS HCT	NPB/G	NC		
LOPRESSOR	NPB/G	NC		
LOPROX	NPB/G	NC		
<i>loratadine</i>	PG/LGC	PG		
LOTEMAX	PB	PB		Expect Gen
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		
LUPR DEP-PED	NPB/G	NPS		Add PA
LUPRON DEPOT	NPS	NPS		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
MALARONE	NPB/G	NC		
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		
MEDROL	NPB/G	NC		
MEGACE ES	NPB/G	NC		
MEPRON	NPB/G	NC		
MESTINON	NPB/G	NC		
METADATE CD	NPB/G	NC		
METHYLIN	NPB/G	NC		
METROGEL	NPB/G	NC		
METROGEL VAG	NPB/G	NC		
MIACALCIN SPRAY	NPB/G	NC		
MIACALCIN inj	NC	NPS		Add ST, Add SPD

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## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
MICARDIS	NPB/G	NC	<i>candesartan, eprosartan, irbesartan, losartan, valsartan, telmisartan</i>	
MICARDIS HCT	NPB/G	NC	<i>candesartan/hctz, eprosartan/hctz, irbesartan/hctz, losartan/hctz, telmisartan/hctz, valsartan/hctz</i>	
MINASTRIN 24	NPB/G	NPB/G		Expect Gen
MINIPRESS	NPB/G	NC		
MINIVELLE	NPB/G	NC		
MINOCIN	NPB/G	NC		
MIRALAX	HCR	NC		
MIRAPEX / ER	NPB/G	NC		
MIRCETTE	NPB/G	NC		
MIRENA	NPB/G	NPB/G		Expect Gen
MITIGARE	NPB/G	PB		
MOBIC	NPB/G	NC		
MODERIBA PAK	NPS	NPB/G		
MODERIBA TAB	NPS	PG		
<i>mometasone</i>	PG	NPB/G	<i>triamcinolone crm, oint, lot</i>	
<i>mondoxylene nl</i>	NPB/G	NPB/G*	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	
MONOCLATE-P	PS	NC		
MONODOX	NPB/G	NPB/G*	generic MONODOX 50mg, 100mg; generic VIBRAMYCIN 50mg, 100mg	
<i>morgidox</i>	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 INJ	PS	NPS		
MYSOLINE	NPB/G	NC		
NAGLAZYME	PS	NPS		

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## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
NAMENDA	NPB/G	NC		
NAPRELAN	NPB/G	NC		
NAPROSYN	NPB/G	NC		
<i>naproxen sod</i>	PG/LGC	PG		
NARCAN	NPB/G	PB		
NARDIL	NPB/G	NC		
NASONEX	PB	NPB/G	<i>flunisolide</i> , <i>mometasone</i> , FLONASE OTC, NASACORT 24HR	
NEOSPORIN GU	NPB/G	NC		
<i>neuc gel 1.2-5%</i>	PG	NC	EPIDUO	Add PA
NEUAC KIT 1.2-5%	NPB/G	NC	EPIDUO	Add ST
NEUPOGEN	PS	NPS		
NEURONTIN	NPB/G	NC		
NEXIUM	PG	NC		
NIASPAN	NPB/G	NC		
NITROLINGUAL	NPB/G	NC		
NIZORAL	NPB/G	NC		
NORCO	NPB/G	NC		
NORPRAMIN	PG	NC		
NORPRAMIN	NPB/G	NC		
NORVASC	NPB/G	NC		
<i>novarel</i>	NPS	PS		
NOVOLOG	NPB/G	NC	HUMULIN products, HUMALOG products	
NOVOSEVEN RT	PB	NC		
NULYTELY	NPB/G	NC		
NUWIQ	NPS	NC		
OCTAGAM	NPS	NC		
OCUFLOX	NPB/G	NC		
OLUX	NPB/G	NC		
OLUX-E	NPB/G	NC		
<i>omeprazole</i>	PG/LGC	PG		
OMNIPRED	NPB/G	NC		
OMNITROPE	PB	PS		
ONETOUCH	PB	PB		Remove PA
ONEXTON	NPB/G	NPB/G*	EPIDUO	Change ST
ONGLYZA	PB	NPB/G	<i>alogliptin</i> , JANUVIA/JANUMET/XR, TRADJENTA/JENTADUETO/XR,	Add PA

