CONCIERGE
Third Party Administrator

EMPLOYEE
Enrollment Guide

New Wave People Inc

www.mybenefitservices.com/NewWave

1/1/2026-12/31/2026

NEW WAVE PEOPLE

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.

Navigate Your Benefits Options

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.

NOTICE:

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized.
You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- Visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your state Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

LIMITED MEDICAL Plans

The premium amounts listed below are based per pay period.

Limited Medical Plan Options

Rates Per Pay Period (Bi-Weekly)

Plan Options	LM 200	LM 1300
Employee Only	$41.31	$73.73
Employee + Spouse	$60.46	$131.68
Employee + Child(ren)	$55.38	$120.49
Family	$72.00	$171.56

Limited Medical Plan

BENEFITS AND BENEFIT YEAR MAXIMUMS

Outpatient	Limited Medical 200
Telemedicine (includes phone & video calls)	$0 Copay
Physician office visit benefit amount per day:	$60 per day / 5 days max
• Annual physical (wellness) benefit amount per day	$100 per day / 1 day max
• Urgent Care Clinic visit benefit amount per day	$150 per day / 1 day max
Diagnostic, X-ray, and Lab benefit amount per day:	
• Class 1: Laboratory - blood work, CMP, lipid panel, ECG, Pap/PSA, urinalysis, and all other laboratory tests	$30 per day / 2 days max
• Class 2: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram	$100 per day / 2 days max
• Class 3: Imaging CT, PET	$100 per day / 1 day max
• Class 4: MRI	$150 per day / 1 day max
Prescription	
C3Rx **Please see specific formulary list. ***For Rx questions, please call: 866-330-8780	Unlimited ACA Prescriptions with $0 Co-pay. Formulary $0 Co-pay unlimited prescriptions. Call 866-330-8780.
Inpatient	
Day 1 hospital confinement benefit amount per day	$200 per day / 1 day max
Day 2 hospital confinement benefit amount per day	$150 thereafter
Maximum benefit per benefit plan year	30 days per benefit plan year
Surgery benefit amount (includes maternity) per day	$500 per day / 1 day max
Anesthesia benefit amount per day	$125 per day / 1 day max
Other Services	
The App is a doctor and pharmacy at your finger tips! Use your digital Rx card or the Rx discount card, securely store your digital medical ID card, talk with a doctor over the phone or video call, and so much more!	Unlimited access to Board-Certified doctors by phone or mobile app 24/7, with $0 copay

The out-patient and in-patient benefits are self-funded by the plan sponsor. Prescription benefits are administered by C3Rx. Telemedicine services are not insurance and are not provided by the Third-Party-Administrator (Concierge Administrative Services). All benefits are subject to change based on federal mandates and requirements impacting ERISA plans. The First Health, Limited Benefits Plan, or contracted PPO Network providers are required to receive in-network discounts.

Limited Medical Plan

BENEFITS, DEDUCTIBLES, AND BENEFIT YEAR MAXIMUMS

Outpatient	Limited Medical 1300
Clever I Telemedicine (includes phone & video calls)	$0 Copay
Physician office visit benefit amount per visit:	$90 per visit / 5 visits max
• Annual physical (wellness) benefit amount per day	$100 per visit / 1 visit max
• Urgent Care Clinic visit benefit amount per visit	$150 per visit / 2 visits max
Diagnostic, X-ray, and Lab benefit amount per visit:	
• Class 1: Laboratory - blood work, CMP, lipid panel, ECG, Pap/PSA, urinalysis, and all other laboratory tests	$30 per visit / 2 visits max
• Class 2: Radiology, Ultrasound, Mammogram, Sonogram, Angiogram	$100 per visit / 2 visits max
• Class 3: Imaging CT, PET	$100 per visit / 1 visit max
• Class 4: MRI	$750 per visit / 1 visit max
Prescription	**Limited Medical 1300**
C3Rx **Please see specific formulary list. ***For Rx questions, please call: 866-330-8780	Unlimited ACA Prescriptions with $0 Copay. Formulary $0 Co-pay unlimited prescriptions. Please call 866-330-8780.
Inpatient	**Limited Medical 1300**
Day 1 hospital confinement benefit amount per day	$1,300 per day / 1 day max
Day 2 hospital confinement benefit amount per day	$1,000 thereafter
Maximum benefit per benefit plan year	30 days per benefit plan year
Surgery benefit amount (includes maternity) per day	$1,500 per day / 1 day max
Anesthesia benefit amount per day	$375 per day / 1 day max
Other Services	**Limited Medical 1300**
Clever is a doctor and pharmacy at your finger tips! Use your digital Rx discount card, securely store your digital medical ID card, talk with a doctor over the phone or video call, and so much more!	Unlimited access to Board-Certified doctors by phone or mobile app 24/7, with $0 copay

The out-patient and in-patient benefits are self-funded by the plan sponsor. Prescription benefits are administered by C3Rx. Telemedicine services are not insurance and are not provided by the Third-Party-Administrator (Concierge Benefits Services). All benefits are subject to change based on federal mandates and requirements impacting ERISA plans. The First Health, Limited Benefits Plan, or contracted PPO Network providers are required to receive in-network discounts.

clever health

introducing clever health Smart Virtual Care™

better, faster, easier!

board certified doctors, integrated rx savings, & licensed mental health professionals at the *tips of your fingers!*

virtual urgent care

- on demand 24/7, anywhere
- visits via smart medical questionnaire, phone, or video
- 6 min avg diagnosis
- includes discount prescription card for huge RX savings: over 44,000 RXs for $10 or less

$ 0 per visit

- cold, flu, sinus infections
- fever, cough, allergies, asthma
- skin conditions, pink eye
- UTIs, fatigue, migraines, & more!

virtual mental health

- 100% anonymous ai chatbot, bella, specializing in depression + anxiety
- clever connections peer-to-peer support
- scheduled appointments with licensed mental health professionals

$ 0 per visit

- relationship problems
- grief, addiction, eating disorders
- stress, depression, anxiety
- and more!

search lowest rx prices at preferred + nearest pharmacies

If you are in a crisis situation, please call or text the 988 Suicide & Crisis Lifeline or chat 988lifeline.org for help.

DOWNLOAD the Clever Health App NOW!

scan me!

Clever Health Smart Virtual Care™ services are provided in accordance with local, state, and federal laws. For full disclosures visit www.cleverhealth.ai/disclosures. © 2025 Clever Health, Inc. | CH 3 | A0125

Extra Money is Playing Hide & Seek in Your Claims

CONCIERGE CAN HELP YOU FIND IT

CONCIERGE
Third Party Administrator

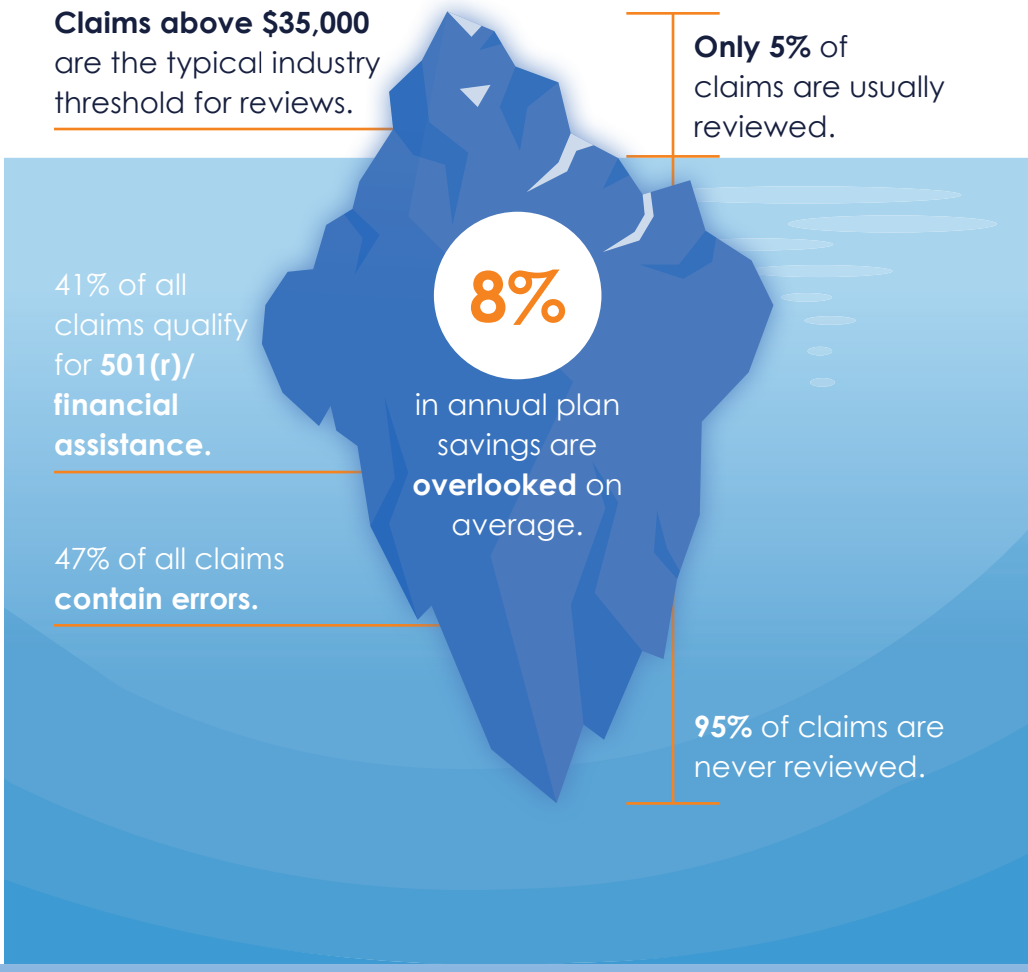
We're not satisfied with the bare minimum—are you? As a Concierge member, you can access tools to find and take advantage of savings hiding in your claims.

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.



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 (Bi-Weekly)
Employee Only	$15.70
Employee + Spouse	$28.86
Employee + Child(ren)	$26.28
Family	$41.86

Dental

Dental Plan	
Benefit Year Deductible (Deductible is waived for Preventive Services)	$50 Individual $150 Family
Benefit Year Maximum for Preventive, Basic, and Major Procedure Categories Combined	$1,000 per Plan Member
Dental Services	
Preventive Services	Plan Pays 100%
Deductible Applied	No
Waiting Period	No
• Routine exams and cleanings twice per Benefit Year	Included
• Fluoride treatments for Dependents under age 18 twice per Benefit Year	Included
• Sealants up to age 16	Included
• One bitewing x-ray series per Benefit Year	Included
• One full mouth or panorex x-ray every three years	Included
• Palliative emergency treatment	Included
• Other x-rays	Included
Basic Services	Plan Pays 80%
Deductible Applied	Yes
Waiting Period	Yes, 90 Days
• Oral Surgery	Included
• Periodontics	Included
• Endodontics	Included
• Extractions	Included
• Recementing and repair of bridges, crowns, removal dentures, or inlays	Included
• Fillings	Included
• General Anesthesia	Included
• Antibiotic Drugs	Included
• Space maintainers for Dependents under the age of 16 to replace primary teeth	Included
Major Services	Plan Pays 50%
Deductible Applied	Yes
Waiting Period	Yes, 180 Days
• Gold restorations	Included
• Installing partials, full, or removable dentures	Included
• Installation of fixed bridges	Included
• Inlays, Onlays, Crowns (not part of a bridge)	Included

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 (Bi-Weekly)
Employee Only	$8.22
Employee + Spouse	$16.96
Employee + Child(ren)	$16.96
Family	$25.72

Vision

Vision 600	Deductibles & Benefit Year Maximums
Benefit Year	TBD
Annual Deductible	None
Benefit Year Maximum Payment by the Plan	$600 per Plan Member for combined services
Lasik Services	Not Covered by the Plan
Cosmetic Services	Not Covered by the Plan
Vision Services	
Routine Eye Examination	Plan Pays 100%
Plan Member Pays	$25 Copay
Plan Pays	100%
Applies Annual Max	Yes
One routine exam per Benefit Year per Plan Member to include:	
• Physician exam	Included
• Visual acuity test	Included
• Glaucoma test	Included
• Refraction	Included
• Other medically necessary testing performed in the physician's office	Included
Hardware and Other Services	Plan Pays 100% after the 90-day waiting period
Plan Member Pays	$0 Copay
Plan Pays	100%
Applies Annual Max	Yes
Includes:	
• Frames	Included
• Single lenses	Included
• Bifocal lenses	Included
• Trifocal lenses	Included
• Progressive lenses	Included
• Lenticular lenses	Included
• Contacts (conventional or disposable)	Included
• Anti-Scratch Coating	Included
• Anti-Reflective Coating	Included

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.

CONCIERGE
Third Party Administrator

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.

CONCIERGE: **Here to Serve**

CONCIERGE CUSTOMER SERVICE

888-820-5687

eligibility@ctpa.com

www.mybenefitservices.com/NewWave

NEW WAVE PEOPLE

October 2025

Dear Associate:

Below and attached is the information on our Individual Coverage Health reimbursement Arrangement or ICHRA plan. This plan meets all the requirements of the Affordable Care Act or ACA. Here are the details:

- You are eligible to participate in this plan if you work 30 hours or more each week/130 hours per month/1560 hours per year.

- If you elect to participate in this program, you have 90 days from the date you receive this notice to enroll. If you do not enroll during that time you will have to wait until open enrollment in October of 2026, unless you have a Qualifying Life Event.

- The medical plan that qualifies under this ICHRA is the lowest cost Silver Plan on the Exchange. Although Silver Plans vary from state to state, generally they will have a deductible of between $2,000 and $4,000 each year. That is the amount you would pay out-of-pocket before your benefits begin to pay on your behalf. If you already have individual coverage on the Exchange, that plan may qualify. Ask the person you speak with at Healthcare.gov. It is best to call them at 800-318-2596.

- This plan is considered affordable under the Affordable Care Act (ACA), so your cost will not be greater than 9.96% of your household earnings for self-only coverage on the lowest cost silver plan option. The balance of the self-only coverage will be reimbursed to you through the health reimbursement arrangement.

- **Please read and keep the information that is attached.** If you wish to participate in the plan, you will need the attached document when you reach out to the exchange. Make sure to tell them that you are eligible for an affordable ICHRA.

- **Since you are eligible to participate in this offering, you are not eligible to obtain a tax subsidy on the exchange.** If you currently have subsidized coverage on the Exchange, you will no longer be eligible for that subsidy and can participate in the ICHRA.

- You may enroll your dependents; however, you would be required to pay the full cost of dependent coverage.

- Your employer cannot assist you with this enrollment. If you have questions, have the attachment available and call Healthcare.gov at 1-800-318-2596 or go online to www.healthcare.gov and enter ICHRA in the search box. Be sure to notify the person you speak with at the Exchange that you are being offered an affordable ICHRA.

If you have questions about this offering, please review the attached document or contact First Staff Benefits by email to salesteam@firststaffbenefits.com.

