G.E.H.A Government Employees Health Association

Pharmacy coverage for weight loss GLP-1 medications

The following terms will be used in this FAQ:

A Prior Authorization (PA), sometimes called a Pre-authorization, is a review process to make sure medications on formulary are clinically appropriate, safe, and affordable for the member.

A Formulary Exception is a review process to make sure medications that are non-formulary are clinically appropriate, safe, affordable, and that no other formulary medications are clinically effective for the member.

What GLP-1s are covered in the **2025 plan year** for weight loss?

- For members enrolled in the High, Standard and HDHP plans, the following GLP-1s are covered by the plan for members who meet the Prior Authorization (PA) requirements:
  - Liraglutide — generic medication, PA required
  - Wegovy — preferred medication, PA required
  - Saxenda — preferred medication, PA required
  - Zepbound — preferred medication, PA required

- For members enrolled in the Elevate or Elevate Plus plans, the following GLP-1s are covered by the plan for members who meet the Prior Authorization (PA) requirements:
  - Liraglutide — generic medication, PA required
  - Wegovy — preferred medication, PA required
  - Saxenda — preferred medication, PA required
  - Zepbound — non-formulary medication, Formulary Exception required

What GLP-1s are covered in the **2026 plan year** for weight loss?

- For members enrolled in the High, Standard, HDHP and Elevate Plus plans, the following GLP-1s are covered by the plan for members who meet the Prior Authorization (PA) requirements:
  - Liraglutide — generic medication, PA required
  - Wegovy — non-preferred medication, PA required
  - Saxenda — non-preferred medication, PA required
  - Zepbound — non-formulary medication, Formulary Exception required

  Please note, effective 1/1/2026, Wegovy and Saxenda will be non-preferred medications, so your out-of-pocket costs may change. Please review the **2026 plan brochure**, or call CVS Caremark at **1-844-443-4279** with questions.

- For members enrolled in the Elevate plan, the following GLP-1s are covered by the plan for members who meet the Prior Authorization (PA) requirements:
  - Liraglutide – generic medication, PA required
  - Wegovy – preferred medication, PA required
  - Saxenda – preferred medication, PA required
  - Zepbound – non-formulary medication, Formulary Exception required

Will G.E.H.A cover Wegovy for the **2026 plan year**?

- Yes. Wegovy will be covered by the plan in 2026 for members who meet the Prior Authorization (PA) requirements.

  Please note, effective 1/1/2026 Wegovy will be a non-preferred medication for members enrolled in the High, Standard, HDHP, and Elevate Plus plans, so your out-of-pocket costs may change. Please review the **2026 plan brochure**, or call CVS Caremark at **1-844-443-4279** with questions.

Will G.E.H.A cover Zepbound for the **2026 plan year**?

- Yes. Zepbound will be covered by the plan in 2026 for members who meet the Formulary Exception requirements.

  Your provider can begin the Formulary Exception process before the 1/1/2026 plan change. Please see the **Formulary Exception/Prior Authorization Request Form**.

If Zepbound is a non-formulary drug in the **2026 plan year**, why does the **Check Drug Costs tool** show Zepbound as covered with a Prior Authorization (PA)?

- Zepbound is listed as an available drug on the **Check Drug Costs tool** as it is still covered by the plan for members that have an approved Formulary Exception request.