



AETNA BETTER HEALTH®
Coverage Policy/Guideline

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|-----------------|--|-------------------|-----------|
| Name: | Zepbound OSA (tirzepatide) | Page: | 1 of 2 |
| Effective Date: | 5/1/2025 | Last Review Date: | 2/24/2025 |
| Applies to: | <input checked="" type="checkbox"/> New Jersey | | |

Intent:

The intent of this policy/guideline is to provide information to the prescribing practitioner outlining the coverage criteria for Zepbound OSA 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.

Use of Zepbound for the indication of weight loss only is an excluded benefit and will not be covered.

Applicable Drug List:

Zepbound OSA

Policy/Guideline:

Criteria for Initial Approval

Obstructive Sleep Apnea

Authorization may be granted when the requested drug is being used to treat moderate to severe obstructive sleep apnea (OSA) in an adult with obesity when ALL the following criteria are met:

- The request is for Zepbound (tirzepatide).
- The requested drug is being used with a reduced-calorie diet AND increased physical activity.
- 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



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Authorization may be granted when the requested drug is being used to treat moderate to severe obstructive sleep apnea (OSA) in an adult with obesity when ALL of following criteria are met:

- The request is for Zepbound (tirzepatide).
- The requested drug is being used with a reduced-calorie diet AND increased physical activity.
- 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.