



Basic Formulary Preferred-to-Non-Preferred effective January 1, 2027		
BYOOVIZ	HEMANGEOL	ZEPBOUND KWIKPEN
FLECTOR	SELARSDI IV/SC	ZTLIDO
Basic Formulary Non-Preferred -to-Preferred effective January 1, 2027		
LEDIPASVIR-SOFOSBUVIR	LUMAKRAS	SOFOSBUVIR-VELPATASVIR
High Performance Formulary Formulary-to-Non-Formulary Changes effective January 1, 2027		
ATTRUBY	LYUMJEV	TALZENNA*
BRUKINSA*	metformin 625 mg, 750mg tablets	TRIJARDY XR
BYOOVIZ	MYQORZO	verapamil er pm (100mg, 200mg, 300mg)
diltiazem er tablets	nisoldipine	ZEJULA*
fenofibrate capsules (130mg), fenofibrate tablets (40mg, 120mg)	SELARSDI IV/SC	zolmitriptan 5mg nasal
GLYXAMBI	sucrafate suspension	ZTLIDO
JARDIANCE	SYNJARDY, SYNJARDY XR	
High Performance Formulary Non-Formulary-to-Formulary Changes effective January 1, 2027		
LEDIPASVIR-SOFOSBUVIR	SOFOSBUVIR-VELPATASVIR	

*Current utilizers will be allowed to continue on therapy for 1 year