



EMPLOYEE Enrollment Guide

Cornerstone Caregiving



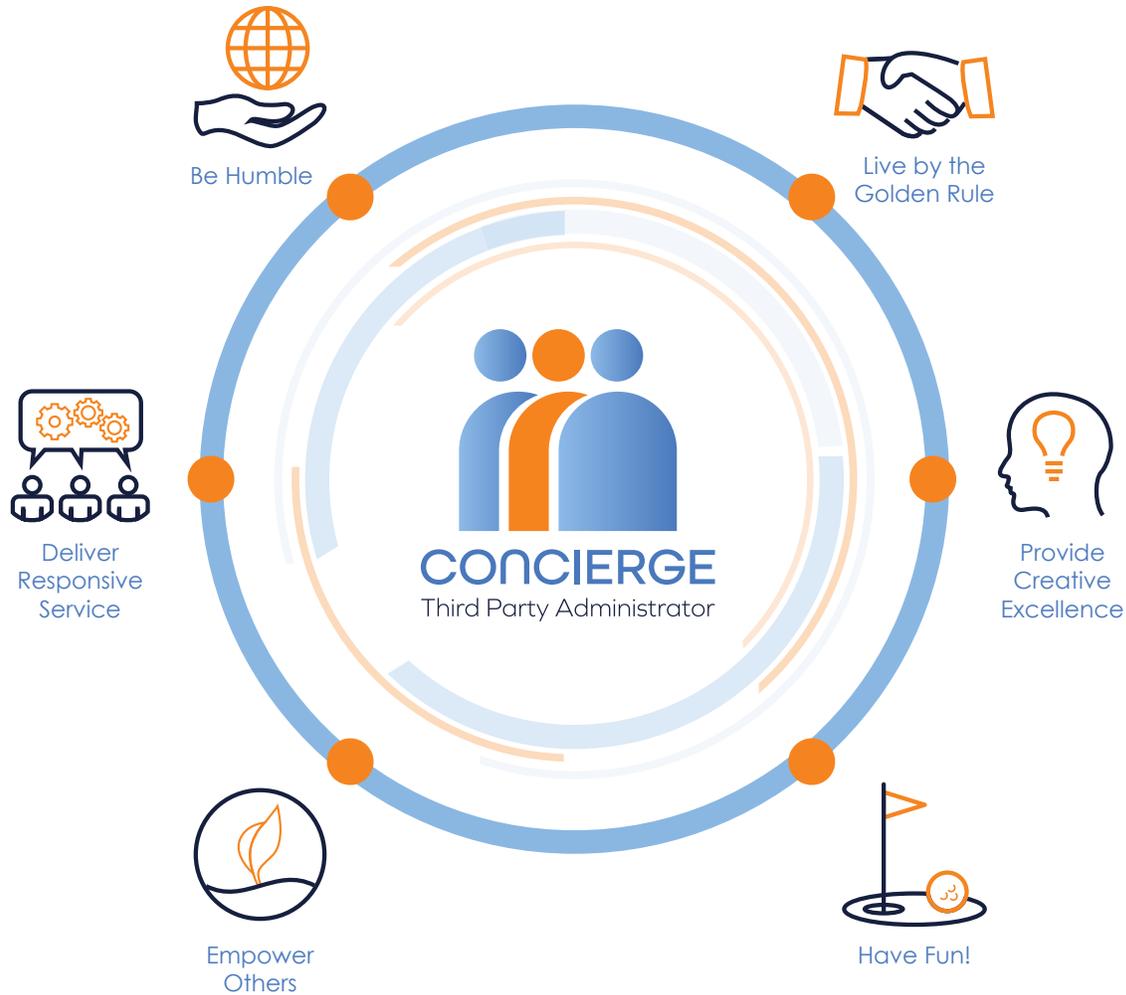
<https://ctpa.com/cornerstonecaregiving>

January 1st, 2026 - December 31st, 2026

CONCIERGE—Here to Serve

Concierge is proud to help you navigate the Open Enrollment process.

Our core values drive us to offer quality care.



Your health matters; that's why we offer better benefit solutions at affordable prices. Concierge is driven by our core values, to deliver cost-efficient health benefit plans, and to ensure your rights and protections. Our goal is to serve you through our timely and sincere approach to customer service, always.

WELCOME

to Your Open Enrollment!

It's time to dive into your employer's benefits for the new benefit year. Concierge is humbled to serve you with benefits that offer flexibility when and where you need it! Our various plans provide preventive care options, prescription benefits, and telemedicine care, among more.

You can make your benefit selections during Open Enrollment. Please communicate with your Human Resources office for your open enrollment dates.

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MEMBERS THRIVE With Concierge TPA



How to Enroll

It's easy to get the enrollment process started. Simply visit the [member portal](#) and have the following information at hand:

Remember, our service-first promise means you'll have a clear understanding of your benefit offerings and a dedicated team here to assist you if a question does arise. You can text or call us directly at 888.820.5687 with any concerns.

What are the benefits of enrolling?

Although participation is largely voluntary, our plans empower you to choose the best path forward for your health. From screenings to vaccinations, our ACA-compliant Preventive Care Plan covers a wide range of services tailored to safeguard good health, including but not limited to the following:

- Blood pressure and cholesterol screenings
- Mental health screenings
- STI prevention counseling
- Tobacco use screenings
- Mammography screenings

Select services are covered at 100% and do not require a copayment, even if your yearly deductible hasn't yet been met.



MEDICAL Plan

The premium amounts listed below are based per pay period. The following pages include details of each benefit plan option available.

This Summary of Benefits is only intended to provide an outline of the benefits provided in the employer's group employee Medical Plan(s). For complete details of each benefit, reference the Plan Document.



Preventive Plan Options Rates Per Pay Period (Weekly)

Plan Options	Preventive Plus	Preventive Bronze	Preventive Silver	Preventive Gold
Employee Only	\$17.54	\$31.85	\$39.92	\$45.69
Employee + Spouse	\$42.46	\$78.46	\$99.23	\$114.69
Employee + Child(ren)	\$35.08	\$64.85	\$81.92	\$93.46
Family	\$57.46	\$106.62	\$135.23	\$156.46

Preventive Only + C3Rx Plan Options

Concierge Prevention Plan is compliant with ACA. This plan is not major medical insurance but is cost-effective to traditional health insurance.

For more information, visit www.healthcare.gov/coverage/preventive-care-benefits/.

Benefit Services	Preventive Only + C3Rx
Benefit Maximums	Per Benefit Year
ACA Preventive Services	Covered 100% - Unlimited
Telemedicine 24/7	\$0 Copay - Unlimited Usage
Primary Care (Office Visit Only)	N/A
Specialist Visit (Office Visit Only)	N/A
Urgent Care (Office Visit Only)	N/A
Chiropractor Visits (Manipulation Only)	N/A
Additional Physician Visits	N/A
C3Rx inside the App *Please see specific formulary list For C3Rx questions, please call: 866-330-8780	Unlimited Rx for ACA and Acute Formulary Only ACA Preventive and Acute Formulary: \$0 Copay Chronic Formulary: \$0 Copay 12 Max for Retail or 4 Max for Mail order
PPO Network	First Health
<Life Insurance>	<\$10,000/\$5,000/\$2,000>
<AD&D Coverage>	<\$10,000/\$5,000/\$2,000>
Critical Illness	\$10,000/\$5,000/\$2,000

This Summary of Benefits is only intended to provide an outline of the benefits provided in the Plan. See the specific benefit under the Covered Medical Benefits and Prescription Drug sections as well as the Medical and Prescription Exclusions and Limitations sections in the Plan Document for complete details. Plan members can visit the First Health, Limited Benefit Plan, PPO Network website at www.firsthealthlbp.com or call 1-800-226-5116 for a list of in network participating providers for the Plan. **Out-of-Network Providers are not covered by the Plan.** All prescriptions must be filled at a participating pharmacy. Plan Members can view the back of their ID Card for the pharmacy network designated to their Plan. **Out-of-Network Pharmacies are not covered by the Plan.**



PREVENTIVE Care

The following list briefly summarizes the preventive care services covered under this plan and required by the Affordable Care Act (ACA). For the most updated and comprehensive list of ACA requirements with details, limitations, and exclusions, visit www.healthcare.gov.

For all adults

- Abdominal aortic aneurysm one-time screening
- Alcohol misuse screening and counseling
- Aspirin use
- Blood pressure and cholesterol screening
- Colorectal and lung cancer screening
- Depression screening
- Diabetes (Type 2) screening
- Diet and obesity screening and counseling
- Hepatitis B and Hepatitis C screening
- HIV and syphilis screening
- Immunization vaccines
- Sexually transmitted infections (STI) prevention counseling
- Tobacco use screening

For women

- Anemia screening
- Breast cancer genetic test counseling (BRCA)
- Breast cancer mammography screenings
- Breast cancer chemoprevention counseling
- Breastfeeding support and counseling
- Cervical cancer screening
- Chlamydia, gonorrhea, and syphilis screening
- Contraception
- Domestic and interpersonal violence counseling
- Folic acid
- Gestational diabetes screening
- Hepatitis B screening
- HIV screening and counseling
- Human Papillomavirus (HPV) DNA testing
- Osteoporosis screening
- Rh incompatibility screening
- Sexually transmitted infections (STI) counseling

- Urinary tract or other infection screening
- Well-woman visits

For children

- Alcohol and drug use assessments
- Autism screening
- Behavioral assessments
- Blood pressure screening
- Cervical dysplasia screening
- Depression screening
- Developmental screening
- Dyslipidemia screening
- Fluoride chemoprevention supplements
- Gonorrhea preventive medication
- Hearing screening
- Height, weight, and body mass index (BMI) measurements
- Hematocrit or hemoglobin screening
- Hemoglobinopathies or sickle cell screening
- Hepatitis B screening
- HIV screening
- Hypothyroidism screening
- Immunization vaccines
- Iron supplements
- Lead screening
- Medical history throughout development
- Obesity screening and counseling
- Oral health risk assessment
- Phenylketonuria (PKU) screening
- Sexually transmitted infection (STI) prevention counseling and screening
- Tuberculin testing
- Vision screening



STAY CONNECTED

With The Clever Health App

Concierge members can access simplified care with Clever Health, the app built to revolutionize the member healthcare experience. The app helps members:

- Find providers
- Access telemedicine services
- Contact medical professionals
- Compare prices of procedures
- Gain prescription savings



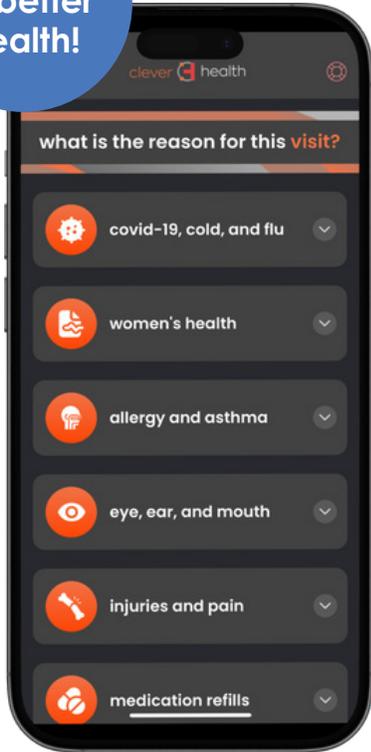
Available in the Apple App Store and Google Play Store.

Introducing Clever Health

SMART VIRTUAL CARE



Your path to better health!



Virtual Urgent Care

\$0 per visit

cold, flu, sinus infections

fever, cough, allergies, asthma

skin conditions, pink eye

UTI's fatigue, migraines, & more!



- Asynchronous visits
- Phone or video
- On Demand 24/7
- Includes discount prescription card for huge savings

How it Works

1

Download the clever health app by scanning the qr code below:



2

Enter last name, date of birth and zip code. Onboard and create your story.

3

Receive support from your care team... better days are on the way!

A better, more clever way!

Get the App Now!

Clever Health Smart Virtual Care™ services are provided in accordance with local, state, and federal laws. Our providers may diagnose, treat and prescribe medication if medically necessary. Providers do not prescribe for substances controlled by any federal (DEA) or state agency or other drugs that may be harmful because of their potential for abuse. © 2024 Clever Health, Inc., all rights reserved. v0924 | CH1

Questions about plan options for you and your dependents?
Call the Concierge Team: 888.820.5687

Extra Money is Playing Hide & Seek in Your Claims



CONCIERGE CAN HELP YOU FIND IT

We're not satisfied with the bare minimum—are you? As a Concierge member, you can access tools to find and take advantage of savings hiding in your claims.

Through our partnerships, we can help you lower medical costs with hospital bill reviews and 501R qualification surveys. We are supercharging your savings through our comprehensive approach:

- Coding error reviews for all facility claims.
- Clinical necessity reviews for all facility claims.
- 501(r) discounts for non-profit hospitals where applicable.

SUPERCHARGED SAVINGS

- Plan savings: Up to 80% off billed charges.
- Member savings: Up to 100% of patient responsibility waived.
- \$0 review threshold: All claims get a full audit by licensed experts.
- Average savings: 20-30%.
- Instant eligibility checks: 3,500+ hospitals enabled for financial assistance screening.
- Easy EHR retrieval: 2,500+ hospitals enabled digital EHR access.

Claims above \$35,000 are the typical industry threshold for reviews.

Only 5% of claims are usually reviewed.

41% of all claims qualify for **501(r)/ financial assistance.**

8%

in annual plan savings are **overlooked** on average.

47% of all claims **contain errors.**

95% of claims are never reviewed.

Plus Formulary



Brand Dosage Form	Brand Dosage Form
ACARBOSE TAB 100 MG	ALPRAZOLAM TAB 1 MG
ACARBOSE TAB 25 MG	ALPRAZOLAM TAB 2 MG
ACARBOSE TAB 50 MG	ALPRAZOLAM TAB ER 24HR 0.5 MG
ACEBUTOLOL HCL CAP 200 MG	ALPRAZOLAM TAB ER 24HR 1 MG
ACEBUTOLOL HCL CAP 400 MG	ALPRAZOLAM TAB ER 24HR 2 MG
ACETAMINOPHEN W/ CODEINE TAB 300-15 MG	AMANTADINE HCL CAP 100 MG
ACETAMINOPHEN W/ CODEINE TAB 300-30 MG	AMANTADINE HCL SOLN 50 MG/5ML
ACETAMINOPHEN W/ CODEINE TAB 300-60 MG	AMANTADINE HCL TAB 100 MG
ACETAZOLAMIDE CAP ER 12HR 500 MG	AMILORIDE HCL TAB 5 MG
ACETAZOLAMIDE TAB 125 MG	AMIODARONE HCL TAB 100 MG
ACETAZOLAMIDE TAB 250 MG	AMIODARONE HCL TAB 200 MG
ACETIC ACID IRRIGATION SOLN 0.25%	AMIODARONE HCL TAB 400 MG
ACETIC ACID OTIC SOLN 2%	AMITRIPTYLINE HCL TAB 10 MG
ACETYLCYSTEINE INHAL SOLN 20%	AMITRIPTYLINE HCL TAB 100 MG
ACITRETIN CAP 10 MG	AMITRIPTYLINE HCL TAB 150 MG
ACITRETIN CAP 25 MG	AMITRIPTYLINE HCL TAB 25 MG
ACYCLOVIR CAP 200 MG	AMITRIPTYLINE HCL TAB 50 MG
ACYCLOVIR CREAM 5%	AMITRIPTYLINE HCL TAB 75 MG
ACYCLOVIR OINT 5%	AMLODIPINE BESYLATE TAB 10 MG (BASE EQUIVALENT)
ACYCLOVIR SUSP 200 MG/5ML	AMLODIPINE BESYLATE TAB 2.5 MG (BASE EQUIVALENT)
ACYCLOVIR TAB 400 MG	AMLODIPINE BESYLATE TAB 5 MG (BASE EQUIVALENT)
ACYCLOVIR TAB 800 MG	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 10-20 MG
ADAPALENE CREAM 0.1%	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-10 MG
ADAPALENE GEL 0.3%	AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM TAB 5-20 MG
ADAPALENE-BENZOYL PEROXIDE GEL 0.1-2.5%	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-20 MG
ADAPALENE-BENZOYL PEROXIDE GEL 0.3-2.5%	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 10-40 MG
ALBENDAZOLE TAB 200 MG	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-10 MG
ALBUTEROL SULFATE INHAL AERO 108 MCG/ACT (90MCG BASE EQUIV)	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-20 MG
ALBUTEROL SULFATE SOLN NEBU 0.083% (2.5 MG/3ML)	AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-40 MG
ALBUTEROL SULFATE SOLN NEBU 0.5% (5 MG/ML)	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-20 MG
ALBUTEROL SULFATE SOLN NEBU 0.63 MG/3ML (BASE EQUIV)	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 10-40 MG
ALBUTEROL SULFATE SOLN NEBU 1.25 MG/3ML (BASE EQUIV)	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-20 MG
ALBUTEROL SULFATE SYRUP 2 MG/5ML	AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL TAB 5-40 MG
ALCLOMETASONE DIPROPIONATE CREAM 0.05%	AMLODIPINE BESYLATE-VALSARTAN TAB 10-160 MG
ALCLOMETASONE DIPROPIONATE OINT 0.05%	AMLODIPINE BESYLATE-VALSARTAN TAB 10-320 MG
ALENDRONATE SODIUM TAB 10 MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-160 MG
ALENDRONATE SODIUM TAB 35 MG	AMLODIPINE BESYLATE-VALSARTAN TAB 5-320 MG
ALENDRONATE SODIUM TAB 70 MG	AMOXICILLIN (TRIHYDRATE) CAP 250 MG
ALFUZOSIN HCL TAB ER 24HR 10 MG	AMOXICILLIN (TRIHYDRATE) CAP 500 MG
ALISKIREN FUMARATE TAB 150 MG (BASE EQUIVALENT)	AMOXICILLIN (TRIHYDRATE) FOR SUSP 125 MG/5ML
ALISKIREN FUMARATE TAB 300 MG (BASE EQUIVALENT)	AMOXICILLIN (TRIHYDRATE) FOR SUSP 200 MG/5ML
ALLOPURINOL TAB 100 MG	AMOXICILLIN (TRIHYDRATE) FOR SUSP 250 MG/5ML
ALLOPURINOL TAB 300 MG	AMOXICILLIN (TRIHYDRATE) FOR SUSP 400 MG/5ML
ALOSETRON HCL TAB 0.5 MG (BASE EQUIV)	AMOXICILLIN (TRIHYDRATE) TAB 500 MG
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.25 MG	AMOXICILLIN (TRIHYDRATE) TAB 875 MG
ALPRAZOLAM ORALLY DISINTEGRATING TAB 0.5 MG	AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG/5ML
ALPRAZOLAM ORALLY DISINTEGRATING TAB 1 MG	AMOXICILLIN & K CLAVULANATE FOR SUSP 250-62.5 MG/5ML
ALPRAZOLAM ORALLY DISINTEGRATING TAB 2 MG	AMOXICILLIN & K CLAVULANATE FOR SUSP 400-57 MG/5ML
ALPRAZOLAM TAB 0.25 MG	AMOXICILLIN & K CLAVULANATE FOR SUSP 600-42.9 MG/5ML
ALPRAZOLAM TAB 0.5 MG	AMOXICILLIN & K CLAVULANATE TAB 250-125 MG

