

Clinical Policy: Tirzepatide (Zepbound)

Reference Number: NH.PMN.298

Effective Date: 04.25

Last Review Date: 10.25

Line of Business: Medicaid

[Coding Implications](#)
[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

Tirzepatide (Zepbound®) is a glucose-dependent insulintropic polypeptide (GIP) receptor and glucagon-like peptide-1 (GLP-1) receptor agonist.

FDA Approved Indication(s)

Zepbound is indicated in combination with a reduced-calorie diet and increased physical activity:

- To reduce excess body weight and maintain weight reduction long term in adults with obesity or adults with overweight in the presence of at least one weight-related comorbid condition
- To treat moderate to severe obstructive sleep apnea (OSA) in adults with obesity

Limitation(s) of use: Coadministration with other tirzepatide-containing products or any GLP-1 receptor agonist is not recommended.

Policy/Criteria

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

It is the policy of health plans affiliated with Centene Corporation® that Zepbound is **medically necessary** when the following criteria are met:

I. Initial Approval Criteria

A. Obstructive Sleep Apnea (must meet all):

1. Diagnosis of moderate to severe OSA confirmed by polysomnography or home sleep apnea test (within the past 12 months) with an apnea-hypopnea index (AHI) ≥ 15 respiratory events per hour;
2. Age ≥ 18 years;
3. Body mass index (BMI) ≥ 30 kg/m²;
4. Member does not have central or mixed sleep apnea;

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5. Documentation supports member's participation in physician-directed weight loss program that involves a reduced calorie diet, increased physical activity, and behavioral modification that meets both of the following (a and b):
 - a. Been actively enrolled in a physician-directed weight loss program for at least 6 months;
 - b. Will continue to be actively enrolled in a weight loss program while concomitantly prescribed Zepbound;
6. Member meets one of the following (a or b):
 - a. Member has continued symptoms of OSA despite adherence to positive airway pressure (PAP) therapy. Adherence is defined as ≥ 4 hours of use per night for ≥ 70 percent of nights;
 - b. Member is not a candidate for PAP therapy (e.g., upper airway anatomic abnormalities, etc.);
7. Zepbound is not prescribed concurrently with other tirzepatide-containing products or any other GLP-1 receptor agonist(s);
8. Documentation of member's baseline body weight in kg;
9. Dose does not exceed the following:
 - a. Week 1 through 4: 2.5 mg once weekly;
 - b. Week 5 through 8: 5 mg once weekly;
 - c. Week 9 through 12: 7.5 mg once weekly;
 - d. Week 13 through 16: 10 mg once weekly;
 - e. Week 17 through 20: 12.5 mg once weekly;
 - f. Week 21 through 24: 15 mg once weekly;
 - g. One pen or vial per week.

Approval duration: 6 months

B. Weight Management

1. Use of Zepbound for the treatment of weight management is a benefit exclusion and will not be authorized.

Approval Duration: Not Applicable

C. Other diagnoses/indications (must meet 1 or 2):

1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
 - a. For drugs on the PDL, the no coverage criteria policy: CP.PMN.255; or
 - b. For drugs NOT on the PDL, the non-formulary policy: CP.PMN.16; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy CP.PMN.53.

II. Continued Therapy

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A. Obstructive Sleep Apnea (must meet all):

