

Criteria-Based Consultation Prescribing Program KAISER PERMANENTE NORTHWEST REGION CRITERIA FOR DRUG COVERAGE

tirzepatide (Mounjaro)

Notes:

- Mounjaro is covered under the prescription drug benefit for weight loss **ONLY for Kaiser Northwest members with coverage for medications used to treat weight loss**. Others pay member cash price.
- Contact Pharmacy Services in your home region to confirm your benefits for weight loss medications.
- Quantity Limits: Yes
- ^ Adequate trial is defined as a 3-month treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria in patients for Type 2 Diabetes Mellitus: Non-formulary **tirzepatide (Mounjaro)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of Type 2 Diabetes Mellitus
- Patient has a documented allergic reaction to preferred GLP-1 agonists liraglutide (Victoza) AND injectable semaglutide (Ozempic)
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- On maximum tolerated dose of metformin or allergy or intolerance* to metformin (includes both metformin IR and XR)
- Inadequate glycemic response on both basal and bolus insulin despite high dose requirements (total daily insulin dose of 1.5 units per kilogram of body weight or more OR greater than 200 units)

OR

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Initiation (new start) criteria for adult patients for chronic weight management: Non-formulary **tirzepatide (Mounjaro)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a prescription drug insurance benefit that covers medications used to lose weight; AND
- No personal or family history of medullary thyroid carcinoma (MTC) or Multi Endocrine Neoplasia syndrome type 2 (MEN 2); AND
- Diagnosis for chronic weight management; AND
- Patient is 18 years of age or older; AND
- Patient's current weight and BMI are documented in the encounter in which tirzepatide (Mounjaro) is ordered; AND
- Patient is currently following a diet and exercise program; AND
- BMI greater than or equal to 30 kg/m² or BMI greater than or equal to 27 kg/m² AND has at least one of the following comorbid conditions documented:
 - Hypertension
 - Diabetes
 - Hyperlipidemia

-AND-

- Patient has failed an adequate trial[^] to at least two of the following medications or medication combination therapies, or patient has an allergy, intolerance, or contraindication to all the following therapies:
 - phentermine
 - diethylpropion
 - topiramate
 - phentermine + topiramate or phentermine/topiramate (Qsymia)
 - naltrexone + bupropion or naltrexone/bupropion (Contrave)

-AND-

- Patient has then failed a minimum 6-month trial of semaglutide (Ozempic/Wegovy) followed by a bariatric medicine chart review to determine necessity to switch to tirzepatide (Zepbound) or has an allergy, intolerance, or contraindication to semaglutide (Ozempic/Wegovy)

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Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **tirzepatide (Mounjaro)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of Type 2 Diabetes Mellitus
- Patient has a documented allergic reaction to preferred GLP-1 agonists liraglutide (Victoza) AND injectable semaglutide (Ozempic)
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- On maximum tolerated dose of metformin or allergy or intolerance* to metformin (includes both metformin IR and XR)
- Inadequate glycemic response on both basal and bolus insulin despite high dose requirements (total daily insulin dose of 1.5 units per kilogram of body weight or more OR greater than 200 units)

OR

- Patient has a prescription drug insurance benefit that covers medications used to lose weight; **AND** Patient is using for chronic weight management

Continued use criteria (every 12 months) for patients previously reviewed and approved when used for chronic weight management/obesity: Non-formulary **tirzepatide (Mounjaro)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient's updated weight and BMI are recently documented; **AND**
- Achieved and maintained 5% or greater weight loss after starting tirzepatide (Mounjaro)