



Notice of GLP-1 Coverage Changes Effective October 1st, 2025

Date: September 11th, 2025

Subject: NC Medicaid to Change Coverage for GLP-1 Weight Management Medications

This notice of medication coverage changes impacts members currently approved for Trillium Tailored Plan Pharmacy benefit coverage of GLP-1s for weight management.

Link: <https://medicaid.ncdhhs.gov/blog/2025/09/05/nc-medicaid-change-coverage-glp-1-weight-management-medications>

What's Changing

- **Effective Oct. 1, 2025, Wegovy, Zepbound, and Saxenda** will be removed from the Preferred Drug List (PDL) as an off-cycle change.
- **Saxenda** will no longer be covered for any indication.
- The **Non-Incretin Mimetics** class of drugs for treatment of obesity will continue to be managed through the PDL. Drugs in the Preferred status on the PDL include: diethylpropion, phendimetrazine and phentermine. These products do not require prior approval.
- Coverage of **Wegovy** and **Zepbound** will be managed through prior authorization, using clinical criteria established by the State for the below Food and Drug Administration (FDA) approved indications.

Continued Coverage for Other Indications

- **Wegovy**
 - To reduce the risk of cardiovascular death, heart attack and stroke in adults with cardiovascular disease who are obese.
 - For the treatment of noncirrhotic metabolic dysfunction-associated steatohepatitis (MASH), formerly known as nonalcoholic steatohepatitis (NASH), with moderate to advanced liver fibrosis (consistent with stages F2 to F3 fibrosis) in adults.
- **Zepbound**
 - To treat moderate to severe obstructive sleep apnea (OSA) in adults with obesity.

Member & Recipient Services — 1-877-685-2415

Provider Support Services — 1-855-250-1539

Administrative & Business Matters — 1-866-998-2597

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Prior Authorization Requirements

- Providers will need to obtain a new prior authorization for beneficiaries receiving Wegovy and Zepbound, effective Oct. 1, 2025.
- Current prior authorizations will no longer be valid after Sept. 30, 2025.
 - Members under 21 years of age previously approved for a GLP-1 for weight management based on federal EPSDT guidelines would not need to have their PA end dated.
 - If a member under 21 years of age receives a Change in Services letter listing the termination of a previously approved GLP-1 for weight management that was based on EPSDT guidelines, please follow the appeal rights listed in that letter.
- Providers are encouraged to review updated clinical criteria located at: <http://nctracks.nc.gov/content/public/providers/pharmacy/pa-drugs-criteria-new-format.html>.
- Prior authorization requests under the new criteria can be submitted beginning Oct. 1, 2025.
- There will be no changes to coverage for GLP-1 medications for the treatment of diabetes. Additionally, Weight Management (Non-Incretin Mimetics) will still be covered as listed on the PDL.