Disclaimer: For the most current and accurate formulary information, please download your Plan's app and use the search feature. Formularies are subject to change and may vary by plan

Plus Formulary



Brand Dosage Form	Brand Dosage Form
AMOXICILLIN & K CLAVULANATE TAB 500-125 MG	ATOMOXETINE HCL CAP 40 MG (BASE EQUIV)
AMOXICILLIN & K CLAVULANATE TAB 875-125 MG	ATOMOXETINE HCL CAP 60 MG (BASE EQUIV)
AMPHETAMINE SULFATE TAB 10 MG	ATOMOXETINE HCL CAP 80 MG (BASE EQUIV)
AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 37.5 MG	Atorvastatin Calcium Tab 10 MG (Base Equivalent)
AMPHETAMINE-DEXTROAMPHETAMINE 3-BEAD CAP ER 24HR 50 MG	Atorvastatin Calcium Tab 20 MG (Base Equivalent)
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 10 MG	Atorvastatin Calcium Tab 40 MG (Base Equivalent)
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 15 MG	Atorvastatin Calcium Tab 80 MG (Base Equivalent)
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 20 MG	ATOVAQUONE SUSP 750 MG/5ML
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 25 MG	ATOVAQUONE-PROGUANIL HCL TAB 250-100 MG
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 30 MG	ATOVAQUONE-PROGUANIL HCL TAB 62.5-25 MG
AMPHETAMINE-DEXTROAMPHETAMINE CAP ER 24HR 5 MG	ATROPINE SULFATE OPHTH SOLN 1%
AMPHETAMINE-DEXTROAMPHETAMINE TAB 10 MG	AZATHIOPRINE TAB 50 MG
AMPHETAMINE-DEXTROAMPHETAMINE TAB 12.5 MG	AZELAIC ACID GEL 15%
AMPHETAMINE-DEXTROAMPHETAMINE TAB 15 MG	AZELASTINE HCL NASAL SPRAY 0.1% (137 MCG/SPRAY)
AMPHETAMINE-DEXTROAMPHETAMINE TAB 20 MG	AZELASTINE HCL NASAL SPRAY 0.15% (205.5 MCG/SPRAY)
AMPHETAMINE-DEXTROAMPHETAMINE TAB 30 MG	AZELASTINE HCL OPHTH SOLN 0.05%
AMPHETAMINE-DEXTROAMPHETAMINE TAB 5 MG	AZELASTINE HCL-FLUTICASONE PROP NASAL SPRAY 137-50 MCG/ACT
AMPHETAMINE-DEXTROAMPHETAMINE TAB 7.5 MG	AZITHROMYCIN FOR SUSP 100 MG/5ML
AMPICILLIN CAP 500 MG	AZITHROMYCIN FOR SUSP 200 MG/5ML
ANASTROZOLE TAB 1 MG	AZITHROMYCIN POWD PACK FOR SUSP 1 GM
APREPITANT CAPSULE 40 MG	AZITHROMYCIN TAB 250 MG
APREPITANT CAPSULE 80 MG	AZITHROMYCIN TAB 500 MG
APREPITANT CAPSULE THERAPY PACK 80 & 125 MG	AZITHROMYCIN TAB 600 MG
ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV)	B-COMPLEX W/ C & FOLIC ACID CAP 1 MG
ARIPIPRAZOLE ORAL SOLUTION 1 MG/ML	B-COMPLEX W/ C & FOLIC ACID TAB 5 MG
ARIPIPRAZOLE TAB 10 MG	BACITRACIN-POLYMYXIN B OPHTH OINT
ARIPIPRAZOLE TAB 15 MG	BACITRACIN-POLYMYXIN-NEOMYCIN-HC OPHTH OINT 1%
ARIPIPRAZOLE TAB 2 MG	BACLOFEN TAB 10 MG
ARIPIPRAZOLE TAB 20 MG	BACLOFEN TAB 20 MG
ARIPIPRAZOLE TAB 30 MG	BACLOFEN TAB 5 MG
ARIPIPRAZOLE TAB 5 MG	BALSALAZIDE DISODIUM CAP 750 MG
ARMODAFINIL TAB 150 MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG
ARMODAFINIL TAB 200 MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG
ARMODAFINIL TAB 250 MG	BENAZEPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG
ASENAPINE MALEATE SL TAB 10 MG (BASE EQUIV)	BENAZEPRIL HCL TAB 10 MG
ASENAPINE MALEATE SL TAB 5 MG (BASE EQUIV)	BENAZEPRIL HCL TAB 20 MG
ASPIRIN 81 81 MG CHEW	BENAZEPRIL HCL TAB 40 MG
ASPIRIN TAB 325 MG	BENAZEPRIL HCL TAB 5 MG
ASPIRIN TAB DELAYED RELEASE 325 MG	BENZONATATE CAP 150 MG
ASPIRIN TAB DELAYED RELEASE 81 MG	BENZONATATE CAP 200 MG
ASPIRIN-DIPYRIDAMOLE CAP ER 12HR 25-200 MG	BENZOYL PEROXIDE-ERYTHROMYCIN GEL 5-3%
ATENOLOL & CHLORTHALIDONE TAB 100-25 MG	BENZTROPINE MESYLATE TAB 0.5 MG
ATENOLOL & CHLORTHALIDONE TAB 50-25 MG	BENZTROPINE MESYLATE TAB 1 MG
ATENOLOL TAB 100 MG	BENZTROPINE MESYLATE TAB 2 MG
ATENOLOL TAB 25 MG	BEPOTASTINE BESILATE OPHTH SOLN 1.5%
ATENOLOL TAB 50 MG	BETAMETHASONE DIPROPIONATE AUGMENTED CREAM 0.05%
ATOMOXETINE HCL CAP 10 MG (BASE EQUIV)	BETAMETHASONE DIPROPIONATE AUGMENTED LOTION 0.05%
ATOMOXETINE HCL CAP 100 MG (BASE EQUIV)	BETAMETHASONE DIPROPIONATE AUGMENTED OINT 0.05%
ATOMOXETINE HCL CAP 18 MG (BASE EQUIV)	BETAMETHASONE DIPROPIONATE CREAM 0.05%
ATOMOXETINE HCL CAP 25 MG (BASE EQUIV)	BETAMETHASONE DIPROPIONATE LOTION 0.05%

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Plus Formulary



Brand Dosage Form	Brand Dosage Form
BETAMETHASONE DIPROPIONATE OINT 0.05%	BUSPIRONE HCL TAB 7.5 MG
BETAMETHASONE VALERATE CREAM 0.1% (BASE EQUIVALENT)	BUTALBITAL-ACETAMINOPHEN CAP 50-300 MG
BETAMETHASONE VALERATE LOTION 0.1% (BASE EQUIVALENT)	BUTALBITAL-ACETAMINOPHEN TAB 50-300 MG
BETAMETHASONE VALERATE OINT 0.1% (BASE EQUIVALENT)	BUTALBITAL-ACETAMINOPHEN TAB 50-325 MG
BETHANECHOL CHLORIDE TAB 10 MG	BUTALBITAL-ACETAMINOPHEN-CAFF W/ COD CAP 50-325-40-30 MG
BETHANECHOL CHLORIDE TAB 25 MG	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-300-40 MG
BETHANECHOL CHLORIDE TAB 50 MG	BUTALBITAL-ACETAMINOPHEN-CAFFEINE CAP 50-325-40 MG
BIMATOPROST OPHTH SOLN 0.03%	BUTALBITAL-ACETAMINOPHEN-CAFFEINE TAB 50-325-40 MG
BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 10-6.25 MG	BUTALBITAL-ASPIRIN-CAFF W/ CODEINE CAP 50-325-40-30 MG
BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 2.5-6.25 MG	BUTALBITAL-ASPIRIN-CAFFEINE CAP 50-325-40 MG
BISOPROLOL & HYDROCHLOROTHIAZIDE TAB 5-6.25 MG	BUTORPHANOL TARTRATE NASAL SOLN 10 MG/ML
BISOPROLOL FUMARATE TAB 10 MG	CABERGOLINE TAB 0.5 MG
BISOPROLOL FUMARATE TAB 5 MG	CALCIPOTRIENE CREAM 0.005%
BRIMONIDINE TARTRATE OPHTH SOLN 0.1%	CALCITONIN (SALMON) NASAL SOLN 200 UNIT/ACT
BRIMONIDINE TARTRATE OPHTH SOLN 0.15%	CALCITRIOL CAP 0.25 MCG
BRIMONIDINE TARTRATE OPHTH SOLN 0.2%	CALCITRIOL CAP 0.5 MCG
BRIMONIDINE TARTRATE-TIMOLOL MALEATE OPHTH SOLN 0.2-0.5%	CALCITRIOL OINT 3 MCG/GM
BRINZOLAMIDE OPHTH SUSP 1%	CALCITRIOL ORAL SOLN 1 MCG/ML
BROMFENAC SODIUM OPHTH SOLN 0.09% (BASE EQUIV) (ONCE-DAILY)	CALCIUM ACETATE (PHOSPHATE BINDER) CAP 667 MG (169 MG CA)
BROMOCRIPTINE MESYLATE TAB 2.5 MG (BASE EQUIVALENT)	CALCIUM ACETATE (PHOSPHATE BINDER) TAB 667 MG
BUDESONIDE DELAYED RELEASE PARTICLES CAP 3 MG	CALCIUM CARB-CHOLECALCIFEROL TAB 600 MG-10 MCG (400 UNIT)
BUDESONIDE INHALATION SUSP 0.25 MG/2ML	CALCIUM CARB-CHOLECALCIFEROL TAB 600 MG-20 MCG (800 UNIT)
BUDESONIDE INHALATION SUSP 0.5 MG/2ML	CALCIUM CARBONATE-CHOLECALCIFEROL TAB 500 MG-5 MCG(200 UNIT)
BUDESONIDE INHALATION SUSP 1 MG/2ML	CALCIUM CARBONATE-CHOLECALCIFEROL TAB 600 MG-5 MCG(200 UNIT)
BUMETANIDE TAB 0.5 MG	CALCIUM CARBONATE-CHOLECALCIFEROL TAB 600 MG-800 UNIT
BUMETANIDE TAB 1 MG	CALCIUM CIT-VIT D TAB 200 MG-6.25 MCG(250 UNIT) (ELEM CA)
BUMETANIDE TAB 2 MG	CALCIUM CIT-VIT D TAB 315 MG-6.25 MCG(250 UNIT) (ELEM CA)
BUPRENORPHINE HCL SL TAB 2 MG (BASE EQUIV)	CALCIUM CITRATE-VITAMIN D TAB 315 MG-250 UNIT (ELEMENTAL CA)
BUPRENORPHINE HCL SL TAB 8 MG (BASE EQUIV)	CANDESARTAN CILEXETIL TAB 16 MG
BUPRENORPHINE HCL-NALOXONE HCL SL FILM 12-3 MG (BASE EQUIV)	CANDESARTAN CILEXETIL TAB 32 MG
BUPRENORPHINE HCL-NALOXONE HCL SL FILM 2-0.5 MG (BASE EQUIV)	CANDESARTAN CILEXETIL TAB 4 MG
BUPRENORPHINE HCL-NALOXONE HCL SL FILM 4-1 MG (BASE EQUIV)	CANDESARTAN CILEXETIL TAB 8 MG
BUPRENORPHINE HCL-NALOXONE HCL SL FILM 8-2 MG (BASE EQUIV)	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 16-12.5 MG
BUPRENORPHINE HCL-NALOXONE HCL SL TAB 2-0.5 MG (BASE EQUIV)	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-12.5 MG
BUPRENORPHINE HCL-NALOXONE HCL SL TAB 8-2 MG (BASE EQUIV)	CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE TAB 32-25 MG
BUPRENORPHINE TD PATCH WEEKLY 10 MCG/HR	CAPTOPRIL TAB 12.5 MG
BUPRENORPHINE TD PATCH WEEKLY 15 MCG/HR	CAPTOPRIL TAB 25 MG
BUPRENORPHINE TD PATCH WEEKLY 20 MCG/HR	CAPTOPRIL TAB 50 MG
BUPROPION HCL (SMOKING DETERRENT) TAB ER 12HR 150 MG	CARBAMAZEPINE CAP ER 12HR 100 MG
BUPROPION HCL TAB 100 MG	CARBAMAZEPINE CAP ER 12HR 200 MG
BUPROPION HCL TAB 75 MG	CARBAMAZEPINE CAP ER 12HR 300 MG
BUPROPION HCL TAB ER 12HR 100 MG	CARBAMAZEPINE CHEW TAB 100 MG
BUPROPION HCL TAB ER 12HR 150 MG	CARBAMAZEPINE SUSP 100 MG/5ML
BUPROPION HCL TAB ER 12HR 200 MG	CARBAMAZEPINE TAB 200 MG
BUPROPION HCL TAB ER 24HR 150 MG	CARBAMAZEPINE TAB ER 12HR 100 MG
BUPROPION HCL TAB ER 24HR 300 MG	CARBAMAZEPINE TAB ER 12HR 200 MG
BUSPIRONE HCL TAB 10 MG	CARBAMAZEPINE TAB ER 12HR 400 MG
BUSPIRONE HCL TAB 15 MG	CARBIDOPA & LEVODOPA TAB 10-100 MG
BUSPIRONE HCL TAB 30 MG	CARBIDOPA & LEVODOPA TAB 25-100 MG
BUSPIRONE HCL TAB 5 MG	CARBIDOPA & LEVODOPA TAB 25-250 MG