NEW WAVE PEOPLE

Individual Coverage HRA Notice

USE THIS NOTICE WHEN APPLYING FOR INDIVIDUAL HEALTH INSURANCE COVERAGE

October 2025

You are getting this notice because your employer is offering you an individual coverage health reimbursement arrangement ("HRA"). **Please read this notice** before you decide whether to accept the HRA. In some circumstances, your decision could affect your eligibility for the premium tax credit. Accepting the individual coverage HRA and improperly claiming the premium tax credit could result in tax liability. This notice also has important information that the Exchange (known in many states as the "Health Insurance Marketplace") will need to determine if you are eligible for advance payments of the premium tax credit. An Exchange operates in each state to help individuals and families shop for and enroll in individual health insurance coverage. **You will also need this notice to verify that you are eligible for a special enrollment period to enroll in individual health insurance coverage outside of the annual open enrollment period in the individual market.**

I. The Basics

What should I do with this notice?

Read this notice to help you decide if you want to accept the HRA. Also, **keep this notice** for your records. You'll need to refer to it if you decide to accept the HRA and enroll in individual health insurance coverage.

What's an individual coverage HRA?

An individual coverage HRA is an arrangement under which your employer reimburses you for your medical care expenses up to a certain dollar amount for the plan year. If you enroll in an individual coverage HRA, **you must also be enrolled** in individual health insurance coverage or Medicare Part A (Hospital Insurance) and B (Medical Insurance) or Medicare Part C (Medicare Advantage) (collectively referred to in this notice as Medicare) for each month you are covered by the HRA. You can get more information on this plan by reviewing the cover letter that is included with this document.

The individual coverage HRA you are being offered is employer-sponsored health coverage. This is important to know if you apply for health insurance coverage on the Exchange.

Note: There are different kinds of HRAs. The HRA that is being referred to throughout this notice, and that your employer is offering you, is an individual coverage HRA. It is not a qualified small employer health reimbursement arrangement (QSEHRA) or any other type of HRA.

What are the basic terms of the individual coverage HRA that my employer is offering?

The HRA is the vehicle that allows your employer to reimburse you a portion of your self-only monthly insurance premium without having that reimbursement subject to taxes and other withholdings.

(1) The maximum monthly dollar amount available for each participant in the HRA is the available via email at salesteam@firstaffbenefits.com. You will be responsible for up to 9.96% of your household earnings toward the total monthly cost of the lowest priced self-only Silver Plan on the Exchange (www.healthcare.gov). You may enroll your dependents on the plan, however the cost associated with their coverage is paid by you and is not eligible for the HRA reimbursement.

(2) Employer contributions may be higher for employees that are older. If you apply for individual health coverage through the Exchange, you need to tell them that your self-only coverage contribution is limited to 9.96% of your household earnings.

(3) In general, your HRA coverage will start January 1, 2026. If you are hired and are eligible (based on your scheduled work hours) after that date you have 90 days to decide if you want to participate in this plan and get enrolled in the lowest cost self-only Silver Plan.

(4) The HRA plan year begins on January 1, 2026 and ends on December 31, 2026.

(5) Amounts newly made available under the HRA will be made available within 60 days of your date of eligibility and enrollment.

Note: You will need this information if you apply for health insurance coverage through the Exchange.

Can I opt out of the individual coverage HRA?

Yes. You can opt out of the HRA. **If you do not enroll in a qualifying plan within 90 days of your initial eligibility your employer will consider that you have waived participation in the plan.**

If you terminate employment, you can keep your coverage, however you will no longer be eligible for an employer reimbursement of your monthly premium through the HRA.

If I accept the individual coverage HRA, do I need to be enrolled in health coverage?

Yes. You must be enrolled in individual health insurance coverage or Medicare for each month you are covered by the HRA. You may not enroll in short-term, limited-duration insurance or only in excepted benefits coverage (such as insurance that only provides benefits for dental and vision care) to meet this requirement.

II. Getting Individual Health Insurance Coverage

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How can I get individual health insurance coverage?

If you already have individual health insurance coverage, you do not need to change that coverage to meet the HRA's health coverage requirement.

If you don't already have individual health insurance coverage, you can enroll in coverage through the Exchange or outside of the Exchange – for example, directly from an insurance company.

Note: People in most states use HealthCare.gov to enroll in coverage through the Exchange, but some states have their own Exchange. To learn more about the Exchange in your state, visit **https://www.healthcare.gov/marketplace-in-your-state/**.

If you are enrolled in Medicare Part A and B or Medicare Part C, your enrollment in Medicare will meet the HRA's health coverage requirement. For information on how to enroll in Medicare, visit **www.medicare.gov/sign-up-change-plans**.

When can I enroll in individual health insurance coverage?

Generally, anyone can enroll in or change their individual health insurance coverage during the individual market's annual open enrollment period from November 1 through December 15. (Some state Exchanges may provide additional time to enroll.) If your individual coverage HRA starts on January 1, 2026, you generally should enroll in individual health insurance coverage during open enrollment.

New eligible employee can enroll in individual health insurance coverage outside of open enrollment using a special enrollment period.

If you qualify for a special enrollment period, make sure you enroll on time:

• If you are newly eligible for HRA coverage that would start at the beginning of the HRA plan year, you generally need to enroll in individual health insurance coverage within the 60 days before the first day of the HRA plan year.

• If the HRA was not required to provide this notice 90 days before the beginning of the plan year, or you are newly eligible for HRA coverage that would start mid-plan year (for example, because you are a new employee), you may enroll in individual health insurance coverage up to 60 days before the first day that your HRA can start or up to 60 days after this date. **Enroll in individual health insurance coverage as soon as possible** to get the most out of your individual coverage HRA.

Note: If you enroll in individual health insurance coverage through this special enrollment period, you may need to submit a copy of this notice to the Exchange or the insurance company to prove that you qualify to enroll outside of the open enrollment period. For more information on special enrollment periods, visit HealthCare.gov or the website for the Exchange in your state.

Do I need to get new individual health insurance coverage each year if I want to enroll in my individual coverage HRA each year?

Yes. Individual health insurance coverage is typically sold for a 12-month period that is the same as the calendar year and ends on December 31. Our HRA plan year starts on January 1, 2026.

If you are enrolled in Medicare, your Medicare coverage generally will remain in place year to year.

Do I need to prove my enrollment in individual health insurance coverage or Medicare to the individual coverage HRA?

Yes. You must prove that you will be enrolled in individual health insurance coverage or Medicare for the period you will be covered by the HRA.

Also, each time you seek reimbursement of a medical care expense from the HRA, you must substantiate that you have individual health insurance coverage or Medicare for the month during which the expense was incurred.

If you elect to participate in this program, your employer will provide you with the document that you must submit monthly. Please contact Kathy Ameneiros by email at ka@nwpusa.com or by telephone at 732-786-9070.

What happens if I am no longer enrolled in individual health insurance coverage or Medicare?
If you are no longer enrolled in individual health insurance coverage or Medicare, the HRA won't reimburse you for medical care expenses that were incurred during a month when you did not have individual health insurance coverage or Medicare. This means that **you may not seek reimbursement for medical care expenses incurred when you did not have individual health insurance coverage or Medicare.**

Note: You must report to the HRA if your individual health insurance coverage or Medicare has been terminated retroactively and the effective date of the termination.

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III. Information About the Premium Tax Credit

What is the premium tax credit? The premium tax credit is a tax credit that helps eligible individuals, and their families pay their premiums for health insurance coverage purchased through the Exchange. The premium tax credit is not available for health insurance coverage purchased outside of the Exchange. Factors that affect premium tax credit eligibility include enrollment in Exchange coverage, eligibility for other types of coverage, and household income.

When you enroll in health insurance coverage through the Exchange, the Exchange will ask you about any coverage offered to you by your employer, including through an HRA. Your ability to claim the premium tax credit may be limited if your employer offers you coverage, including an HRA.

The Exchange also will determine whether you are eligible for advance payments of the premium tax credit, which are amounts paid directly to your insurance company to lower the cost of your premiums. For more information about the premium tax credit, including advance payments of the premium tax credit and premium tax credit eligibility requirements, see **irs.gov/aca**.

If I accept the individual coverage HRA, can I claim the premium tax credit for my Exchange coverage?

No. You may not claim the premium tax credit for your Exchange coverage for any month you are covered by the HRA. Also, you may not claim the premium tax credit for the Exchange coverage of any family members for any month they are covered by the HRA.

If I opt out of the individual coverage HRA, can I claim the premium tax credit for my Exchange coverage?

There are circumstances where you can opt of the ICHRA. Contact your employer for details.

If you are a former employee, the offer of an HRA will not prevent you from claiming the premium tax credit (if you are otherwise eligible for it), regardless of whether the HRA is considered affordable and as long as you do not accept the HRA.

How do I know if the individual coverage HRA I've been offered is considered affordable?

The Exchange website will provide information on how to determine affordability for your individual coverage HRA. To find your state's Exchange, visit: **https://www.healthcare.gov/marketplace-in-your-state/**.

Do I need to provide any of the information in this notice to the Exchange?

Yes. Be sure to have this notice with you when you apply for coverage on the Exchange.

If you're applying for advance payments of the premium tax credit, you'll need to provide information from the answer to "What are the basic terms of the individual coverage HRA my employer is offering?" on page 1, item (1). You will also need to tell the Exchange whether you are a current employee or former employee.

If I'm enrolled in Medicare, am I eligible for the premium tax credit?

No. If you have Medicare, you aren't eligible for the premium tax credit for any Exchange coverage you may have.

IV. Other Information You Should Know

Who can I contact if I have questions about the individual coverage HRA?

If you need further information, please contact Kathy Ameneiros by email at ka@nwpusa.com or by telephone at 7332-786-9070. You can also get additional information by emailing your questions to salesteam@firststaffbenefits.com.

For use by an HRA subject to ERISA that meets the safe harbor set forth in 29 CFR 2510.31(l):

Is the individual health insurance coverage I pay for with my individual coverage HRA subject to ERISA?

The individual health insurance coverage that is paid for with amounts from your individual coverage HRA, if any, is not subject to the rules and consumer protections of the Employee Retirement Income Security Act (ERISA). You should contact your state insurance department for more information regarding your rights and responsibilities if you purchase individual health insurance coverage.

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
ANALGESICS	
Acetaminophen-Codeine 300-15 MG TAB	HYDROmorphone HCl 8 MG TAB
Acetaminophen-Codeine 300-30 MG TAB	HYDROmorphone HCl ER 8 MG TAB ER 24H
Acetaminophen-Codeine 300-60 MG TAB	Ketorolac Tromethamine 10 MG TAB
Ascomp-Codeine 50-325-40-30 MG CAP	Ketorolac Tromethamine 30 MG/ML SOLUTION
Aspirin 325 MG TAB	Ketorolac Tromethamine 60 MG/2ML SOLUTION
Aspirin 325 MG TAB DR	Methadone HCl 10 MG TAB
Buprenorphine 10 MCG/HR PATCH WK	Methadone HCl 5 MG TAB
Buprenorphine 15 MCG/HR PATCH WK	Morphine Sulfate (Concentrate) 100 MG/5ML SOLUTION
Buprenorphine 20 MCG/HR PATCH WK	Morphine Sulfate 15 MG TAB
Butalbital-Acetaminophen 50-300 MG CAP	Morphine Sulfate 30 MG TAB
Butalbital-Acetaminophen 50-300 MG TAB	Morphine Sulfate ER 100 MG TAB ER
Butalbital-Acetaminophen 50-325 MG TAB	Morphine Sulfate ER 15 MG TAB ER
Butalbital-APAP-Caff-Cod 50-325-40-30 MG CAP	Morphine Sulfate ER 200 MG TAB ER
Butalbital-APAP-Caffeine 50-300-40 MG CAP	Morphine Sulfate ER 30 MG TAB ER
Butalbital-APAP-Caffeine 50-325-40 MG CAP	Morphine Sulfate ER 60 MG TAB ER
Butalbital-APAP-Caffeine 50-325-40 MG TAB	Naratriptan HCl 2.5 MG TAB
Butalbital-Aspirin-Caffeine 50-325-40 MG CAP	oxyCODONE HCl 10 MG TAB
Butorphanol Tartrate 10 MG/ML SOLUTION	OxyCODONE HCl 15 MG TAB
Codeine Sulfate 30 MG TAB	oxyCODONE HCl 20 MG TAB
Diclofenac Potassium 50 MG TAB	OxyCODONE HCl 30 MG TAB
Eletriptan Hydrobromide 20 MG TAB	OxyCODONE HCl 5 MG CAP
Eletriptan Hydrobromide 40 MG TAB	OxyCODONE HCl 5 MG TAB
Endocet 10-325 MG TAB	OxyCODONE HCl 5 MG/5ML SOLUTION
Ergotamine-Caffeine 1-100 MG TAB	Oxycodone-Acetaminophen 2.5-325 MG TAB
FentaNYL 100 MCG/HR PATCH 72HR	Oxycodone-Acetaminophen 5-325 MG TAB
FentaNYL 12 MCG/HR PATCH 72HR	Oxycodone-Acetaminophen 7.5-325 MG TAB
FentaNYL 25 MCG/HR PATCH 72HR	Pentazocine-Naloxone HCl 50-0.5 MG TAB
FentaNYL 37.5 MCG/HR PATCH 72HR	Rizatriptan Benzoate 10 MG TAB
FentaNYL 50 MCG/HR PATCH 72HR	Rizatriptan Benzoate 10 MG TAB DISP
FentaNYL 62.5 MCG/HR PATCH 72HR	Rizatriptan Benzoate 5 MG TAB
FentaNYL 75 MCG/HR PATCH 72HR	Rizatriptan Benzoate 5 MG TAB DISP
Hydrocodone-Acetaminophen 10-300 MG TAB	SUMAtriptan Succinate 100 MG TAB
Hydrocodone-Acetaminophen 10-325 MG TAB	SUMAtriptan Succinate 25 MG TAB
Hydrocodone-Acetaminophen 5-300 MG TAB	SUMAtriptan Succinate 50 MG TAB
Hydrocodone-Acetaminophen 5-325 MG TAB	SUMAtriptan Succinate 6 MG/0.5ML SOLUTION
Hydrocodone-Acetaminophen 7.5-300 MG TAB	Sumatriptan-Naproxen Sodium 85-500 MG TAB
Hydrocodone-Acetaminophen 7.5-325 MG TAB	traMADol HCl 100 MG TAB
Hydrocodone-Acetaminophen 7.5-325 MG/15ML SOLUTION	TraMADol HCl 50 MG TAB
Hydrocodone-Ibuprofen 7.5-200 MG TAB	Tramadol-Acetaminophen 37.5-325 MG TAB
HYDROmorphone HCl 2 MG TAB	ZOLMitriptan 2.5 MG TAB
HYDROmorphone HCl 4 MG TAB	ZOLMitriptan 5 MG TAB
ANESTHETICS	
Lidocaine 5 % OINTMENT	Midazolam HCl 10 MG/2ML SOLUTION
Lidocaine 5 % PATCH	Midazolam HCl 5 MG/5ML SOLUTION
Lidocaine HCl 4 % SOLUTION	Midazolam HCl 5 MG/ML SOLUTION
Lidocaine Viscous HCl 2 % SOLUTION	Phenazopyridine HCl 100 MG TAB
Lidocaine-Prilocaine 2.5-2.5 % CREAM	Phenazopyridine HCl 200 MG TAB
ANTI-OBESITY DRUGS	
Phentermine HCl 15 MG CAP	Phentermine HCl 37.5 MG CAP
Phentermine HCl 30 MG CAP	Phentermine HCl 37.5 MG TAB
ANTIALLERGY	
Cromolyn Sodium 100 MG/5ML CONC	

