

## ***CONTACT LENS FORMULARY***

<u><b>Type</b></u>	<u><b>Lens</b></u>	<u><b>Manufacturer</b></u>
D	Soflens 38 (6 Pk)	Bausch & Lomb®
D	Clear Site (1-Day 30 Pack)	Cooper/OSI
D	Focus Dailies - 30 Pk	CIBA Vision®
D	O2 Optix	CIBA Vision®
D	Cooper Clear FW	Cooper/OSI
D	Biomedics XC (Silicon Hydrogel)	Cooper/OSI
D	Encore Premium	Cooper/OSI
D	Acuvue	Johnson & Johnson
D	Acuvue 2	Johnson & Johnson
D	Acuvue Advance	Johnson & Johnson
D	1-Day Acuvue	Johnson & Johnson
D	Biomedics 38	Cooper/OSI
D	Biomedics 55	Cooper/OSI
D	Freshlook LT	CIBA Vision®
PR	Purevision (Silicon Hydrogel)	Bausch & Lomb®
PR	Proclear Compatibles	Cooper/OSI
PR	Frequency 38	Cooper/OSI
PR	Frequency 55	Cooper/OSI
DW	Cooper Clear DW	Cooper/OSI
DW	Z4 Sofblue	Cooper/OSI
DW	Z6 Sofblue	Cooper/OSI
DW	Silver 07	Cooper/OSI

The above list may be updated from time to time without prior notice. Please check your plan materials (provider outline and service record form) for specific benefit and copayment information (as certain contact lenses may be available with a copayment and that copayment may vary by lens type based on plan design) and for the dispensing amount.

**KEY:** D - Disposable    DW - Daily Wear    PR - Planned Replacement