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Plus Formulary



Brand Dosage Form	Brand Dosage Form
CARBIDOPA & LEVODOPA TAB ER 25-100 MG	CHLORTHALIDONE TAB 50 MG
CARBIDOPA & LEVODOPA TAB ER 50-200 MG	CHLORZOAZONE TAB 500 MG
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 25-100-200 MG	CHOLECALCIFEROL CAP 10 MCG (400 UNIT)
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 31.25-125-200 MG	CHOLECALCIFEROL CAP 25 MCG (1000 UNIT)
CARBIDOPA-LEVODOPA-ENTACAPONE TABS 37.5-150-200 MG	CHOLECALCIFEROL CHEW TAB 10 MCG (400 UNIT)
CARBINOXAMINE MALEATE TAB 4 MG	CHOLECALCIFEROL CHEW TAB 25 MCG (1000 UNIT)
CARISOPRODOL TAB 250 MG	CHOLECALCIFEROL DROPS 10 MCG/0.028ML (400 UNIT/0.028ML)
CARISOPRODOL TAB 350 MG	CHOLECALCIFEROL ORAL LIQUID 10 MCG/ML (400 UNIT/ML)
CARVEDILOL TAB 12.5 MG	CHOLECALCIFEROL TAB 10 MCG (400 UNIT)
CARVEDILOL TAB 25 MG	CHOLECALCIFEROL TAB 25 MCG (1000 UNIT)
CARVEDILOL TAB 3.125 MG	CHOLESTYRAMINE LIGHT POWDER 4 GM/DOSE
CARVEDILOL TAB 6.25 MG	CHOLESTYRAMINE POWDER 4 GM/DOSE
CEFADROXIL CAP 500 MG	CHOLESTYRAMINE POWDER PACKETS 4 GM
CEFADROXIL FOR SUSP 250 MG/5ML	CHOLINE FENOFIBRATE CAP DR 135 MG (FENOFIBRIC ACID EQUIV)
CEFADROXIL FOR SUSP 500 MG/5ML	CHOLINE FENOFIBRATE CAP DR 45 MG (FENOFIBRIC ACID EQUIV)
CEFDINIR CAP 300 MG	CICLOPIROX GEL 0.77%
CEFDINIR FOR SUSP 125 MG/5ML	CICLOPIROX OLAMINE CREAM 0.77% (BASE EQUIV)
CEFDINIR FOR SUSP 250 MG/5ML	CICLOPIROX OLAMINE SUSP 0.77% (BASE EQUIV)
CEFIXIME FOR SUSP 100 MG/5ML	CICLOPIROX SHAMPOO 1%
CEFPODOXIME PROXETIL FOR SUSP 100 MG/5ML	CICLOPIROX SOLUTION 8%
CEFPODOXIME PROXETIL TAB 100 MG	CILOSTAZOL TAB 100 MG
CEFPODOXIME PROXETIL TAB 200 MG	CILOSTAZOL TAB 50 MG
CEFPROZIL FOR SUSP 250 MG/5ML	CIMETIDINE TAB 200 MG
CEFPROZIL TAB 500 MG	CIMETIDINE TAB 300 MG
CEFTRIAZONE SODIUM FOR INJ 1 GM	CIMETIDINE TAB 400 MG
CEFTRIAZONE SODIUM FOR INJ 500 MG	CIMETIDINE TAB 800 MG
CEFUROXIME AXETIL TAB 500 MG	CINACALCET HCL TAB 30 MG (BASE EQUIV)
CELECOXIB CAP 100 MG	CINACALCET HCL TAB 60 MG (BASE EQUIV)
CELECOXIB CAP 200 MG	CIPROFLOXACIN FOR ORAL SUSP 500 MG/5ML (10%) (10 GM/100ML)
CELECOXIB CAP 400 MG	CIPROFLOXACIN HCL OPHTH SOLN 0.3% (BASE EQUIVALENT)
CELECOXIB CAP 50 MG	CIPROFLOXACIN HCL TAB 250 MG (BASE EQUIV)
CEPHALEXIN CAP 250 MG	CIPROFLOXACIN HCL TAB 500 MG (BASE EQUIV)
CEPHALEXIN CAP 500 MG	CIPROFLOXACIN HCL TAB 750 MG (BASE EQUIV)
CEPHALEXIN FOR SUSP 125 MG/5ML	CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%
CEPHALEXIN FOR SUSP 250 MG/5ML	CITALOPRAM HYDROBROMIDE TAB 10 MG (BASE EQUIV)
Cetirizine HCl	CITALOPRAM HYDROBROMIDE TAB 20 MG (BASE EQUIV)
CETIRIZINE HCL ORAL SOLN 1 MG/ML (5 MG/5ML)	CITALOPRAM HYDROBROMIDE TAB 40 MG (BASE EQUIV)
CEVIMELINE HCL CAP 30 MG	CLARITHROMYCIN TAB 250 MG
CHLORDIAZEPOXIDE HCL CAP 10 MG	CLARITHROMYCIN TAB 500 MG
CHLORDIAZEPOXIDE HCL CAP 25 MG	CLARITHROMYCIN TAB ER 24HR 500 MG
CHLORDIAZEPOXIDE HCL CAP 5 MG	CLINDAMYCIN HCL CAP 150 MG
CHLORDIAZEPOXIDE HCL-CLIDINIUM BROMIDE CAP 5-2.5 MG	CLINDAMYCIN HCL CAP 300 MG
CHLORHEXIDINE GLUCONATE SOLN 0.12%	CLINDAMYCIN HCL CAP 75 MG
CHLOROQUINE PHOSPHATE TAB 250 MG	CLINDAMYCIN PALMITATE HCL FOR SOLN 75 MG/5ML (BASE EQUIV)
CHLOROQUINE PHOSPHATE TAB 500 MG	CLINDAMYCIN PHOSPH-BENZOYL PEROXIDE (REFRIG) GEL 1.2 (1)-5%
CHLORPROMAZINE HCL TAB 10 MG	CLINDAMYCIN PHOSPHATE GEL 1%
CHLORPROMAZINE HCL TAB 200 MG	CLINDAMYCIN PHOSPHATE LOTION 1%
CHLORPROMAZINE HCL TAB 25 MG	CLINDAMYCIN PHOSPHATE SOLN 1%
CHLORPROMAZINE HCL TAB 50 MG	CLINDAMYCIN PHOSPHATE SWAB 1%
CHLORTHALIDONE TAB 25 MG	

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CLINDAMYCIN PHOSPHATE VAGINAL CREAM 2%	CONDOMS - FEMALE
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL 1-5%	COPPER IUD
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE GEL 1.2-2.5%	COVID-19 MRNA VAC TRIS-PFIZER IM SUSP PREF SYR 30 MCG/0.3ML
CLOBAZAM SUSPENSION 2.5 MG/ML	COVID-19 MRNA VAC TRIS-S 5-11Y-PFIZER IM SUSP 10 MCG/0.3ML
CLOBAZAM TAB 10 MG	COVID-19 MRNA VAC TRIS-S 6MO-4Y-PFIZER IM SUSP 3 MCG/0.3ML
CLOBETASOL PROPIONATE CREAM 0.05%	COVID-19 MRNA VAC TRIS-SUCROSE-PFIZER IM SUSP 30 MCG/0.3ML
CLOBETASOL PROPIONATE EMOLLIENT BASE CREAM 0.05%	CROMOLYN SODIUM ORAL CONC 100 MG/5ML
CLOBETASOL PROPIONATE EMULSION FOAM 0.05%	CYANOCOBALAMIN INJ 1000 MCG/ML
CLOBETASOL PROPIONATE FOAM 0.05%	CYANOCOBALAMIN NASAL SPRAY 500 MCG/0.1ML
CLOBETASOL PROPIONATE GEL 0.05%	CYANOCOBALAMIN-METHYLCOBALAMIN SL TAB 600-600 MCG
CLOBETASOL PROPIONATE LOTION 0.05%	CYCLOBENZAPRINE HCL CAP ER 24HR 15 MG
CLOBETASOL PROPIONATE OINT 0.05%	CYCLOBENZAPRINE HCL TAB 10 MG
CLOBETASOL PROPIONATE SHAMPOO 0.05%	CYCLOBENZAPRINE HCL TAB 5 MG
CLOBETASOL PROPIONATE SOLN 0.05%	CYCLOBENZAPRINE HCL TAB 7.5 MG
CLOBETASOL PROPIONATE SPRAY 0.05%	CYCLOPENTOLATE HCL OPHTH SOLN 1%
CLOMIPRAMINE HCL CAP 25 MG	CYCLOPENTOLATE HCL OPHTH SOLN 2%
CLOMIPRAMINE HCL CAP 50 MG	CYCLOSPORINE (OPHTH) EMULSION 0.05%
CLOMIPRAMINE HCL CAP 75 MG	CYCLOSPORINE MODIFIED CAP 100 MG
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.125 MG	CYCLOSPORINE MODIFIED CAP 25 MG
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.25 MG	CYCLOSPORINE MODIFIED CAP 50 MG
CLONAZEPAM ORALLY DISINTEGRATING TAB 0.5 MG	CYPROHEPTADINE HCL SYRUP 2 MG/5ML
CLONAZEPAM ORALLY DISINTEGRATING TAB 1 MG	CYPROHEPTADINE HCL TAB 4 MG
CLONAZEPAM ORALLY DISINTEGRATING TAB 2 MG	DABIGATRAN ETEXILATE MESYLATE CAP 150 MG (ETEXILATE BASE EQ)
CLONAZEPAM TAB 0.5 MG	DABIGATRAN ETEXILATE MESYLATE CAP 75 MG (ETEXILATE BASE EQ)
CLONAZEPAM TAB 1 MG	DANTROLENE SODIUM CAP 25 MG
CLONAZEPAM TAB 2 MG	DANTROLENE SODIUM CAP 50 MG
CLONIDINE HCL TAB 0.1 MG	DAPSONE GEL 5%
CLONIDINE HCL TAB 0.2 MG	DAPSONE GEL 7.5%
CLONIDINE HCL TAB 0.3 MG	DARIFENACIN HYDROBROMIDE TAB ER 24HR 7.5 MG (BASE EQUIV)
CLONIDINE HCL TAB ER 12HR 0.1 MG	DARUNAVIR TAB 600 MG
CLONIDINE TD PATCH WEEKLY 0.1 MG/24HR	DESIPRAMINE HCL TAB 10 MG
CLONIDINE TD PATCH WEEKLY 0.2 MG/24HR	DESIPRAMINE HCL TAB 50 MG
CLONIDINE TD PATCH WEEKLY 0.3 MG/24HR	DESMOPRESSIN ACETATE NASAL SPRAY SOLN 0.01%
CLOPIDOGREL BISULFATE TAB 75 MG (BASE EQUIV)	DESMOPRESSIN ACETATE TAB 0.1 MG
CLORAZEPATE DIPOTASSIUM TAB 15 MG	DESMOPRESSIN ACETATE TAB 0.2 MG
CLORAZEPATE DIPOTASSIUM TAB 3.75 MG	DESOGEST-ETH ESTRAD & ETH ESTRAD TAB 0.15-0.02/0.01 MG(21/5)
CLORAZEPATE DIPOTASSIUM TAB 7.5 MG	DESOGEST-ETHIN EST TAB 0.1-0.025/0.125-0.025/0.15-0.025MG-MG
CLOTRIMAZOLE CREAM 1%	DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
CLOTRIMAZOLE SOLN 1%	DESONIDE CREAM 0.05%
CLOTRIMAZOLE TROCHE 10 MG	DESONIDE GEL 0.05%
CLOTRIMAZOLE W/ BETAMETHASONE CREAM 1-0.05%	DESONIDE LOTION 0.05%
CLOZAPINE TAB 100 MG	DESONIDE OINT 0.05%
CLOZAPINE TAB 200 MG	DESOXIMETASONE CREAM 0.25%
CLOZAPINE TAB 25 MG	DESOXIMETASONE OINT 0.25%
CODEINE SULFATE TAB 30 MG	DESVENLAFAXINE SUCCINATE TAB ER 24HR 100 MG (BASE EQUIV)
COLCHICINE CAP 0.6 MG	DESVENLAFAXINE SUCCINATE TAB ER 24HR 25 MG (BASE EQUIV)
COLCHICINE TAB 0.6 MG	DESVENLAFAXINE SUCCINATE TAB ER 24HR 50 MG (BASE EQUIV)
COLCHICINE W/ PROBENECID TAB 0.5-500 MG	DEXAMETHASONE ELIXIR 0.5 MG/5ML
COLESEVELAM HCL TAB 625 MG	DEXAMETHASONE SODIUM PHOSPHATE INJ 4 MG/ML
COLESTIPOL HCL TAB 1 GM	DEXAMETHASONE TAB 0.5 MG

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DEXAMETHASONE TAB 0.75 MG	DILTIAZEM HCL COATED BEADS CAP ER 24HR 120 MG
DEXAMETHASONE TAB 1 MG	DILTIAZEM HCL COATED BEADS CAP ER 24HR 180 MG
DEXAMETHASONE TAB 1.5 MG	DILTIAZEM HCL COATED BEADS CAP ER 24HR 240 MG
DEXAMETHASONE TAB 2 MG	DILTIAZEM HCL COATED BEADS CAP ER 24HR 300 MG
DEXAMETHASONE TAB 4 MG	DILTIAZEM HCL COATED BEADS CAP ER 24HR 360 MG
DEXAMETHASONE TAB 6 MG	DILTIAZEM HCL EXTENDED RELEASE BEADS CAP ER 24HR 120 MG
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 10 MG	DILTIAZEM HCL TAB 30 MG
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 15 MG	DILTIAZEM HCL TAB 60 MG
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 20 MG	DILTIAZEM HCL TAB 90 MG
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 25 MG	DILTIAZEM HCL TAB ER 24HR 180 MG
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 30 MG	DILTIAZEM HCL TAB ER 24HR 240 MG
DEXMETHYLPHENIDATE HCL CAP ER 24 HR 5 MG	DILTIAZEM HCL TAB ER 24HR 360 MG
DEXMETHYLPHENIDATE HCL TAB 10 MG	DIPHENHYDRAMINE HCL ELIXIR 12.5 MG/5ML
DEXMETHYLPHENIDATE HCL TAB 2.5 MG	DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG
DEXMETHYLPHENIDATE HCL TAB 5 MG	DIPYRIDAMOLE TAB 75 MG
DEXTROAMPHETAMINE SULFATE CAP ER 24HR 10 MG	DISOPYRAMIDE PHOSPHATE CAP 100 MG
DEXTROAMPHETAMINE SULFATE CAP ER 24HR 15 MG	DISULFIRAM TAB 250 MG
DEXTROAMPHETAMINE SULFATE TAB 10 MG	DISULFIRAM TAB 500 MG
DEXTROAMPHETAMINE SULFATE TAB 20 MG	DIVALPROEX SODIUM CAP DELAYED RELEASE SPRINKLE 125 MG
DEXTROAMPHETAMINE SULFATE TAB 30 MG	DIVALPROEX SODIUM TAB DELAYED RELEASE 125 MG
DEXTROAMPHETAMINE SULFATE TAB 5 MG	DIVALPROEX SODIUM TAB DELAYED RELEASE 250 MG
DIAPHRAGM ARC-SPRING	DIVALPROEX SODIUM TAB DELAYED RELEASE 500 MG
DIAZEPAM ORAL SOLN 1 MG/ML	DIVALPROEX SODIUM TAB ER 24 HR 250 MG
DIAZEPAM TAB 10 MG	DIVALPROEX SODIUM TAB ER 24 HR 500 MG
DIAZEPAM TAB 2 MG	DOFETILIDE CAP 125 MCG (0.125 MG)
DIAZEPAM TAB 5 MG	DOFETILIDE CAP 500 MCG (0.5 MG)
DIAZOXIDE SUSP 50 MG/ML	DONEPEZIL HYDROCHLORIDE ORALLY DISINTEGRATING TAB 5 MG
DICLOFENAC POTASSIUM TAB 50 MG	DONEPEZIL HYDROCHLORIDE TAB 10 MG
DICLOFENAC SODIUM (ACTINIC KERATOSES) GEL 3%	DONEPEZIL HYDROCHLORIDE TAB 23 MG
DICLOFENAC SODIUM GEL 1% (1.16% DIETHYLAMINE EQUIV)	DONEPEZIL HYDROCHLORIDE TAB 5 MG
DICLOFENAC SODIUM OPHTH SOLN 0.1%	DORZOLAMIDE HCL OPHTH SOLN 2%
DICLOFENAC SODIUM SOLN 1.5%	DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOL 22.3-6.8 MG/ML PF
DICLOFENAC SODIUM TAB DELAYED RELEASE 25 MG	DORZOLAMIDE HCL-TIMOLOL MALEATE OPHTH SOLN 22.3-6.8 MG/ML
DICLOFENAC SODIUM TAB DELAYED RELEASE 50 MG	DOXAZOSIN MESYLATE TAB 1 MG
DICLOFENAC SODIUM TAB DELAYED RELEASE 75 MG	DOXAZOSIN MESYLATE TAB 2 MG
DICLOFENAC SODIUM TAB ER 24HR 100 MG	DOXAZOSIN MESYLATE TAB 4 MG
DICLOXACILLIN SODIUM CAP 250 MG	DOXAZOSIN MESYLATE TAB 8 MG
DICLOXACILLIN SODIUM CAP 500 MG	DOXEPIN HCL (SLEEP) TAB 3 MG (BASE EQUIV)
DICYCLOMINE HCL CAP 10 MG	DOXEPIN HCL (SLEEP) TAB 6 MG (BASE EQUIV)
DICYCLOMINE HCL TAB 20 MG	DOXEPIN HCL CAP 10 MG
DIFLORASONE DIACETATE OINT 0.05%	DOXEPIN HCL CAP 100 MG
DIFLUPREDNATE OPHTH EMULSION 0.05%	DOXEPIN HCL CAP 25 MG
DIGOXIN TAB 125 MCG (0.125 MG)	DOXEPIN HCL CAP 50 MG
DIGOXIN TAB 250 MCG (0.25 MG)	DOXEPIN HCL CAP 75 MG
DILTIAZEM HCL CAP ER 12HR 120 MG	DOXYCYCLINE HYCLATE CAP 100 MG
DILTIAZEM HCL CAP ER 12HR 60 MG	DOXYCYCLINE HYCLATE CAP 50 MG
DILTIAZEM HCL CAP ER 12HR 90 MG	DOXYCYCLINE HYCLATE TAB 100 MG
DILTIAZEM HCL CAP ER 24HR 120 MG	DOXYCYCLINE HYCLATE TAB 150 MG
DILTIAZEM HCL CAP ER 24HR 180 MG	DOXYCYCLINE HYCLATE TAB 20 MG
DILTIAZEM HCL CAP ER 24HR 240 MG	DOXYCYCLINE HYCLATE TAB 50 MG