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
ANTIARTHRITICS	
Allopurinol 100 MG TAB	Ibuprofen 100 MG/5ML SUSPENSION
Allopurinol 300 MG TAB	Ibuprofen 400 MG TAB
Celecoxib 100 MG CAP	Indomethacin 25 MG CAP
Celecoxib 200 MG CAP	Indomethacin 50 MG CAP
Celecoxib 400 MG CAP	Indomethacin ER 75 MG CAP ER
Celecoxib 50 MG CAP	Leflunomide 10 MG TAB
Colchicine 0.6 MG CAP	Leflunomide 20 MG TAB
Colchicine 0.6 MG TAB	Meloxicam 15 MG TAB
Colchicine-Probenecid 0.5-500 MG TAB	Meloxicam 7.5 MG TAB
Diclofenac Sodium 25 MG TAB DR	Nabumetone 500 MG TAB
Diclofenac Sodium 50 MG TAB DR	Nabumetone 750 MG TAB
Diclofenac Sodium 75 MG TAB DR	Naproxen 250 MG TAB
Diclofenac Sodium ER 100 MG TAB ER 24H	Naproxen 375 MG TAB
Diclofenac-miSOPROStol 50-0.2 MG TAB DR	Naproxen 375 MG TAB DR
Etodolac 200 MG CAP	Naproxen 500 MG TAB
Etodolac 300 MG CAP	Naproxen Sodium 550 MG TAB
Etodolac 400 MG TAB	Naproxen Sodium ER 375 MG TAB ER 24H
Etodolac 500 MG TAB	Naproxen Sodium ER 750 MG TAB ER 24H
Febuxostat 40 MG TAB	Oxaprozin 600 MG TAB
Febuxostat 80 MG TAB	Piroxicam 10 MG CAP
Fenoprofen Calcium 600 MG TAB	Probenecid 500 MG TAB
Flurbiprofen 100 MG TAB	Salsalate 500 MG TAB
IBU 600 MG TAB	Sulindac 150 MG TAB
IBU 800 MG TAB	Sulindac 200 MG TAB
ANTIASTHMATICS	
Acetylcysteine 20 % SOLUTION	Ipratropium-Albuterol 0.5-2.5 (3) MG/3ML SOLUTION
Albuterol Sulfate (2.5 MG/3ML) 0.083% NEBU SOLN	Levalbuterol HCl 0.63 MG/3ML NEBU SOLN
Albuterol Sulfate (5 MG/ML) 0.5% NEBU SOLN	Levalbuterol HCl 1.25 MG/3ML NEBU SOLN
Albuterol Sulfate 0.63 MG/3ML NEBU SOLN	Montelukast Sodium 10 MG TAB
Albuterol Sulfate 1.25 MG/3ML NEBU SOLN	Montelukast Sodium 4 MG CHEW TAB
Albuterol Sulfate 2 MG/5ML SYRUP	Montelukast Sodium 4 MG PACKET
Albuterol Sulfate HFA 108 (90 Base) MCG/ACT AERO SOLN	Montelukast Sodium 5 MG CHEW TAB
Arformoterol Tartrate 15 MCG/2ML NEBU SOLN	Roflumilast 250 MCG TAB
Budesonide 0.25 MG/2ML SUSPENSION	Roflumilast 500 MCG TAB
Budesonide 0.5 MG/2ML SUSPENSION	Terbutaline Sulfate 2.5 MG TAB
Budesonide 1 MG/2ML SUSPENSION	Terbutaline Sulfate 5 MG TAB
Fluticasone-Salmeterol 100-50 MCG/ACT AER POW BA	Theophylline ER 300 MG TAB ER 12H
Fluticasone-Salmeterol 250-50 MCG/ACT AER POW BA	Theophylline ER 400 MG TAB ER 24H
Fluticasone-Salmeterol 500-50 MCG/ACT AER POW BA	Zafirlukast 20 MG TAB
Ipratropium Bromide 0.02 % SOLUTION	

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
ANTIBIOTICS	
Amoxicillin 125 MG/5ML RECON SUSP	Clarithromycin 250 MG TAB
Amoxicillin 200 MG/5ML RECON SUSP	Clarithromycin 500 MG TAB
Amoxicillin 250 MG CAP	Clarithromycin ER 500 MG TAB ER 24H
Amoxicillin 250 MG/5ML RECON SUSP	Clindacin ETZ 1 % SWAB
Amoxicillin 400 MG/5ML RECON SUSP	Clindamycin HCl 150 MG CAP
Amoxicillin 500 MG CAP	Clindamycin HCl 300 MG CAP
Amoxicillin 500 MG TAB	Clindamycin HCl 75 MG CAP
Amoxicillin 875 MG TAB	Clindamycin Palmitate HCl 75 MG/5ML RECON SOLN
Amoxicillin-Pot Clavulanate 200-28.5 MG/5ML RECON SUSP	Clindamycin Phosphate 1 % GEL
Amoxicillin-Pot Clavulanate 250-125 MG TAB	Clindamycin Phosphate 1 % LOTION
Amoxicillin-Pot Clavulanate 250-62.5 MG/5ML RECON SUSP	Clindamycin Phosphate 1 % SOLUTION
Amoxicillin-Pot Clavulanate 400-57 MG/5ML RECON SUSP	Clindamycin Phosphate 2 % CREAM
Amoxicillin-Pot Clavulanate 500-125 MG TAB	Dicloxacillin Sodium 250 MG CAP
Amoxicillin-Pot Clavulanate 600-42.9 MG/5ML RECON SUSP	Dicloxacillin Sodium 500 MG CAP
Amoxicillin-Pot Clavulanate 875-125 MG TAB	Doxycycline Hyclate 100 MG CAP
Ampicillin 500 MG CAP	Doxycycline Hyclate 100 MG TAB
Azithromycin 1 GM PACKET	Doxycycline Hyclate 100 MG TAB DR
Azithromycin 100 MG/5ML RECON SUSP	Doxycycline Hyclate 150 MG TAB
Azithromycin 200 MG/5ML RECON SUSP	Doxycycline Hyclate 200 MG TAB DR
Azithromycin 250 MG TAB	Doxycycline Hyclate 50 MG CAP
Azithromycin 500 MG TAB	Doxycycline Hyclate 50 MG TAB
Azithromycin 600 MG TAB	Doxycycline Hyclate 50 MG TAB DR
Bacitra-Neomycin-Polymyxin-HC 1 % OINTMENT	Doxycycline Monohydrate 100 MG CAP
Bacitracin-Polymyxin B 500-10000 UNIT/GM OINTMENT	Doxycycline Monohydrate 100 MG TAB
Benzoyl Peroxide-Erythromycin 5-3 % GEL	Doxycycline Monohydrate 150 MG TAB
Cefadroxil 250 MG/5ML RECON SUSP	Doxycycline Monohydrate 50 MG TAB
Cefadroxil 500 MG CAP	Doxycycline Monohydrate 75 MG CAP
Cefadroxil 500 MG/5ML RECON SUSP	Doxycycline Monohydrate 75 MG TAB
Cefdinir 125 MG/5ML RECON SUSP	Erythromycin 2 % GEL
Cefdinir 250 MG/5ML RECON SUSP	Erythromycin 2 % SOLUTION
Cefdinir 300 MG CAP	Erythromycin 333 MG TAB DR
Cefixime 100 MG/5ML RECON SUSP	Erythromycin 5 MG/GM OINTMENT
Cefpodoxime Proxetil 100 MG TAB	Erythromycin Base 250 MG TAB
Cefpodoxime Proxetil 100 MG/5ML RECON SUSP	Erythromycin Base 500 MG TAB
Cefpodoxime Proxetil 200 MG TAB	Erythromycin Ethylsuccinate 200 MG/5ML RECON SUSP
Cefprozil 250 MG/5ML RECON SUSP	Ethambutol HCl 400 MG TAB
Cefprozil 500 MG TAB	Gatifloxacin 0.5 % SOLUTION
CefTRIAXone Sodium 1 GM RECON SOLN	Gentamicin Sulfate 0.1 % CREAM
CefTRIAXone Sodium 500 MG RECON SOLN	Gentamicin Sulfate 0.1 % OINTMENT
Cefuroxime Axetil 500 MG TAB	Gentamicin Sulfate 0.3 % SOLUTION
Cephalexin 125 MG/5ML RECON SUSP	Isoniazid 300 MG TAB
Cephalexin 250 MG CAP	LevoFLOXacin 250 MG TAB
Cephalexin 250 MG/5ML RECON SUSP	LevoFLOXacin 500 MG TAB
Cephalexin 500 MG CAP	LevoFLOXacin 750 MG TAB
Ciprofloxacin 500 MG/5ML (10%) RECON SUSP	Linezolid 600 MG TAB
Ciprofloxacin HCl 0.3 % SOLUTION	ME/NaPhos/MB/Hyo1 81.6 MG TAB
Ciprofloxacin HCl 250 MG TAB	Methenamine Hippurate 1 GM TAB
Ciprofloxacin HCl 500 MG TAB	Methenamine Mandelate 0.5 GM TAB
Ciprofloxacin HCl 750 MG TAB	Methenamine Mandelate 1 GM TAB
Ciprofloxacin-Dexamethasone 0.3-0.1 % SUSPENSION	metroNIDAZOLE 0.75 % GEL

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
ANTIBIOTICS	
MetroNIDAZOLE 250 MG TAB	Polymyxin B-Trimethoprim 10000-0.1 UNIT/ML-% SOLUTION
metroNIDAZOLE 500 MG TAB	Rifabutin 150 MG CAP
Minocycline HCl 100 MG CAP	rifAMPin 300 MG CAP
Minocycline HCl 100 MG TAB	SSD 1 % CREAM
Minocycline HCl 50 MG CAP	Sulfacetamide Sodium 10 % SOLUTION
Minocycline HCl 50 MG TAB	Sulfacetamide Sodium-Sulfur 10-5 % CREAM
Moxifloxacin HCl 0.5 % SOLUTION	Sulfacetamide Sodium-Sulfur 10-5 % LIQUID
Moxifloxacin HCl 400 MG TAB	Sulfacetamide Sodium-Sulfur 8-4 % SUSPENSION
Mupirocin 2 % OINTMENT	Sulfacetamide Sodium-Sulfur 9-4 % LIQUID
Mupirocin Calcium 2 % CREAM	Sulfacetamide Sodium-Sulfur 9-4.5 % LIQUID
Neomycin Sulfate 500 MG TAB	Sulfacetamide Sodium-Sulfur 9.8-4.8 % LIQUID
Neomycin-Bacitracin Zn-Polymyx 3.5-400-10000 OINTMENT	Sulfamethoxazole-Trimethoprim 200-40 MG/5ML SUSPENSION
Neomycin-Polymyxin-Dexameth 3.5-10000-0.1 OINTMENT	Sulfamethoxazole-Trimethoprim 400-80 MG TAB
Neomycin-Polymyxin-Dexameth 3.5-10000-0.1 SUSPENSION	Sulfamethoxazole-Trimethoprim 800-160 MG TAB
Neomycin-Polymyxin-HC 1 % SOLUTION	Tetracycline HCl 500 MG CAP
Neomycin-Polymyxin-HC 3.5-10000-1 SUSPENSION	Tobramycin 0.3 % SOLUTION
Nitrofurantoin Macrocrystal 100 MG CAP	Tobramycin-Dexamethasone 0.3-0.1 % SUSPENSION
Nitrofurantoin Macrocrystal 50 MG CAP	Urelle 81 MG TAB
Nitrofurantoin Monohyd Macro 100 MG CAP	Uribel 118 MG CAP
Ofloxacin 0.3 % SOLUTION	Vancomycin HCl 125 MG CAP
Penicillin V Potassium 250 MG TAB	Vancomycin HCl 250 MG CAP
Penicillin V Potassium 500 MG TAB	Vancomycin HCl 250 MG/5ML RECON SOLN
ANTICOAGULANTS	
Dabigatran Etexilate Mesylate 150 MG CAP	Warfarin Sodium 2.5 MG TAB
Dabigatran Etexilate Mesylate 75 MG CAP	Warfarin Sodium 3 MG TAB
Heparin Lock Flush 10 UNIT/ML SOLUTION	Warfarin Sodium 4 MG TAB
Warfarin Sodium 1 MG TAB	Warfarin Sodium 5 MG TAB
Warfarin Sodium 10 MG TAB	Warfarin Sodium 6 MG TAB
Warfarin Sodium 2 MG TAB	Warfarin Sodium 7.5 MG TAB
ANTIDOTES	
Naloxone HCl 4 MG/0.1ML LIQUID	Naltrexone HCl 50 MG TAB
ANTIFUNGALS	
Ciclopirox 0.77 % GEL	Itraconazole 10 MG/ML SOLUTION
Ciclopirox 1 % SHAMPOO	Itraconazole 100 MG CAP
Ciclopirox 8 % SOLUTION	Ketoconazole 2 % CREAM
Ciclopirox Olamine 0.77 % CREAM	Ketoconazole 2 % SHAMPOO
Ciclopirox Olamine 0.77 % SUSPENSION	Ketoconazole 200 MG TAB
Clotrimazole 1 % CREAM	Nystatin 100000 UNIT/GM CREAM
Clotrimazole 1 % SOLUTION	Nystatin 100000 UNIT/GM OINTMENT
Clotrimazole 10 MG TROCHE	Nystatin 100000 UNIT/ML SUSPENSION
Clotrimazole-Betamethasone 1-0.05 % CREAM	Nystatin 500000 UNIT TAB
Econazole Nitrate 1 % CREAM	Nystatin-Triamcinolone 100000-0.1 UNIT/GM-% CREAM
Fluconazole 10 MG/ML RECON SUSP	Nystatin-Triamcinolone 100000-0.1 UNIT/GM-% OINTMENT
Fluconazole 100 MG TAB	Nystop 100000 UNIT/GM POWDER
Fluconazole 150 MG TAB	Tavaborole 5 % SOLUTION
Fluconazole 200 MG TAB	Terbinafine HCl 250 MG TAB
Fluconazole 40 MG/ML RECON SUSP	Terconazole 0.4 % CREAM
Fluconazole 50 MG TAB	Terconazole 0.8 % CREAM
Griseofulvin Microsize 125 MG/5ML SUSPENSION	Terconazole 80 MG SUPPOS
Griseofulvin Microsize 500 MG TAB	Voriconazole 200 MG TAB
Griseofulvin Ultramicrosize 250 MG TAB	

