

Policy Name:	Zepbound (tirzepatide)	Policy#:	3367P
---------------------	-------------------------------	-----------------	--------------

Purpose of the Policy

The purpose of this policy is to define coverage criteria for Zepbound (tirzepatide) for the treatment of moderate to severe obstructive sleep apnea in adults with obesity.

Statement of the Policy

Health Alliance Medical Plans will approve the use of Zepbound (tirzepatide) if the following criteria are met. Zepbound will not be covered for weight loss or in patients without established moderate to severe obstructive sleep apnea and obesity. Weight loss medications are excluded from coverage for majority of plans and is not considered a covered benefit.

Criteria

1. Coverage Criteria

- 1.1 Diagnosis of moderate to severe obstructive sleep apnea confirmed by sleep study
 - Moderate to severe OSA is defined as at least 15 obstructive respiratory events per hour (or AHI - apnea-hypopnea index) confirmed by a sleep study
- 1.2 Age 18 years or older
- 1.3 Patient uses a continuous positive airway pressure (CPAP) device consistently or is not a candidate for CPAP therapy (e.g. upper airway anatomic abnormalities, recurrent sinus infections or excessive congestion, deviated septum, respiratory arrest, extreme anxiety related to face covering etc)
- 1.4 Patient has a BMI ≥ 30 kg/m²
- 1.5 Prescribed by or in consultation with a neurologist (nervous system doctor) or sleep medicine practitioner
- 1.6 Zepbound will be used as an adjunct to lifestyle modification (dietary restriction, exercise, etc)
 - For State of Illinois members: participation in Virta Health or equivalent Health Alliance supported lifestyle management program if member is excluded from Virta Health is required

2. Exclusion Criteria

- 2.1 Request for coverage is determined to be solely for weight loss
- 2.2 History of type 1 or type 2 diabetes
- 2.3 Diagnosis of central or mixed sleep apnea
- 2.4 Zepbound will not be covered in combination with any other GLP-1 agonists

3. Managed Dose Limit

- 3.1 Maximum 2mL per 28 days

4. Approval Period

- 4.1 Initial authorization: 12 months
- 4.2 Reauthorization: 12 months with documentation of clinical benefit from therapy such as a decrease in the number of obstructive respiratory events per hour of sleep, decrease in patient-reported sleep impairment and disturbance, etc

CPT Codes

HCPCS Codes	

References

1. Zepbound (tirzepatide) [prescribing information]. Indianapolis, IN: Lilly USA LLC; December 2024.
2. Malhotra A, Grunstein RR, Fietze I, et al; SURMOUNT-OSA Investigators. Tirzepatide for the Treatment of Obstructive Sleep Apnea and Obesity. N Engl J Med. 2024 Oct 3;391(13):1193-1205.

Created Date: 02/05/25
Effective Date: 02/05/25
Posted to Website: 02/05/25
Revision Date:

DISCLAIMER
This Medical Policy has been developed as a guide for determining medical necessity. The process of medical necessity review also entails review of the most recent literature and physician review. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care. Health Alliance encourages input from providers when developing and implementing medical policies. Benefit determinations are based on applicable contract language in the member's Policy/ Subscription Certificate/ Summary Plan Description. This Medical Policy does not guarantee coverage. There may be a delay between the revision of this policy and the posting on the web. Please contact the Health Alliance Customer Service Department at 1-800-851-3379 for verification of coverage.