1. Member meets one of the following (a or b):
 - a. Currently receiving medication via Centene benefit or member has previously met initial approval criteria;
 - b. Member is currently receiving medication and is enrolled in a state and product with continuity of care regulations (*refer to state specific addendums for CC.PHARM.03A and CC.PHARM.03B*);
2. Member is responding positively to therapy as evidenced by one of the following (a or b):
 - a. If this is the first renewal request, both of the following (i and ii):
 - i. Member has lost $\geq 5\%$ of baseline body weight;
 - ii. Any of the following parameters (1, 2, or 3):
 - 1) AHI reduction from baseline;
 - 2) Improvement from baseline in the sleep apnea-specific hypoxic burden (SASHB) score;
 - 3) Improvement from baseline in any one of the sleep-related patient reported outcomes scores (e.g., ESS, Calgary SAQLI, FOSQ, PROMIS sleep-related impairment or sleep disturbance; *see Appendix D*);
 - b. If this is a second or subsequent renewal request, both of the following (i and ii):
 - i. Member has lost weight and/or maintained weight loss on therapy;
 - ii. Stabilization or improvement in any of the following parameters (1, 2, or 3):
 - 1) AHI;
 - 2) SASHB;
 - 3) Sleep-related patient reported outcomes scores (e.g., ESS, Calgary SAQLI, FOSQ, PROMIS sleep-related impairment or sleep disturbance);
3. Zepbound is not prescribed concurrently with other tirzepatide-containing products or any other GLP-1 receptor agonist(s);
4. Documentation that member is actively enrolled in a weight loss program that involves a reduced calorie diet, increased physical activity, and behavioral modification adjunct to therapy;
5. Request meets all the following (a, b, and c):
 - a. Dose does not exceed 15 mg once weekly;
 - b. After the initial dose escalation period (*see Section V*), maintenance dose is ≥ 10 mg once weekly;
 - c. Requested quantity does not exceed one pen or vial per week.

Approval duration:

First reauthorization – 6 months

Subsequent reauthorization – 12 months

B. Weight Management

1. All weight management requests should utilize policy NH.PMN.50 Anti-Obesity Medications.

C. Other diagnoses/indications (must meet 1 or 2):

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1. If this drug has recently (within the last 6 months) undergone a label change (e.g., newly approved indication, age expansion, new dosing regimen) that is not yet reflected in this policy, refer to one of the following policies (a or b):
 - a. For drugs on the PDL, the no coverage criteria policy: CP.PMN.255; or
 - b. For drugs NOT on the PDL, the non-formulary policy: CP.PMN.16; or
2. If the requested use (e.g., diagnosis, age, dosing regimen) is NOT specifically listed under section III (Diagnoses/Indications for which coverage is NOT authorized) AND criterion 1 above does not apply, refer to the off-label use policy: CP.PMN.53.

III. Diagnoses/Indications for which coverage is NOT authorized:

- A. Non-FDA approved indications, which are not addressed in this policy, unless there is sufficient documentation of efficacy and safety according to the off label use policies – CP.PMN.53 or evidence of coverage documents.

IV. Appendices/General Information

Appendix A: Abbreviation/Acronym Key

AHI: apnea-hypopnea index	MTC: medullary thyroid carcinoma
BMI: body mass index	OSA: obstructive sleep apnea
ESS: Epworth sleepiness scale	PAP: positive airway pressure
FDA: Food and Drug Administration	PROMIS: patient-reported outcomes
FOSQ: functional outcomes of sleep questionnaire	measurement information system
GIP: glucose-dependent insulintropic polypeptide	QOL: quality of life
GLP-1: glucagon-like peptide-1	PSG: polysomnography
MEN 2: multiple endocrine neoplasia syndrome type 2	SAQLI: sleep apnea QOL index
	SASHB: sleep apnea-specific hypoxic burden
	T2DM: type 2 diabetes mellitus

Appendix B: Therapeutic Alternatives

Not applicable

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): personal or family history of medullary thyroid carcinoma (MTC) or in patients with multiple endocrine neoplasia syndrome type 2 (MEN 2), known serious hypersensitivity to tirzepatide or to any of the excipients in Zepbound
- Boxed warning(s): risk of thyroid C-cell tumors

Appendix D: General Information

- $BMI = 703 \times [\text{weight (lbs)/height (inches)}^2]$

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- The American Academy of Sleep Medicine (AASM) classifies the severity of OSA based on polysomnography-derived AHI cutoffs:
 - Mild: ≥ 5 to < 15 events per hour
 - Moderate: ≥ 15 to < 30 events per hour
 - Severe: ≥ 30 events per hour
- The American Thoracic Society practice guidelines recommends that patients with OSA who are overweight or obese be treated with comprehensive lifestyle intervention consisting of 1) a reduced-calorie diet, 2) exercise or increased physical activity, and 3) behavioral guidance.
- The American Association of Clinical Endocrinologists and American College of Endocrinology practice guidelines also recommends patients with OSA who are overweight or obese be treated with weight-loss therapy including lifestyle intervention and additional modalities as needed. The weight loss goal should be at least 7 or 11% or more.
- Sleep apnea-specific and sleep-related patient reported scores:

