July 1, 2025 Formulary Changes
External FAQs

Last Updated on May 30, 2025

Background

An effective formulary strategy is the cornerstone of providing cost-effective, clinically appropriate prescription coverage for clients and members. Our formulary development process is constantly evolving to meet the needs of our clients.

Starting July 1, 2025, we'll be making updates to many of our commercial template formularies. Read this brief for details on some of the key changes.

Evolving GLP-1 landscape > evolving GLP-1 formulary

Since the first GLP-1 received FDA approval for chronic weight management in 2014, demand for these drugs has increased exponentially. We continually evolve our GLP-1 strategies based on market trends, insights and new clinical information, monitoring the GLP-1 pipeline and evolving our formularies. As a result, we've made the decision to remove Zepbound from coverage. Wegovy and Saxenda remain preferred. Our formulary strategy is one that works to create lower costs for clients and members now and over the long term. This is a class where such an approach is important. [1]

More options = more opportunities for significant savings with biosimilars

Biosimilars represent one of the biggest opportunities for reducing drug costs. Our biosimilar formulary strategy to date has helped clients and their members realize **$1.5B in gross savings[2]**. Supporting the adoption of biosimilars is critical to increasing competition and lowering specialty drug costs, while improving member affordability. To that end, we're adding coverage for two biosimilar products: Pyzchiva (ustekinumab-TTWE) and Yesintek (ustekinumab-KFCE). Stelara will remain preferred while the biosimilar marketplace develops.

Finding savings for the medical devices members need to stay well

Making sure members have access to fast, accurate and affordable test strips is crucial to managing diabetes. While we're removing OneTouch test strips and kits, we're maintaining coverage for Accu-Chek strips and kits and are adding coverage for True Metrix strips and kits.[3]

1 CVS Health Analytics, 2025.
2 P1017640325. CVS Health Analytics, 2024. CVS Commercial clients Jan 2024 – Dec 2024.
3 To support members through this transition, we'll be providing impacted members with access to no-cost blood glucose meters to ensure they're able to continue testing their blood glucose as needed.

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How will we support prescribers and their patients through these transitions?

Using digital tools, electronic health record (EHR) connectivity and/or other communication methods, we can meaningfully engage prescribers well in advance of these formulary changes. We'll provide them with the information they need to support their patients, avoiding surprises at the pharmacy counter.

GLP-1s

Why is coverage for Zepound being removed as of July 1, 2025?

There is an increased demand and rising costs for GLP-1 medications. They are the fastest-growing segment, significantly contributing to overall pharmacy expenditure. Usage and spending on these medications is expected to rise with new approvals and increased member demand.

Your benefit plan provides you with prescription drug coverage that is administered by CVS Caremark. CVS Caremark utilizes a formulary to help clients manage costs while making sure that their members have clinically appropriate options. The decision to remove Zepbound from the Caremark formulary effective 7/1 is not intended to reduce access to these medications, but rather to increase access and affordability. Leveraging formulary design to lower the cost of weight loss treatments will enable more plan sponsors to make obesity treatment available as a covered benefit.

Is the covered formulary option similar to Zepbound?

As of July 1, 2025, Wegovy will be the preferred formulary option for obesity treatment. Both Wegovy and Zepbound are GLP-1 medications that have been shown to support weight loss. Although the way these medications work in the body is slightly different, they are both considered highly effective for weight loss with similar side effect profiles. It is important to remember that the health benefits of these medications are attributed to achieving a healthy weight and maintaining that weight loss over time.

Other formulary options in this category include orlistat, Qsymia and Saxenda.

Is an exceptions process available for members that were unable to achieve sufficient weight loss with Wegovy or experienced intolerable side effects?

Yes, if a member has already tried Wegovy and either experienced severe/intolerable side effects or was unable to achieve sufficient weight loss, a formulary exception review process will be available through CVS Caremark.

This process allows for a case-by-case medical necessity review to determine whether coverage for tirzepatide is appropriate based on the member's clinical circumstances.

The review will consider clinical history/response to prior treatment and will require supportive documentation. If the formulary exception request is approved, members will be allowed to continue on tirzepatide. There are two formulations of tirzepatide available in the marketplace today, both manufactured by the same company in the same dose and strength but with two different brand names (Mounjaro and Zepbound).

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Will members already on Zepbound need to go through a Prior Authorization process again if they move to Wegovy?

