

**Midsize/Large Group, Preferred Value State Mandate Formulary - 5578**

Additions

<b>Drug Name</b>	<b>Tier</b>	<b>Category</b>	<b>Management</b>
CAFERGOT 1 MG-100MG TABLET	1	HEADACHE THERAPY	Tier 1
EMBRACE WAVE CONTROL SOLUTION	3	INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQUIPMENT	Tier 3
FLUTICASONE PROPIONATE HFA 44 MCG	2	INHALED CORTICOSTEROIDS	Tier 2, Prior Authorization, Quantity Limit Applies
BIMATOPROST 0.01% DROPS	3	OTHER GLAUCOMA DRUGS	Tier 3
ERGOCALCIFEROL 1250 MG CAPSULE	1	VITAMINS & HEMATINICS	Tier 1
TAPENTADOL ER TABLET	3	MISCELLANEOUS ANALGESICS	Tier 3, Prior Authorization Applies

4/10/2026