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
ANTIHISTAMINES	
Azelastine HCl 0.05 % SOLUTION	HydrOXYzine Pamoate 25 MG CAP
Bepotastine Besilate 1.5 % SOLUTION	HydrOXYzine Pamoate 50 MG CAP
Carbinoxamine Maleate 4 MG TAB	Levocetirizine Dihydrochloride 2.5 MG/5ML SOLUTION
Cetirizine HCl 1 MG/ML SOLUTION	Levocetirizine Dihydrochloride 5 MG TAB
Cyproheptadine HCl 2 MG/5ML SYRUP	Olopatadine HCl 0.1 % SOLUTION
Cyproheptadine HCl 4 MG TAB	Olopatadine HCl 0.2 % SOLUTION
DiphenhydrAMINE HCl 12.5 MG/5ML ELIXIR	Promethazine HCl 12.5 MG TAB
HydrOXYzine HCl 10 MG TAB	Promethazine HCl 25 MG TAB
HydrOXYzine HCl 10 MG/5ML SYRUP	Promethazine HCl 25 MG/ML SOLUTION
HydrOXYzine HCl 25 MG TAB	Promethazine HCl 50 MG TAB
HydrOXYzine HCl 50 MG TAB	Promethazine HCl 6.25 MG/5ML SOLUTION
ANTIHYPERGLYCEMICS	
Acarbose 100 MG TAB	GlyBURIDE-MetFORMIN 2.5-500 MG TAB
Acarbose 25 MG TAB	GlyBURIDE-MetFORMIN 5-500 MG TAB
Acarbose 50 MG TAB	MetFORMIN HCl 1000 MG TAB
Glimepiride 1 MG TAB	MetFORMIN HCl 500 MG TAB
Glimepiride 2 MG TAB	metFORMIN HCl 500 MG/5ML SOLUTION
Glimepiride 4 MG TAB	MetFORMIN HCl 850 MG TAB
GlipiZIDE 10 MG TAB	metFORMIN HCl ER (OSM) 1000 MG TAB ER 24H
GlipiZIDE 5 MG TAB	MetFORMIN HCl ER (OSM) 500 MG TAB ER 24H
GlipiZIDE ER 10 MG TAB ER 24H	metFORMIN HCl ER 500 MG TAB ER 24H
GlipiZIDE ER 2.5 MG TAB ER 24H	MetFORMIN HCl ER 750 MG TAB ER 24H
GlipiZIDE ER 5 MG TAB ER 24H	Pioglitazone HCl 15 MG TAB
GlipiZIDE-MetFORMIN HCl 2.5-500 MG TAB	Pioglitazone HCl 30 MG TAB
GlipiZIDE-MetFORMIN HCl 5-500 MG TAB	Pioglitazone HCl 45 MG TAB
GlyBURIDE 1.25 MG TAB	Pioglitazone HCl-Metformin HCl 15-850 MG TAB
GlyBURIDE 2.5 MG TAB	Repaglinide 0.5 MG TAB
GlyBURIDE 5 MG TAB	Repaglinide 1 MG TAB
ANTIINFECTIVES/MISCELLANEOUS	
Albendazole 200 MG TAB	Hydroxychloroquine Sulfate 300 MG TAB
Atovaquone 750 MG/5ML SUSPENSION	Ivermectin 3 MG TAB
Atovaquone-Proguanil HCl 250-100 MG TAB	Mefloquine HCl 250 MG TAB
Atovaquone-Proguanil HCl 62.5-25 MG TAB	QuiNINE Sulfate 324 MG CAP
Chloroquine Phosphate 250 MG TAB	Tinidazole 250 MG TAB
Chloroquine Phosphate 500 MG TAB	Tinidazole 500 MG TAB
Hydroxychloroquine Sulfate 200 MG TAB	
ANTINEOPLASTICS	
Anastrozole 1 MG TAB	Mercaptopurine 50 MG TAB
Diclofenac Sodium 3 % GEL	Methotrexate Sodium (PF) 250 MG/10ML SOLUTION
Exemestane 25 MG TAB	Methotrexate Sodium (PF) 50 MG/2ML SOLUTION
Fluorouracil 5 % CREAM	Methotrexate Sodium 2.5 MG TAB
Hydroxyurea 500 MG CAP	Methotrexate Sodium 50 MG/2ML SOLUTION
Letrozole 2.5 MG TAB	Tamoxifen Citrate 10 MG TAB
Megestrol Acetate 20 MG TAB	Tamoxifen Citrate 20 MG TAB
Megestrol Acetate 40 MG TAB	
ANTIPARASITICS	
Malathion 0.5 % LOTION	Spinosad 0.9 % SUSPENSION
Permethrin 5 % CREAM	

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
ANTIPARKINSON DRUGS	
Amantadine HCl 100 MG CAP	Pramipexole Dihydrochloride 0.5 MG TAB
Amantadine HCl 100 MG TAB	Pramipexole Dihydrochloride 0.75 MG TAB
Amantadine HCl 50 MG/5ML SOLUTION	Pramipexole Dihydrochloride 1 MG TAB
Benztropine Mesylate 0.5 MG TAB	Pramipexole Dihydrochloride 1.5 MG TAB
Benztropine Mesylate 1 MG TAB	ROPINIRole HCl 0.25 MG TAB
Benztropine Mesylate 2 MG TAB	ROPINIRole HCl 0.5 MG TAB
Bromocriptine Mesylate 2.5 MG TAB	ROPINIRole HCl 1 MG TAB
Carbidopa-Levodopa 10-100 MG TAB	ROPINIRole HCl 2 MG TAB
Carbidopa-Levodopa 25-100 MG TAB	ROPINIRole HCl 3 MG TAB
Carbidopa-Levodopa 25-250 MG TAB	ROPINIRole HCl 4 MG TAB
Carbidopa-Levodopa ER 25-100 MG TAB ER	ROPINIRole HCl 5 MG TAB
Carbidopa-Levodopa ER 50-200 MG TAB ER	ROPINIRole HCl ER 12 MG TAB ER 24H
Carbidopa-Levodopa-Entacapone 25-100-200 MG TAB	ROPINIRole HCl ER 2 MG TAB ER 24H
Carbidopa-Levodopa-Entacapone 31.25-125-200 MG TAB	rOPINIRole HCl ER 4 MG TAB ER 24H
Carbidopa-Levodopa-Entacapone 37.5-150-200 MG TAB	ROPINIRole HCl ER 6 MG TAB ER 24H
Entacapone 200 MG TAB	Selegiline HCl 5 MG CAP
Pramipexole Dihydrochloride 0.125 MG TAB	Selegiline HCl 5 MG TAB
Pramipexole Dihydrochloride 0.25 MG TAB	Trihexyphenidyl HCl 2 MG TAB
ANTIPLATELET DRUGS	
Aspirin 81 MG CHEW TAB	Clopidogrel Bisulfate 75 MG TAB
Aspirin-Dipyridamole ER 25-200 MG CAP ER 12H	Dipyridamole 75 MG TAB
Cilostazol 100 MG TAB	Prasugrel HCl 10 MG TAB
Cilostazol 50 MG TAB	SM Aspirin Adult Low Strength 81 MG TAB DR
ANTIVIRALS	
Acyclovir 200 MG CAP	Famciclovir 250 MG TAB
Acyclovir 200 MG/5ML SUSPENSION	Famciclovir 500 MG TAB
Acyclovir 400 MG TAB	Oseltamivir Phosphate 30 MG CAP
Acyclovir 5 % CREAM	Oseltamivir Phosphate 45 MG CAP
Acyclovir 5 % OINTMENT	Oseltamivir Phosphate 6 MG/ML RECON SUSP
Acyclovir 800 MG TAB	Oseltamivir Phosphate 75 MG CAP
Darunavir 600 MG TAB	Tenofovir Disoproxil Fumarate 300 MG TAB
Emtricitabine-Tenofovir DF 200-300 MG TAB	ValACYclovir HCl 1 GM TAB
Famciclovir 125 MG TAB	ValACYclovir HCl 500 MG TAB

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
AUTONOMIC DRUGS	
Amphet-Dextroamphet 3-Bead ER 37.5 MG CAP ER 24H	Dextroamphetamine Sulfate ER 10 MG CAP ER 24H
Amphet-Dextroamphet 3-Bead ER 50 MG CAP ER 24H	Dextroamphetamine Sulfate ER 15 MG CAP ER 24H
Amphetamine Sulfate 10 MG TAB	Donepezil HCl 10 MG TAB
Amphetamine-Dextroamphet ER 10 MG CAP ER 24H	Donepezil HCl 23 MG TAB
Amphetamine-Dextroamphet ER 15 MG CAP ER 24H	Donepezil HCl 5 MG TAB
Amphetamine-Dextroamphet ER 20 MG CAP ER 24H	Donepezil HCl 5 MG TAB DISP
Amphetamine-Dextroamphet ER 25 MG CAP ER 24H	Galantamine Hydrobromide 12 MG TAB
Amphetamine-Dextroamphet ER 30 MG CAP ER 24H	Galantamine Hydrobromide 4 MG TAB
Amphetamine-Dextroamphet ER 5 MG CAP ER 24H	Galantamine Hydrobromide 8 MG TAB
Amphetamine-Dextroamphetamine 10 MG TAB	Midodrine HCl 10 MG TAB
Amphetamine-Dextroamphetamine 12.5 MG TAB	Midodrine HCl 2.5 MG TAB
Amphetamine-Dextroamphetamine 15 MG TAB	Midodrine HCl 5 MG TAB
Amphetamine-Dextroamphetamine 20 MG TAB	Pilocarpine HCl 5 MG TAB
Amphetamine-Dextroamphetamine 30 MG TAB	Pilocarpine HCl 7.5 MG TAB
Amphetamine-Dextroamphetamine 5 MG TAB	Pyridostigmine Bromide 60 MG TAB
Amphetamine-Dextroamphetamine 7.5 MG TAB	Rivastigmine 4.6 MG/24HR PATCH 24HR
Bethanechol Chloride 10 MG TAB	Rivastigmine 9.5 MG/24HR PATCH 24HR
Bethanechol Chloride 25 MG TAB	Rivastigmine Tartrate 1.5 MG CAP
Bethanechol Chloride 50 MG TAB	Rivastigmine Tartrate 3 MG CAP
Cevimeline HCl 30 MG CAP	Rivastigmine Tartrate 6 MG CAP
Dextroamphetamine Sulfate 10 MG TAB	Zenzedi 20 MG TAB
Dextroamphetamine Sulfate 5 MG TAB	Zenzedi 30 MG TAB
BIOLOGICALS	
Abrysvo 120 MCG/0.5ML RECON SOLN	Ipol INJECTABLE
Adacel 5-2-15.5 LF-MCG/0.5 SUSPENSION	M-M-R II RECON SOLN
Afluria Quadrivalent SUSPENSION	Menveo RECON SOLN
Arexvy 120 MCG/0.5ML RECON SUSP	Pfizer COVID-19 Vac-TriS 5-11y 10 MCG/0.3ML SUSPENSION
Boostrix 5-2.5-18.5 LF-MCG/0.5 SUSPENSION	Pfizer COVID-19 Vac-TriS 6m-4y 3 MCG/0.3ML SUSPENSION
Comirnaty 30 MCG/0.3ML SUSPENSION	Pneumovax 23 25 MCG/0.5ML INJECTABLE
Engerix-B 20 MCG/ML SUSPENSION	Shingrix 50 MCG/0.5ML RECON SUSP
Fluzone High-Dose Quadrivalent 0.7 ML SUSP PRSYR	TDVAX 2-2 LF/0.5ML SUSPENSION
Havrix 1440 EL U/ML SUSPENSION	Varivax 1350 PFU/0.5ML INJECTABLE
BLOOD	
Pentoxifylline ER 400 MG TAB ER	Tranexamic Acid 650 MG TAB

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
CARDIAC DRUGS	
Amiodarone HCl 100 MG TAB	Isosorbide Mononitrate ER 30 MG TAB ER 24H
Amiodarone HCl 200 MG TAB	Isosorbide Mononitrate ER 60 MG TAB ER 24H
Amiodarone HCl 400 MG TAB	Matzim LA 180 MG TAB ER 24H
AmLODIPine Besylate 10 MG TAB	Matzim LA 240 MG TAB ER 24H
amLODIPine Besylate 2.5 MG TAB	Matzim LA 360 MG TAB ER 24H
amLODIPine Besylate 5 MG TAB	Mexiletine HCl 150 MG CAP
Digoxin 125 MCG TAB	NIFEdipine 10 MG CAP
Digoxin 250 MCG TAB	NIFEdipine 20 MG CAP
Dilt-XR 120 MG CAP ER 24H	NIFEdipine ER 30 MG TAB ER 24H
Dilt-XR 180 MG CAP ER 24H	NIFEdipine ER 60 MG TAB ER 24H
Dilt-XR 240 MG CAP ER 24H	NIFEdipine ER 90 MG TAB ER 24H
DilTIAZem HCl 30 MG TAB	NIFEdipine ER Osmotic Release 30 MG TAB ER 24H
DilTIAZem HCl 60 MG TAB	NIFEdipine ER Osmotic Release 60 MG TAB ER 24H
dilTIAZem HCl 90 MG TAB	NIFEdipine ER Osmotic Release 90 MG TAB ER 24H
DilTIAZem HCl ER 120 MG CAP ER 12H	Nisoldipine ER 34 MG TAB ER 24H
DilTIAZem HCl ER 60 MG CAP ER 12H	Nitroglycerin 0.1 MG/HR PATCH 24HR
DilTIAZem HCl ER 90 MG CAP ER 12H	Nitroglycerin 0.2 MG/HR PATCH 24HR
DilTIAZem HCl ER Beads 120 MG CAP ER 24H	Nitroglycerin 0.3 MG SL TAB
DilTIAZem HCl ER Coated Beads 120 MG CAP ER 24H	Nitroglycerin 0.4 MG SL TAB
dilTIAZem HCl ER Coated Beads 180 MG CAP ER 24H	Nitroglycerin 0.4 MG/HR PATCH 24HR
dilTIAZem HCl ER Coated Beads 240 MG CAP ER 24H	Nitroglycerin 0.4 MG/SPRAY SOLUTION
dilTIAZem HCl ER Coated Beads 300 MG CAP ER 24H	Nitroglycerin 0.6 MG/HR PATCH 24HR
dilTIAZem HCl ER Coated Beads 360 MG CAP ER 24H	Propafenone HCl 150 MG TAB
Disopyramide Phosphate 100 MG CAP	Propafenone HCl 225 MG TAB
Dofetilide 125 MCG CAP	Propafenone HCl 300 MG TAB
Dofetilide 500 MCG CAP	Propafenone HCl ER 225 MG CAP ER 12H
Felodipine ER 10 MG TAB ER 24H	Propafenone HCl ER 325 MG CAP ER 12H
Felodipine ER 2.5 MG TAB ER 24H	Ranolazine ER 1000 MG TAB ER 12H
Felodipine ER 5 MG TAB ER 24H	Ranolazine ER 500 MG TAB ER 12H
Flecainide Acetate 100 MG TAB	Verapamil HCl 120 MG TAB
Flecainide Acetate 50 MG TAB	Verapamil HCl 40 MG TAB
Isosorbide Dinitrate 10 MG TAB	Verapamil HCl 80 MG TAB
Isosorbide Dinitrate 20 MG TAB	Verapamil HCl ER 120 MG CAP ER 24H
Isosorbide Dinitrate 30 MG TAB	Verapamil HCl ER 180 MG CAP ER 24H
Isosorbide Mononitrate ER 120 MG TAB ER 24H	Verapamil HCl ER 240 MG CAP ER 24H

