

## CONTACT LENS FORMULARY

*Contact Lens Formulary:* Members selecting contact lenses from the Formulary will receive an assessment fitting and follow-up care, in addition to the following materials:

<b>DAVIS VISION CONTACT LENS FORMULARY*</b>		
Type	Lens	Manufacturer
<p style="text-align: center;"><b>Daily Wear</b></p> <p><i>Includes two lenses. With proper handling and care, these lenses will last up to approximately one year.</i></p>	Cooper Clear DW Z4 Sofblue Z6 Sofblue Silver 07	Cooper / OSI Cooper / OSI Cooper / OSI Cooper / OSI
<p style="text-align: center;"><b>Planned Replacement</b></p> <p><i>Includes two boxes. Due to their extended wearing features, these resilient lenses can last up to approximately one year depending on the provider-recommended wearing schedule.</i></p>	Purevision (Silicon Hydrogel) Proclear Compatibles Frequency 38 Frequency 55	Bausch & Lomb® Cooper / OSI Cooper / OSI Cooper / OSI
<p style="text-align: center;"><b>Disposable</b></p> <p><i>Includes four boxes, which equates to approximately a six-month supply.</i></p>	Soflens 38 (6 pack) Focus Dailies (30 Pack) Encore Premium O2 Optix Cooper Clear FW Biomedics XC (Silicon Hydrogel) Biomedics 38 Biomedics 55 Clear Site (1-Day 30 pack) Freshlook LT Acuvue Acuvue 2 Acuvue Advance 1-Day Acuvue	Bausch & Lomb® CIBA Vision® CIBA Vision® CIBA Vision® Cooper / OSI Cooper / OSI Cooper / OSI Cooper / OSI Cooper / OSI Cooper / OSI Johnson & Johnson Johnson & Johnson Johnson & Johnson Johnson & Johnson

\* Available at most participating independent provider offices. All contacts on our Formulary are Single-Vision Spherical lenses. Formulary subject to change.