

Caremark puts Zepbound back on its standard formularies October 1.

SAMPLE ALERT

ANNOUNCED 5/28/26

EFFECTIVE 10/1/26

CAREMARK TEMPLATE COMMERCIAL FORMULARIES

01 What changed KNOWN

CVS Caremark will add **Zepbound (tirzepatide)** back to its template commercial formularies as an **additional preferred option effective October 1, 2026**, reversing the July 2025 exclusion. Both major weight-loss agents now sit on the template formularies going into January renewals, and plan sponsors on templates retain discretion to customize.

SOURCE: CVS HEALTH PRESS RELEASE, MAY 28, 2026. VERIFIED AGAINST THE RELEASE ON AUGUST 26, 2026.

02 Who is affected, by bucket

STANDARD-FORMULARY GROUPS
Inherits the change October 1 **unless the sponsor customizes**. Confirm adoption in writing.

CUSTOM-FORMULARY GROUPS
Nothing changes by default. The exclusion is now a choice to re-make, not a setting to inherit.

GROUPS THAT SWITCHED IN 2025
Wegovy-preferred step edits and member letters from the 2025 change **need a second pass** before October.

03 Illustrative exposure ESTIMATE

WORKED EXAMPLE, 1,000-LIFE GROUP

Members on GLP-1 therapy (assume 2%)	20
Net plan cost per member per month	\$400 to \$700
Annual GLP-1 line	\$96K to \$168K

The change's own dollars run through **agent mix, restored utilization, and rebate re-basing**, and none of the three are visible in public data. The larger exposure is the guarantee math: **Novo cuts Wegovy's list price 50% on January 1**, and rebate guarantees written against 2026 list prices quietly shrink with it. The benchmarks your client's CFO has already seen: Lilly direct cash at **\$299 to \$449**, and the Medicare Bridge at a **\$50 copay** on a \$245 net price. Assumptions above are illustrative. Group-specific modeling belongs with your PBM.

04 What to tell clients this week

- "Nothing changes for us automatically unless we are on the standard formulary. Here is which bucket we are in."
- "If we excluded Zepbound by choice, that is now a decision to re-make before October, not a default to inherit."
- "Our 2027 rebate numbers were built on a one-drug market. They need a re-run before renewal."

05 Three questions for your PBM OPEN

- ☐ Which of our groups are on the **standard formulary, which are custom**, and what happens to each on October 1 if we do nothing?
WHY IT MATTERS Opt-out windows are short, and doing nothing is itself a plan decision.
- ☐ Are our rebate guarantees based on **list prices that drop on January 1**, and how does the true-up work?
WHY IT MATTERS A 50% list cut can turn a guarantee that looks rich into one that pays half.
- ☐ What **utilization management comes with reinstatement** (PA criteria, reauthorizations, quantity limits), and can we see it before renewal?
WHY IT MATTERS Coverage without the criteria is a blank check. The criteria decide the spend.

BEFORE OCT 1
Bucket every group, standard versus custom, and refresh member communications from the 2025 switch.

BEFORE JAN 1
Re-run 2027 rebate guarantees against the January 1 list-price cut. Ask for the true-up in writing.

WE ARE WATCHING
Opt-out mechanics and the UM criteria. You get an update within 72 hours of anything material.

WHAT WE READ FOR THIS ALERT

[CVS Health](#) press release, "Expanded GLP-1 coverage options," May 28, 2026

[Novo Nordisk](#) price announcement, February 24, 2026, effective January 1, 2027

[CMS](#) Medicare GLP-1 Bridge program terms, July 2026

[Lilly and TrumpRx](#) direct-purchase pricing and offer terms, current at issue

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