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
CARDIOVASCULAR	
Acebutolol HCl 200 MG CAP	Captopril 50 MG TAB
Acebutolol HCl 400 MG CAP	Carvedilol 12.5 MG TAB
Aliskiren Fumarate 150 MG TAB	Carvedilol 25 MG TAB
Aliskiren Fumarate 300 MG TAB	Carvedilol 3.125 MG TAB
Amlodipine Besy-Benazepril HCl 10-20 MG CAP	Carvedilol 6.25 MG TAB
Amlodipine Besy-Benazepril HCl 10-40 MG CAP	Cholestyramine 4 GM PACKET
Amlodipine Besy-Benazepril HCl 5-10 MG CAP	Cholestyramine 4 GM/DOSE POWDER
Amlodipine Besy-Benazepril HCl 5-20 MG CAP	Cholestyramine Light 4 GM/DOSE POWDER
Amlodipine Besy-Benazepril HCl 5-40 MG CAP	CloNIDine 0.1 MG/24HR PATCH WK
Amlodipine Besylate-Valsartan 10-160 MG TAB	CloNIDine 0.2 MG/24HR PATCH WK
Amlodipine Besylate-Valsartan 10-320 MG TAB	CloNIDine 0.3 MG/24HR PATCH WK
Amlodipine Besylate-Valsartan 5-160 MG TAB	CloNIDine HCl 0.1 MG TAB
Amlodipine Besylate-Valsartan 5-320 MG TAB	CloNIDine HCl 0.2 MG TAB
Amlodipine-Atorvastatin 10-20 MG TAB	CloNIDine HCl 0.3 MG TAB
Amlodipine-Atorvastatin 5-10 MG TAB	Colesevelam HCl 625 MG TAB
Amlodipine-Atorvastatin 5-20 MG TAB	Colestipol HCl 1 GM TAB
Amlodipine-Olmesartan 10-20 MG TAB	Doxazosin Mesylate 1 MG TAB
Amlodipine-Olmesartan 10-40 MG TAB	Doxazosin Mesylate 2 MG TAB
Amlodipine-Olmesartan 5-20 MG TAB	Doxazosin Mesylate 4 MG TAB
Amlodipine-Olmesartan 5-40 MG TAB	Doxazosin Mesylate 8 MG TAB
Atenolol 100 MG TAB	Enalapril Maleate 10 MG TAB
Atenolol 25 MG TAB	Enalapril Maleate 2.5 MG TAB
Atenolol 50 MG TAB	Enalapril Maleate 20 MG TAB
Atenolol-Chlorthalidone 100-25 MG TAB	Enalapril Maleate 5 MG TAB
Atenolol-Chlorthalidone 50-25 MG TAB	Enalapril-Hydrochlorothiazide 10-25 MG TAB
Atorvastatin Calcium 10 MG TAB	Enalapril-Hydrochlorothiazide 5-12.5 MG TAB
Atorvastatin Calcium 20 MG TAB	Ezetimibe 10 MG TAB
Atorvastatin Calcium 40 MG TAB	Ezetimibe-Simvastatin 10-10 MG TAB
Atorvastatin Calcium 80 MG TAB	Fenofibrate 134 MG CAP
Benazepril HCl 10 MG TAB	Fenofibrate 145 MG TAB
Benazepril HCl 20 MG TAB	Fenofibrate 160 MG TAB
Benazepril HCl 40 MG TAB	Fenofibrate 48 MG TAB
Benazepril HCl 5 MG TAB	Fenofibrate 54 MG TAB
Benazepril-Hydrochlorothiazide 10-12.5 MG TAB	Fenofibrate Micronized 200 MG CAP
Benazepril-hydroCHLOROthiazide 20-12.5 MG TAB	Fenofibrate Micronized 43 MG CAP
Benazepril-Hydrochlorothiazide 20-25 MG TAB	Fenofibrate Micronized 67 MG CAP
Bisoprolol Fumarate 10 MG TAB	Fenofibric Acid 135 MG CAP DR
Bisoprolol Fumarate 5 MG TAB	Fenofibric Acid 45 MG CAP DR
Bisoprolol-hydroCHLOROthiazide 10-6.25 MG TAB	Fluvastatin Sodium 40 MG CAP
Bisoprolol-hydroCHLOROthiazide 2.5-6.25 MG TAB	Fosinopril Sodium 40 MG TAB
Bisoprolol-hydroCHLOROthiazide 5-6.25 MG TAB	Gemfibrozil 600 MG TAB
Candesartan Cilexetil 16 MG TAB	GuanFACINE HCl 1 MG TAB
Candesartan Cilexetil 32 MG TAB	guanFACINE HCl 2 MG TAB
Candesartan Cilexetil 4 MG TAB	hydrALAZINE HCl 10 MG TAB
Candesartan Cilexetil 8 MG TAB	HydrALAZINE HCl 100 MG TAB
Candesartan Cilexetil-HCTZ 16-12.5 MG TAB	HydrALAZINE HCl 25 MG TAB
Candesartan Cilexetil-HCTZ 32-12.5 MG TAB	HydrALAZINE HCl 50 MG TAB
Candesartan Cilexetil-HCTZ 32-25 MG TAB	Irbesartan 150 MG TAB
Captopril 12.5 MG TAB	Irbesartan 300 MG TAB
Captopril 25 MG TAB	Irbesartan 75 MG TAB

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
CARDIOVASCULAR	
Irbesartan-Hydrochlorothiazide 150-12.5 MG TAB	Pindolol 5 MG TAB
Irbesartan-Hydrochlorothiazide 300-12.5 MG TAB	Pravastatin Sodium 10 MG TAB
Isosorb Dinitrate-hydrALAZINE 20-37.5 MG TAB	Pravastatin Sodium 20 MG TAB
Labetalol HCl 100 MG TAB	Pravastatin Sodium 40 MG TAB
Labetalol HCl 200 MG TAB	Pravastatin Sodium 80 MG TAB
Labetalol HCl 300 MG TAB	Prazosin HCl 1 MG CAP
Lisinopril 10 MG TAB	Prazosin HCl 2 MG CAP
Lisinopril 2.5 MG TAB	Prazosin HCl 5 MG CAP
Lisinopril 20 MG TAB	Propranolol HCl 10 MG TAB
Lisinopril 30 MG TAB	Propranolol HCl 20 MG TAB
Lisinopril 40 MG TAB	Propranolol HCl 20 MG/5ML SOLUTION
Lisinopril 5 MG TAB	Propranolol HCl 40 MG TAB
Lisinopril-Hydrochlorothiazide 10-12.5 MG TAB	Propranolol HCl 60 MG TAB
Lisinopril-Hydrochlorothiazide 20-12.5 MG TAB	Propranolol HCl 80 MG TAB
Lisinopril-Hydrochlorothiazide 20-25 MG TAB	Propranolol HCl ER 120 MG CAP ER 24H
Losartan Potassium 100 MG TAB	Propranolol HCl ER 160 MG CAP ER 24H
Losartan Potassium 25 MG TAB	Propranolol HCl ER 60 MG CAP ER 24H
Losartan Potassium 50 MG TAB	Propranolol HCl ER 80 MG CAP ER 24H
Losartan Potassium-HCTZ 100-12.5 MG TAB	Quinapril HCl 40 MG TAB
Losartan Potassium-HCTZ 100-25 MG TAB	Ramipril 1.25 MG CAP
Losartan Potassium-HCTZ 50-12.5 MG TAB	Ramipril 10 MG CAP
Lovastatin 10 MG TAB	Ramipril 2.5 MG CAP
Lovastatin 20 MG TAB	Ramipril 5 MG CAP
Lovastatin 40 MG TAB	Rosuvastatin Calcium 10 MG TAB
Metoprolol Succinate ER 100 MG TAB ER 24H	Rosuvastatin Calcium 20 MG TAB
Metoprolol Succinate ER 200 MG TAB ER 24H	Rosuvastatin Calcium 40 MG TAB
Metoprolol Succinate ER 25 MG TAB ER 24H	Rosuvastatin Calcium 5 MG TAB
Metoprolol Succinate ER 50 MG TAB ER 24H	Simvastatin 10 MG TAB
Metoprolol Tartrate 100 MG TAB	Simvastatin 20 MG TAB
Metoprolol Tartrate 25 MG TAB	Simvastatin 40 MG TAB
Metoprolol Tartrate 37.5 MG TAB	Simvastatin 5 MG TAB
Metoprolol Tartrate 50 MG TAB	Simvastatin 80 MG TAB
Metoprolol Tartrate 75 MG TAB	Sotalol HCl (AF) 80 MG TAB
Minoxidil 10 MG TAB	Sotalol HCl 120 MG TAB
Minoxidil 2.5 MG TAB	Sotalol HCl 80 MG TAB
Nebivolol HCl 10 MG TAB	Telmisartan 20 MG TAB
Nebivolol HCl 2.5 MG TAB	Telmisartan 40 MG TAB
Nebivolol HCl 20 MG TAB	Telmisartan 80 MG TAB
Nebivolol HCl 5 MG TAB	Telmisartan-HCTZ 40-12.5 MG TAB
Niacin ER (Antihyperlipidemic) 1000 MG TAB ER	Telmisartan-HCTZ 80-12.5 MG TAB
Niacin ER (Antihyperlipidemic) 500 MG TAB ER	Telmisartan-HCTZ 80-25 MG TAB
Olmesartan Medoxomil 20 MG TAB	Terazosin HCl 1 MG CAP
Olmesartan Medoxomil 40 MG TAB	Terazosin HCl 10 MG CAP
Olmesartan Medoxomil 5 MG TAB	Terazosin HCl 2 MG CAP
Olmesartan Medoxomil-HCTZ 20-12.5 MG TAB	Terazosin HCl 5 MG CAP
Olmesartan Medoxomil-HCTZ 40-12.5 MG TAB	Trandolapril 2 MG TAB
Olmesartan Medoxomil-HCTZ 40-25 MG TAB	Trandolapril 4 MG TAB
Olmesartan-Amlodipine-HCTZ 40-5-12.5 MG TAB	Valsartan 160 MG TAB
Olmesartan-Amlodipine-HCTZ 40-5-25 MG TAB	Valsartan 320 MG TAB
Perindopril Erbumine 4 MG TAB	Valsartan 40 MG TAB

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
CARDIOVASCULAR	
Valsartan 80 MG TAB	Valsartan-Hydrochlorothiazide 320-12.5 MG TAB
Valsartan-Hydrochlorothiazide 160-12.5 MG TAB	Valsartan-Hydrochlorothiazide 320-25 MG TAB
Valsartan-Hydrochlorothiazide 160-25 MG TAB	Valsartan-Hydrochlorothiazide 80-12.5 MG TAB
CNS DRUGS	
CarBAMazepine 100 MG CHEW TAB	LamoTRIgine ER 200 MG TAB ER 24H
CarBAMazepine 100 MG/5ML SUSPENSION	LamoTRIgine ER 25 MG TAB ER 24H
CarBAMazepine 200 MG TAB	LamoTRIgine ER 250 MG TAB ER 24H
CarBAMazepine ER 100 MG CAP ER 12H	LamoTRIgine ER 300 MG TAB ER 24H
carBAMazepine ER 100 MG TAB ER 12H	LamoTRIgine ER 50 MG TAB ER 24H
CarBAMazepine ER 200 MG CAP ER 12H	LevETIRAcetam 100 MG/ML SOLUTION
carBAMazepine ER 200 MG TAB ER 12H	LevETIRAcetam 1000 MG TAB
CarBAMazepine ER 300 MG CAP ER 12H	LevETIRAcetam 250 MG TAB
carBAMazepine ER 400 MG TAB ER 12H	levETIRAcetam 500 MG TAB
cloBAZam 10 MG TAB	LevETIRAcetam 750 MG TAB
cloBAZam 2.5 MG/ML SUSPENSION	LevETIRAcetam ER 500 MG TAB ER 24H
clonazePAM 0.125 MG TAB DISP	LevETIRAcetam ER 750 MG TAB ER 24H
clonazePAM 0.25 MG TAB DISP	Memantine HCl 10 MG TAB
ClonazePAM 0.5 MG TAB	Memantine HCl 5 MG TAB
clonazePAM 0.5 MG TAB DISP	Memantine HCl ER 21 MG CAP ER 24H
clonazePAM 1 MG TAB	Memantine HCl ER 28 MG CAP ER 24H
clonazePAM 1 MG TAB DISP	OXcarbazepine 150 MG TAB
clonazePAM 2 MG TAB	OXcarbazepine 300 MG TAB
clonazePAM 2 MG TAB DISP	OXcarbazepine 300 MG/5ML SUSPENSION
Divalproex Sodium 125 MG TAB DR	OXcarbazepine 600 MG TAB
Divalproex Sodium 250 MG TAB DR	Phenytoin Sodium Extended 100 MG CAP
Divalproex Sodium 500 MG TAB DR	Phenytoin Sodium Extended 200 MG CAP
Divalproex Sodium ER 250 MG TAB ER 24H	Phenytoin Sodium Extended 300 MG CAP
Divalproex Sodium ER 500 MG TAB ER 24H	Pregabalin 100 MG CAP
Ethosuximide 250 MG/5ML SOLUTION	Pregabalin 150 MG CAP
Gabapentin 100 MG CAP	Pregabalin 200 MG CAP
Gabapentin 250 MG/5ML SOLUTION	Pregabalin 225 MG CAP
Gabapentin 300 MG CAP	Pregabalin 25 MG CAP
Gabapentin 400 MG CAP	Pregabalin 300 MG CAP
Gabapentin 600 MG TAB	Pregabalin 50 MG CAP
Gabapentin 800 MG TAB	Pregabalin 75 MG CAP
Lacosamide 10 MG/ML SOLUTION	Primidone 250 MG TAB
Lacosamide 100 MG TAB	Primidone 50 MG TAB
Lacosamide 150 MG TAB	Rufinamide 400 MG TAB
Lacosamide 200 MG TAB	Topiramate 100 MG TAB
Lacosamide 50 MG TAB	Topiramate 200 MG TAB
LamoTRIgine 100 MG TAB	Topiramate 25 MG TAB
LamoTRIgine 150 MG TAB	Topiramate 50 MG TAB
LamoTRIgine 200 MG TAB	Valproic Acid 250 MG CAP
LamoTRIgine 25 & 50 & 100 MG KIT	Valproic Acid 250 MG/5ML SOLUTION
LamoTRIgine 25 MG TAB	Zonisamide 100 MG CAP
lamoTRIgine 50 MG TAB DISP	Zonisamide 25 MG CAP
LamoTRIgine ER 100 MG TAB ER 24H	Zonisamide 50 MG CAP

