

Preferred Value Formulary - 3295

Additions

Drug Name	Tier	Category	Management
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 TABLE	3	MISCELLANEOUS ANALGESICS	Tier 3, Prior Authorization Applies
MILNACIPRAN HCL	1	MISCELLANEOUS RHEUMATOLOGICAL AGENTS	Tier 1, Prior Authorization, Quantity Limit Applies

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