Name	Description	Interpretation
Calgary sleep apnea QOL index (SAQLI)	A 35-item, interview-administered scale, the SAQLI evaluates four domains of quality of life associated with sleep apnea: daily functioning, social interactions, emotional functioning, and symptoms. Optional 5 th domain assessing treatment-related symptoms.	Higher scores indicate better quality of life
Epworth sleepiness scale (ESS)	A very short, self-administered questionnaire with 8 questions intended to measure daytime sleepiness. Respondents are asked to rate on a 4-point scale.	A score of 10 or greater indicates excessive (abnormal) daytime sleepiness .
Functional outcomes of sleep questionnaire (FOSQ)	Consisting of 30 questions related to the effects of fatigue on daily activities, evaluating the respondent's quality of life as it relates to disorders of excessive sleepiness. Five domains of day-to-day life are examined: activity levels, vigilance, intimacy and sexual relationships, productivity, and social outcomes.	Lower scores designate more acute issues with sleepiness.
Patient-reported outcomes measurement information system (PROMIS) sleep-related impairment and sleep disturbance	The PROMIS Short Form v1.0 Sleep-related Impairment 8a assesses self-reported perceptions of alertness, sleepiness, and tiredness during usual waking hours, and the perceived functional impairments associated with sleep problems or	Higher scores indicating more sleep-related impairment.

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Name	Description	Interpretation
	impaired alertness. It consists of 8 items each rated on a 5-point scale. The PROMIS Short Form v1.0 Sleep Disturbance 8b assesses self-reported perceptions of sleep quality, sleep depth, and restoration associated with sleep, including perceived difficulties and concerns with getting to sleep or staying asleep, as well as perceptions of the adequacy of and satisfaction with sleep. It consists of 8 items each rated on a 5-point scale.	Higher scores indicating more sleep disturbance.
Sleep apnea-specific hypoxic burden (SASHB)	SASHB is calculated by measuring the area under the oxygen desaturation curve during an overnight sleep study. It considers the frequency, depth, and duration of respiratory events, which are key features of the disease.	Higher values of SASHB are associated with higher risk of cardiovascular events and mortality.

V. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
OSA	The recommended starting dosage is 2.5 mg SC once weekly for 4 weeks and increased by 2.5 mg every 4 weeks until the maximum tolerated recommended maintenance dose of 10 mg or 15 mg is achieved	15 mg/week

VI. Product Availability

- Pre-filled, single-dose pens: 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg
- Pre-filled, single-dose vials: 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, 15 mg

VII. References

1. Zepbound Prescribing Information. Indianapolis, IN: Lilly USA, LLC; December 2024. Available at: <https://uspl.lilly.com/zepbound/zepbound.html#pi>. Accessed January 15, 2024.
2. Malhotra A, Grunstein RR, Fietze I, et al. Tirzepatide for the treatment of obstructive sleep apnea and obesity. NEJM. 2024 Jun 21. doi: 10.1056/NEJMoa2404881. Epub ahead of print.
3. Clinicaltrials.gov. Obstructive sleep apnea master protocol GPIF: A study of tirzepatide (LY3298176) in participants with obstructive sleep apnea (SURMOUNT-OSA). Available at: <https://clinicaltrials.gov/study/NCT05412004>. Accessed September 12, 2024.
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Coding Implications

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPSC Codes	Description
C9399	Unclassified drugs or biologicals
J3490	Unclassified drugs

Reviews, Revisions, and Approvals	Date	P&T Approval Date
Policy created	04.25	04.25
For OSA, updated PAP criterion to require continued symptoms of OSA despite adherence to PAP therapy, unless a member is not a candidate for PAP therapy. Removed trial and failure of other agents as Zepbound is now preferred. Adjusted to exclude weight management as a benefit as of 1/1/26.	10.25	10.25

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional

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organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

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Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

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Note:

For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

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