



AETNA BETTER HEALTH®
Coverage Policy/Guideline

Name: Zepbound (tirzepatide)

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Effective Date: 2/13/2025

Last Review Date: 01/24/2025

Applies to: Illinois New Jersey Maryland
 Florida Kids Pennsylvania Kids Virginia

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Zepbound under the patient's prescription drug benefit.

Description:

FDA-Approved Indication

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 (*not a covered benefit*).
- To treat moderate to severe obstructive sleep apnea (OSA) in adults with obesity.

Limitations of Use

Zepbound contains tirzepatide. Coadministration with other tirzepatide-containing products or with any glucagon-like peptide-1 (GLP-1) receptor agonist is not recommended.

Applicable Drug List:

Zepbound

Policy/Guideline:

Criteria for Initial Approval

Obstructive Sleep Apnea

Authorization may be granted when the requested drug will be used with a reduced-calorie diet AND increased physical activity to treat moderate to severe obstructive sleep apnea (OSA) in an adult with obesity when ALL of the following criteria are met:

- The patient has an established diagnosis of moderate to severe OSA with an apnea-hypopnea index (AHI) of at least 15 events per hour on polysomnography (PSG) or home sleep apnea test (HSAT) with a technically adequate device. Documentation is required for approval.
- The patient has a current body mass index (BMI) greater than or equal to 30 kg/m². Documentation is required for approval.

Criteria for Continuation of Therapy

Obstructive Sleep Apnea

Authorization may be granted when the requested drug will be used with a reduced-calorie diet AND increased physical activity to treat moderate to severe obstructive sleep apnea (OSA) in an adult with obesity when ALL of the following criteria are met:



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- The patient has an established diagnosis of moderate to severe OSA with an apnea-hypopnea index (AHI) of at least 15 events per hour on polysomnography (PSG) or home sleep apnea test (HSAT) with a technically adequate device. Documentation is required for approval.
- The patient has achieved or maintained a positive response to treatment from baseline, evidenced by a decrease in OSA symptoms.
- The patient is being treated with a maintenance dosage, 10 mg or 15 mg once weekly, of the requested drug

Approval Duration and Quantity Restrictions:

Initial Approval: 6 months

Renewal Approval: 12 months

Quantity Level Limit:

Drug	Dosage	Quantity Limit
Zepbound (tirzepatide)	2.5 mg / 0.5 mL	2 mL (1 package of 4 pens each or 4 single-dose vials) / 28 days
Zepbound (tirzepatide)	5 mg / 0.5 mL	2 mL (1 package of 4 pens each or 4 single-dose vials) / 28 days
Zepbound (tirzepatide)	7.5 mg / 0.5 mL	2 mL (1 package of 4 pens each or 4 single-dose vials) / 28 days
Zepbound (tirzepatide)	10 mg / 0.5 mL	2 mL (1 package of 4 pens each or 4 single-dose vials) / 28 days
Zepbound (tirzepatide)	12.5 mg / 0.5 mL	2 mL (1 package of 4 pens each or 4 single-dose vials) / 28 days
Zepbound (tirzepatide)	15 mg / 0.5 mL	2 mL (1 package of 4 pens each or 4 single-dose vials) / 28 days

References:

1. Zepbound [package insert]. Indianapolis, IN: Lilly USA, LLC; December 2024.
2. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2024. <https://online.lexi.com>. Accessed June 28, 2024.
3. Micromedex® (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 06/28/2024).
4. Jensen MD, Ryan DH, Apovian DM, et al. 2013 AHA/ACC/TOS Guideline for the Management of Overweight and Obesity in Adults A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines and the Obesity Society. *Circulation*. 2014;129(suppl 2):S102-S138.
5. Apovian CM, Aronne LJ, Bessesen DH, et al. Pharmacological Management of Obesity: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab*. 2015;100(2):342-362.
6. Malhorta A, Grunstein RR, Fietze I, et al. Tirzepatide for the Treatment of Obstructive Sleep Apnea and Obesity. *New Engl J Med*. 2024;391:1193-1205.
7. Kapur VK, Auckley DH, Chowdhuri S, et al. Clinical Practice Guideline for Diagnostic Testing for Adult Obstructive Sleep Apnea: An American Academy of Sleep Medicine Clinical Practice Guideline. *J Clin Sleep Med*. 2017;13(3):479-504.