

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 with Type 2 Diabetes Mellitus: Non-formulary **tirzepatide (Mounjaro)** will be covered on the prescription drug benefit when the following criteria are met:

Adults (age 20+) with diagnosis of Type 2 Diabetes Mellitus

- a) No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
 - b) Not on insulin or on insulin at a total daily dose less than 0.5 units/kg/day, meets ALL of the following criteria:
 - i. On maximally tolerated metformin dose or has contraindication/intolerance to metformin XR
 - ii. On maximally tolerated sulfonylurea or has contraindication/intolerance to sulfonylureas
 - iii. On pioglitazone or has contraindication/intolerance to pioglitazone
 - iv. On an SGLT2 inhibitor or has contraindication/intolerance to SGLT2 inhibitors
 - v. Failed to achieve an HbA1c or GMI less than 7% while taking maximum tolerated liraglutide dose (1.8 mg daily) for at least 3 months OR has a contraindication or intolerance to liraglutide
 - vi. On maximum tolerated semaglutide dose (2 mg once weekly) for at least 3 months or has contraindication or intolerance to semaglutide
 - vii. HbA1c or GMI is greater than 6.9% but less than 10% after adequate trial[^] of the therapies mentioned above
- OR-**
- c) On insulin at a total daily dose of 0.5 units/kg/day, meets ALL of the following criteria:
 - i. On maximally tolerated metformin dose or has contraindication/intolerance to metformin XR

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- ii. On an SGLT2 inhibitor or pioglitazone or has contraindication/intolerance to both
- iii. Failed to achieve an HbA1c or GMI less than 7% while taking maximum tolerated liraglutide dose (1.8 mg daily) for at least 3 months OR has a contraindication or intolerance to liraglutide
- iv. On maximum tolerated semaglutide dose (2 mg once weekly) for at least 3 months or has contraindication or intolerance to semaglutide
- v. HbA1c or GMI remains above 6.9% after adequate trial of the therapies mentioned above

-OR-

Members aged 10-19 years with diagnosis of Type 2 Diabetes Mellitus:

- a) No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- b) On maximally tolerated metformin dose or has contraindication/intolerance to metformin XR
- c) Failed to achieve an HbA1c or GMI less than 7% while taking maximum tolerated liraglutide dose (1.8 mg daily) for at least 3 months OR has a contraindication or intolerance to liraglutide
- d) On maximum tolerated semaglutide dose (2 mg once weekly) for at least 3 months or has contraindication or intolerance to semaglutide
- e) HbA1c or GMI is greater than 6.9% but less than 10% after adequate trial[^] of the therapies mentioned above unless patient is currently on insulin

-OR-

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:

- a) Patient has a prescription drug insurance benefit that covers medications used to lose weight; AND
- b) No personal or family history of medullary thyroid carcinoma (MTC) or Multi Endocrine Neoplasia syndrome type 2 (MEN 2); AND
- c) Diagnosis for chronic weight management; AND
- d) Patient is 18 years of age or older; AND

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- e) Patient's current weight and BMI has been documented within the last 30 days approximately; AND
- f) Patient is currently following a diet and exercise program; AND
- g) 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:
 - o Hypertension
 - o Diabetes
 - o Hyperlipidemia
- AND-**
- h) 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:
 - o phentermine
 - o diethylpropion
 - o topiramate
 - o phentermine + topiramate or phentermine/topiramate (Qsymia)
 - o naltrexone + bupropion or naltrexone/bupropion (Contrave)
- AND-**
- i) 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)

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:

Adults (age 20+) with diagnosis of Type 2 Diabetes Mellitus

- a) No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- b) Not on insulin or on insulin at a total daily dose less than 0.5 units/kg/day, meets ALL of the following criteria:
 - i. On maximally tolerated metformin dose or intolerance or contraindication to metformin XR

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- ii. On maximally tolerated sulfonylurea or has contraindication/intolerance to sulfonylureas
- iii. On pioglitazone or has contraindication/intolerance to pioglitazone
- iv. On an SGLT2 inhibitor (e.g. Jardiance) or has contraindication/intolerance to SGLT2 inhibitors
- v. Failed to achieve an HbA1c or GMI less than 7% while taking maximum tolerated semaglutide dose OR has a contraindication or intolerance to semaglutide
- vi. HbA1c or GMI is less than 10%

-OR-

- c) Patient is on, or prior to GLP1 use has history of, insulin at a total daily dose of 0.5 units/kg/day or more, meets ALL of the following criteria:
 - i. On maximally tolerated metformin dose or intolerance* or contraindication to metformin XR
 - ii. On an SGLT2 inhibitor or pioglitazone or has contraindication or intolerance to both
 - iii. Failed to achieve an HbA1c or GMI less than 7% while taking maximum tolerated semaglutide dose OR has a contraindication or intolerance to semaglutide

-OR-

Members aged 10-19 years with diagnosis of Type 2 Diabetes Mellitus

- a) On maximally tolerated metformin dose or intolerance* or contraindication to metformin XR
- b) Failed to achieve an HbA1c or GMI less than 7% while taking maximum tolerated semaglutide dose OR has a contraindication or intolerance to semaglutide
- c) HbA1c or GMI is less than 10% unless currently taking insulin

-OR-

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 for 12 months when the following criteria are met:

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- a) 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:

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