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DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 100 MG	ESCITALOPRAM OXALATE SOLN 5 MG/5ML (BASE EQUIV)
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 200 MG	ESCITALOPRAM OXALATE TAB 10 MG (BASE EQUIV)
DOXYCYCLINE HYCLATE TAB DELAYED RELEASE 50 MG	ESCITALOPRAM OXALATE TAB 20 MG (BASE EQUIV)
DOXYCYCLINE MONOHYDRATE CAP 100 MG	ESCITALOPRAM OXALATE TAB 5 MG (BASE EQUIV)
DOXYCYCLINE MONOHYDRATE CAP 75 MG	ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 20 MG (BASE EQ)
DOXYCYCLINE MONOHYDRATE TAB 100 MG	ESOMEPRAZOLE MAGNESIUM CAP DELAYED RELEASE 40 MG (BASE EQ)
DOXYCYCLINE MONOHYDRATE TAB 150 MG	ESTAZOLAM TAB 1 MG
DOXYCYCLINE MONOHYDRATE TAB 50 MG	ESTAZOLAM TAB 2 MG
DOXYCYCLINE MONOHYDRATE TAB 75 MG	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 0.625-1.25 MG
DOXYLAMINE-PYRIDOXINE TAB DELAYED RELEASE 10-10 MG	ESTERIFIED ESTROGENS & METHYLTESTOSTERONE TAB 1.25-2.5 MG
DRONABINOL CAP 5 MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.02 MG	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG
DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG	ESTRADIOL TAB 0.5 MG
DULOXETINE HCL ENTERIC COATED PELLETS CAP 20 MG (BASE EQ)	ESTRADIOL TAB 1 MG
DULOXETINE HCL ENTERIC COATED PELLETS CAP 30 MG (BASE EQ)	ESTRADIOL TAB 2 MG
DULOXETINE HCL ENTERIC COATED PELLETS CAP 40 MG (BASE EQ)	ESTRADIOL TD GEL 0.75 MG/0.75GM (0.1%)
DULOXETINE HCL ENTERIC COATED PELLETS CAP 60 MG (BASE EQ)	ESTRADIOL TD GEL 1 MG/GM (0.1%)
DUTASTERIDE CAP 0.5 MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.025 MG/24HR
DUTASTERIDE-TAMSULOSIN HCL CAP 0.5-0.4 MG	ESTRADIOL TD PATCH TWICE WEEKLY 0.0375 MG/24HR
ECONAZOLE NITRATE CREAM 1%	ESTRADIOL TD PATCH TWICE WEEKLY 0.05 MG/24HR
ELETRIPTAN HYDROBROMIDE TAB 20 MG (BASE EQUIVALENT)	ESTRADIOL TD PATCH TWICE WEEKLY 0.075 MG/24HR
ELETRIPTAN HYDROBROMIDE TAB 40 MG (BASE EQUIVALENT)	ESTRADIOL TD PATCH TWICE WEEKLY 0.1 MG/24HR
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300 MG	ESTRADIOL TD PATCH WEEKLY 0.025 MG/24HR
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 10-25 MG	ESTRADIOL TD PATCH WEEKLY 0.0375 MG/24HR (37.5 MCG/24HR)
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE TAB 5-12.5 MG	ESTRADIOL TD PATCH WEEKLY 0.05 MG/24HR
ENALAPRIL MALEATE TAB 10 MG	ESTRADIOL TD PATCH WEEKLY 0.06 MG/24HR
ENALAPRIL MALEATE TAB 2.5 MG	ESTRADIOL TD PATCH WEEKLY 0.075 MG/24HR
ENALAPRIL MALEATE TAB 20 MG	ESTRADIOL TD PATCH WEEKLY 0.1 MG/24HR
ENALAPRIL MALEATE TAB 5 MG	ESTRADIOL VAGINAL CREAM 0.1 MG/GM
ENOXAPARIN SODIUM INJ SOLN PREF SYR 100 MG/ML	ESTRADIOL VAGINAL TAB 10 MCG
ENOXAPARIN SODIUM INJ SOLN PREF SYR 120 MG/0.8ML	ESTRADIOL VALERATE IM IN OIL 20 MG/ML
ENOXAPARIN SODIUM INJ SOLN PREF SYR 150 MG/ML	ESTRADIOL VALERATE IM IN OIL 40 MG/ML
ENOXAPARIN SODIUM INJ SOLN PREF SYR 30 MG/0.3ML	ESZOPICLONE TAB 1 MG
ENOXAPARIN SODIUM INJ SOLN PREF SYR 40 MG/0.4ML	ESZOPICLONE TAB 2 MG
ENOXAPARIN SODIUM INJ SOLN PREF SYR 60 MG/0.6ML	ESZOPICLONE TAB 3 MG
ENOXAPARIN SODIUM INJ SOLN PREF SYR 80 MG/0.8ML	ETHAMBUTOL HCL TAB 400 MG
ENTACAPONE TAB 200 MG	ETHOSUXIMIDE SOLN 250 MG/5ML
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (1:2000)	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG
EPINEPHRINE SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (1:1000)	ETHYNODIOL DIACETATE & ETHINYL ESTRADIOL TAB 1 MG-50 MCG
EPLERENONE TAB 25 MG	ETODOLAC CAP 200 MG
EPLERENONE TAB 50 MG	ETODOLAC CAP 300 MG
ERGOCALCIFEROL CAP 1.25 MG (50000 UNIT)	ETODOLAC TAB 400 MG
ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	ETODOLAC TAB 500 MG
ERYTHROMYCIN ETHYLSUCCINATE FOR SUSP 200 MG/5ML	ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.120-0.015 MG/24HR
ERYTHROMYCIN GEL 2%	EXEMESTANE TAB 25 MG
ERYTHROMYCIN OPHTH OINT 5 MG/GM	EZETIMIBE TAB 10 MG
ERYTHROMYCIN SOLN 2%	EZETIMIBE-SIMVASTATIN TAB 10-10 MG
ERYTHROMYCIN TAB 250 MG	FAMCICLOVIR TAB 125 MG
ERYTHROMYCIN TAB 500 MG	FAMCICLOVIR TAB 250 MG
ERYTHROMYCIN TAB DELAYED RELEASE 333 MG	FAMCICLOVIR TAB 500 MG

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FAMOTIDINE FOR SUSP 40 MG/5ML	FLUOCINONIDE EMULSIFIED BASE CREAM 0.05%
FAMOTIDINE TAB 20 MG	FLUOCINONIDE GEL 0.05%
FAMOTIDINE TAB 40 MG	FLUOCINONIDE OINT 0.05%
FE FUM-IRON POLYSACCH COMPLEX-FA-B CMLX-C-ZN-MN-CU CAP	FLUOCINONIDE SOLN 0.05%
FE FUMARATE W/ B12-VIT C-FA-IFC CAP 110-0.015-75-0.5-240 MG	FLUOROMETHOLONE OPHTH SUSP 0.1%
FEBUXOSTAT TAB 40 MG	FLUOROURACIL CREAM 5%
FEBUXOSTAT TAB 80 MG	FLUOXETINE HCL CAP 10 MG
FELODIPINE TAB ER 24HR 10 MG	FLUOXETINE HCL CAP 20 MG
FELODIPINE TAB ER 24HR 2.5 MG	FLUOXETINE HCL CAP 40 MG
FELODIPINE TAB ER 24HR 5 MG	FLUOXETINE HCL SOLUTION 20 MG/5ML
FENOFIBRATE MICRONIZED CAP 134 MG	FLUOXETINE HCL TAB 10 MG
FENOFIBRATE MICRONIZED CAP 200 MG	FLUOXETINE HCL TAB 20 MG
FENOFIBRATE MICRONIZED CAP 43 MG	FLUOXETINE HCL TAB 60 MG
FENOFIBRATE MICRONIZED CAP 67 MG	FLUPHENAZINE HCL TAB 10 MG
FENOFIBRATE TAB 145 MG	FLUPHENAZINE HCL TAB 5 MG
FENOFIBRATE TAB 160 MG	FLURANDRENOLIDE LOTION 0.05%
FENOFIBRATE TAB 48 MG	FLURBIPROFEN TAB 100 MG
FENOFIBRATE TAB 54 MG	FLUTICASON PROPIONATE CREAM 0.05%
FENOPROFEN CALCIUM TAB 600 MG	FLUTICASON PROPIONATE NASAL SUSP 50 MCG/ACT
FENTANYL TD PATCH 72HR 100 MCG/HR	FLUTICASON PROPIONATE OINT 0.005%
FENTANYL TD PATCH 72HR 12 MCG/HR	FLUTICASON-SALMETEROL AER POWDER BA 100-50 MCG/ACT
FENTANYL TD PATCH 72HR 25 MCG/HR	FLUTICASON-SALMETEROL AER POWDER BA 250-50 MCG/ACT
FENTANYL TD PATCH 72HR 37.5 MCG/HR	FLUTICASON-SALMETEROL AER POWDER BA 500-50 MCG/ACT
FENTANYL TD PATCH 72HR 50 MCG/HR	FLUVASTATIN SODIUM CAP 40 MG (BASE EQUIVALENT)
FENTANYL TD PATCH 72HR 62.5 MCG/HR	FLUVOXAMINE MALEATE TAB 100 MG
FENTANYL TD PATCH 72HR 75 MCG/HR	FLUVOXAMINE MALEATE TAB 25 MG
FERROUS SULFATE SOLN 220 MG/5ML (44 MG/5ML ELEMENTAL FE)	FLUVOXAMINE MALEATE TAB 50 MG
FERROUS SULFATE SOLN 300 MG/5ML (60 MG/5ML ELEMENTAL FE)	FOLIC ACID TAB 1 MG
FERROUS SULFATE SOLN 75 MG/ML (15 MG/ML ELEMENTAL FE)	FOLIC ACID TAB 400 MCG
FINASTERIDE TAB 5 MG	FOLIC ACID-VITAMIN B6-VITAMIN B12 TAB 2.2-25-0.5 MG
FLAVOXATE HCL TAB 100 MG	FOLIC ACID-VITAMIN B6-VITAMIN B12 TAB 2.2-25-1 MG
FLECAINIDE ACETATE TAB 100 MG	FOLIC ACID-VITAMIN B6-VITAMIN B12 TAB 2.5-25-1 MG
FLECAINIDE ACETATE TAB 50 MG	FOSINOPRIL SODIUM TAB 40 MG
FLUCONAZOLE FOR SUSP 10 MG/ML	FUROSEMIDE ORAL SOLN 10 MG/ML
FLUCONAZOLE FOR SUSP 40 MG/ML	FUROSEMIDE TAB 20 MG
FLUCONAZOLE TAB 100 MG	FUROSEMIDE TAB 40 MG
FLUCONAZOLE TAB 150 MG	FUROSEMIDE TAB 80 MG
FLUCONAZOLE TAB 200 MG	GABAPENTIN CAP 100 MG
FLUCONAZOLE TAB 50 MG	GABAPENTIN CAP 300 MG
FLUDROCORTISONE ACETATE TAB 0.1 MG	GABAPENTIN CAP 400 MG
FLUNISOLIDE NASAL SOLN 25 MCG/ACT (0.025%)	GABAPENTIN ORAL SOLN 250 MG/5ML
FLUOCINOLONE ACETONIDE (OTIC) OIL 0.01%	GABAPENTIN TAB 600 MG
FLUOCINOLONE ACETONIDE CREAM 0.01%	GABAPENTIN TAB 800 MG
FLUOCINOLONE ACETONIDE CREAM 0.025%	GALANTAMINE HYDROBROMIDE TAB 12 MG
FLUOCINOLONE ACETONIDE OIL 0.01% (BODY OIL)	GALANTAMINE HYDROBROMIDE TAB 4 MG
FLUOCINOLONE ACETONIDE OIL 0.01% (SCALP OIL)	GALANTAMINE HYDROBROMIDE TAB 8 MG
FLUOCINOLONE ACETONIDE OINT 0.025%	GATIFLOXACIN OPHTH SOLN 0.5%
FLUOCINOLONE ACETONIDE SOLN 0.01%	GEMFIBROZIL TAB 600 MG
FLUOCINONIDE CREAM 0.05%	GENTAMICIN SULFATE CREAM 0.1%
FLUOCINONIDE CREAM 0.1%	GENTAMICIN SULFATE OINT 0.1%

