Prior Authorization Criteria

Kentucky Medicaid

ZEPBOUND (TIRZEPATIDE)

Approval Duration: 6 months (initial, renewal)

Age Limit: ≥ 18 years of age

Quantity Limit: 4 pens (2 mL) per 28 days

1. INITIAL APPROVAL CRITERIA

a. Diagnosis of moderate to severe obstructive sleep apnea (OSA); **AND**

b. Documentation (e.g., progress notes) of confirmed diagnosis of moderate to severe OSA by **ONE** of the following:

   i. Apnea Hypopnea Index/Respiratory Disturbance Index/Respiratory Event Index (AHI/RDI/REI) ≥15 events/hour that is predominantly obstructive, **OR**

   ii. AHI/RDI/REI ≥5 with at least **ONE** typical OSA symptom (e.g., unrefreshing sleep, daytime sleepiness, fatigue, or insomnia, awakening with a gasping or choking sensation, loud snoring, or witnessed apneas); **AND**

c. Patient has a body-mass index (BMI) of 30 kg/m2 or greater; **AND**

d. Prescriber provides documentation of patient's baseline weight; **AND**

e. Prescribed by or in consultation with a neurologist, sleep specialist, or other specialist in the treatment of OSA; **AND**

f. Patient has had ≥ 3-month trial and failure, contraindication, or intolerance of **ONE** of the following breathing devices:

   i. Auto-adjusting positive airway pressure (APAP), **OR**

   ii. Bilevel positive airway pressure (BiPAP), **OR**

   iii. Constant positive airway pressure (CPAP) therapy; **AND**

g. Prescriber includes documentation that the medication will be used in combination with a reduced calorie diet and increased physical activity; **AND**

h. Patient does NOT have any of the following:

   i. A history of diabetes;

   ii. Current A1c of 6.5% or higher;

   iii. No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2); **AND**

i. The requested dose does not exceed the maximum FDA-approved dose; **AND**

j. Not used in combination with another Glucagon-like peptide (GLP-1) OR dual GLP-1/Glucose-dependent insulinotropic polypeptide (GIP) receptor agonist.

2. RENEWAL CRITERIA

a. Diagnosis of moderate to severe OSA and obesity; **AND**

b. Prescribed by or in consultation with a neurologist, sleep specialist, or other specialist in the treatment of OSA; **AND**

c. Prescriber provides documentation that the patient has achieved or maintained **ONE** of the following:

i. Reduction in AHI/RDI/REI by ≥15 events/hour, **OR**

ii. Reduction in AHI/RDI/REI by ≥50%; **AND**

d. Prescriber includes documentation that the medication will continue to be used in combination with a reduced calorie diet and increased physical activity; **AND**

i. Prescriber verifies and includes documentation that patient has at least a 5% reduction in baseline body weight; **OR**

ii. Prescriber includes documentation assessing lifestyle and diet interventions if weight loss goal has not been met; **AND**

e. Patient does NOT have any of the following:

i. A history of diabetes;

ii. Current A1c of 6.5% or higher;

iii. No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2); **AND**

f. The requested dose does not exceed the maximum FDA-approved dose; **AND**

g. Not used in combination with another GLP-1 or dual GLP-1/GIP receptor agonist.