

Texas Prior Authorization Program  
Clinical Criteria

---

## Drug/Drug Class

# Zepbound (Tirzepatide)

## Clinical Criteria Information Included in this Document

### Zepbound (Tirzepatide)

- [Drugs requiring prior authorization](#): the list of drugs requiring prior authorization for this clinical criteria
- [Prior authorization criteria logic](#): a description of how the prior authorization request will be evaluated against the clinical criteria rules
- [Logic diagram](#): a visual depiction of the clinical criteria logic
- [Supporting tables](#): a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable
- [References](#): clinical publications and sources relevant to this clinical criteria

**Note:** Click the hyperlink to navigate directly to that section.

## Revision Notes

Removed check for gastroparesis as requested by the DUR Board

Updated the lookback for history of medullary thyroid carcinoma (MTC) and multiple endocrine neoplasia syndrome type 2 (MEN 2) to 730 days as requested by the DUR Board



## Zepbound (Tirzepatide)

### Drugs Requiring Prior Authorization

The listed GCNs may not be an indication of Texas Medicaid Formulary coverage. To learn the current formulary coverage, visit [txvendordrug.com/searches/formulary-drug-search](https://txvendordrug.com/searches/formulary-drug-search).

Drugs Requiring Prior Authorization	
Label Name	GCN
ZEPBOUND 2.5 MG/0.5 ML PEN	54988
ZEPBOUND 2.5 MG/0.5 ML VIAL	56105
ZEPBOUND 5 MG/0.5 ML PEN	54989
ZEPBOUND 5 MG/0.5 ML VIAL	56102
ZEPBOUND 7.5 MG/0.5 ML PEN	54991
ZEPBOUND 7.5 MG/0.5 ML VIAL	56692
ZEPBOUND 10 MG/0.5 ML PEN	54992
ZEPBOUND 10 MG/0.5 ML VIAL	56685
ZEPBOUND 12.5 MG/0.5 ML PEN	54993
ZEPBOUND 12.5 MG/0.5 ML VIAL	56686
ZEPBOUND 15 MG/0.5 ML PEN	54994
ZEPBOUND 15 MG/0.5 ML VIAL	56687

**Zepbound (Tirzepatide)****Clinical Criteria Logic**

## Initial Criteria:

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?
  - Yes – Go to #2
  - No – Deny
2. Does the client have a [diagnosis of moderate to severe obstructive sleep apnea \(OSA\)](#) in the last 730 days?
  - Yes – Go to #3
  - No – Deny
3. Does the client have an apnea-hypopnea index (AHI) of at least 15 events per hour on polysomnography (PSG) or home sleep apnea test (HSAT)? [Manual]
  - Yes – Go to #4
  - No – Deny
4. Does the client have a [diagnosis of obesity](#) in the last 730 days?
  - Yes – Go to #5
  - No – Deny
5. Will the client use Zepbound in combination with a reduced calorie diet and increased physical activity? [Manual]
  - Yes – Go to #6
  - No – Deny
6. Does the client have a [history of medullary thyroid carcinoma \(MTC\) or multiple endocrine neoplasia syndrome type 2 \(MEN 2\)](#) in the last 730 days?
  - Yes – Deny
  - No – Go to #7
7. Will the client have concurrent therapy with a [GLP-1 RA containing agent](#)?
  - Yes – Deny
  - No – Go to #8
8. Is the requested dose less than or equal to ( $\leq$ ) 15 mg weekly?
  - Yes – Approve (6 months)
  - No – Deny