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Brand Dosage Form	Brand Dosage Form
GENTAMICIN SULFATE OPHTH SOLN 0.3%	HYDROCHLOROTHIAZIDE TAB 25 MG
GLIMEPIRIDE TAB 1 MG	HYDROCHLOROTHIAZIDE TAB 50 MG
GLIMEPIRIDE TAB 2 MG	HYDROCOD POLST-CHLORPHEN POLST ER SUSP 10-8 MG/5ML
GLIMEPIRIDE TAB 4 MG	HYDROCODONE BITART-HOMATROPINE METHYLBROM SOLN 5-1.5 MG/5ML
GLIPIZIDE TAB 10 MG	HYDROCODONE BITART-HOMATROPINE METHYLBROMIDE TAB 5-1.5 MG
GLIPIZIDE TAB 5 MG	HYDROCODONE-ACETAMINOPHEN SOLN 7.5-325 MG/15ML
GLIPIZIDE TAB ER 24HR 10 MG	HYDROCODONE-ACETAMINOPHEN TAB 10-300 MG
GLIPIZIDE TAB ER 24HR 2.5 MG	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG
GLIPIZIDE TAB ER 24HR 5 MG	HYDROCODONE-ACETAMINOPHEN TAB 5-300 MG
GLIPIZIDE-METFORMIN HCL TAB 2.5-500 MG	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG
GLIPIZIDE-METFORMIN HCL TAB 5-500 MG	HYDROCODONE-ACETAMINOPHEN TAB 7.5-300 MG
GLYBURIDE TAB 1.25 MG	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG
GLYBURIDE TAB 2.5 MG	HYDROCODONE-IBUPROFEN TAB 7.5-200 MG
GLYBURIDE TAB 5 MG	HYDROCORTISONE ACETATE SUPPOS 25 MG
GLYBURIDE-METFORMIN TAB 2.5-500 MG	HYDROCORTISONE ACETATE SUPPOS 30 MG
GLYBURIDE-METFORMIN TAB 5-500 MG	HYDROCORTISONE ACETATE W/ PRAMOXINE PERIANAL CREAM 2.5-1%
GLYCOPYRROLATE ORAL SOLN 1 MG/5ML	HYDROCORTISONE CREAM 1%
GLYCOPYRROLATE TAB 1 MG	HYDROCORTISONE CREAM 2.5%
GLYCOPYRROLATE TAB 2 MG	HYDROCORTISONE ENEMA 100 MG/60ML
GRISEOFULVIN MICROSIZES SUSP 125 MG/5ML	HYDROCORTISONE LOTION 2.5%
GRISEOFULVIN MICROSIZES TAB 500 MG	HYDROCORTISONE OINT 1%
GRISEOFULVIN ULTRAMICROSIZES TAB 250 MG	HYDROCORTISONE OINT 2.5%
GUANFACINE HCL TAB 1 MG	HYDROCORTISONE PERIANAL CREAM 1%
GUANFACINE HCL TAB 2 MG	HYDROCORTISONE PERIANAL CREAM 2.5%
GUANFACINE HCL TAB ER 24HR 1 MG (BASE EQUIV)	HYDROCORTISONE TAB 10 MG
GUANFACINE HCL TAB ER 24HR 2 MG (BASE EQUIV)	HYDROCORTISONE TAB 20 MG
GUANFACINE HCL TAB ER 24HR 3 MG (BASE EQUIV)	HYDROCORTISONE TAB 5 MG
GUANFACINE HCL TAB ER 24HR 4 MG (BASE EQUIV)	HYDROCORTISONE VALERATE CREAM 0.2%
HALOBETASOL PROPIONATE CREAM 0.05%	HYDROCORTISONE VALERATE OINT 0.2%
HALOBETASOL PROPIONATE OINT 0.05%	HYDROMORPHINE HCL TAB 2 MG
HALOPERIDOL DECANOATE IM SOLN 100 MG/ML	HYDROMORPHINE HCL TAB 4 MG
HALOPERIDOL TAB 0.5 MG	HYDROMORPHINE HCL TAB 8 MG
HALOPERIDOL TAB 1 MG	HYDROMORPHINE HCL TAB ER 24HR 8 MG
HALOPERIDOL TAB 10 MG	HYDROXYCHLOROQUINE SULFATE TAB 200 MG
HALOPERIDOL TAB 2 MG	HYDROXYCHLOROQUINE SULFATE TAB 300 MG
HALOPERIDOL TAB 5 MG	HYDROXYUREA CAP 500 MG
HEP A-HEP B VACCINE SUSP PREF SYR 720-20 ELU-MCG/ML	HYDROXYZINE HCL SYRUP 10 MG/5ML
HEPARIN SODIUM (PORCINE) LOCK FLUSH IV SOLN 10 UNIT/ML	HYDROXYZINE HCL TAB 10 MG
HEPATITIS A VACCINE INJ SUSP 1440 EL UNIT/ML	HYDROXYZINE HCL TAB 25 MG
HEPATITIS B VACCINE (RECOMBINANT) SUSP 20 MCG/ML	HYDROXYZINE HCL TAB 50 MG
HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 10 MCG/0.5ML	HYDROXYZINE PAMOATE CAP 25 MG
HEPATITIS B VACCINE (RECOMBINANT) SUSP PREF SYR 20 MCG/ML	HYDROXYZINE PAMOATE CAP 50 MG
HEPATITIS B VACCINE RECOMB ADJUVANTED PREF SYR 20 MCG/0.5ML	HYOSCYAMINE SULFATE ELIXIR 0.125 MG/5ML
HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC SUSP PREF SYR	HYOSCYAMINE SULFATE SL TAB 0.125 MG
HYDRALAZINE HCL TAB 10 MG	HYOSCYAMINE SULFATE SOLN 0.125 MG/ML
HYDRALAZINE HCL TAB 100 MG	HYOSCYAMINE SULFATE TAB 0.125 MG
HYDRALAZINE HCL TAB 25 MG	HYOSCYAMINE SULFATE TAB DISINT 0.125 MG
HYDRALAZINE HCL TAB 50 MG	HYOSCYAMINE SULFATE TAB ER 12HR 0.375 MG
HYDROCHLOROTHIAZIDE CAP 12.5 MG	IBANDRONATE SODIUM TAB 150 MG (BASE EQUIVALENT)
HYDROCHLOROTHIAZIDE TAB 12.5 MG	IBUPROFEN SUSP 100 MG/5ML

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Brand Dosage Form	Brand Dosage Form
IBUPROFEN TAB 400 MG	LACOSAMIDE ORAL SOLUTION 10 MG/ML
IBUPROFEN TAB 600 MG	LACOSAMIDE TAB 100 MG
IBUPROFEN TAB 800 MG	LACOSAMIDE TAB 150 MG
ICOSAPENT ETHYL CAP 1 GM	LACOSAMIDE TAB 200 MG
IMIPRAMINE HCL TAB 25 MG	LACOSAMIDE TAB 50 MG
IMIPRAMINE HCL TAB 50 MG	LACTIC ACID (AMMONIUM LACTATE) CREAM 12%
IMIQUIMOD CREAM 5%	LACTULOSE (ENCEPHALOPATHY) SOLUTION 10 GM/15ML
INDAPAMIDE TAB 1.25 MG	LACTULOSE SOLUTION 10 GM/15ML
INDAPAMIDE TAB 2.5 MG	LAMOTRIGINE ORALLY DISINTEGRATING TAB 50 MG
INDOMETHACIN CAP 25 MG	LAMOTRIGINE TAB 100 MG
INDOMETHACIN CAP 50 MG	LAMOTRIGINE TAB 150 MG
INDOMETHACIN CAP ER 75 MG	LAMOTRIGINE TAB 200 MG
INFLUENZA VAC RECOMB HA QUAD PF SOLN PREF SYR 0.5 ML	LAMOTRIGINE TAB 25 MG
INFLUENZA VAC SPLIT HIGH-DOSE QUAD PF SUSP PREF SYR 0.7 ML	LAMOTRIGINE TAB DISINT 25 (14) & 50 MG (14) & 100 MG (7) KIT
INFLUENZA VIRUS VAC SPLIT QUADRIVALENT SUSP PREF SYR 0.5ML	LAMOTRIGINE TAB ER 24HR 100 MG
INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT IM INJ	LAMOTRIGINE TAB ER 24HR 200 MG
IDOQUINOL-HC CREAM 1-1%	LAMOTRIGINE TAB ER 24HR 25 MG
IPRATROPIUM BROMIDE INHAL SOLN 0.02%	LAMOTRIGINE TAB ER 24HR 250 MG
IPRATROPIUM BROMIDE NASAL SOLN 0.03% (21 MCG/SPRAY)	LAMOTRIGINE TAB ER 24HR 300 MG
IPRATROPIUM BROMIDE NASAL SOLN 0.06% (42 MCG/SPRAY)	LAMOTRIGINE TAB ER 24HR 50 MG
IPRATROPIUM-ALBUTEROL NEBU SOLN 0.5-2.5(3) MG/3ML	LANSOPRAZOLE CAP DELAYED RELEASE 30 MG
IRBESARTAN TAB 150 MG	LANSOPRAZOLE TAB DELAYED RELEASE ORALLY DISINTEGRATING 30 MG
IRBESARTAN TAB 300 MG	LATANOPROST OPHTH SOLN 0.005%
IRBESARTAN TAB 75 MG	LEFLUNOMIDE TAB 10 MG
IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 150-12.5 MG	LEFLUNOMIDE TAB 20 MG
IRBESARTAN-HYDROCHLOROTHIAZIDE TAB 300-12.5 MG	LETOZOLE TAB 2.5 MG
IRON POLYSACCH COMPLEX-VIT B12-FA CAP 150-0.025-1 MG	LEUCOVORIN CALCIUM TAB 25 MG
ISONIAZID TAB 300 MG	LEUCOVORIN CALCIUM TAB 5 MG
ISOSORBIDE DINITRATE TAB 10 MG	LEVALBUTEROL HCL SOLN NEBU 0.63 MG/3ML (BASE EQUIV)
ISOSORBIDE DINITRATE TAB 20 MG	LEVALBUTEROL HCL SOLN NEBU 1.25 MG/3ML (BASE EQUIV)
ISOSORBIDE DINITRATE TAB 30 MG	LEVETIRACETAM ORAL SOLN 100 MG/ML
ISOSORBIDE DINITRATE-HYDRALAZINE HCL TAB 20-37.5 MG	LEVETIRACETAM TAB 1000 MG
ISOSORBIDE MONONITRATE TAB ER 24HR 120 MG	LEVETIRACETAM TAB 250 MG
ISOSORBIDE MONONITRATE TAB ER 24HR 30 MG	LEVETIRACETAM TAB 500 MG
ISOSORBIDE MONONITRATE TAB ER 24HR 60 MG	LEVETIRACETAM TAB 750 MG
ITRACONAZOLE CAP 100 MG	LEVETIRACETAM TAB ER 24HR 500 MG
ITRACONAZOLE ORAL SOLN 10 MG/ML	LEVETIRACETAM TAB ER 24HR 750 MG
IVERMECTIN CREAM 1%	LEVOCARNITINE ORAL SOLN 1 GM/10ML (10%)
IVERMECTIN TAB 3 MG	LEVOCETIRIZINE DIHYDROCHLORIDE SOLN 2.5 MG/5ML (0.5 MG/ML)
KETOCONAZOLE CREAM 2%	LEVOCETIRIZINE DIHYDROCHLORIDE TAB 5 MG
KETOCONAZOLE SHAMPOO 2%	LEVOFLOXACIN TAB 250 MG
KETOCONAZOLE TAB 200 MG	LEVOFLOXACIN TAB 500 MG
KETOROLAC TROMETHAMINE IM INJ 60 MG/2ML (30 MG/ML)	LEVOFLOXACIN TAB 750 MG
KETOROLAC TROMETHAMINE INJ 30 MG/ML	LEVONORG-ETH EST TAB 0.1-0.02MG(84) & ETH EST TAB 0.01MG(7)
KETOROLAC TROMETHAMINE OPHTH SOLN 0.4%	LEVONORG-ETH EST TAB 0.15-0.03MG(84) & ETH EST TAB 0.01MG(7)
KETOROLAC TROMETHAMINE OPHTH SOLN 0.5%	LEVONORGESTREL & ETHINYL ESTRADIOL (91-DAY) TAB 0.15-0.03 MG
KETOROLAC TROMETHAMINE TAB 10 MG	LEVONORGESTREL & ETHINYL ESTRADIOL CHEW TAB 0.1 MG-20 MCG
LABELALOL HCL TAB 100 MG	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.1 MG-20 MCG
LABELALOL HCL TAB 200 MG	LEVONORGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG
LABELALOL HCL TAB 300 MG	LEVONORGESTREL RELEASING IUD 17.5 MCG/DAY (19.5 MG TOTAL)

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LEVONORGESTREL TAB 1.5 MG	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-25 MG
LEVONORGESTREL-ETH ESTRA TAB 0.05-30/0.075-40/0.125-30MG-MCG	LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 50-12.5 MG
LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) TAB 90-20 MCG	LOSARTAN POTASSIUM TAB 100 MG
LEVONORGESTREL-ETHINYL ESTRADIOL-FE TAB 0.1 MG-20 MCG (21)	LOSARTAN POTASSIUM TAB 25 MG
LEVOTHYROXINE SODIUM TAB 100 MCG	LOSARTAN POTASSIUM TAB 50 MG
LEVOTHYROXINE SODIUM TAB 112 MCG	LOVASTATIN TAB 10 MG
LEVOTHYROXINE SODIUM TAB 125 MCG	LOVASTATIN TAB 20 MG
LEVOTHYROXINE SODIUM TAB 137 MCG	LOVASTATIN TAB 40 MG
LEVOTHYROXINE SODIUM TAB 150 MCG	LUBIPROSTONE CAP 24 MCG
LEVOTHYROXINE SODIUM TAB 175 MCG	LUBIPROSTONE CAP 8 MCG
LEVOTHYROXINE SODIUM TAB 200 MCG	LURASIDONE HCL TAB 120 MG
LEVOTHYROXINE SODIUM TAB 25 MCG	LURASIDONE HCL TAB 20 MG
LEVOTHYROXINE SODIUM TAB 300 MCG	LURASIDONE HCL TAB 40 MG
LEVOTHYROXINE SODIUM TAB 50 MCG	LURASIDONE HCL TAB 60 MG
LEVOTHYROXINE SODIUM TAB 75 MCG	LURASIDONE HCL TAB 80 MG
LEVOTHYROXINE SODIUM TAB 88 MCG	MALATHION LOTION 0.5%
LIDOCAINE HCL SOLN 4%	MEASLES-MUMPS-RUBELLA VIRUS VACCINES FOR INJ SOLN
LIDOCAINE HCL URETHRAL/MUCOSAL GEL PREFILLED SYRINGE 2%	MECLIZINE HCL TAB 12.5 MG
LIDOCAINE HCL VISCOSUS SOLN 2%	MECLIZINE HCL TAB 25 MG
LIDOCAINE OINT 5%	MEDROXYPROGESTERONE ACETATE IM SUSP 150 MG/ML
LIDOCAINE PATCH 5%	MEDROXYPROGESTERONE ACETATE IM SUSP PREFILLED SYR 150 MG/ML
LIDOCAINE-HYDROCORTISONE ACETATE PERIANAL CREAM 3-0.5%	MEDROXYPROGESTERONE ACETATE SUSP PREF SYR 104 MG/0.65ML
LIDOCAINE-HYDROCORTISONE ACETATE RECTAL CREAM KIT 2-2%	MEDROXYPROGESTERONE ACETATE TAB 10 MG
LIDOCAINE-HYDROCORTISONE ACETATE RECTAL CREAM KIT 3-0.5%	MEDROXYPROGESTERONE ACETATE TAB 2.5 MG
LIDOCAINE-HYDROCORTISONE ACETATE RECTAL GEL KIT 3-2.5%	MEDROXYPROGESTERONE ACETATE TAB 5 MG
LIDOCAINE-PRILOCAINE CREAM 2.5-2.5%	MEFLOQUINE HCL TAB 250 MG
LIDOCAINE-PRILOCAINE CREAM KIT 2.5-2.5%	MEGESTROL ACETATE SUSP 40 MG/ML
LINEZOLID TAB 600 MG	MEGESTROL ACETATE SUSP 625 MG/5ML
LIOthyRONINE SODIUM TAB 25 MCG	MEGESTROL ACETATE TAB 20 MG
LIOthyRONINE SODIUM TAB 5 MCG	MEGESTROL ACETATE TAB 40 MG
LIOthyRONINE SODIUM TAB 50 MCG	MELOXICAM TAB 15 MG
LISINAPRIL & HYDROCHLOROTHIAZIDE TAB 10-12.5 MG	MELOXICAM TAB 7.5 MG
LISINAPRIL & HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	MEMANTINE HCL CAP ER 24HR 21 MG
LISINAPRIL & HYDROCHLOROTHIAZIDE TAB 20-25 MG	MEMANTINE HCL CAP ER 24HR 28 MG
LISINAPRIL TAB 10 MG	MEMANTINE HCL TAB 10 MG
LISINAPRIL TAB 2.5 MG	MEMANTINE HCL TAB 5 MG
LISINAPRIL TAB 20 MG	MEPROBAMATE TAB 200 MG
LISINAPRIL TAB 30 MG	MERCAPTOPYRINE TAB 50 MG
LISINAPRIL TAB 40 MG	MESALAMINE CAP DR 400 MG
LISINAPRIL TAB 5 MG	MESALAMINE CAP ER 24HR 0.375 GM
LITHIUM CARBONATE CAP 300 MG	MESALAMINE ENEMA 4 GM
LITHIUM CARBONATE TAB 300 MG	MESALAMINE RECTAL ENEMA 4 GM & CLEANSER WIPE KIT
LITHIUM CARBONATE TAB ER 300 MG	MESALAMINE SUPPOS 1000 MG
LITHIUM CARBONATE TAB ER 450 MG	MESALAMINE TAB DELAYED RELEASE 1.2 GM
LOPERAMIDE HCL CAP 2 MG	METAXALONE TAB 400 MG
LORAZEPAM CONC 2 MG/ML	METAXALONE TAB 800 MG
LORAZEPAM TAB 0.5 MG	metFORMIN HCl ER
LORAZEPAM TAB 1 MG	METFORMIN HCL ORAL SOLN 500 MG/5ML
LORAZEPAM TAB 2 MG	METFORMIN HCL TAB 1000 MG
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE TAB 100-12.5 MG	METFORMIN HCL TAB 500 MG