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
CONTRACEPTIVES	
Apri 0.15-30 MG-MCG TAB	Levonorgest-Eth Estrad 91-Day 0.1-0.02 & 0.01 MG TAB
Aranelle 0.5/1/0.5-35 MG-MCG TAB	Levonorgest-Eth Estrad 91-Day 0.15-0.03 &0.01 MG TAB
Azurette 0.15-0.02/0.01 MG (21/5) TAB	Levonorgest-Eth Estrad 91-Day 0.15-0.03 MG TAB
Balziva 0.4-35 MG-MCG TAB	Levonorgest-Eth Estradiol-Iron 0.1-20 MG-MCG(21) TAB
Caya DIAPHRAGM	Levora 0.15/30 (28) 0.15-30 MG-MCG TAB
Dasetta 1/35 1-35 MG-MCG TAB	MedroxyPROGESTERone Acetate 150 MG/ML SUSPENSION
Dolishale 90-20 MCG TAB	Merzee 1-20 MG-MCG(24) CAP
Elinest 0.3-30 MG-MCG TAB	Microgestin 1/20 1-20 MG-MCG TAB
EluRyng 0.12-0.015 MG/24HR RING	Minastrin 24 Fe 1-20 MG-MCG(24) CHEW TAB
Errin 0.35 MG TAB	Necon 0.5/35 (28) 0.5-35 MG-MCG TAB
FC2 Female Condom MISC	Norethin-Eth Estradiol-Fe 0.4-35 MG-MCG CHEW TAB
Generess FE 0.8-25 MG-MCG CHEW TAB	Nortrel 7/7/7 0.5/0.75/1-35 MG-MCG TAB
Her Style 1.5 MG TAB	Paragard Intrauterine Copper IUD
Kelnor 1/35 1-35 MG-MCG TAB	Sprintec 28 0.25-35 MG-MCG TAB
Kelnor 1/50 1-50 MG-MCG TAB	Tilia Fe 1-20/1-30/1-35 MG-MCG TAB
Kyleena 19.5 MG IUD	Tri-Linyah 0.18/0.215/0.25 MG-35 MCG TAB
Larin 1.5/30 1.5-30 MG-MCG TAB	Tri-Lo-Sprintec 0.18/0.215/0.25 MG-25 MCG TAB
Larin 24 FE 1-20 MG-MCG(24) TAB	Trivora (28) 50-30/75-40/ 125-30 MCG TAB
Larin Fe 1.5/30 1.5-30 MG-MCG TAB	Tyblume 0.1-20 MG-MCG CHEW TAB
Larin Fe 1/20 1-20 MG-MCG TAB	Velivet 0.1/0.125/0.15 -0.025 MG TAB
Lessina 0.1-20 MG-MCG TAB	
COUGH/COLD PREPARATIONS	
Benzonatate 100 MG CAP	HYDROcodone Bit-Homatrop MBr 5-1.5 MG/5ML SOLUTION
Benzonatate 150 MG CAP	Promethazine-Codeine 6.25-10 MG/5ML SOLUTION
Benzonatate 200 MG CAP	Promethazine-DM 6.25-15 MG/5ML SYRUP
HYDROcodone Bit-Homatrop MBr 5-1.5 MG TAB	Pseudoeph-Bromphen-DM 30-2-10 MG/5ML SYRUP
DIURETICS	
AcetaZOLAMIDE 125 MG TAB	HydroCHLOROthiazide 50 MG TAB
AcetaZOLAMIDE 250 MG TAB	Indapamide 1.25 MG TAB
acetaZOLAMIDE ER 500 MG CAP ER 12H	Indapamide 2.5 MG TAB
AMILoride HCl 5 MG TAB	MethazolAMIDE 50 MG TAB
Bumetanide 0.5 MG TAB	metOLazone 2.5 MG TAB
Bumetanide 1 MG TAB	metOLazone 5 MG TAB
Bumetanide 2 MG TAB	Spironolactone 100 MG TAB
Chlorthalidone 25 MG TAB	Spironolactone 25 MG TAB
Chlorthalidone 50 MG TAB	Spironolactone 50 MG TAB
Eplerenone 25 MG TAB	Spironolactone-HCTZ 25-25 MG TAB
Eplerenone 50 MG TAB	Torsemide 10 MG TAB
Furosemide 10 MG/ML SOLUTION	Torsemide 100 MG TAB
Furosemide 20 MG TAB	Torsemide 20 MG TAB
Furosemide 40 MG TAB	Torsemide 5 MG TAB
Furosemide 80 MG TAB	Triamterene 50 MG CAP
HydroCHLOROthiazide 12.5 MG CAP	Triamterene-HCTZ 37.5-25 MG CAP
HydroCHLOROthiazide 12.5 MG TAB	Triamterene-HCTZ 37.5-25 MG TAB
HydroCHLOROthiazide 25 MG TAB	Triamterene-HCTZ 75-50 MG TAB

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
EENT PREPS	
Acetic Acid 2 % SOLUTION	Dorzolamide HCl-Timolol Mal PF 2-0.5 % SOLUTION
Atropine Sulfate 1 % SOLUTION	Flunisolide 25 MCG/ACT (0.025%) SOLUTION
Azelastine HCl 0.1 % SOLUTION	Fluocinolone Acetonide 0.01 % OIL
Azelastine HCl 0.15 % SOLUTION	Fluorometholone 0.1 % SUSPENSION
Azelastine-Fluticasone 137-50 MCG/ACT SUSPENSION	Fluticasone Propionate 50 MCG/ACT SUSPENSION
Bimatoprost 0.03 % SOLUTION	Ipratropium Bromide 0.03 % SOLUTION
Brimonidine Tartrate 0.1 % SOLUTION	Ipratropium Bromide 0.06 % SOLUTION
Brimonidine Tartrate 0.15 % SOLUTION	Ketorolac Tromethamine 0.4 % SOLUTION
Brimonidine Tartrate 0.2 % SOLUTION	Ketorolac Tromethamine 0.5 % SOLUTION
Brimonidine Tartrate-Timolol 0.2-0.5 % SOLUTION	Latanoprost 0.005 % SOLUTION
Brinzolamide 1 % SUSPENSION	Mometasone Furoate 50 MCG/ACT SUSPENSION
Bromfenac Sodium (Once-Daily) 0.09 % SOLUTION	Olopatadine HCl 0.6 % SOLUTION
Cyclopentolate HCl 1 % SOLUTION	Pilocarpine HCl 4 % SOLUTION
Cyclopentolate HCl 2 % SOLUTION	Tafluprost (PF) 0.0015 % SOLUTION
cycloSPORINE 0.05 % EMULSION	Timolol Maleate 0.25 % SOLUTION
Diclofenac Sodium 0.1 % SOLUTION	Timolol Maleate 0.5 % GEL F SOLN
Difluprednate 0.05 % EMULSION	Timolol Maleate 0.5 % SOLUTION
Dorzolamide HCl 2 % SOLUTION	Travoprost (BAK Free) 0.004 % SOLUTION
Dorzolamide HCl-Timolol Mal 22.3-6.8 MG/ML SOLUTION	
ELECT/CALORIC/H2O	
Calcium 600 + D 600-5 MG-MCG TAB	Potassium Chloride ER 10 MEQ CAP ER
Calcium 600/Vitamin D 600-10 MG-MCG CHEW TAB	Potassium Chloride ER 10 MEQ TAB ER
Calcium 600+D 600-10 MG-MCG TAB	Potassium Chloride ER 20 MEQ TAB ER
Calcium Acetate (Phos Binder) 667 MG CAP	Potassium Citrate ER 10 MEQ (1080 MG) TAB ER
Calcium Acetate (Phos Binder) 667 MG TAB	Potassium Citrate ER 15 MEQ (1620 MG) TAB ER
Calcium Citrate-Vitamin D 315-5 MG-MCG TAB	Potassium Citrate ER 5 MEQ (540 MG) TAB ER
Calcium Citrate+D3 Petites 200-6.25 MG-MCG TAB	Potassium Citrate-Citric Acid 1100-334 MG/5ML SOLUTION
CVS Calcium 600 & Vitamin D3 600-20 MG-MCG TAB	Se-Tan PLUS 162-115.2-1 MG CAP
Diazoxide 50 MG/ML SUSPENSION	Sevelamer Carbonate 800 MG TAB
Fer-In-Sol 75 (15 Fe) MG/ML SOLUTION	Sevelamer HCl 800 MG TAB
Ferocon CAP	Sod Citrate-Citric Acid 500-334 MG/5ML SOLUTION
Ferrous Sulfate 220 (44 Fe) MG/5ML SOLUTION	Sodium Chloride (PF) 0.9 % SOLUTION
Ferrous Sulfate 300 (60 Fe) MG/5ML SOLUTION	Sodium Fluoride 0.2 % SOLUTION
Klor-Con 8 MEQ TAB ER	Sodium Fluoride 0.55 (0.25 F) MG CHEW TAB
Klor-Con M20 20 MEQ TAB ER	Sodium Fluoride 1.1 (0.5 F) MG CHEW TAB
Klor-Con/EF 25 MEQ EFFER TAB	Sodium Fluoride 1.1 (0.5 F) MG/ML SOLUTION
Oyster Shell Calcium w/D 500-5 MG-MCG TAB	Sodium Fluoride 1.1 % GEL
Phospha 250 Neutral 155-852-130 MG TAB	Sodium Fluoride 2.2 (1 F) MG CHEW TAB
Poly-Iron 150 Forte 150-25-1 MG-MCG-MG CAP	Sodium Fluoride 5000 Enamel 1.1-5 % GEL
Potassium Chloride 20 MEQ PACKET	Sodium Fluoride 5000 Plus 1.1 % CREAM
Potassium Chloride 20 MEQ/15ML (10%) SOLUTION	Sodium Fluoride 5000 PPM 1.1 % PASTE
Potassium Chloride Crys ER 10 MEQ TAB ER	Sodium Polystyrene Sulfonate POWDER

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
GASTROINTESTINAL	
Alosetron HCl 0.5 MG TAB	Lubiprostone 8 MCG CAP
Anucort-HC 25 MG SUPPOS	Meclizine HCl 12.5 MG TAB
Aprepitant 40 MG CAP	Meclizine HCl 25 MG TAB
Aprepitant 80 & 125 MG MISC	Mesalamine 1.2 GM TAB DR
Aprepitant 80 MG CAP	Mesalamine 1000 MG SUPPOS
Balsalazide Disodium 750 MG CAP	Mesalamine 4 GM ENEMA
chlordiazePOXIDE-Clidinium 5-2.5 MG CAP	Mesalamine 400 MG CAP DR
Cimetidine 200 MG TAB	Mesalamine ER 0.375 GM CAP ER 24H
Cimetidine 300 MG TAB	Mesalamine-Cleanser 4 GM KIT
Cimetidine 400 MG TAB	Metoclopramide HCl 10 MG TAB
Cimetidine 800 MG TAB	Metoclopramide HCl 10 MG/10ML SOLUTION
Clenpiq 10-3.5-12 MG-GM -GM/160ML SOLUTION	Metoclopramide HCl 5 MG TAB
Compro 25 MG SUPPOS	Metoclopramide HCl 5 MG/ML SOLUTION
Dicyclomine HCl 10 MG CAP	MiSOPROStol 100 MCG TAB
Dicyclomine HCl 20 MG TAB	MiSOPROStol 200 MCG TAB
Diphenoxylate-Atropine 2.5-0.025 MG TAB	Omega-3-acid Ethyl Esters 1 GM CAP
Doxylamine-Pyridoxine 10-10 MG TAB DR	Omeprazole 10 MG CAP DR
Dronabinol 5 MG CAP	Omeprazole 20 MG CAP DR
Esomeprazole Magnesium 20 MG CAP DR	Omeprazole 40 MG CAP DR
Esomeprazole Magnesium 40 MG CAP DR	Ondansetron 4 MG TAB DISP
Famotidine 20 MG TAB	Ondansetron 8 MG TAB DISP
Famotidine 40 MG TAB	Ondansetron HCl 4 MG TAB
Famotidine 40 MG/5ML RECON SUSP	Ondansetron HCl 4 MG/5ML SOLUTION
GaviLyte-C 240 GM RECON SOLN	Ondansetron HCl 8 MG TAB
GaviLyte-G 236 GM RECON SOLN	Opium 10 MG/ML (1%) TINCTURE
Glycopyrrolate 1 MG TAB	Pantoprazole Sodium 20 MG TAB DR
Glycopyrrolate 1 MG/5ML SOLUTION	Pantoprazole Sodium 40 MG RECON SOLN
Glycopyrrolate 2 MG TAB	Pantoprazole Sodium 40 MG TAB DR
Hemmorex-HC 30 MG SUPPOS	PB-Hyoscy-Atropine-Scopolamine 16.2 MG TAB
Hydrocort-Pramoxine (Perianal) 2.5-1 % CREAM	PB-Hyoscy-Atropine-Scopolamine 16.2 MG/5ML ELIXIR
Hyoscyamine Sulfate 0.125 MG SL TAB	PEG 3350-KCl-Na Bicarb-NaCl 420 GM RECON SOLN
Hyoscyamine Sulfate 0.125 MG TAB	Plenvu 140 GM RECON SOLN
Hyoscyamine Sulfate 0.125 MG TAB DISP	Prochlorperazine Maleate 10 MG TAB
Hyoscyamine Sulfate 0.125 MG/5ML ELIXIR	Prochlorperazine Maleate 5 MG TAB
Hyoscyamine Sulfate ER 0.375 MG TAB ER 12H	Promethazine HCl 12.5 MG SUPPOS
Hyosyne 0.125 MG/ML SOLUTION	Promethazine HCl 25 MG SUPPOS
Icosapent Ethyl 1 GM CAP	RABEprazole Sodium 20 MG TAB DR
Lactulose 10 GM/15ML SOLUTION	Scopolamine 1 MG/3DAYS PATCH 72HR
Lactulose Encephalopathy 10 GM/15ML SOLUTION	Sucralfate 1 GM TAB
Lansoprazole 30 MG CAP DR	sulfaSALAzine 500 MG TAB
Lidocaine-Hydrocortisone Ace 2-2 % KIT	sulfaSALAzine 500 MG TAB DR
Lidocaine-Hydrocortisone Ace 3-0.5 % KIT	Suprep Bowel Prep Kit 17.5-3.13-1.6 GM/177ML SOLUTION
Lidocaine-Hydrocortisone Ace 3-2.5 % KIT	Ursodiol 250 MG TAB
Loperamide HCl 2 MG CAP	Ursodiol 300 MG CAP
Lubiprostone 24 MCG CAP	Ursodiol 500 MG TAB