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## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
OPANA	NPB/G	NC		
OPSUMIT	PB	PS		
OPTIUM	NPB/G	PB		Remove PA
OPTIUMEZ	NPB/G	PB		Remove PA
ORAP	NPB/G	NC		
ORAPRED ODT	NPB/G	NC		
ORFADIN	NPS	NPS		Add PA
<i>ortho-est</i>	PG/LGC	PG		
OTEZLA	NPS	PS		Remove ST
OTREXUP	NPS	NPS	<i>methotrexate</i>	Add ST
OVACE PLUS	NPB/G	NC		
OVCON-35	NPB/G	NC		
OVIDE	NPB/G	NC		
OXANDRIN	NPB/G	NC		
OXSORALEN-UL	NPB/G	NC		
PAMELOR	NPB/G	NC		
<i>pamidronate</i>	NPS	PS		Remove NPL
PANCREAZE	NPB/G	NPB/G	CREON, ZENPEP	Add ST
PARAFON FORT	NPB/G	NC		
PARNATE	NPB/G	NC		
PATADAY	NPB/G	NPB/G		Expect Gen
PATANASE	NPB/G	NC		
PATANOL	NPB/G	NC		
PAXIL / CR	NPB/G	NC		
<i>pc pen vk</i>	PG	PG/LGC		
PEDIAPRED	NPB/G	NC		
PEGASYS	NPS	PB		
PEG-INTRON	NPS	NPB/G		
<i>penicillin vk</i>	PG	PG/LGC		
PENLAC	NPB/G	NC	<i>terbinafine, itraconazole, griseofulvin</i>	Add PA
<i>pen-vee k</i>	PG	PG/LGC		
PEPCID	NPB/G	NC		
PERCOCET	NPB/G	NC		
PERSANTINE	NPB/G	NC		
<i>phenazopyrid</i>	PG/LGC	PG		
<i>phenoxybenza</i>	PG	PS		Add PA, Add SPB
<i>phenylbutyra</i>	NPS	PS		
PLAQUENIL	NPB/G	NC		
PLAVIX	NPB/G	NC		
PLETAL	NPB/G	NC		

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## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
PLEXION	NPB/G	NC		
<i>polymox</i>	PG	PG/LGC		
POLYTRIM	NPB/G	NC		
POLY-TUSSIN	NPB/G	NC		Remove select OTC
PONSTEL	NPB/G	NC		
<i>pot chloride</i>	PG/LGC	PG		
PRANDIN	NPB/G	NC		
PRAVACHOL	NPB/G	NC	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	
<i>prazosin hcl</i>	PG/LGC	PG		
PRECISION	NPB/G	PB		Remove PA
PRECISION PT	NPB/G	PB		Remove PA
PRECOSE	NPB/G	NC		
PRED FORTE	NPB/G	NC		
<i>prednicen-m</i>	PG/LGC	PG		
<i>prednisone</i>	PG/LGC	PG		
<i>pregnyl</i>	NPS	PS		
PREVACID	NPB/G	NC		
PREVDNT 5000	NC	NC		
PREVPAC	NPB/G	NC		
PRILOSEC	NPB/G	NC		
PRILOSEC OTC	PG/LGC	PG		
PRINIVIL	NPB/G	NC		
PRISTIQ	NPB/G	NPB/G	<i>citalopram, fluoxetine, duloxetine, venlafaxine, amitriptyline, mirtazapine, trazodone</i>	Expect Gen
PRIVIGEN	NPS	NC		
PROCARDIA XL	NPB/G	NC		
PROCENTRA	NPB/G	NC		
PROFILNINE	NPS	NC		
<i>profilnine</i>	NPS	NC		
PROLIA	NPS	NPS	<i>zoledronic acid inj</i>	Add ST
PROMETRIUM	NPB/G	NC		
PRO-RED AC	NPB/G	NC		Remove select OTC
PROSCAR	NPB/G	NC		
PROTONIX	NPB/G	NC		

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## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
PROTOPIC	NPB/G	NC	<i>fluticasone propionate, betamethasone dipropionate/augmented, triamcinolone acetonide</i>	
PROVERA	NPB/G	NC		
PROVIGIL	NPB/G	NC		
PROZAC	NPB/G	NC		
PROZAC WEEKLY	NPB/G	NC		
PRVDNT 5000	NPB/G	NC		
PULMICORT	NPB/G	NC		
<i>pyridiate</i>	PG/LGC	PG		
QUALAQUIN	NPB/G	NC		
QUESTRAN	NPB/G	NC		
RASUVO	NPS	NPS	<i>methotrexate</i>	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	<i>zoledronic acid</i>	Remove NPL
RECOMBINATE	NPS	NC		
REGLAN	NPB/G	NC		
RELPAK	NPB/G	NPB/G		Expect Gen
REMERON	NPB/G	NC		
REMERON SLTB	NPB/G	NC		
REMICADE	PS	NC		
REQUIP / XL	NPB/G	NC		
RESTORIL	NPB/G	NC		
RETIN-A	NPB/G	NC		
RETIN-A MICR	NPB/G	NC	EPIDUO	
RETROVIR	PB	NC		
REVATIO	NPS	NC		
REVATIO SUS	NPS	NPS		Expect Gen
REYATAZ	PB	NPB/G		Expect Gen
RHOGAM PLUS	NPS	NC		
RHOPHYLAC	NPS	NC		
RIASTAP	NPS	NC		
<i>ribapak</i>	NPS	NPB/G		
<i>ribasphere</i>	PS	PG		