No, members with an active prior authorization (PA) for Zepbound will not need to undergo a new PA process if they move to Wegovy. Existing overrides will be transitioned for all members to ensure they have access to Wegovy without repeating the PA process. Zepbound approvals will expire on their original end date, and at that time, members will need to submit a new PA request for continued access to Wegovy.

Can you elaborate more on the clinical results of Zepbound vs Wegovy?

While controlled clinical trials may show that Zepbound may be more effective for weight loss, real world evidence suggests that they are comparable in actual use. It is important to remember that the health benefits of these medications are not tied to losing the largest amount of weight possible, but helping members achieve a healthy weight and helping them maintain that weight loss over time. If a member is unable to achieve sufficient weight loss with Wegovy, the exceptions process is available.[4]

Will Zepbound be removed from coverage for Obstructive Sleep Apnea indication?

Zepound is approved for obstructive sleep apnea (OSA). The studies indicate that the mechanism for improving OSA is attributed to weight loss, indicating that weight loss by any effective method is also appropriate to treat OSA. There are also studies that demonstrate Wegovy's direct effectiveness in treating OSA.[5]

Will PAs for Zepbound that have been approved for Obstructive Sleep Apnea (OSA) remain in place or will members be required to try Wegovy?

An existing PAs for Zepbound for OSA will not automatically remain in place. All members, regardless of indication, will need to have tried and failed Wegovy before they can access tirzepatide. The mechanism for improving Obstructive Sleep Apnea is attributed to weight loss indicating that weight loss by any effective method is also appropriate to treat OSA[5].

What about cardiovascular (CV) risk reduction?

Semaglutide (Wegovy) is currently the only drug in this class with FDA approval to reduce the risk of major CV events—such as heart attack, stroke and cardiovascular death in adults with established heart disease. Clinical trials have shown that these benefits occur even before patients reach target doses or experience significant weight loss. Cardiovascular outcomes for tirzepatide (Zepbound) are still under investigation.

[4] Drugs February 17, 2025. https://www.drugs.com/medical-answers/tirzepatide-semaglutide-how-compare-3576410/

[5] Aronne LJ, Wadden TA, Lewin A, et al. Tirzepatide as Compared with Semaglutide for the Treatment of Obesity. N Engl J Med. 2025;392:1945-1958. doi: 10.1056/NEJMoa2416394.

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How does a member/prescriber request a formulary exception review?

Members may contact Customer Care to request that a formulary exception form be sent to their prescriber. However, only the prescriber may submit the required clinical documentation to initiate the exception review process. The request can be submitted by the prescriber via fax or, where available, through electronic prior authorization (ePA).

To initiate a formulary exception request directly, providers may also call 855-240-0536. **Please note** that formulary exception requests related to the upcoming exclusion of Zepbound will not be accepted by CVS Caremark until the change becomes effective on or after **July 1, 2025**.

Exception requests will be reviewed based on established clinical criteria, and the prescriber must provide supporting documentation such as chart notes or laboratory test results.

Both members and prescribers will be notified of the decision. If an exception is denied, the notice will include instructions on how to appeal, including the deadline and what information is required.

For those members who are currently taking Zepbound and we'll be transitioning over to Wegovy, are there any considerations for determining what's the appropriate dosage of the new drug?

The appropriate Wegovy dose when transitioning from Zepbound depends on where the member is in their treatment journey. Both drugs require titration—starting low and increasing as tolerated—so the starting dose of Wegovy will vary by individual.

There's a helpful conversion chart available to guide dose equivalency, and prescribers receive notifications listing all product strengths to support informed decisions. Ultimately, the choice of dose is up to the provider, as clinical data on direct transitions is limited.

Biosimilars

What are the two biosimilars CVS will be adding at parity for Stelara?

The two biosimilars that will be added are Pyzchiva and Yesintek.

How will the formulary changes impact drug costs and member affordability?

Not to be shared with members.

We're generally positive about the biosimilars we've selected—they're low list price products that improve affordability for members, especially in plans where coinsurance is based on list price and point-of-sale rebates aren't used. These options enhance access and transparency, and programs like copay cards and Urban RX further support members. We see biosimilars as a way to expand supply and choice, and we've long signaled our intent to evolve formularies toward low list price strategies when they align with low net cost. While we don't always prefer low list price products, when clinical and economic factors are equal, we prioritize them to benefit both members and clients—just as we've done with Stelara and Humira biosimilars.

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Diabetic Test Strips

Will members be able to order a new no-cost Accu-Chek meter if they need to switch from OneTouch?

Members are able to order a new meter through our free meter program. We currently have a meter program in place for Accu-Chek, but not for TrueMetrix at this time.

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