

Clinical Oversight Review Board (CORB) Criteria for Prescribing/
Criteria-Based Consultation (CBC) Criteria for Coverage
**KAISER PERMANENTE NORTHWEST REGION CRITERIA FOR
COVERAGE**

tirzepatide (Zepbound)

Notes:

- Zepbound 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
- **Does not apply to Medicare Part D patients

Non-Formulary **tirzepatide (Zepbound)** requires a clinical review. Appropriateness of therapy will be based on the following criteria:

Initiation (new start) criteria for adult patients: Non-formulary **tirzepatide (Zepbound)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a prescription drug insurance benefit that covers medications used to lose weight; AND
- No personal or family history of medullary thyroid carcinoma (MTC) or Multi Endocrine Neoplasia syndrome type 2 (MEN 2); AND
- Diagnosis for chronic weight management; AND
- Patient is 18 years of age or older; AND
- Patient's current weight and BMI has been documented within the last 30 days approximately; AND
- Patient is currently following a diet and exercise program; AND
- 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:
 - Hypertension
 - Diabetes
 - Hyperlipidemia
- AND-
- 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:

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- phentermine
- diethylpropion
- topiramate
- phentermine + topiramate or phentermine/topiramate (Qsymia)
- naltrexone + bupropion or naltrexone/bupropion (Contrave)

-AND-

- 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)

Initiation (new start) criteria in patients for obstructive sleep apnea (OSA) and do not have a diagnosis of diabetes: Non-formulary **tirzepatide (Zepbound)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- No personal or family history of medullary thyroid carcinoma (MTC) or Multi Endocrine Neoplasia syndrome type 2 (MEN 2); **AND**
- Patient does not have central or complex apnea; **AND**
- Patient has had a sleep study within the last 3 years and they have not lost more than 5% body weight since the time of the study (study weight is +/- 3 months from time of study); **AND**
- Diagnosis for severe sleep apnea (AHI 30 or greater); **AND**
- Patient is 18 years of age or older; **AND**
- Patient's current weight and BMI has been documented within the last 30 days approximately; **AND**
- Patient is currently following a diet and exercise program; **AND**
- BMI greater than or equal to 30 kg/m²; **AND**
- 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^{**}:
 - phentermine
 - diethylpropion
 - topiramate
 - phentermine + topiramate or phentermine/topiramate (Qsymia)
 - naltrexone + bupropion or naltrexone/bupropion (Contrave)

-AND-

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- 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)**

Continued use criteria (every 12 months) for patients previously reviewed and approved when used for chronic weight management/obesity or OSA:

Non-formulary **tirzepatide (Zepbound)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

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

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously: Non-formulary **tirzepatide (Zepbound)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient has a prescription drug insurance benefit that covers medications used to lose weight; **AND**
- Patient is using for chronic weight management/obesity; OR
- Patient is using for obstructive sleep apnea (OSA)