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## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
<i>ribavirin</i>	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		
<i>robitet</i>	PG/LGC	PG		
ROCALTROL	NPB/G	NC		
ROWASA	NPB/G	NC		
ROXICODONE	NPB/G	NC		
RYTHMOL	NPB/G	NC		
RYTHMOL SR	NPB/G	NC		
SALAGEN	NPB/G	NC		
SANDOSTATIN	NPS	NC		
SANDOSTATIN LAR	NPS	NPS		Add PA, Expect Gen
SEASONIQUE	NPB/G	NC		
SEROQUEL	NPB/G	NC		
SILVADENE	NPB/G	NC		
SIMPONI	NPS	NPS		Add ST
SINEMET / CR	NPB/G	NC		
SINGULAIR	NPB/G	NC		
SKELAXIN	NPB/G	NC		
SOD DIURIL	NC	NC		
<i>sod sul/sulf</i>	NPB/G	NC	EPIDUO	
SOLARAZE	NPB/G	NPB/G		Add QL
SOMA	NPB/G	NC		
SOMAVERT	NPS	NPS		Expect Gen
SONATA	NPB/G	NC		
SORIATANE	NPB/G	NC		
SOVALDI	PS	NPS	ZEPATIER	Add ST
SPORANOX	NPB/G	NC		
STARLIX	NPB/G	NC		
STELARA	PB	PS		
STRATTERA	PB	PB		Expect Gen
STRIBILD	PB	NPS		Add PA
STROMEKTOL	NPB/G	NC		
SUBOXONE	NPB/G	NPB/G		Expect Gen
SULAR	NPB/G	NC		

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## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
SUMADAN WASH	NPB/G	NC	EPIDUO	
<i>sumycin</i>	PG/LGC	PG		
SUPPRELIN LA	PS	PS		Add PA
SURESTEP PRO	PB	PB		Remove PA
SUSTIVA	PB	NPB/G		Expect Gen
SYMBYAX	NPB/G	NC		
SYNAREL	PB	NPS		Add PA
SYNJARDY	NPB/G	NPB/G		Remove ST
SYNTHROID	PB	NC		
SYPRINE	NPB/G	NPS		Add PA, Add ST, Add SPB
TACLONEX	NPB/G	NC		
TAMIFLU	NPB/G	NPB/G		Expect Gen
TAPAZOLE	NPB/G	NC		
TARGRETIN CAP 75MG	NPS	NC		
TARGRETIN GEL 1%	PS	NPS		Add PA
TARKA	NPB/G	NC		
TASMAR	NPB/G	NC		
TAZORAC	NPB/G	NPB/G		Change ST
TEGRETOL	PB	NC		
TEGRETOL-XR	PB	NC		
<i>teline</i>	PG/LGC	PG		
TEMODAR	NPB/G	NC		
TEMOVATE	NPB/G	NC	<i>augmented betamethasone crm, oint, lot, gel</i>	
<i>ten-k</i>	PG/LGC	PG		
TESSALON PER	NPB/G	NC		
TESTIM	NPB/G	NC		
TESTRED	NPB/G	NC		
<i>tetracycline</i>	PG/LGC	PG		
THIOLA	PB	NPS		Add PA, Add ST, Add SPB
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		
TOBI	NPS	NC		
TOBI PODHALR	NPS	PS		

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## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
TOBRADEX	NPB/G	NC		
TOPAMAX	NPB/G	NC		
TOPAMAX SPR	NPB/G	NC		
TOPICORT 0.05%	NPB/G	NC	<i>triamcinolone</i> <i>crm, oint, lot</i>	
TOPICORT 0.25%	NPB/G	NC	<i>betamethasone</i> <i>dipropionate</i> <i>crm, oint, lot</i>	
TOPROL XL	NPB/G	NC		
TOUJEO SOLO	NPB/G	NPB/G		Remove PA
TRACLEER	PB	PS		Expect Gen
TRADJENTA	NPB/G	PB		Remove PA
TRANXENE T	NPB/G	NC		
<i>trazodone</i>	PG	PG/LGC		
TRELSTAR MIX	NPB/G	NPS		Add PA
TRESIBA FLEX	NPB/G	PB		Remove ST
TRETTEN	NPS	NC		
<i>triaminic</i>	PG/LGC	PG		
TRICOR	NPB/G	NC		
TRIGLIDE	NPB/G	NC		
TRILEPTAL	NPB/G	NC		
TRILIPIX	NPB/G	NC		
<i>trimox</i>	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
TWYNSTA	NPB/G	NC		
TYLENOL/COD	NPB/G	NC		
ULTRACET	NPB/G	NC		
ULTRAM / ER	NPB/G	NC		
ULTRAVATE	NPB/G	NC	<i>augmented</i> <i>betamethasone</i> <i>crm, oint, lot, gel</i>	
<i>uramit mb</i>	NPB/G	NC		
URECHOLINE	NPB/G	NC		
UROCIT-K 10	NPB/G	NC		
UROCIT-K 15	NPB/G	NC		
URSO 250	NPB/G	NC		
URSO FORTE	NPB/G	NC		
VALCYTE	NPS	NC		