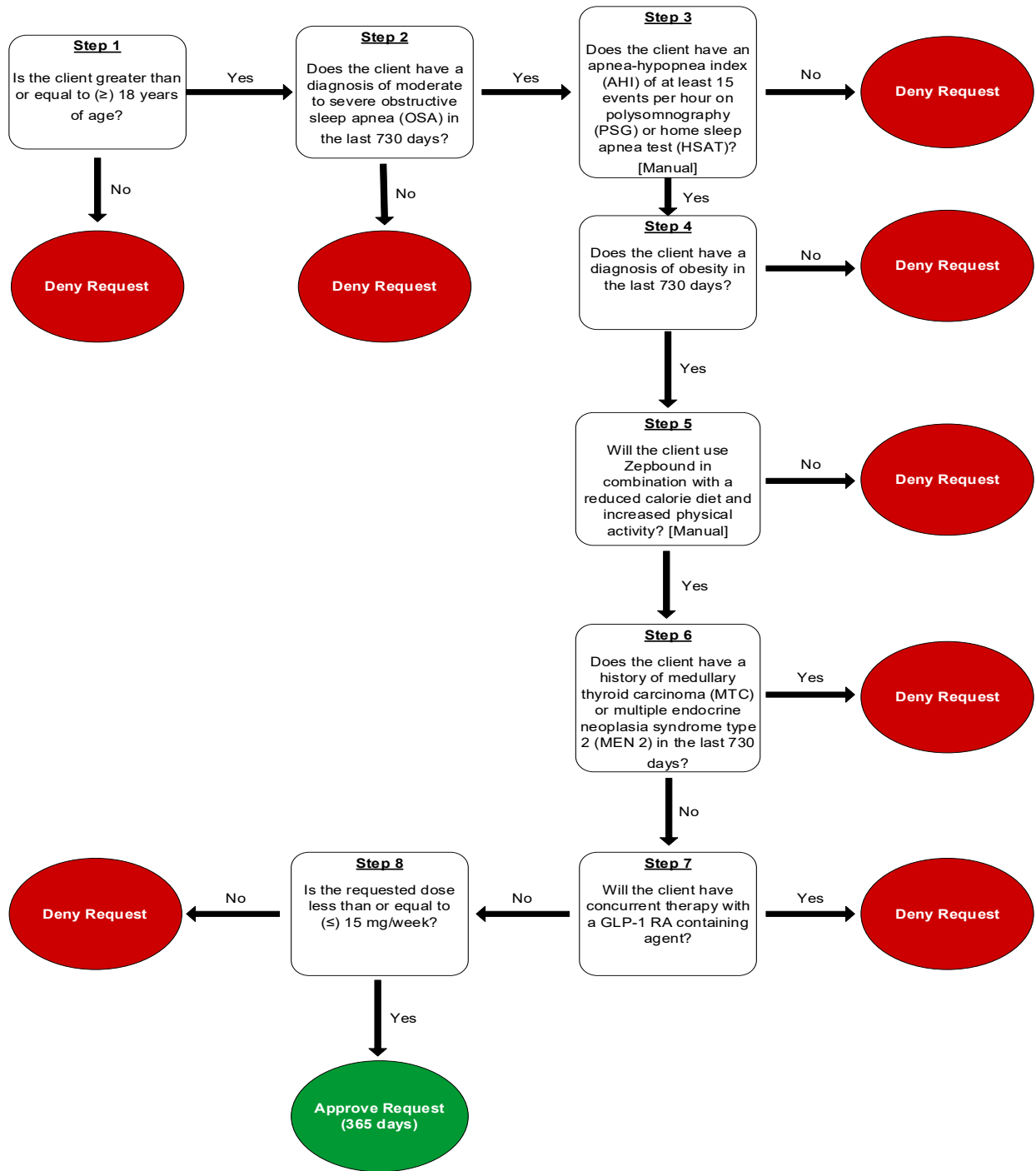
**Zepbound (Tirzepatide)****Clinical Criteria Logic**

## Renewal Criteria:

1. Will the client use Zepbound in combination with a reduced calorie diet and increased physical activity? [Manual]  
 Yes – Go to #2  
 No – Deny
2. Does the client have a [history of medullary thyroid carcinoma \(MTC\) or multiple endocrine neoplasia syndrome type 2 \(MEN 2\)](#) in the last 730 days?  
 Yes – Deny  
 No – Go to #3
3. Will the client have concurrent therapy with a [GLP-1 RA containing agent](#)?  
 Yes – Deny  
 No – Go to #4
4. Is the requested dose less than or equal to ( $\leq$ ) 15 mg weekly?  
 Yes – Go to #5  
 No – Deny
5. Has the client lost or maintained a loss of at least 5% from their baseline weight? [Manual]  
 Yes – Approve (365 days)  
 No – Deny

