**Announcement – Formulary Changes for GLP-1 Weight Loss Medications and Diabetic Supply Coverage**

**Impacted Audience:** All LOB

**Effective Date:** July 1, 2025

**What’s Happening:** Formulary Changes will impact the following:

**Zepbound Removal:**

* **Effective Date:** July 1, 2025, Zepbound will be removed from the select formularies (Caremark Standard/Choice formularies), but not from custom formularies.
* **Prior Authorization Termination:** June 30, 2025, any existing prior authorization (PA) or override for Zepbound will be terminated.

**Wegovy Addition:**

* **Replacement:** July 1, 2025, Wegovy will replace Zepbound on the select formularies (Caremark Standard/Choice formularies), but not from custom formularies.
* **New Prior Authorization:** A new prior authorization for Wegovy will be proactively added for members currently using Zepbound on 06/02/2025, it will be backdated to 06/01/2025.
* **Validity:** The Wegovy prior authorization will be valid through the expiration date of the original Zepbound Prior Authorization.

**Example:** Member has Zepbound Prior Authorization valid 03/01/2025-03/01/2026, it will be termed on 06/30/2025. New Wegovy Prior Authorization will automatically be entered for 06/01/2025-03/01/2026. **As of July 1, 2025, One Touch products listed below will be removed from** select formularies (Caremark Standard/Choice formularies), but not from custom formularies:

* One Touch test strips
* One Touch lancets
* One Touch diabetic testing meters
* Other One Touch diabetic supplies

**Starting July 1, 2025, Accu-Chek and True Metrix will be the preferred formulary Diabetic Supplies:**

* Accu-Chek and True Metrix brand test strips and supplies will be covered under the formulary.

**Need to Know:**

* Letters informing impacted members about the formulary change will be sent starting Thursday, May 1, 2025.
* Members should continue filling their current formulary medications until July 1, 2025. They should work with their physician to have prescriptions for the formulary alternative sent to their preferred pharmacy location.
* Letters will be loaded into Compass for reference. Refer to [Compass - Viewing Communications (056371)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c0238ae3-ea9b-4da2-b9c9-90c8d4ad62a8) for steps on viewing communications.

**Agent Actions:**

* Review the CIF for plan specific rules or exceptions.
* ****Run a test claim before providing coverage details to ensure accurate information is communicated to members regarding formulary changes. Refer to [Compass - Test Claims (050041)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=60c20ea0-1d07-46e3-809a-b54734b80fbe) or [Aetna Compass – Test Claims (064284)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=bf264650-c4b2-4b12-a7da-15d39fa128c3), as needed.
* For information on Zepbound and Wegovy changes, refer to [Formulary Changes Starting July 1st, 2025, for GLP-1 Weight Loss Medications (074827).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c746a1ed-5394-4841-8191-86f9724b2372)
* For information on One Touch and Accu-Chek changes, refer to [Formulary Change in Diabetic Supply Coverage Starting July 1, 2025 (074825).](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b6d9f3e2-1f09-48d9-82d9-f14b4fb9f55a)

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