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## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
VALIUM	NPB/G	NC		
VALTREX	NPB/G	NC		
VASERETIC	NPB/G	NC		
<i>veetids</i>	PG	PG/LGC		
VELCADE	NC	NC		Expect Gen
VELTIN	NPB/G	NPB/G		Change ST
VERELAN	NPB/G	NC		
VFEND	NPB/G	NC		
VIBERZI	NPB/G	PB		
VIBRAMYCIN	NPB/G	NC		
VIDEX EC	NPB/G	NC		
VIEKIRA PAK	NPS	NPS		Add QL
VIRAMUNE	NPB/G	NC		
VIRAMUNE XR	PB	NC		
VIREAD	PB	PB		Expect Gen
VISTARIL	NPB/G	NC		
VISTIDE	NPS	NC		
VISUDYNE	NPS	NPS		Expect Gen
VITEKTA	PB	NPB/G		
VIVELLE-DOT	NPB/G	NC		
VIVITROL	NC	NPB/G		Remove SPB
VOGELXO	NPB/G	NC		
VYTORIN	NPB/G	NPB/G	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i> , ZETIA	Expect Gen
VYTORIN TAB 10-80MG	NPB/G	NPB/G		Expect Gen
<i>wal-itin</i>	PG/LGC	PG		
<i>wal-itin chl</i>	PG/LGC	PG		
<i>wal-vert</i>	PG/LGC	PG		
<i>wal-zyr</i>	PG/LGC	PG		
WELLBUTRIN	NPB/G	NC		
WILATE	NPS	NC		
<i>wincillin-vk</i>	PG	PG/LGC		
WINRHO SDF	NPB/G	NC		
<i>wymox</i>	PG	PG/LGC		
XALATAN	NPB/G	NC		
XANAX / XR	NPB/G	NC		
XELODA	NPS	NC		
XENAZINE	NPS	NC		
XIGDUO XR	NPB/G	NPB/G		Remove ST

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



## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
XODOL	NPB/G	NC		
XOPENEX	NPB/G	NC		
XOPENEX CONC	NPB/G	NC		
XURIDEN	PS	NPS		
<i>x-viate</i>	NC	NC		
XYNTHA	NPS	NC		
XYNTHA SOLOF	NPS	NC		
XYZAL	NPB/G	NC		
ZADITOR	PG/LGC	NC		
ZALTRAP	NC	NPS		Add PA, Add SPD
ZANAFLEX	NPB/G	NC		
ZANAFLEX	NPB/G	NC		
ZANTAC	NC	NC		
ZANTAC	NPB/G	NC		
ZARONTIN	NPB/G	NC		
<i>zartan</i>	PG	PG/LGC		
ZARXIO	NPS	PS		
ZEMPLAR	NPS	NC		
ZEPATIER	NPS	PS		Remove ST
ZERIT	PB	NC		
ZIAC	NPB/G	NC		
ZIAGEN	PB	NC		
ZIAGEN	NPB/G	NC		
ZIANA	NPB/G	NPB/G		Change ST
ZINACEF	NPS	NC		
ZITHROMAX	NPB/G	NC		
ZOCOR	NPB/G	NC	<i>atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin</i>	
ZOFRAN	NPB/G	NC		
ZOLADEX	NPS	NPS		Add PA
<i>zoledronic acid inj</i>	PS	PS	<i>alendronate</i>	Add ST, Remove NPL
ZOLOFT	NPB/G	NC		
<i>zolpidem er</i>	PG	NPB/G	<i>eszopiclone, zaleplon, zolpidem</i>	
ZOMETA INJ	NPS	NC	<i>zoledronic acid</i>	Remove NPL
ZOMIG	NPB/G	NC		
ZOMIG ZMT	NPB/G	NC		
ZONEGRAN	NPB/G	NC		
ZOSYN	NPS	NC		
ZOVIRAX	NPB/G	NC		

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

## January 1, 2017 Formulary Changes for Small Group Select



Drug Name	Current Tier	Tier as of 1/1/17	Formulary Alternative(s)	Notes
ZUTRIPRO	NPB/G	NC		
ZYMAXID	NPB/G	NC		
ZYPREXA	NPB/G	NC		
ZYPREXA ZYDI	NPB/G	NC		
<i>zyrtec itchy</i>	PG/LGC	PG		
ZYRTEC-D	PG	NC		
ZYVOX	NPB/G	NC		

**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.

A copayment is a flat fee. Coinsurance is a percentage of the rate that Coventry negotiates with the plan sponsor for covered prescriptions except as required by law to be otherwise. Some drugs on the Coventry formulary 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 nonpreferred drug.

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.

Coventry receives rebates from drug manufacturers that may be taken into account in determining the Coventry formulary. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. Information is subject to change. For more information about Coventry plans, refer to [www.coventryhealthcare.com](http://www.coventryhealthcare.com).

The drugs on the Coventry formulary, including formulary exclusions, prior authorization, quantity limit and step-therapy reviews, are subject to change.

In accordance with state law, commercial fully insured members in Louisiana and Texas who are receiving coverage for medications that are added or removed from the Coventry formulary during the plan year will continue to have those medications covered at the same benefit level until their plan's renewal date. In Texas, prior authorization approval is known as "pre-service utilization review." It is not "verification" as defined by Texas law.

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 Coventry. Provider participation may change without notice. Coventry does not provide care or guarantee access to health services. Information is subject to change. For more information about Coventry plans, refer to [www.coventryhealthplans.com](http://www.coventryhealthplans.com).

