

POLICY NAME

Zepbound (tirzepatide)

POLICY #

Criteria

Exclusion Criteria – Any of the following prevents coverage

- ☐ 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

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