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Plus Formulary



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METFORMIN HCL TAB 850 MG	METHYLPREDNISOLONE TAB THERAPY PACK 4 MG (21)
METFORMIN HCL TAB ER 24HR OSMOTIC 1000 MG	METOCLOPRAMIDE HCL INJ 5 MG/ML (BASE EQUIVALENT)
METFORMIN HCL TAB ER 24HR OSMOTIC 500 MG	METOCLOPRAMIDE HCL SOLN 5 MG/5ML (10 MG/10ML) (BASE EQUIV)
METHADONE HCL TAB 10 MG	METOCLOPRAMIDE HCL TAB 10 MG (BASE EQUIVALENT)
METHADONE HCL TAB 5 MG	METOCLOPRAMIDE HCL TAB 5 MG (BASE EQUIVALENT)
METHAZOLAMIDE TAB 50 MG	METOLAZONE TAB 2.5 MG
METHENAMINE HIPPURATE TAB 1 GM	METOLAZONE TAB 5 MG
METHENAMINE MANDELATE TAB 0.5 GM	METOPROLOL SUCCINATE TAB ER 24HR 100 MG (TARTRATE EQUIV)
METHENAMINE MANDELATE TAB 1 GM	METOPROLOL SUCCINATE TAB ER 24HR 200 MG (TARTRATE EQUIV)
METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL CAP 118 MG	METOPROLOL SUCCINATE TAB ER 24HR 25 MG (TARTRATE EQUIV)
METHENAMINE-HYOSC-METH BLUE-SOD PHOS-PHEN SAL TAB 81 MG	METOPROLOL SUCCINATE TAB ER 24HR 50 MG (TARTRATE EQUIV)
METHENAMINE-HYOSCAMINE-METH BLUE-SOD PHOS TAB 81.6 MG	METOPROLOL TARTRATE TAB 100 MG
METHIMAZOLE TAB 10 MG	METOPROLOL TARTRATE TAB 25 MG
METHIMAZOLE TAB 5 MG	METOPROLOL TARTRATE TAB 37.5 MG
METHOCARBAMOL TAB 500 MG	METOPROLOL TARTRATE TAB 50 MG
METHOCARBAMOL TAB 750 MG	METOPROLOL TARTRATE TAB 75 MG
METHOTREXATE SODIUM INJ 50 MG/2ML (25 MG/ML)	METRONIDAZOLE CREAM 0.75%
METHOTREXATE SODIUM INJ PF 250 MG/10ML (25 MG/ML)	METRONIDAZOLE GEL 0.75%
METHOTREXATE SODIUM INJ PF 50 MG/2ML (25 MG/ML)	METRONIDAZOLE GEL 1%
METHOTREXATE SODIUM TAB 2.5 MG (BASE EQUIV)	METRONIDAZOLE TAB 250 MG
METHYLERGONOVINE MALEATE TAB 0.2 MG	METRONIDAZOLE TAB 500 MG
METHYLPHENIDATE HCL CAP ER 10 MG (CD)	METRONIDAZOLE VAGINAL GEL 0.75%
METHYLPHENIDATE HCL CAP ER 20 MG (CD)	MEXILETINE HCL CAP 150 MG
METHYLPHENIDATE HCL CAP ER 24HR 10 MG (LA)	MIDAZOLAM HCL INJ 10 MG/2ML (BASE EQUIVALENT)
METHYLPHENIDATE HCL CAP ER 24HR 10 MG (XR)	MIDAZOLAM HCL INJ 5 MG/5ML (BASE EQUIVALENT)
METHYLPHENIDATE HCL CAP ER 24HR 20 MG (LA)	MIDAZOLAM HCL INJ 5 MG/ML (BASE EQUIVALENT)
METHYLPHENIDATE HCL CAP ER 24HR 20 MG (XR)	MIDAZOLAM HCL SYRUP 2 MG/ML (BASE EQUIVALENT)
METHYLPHENIDATE HCL CAP ER 24HR 30 MG (LA)	MIDODRINE HCL TAB 10 MG
METHYLPHENIDATE HCL CAP ER 24HR 40 MG (LA)	MIDODRINE HCL TAB 2.5 MG
METHYLPHENIDATE HCL CAP ER 24HR 60 MG (XR)	MIDODRINE HCL TAB 5 MG
METHYLPHENIDATE HCL CAP ER 30 MG (CD)	MINOCYCLINE HCL CAP 100 MG
METHYLPHENIDATE HCL CAP ER 40 MG (CD)	MINOCYCLINE HCL CAP 50 MG
METHYLPHENIDATE HCL CAP ER 50 MG (CD)	MINOCYCLINE HCL TAB 100 MG
METHYLPHENIDATE HCL CAP ER 60 MG (CD)	MINOCYCLINE HCL TAB 50 MG
METHYLPHENIDATE HCL CHEW TAB 10 MG	MINOXIDIL TAB 10 MG
METHYLPHENIDATE HCL SOLN 10 MG/5ML	MINOXIDIL TAB 2.5 MG
METHYLPHENIDATE HCL TAB 10 MG	MIRTAZAPINE ORALLY DISINTEGRATING TAB 15 MG
METHYLPHENIDATE HCL TAB 20 MG	MIRTAZAPINE ORALLY DISINTEGRATING TAB 30 MG
METHYLPHENIDATE HCL TAB 5 MG	MIRTAZAPINE TAB 15 MG
METHYLPHENIDATE HCL TAB ER 10 MG	MIRTAZAPINE TAB 30 MG
METHYLPHENIDATE HCL TAB ER 20 MG	MIRTAZAPINE TAB 45 MG
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 18 MG	MIRTAZAPINE TAB 7.5 MG
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 27 MG	MISOPROSTOL TAB 100 MCG
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 36 MG	MISOPROSTOL TAB 200 MCG
METHYLPHENIDATE HCL TAB ER OSMOTIC RELEASE (OSM) 54 MG	MODAFINIL TAB 100 MG
METHYLPHENIDATE TD PATCH 10 MG/9HR	MODAFINIL TAB 200 MG
METHYLPREDNISOLONE ACETATE INJ SUSP 80 MG/ML	MOMETASONE FUROATE CREAM 0.1%
METHYLPREDNISOLONE TAB 16 MG	MOMETASONE FUROATE NASAL SUSP 50 MCG/ACT
METHYLPREDNISOLONE TAB 4 MG	MOMETASONE FUROATE OINT 0.1%
	MOMETASONE FUROATE SOLUTION 0.1% (LOTION)

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Plus Formulary



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MONTELUKAST SODIUM CHEW TAB 4 MG (BASE EQUIV)	NICOTINE TD PATCH 24HR 21 MG/24HR
MONTELUKAST SODIUM CHEW TAB 5 MG (BASE EQUIV)	NICOTINE TD PATCH 24HR 7 MG/24HR
MONTELUKAST SODIUM ORAL GRANULES PACKET 4 MG (BASE EQUIV)	NIFEDIPINE CAP 10 MG
MONTELUKAST SODIUM TAB 10 MG (BASE EQUIV)	NIFEDIPINE CAP 20 MG
MORPHINE SULFATE ORAL SOLN 100 MG/5ML (20 MG/ML)	NIFEDIPINE TAB ER 24HR 30 MG
MORPHINE SULFATE TAB 15 MG	NIFEDIPINE TAB ER 24HR 60 MG
MORPHINE SULFATE TAB 30 MG	NIFEDIPINE TAB ER 24HR 90 MG
MORPHINE SULFATE TAB ER 100 MG	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 30 MG
MORPHINE SULFATE TAB ER 15 MG	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 60 MG
MORPHINE SULFATE TAB ER 200 MG	NIFEDIPINE TAB ER 24HR OSMOTIC RELEASE 90 MG
MORPHINE SULFATE TAB ER 30 MG	NISOLDIPINE TAB ER 24HR 34 MG
MORPHINE SULFATE TAB ER 60 MG	NITROFURANTOIN MACROCRYSTALLINE CAP 100 MG
MOXIFLOXACIN HCL OPHTH SOLN 0.5% (BASE EQUIV)	NITROFURANTOIN MACROCRYSTALLINE CAP 50 MG
MOXIFLOXACIN HCL TAB 400 MG (BASE EQUIV)	NITROFURANTOIN MONOHYDRATE MACROCRYSTALLINE CAP 100 MG
MUPIROCIN CALCIUM CREAM 2%	NITROGLYCERIN SL TAB 0.3 MG
MUPIROCIN OINT 2%	NITROGLYCERIN SL TAB 0.4 MG
MYCOPHENOLATE MOFETIL CAP 250 MG	NITROGLYCERIN TD PATCH 24HR 0.1 MG/HR
MYCOPHENOLATE MOFETIL TAB 500 MG	NITROGLYCERIN TD PATCH 24HR 0.2 MG/HR
MYCOPHENOLATE SODIUM TAB DR 180 MG (MYCOPHENOLIC ACID EQUIV)	NITROGLYCERIN TD PATCH 24HR 0.4 MG/HR
MYCOPHENOLATE SODIUM TAB DR 360 MG (MYCOPHENOLIC ACID EQUIV)	NITROGLYCERIN TD PATCH 24HR 0.6 MG/HR
NABUMETONE TAB 500 MG	NITROGLYCERIN TL SOLN 0.4 MG/SPRAY (400 MCG/SPRAY)
NABUMETONE TAB 750 MG	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.4 MG-35 MCG
NALOXONE HCL NASAL SPRAY 4 MG/0.1ML	NORETHINDRONE & ETHINYL ESTRADIOL TAB 0.5 MG-35 MCG
NALTREXONE HCL TAB 50 MG	NORETHINDRONE & ETHINYL ESTRADIOL TAB 1 MG-35 MCG
NAPROXEN SODIUM TAB 550 MG	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.4 MG-35 MCG
NAPROXEN SODIUM TAB ER 24HR 375 MG (BASE EQUIV)	NORETHINDRONE & ETHINYL ESTRADIOL-FE CHEW TAB 0.8 MG-25 MCG
NAPROXEN SODIUM TAB ER 24HR 750 MG (BASE EQUIV)	NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG
NAPROXEN TAB 250 MG	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1 MG-20 MCG
NAPROXEN TAB 375 MG	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG
NAPROXEN TAB 500 MG	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG
NAPROXEN TAB EC 375 MG	NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1.5 MG-30 MCG
NARATRIPTAN HCL TAB 2.5 MG (BASE EQUIV)	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)
NEBIVOLOL HCL TAB 10 MG (BASE EQUIVALENT)	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE CAP 1 MG-20 MCG (24)
NEBIVOLOL HCL TAB 2.5 MG (BASE EQUIVALENT)	NORETHINDRONE ACE-ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG (24)
NEBIVOLOL HCL TAB 20 MG (BASE EQUIVALENT)	NORETHINDRONE ACETATE TAB 5 MG
NEBIVOLOL HCL TAB 5 MG (BASE EQUIVALENT)	NORETHINDRONE TAB 0.35 MG
NEOMYCIN SULFATE TAB 500 MG	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/0.75-35/1-35 MG-MCG
NEOMYCIN-BACITRAC ZN-POLYMYX 5(3.5)MG-400UNT-10000UNT OP OIN	NORETHINDRONE-ETH ESTRADIOL TAB 0.5-35/1-35/0.5-35 MG-MCG
NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH OINT 0.1%	NORGESTIMATE & ETHINYL ESTRADIOL TAB 0.25 MG-35 MCG
NEOMYCIN-POLYMYXIN-DEXAMETHASONE OPHTH SUSP 0.1%	NORGESTIMATE-ETH ESTRAD TAB 0.18-25/0.215-25/0.25-25 MG-MCG
NEOMYCIN-POLYMYXIN-HC OTIC SOLN 1%	NORGESTIMATE-ETH ESTRAD TAB 0.18-35/0.215-35/0.25-35 MG-MCG
NEOMYCIN-POLYMYXIN-HC OTIC SUSP 3.5 MG/ML-10000 UNIT/ML-1%	NORGESTREL & ETHINYL ESTRADIOL TAB 0.3 MG-30 MCG
NIACIN TAB ER 1000 MG (ANTIHYPERTENSIVE)	NORTRIPTYLINE HCL CAP 10 MG
NIACIN TAB ER 500 MG (ANTIHYPERTENSIVE)	NORTRIPTYLINE HCL CAP 25 MG
NICOTINE POLACRILEX GUM 2 MG	NORTRIPTYLINE HCL CAP 50 MG
NICOTINE POLACRILEX GUM 4 MG	NORTRIPTYLINE HCL CAP 75 MG
NICOTINE POLACRILEX LOZENGE 2 MG	NYSTATIN CREAM 100000 UNIT/GM
NICOTINE POLACRILEX LOZENGE 4 MG	NYSTATIN OINT 100000 UNIT/GM
NICOTINE TD PATCH 24 HR KIT 21-14-7 MG/24HR	NYSTATIN SUSP 100000 UNIT/ML
NICOTINE TD PATCH 24HR 14 MG/24HR	NYSTATIN TAB 500000 UNIT

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NYSTATIN TOPICAL POWDER 100000 UNIT/GM	OXYBUTYNIN CHLORIDE TAB ER 24HR 10 MG
NYSTATIN-TRIAMCINOLONE CREAM 100000-0.1 UNIT/GM-%	OXYBUTYNIN CHLORIDE TAB ER 24HR 15 MG
NYSTATIN-TRIAMCINOLONE OINT 100000-0.1 UNIT/GM-%	OXYBUTYNIN CHLORIDE TAB ER 24HR 5 MG
OFLOXACIN OPHTH SOLN 0.3%	OXYCODONE HCL CAP 5 MG
OFLOXACIN OTIC SOLN 0.3%	OXYCODONE HCL SOLN 5 MG/5ML
OLANZAPINE ORALLY DISINTEGRATING TAB 10 MG	OXYCODONE HCL TAB 10 MG
OLANZAPINE ORALLY DISINTEGRATING TAB 15 MG	OXYCODONE HCL TAB 15 MG
OLANZAPINE ORALLY DISINTEGRATING TAB 5 MG	OXYCODONE HCL TAB 20 MG
OLANZAPINE TAB 10 MG	OXYCODONE HCL TAB 30 MG
OLANZAPINE TAB 15 MG	OXYCODONE HCL TAB 5 MG
OLANZAPINE TAB 2.5 MG	OXYCODONE W/ ACETAMINOPHEN TAB 10-325 MG
OLANZAPINE TAB 20 MG	OXYCODONE W/ ACETAMINOPHEN TAB 2.5-325 MG
OLANZAPINE TAB 5 MG	OXYCODONE W/ ACETAMINOPHEN TAB 5-325 MG
OLANZAPINE TAB 7.5 MG	OXYCODONE W/ ACETAMINOPHEN TAB 7.5-325 MG
OLMESARTAN MEDOXOMIL TAB 20 MG	PALIPERIDONE TAB ER 24HR 3 MG
OLMESARTAN MEDOXOMIL TAB 40 MG	PALIPERIDONE TAB ER 24HR 6 MG
OLMESARTAN MEDOXOMIL TAB 5 MG	PANTOPRAZOLE SODIUM EC TAB 20 MG (BASE EQUIV)
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 20-12.5 MG	PANTOPRAZOLE SODIUM EC TAB 40 MG (BASE EQUIV)
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG	PANTOPRAZOLE SODIUM FOR IV SOLN 40 MG (BASE EQUIV)
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE TAB 40-25 MG	PAROXETINE HCL TAB 10 MG
OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-5-12.5 MG	PAROXETINE HCL TAB 20 MG
OLMESARTAN-AMLODIPINE-HYDROCHLOROTHIAZIDE TAB 40-5-25 MG	PAROXETINE HCL TAB 30 MG
OLOPATADINE HCL NASAL SOLN 0.6%	PAROXETINE HCL TAB 40 MG
OLOPATADINE HCL OPHTH SOLN 0.1% (BASE EQUIVALENT)	PAROXETINE HCL TAB ER 24HR 12.5 MG
OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)	PAROXETINE HCL TAB ER 24HR 25 MG
OMEGA-3-ACID ETHYL ESTERS CAP 1 GM	PAROXETINE HCL TAB ER 24HR 37.5 MG
OMEPRAZOLE 40 MG CPDR	PAROXETINE MESYLATE CAP 7.5 MG (BASE EQUIV)
OMEPRAZOLE CAP DELAYED RELEASE 10 MG	PB-HYOSCY-ATROP-SCOPOL ELIX 16.2-0.1037-0.0194-0.0065 MG/5ML
OMEPRAZOLE CAP DELAYED RELEASE 20 MG	PB-HYOSCY-ATROP-SCOPOL TAB 16.2-0.1037-0.0194-0.0065 MG
ONDANSETRON HCL ORAL SOLN 4 MG/5ML	PEDIATRIC MULTIPLE VITAMINS W/ FL-FE DROPS 0.25-10 MG/ML
ONDANSETRON HCL TAB 4 MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.25 MG/ML
ONDANSETRON HCL TAB 8 MG	PEDIATRIC MULTIPLE VITAMINS W/ FLUORIDE SOLN 0.5 MG/ML
ONDANSETRON ORALLY DISINTEGRATING TAB 4 MG	PEDIATRIC VITAMINS ACD W/ FLUORIDE SOLN 0.25 MG/ML
ONDANSETRON ORALLY DISINTEGRATING TAB 8 MG	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 236 GM
OPIUM TINCTURE 1% (10 MG/ML) (MORPHINE EQUIV)	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE FOR SOLN 240 GM
ORPHENADRINE CITRATE INJ 30 MG/ML	PEG 3350-KCL-NA BICARB-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 140 GM
ORPHENADRINE CITRATE TAB ER 12HR 100 MG	PEG 3350-KCL-SOD BICARB-NACL FOR SOLN 420 GM
OSELTAMIVIR PHOSPHATE CAP 30 MG (BASE EQUIV)	PENICILLIN V POTASSIUM TAB 250 MG
OSELTAMIVIR PHOSPHATE CAP 45 MG (BASE EQUIV)	PENICILLIN V POTASSIUM TAB 500 MG
OSELTAMIVIR PHOSPHATE CAP 75 MG (BASE EQUIV)	PENTAZOCINE W/ NALOXONE TAB 50-0.5 MG
OSELTAMIVIR PHOSPHATE FOR SUSP 6 MG/ML (BASE EQUIV)	PENTOXIFYLLINE TAB ER 400 MG
OXAPROZIN TAB 600 MG	PERINDOPRIL ERBUMINE TAB 4 MG
OXAZEPAM CAP 10 MG	PERMETHRIN CREAM 5%
OXAZEPAM CAP 15 MG	PERPHENAZINE TAB 4 MG
OXCARBAZEPINE SUSP 300 MG/5ML (60 MG/ML)	PHENAZOPYRIDINE HCL TAB 100 MG
OXCARBAZEPINE TAB 150 MG	PHENAZOPYRIDINE HCL TAB 200 MG
OXCARBAZEPINE TAB 300 MG	PHENOBARBITAL ELIXIR 20 MG/5ML
OXCARBAZEPINE TAB 600 MG	PHENOBARBITAL TAB 100 MG
OXYBUTYNIN CHLORIDE SOLUTION 5 MG/5ML	PHENOBARBITAL TAB 15 MG
OXYBUTYNIN CHLORIDE TAB 5 MG	PHENOBARBITAL TAB 16.2 MG