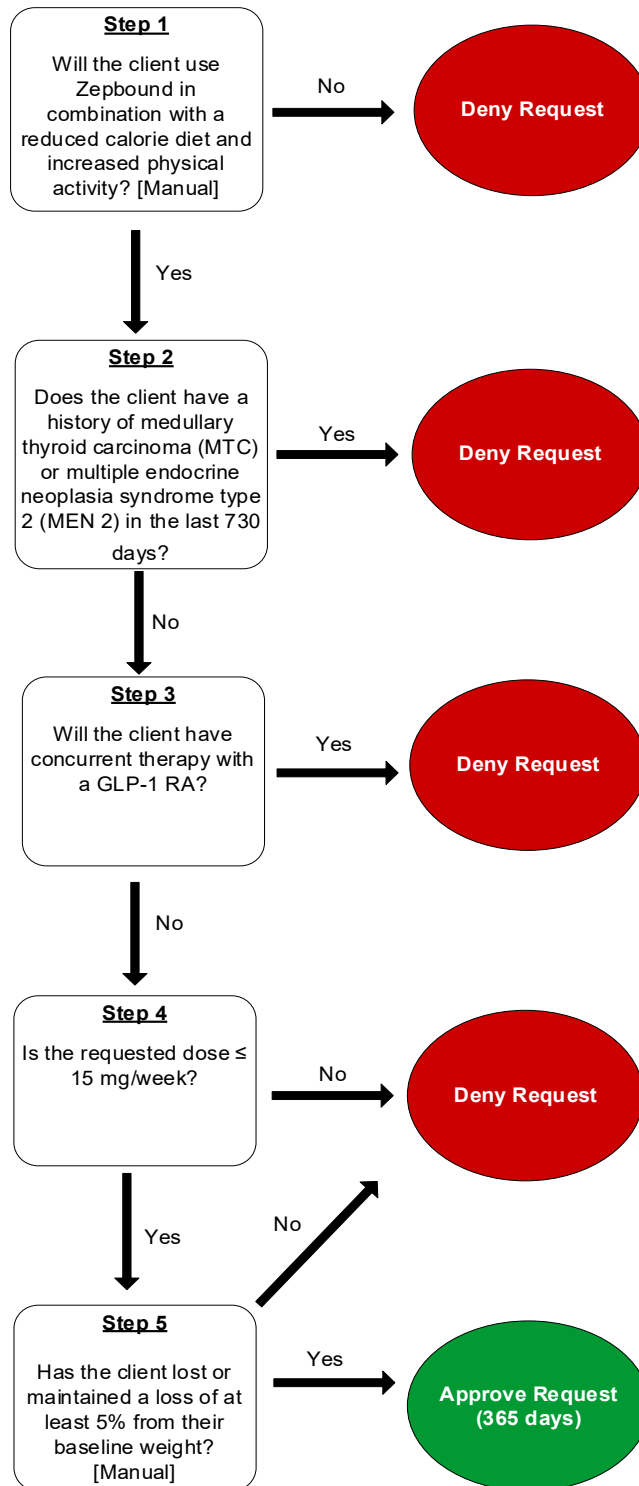
**PAYPRESS™** **Zepbound (Tirzepatide)**  
**Clinical Criteria Logic Diagram**

Initial Criteria:



**PAYPRESS™** **Zepbound (Tirzepatide)**  
**Clinical Criteria Logic Diagram**

Renewal Criteria:





## Zepbound (Tirzepatide)

### Clinical Criteria Supporting Tables

<b>Table 2 (diagnosis of obstructive sleep apnea)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
G4730	SLEEP APNEA, UNSPECIFIED
G4733	OBSTRUCTIVE SLEEP APNEA (ADULT) (PEDIATRIC)

<b>Table 4 (diagnosis of obesity)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
E6601	MORBID (SEVERE) OBESITY DUE TO EXCESS CALORIES
E6609	OTHER OBESITY DUE TO EXCESS CALORIES
E661	DRUG-INDUCED OBESITY
E662	MORBID (SEVERE) OBESITY WITH ALVEOLAR HYPOVENTILATION
E668	OTHER OBESITY
E669	OBESITY, UNSPECIFIED
Z6830	BODY MASS INDEX [BMI] 30.0-30.9, ADULT
Z6831	BODY MASS INDEX [BMI] 31.0-31.9, ADULT
Z6832	BODY MASS INDEX [BMI] 32.0-32.9, ADULT
Z6833	BODY MASS INDEX [BMI] 33.0-33.9, ADULT
Z6834	BODY MASS INDEX [BMI] 34.0-34.9, ADULT
Z6835	BODY MASS INDEX [BMI] 35.0-35.9, ADULT
Z6836	BODY MASS INDEX [BMI] 36.0-36.9, ADULT
Z6837	BODY MASS INDEX [BMI] 37.0-37.9, ADULT

<b>Table 4 (diagnosis of obesity)</b> <b>Required quantity: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
Z6838	BODY MASS INDEX [BMI] 38.0-38.9, ADULT
Z6839	BODY MASS INDEX [BMI] 38.0-38.9, ADULT
Z6841	BODY MASS INDEX [BMI] 40.0-44.9, ADULT
Z6842	BODY MASS INDEX [BMI] 45.0-49.9, ADULT
Z6843	BODY MASS INDEX [BMI] 50.0-59.9, ADULT
Z6844	BODY MASS INDEX [BMI] 60.0-69.9, ADULT
Z6845	BODY MASS INDEX [BMI] 70 OR GREATER, ADULT

