

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

Additions

Drug Name	Tier	Category	Management
OXYBUTYNIN CHLORIDE 2.5 MG TABLET	3	ANTICHOLINERGICS & ANTISPASMODICS	Tier 3, Prior Authorization, Quantity Limit Applies
TOFACITINIB CITRATE	2	MISCELLANEOUS RHEUMATOLOGICAL AGENTS	Tier 2, Prior Authorization, Quantity Limit Applies
GLIPIZIDE 15 MG TABLET	3	NON-INSULIN HYPOGLYCEMIC AGENTS	Tier 3
YULITHIRA TABLET	1	MISCELLANEOUS ANTINEOPLASTIC DRUGS	Tier 1, Prior Authorization, Quantity Limit Applies
OZEMPIC TABLET	2	NON-INSULIN HYPOGLYCEMIC AGENTS	Tier 2, Prior Authorization, Quantity Limit Applies

6/12/2026