

Pharmacy Drug Policy Checklist

POLICY NAME Zepbound (tirzepatide) POLICY # 3367P

Criteria

Coverage Criteria	
	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
	Age 18 years or older
	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)
	Patient has a BMI ≥30 kg/m2
	Prescribed by or in consultation with a neurologist (nervous system doctor) or sleep medicine practitioner
	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
Exclusion Criteria – Any of the following prevents coverage	
	Request for coverage is determined to be solely for weight loss
	History of type 1 or type 2 diabetes
	Diagnosis of central or mixed sleep apnea
	Zepbound will not be covered in combination with any other GLP-1 agonists