TTY: 711

**This Notice has Important Information.** You may need to take action by certain dates to keep your health coverage or help with costs. For help in your language at no cost, you can call the number on your ID card. (English)

**Este aviso contiene información importante.** Es posible que deba realizar determinadas acciones en ciertas fechas para mantener su cobertura de salud o reducir costos. Para obtener ayuda en español sin cargo alguno, llame al número que figura en su tarjeta de identificación. (Spanish)

**本通知包含重要資訊。**您可能需要在特定日期前採取行動，以保留您的健康承保或關於費用的協助。如欲免費取得中文幫助，您可撥打您保險卡上的電話號碼。(Chinese)

**Le présent avis contient des informations importantes.** Vous devrez peut-être prendre des mesures à partir de certaines dates pour garder votre couverture santé ou obtenir des aides pour payer les coûts. Pour obtenir de l'aide en Français sans frais, vous pouvez appeler le numéro sur votre carte d'identification. (French)

**Ang Abisong ito ay Naglalaman ng Mahalagang Impormasyon.** Maaaring mangailangang kumilos ka sa tiyak na mga petsa upang mapanatili ang iyong saklaw pangkalusugan o tulong na may gastos. Para sa tulong sa Tagalog na walang gastos, maaari kang tumawag sa numero sa iyong ID card. (Tagalog)

Díí saad ílíníí baa hane'. Díí níké'ési'ígíí éí doodago béeso da bee níká a' doowo'ígíí bikáa'go da át'ée dooleel áko t'áadoo bee e'e'aahí baa yííkaahgóó tsxííígo hasht'e dííííí níí da dooleel. (Diné k'ehjí) bee shíká a' doowo' nínízingo Naaltsoos nanítingo bee néého' dolzínííí béeesh bee hane'í bikáa' áko áájí' hodiilnih t'áadoo bááh ílínííí (Navajo)

**Diese Mitteilung enthält wichtige Informationen.** Wenn Sie Ihren Krankenversicherungsschutz beibehalten möchten oder Hilfe beim Bestreiten der Kosten benötigen, müssen Sie u. U. innerhalb einer bestimmten Frist handeln. Für kostenfreie Hilfe auf Deutsch können Sie die Nummer auf Ihrer Versicherungskarte anrufen. (German)

**Ky njoftim përmban informacion të rëndësishëm.** Juve do t'ju duhet të merrni masat e duhura përpara afateve të përcaktuara për të ruajtur siguracionin shëndetësor ose asistencën shëndetësore mbi kostot. Për asistencë falas në gjuhën shqipe, ju mund të telefononi në numrin e regjistruar në kartën tuaj të identitetit (ID). (Albanian)

**ይህ ማስታወቂያ ጠቃሚ መረጃ አለው።** የጤና ሽፋንዎን ለመጠበቅ ወይም በክፍያ በተወሰኑ ቀናት ውስጥ ወደ ተግባር መግባት አለብዎት። በነጻ ድጋፍ ለማግኘት (አማርኛ) በመታወቅዎ ያለው ስልክ መደወል ይችላሉ። (Amharic)

يحتوي هذا الإشعار على معلومات مهمة. لذا يجب أن تتخذ الإجراءات اللازمة في المواعيد المحددة للحفاظ على تغطيتك الصحية أو للحصول على مساعدة في التكاليف. ولتلقى المساعدة بـ (اللغة العربية) مجاناً، يمكنك الاتصال على الرقم الموجود في بطاقة الهوية. (Arabic)

Այս ծանուցում ունի կարևոր տեղեկություններ. Դուք կարող եք անհրաժեշտ է միջոցներ  
ձեռնարկել, ըստ որոշ ժամկետների պահել ձեր առողջության լուսաբանումը, կամ օգնել,  
ծախսերը. Օգնության համար (հայերեն) ոչ մի գնով, դուք կարող եք զանգահարել է մի շարք  
ձեզ վրա ID քարտ. (Armenian)

**Iri Tangazo ririmwo amakuru afise akamaro gakomeye cane.** Ni ivy'ikimazi ko ugira ico  
ukoze ku matariki yashinzwe kugira ntutakaze uburenganzira bwo kuvuzwa canke iyindi  
mfashanyo ikenera amafaranga. Ku bijanye n'ivyo wokenera ko bagufasha (bijanye no gutahura  
ururimi ) ata mafaranga urishe, urashobora guhamagara iyo numero iri kuri ako ga karata  
ndangamuntu kawe .(Bantu-Kirundi)

**Kining maong Pahibalo Adunay Mahinungdanong Kasayoran.** Basin nagkinahanglan kang mohimog  
lakang sa pihong petsa aron pagpabilin sa pagkasakop sa imong kahimsog o pagtabang sa galastohan.  
Alang sa tabang sa (pinulongan) nga walay bayad, tawgi ang numero sa kard sa imong kailhanan.  
(Bisayan-Visayan)

**এই বিজ্ঞপ্তিতে গুরুত্বপূর্ণ তথ্য রয়েছে।** আপনাকে হয়তো স্বাস্থ্য আওতাধীন বজায় রাখার জন্য অথবা খরচ  
দিয়ে সাহায্যের জন্য নির্দিষ্ট তারিখের মধ্যে ব্যবস্থা গ্রহণ করতে হতে পারে। বিনামূল্যে বাংলা ভাষাতে  
সহায়তার জন্য আপনি আপনার আইডি কার্ডে যে নম্বরটি রয়েছে তাতে কল কল করতে পারেন। (Bengali-  
Bangala )