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
HORMONES	
Budesonide 3 MG CP DR PART	Estradiol-Norethindrone Acet 0.5-0.1 MG TAB
Cabergoline 0.5 MG TAB	Fludrocortisone Acetate 0.1 MG TAB
Calcitonin (Salmon) 200 UNIT/ACT SOLUTION	Hydrocortisone 10 MG TAB
Colocort 100 MG/60ML ENEMA	Hydrocortisone 20 MG TAB
Desmopressin Acetate 0.1 MG TAB	Hydrocortisone 5 MG TAB
Desmopressin Acetate 0.2 MG TAB	MedroxyPROGESTERone Acetate 10 MG TAB
Desmopressin Acetate Spray 0.01 % SOLUTION	MedroxyPROGESTERone Acetate 2.5 MG TAB
Dexamethasone 0.5 MG TAB	MedroxyPROGESTERone Acetate 5 MG TAB
Dexamethasone 0.5 MG/5ML ELIXIR	Methylergonovine Maleate 0.2 MG TAB
Dexamethasone 0.75 MG TAB	MethylPREDNISolone 16 MG TAB
Dexamethasone 1 MG TAB	MethylPREDNISolone 4 MG TAB
Dexamethasone 1.5 MG TAB	MethylPREDNISolone Acetate 80 MG/ML SUSPENSION
Dexamethasone 2 MG TAB	Mimvey 1-0.5 MG TAB
Dexamethasone 4 MG TAB	Norethindrone Acetate 5 MG TAB
Dexamethasone 6 MG TAB	prednisoLONE 15 MG/5ML SOLUTION
Dexamethasone Sodium Phosphate 4 MG/ML SOLUTION	prednisoLONE 5 MG TAB
Dotti 0.025 MG/24HR PATCH TW	PrednisoLONE Sodium Phosphate 15 MG/5ML SOLUTION
Dotti 0.0375 MG/24HR PATCH TW	prednisoLONE Sodium Phosphate 25 MG/5ML SOLUTION
Dotti 0.05 MG/24HR PATCH TW	prednisoLONE Sodium Phosphate 6.7 (5 Base) MG/5ML SOLUTION
Dotti 0.075 MG/24HR PATCH TW	PredniSONE 1 MG TAB
Dotti 0.1 MG/24HR PATCH TW	PredniSONE 10 MG TAB
EEMT HS 0.625-1.25 MG TAB	PredniSONE 2.5 MG TAB
Est Estrogens-Methyltest 1.25-2.5 MG TAB	predniSONE 20 MG TAB
Estradiol 0.025 MG/24HR PATCH WK	predniSONE 5 MG TAB
Estradiol 0.0375 MG/24HR PATCH WK	PredniSONE 50 MG TAB
Estradiol 0.05 MG/24HR PATCH WK	Progesterone 100 MG CAP
Estradiol 0.06 MG/24HR PATCH WK	Progesterone 200 MG CAP
Estradiol 0.075 MG/24HR PATCH WK	Progesterone 50 MG/ML OIL
Estradiol 0.1 MG/24HR PATCH WK	Testosterone 1.62 % GEL
Estradiol 0.1 MG/GM CREAM	Testosterone 10 MG/ACT (2%) GEL
Estradiol 0.5 MG TAB	Testosterone 12.5 MG/ACT (1%) GEL
Estradiol 0.75 MG/0.75GM GEL	Testosterone 20.25 MG/1.25GM (1.62%) GEL
Estradiol 1 MG TAB	Testosterone 25 MG/2.5GM (1%) GEL
Estradiol 1 MG/GM GEL	Testosterone 40.5 MG/2.5GM (1.62%) GEL
Estradiol 10 MCG TAB	Testosterone 50 MG/5GM (1%) GEL
Estradiol 2 MG TAB	Testosterone Cypionate 100 MG/ML SOLUTION
Estradiol Valerate 20 MG/ML OIL	Testosterone Cypionate 200 MG/ML SOLUTION
Estradiol Valerate 40 MG/ML OIL	Triamcinolone Acetonide 40 MG/ML SUSPENSION
IMMUNOSUPPRESSANTS	
AzaTHIOprine 50 MG TAB	Mycophenolate Sodium 360 MG TAB DR
cycloSPORINE Modified 100 MG CAP	Pimecrolimus 1 % CREAM
cycloSPORINE Modified 25 MG CAP	Tacrolimus 0.03 % OINTMENT
cycloSPORINE Modified 50 MG CAP	Tacrolimus 0.1 % OINTMENT
Mycophenolate Mofetil 250 MG CAP	Tacrolimus 0.5 MG CAP
Mycophenolate Mofetil 500 MG TAB	Tacrolimus 1 MG CAP
Mycophenolate Sodium 180 MG TAB DR	

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
MUSCLE RELAXANTS	
Baclofen 10 MG TAB	Metaxalone 400 MG TAB
Baclofen 20 MG TAB	Metaxalone 800 MG TAB
Baclofen 5 MG TAB	Methocarbamol 500 MG TAB
Carisoprodol 250 MG TAB	Methocarbamol 750 MG TAB
Carisoprodol 350 MG TAB	Orphenadrine Citrate 30 MG/ML SOLUTION
Chlorzoxazone 500 MG TAB	Orphenadrine Citrate ER 100 MG TAB ER 12H
Cyclobenzaprine HCl 10 MG TAB	tiZANidine HCl 2 MG CAP
Cyclobenzaprine HCl 5 MG TAB	tiZANidine HCl 2 MG TAB
Cyclobenzaprine HCl 7.5 MG TAB	tiZANidine HCl 4 MG CAP
Cyclobenzaprine HCl ER 15 MG CAP ER 24H	tiZANidine HCl 4 MG TAB
Dantrolene Sodium 25 MG CAP	tiZANidine HCl 6 MG CAP
Dantrolene Sodium 50 MG CAP	
PRE-NATAL VITAMINS	
Prenatal 27-1 MG TAB	
PSYCHOTHERAPEUTIC DRUGS	
ALPRAZolam 0.25 MG TAB	Atomoxetine HCl 80 MG CAP
ALPRAZolam 0.25 MG TAB DISP	BuPROPion HCl 100 MG TAB
ALPRAZolam 0.5 MG TAB	BuPROPion HCl 75 MG TAB
ALPRAZolam 0.5 MG TAB DISP	BuPROPion HCl ER (SR) 100 MG TAB ER 12H
ALPRAZolam 1 MG TAB	BuPROPion HCl ER (SR) 150 MG TAB ER 12H
ALPRAZolam 1 MG TAB DISP	buPROPion HCl ER (SR) 200 MG TAB ER 12H
ALPRAZolam 2 MG TAB	BuPROPion HCl ER (XL) 150 MG TAB ER 24H
ALPRAZolam 2 MG TAB DISP	BuPROPion HCl ER (XL) 300 MG TAB ER 24H
ALPRAZolam ER 0.5 MG TAB ER 24H	BusPIRone HCl 10 MG TAB
ALPRAZolam ER 1 MG TAB ER 24H	BusPIRone HCl 15 MG TAB
ALPRAZolam ER 2 MG TAB ER 24H	BusPIRone HCl 30 MG TAB
Amitriptyline HCl 10 MG TAB	BusPIRone HCl 5 MG TAB
Amitriptyline HCl 100 MG TAB	busPIRone HCl 7.5 MG TAB
Amitriptyline HCl 150 MG TAB	ChlordiazePOXIDE HCl 10 MG CAP
Amitriptyline HCl 25 MG TAB	ChlordiazePOXIDE HCl 25 MG CAP
Amitriptyline HCl 50 MG TAB	ChlordiazePOXIDE HCl 5 MG CAP
Amitriptyline HCl 75 MG TAB	chlorproMAZINE HCl 10 MG TAB
ARIPiprazole 1 MG/ML SOLUTION	chlorproMAZINE HCl 200 MG TAB
ARIPiprazole 10 MG TAB	chlorproMAZINE HCl 25 MG TAB
ARIPiprazole 15 MG TAB	chlorproMAZINE HCl 50 MG TAB
ARIPiprazole 2 MG TAB	Citalopram Hydrobromide 10 MG TAB
ARIPiprazole 20 MG TAB	Citalopram Hydrobromide 10 MG/5ML SOLUTION
ARIPiprazole 30 MG TAB	Citalopram Hydrobromide 20 MG TAB
ARIPiprazole 5 MG TAB	Citalopram Hydrobromide 40 MG TAB
Armodafinil 150 MG TAB	clomiPRAMINE HCl 25 MG CAP
Armodafinil 200 MG TAB	clomiPRAMINE HCl 50 MG CAP
Armodafinil 250 MG TAB	clomiPRAMINE HCl 75 MG CAP
Asenapine Maleate 10 MG SL TAB	CloNIDine HCl ER 0.1 MG TAB ER 12H
Asenapine Maleate 5 MG SL TAB	Clorazepate Dipotassium 15 MG TAB
Atomoxetine HCl 10 MG CAP	Clorazepate Dipotassium 3.75 MG TAB
Atomoxetine HCl 100 MG CAP	Clorazepate Dipotassium 7.5 MG TAB
Atomoxetine HCl 18 MG CAP	CloZAPine 100 MG TAB
Atomoxetine HCl 25 MG CAP	CloZAPine 200 MG TAB
Atomoxetine HCl 40 MG CAP	CloZAPine 25 MG TAB
Atomoxetine HCl 60 MG CAP	Desipramine HCl 10 MG TAB

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
PSYCHOTHERAPEUTIC DRUGS	
Desipramine HCl 50 MG TAB	Haloperidol 5 MG TAB
Desvenlafaxine Succinate ER 100 MG TAB ER 24H	Haloperidol Decanoate 100 MG/ML SOLUTION
Desvenlafaxine Succinate ER 25 MG TAB ER 24H	Imipramine HCl 25 MG TAB
Desvenlafaxine Succinate ER 50 MG TAB ER 24H	Imipramine HCl 50 MG TAB
Dexmethylphenidate HCl 10 MG TAB	Lithium Carbonate 300 MG CAP
Dexmethylphenidate HCl 2.5 MG TAB	Lithium Carbonate 300 MG TAB
Dexmethylphenidate HCl 5 MG TAB	Lithium Carbonate ER 300 MG TAB ER
Dexmethylphenidate HCl ER 10 MG CAP ER 24H	Lithium Carbonate ER 450 MG TAB ER
Dexmethylphenidate HCl ER 15 MG CAP ER 24H	LORazepam 0.5 MG TAB
Dexmethylphenidate HCl ER 20 MG CAP ER 24H	LORazepam 1 MG TAB
Dexmethylphenidate HCl ER 25 MG CAP ER 24H	LORazepam 2 MG TAB
Dexmethylphenidate HCl ER 30 MG CAP ER 24H	LORazepam 2 MG/ML CONC
Dexmethylphenidate HCl ER 5 MG CAP ER 24H	Lurasidone HCl 120 MG TAB
DiazePAM 10 MG TAB	Lurasidone HCl 20 MG TAB
DiazePAM 2 MG TAB	Lurasidone HCl 40 MG TAB
DiazePAM 5 MG TAB	Lurasidone HCl 60 MG TAB
DiazePAM 5 MG/5ML SOLUTION	Lurasidone HCl 80 MG TAB
Doxepin HCl 10 MG CAP	Meprobamate 200 MG TAB
Doxepin HCl 100 MG CAP	Methylphenidate 10 MG/9HR PATCH
Doxepin HCl 25 MG CAP	Methylphenidate HCl 10 MG CHEW TAB
Doxepin HCl 50 MG CAP	Methylphenidate HCl 10 MG TAB
Doxepin HCl 75 MG CAP	Methylphenidate HCl 10 MG/5ML SOLUTION
DULoxetine HCl 20 MG CP DR PART	Methylphenidate HCl 20 MG TAB
DULoxetine HCl 30 MG CP DR PART	Methylphenidate HCl 5 MG TAB
DULoxetine HCl 40 MG CP DR PART	Methylphenidate HCl 5 MG/5ML SOLUTION
DULoxetine HCl 60 MG CP DR PART	Methylphenidate HCl ER (CD) 10 MG CAP ER
Escitalopram Oxalate 10 MG TAB	Methylphenidate HCl ER (CD) 20 MG CAP ER
Escitalopram Oxalate 20 MG TAB	Methylphenidate HCl ER (CD) 30 MG CAP ER
Escitalopram Oxalate 5 MG TAB	Methylphenidate HCl ER (CD) 40 MG CAP ER
Escitalopram Oxalate 5 MG/5ML SOLUTION	Methylphenidate HCl ER (CD) 50 MG CAP ER
FLUoxetine HCl 10 MG CAP	Methylphenidate HCl ER (CD) 60 MG CAP ER
FLUoxetine HCl 10 MG TAB	Methylphenidate HCl ER (LA) 10 MG CAP ER 24H
FLUoxetine HCl 20 MG CAP	Methylphenidate HCl ER (LA) 20 MG CAP ER 24H
FLUoxetine HCl 20 MG TAB	Methylphenidate HCl ER (LA) 30 MG CAP ER 24H
FLUoxetine HCl 20 MG/5ML SOLUTION	Methylphenidate HCl ER (LA) 40 MG CAP ER 24H
FLUoxetine HCl 40 MG CAP	Methylphenidate HCl ER (XR) 10 MG CAP ER 24H
FLUoxetine HCl 60 MG TAB	Methylphenidate HCl ER (XR) 20 MG CAP ER 24H
fluPHENAZine HCl 10 MG TAB	Methylphenidate HCl ER (XR) 60 MG CAP ER 24H
fluPHENAZine HCl 5 MG TAB	Methylphenidate HCl ER 10 MG TAB ER
fluvoxaMINE Maleate 100 MG TAB	Methylphenidate HCl ER 18 MG TAB ER
fluvoxaMINE Maleate 25 MG TAB	Methylphenidate HCl ER 20 MG TAB ER
fluvoxaMINE Maleate 50 MG TAB	Methylphenidate HCl ER 27 MG TAB ER
GuanFACINE HCl ER 1 MG TAB ER 24H	Methylphenidate HCl ER 27 MG TAB ER 24H
GuanFACINE HCl ER 2 MG TAB ER 24H	Methylphenidate HCl ER 36 MG TAB ER
GuanFACINE HCl ER 3 MG TAB ER 24H	Methylphenidate HCl ER 36 MG TAB ER 24H
GuanFACINE HCl ER 4 MG TAB ER 24H	Methylphenidate HCl ER 54 MG TAB ER
Haloperidol 0.5 MG TAB	Methylphenidate HCl ER 54 MG TAB ER 24H
Haloperidol 1 MG TAB	Mirtazapine 15 MG TAB
Haloperidol 10 MG TAB	Mirtazapine 15 MG TAB DISP
Haloperidol 2 MG TAB	Mirtazapine 30 MG TAB

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
PSYCHOTHERAPEUTIC DRUGS	
Mirtazapine 30 MG TAB DISP	QUEtiapine Fumarate ER 300 MG TAB ER 24H
Mirtazapine 45 MG TAB	QUEtiapine Fumarate ER 400 MG TAB ER 24H
Mirtazapine 7.5 MG TAB	QUEtiapine Fumarate ER 50 MG TAB ER 24H
Modafinil 100 MG TAB	RisperiDONE 0.25 MG TAB
Modafinil 200 MG TAB	RisperiDONE 0.5 MG TAB
Nortriptyline HCl 10 MG CAP	RisperiDONE 1 MG TAB
Nortriptyline HCl 25 MG CAP	RisperiDONE 1 MG TAB DISP
Nortriptyline HCl 50 MG CAP	RisperiDONE 1 MG/ML SOLUTION
Nortriptyline HCl 75 MG CAP	RisperiDONE 2 MG TAB
OLANZapine 10 MG TAB	RisperiDONE 3 MG TAB
OLANZapine 10 MG TAB DISP	RisperiDONE 4 MG TAB
OLANZapine 15 MG TAB	Sertraline HCl 100 MG TAB
OLANZapine 15 MG TAB DISP	Sertraline HCl 20 MG/ML CONC
OLANZapine 2.5 MG TAB	Sertraline HCl 25 MG TAB
OLANZapine 20 MG TAB	Sertraline HCl 50 MG TAB
OLANZapine 5 MG TAB	Thioridazine HCl 25 MG TAB
OLANZapine 5 MG TAB DISP	traZODone HCl 100 MG TAB
OLANZapine 7.5 MG TAB	traZODone HCl 150 MG TAB
Oxazepam 10 MG CAP	traZODone HCl 300 MG TAB
Oxazepam 15 MG CAP	traZODone HCl 50 MG TAB
Paliperidone ER 3 MG TAB ER 24H	Venlafaxine HCl 100 MG TAB
Paliperidone ER 6 MG TAB ER 24H	Venlafaxine HCl 25 MG TAB
PARoxetine HCl 10 MG TAB	Venlafaxine HCl 37.5 MG TAB
PARoxetine HCl 20 MG TAB	Venlafaxine HCl 50 MG TAB
PARoxetine HCl 30 MG TAB	Venlafaxine HCl 75 MG TAB
PARoxetine HCl 40 MG TAB	Venlafaxine HCl ER 150 MG CAP ER 24H
PARoxetine HCl ER 12.5 MG TAB ER 24H	Venlafaxine HCl ER 150 MG TAB ER 24H
PARoxetine HCl ER 25 MG TAB ER 24H	Venlafaxine HCl ER 225 MG TAB ER 24H
PARoxetine HCl ER 37.5 MG TAB ER 24H	Venlafaxine HCl ER 37.5 MG CAP ER 24H
Perphenazine 4 MG TAB	Venlafaxine HCl ER 37.5 MG TAB ER 24H
QUEtiapine Fumarate 100 MG TAB	Venlafaxine HCl ER 75 MG CAP ER 24H
QUEtiapine Fumarate 200 MG TAB	Venlafaxine HCl ER 75 MG TAB ER 24H
QUEtiapine Fumarate 25 MG TAB	Vilazodone HCl 10 MG TAB
QUEtiapine Fumarate 300 MG TAB	Vilazodone HCl 20 MG TAB
QUEtiapine Fumarate 400 MG TAB	Vilazodone HCl 40 MG TAB
QUEtiapine Fumarate 50 MG TAB	Ziprasidone HCl 20 MG CAP
QUEtiapine Fumarate ER 150 MG TAB ER 24H	Ziprasidone HCl 40 MG CAP
QUEtiapine Fumarate ER 200 MG TAB ER 24H	Ziprasidone HCl 80 MG CAP

