STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES
BUREAU FOR MEDICAL SERVICES

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Office of Pharmacy Services
Prior Authorization Criteria
Zepbound® (tirzepatide)
Effective 7/1/2025

Prior Authorization Request Form

ZEPBOUND is a glucose-dependent insulinotropic polypeptide (GIP) receptor and glucagon-like peptide-1 (GLP-1) receptor agonist 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; AND
- To treat moderate to severe obstructive sleep apnea (OSA) in adults with obesity.

Agents used for the purpose of weight loss are typically a benefit exclusion and not covered by West Virginia Medicaid. Coverage of Zepbound will only be considered for a diagnosis of OSA in adults with obesity.

CRITERIA FOR APPROVAL:

1. The patient is within the age range as recommended by the Food and Drug Administration (FDA) label; **AND**
2. The patient has a diagnosis of moderate to severe OSA with a sleep study within the past twelve months confirming an apnea-hypopnea index (AHI) greater than or equal to fifteen events per hour; **AND**
3. The patient has a diagnosis of obesity with a documented Body Mass Index (BMI) of 30 kg/m² or greater within the past three months (date and results of the most recent weight and BMI calculation are stated on the request); **AND**
4. The patient has been prescribed or counseled on the use of continuous airway pressure (CPAP) as a potential therapy; **AND**
5. The patient has received counseling on chronic weight management (increased physical activity and a reduced calorie diet) and will continue to receive ongoing counseling during combination treatment with Zepbound; **AND**
6. Patients who have a concurrent diagnosis of Type II Diabetes Mellitus (DM) have been trialed on a preferred GLP-1 (indicated for Type II DM) compliantly for three months and experienced treatment failure; **AND**
7. The patient is not receiving ZEPBOUND® in combination with other tirzepatide-containing products or with any other agents in the GIP/GLP-1 class.

CRITERIA FOR REAUTHORIZATION:

1. Demonstrate continued documented compliance; **AND**

2. The patient has been able to tolerate **AT LEAST** a 10 mg maintenance dose; **AND**

3. The patient will continue to follow a reduced calorie diet and increased physical activity plan; **AND**

4. Clinical improvement of OSA while on ZEPBOUND® (such as, patient-reported improvement in daytime sleepiness, partner-reported reduction of snoring episodes or pauses in breathing, reduction of AHI events, etc.); **AND**

5. The patient has shown a documented weight loss of > 5% or continued to maintain initial 5% weight loss.

Initial approvals may be authorized for 150 days. Further approvals may be granted for six months after all the continuation of therapy criteria has been met. All fills will be limited to a 30-day supply.