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PHENOBARBITAL TAB 30 MG	PRAVASTATIN SODIUM TAB 40 MG
PHENOBARBITAL TAB 32.4 MG	PRAVASTATIN SODIUM TAB 80 MG
PHENOBARBITAL TAB 60 MG	PRAZOSIN HCL CAP 1 MG
PHENOBARBITAL TAB 64.8 MG	PRAZOSIN HCL CAP 2 MG
PHENOBARBITAL TAB 97.2 MG	PRAZOSIN HCL CAP 5 MG
PHENTERMINE HCL CAP 15 MG	PREDNISOLONE SOD PHOSPH ORAL SOLN 6.7 MG/5ML (5 MG/5ML BASE)
PHENTERMINE HCL CAP 30 MG	PREDNISOLONE SOD PHOSPHATE ORAL SOLN 15 MG/5ML (BASE EQUIV)
PHENTERMINE HCL CAP 37.5 MG	PREDNISOLONE SODIUM PHOSPHATE ORAL SOLN 25 MG/5ML (BASE EQ)
PHENTERMINE HCL TAB 37.5 MG	PREDNISOLONE SOLN 15 MG/5ML
PHENYTOIN SODIUM EXTENDED CAP 100 MG	PREDNISOLONE TAB 5 MG
PHENYTOIN SODIUM EXTENDED CAP 200 MG	PREDNISONE TAB 1 MG
PHENYTOIN SODIUM EXTENDED CAP 300 MG	PREDNISONE TAB 10 MG
PILOCARPINE HCL OPHTH SOLN 4%	PREDNISONE TAB 2.5 MG
PILOCARPINE HCL TAB 5 MG	PREDNISONE TAB 20 MG
PILOCARPINE HCL TAB 7.5 MG	PREDNISONE TAB 5 MG
PIMECROLIMUS CREAM 1%	PREDNISONE TAB 50 MG
PINDOLOL TAB 5 MG	PREDNISONE TAB THERAPY PACK 10 MG (21)
PIOGLITAZONE HCL TAB 15 MG (BASE EQUIV)	PREDNISONE TAB THERAPY PACK 10 MG (48)
PIOGLITAZONE HCL TAB 30 MG (BASE EQUIV)	PREDNISONE TAB THERAPY PACK 5 MG (21)
PIOGLITAZONE HCL TAB 45 MG (BASE EQUIV)	PREGABALIN CAP 100 MG
PIOGLITAZONE HCL-METFORMIN HCL TAB 15-850 MG	PREGABALIN CAP 150 MG
PIROXICAM CAP 10 MG	PREGABALIN CAP 200 MG
PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE SUS PREF SYR 0.5 ML	PREGABALIN CAP 225 MG
PNEUMOCOCCAL VACCINE POLYVALENT INJ 25 MCG/0.5ML	PREGABALIN CAP 25 MG
POLIOVIRUS VACCINE, IPV INJECTION	PREGABALIN CAP 300 MG
POLYMYXIN B-TRIMETHOPRIM OPHTH SOLN 10000 UNIT/ML-0.1%	PREGABALIN CAP 50 MG
POT PHOS MONOBASIC W/SOD PHOS DI & MONOBAS TAB 155-852-130MG	PREGABALIN CAP 75 MG
POTASSIUM BICARBONATE EFFER TAB 25 MEQ	PRENATAL VIT W/ FE FUMARATE-FA TAB 27-1 MG
POTASSIUM CHLORIDE CAP ER 10 MEQ	PRIMIDONE TAB 250 MG
POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 10 MEQ	PRIMIDONE TAB 50 MG
POTASSIUM CHLORIDE MICROENCAPSULATED CRYST ER TAB 20 MEQ	PROBENECID TAB 500 MG
POTASSIUM CHLORIDE ORAL SOLN 10% (20 MEQ/15ML)	PROCHLORPERAZINE MALEATE TAB 10 MG (BASE EQUIVALENT)
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ	PROCHLORPERAZINE MALEATE TAB 5 MG (BASE EQUIVALENT)
POTASSIUM CHLORIDE TAB ER 10 MEQ	PROCHLORPERAZINE SUPPOS 25 MG
POTASSIUM CHLORIDE TAB ER 20 MEQ (1500 MG)	PROGESTERONE CAP 100 MG
POTASSIUM CHLORIDE TAB ER 8 MEQ (600 MG)	PROGESTERONE CAP 200 MG
POTASSIUM CITRATE & CITRIC ACID SOLN 1100-334 MG/5ML	PROGESTERONE IM IN OIL 50 MG/ML
POTASSIUM CITRATE TAB ER 10 MEQ (1080 MG)	PROMETHAZINE HCL INJ 25 MG/ML
POTASSIUM CITRATE TAB ER 15 MEQ (1620 MG)	PROMETHAZINE HCL SUPPOS 12.5 MG
POTASSIUM CITRATE TAB ER 5 MEQ (540 MG)	PROMETHAZINE HCL SUPPOS 25 MG
PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG	PROMETHAZINE HCL SYRUP 6.25 MG/5ML
PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.25 MG	PROMETHAZINE HCL TAB 12.5 MG
PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.5 MG	PROMETHAZINE HCL TAB 25 MG
PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.75 MG	PROMETHAZINE HCL TAB 50 MG
PRAMIPEXOLE DIHYDROCHLORIDE TAB 1 MG	PROMETHAZINE W/ CODEINE SYRUP 6.25-10 MG/5ML
PRAMIPEXOLE DIHYDROCHLORIDE TAB 1.5 MG	PROMETHAZINE-DM SYRUP 6.25-15 MG/5ML
PRAMOXINE-HC CREAM 1-2.5%	PROPAFENONE HCL CAP ER 12HR 225 MG
PRASUGREL HCL TAB 10 MG (BASE EQUIV)	PROPAFENONE HCL CAP ER 12HR 325 MG
PRAVASTATIN SODIUM TAB 10 MG	PROPAFENONE HCL TAB 150 MG
PRAVASTATIN SODIUM TAB 20 MG	PROPAFENONE HCL TAB 225 MG

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PROPAFENONE HCL TAB 300 MG	RISPERIDONE TAB 4 MG
PROPRANOLOL HCL CAP ER 24HR 120 MG	RIVASTIGMINE TARTRATE CAP 1.5 MG (BASE EQUIVALENT)
PROPRANOLOL HCL CAP ER 24HR 160 MG	RIVASTIGMINE TARTRATE CAP 3 MG (BASE EQUIVALENT)
PROPRANOLOL HCL CAP ER 24HR 60 MG	RIVASTIGMINE TARTRATE CAP 6 MG (BASE EQUIVALENT)
PROPRANOLOL HCL CAP ER 24HR 80 MG	RIVASTIGMINE TD PATCH 24HR 4.6 MG/24HR
PROPRANOLOL HCL ORAL SOLN 20 MG/5ML	RIVASTIGMINE TD PATCH 24HR 9.5 MG/24HR
PROPRANOLOL HCL TAB 10 MG	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 10 MG (BASE EQ)
PROPRANOLOL HCL TAB 20 MG	RIZATRIPTAN BENZOATE ORAL DISINTEGRATING TAB 5 MG (BASE EQ)
PROPRANOLOL HCL TAB 40 MG	RIZATRIPTAN BENZOATE TAB 10 MG (BASE EQUIVALENT)
PROPRANOLOL HCL TAB 60 MG	RIZATRIPTAN BENZOATE TAB 5 MG (BASE EQUIVALENT)
PROPRANOLOL HCL TAB 80 MG	ROFLUMILAST TAB 250 MCG
PROPYLTHIOURACIL TAB 50 MG	ROFLUMILAST TAB 500 MCG
PSEUDOEPHED-BROMPHEN-DM SYRUP 30-2-10 MG/5ML	ROPINIROLE HYDROCHLORIDE TAB 0.25 MG
PYRIDOSTIGMINE BROMIDE TAB 60 MG	ROPINIROLE HYDROCHLORIDE TAB 0.5 MG
QUETIAPINE FUMARATE TAB 100 MG	ROPINIROLE HYDROCHLORIDE TAB 1 MG
QUETIAPINE FUMARATE TAB 200 MG	ROPINIROLE HYDROCHLORIDE TAB 2 MG
QUETIAPINE FUMARATE TAB 25 MG	ROPINIROLE HYDROCHLORIDE TAB 3 MG
QUETIAPINE FUMARATE TAB 300 MG	ROPINIROLE HYDROCHLORIDE TAB 4 MG
QUETIAPINE FUMARATE TAB 400 MG	ROPINIROLE HYDROCHLORIDE TAB 5 MG
QUETIAPINE FUMARATE TAB 50 MG	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 12 MG (BASE EQUIVALENT)
QUETIAPINE FUMARATE TAB ER 24HR 150 MG	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 2 MG (BASE EQUIVALENT)
QUETIAPINE FUMARATE TAB ER 24HR 200 MG	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 4 MG (BASE EQUIVALENT)
QUETIAPINE FUMARATE TAB ER 24HR 300 MG	ROPINIROLE HYDROCHLORIDE TAB ER 24HR 6 MG (BASE EQUIVALENT)
QUETIAPINE FUMARATE TAB ER 24HR 400 MG	ROSUVASTATIN CALCIUM TAB 10 MG
QUETIAPINE FUMARATE TAB ER 24HR 50 MG	ROSUVASTATIN CALCIUM TAB 20 MG
QUINAPRIL HCL TAB 40 MG	ROSUVASTATIN CALCIUM TAB 40 MG
QUININE SULFATE CAP 324 MG	ROSUVASTATIN CALCIUM TAB 5 MG
RABEPRAZOLE SODIUM EC TAB 20 MG	RSV PRE-FUSION F A&B VAC RECOMB FOR IM SOLN 120 MCG/0.5ML
RALOXIFENE HCL TAB 60 MG	RSVPREF3 VACCINE RECOMB ADJUVANTED FOR IM SUSP 120 MCG/0.5ML
RAMELTEON TAB 8 MG	RUFINAMIDE TAB 400 MG
RAMIPRIL CAP 1.25 MG	SALICYLIC ACID ER FILM-FORMING SOLN 28.5%
RAMIPRIL CAP 10 MG	SALICYLIC ACID FILM FORMING LIQUID 27.5%
RAMIPRIL CAP 2.5 MG	SALICYLIC ACID GEL 6%
RAMIPRIL CAP 5 MG	SALICYLIC ACID SHAMPOO 6%
RANOLAZINE TAB ER 12HR 1000 MG	SALSALATE TAB 500 MG
RANOLAZINE TAB ER 12HR 500 MG	SCOPOLAMINE TD PATCH 72HR 1 MG/3DAYS
REPAGLINIDE TAB 0.5 MG	SELEGILINE HCL CAP 5 MG
REPAGLINIDE TAB 1 MG	SELEGILINE HCL TAB 5 MG
RIFABUTIN CAP 150 MG	SELENIUM SULFIDE LOTION 2.5%
RIFAMPIN CAP 300 MG	SELENIUM SULFIDE SHAMPOO 2.25%
RISEDRONATE SODIUM TAB 150 MG	SELENIUM SULFIDE SHAMPOO 2.3%
RISEDRONATE SODIUM TAB 35 MG	SERTRALINE HCL ORAL CONCENTRATE FOR SOLUTION 20 MG/ML
RISEDRONATE SODIUM TAB DELAYED RELEASE 35 MG	SERTRALINE HCL TAB 100 MG
RISPERIDONE ORALLY DISINTEGRATING TAB 1 MG	SERTRALINE HCL TAB 25 MG
RISPERIDONE SOLN 1 MG/ML	Sertraline HCl Tab 50 MG
RISPERIDONE TAB 0.25 MG	SEVELAMER CARBONATE TAB 800 MG
RISPERIDONE TAB 0.5 MG	SEVELAMER HCL TAB 800 MG
RISPERIDONE TAB 1 MG	SILODOSIN CAP 8 MG
RISPERIDONE TAB 2 MG	SILVER SULFADIAZINE CREAM 1%
RISPERIDONE TAB 3 MG	SIMVASTATIN TAB 10 MG