**ဤအကြောင်းကြားစာတွင် အရေးကြီးသည့်အချက်အလက်ပါရှိသည်။** သင့်ကျန်းမာရေးအာမခံသို့မဟုတ်  
ကုန်ကျစရိတ် အကူအညီကိုဆက်လက်ထားရှိရန် သတ်မှတ်ထားသည့်ရက်စွဲအတွင်း သင်ဆောင်ရွက်ရပါမည်။

(မြန်မာ/ဗမာ)ဘာသာစကားဖြင့် ကုန်ကျစရိတ်အကူအညီရယူရန် သင့် ID ကတ်ပေါ်ရှိဖုန်းနံပါတ်ကို  
သင်ခေါ်ဆိုနိုင်ပါသည်။ (Burmese)

Aquesta nota conté informació important. Haurà de garantir que, durant les dates concretes, té una  
assegurança que cobreix les seves despeses mèdiques o és capaç de fer-se càrrec de les possibles  
despeses. Per rebre assistència en català sense cap cost addicional, pot trucar al número que trobarà a  
la seva targeta d'identificació. (Catalan)

Este na notisia gai empottãnte na emfotmasion . Kãsi un nisisita para un kalamtini mãs gi entre i fecha  
siha put para un sigi ha' ma ayuda pat un ma ayuda gi gastu-mu siha. Para ayudu gi (Chamoru) sin gãstu,  
siña un ågang i numiru ni mangaige gi iyo-mu 'ID card'. (Chamorro)

**AD JLZCWLA O'P'WIL DL ZAAJ hEt θ.** hARPCWGP Tñ J hL SP'Wθ θW ʔL δY Bʂ  
θL 4P.θθT hE'ETR i GY S L hBθ'GS L ʔ T Dδ L PEGP'θE DP'θP'W. θW'θZ L  
AF'θI ʂEGP.J ʂY DP'θP'W θW (GWY), D'θh JPZP.J ʂθ L OθT DL AC'θL.J  
DEh h'θI θW JPZP.J A'θW.J4'θI. (Cherokee)

Anumpa ilvppvt anumpa afehna hosh takanli. Na aivlli isht apela micha achukmaka isht atobbi ish ishi chi  
hokmvt, nittak vt ikono kinsha ho nana ish atahlik mykalla. (Chahta) anumpa isht apela yvt na aivlli keyu  
ho chi holisso kallo iskitini ya holhtena takanli ma, I paya. (Choctaw)

**Beeksisni kun odeefannoo barbachisa of keessa qaba.** Fayummaa keessaan egachuuf ykn wa'ee fayyumaa keessanii ilaalchisee gargarfa argachuufii yeroo merta'ee kana keessatti tarkanfii fudhachu qabdu. Afaan (oromoon) basii tokko malee lakkofsa enyumessaa keessanin bililuu dandessuu. (Cushite)

**Dit bericht bevat belangrijke informatie.** Het kan zijn dat u vóór bepaalde data actie moet ondernemen om uw zorgverzekering of bijstand in de kosten te behouden. Voor gratis hulp in het Nederlands kunt u het nummer op uw identiteitskaart bellen. (Dutch)

**Avi sa a gen enfòmasyon enpòtan ladan.** Petèt y ap egzije ou pou pran sèten aksyon nan sèten dat limit yo pou kenbe pwoteksyon sante ou yo oswa ede avèk depans yo. Pou jwenn asistans gratis nan lang Kreyòl Ayisyen, ou kapab rele nimewo a yo ekri nan kat idantifikasyon ou. (French Creole)

**Η παρούσα ανακοίνωση περιέχει σημαντικές πληροφορίες.** Ίσως χρειαστεί να προβείτε σε κάποιες ενέργειες μέσα σε συγκεκριμένες προθεσμίες για να διατηρήσετε την υγειονομική κάλυψη ή βοήθειά σας με χρέωση. Για βοήθεια στα ελληνικά χωρίς χρέωση, μπορείτε να καλέσετε τον αριθμό που αναγράφεται στην κάρτα σας. (Greek)

આ નોટિસમાં એક મહત્વની માહિતી છે. તમારે અમુક તારીખ સુધીમાં પ્રક્રિયા કરવી પડશે. તમારા આરોગ્ય વિમાની પોલિસીની રકમ સંબંધિત ક્રિયા કે પ્રક્રિયા કરવી પડશે અથવા ખર્ચ ભોગવવો પડશે. (ગુજરાતી)માં કોઈ પણ ખર્ચ વિના મદદ મેળવવા માટે તમારા ઓળખ પત્રમાં આપેલા નંબર પર ફોન કરી શકો છો. (Gujarati)

He mau mana'ō kiko'i ma kēia leka ho'omaopopo nei. Pono ana 'oe e ho'okō i kēia mau hana mamua o ka lā palena pau no ka mālama 'ana i ka mana a kāu 'inikua mālama ola a i 'ole i kōkua me nā kāki 'ia. Inā makemake 'oe i kōkua ma ka unuhi 'ana a ka 'ōlelo Hawai'i, e kahea aku i ka helu kelepona ma kāu kāleka ID. Kāki 'ole 'ia kēia kōkua nei. (Hawaiian)