<b>Table 6/2 (diagnosis of MTC or MEN 2)</b> <b>Required diagnosis: 1</b> <b>Look back timeframe: 730 days</b>	
ICD-10 Code	Description
C73	MALIGNANT NEOPLASM OF THYROID GLAND
E3122	MULTIPLE ENDOCRINE NEOPLASIA [MEN] TYPE IIA
E3123	MULTIPLE ENDOCRINE NEOPLASIA [MEN] TYPE IIB

<b>Table 7 (GLP-1 Receptor Agonist)</b>	
GCN	Label Name
44039	BYDUREON BCISE 2 MG AUTOINJECT
24613	BYETTA 5 MCG DOSE PEN INJ
24614	BYETTA 10 MCG DOSE PEN INJ
26189	LIRAGLUTIDE 18 MG/3 ML PEN
52333	MOUNJARO 10 MG/0.5 ML PEN
52334	MOUNJARO 12.5 MG/0.5 ML PEN

Table 7 (GLP-1 Receptor Agonist)	
GCN	Label Name
52335	MOUNJARO 15 MG/0.5 ML PEN
52336	MOUNJARO 2.5 MG/0.5 ML PEN
52337	MOUNJARO 5 MG/0.5 ML PEN
52338	MOUNJARO 7.5 MG/0.5 ML PEN
53536	OZEMPIC 0.25-0.5 MG/DOSE PEN
44163	OZEMPIC 0.25-0.5 MG DOSE PEN
44164	OZEMPIC 1 MG DOSE PEN (1.5 ML)
48208	OZEMPIC 1 MG DOSE PEN (3 ML)
52125	OZEMPIC 2 MG DOSE PEN (8 MG/3 ML)
46966	RYBELSUS 14 MG TABLET
46964	RYBELSUS 3 MG TABLET
46965	RYBELSUS 7 MG TABLET
57035	RYBELSUS 1.5 MG TABLET
57037	RYBELSUS 4 MG TABLET
57038	RYBELSUS 9 MG TABLET
42676	SOLIQUA 100 UNIT-33 MCG/ML PEN
37169	TRULICITY 0.75 MG/0.5 ML PEN
37171	TRULICITY 1.5 MG/0.5 ML PEN
48574	TRULICITY 3 MG/0.5 ML PEN
48573	TRULICITY 4.5 MG/0.5 ML PEN
26189	VICTOZA 18 MG/3 ML PEN
49748	WEGOVY 0.25 MG/0.5 ML PEN
49749	WEGOVY 0.5 MG/0.5 ML PEN
49752	WEGOVY 1 MG/0.5 ML PEN
49753	WEGOVY 1.7 MG/0.75 ML PEN

Table 7 (GLP-1 Receptor Agonist)	
GCN	Label Name
49754	WEGOVY 2.4 MG/0.75 ML PEN
38348	XULTOPHY 100 UNIT-3.6 MG/ML PEN

**Zepbound (Tirzepatide)****Clinical Criteria References**

1. Clinical Pharmacology [online database]. Tampa, FL: Elsevier/Gold Standard, Inc.; 2025. Available at [www.clinicalpharmacology.com](http://www.clinicalpharmacology.com). Accessed on October 30, 2025.
2. Micromedex [online database]. Available at [www.micromedexsolutions.com](http://www.micromedexsolutions.com). Accessed on October 30, 2025.
3. 2025 ICD-10-CM Diagnosis Codes, Volume 1. 2025. Available at [www.icd10data.com](http://www.icd10data.com). Accessed on October 30, 2025.
4. Zepbound Prescribing Information. Indianapolis, IN. Eli Lilly and Co. April 2025.



## Zepbound (Tirzepatide)

### Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the [Revision Notes](#) on the first page of this document.

Publication Date	Notes
04/25/2025	<ul style="list-style-type: none"> <li>Initial publication and presentation to the DUR Board</li> </ul>
09/12/2025	<ul style="list-style-type: none"> <li>Added GCNs for Zepbound (56686, 56687) to the Drugs Requiring PA table</li> </ul>
10/24/2025	<ul style="list-style-type: none"> <li>Removed check for gastroparesis as requested by the DUR Board</li> <li>Updated the lookback for history of medullary thyroid carcinoma (MTC) and multiple endocrine neoplasia syndrome type 2 (MEN 2) to 730 days as requested by the DUR Board</li> </ul>