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
SEDATIVE/HYPNOTICS	
Doxepin HCl 3 MG TAB	PHENobarbital 64.8 MG TAB
Doxepin HCl 6 MG TAB	PHENobarbital 97.2 MG TAB
Estazolam 1 MG TAB	Ramelteon 8 MG TAB
Estazolam 2 MG TAB	Temazepam 15 MG CAP
Eszopiclone 1 MG TAB	Temazepam 22.5 MG CAP
Eszopiclone 2 MG TAB	Temazepam 30 MG CAP
Eszopiclone 3 MG TAB	Temazepam 7.5 MG CAP
Midazolam HCl 2 MG/ML SYRUP	Triazolam 0.125 MG TAB
PHENobarbital 100 MG TAB	Triazolam 0.25 MG TAB
PHENobarbital 15 MG TAB	Zaleplon 10 MG CAP
PHENobarbital 16.2 MG TAB	Zaleplon 5 MG CAP
PHENobarbital 20 MG/5ML ELIXIR	Zolpidem Tartrate 10 MG TAB
PHENobarbital 30 MG TAB	Zolpidem Tartrate 5 MG TAB
PHENobarbital 32.4 MG TAB	Zolpidem Tartrate ER 12.5 MG TAB ER
PHENobarbital 60 MG TAB	Zolpidem Tartrate ER 6.25 MG TAB ER
SKIN PREPS	
Acetic Acid 0.25 % SOLUTION	Clobetasol Propionate Emulsion 0.05 % FOAM
Acitretin 10 MG CAP	Dapsone 5 % GEL
Acitretin 25 MG CAP	Dapsone 7.5 % GEL
Adapalene 0.1 % CREAM	Desonide 0.05 % CREAM
Adapalene 0.3 % GEL	Desonide 0.05 % GEL
Adapalene-Benzoyl Peroxide 0.1-2.5 % GEL	Desonide 0.05 % LOTION
Adapalene-Benzoyl Peroxide 0.3-2.5 % GEL	Desonide 0.05 % OINTMENT
Alclometasone Dipropionate 0.05 % CREAM	Desoximetasone 0.25 % CREAM
Alclometasone Dipropionate 0.05 % OINTMENT	Desoximetasone 0.25 % OINTMENT
Ammonium Lactate 12 % CREAM	Diclofenac Sodium 1 % GEL
Azelaic Acid 15 % GEL	Diclofenac Sodium 1.5 % SOLUTION
Betamethasone Dipropionate 0.05 % CREAM	Diflorasone Diacetate 0.05 % OINTMENT
Betamethasone Dipropionate 0.05 % LOTION	Fluocinolone Acetonide 0.01 % CREAM
Betamethasone Dipropionate 0.05 % OINTMENT	Fluocinolone Acetonide 0.01 % SOLUTION
Betamethasone Dipropionate Aug 0.05 % CREAM	Fluocinolone Acetonide 0.025 % CREAM
Betamethasone Dipropionate Aug 0.05 % LOTION	Fluocinolone Acetonide 0.025 % OINTMENT
Betamethasone Dipropionate Aug 0.05 % OINTMENT	Fluocinolone Acetonide Body 0.01 % OIL
Betamethasone Valerate 0.1 % CREAM	Fluocinolone Acetonide Scalp 0.01 % OIL
Betamethasone Valerate 0.1 % LOTION	Fluocinonide 0.05 % CREAM
Betamethasone Valerate 0.1 % OINTMENT	Fluocinonide 0.05 % GEL
Calcipotriene 0.005 % CREAM	Fluocinonide 0.05 % OINTMENT
Calcitriol 3 MCG/GM OINTMENT	Fluocinonide 0.05 % SOLUTION
Clindamycin Phos-Benzoyl Perox 1-5 % GEL	Fluocinonide 0.1 % CREAM
Clindamycin Phos-Benzoyl Perox 1.2-2.5 % GEL	Fluocinonide Emulsified Base 0.05 % CREAM
Clindamycin Phos-Benzoyl Perox 1.2-5 % GEL	Flurandrenolide 0.05 % LOTION
Clobetasol Propionate 0.05 % CREAM	Fluticasone Propionate 0.005 % OINTMENT
Clobetasol Propionate 0.05 % FOAM	Fluticasone Propionate 0.05 % CREAM
Clobetasol Propionate 0.05 % GEL	Halobetasol Propionate 0.05 % CREAM
Clobetasol Propionate 0.05 % LIQUID	Halobetasol Propionate 0.05 % OINTMENT
Clobetasol Propionate 0.05 % LOTION	Hydrocortisone (Perianal) 1 % CREAM
Clobetasol Propionate 0.05 % OINTMENT	Hydrocortisone (Perianal) 2.5 % CREAM
Clobetasol Propionate 0.05 % SHAMPOO	Hydrocortisone 1 % CREAM
Clobetasol Propionate 0.05 % SOLUTION	Hydrocortisone 1 % OINTMENT
Clobetasol Propionate E 0.05 % CREAM	Hydrocortisone 2.5 % CREAM

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
SKIN PREPS	
Hydrocortisone 2.5 % LOTION	Sodium Chloride 0.9 % SOLUTION
Hydrocortisone 2.5 % OINTMENT	Sodium Sulfacetamide Wash 10 % LIQUID
Hydrocortisone Ace-Pramoxine 2.5-1 % CREAM	Sulfacetamide Sodium (Acne) 10 % LOTION
Hydrocortisone Valerate 0.2 % CREAM	Tazarotene 0.05 % GEL
Hydrocortisone Valerate 0.2 % OINTMENT	Tazarotene 0.1 % CREAM
Hydrocortisone-Iodoquinol 1-1 % CREAM	Tretinoin 0.01 % GEL
Imiquimod 5 % CREAM	Tretinoin 0.025 % CREAM
Ivermectin 1 % CREAM	Tretinoin 0.025 % GEL
Lidocaine-Hydrocort (Perianal) 3-0.5 % CREAM	Tretinoin 0.05 % CREAM
MetroNIDAZOLE 0.75 % CREAM	Tretinoin 0.1 % CREAM
metroNIDAZOLE 1 % GEL	Triamcinolone Acetonide 0.025 % CREAM
Mometasone Furoate 0.1 % CREAM	Triamcinolone Acetonide 0.025 % OINTMENT
Mometasone Furoate 0.1 % OINTMENT	Triamcinolone Acetonide 0.1 % CREAM
Mometasone Furoate 0.1 % SOLUTION	Triamcinolone Acetonide 0.1 % LOTION
Salicylic Acid 27.5 % LIQUID	Triamcinolone Acetonide 0.1 % OINTMENT
Salicylic Acid 6 % GEL	Triamcinolone Acetonide 0.5 % OINTMENT
Salicylic Acid 6 % SHAMPOO	Triderm 0.5 % CREAM
Salicylic Acid ER 28.5 % SOLUTION	Urea 40 % CREAM
Selenium Sulfide 2.25 % SHAMPOO	Urea 40 % LOTION
Selenium Sulfide 2.3 % SHAMPOO	Urea Nail 45 % GEL
Selenium Sulfide 2.5 % LOTION	Zenatane 30 MG CAP
SMOKING DETERRENTS	
BuPROPion HCl ER (Smoking Det) 150 MG TAB ER 12H	EQ Nicotine Polacrilex 4 MG GUM
CVS Nicotine 7 MG/24HR PATCH 24HR	Nicorette 2 MG GUM
CVS Nicotine Polacrilex 2 MG LOZENGE	Nicotine 21-14-7 MG/24HR KIT
CVS Nicotine Polacrilex 4 MG LOZENGE	Varenicline Tartrate 0.5 MG TAB
EQ Nicotine 14 MG/24HR PATCH 24HR	Varenicline Tartrate 1 MG TAB
EQ Nicotine 21 MG/24HR PATCH 24HR	
THYROID PREPS	
Levothyroxine Sodium 175 MCG TAB	Unithroid 100 MCG TAB
Levothyroxine Sodium 200 MCG TAB	Unithroid 112 MCG TAB
Levothyroxine Sodium 300 MCG TAB	Unithroid 125 MCG TAB
Liothyronine Sodium 25 MCG TAB	Unithroid 137 MCG TAB
Liothyronine Sodium 5 MCG TAB	Unithroid 150 MCG TAB
Liothyronine Sodium 50 MCG TAB	Unithroid 25 MCG TAB
MethIMAzole 10 MG TAB	Unithroid 50 MCG TAB
MethIMAzole 5 MG TAB	Unithroid 75 MCG TAB
Propylthiouracil 50 MG TAB	Unithroid 88 MCG TAB

C3Rx Plus Formulary

Brand | Dosage | Form	Brand | Dosage | Form
UNCLASSIFIED DRUG PRODUCTS	
Alendronate Sodium 10 MG TAB	oxyBUTYnin Chloride 5 MG/5ML SOLUTION
Alendronate Sodium 35 MG TAB	Oxybutynin Chloride ER 10 MG TAB ER 24H
Alendronate Sodium 70 MG TAB	Oxybutynin Chloride ER 15 MG TAB ER 24H
Alfuzosin HCl ER 10 MG TAB ER 24H	Oxybutynin Chloride ER 5 MG TAB ER 24H
Buprenorphine HCl 2 MG SL TAB	PARoxetine Mesylate 7.5 MG CAP
Buprenorphine HCl 8 MG SL TAB	Raloxifene HCl 60 MG TAB
Buprenorphine HCl-Naloxone HCl 12-3 MG FILM	Risedronate Sodium 150 MG TAB
Buprenorphine HCl-Naloxone HCl 2-0.5 MG FILM	Risedronate Sodium 35 MG TAB
Buprenorphine HCl-Naloxone HCl 2-0.5 MG SL TAB	Risedronate Sodium 35 MG TAB DR
Buprenorphine HCl-Naloxone HCl 4-1 MG FILM	Silodosin 8 MG CAP
Buprenorphine HCl-Naloxone HCl 8-2 MG FILM	Sodium Chloride 0.9 % NEBU SOLN
Buprenorphine HCl-Naloxone HCl 8-2 MG SL TAB	Sodium Chloride 3 % NEBU SOLN
Calcium Citrate + D3 Maximum 315-250 MG-UNIT TAB	Sodium Chloride 7 % NEBU SOLN
Chlorhexidine Gluconate 0.12 % SOLUTION	Solifenacin Succinate 10 MG TAB
Cinacalcet HCl 30 MG TAB	Solifenacin Succinate 5 MG TAB
Cinacalcet HCl 60 MG TAB	Tadalafil 10 MG TAB
Darifenacin Hydrobromide ER 7.5 MG TAB ER 24H	Tadalafil 2.5 MG TAB
Disulfiram 250 MG TAB	Tadalafil 20 MG TAB
Disulfiram 500 MG TAB	Tadalafil 5 MG TAB
Doxycycline Hyclate 20 MG TAB	Tamsulosin HCl 0.4 MG CAP
Dutasteride 0.5 MG CAP	Tolterodine Tartrate 1 MG TAB
Dutasteride-Tamsulosin HCl 0.5-0.4 MG CAP	Tolterodine Tartrate 2 MG TAB
Finasteride 5 MG TAB	Tolterodine Tartrate ER 2 MG CAP ER 24H
FlavoxATE HCl 100 MG TAB	Tolterodine Tartrate ER 4 MG CAP ER 24H
Ibandronate Sodium 150 MG TAB	Triamcinolone Acetonide 0.1 % PASTE
Leucovorin Calcium 25 MG TAB	Trospium Chloride 20 MG TAB
Leucovorin Calcium 5 MG TAB	Trospium Chloride ER 60 MG CAP ER 24H
levOCARNitine 1 GM/10ML SOLUTION	Vardenafil HCl 10 MG TAB
Megestrol Acetate 40 MG/ML SUSPENSION	Vardenafil HCl 10 MG TAB DISP
Megestrol Acetate 625 MG/5ML SUSPENSION	Vardenafil HCl 20 MG TAB
Oxybutynin Chloride 5 MG TAB	
VITAMINS	
Abaneu-SL 600-600 MCG SL TAB	Folic Acid 400 MCG TAB
Aqueous Vitamin D 10 MCG/ML LIQUID	Folplex 2.2 2.2-25-0.5 MG TAB
Baby Ddrops 10 MCG /0.028ML LIQUID	Multi-Vitamin/Fluoride 0.25 MG/ML SOLUTION
Calcitriol 0.25 MCG CAP	Multi-Vitamin/Fluoride 0.5 MG/ML SOLUTION
Calcitriol 0.5 MCG CAP	Multi-Vitamin/Fluoride/Iron 0.25-10 MG/ML SOLUTION
Calcitriol 1 MCG/ML SOLUTION	Triphrocaps 1 MG CAP
CVS D3 10 MCG (400 UNIT) CAP	Vitamin D (Cholecalciferol) 10 MCG (400 UNIT) TAB
Cyanocobalamin 500 MCG/0.1ML SOLUTION	Vitamin D (Cholecalciferol) 25 MCG (1000 UT) CAP
Dodex 1000 MCG/ML SOLUTION	Vitamin D (Cholecalciferol) 25 MCG (1000 UT) TAB
FaBB 2.2-25-1 MG TAB	Vitamin D (Ergocalciferol) 1.25 MG (50000 UT) CAP
Folbee 2.5-25-1 MG TAB	Vitamin D3 10 MCG (400 UNIT) CHEW TAB
Folbee Plus TAB	Vitamin D3 25 MCG (1000 UT) CHEW TAB
Folic Acid 1 MG TAB	Vitamins ACD-Fluoride 0.25 MG/ML SOLUTION