इस नोटिस में ज़रूरी जानकारी है। आपको अपनी स्वास्थ्य कवरेज को बनाये रखने या लागतों में सहायता के लिए कुछ विशिष्ट तारीखों तक कार्रवाई करनी पड़ सकती है। बिना किसी लागत के (हिन्दी) में सहायता के लिए, आप अपने आईडी कार्ड पर दिये नम्बर पर कॉल कर सकते हैं। (Hindi)

**Daim ntawv ceeb toom no muaj lus qhia tseem ceeb.** Koj yuav tsum tau ua qee yam ua ntej cov sib hawm teev tseg kom koj txoj kev pab kho mob dawb los yog kev pab kho mob them nqi qis muaj txuas mus ntxiv. Yog xav tau kev pab hais koj hom lus (Hmoob) pub dawb, koj hu tau rau tus xov tooj ntawm koj daim npav. (Hmong)

**Ọkwa a nwere Ozi dị Mkpá.** ! nwere ike chọọ ime mmee n'ụfọdụ deeti iji dozie mkpuchi ahụike gi maọbụ nyè aka na imefu ego. Maka ènyèmaka n'Igbo nke efughi ego, i nwere ike kpọọ nomba nọ na kaadị ID gi. (Ibo)



**Ewōr Kein Kōjelā ko Raurōk ilo Enaan in.** Kwomaroñ aikuj makūtkūt mokta jān juon raan emōj an kaalikkar bwe kwon maroñ kōjparrok insurance eo in taktō eo am jāān in jipañ. Ñan bōk jipañ ilo *Kajin Majol* ejjelok wōnān, kwomaroñ kallok ñan nōmba eo ej walk ilo kaat in ID eo aṃ. (Marshallese)

Pakair wet me kesempwal. Komwi anane idawen kosoandi en rahn akan me kileledi ohng palien sawas en roson mwahu de sawas ni isais. Ohng palien sawas en ni omw lokaia (*Ponape*) ni sohte isais, komw kak call nempe me sansal pohn noumw ID koard. (Micronesian-Pohnpeian)

សេចក្តីជូនដំណឹងនេះ មានព័ត៌មានសំខាន់ៗ។ អ្នកអាចត្រូវធ្វើសកម្មភាព ត្រឹមកាលបរិច្ឆេទជាក់លាក់ ដើម្បីទទួលបានការវ៉ាប់អង្កើតណាមវ័ន្តកសុខភាព ឬ ជំនួយសម្រាប់ចំណាយធានា។ សម្រាប់ជំនួយជា (ភាសាខ្មែរ)  
ដោយឥតគិតថ្លៃ អ្នកអាចទាក់ទងលេខទូរស័ព្ទដែលមាននៅលើកាតសម្គាល់ខ្លួនរបស់អ្នក។ (Mon-Khmer,Cambodian)

यो सूचनामा महत्त्वपूर्ण जानकारी छ । तपाईंले पाइरहेको स्वास्थ्य बिमा पाइरहन वा तपाईंको खर्चको भुक्तानीमा सहायता पाउन निश्चित समय-सीमाभित्र काम-कारवाही गर्नुपर्ने हुनसक्छ । नेपाली मा निःशुल्क भाषा सहायता पाउनका लागि तपाईंको परिचय-पत्रमा उल्लेख गरिएको नम्बरमा फोन गर्नुहोस् । (Nepali)

**Lĕk kĕ anɔŋic thōnrilic kər ba piŋ apiəth.** Yen akər ba ye kĕ lĕkkĕ yīn nĕ dɔc loi tĕ cīn gāäu kua nĕ thaa kərĕ yen ba loi, ago aguiĕr duōn bīn ya lɔ tĕ nɔŋ Akīm kua kony nĕ yōōny de wal ke pan Akim ŋoot ke tɔ thīn abac kĕ cīn wĕu kərke. Yen na kər bī yī kony nĕ gĕĕr de thokic abac ke cīn weu kərke, ke yī cɔl nɔmba tō nĕ ID card duic. (Nilotic-Dinka)

**Denne meldingen inneholder viktig informasjon.** Du må kanskje foreta deg noe før visse datoer for å beholde helsedekningen eller for hjelp med kostnader. Hvis du trenger kostnadsfri hjelp på norsk, kan du ringe nummeret på ID-kortet ditt. (Norwegian)

**Selle Notice hot wichtige Information.** Vielleicht brauchsch du eppes duhe bis en gewisse Daadem um dei Gsund Inschurans zu behalde odder mit Koschde zu helfe. Fer Helfe in Deitsch mit kenne Koschde, du kannsch die Nummer uff dei ID Kaarde aarufe. (Pennsylvanian Dutch)

این اطلاعیه حاوی اطلاعاتی مهم است. ممکن است که لازم باشد شما برای حفظ بیمه سلامت خود و یا کمک به هزینه های درمانی خود در تاریخ های معینی اقداماتی انجام دهید. برای دریافت کمک به زبان فارسی به صورت مجانی، می توانید با شماره تلفن موجود روی کارت شناسایی خود تماس حاصل کنید. (Persian-Farsi)