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SIMVASTATIN TAB 20 MG	SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6 MG/0.5ML
SIMVASTATIN TAB 40 MG	SUMATRIPTAN SUCCINATE TAB 100 MG
SIMVASTATIN TAB 5 MG	SUMATRIPTAN SUCCINATE TAB 25 MG
SIMVASTATIN TAB 80 MG	SUMATRIPTAN SUCCINATE TAB 50 MG
SOD PICOSULFATE-MG OX-CITRIC AC SOL 10 MG-3.5 GM-12 GM/160ML	SUMATRIPTAN-NAPROXEN SODIUM TAB 85-500 MG
SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML	TACROLIMUS CAP 0.5 MG
SODIUM CHLORIDE IRRIGATION SOLN 0.9%	TACROLIMUS CAP 1 MG
SODIUM CHLORIDE PRESERVATIVE FREE (PF) INJ 0.9%	TACROLIMUS OINT 0.03%
SODIUM CHLORIDE SOLN NEBU 0.9%	TACROLIMUS OINT 0.1%
SODIUM CHLORIDE SOLN NEBU 3%	TADALAFIL TAB 10 MG
SODIUM CHLORIDE SOLN NEBU 7%	TADALAFIL TAB 2.5 MG
SODIUM CITRATE & CITRIC ACID SOLN 500-334 MG/5ML	TADALAFIL TAB 20 MG
SODIUM FLUORIDE CHEW TAB 0.25 MG F (FROM 0.55 MG NAF)	TADALAFIL TAB 5 MG
SODIUM FLUORIDE CHEW TAB 0.5 MG F (FROM 1.1 MG NAF)	TAFLUPROST PRESERVATIVE FREE (PF) OPHTH SOLN 0.0015%
SODIUM FLUORIDE CHEW TAB 1 MG F (FROM 2.2 MG NAF)	TAMOXIFEN CITRATE TAB 10 MG (BASE EQUIVALENT)
SODIUM FLUORIDE CREAM 1.1%	TAMOXIFEN CITRATE TAB 20 MG (BASE EQUIVALENT)
SODIUM FLUORIDE GEL 1.1% (0.5% F)	TAMSULOSIN HCL CAP 0.4 MG
SODIUM FLUORIDE PASTE 1.1%	TAVABOROLE SOLN 5%
SODIUM FLUORIDE RINSE 0.2%	TAZAROTENE CREAM 0.1%
SODIUM FLUORIDE SOLN 0.5 MG/ML F (FROM 1.1 MG/ML NAF)	TAZAROTENE GEL 0.05%
SODIUM FLUORIDE-POTASSIUM NITRATE GEL 1.1-5%	TELMISARTAN TAB 20 MG
SODIUM POLYSTYRENE SULFONATE POWDER	TELMISARTAN TAB 40 MG
SOLIFENACIN SUCCINATE TAB 10 MG	TELMISARTAN TAB 80 MG
SOLIFENACIN SUCCINATE TAB 5 MG	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 40-12.5 MG
SOTALOL HCL (AFIB/AFL) TAB 80 MG	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG
SOTALOL HCL TAB 120 MG	TELMISARTAN-HYDROCHLOROTHIAZIDE TAB 80-25 MG
SOTALOL HCL TAB 80 MG	TEMAZEPAM CAP 15 MG
SPINOSAD SUSP 0.9%	TEMAZEPAM CAP 22.5 MG
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE TAB 25-25 MG	TEMAZEPAM CAP 30 MG
SPIRONOLACTONE TAB 100 MG	TEMAZEPAM CAP 7.5 MG
SPIRONOLACTONE TAB 25 MG	TENOFOVIR DISOPROXIL FUMARATE TAB 300 MG
SPIRONOLACTONE TAB 50 MG	TERAZOSIN HCL CAP 1 MG (BASE EQUIVALENT)
SUCRALFATE TAB 1 GM	TERAZOSIN HCL CAP 10 MG (BASE EQUIVALENT)
SULFACETAMIDE SODIUM LIQUID 10%	TERAZOSIN HCL CAP 2 MG (BASE EQUIVALENT)
SULFACETAMIDE SODIUM LOTION 10% (ACNE)	TERAZOSIN HCL CAP 5 MG (BASE EQUIVALENT)
SULFACETAMIDE SODIUM OPHTH SOLN 10%	TERBINAFINE HCL TAB 250 MG
SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 10-5%	TERBUTALINE SULFATE TAB 2.5 MG
SULFACETAMIDE SODIUM W/ SULFUR CLEANSER 9.8-4.8%	TERBUTALINE SULFATE TAB 5 MG
SULFACETAMIDE SODIUM W/ SULFUR CREAM 10-5%	TERCONAZOLE VAGINAL CREAM 0.4%
SULFACETAMIDE SODIUM W/ SULFUR SUSP 8-4%	TERCONAZOLE VAGINAL CREAM 0.8%
SULFACETAMIDE SODIUM W/ SULFUR WASH 9-4.5%	TERCONAZOLE VAGINAL SUPPOS 80 MG
SULFACETAMIDE SODIUM W/ SULFUR WASH 9-4%	Tessalon Perles 100 MG CAPS
SULFAMETHOXAZOLE-TRIMETHOPRIM SUSP 200-40 MG/5ML	TESTOSTERONE CYPIONATE IM INJ IN OIL 100 MG/ML
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 400-80 MG	TESTOSTERONE CYPIONATE IM INJ IN OIL 200 MG/ML
SULFAMETHOXAZOLE-TRIMETHOPRIM TAB 800-160 MG	TESTOSTERONE TD GEL 10MG/ACT (2%)
SULFASALAZINE TAB 500 MG	TESTOSTERONE TD GEL 12.5 MG/ACT (1%)
SULFASALAZINE TAB DELAYED RELEASE 500 MG	TESTOSTERONE TD GEL 20.25 MG/1.25GM (1.62%)
SULINDAC TAB 150 MG	TESTOSTERONE TD GEL 20.25 MG/ACT (1.62%)
SULINDAC TAB 200 MG	TESTOSTERONE TD GEL 25 MG/2.5GM (1%)
SUMATRIPTAN SUCCINATE INJ 6 MG/0.5ML	TESTOSTERONE TD GEL 40.5 MG/2.5GM (1.62%)

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TESTOSTERONE TD GEL 50 MG/5GM (1%)	TRETINOIN GEL 0.025%
TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2-15.5 LF-LF-MCG/0.5ML	TRIAMCINOLONE ACETONIDE CREAM 0.025%
TET TOX-DIPH-ACELL PERTUSS AD INJ 5-2.5-18.5 LF-LF-MCG/0.5ML	TRIAMCINOLONE ACETONIDE CREAM 0.1%
TET-DIPH-ACELL PERTUSS AD PREF SYR 5-2.5-18.5 LF-MCG/0.5ML	TRIAMCINOLONE ACETONIDE CREAM 0.5%
TETANUS-DIPHThERIA TOXOIDS (TD) INJ 2-2 LF/0.5ML	TRIAMCINOLONE ACETONIDE DENTAL PASTE 0.1%
TETRACYCLINE HCL CAP 500 MG	TRIAMCINOLONE ACETONIDE INJ SUSP 40 MG/ML
THEOPHYLLINE TAB ER 12HR 300 MG	TRIAMCINOLONE ACETONIDE LOTION 0.1%
THEOPHYLLINE TAB ER 24HR 400 MG	TRIAMCINOLONE ACETONIDE OINT 0.025%
THIORIDAZINE HCL TAB 25 MG	TRIAMCINOLONE ACETONIDE OINT 0.1%
TIMOLOL MALEATE OPHTh GEL FORMING SOLN 0.5%	TRIAMCINOLONE ACETONIDE OINT 0.5%
TIMOLOL MALEATE OPHTh SOLN 0.25%	TRIAMTERENE & HYDROCHLOROTHIAZIDE CAP 37.5-25 MG
TIMOLOL MALEATE OPHTh SOLN 0.5%	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 37.5-25 MG
TINIDAZOLE TAB 250 MG	TRIAMTERENE & HYDROCHLOROTHIAZIDE TAB 75-50 MG
TINIDAZOLE TAB 500 MG	TRIAMTERENE CAP 50 MG
TIZANIDINE HCL CAP 2 MG (BASE EQUIVALENT)	TRIAZOLAM TAB 0.125 MG
TIZANIDINE HCL CAP 4 MG (BASE EQUIVALENT)	TRIAZOLAM TAB 0.25 MG
TIZANIDINE HCL CAP 6 MG (BASE EQUIVALENT)	TRIHEXYPHENIDYL HCL TAB 2 MG
TIZANIDINE HCL TAB 2 MG (BASE EQUIVALENT)	TROSPIUM CHLORIDE CAP ER 24HR 60 MG
TIZANIDINE HCL TAB 4 MG (BASE EQUIVALENT)	TROSPIUM CHLORIDE TAB 20 MG
TOBRAMYCIN OPHTh SOLN 0.3%	UREA CREAM 40%
TOBRAMYCIN-DEXAMETHASONE OPHTh SUSP 0.3-0.1%	UREA GEL 45%
TOLTERODINE TARTRATE CAP ER 24HR 2 MG	UREA LOTION 40%
TOLTERODINE TARTRATE CAP ER 24HR 4 MG	URSODIOL CAP 300 MG
TOLTERODINE TARTRATE TAB 1 MG	URSODIOL TAB 250 MG
TOLTERODINE TARTRATE TAB 2 MG	URSODIOL TAB 500 MG
TOPIRAMATE CAP ER 24HR SPRINKLE 25 MG	VALACYCLOVIR HCL TAB 1 GM
TOPIRAMATE CAP ER 24HR SPRINKLE 50 MG	VALACYCLOVIR HCL TAB 500 MG
TOPIRAMATE TAB 100 MG	VALPROATE SODIUM ORAL SOLN 250 MG/5ML (BASE EQUIV)
TOPIRAMATE TAB 200 MG	VALPROIC ACID CAP 250 MG
TOPIRAMATE TAB 25 MG	VALSARTAN TAB 160 MG
TOPIRAMATE TAB 50 MG	VALSARTAN TAB 320 MG
TORSEMIDE TAB 10 MG	VALSARTAN TAB 40 MG
TORSEMIDE TAB 100 MG	VALSARTAN TAB 80 MG
TORSEMIDE TAB 20 MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-12.5 MG
TORSEMIDE TAB 5 MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 160-25 MG
TRAMADOL HCL TAB 100 MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-12.5 MG
TRAMADOL HCL TAB 50 MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 320-25 MG
TRAMADOL-ACETAMINOPHEN TAB 37.5-325 MG	VALSARTAN-HYDROCHLOROTHIAZIDE TAB 80-12.5 MG
TRANDOLAPRIL TAB 2 MG	VANCOMYCIN HCL CAP 125 MG (BASE EQUIVALENT)
TRANDOLAPRIL TAB 4 MG	VANCOMYCIN HCL CAP 250 MG (BASE EQUIVALENT)
TRANEXAMIC ACID TAB 650 MG	VANCOMYCIN HCL FOR ORAL SOLN 50 MG/ML (BASE EQUIVALENT)
TRAVOPROST OPHTh SOLN 0.004% (BENZALKONIUM FREE) (BAK FREE)	VARDENAFIL HCL ORALLY DISINTEGRATING TAB 10 MG
TRAZODONE HCL TAB 100 MG	VARDENAFIL HCL TAB 10 MG
TRAZODONE HCL TAB 150 MG	VARDENAFIL HCL TAB 20 MG
TRAZODONE HCL TAB 300 MG	VARENICLINE TARTRATE TAB 0.5 MG (BASE EQUIV)
TRAZODONE HCL TAB 50 MG	VARENICLINE TARTRATE TAB 1 MG (BASE EQUIV)
TRETINOIN CREAM 0.025%	VARENICLINE TARTRATE TAB 11 X 0.5 MG & 42 X 1 MG START PACK
TRETINOIN CREAM 0.05%	VARICELLA VIRUS VAC LIVE FOR SUBCUTANEOUS INJ 1350 PFU/0.5ML
TRETINOIN CREAM 0.1%	VENLAFAXINE HCL CAP ER 24HR 150 MG (BASE EQUIVALENT)
TRETINOIN GEL 0.01%	VENLAFAXINE HCL CAP ER 24HR 37.5 MG (BASE EQUIVALENT)

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Plus Formulary



Brand Dosage Form	Brand Dosage Form
VENLAFAXINE HCL CAP ER 24HR 75 MG (BASE EQUIVALENT)	WARFARIN SODIUM TAB 2.5 MG
VENLAFAXINE HCL TAB 100 MG (BASE EQUIVALENT)	WARFARIN SODIUM TAB 3 MG
VENLAFAXINE HCL TAB 25 MG (BASE EQUIVALENT)	WARFARIN SODIUM TAB 4 MG
VENLAFAXINE HCL TAB 37.5 MG (BASE EQUIVALENT)	WARFARIN SODIUM TAB 5 MG
VENLAFAXINE HCL TAB 50 MG (BASE EQUIVALENT)	WARFARIN SODIUM TAB 6 MG
VENLAFAXINE HCL TAB 75 MG (BASE EQUIVALENT)	WARFARIN SODIUM TAB 7.5 MG
VENLAFAXINE HCL TAB ER 24HR 150 MG (BASE EQUIVALENT)	ZAFIRLUKAST TAB 20 MG
VENLAFAXINE HCL TAB ER 24HR 225 MG (BASE EQUIVALENT)	ZALEPLON CAP 10 MG
VENLAFAXINE HCL TAB ER 24HR 37.5 MG (BASE EQUIVALENT)	ZALEPLON CAP 5 MG
VENLAFAXINE HCL TAB ER 24HR 75 MG (BASE EQUIVALENT)	ZIPRASIDONE HCL CAP 20 MG
VERAPAMIL HCL CAP ER 24HR 120 MG	ZIPRASIDONE HCL CAP 40 MG
VERAPAMIL HCL CAP ER 24HR 180 MG	ZIPRASIDONE HCL CAP 80 MG
VERAPAMIL HCL CAP ER 24HR 240 MG	ZOLMITRIPTAN TAB 2.5 MG
VERAPAMIL HCL TAB 120 MG	ZOLMITRIPTAN TAB 5 MG
VERAPAMIL HCL TAB 40 MG	ZOLPIDEM TARTRATE TAB 10 MG
VERAPAMIL HCL TAB 80 MG	ZOLPIDEM TARTRATE TAB 5 MG
VILAZODONE HCL TAB 10 MG	ZOLPIDEM TARTRATE TAB ER 12.5 MG
VILAZODONE HCL TAB 20 MG	ZOLPIDEM TARTRATE TAB ER 6.25 MG
VILAZODONE HCL TAB 40 MG	ZONISAMIDE CAP 100 MG
VORICONAZOLE TAB 200 MG	ZONISAMIDE CAP 25 MG
WARFARIN SODIUM TAB 1 MG	ZONISAMIDE CAP 50 MG
WARFARIN SODIUM TAB 10 MG	ZOSTER VAC RECOMBINANT ADJUVANTED FOR IM INJ 50 MCG/0.5ML
WARFARIN SODIUM TAB 2 MG	

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DENTAL Plan

This Summary of Benefits is only intended to provide an outline of the benefits provided in the employer's group employee Dental Plan. This plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements are not required. See the specific benefit under the Covered Dental Benefits and the Dental Exclusions and Limitations sections of the Plan Document for complete details of each benefit.

Services can be rendered by any dental professional who is licensed to perform the services. The Plan contains three service categories: Preventive, Basic, and Major Services. The Plan applies a 90-day waiting period for Basic Services, and a 180-day waiting period for Major Services, prior to services being paid by the Plan. The plan does not include a missing tooth clause. Pre-determinations and referrals for specialty care are not required by the plan. If a dental procedure is not specifically listed under one of the service categories below, the dental procedure will be considered to fall under the major services category, whether the service is major or not, unless excluded by the plan.



Plan Options	Dental—Rates Per Pay Period (Weekly)
Employee Only	\$7.85
Employee + Spouse	\$14.43
Employee + Child(ren)	\$13.14
Family	\$20.93



VISION Plan

This Summary of Benefits is intended to provide an outline of the benefits provided in the employer's group employee Vision Plan. This plan is considered an excepted benefit and therefore, HIPAA Portability Rules and ACA requirements are not required. See the specific benefit under the Covered Vision Benefits as well as the Vision Exclusions and Limitations section in the Plan Document for complete details of each benefit.

All services must be medically necessary and can be rendered by any vision professional who is licensed to perform the services. Plan members will have a 90-day waiting period prior to benefits being paid by the plan for hardware and other services. All eligible vision services apply to a combined maximum plan payment of \$600 per plan member per benefit year. Charges that exceed the maximum plan benefit year payment or that are not covered benefits of the plan, will be the plan member's responsibility.

Plan Options	Vision—Rates Per Pay Period (Weekly)
Employee Only	\$4.11
Employee + Spouse	\$8.48
Employee + Child(ren)	\$8.48
Family	\$12.86

FAQS — The Answers You Need!



When does Open Enrollment end?

Please communicate with your HR office for your open enrollment dates.

What happens if I want to change my benefit plan?

Once enrolled, you cannot make plan changes except in the event of a qualifying life event. Please see your Human Resources Representative for information on your HIPAA Rights Notice, Explanation of Benefits (EOB), and further coverage enrollment and termination options available to you.

What do I need to know about my ID card?

You'll receive an electronic ID card from us via email or text! Once your coverage starts, you can print copies of your ID card or access them on your phone via the Clever app.

Why did I receive an Explanation of Benefits (EOB) in the mail?

EOBs can be viewed in the app or via the web portal. An EOB is not a bill. It simply outlines the total charges for your visit and what your health plan covers.

Who do I call with more questions about my benefits or ID card?

You can text us directly at 918.876.5015 with any questions or concerns. Alternatively, you can call our team at 888.820.5687. If you're requesting information, we'll email or text you directly.

How do I find a provider?

Finding a qualified provider is simple! You can make an appointment using the Clever app.

The CHIPRA (Children's Health Insurance Program Reauthorization Act) informs you of group health plan premium assistance opportunities through Medicaid and the Children's Health Insurance Program (CHIP). Please reference the CHIPRA Notice from your human resource office for possible premium assistance opportunities in your state.

Medicare regulations require the plan sponsor to inform individuals, who are eligible for Medicare benefits, as to whether the prescription benefits of the health plans being offered are creditable or non-creditable to the coverage requirements of Medicare Part D. Medicare eligible individuals should be advised that the Plan has determined that the prescription drug coverage of the Plan options available are **non-creditable**. Please review the Medicare Part D Notice from your human resource office for details on how this may impact you.

The benefits described in this document are subject to the full terms and conditions of the Plan Document. If there is a discrepancy between this communication and the Plan Document, the Plan Document is the authority. While your employer has an intention to continue to provide the benefits described herein, the employer expressly reserves the right to amend, suspend, discontinue, or terminate the Plan and/or any benefit program, or to change the content of this overview or summary at any time. If you need more information please contact your human resource office.

Due to state and federal regulations, rates are not fixed and are subject to change.



Since 2014, Concierge has made it its mission to offer better, affordable benefit solutions to employees. Our fully customizable insurance plans, along with our dedication to service, makes us stand apart from the crowd.

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eligibility@ctpa.com

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