**Niniejsze pismo zawiera ważne informacje.** Aby zachować ubezpieczenie zdrowotne lub zaoszczędzić pieniądze konieczne może być podjęcie pewnych działań w określonych terminach. Aby uzyskać bezpłatnie pomoc w języku polskim, proszę zadzwonić pod numer podany na karcie identyfikacyjnej. (Polish)

**Este Aviso disponibiliza Informação Importante.** Poderá ter de tomar determinadas ações até certas datas para manter a cobertura do seu seguro de saúde ou auxílio com custos e despesas. Poderá contactar o número disponível no seu cartão de identificação para obter assistência em português gratuitamente. (Portuguese)





หนังสือแจ้งนี้มีข้อมูลสำคัญ

คุณอาจต้องดำเนินการภายในวันที่ที่กำหนดเพื่อคงความคุ้มครองด้านสุขภาพหรือความช่วยเหลือเรื่องค่าใช้จ่าย สำหรับความช่วยเหลือเป็น (ภาษาไทย) โดยไม่เสียค่าใช้จ่าย

คุณสามารถโทรไปยังหมายเลขที่ให้ไว้บนบัตรประจำตัวของคุณ (Thai)

**Ko e Fakatōkanga 'eni 'oku fu'u mātu'aki Mahu'inga.** Kuopau ke ke tōkanga ke 'uluaki fakahoko 'i he 'aho pau ke kei tāuhi pe 'a ho'o 'inisia ki he tu'unga fakamo'ui lelei pe ko ha tōkoni 'o 'ikai ke toe 'iai hā tōtōngi. Ki ha'o fiema'u 'i ha (*lea faka-Tonga*) 'o 'ikai hā tōtōngi, pea 'oku fiema'u ke ke telefoni ki he fika 'oku 'asi atu 'i ho'o kaati ID. (Tongan)

Eei Kapasen Esinesin mi awora Áúchean Pworús. Mi menei ómw kopwe fééri ekkóóch angaang me mwan ekkóóch pwinin maram ren eán epwe tongeni sópwsópwenó omw néúnéú ewe taropween áninnisin méoméon ómw kopwe sáfei nón pioing. Ren áninnisin chiakú nón (*Kapasen Chuuk*) esapw kamé, ka tongeni kékkééri ena nampaan tengewa mi makketiw wóón noumw ena taropween ID. (Turkese)

Bu Bildirimi Önemli Bilgiler vardır. Sen sağlık sigortası tutmak ya da maliyetleri ile yardımcı olmak için belirli tarihler ile harekete geçmek gerekebilir. hiçbir ücret ödmeden (dilde) yardım için, size kimlik kartında numarayı arayabilirsiniz. (Turkish)

**В цьому повідомленні є важлива інформація.** Можливо, вам буде потрібно вжити деякі заходи до певних дат, щоб зберегти ваше медичне страхування або зменшити ваші витрати. Щоб безплатно отримати інформацію українською мовою, телефонуйте за номером, вказаним на вашій ідентифікаційній картці учасника плану. (Ukrainian)

اس نوٹس میں اہم معلومات ہیں۔ اپنی ہیلتھ کوریج کو برقرار رکھنے یا اخراجات سے نمٹنے میں مدد کے لیے آپ کو مخصوص تاریخوں تک کارروائی کرنے کی ضرورت ہو سکتی ہے۔ بغیر کسی خرچے کے (اردو زبان) میں مدد حاصل کرنے کے لیے، آپ اپنے آئی ڈی کارڈ پر درج نمبر پر کال کر سکتے ہیں۔ (Urdu)

**Thông Báo này có Thông Tin quan trọng.** Quý vị có thể cần thực hiện vào những ngày nhất định để giữ bảo hiểm của quý vị hoặc được trợ giúp chi phí. Để được trợ giúp bằng tiếng Việt miễn phí, quý vị có thể gọi đến số điện thoại ghi trên thẻ ID của quý vị. (Vietnamese)

**די מעלדונג אנטהאלט וויכטיגע אינפארמאציע.** איר קענט מעגליך דארפן נעמען שריט ביז געוויסע דאטומען כדי אנצוהאלטן אייער געזונטהייט דעקונג אדער הילף מיט אפצאלן. פאר הילף אין אידיש פריי פון אפצאל קענט איר רופן דעם נומער אויף אייער אידענטיטעט קארטל. (Yiddish)

**Ìwé Àkíyèsì yí ní Àlàyé tó ɣe Pàtàkì nínú.** Ìwọ lè nílò látí gbé ìgbésẹ ní àwọn ojọ kan látí lè sị máa gbádùn ààbò fún ìtójú ilera tàbí ìrànìlọwọ nípa sísan owó fún ìtójú ilera. Fún ìrànìlọwọ ní èdè (Yorùbá) láí sanwó, o lè pe nọmbà tò wà lórí káàdì ìdánimọ rẹ. (Yoruba)

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Coventry:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
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  - Qualified interpreters
  - Information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that Coventry has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator at:

Address: P.O. Box 14462, Lexington, KY 40512

Telephone: **1-800-648-7817 (TTY: 711)**, Fax: **1-859-425-3379**

Email: CRCoordinator@aetna.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

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

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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