Tirzepatide (ZEPBOUND) Subcutaneous Injection
Criteria for Use
December 2023

VA Pharmacy Benefits Management Services, Medical Advisory Panel, and VISN Pharmacist Executives

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective drug prescribing. THE CLINICIAN SHOULD USE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT. INDIVIDUAL CASES THAT ARE EXCEPTIONS TO THE EXCLUSION AND INCLUSION CRITERIA SHOULD BE ADJUDICATED AT THE LOCAL FACILITY ACCORDING TO THE POLICY AND PROCEDURES OF ITS P&T COMMITTEE AND PHARMACY SERVICES.

The Product Information should be consulted for detailed prescribing information.

For patients prescribed tirzepatide (MOUNJARO) for the management of type 2 diabetes mellitus, please consult the tirzepatide (MOUNJARO) Criteria for Use. The tirzepatide (ZEPBOUND) Criteria for Use apply to the use of tirzepatide as a medication for chronic weight management.

Exclusion Criteria

If the answer to ANY item below is met, then the patient should NOT receive tirzepatide (ZEPBOUND) for chronic weight management.

- ☐ Pregnancy ^1
- ☐ Lactating ^2
- ☐ Type 1 diabetes ^3
- ☐ Personal or family history of medullary thyroid carcinoma or with Multiple Endocrine Neoplasia syndrome type 2
- ☐ Severe gastrointestinal dysmotility, including gastroparesis
- ☐ History of pancreatitis (does not pertain to patients for whom the cause of pancreatitis is known and no longer presents a risk) ^4
- ☐ The patient has a history of suicidal attempts or active suicidal ideation (unless a mental health consultation supports benefits of tirzepatide in a patient with a history of suicide attempts or recent suicidal ideation) ^5
- ☐ Known PDR, severe NPDR, clinically significant ME, or DME unless risks/benefits have been discussed with the patient and documented in the EHR with monitoring plans and follow-up with an eye specialist who is informed at the time of the initiation ^6

DME=diabetic macular edema; EHR=electronic health record; ME=macular edema; NPDR=non-proliferative diabetic retinopathy; PDR=proliferative diabetic retinopathy

1. Weight loss offers no potential benefit to a pregnant patient and may result in fetal harm; refer to product information
2. Breastfeeding patients excluded from clinical trials for weight management; in general, weight management should focus on healthy nutrition, behavioral modification and exercise, as well as take into consideration the energy requirements for breastfeeding. Consider risk vs. benefit in individual patients and the breastfed infant.
3. There is no evidence of increased risk for DKA with GLP-1/GIP use in type 1 diabetes. If the patient is followed by a diabetes/weight management specialist, tirzepatide can be considered for weight management under careful supervision in patients with type 1 diabetes.
4. Risk factors for pancreatitis include triglyceride level > 1000 mg/dL, known gallstones with intact gallbladder, alcohol abuse
5. Per clinical trial exclusion criteria (lifetime history of suicidal attempt, recent suicidal behavior or ideation) and warnings/precautions in product information
6. Rapid improvement in glucose control has been associated with temporary worsening of diabetic retinopathy. Tirzepatide has not been studied in patients with NPDR requiring acute therapy, PDR, or DME. Before considering tirzepatide, the provider should have the results of diabetic eye examination completed within past 12 months on file. Decision to use tirzepatide should consider disease severity and activity. Patients with a history of diabetic retinopathy should have planned follow-up with the eye provider to monitor for progression. Consultation with an eye care specialist should be obtained any time there are concerns related to use in patients with diabetic retinopathy.

Inclusion Criteria

The answers to ALL of the following must be fulfilled in order to meet criteria for tirzepatide (ZEPBOUND) for chronic weight management.

☐ Verifiable participation in a comprehensive lifestyle intervention (CLI) that targets all three aspects of weight management: diet, physical activity, behavioral changes ^7

☐ BMI is greater than or equal to 30 kg/m^2 **OR** BMI is greater than or equal to 27 kg/m^2 with at least one weight-related comorbidity ^8 ^9

7. Participation in a CLI is an essential component to overall weight management. Use of weight management medications should be prescribed in conjunction with CLI.
8. Examples of weight-related comorbidities: hypertension, type 2 diabetes, dyslipidemia, metabolic syndrome, obstructive sleep apnea, osteoarthritis, metabolic dysfunction-associated steatotic liver disease
9. If clinically appropriate, consider discontinuing medications that may precipitate weight gain. Refer to Sidebar 2. Select Medications and their Potential Effects on Weight in the VA/DoD Clinical Practice Guideline for the Management of Adult Overweight and Obesity at: https://www.healthquality.va.gov/guidelines/CD/obesity/VADoDObesityCPGFinal5087242020.pdf

Additional Inclusion Criteria

The answer to ONE of the following must be fulfilled in order to meet criteria for tirzepatide for chronic weight management.

☐ One or more VA National Formulary agents for chronic weight management at therapeutic or maximally tolerated doses are documented to be not tolerated, not adequate (e.g., < 5 % reduction body weight), or medically inadvisable (with rationale) ^10

☐ BMI >= 40 **OR** BMI 35 to < 40 with a significant or difficult to manage weight-related condition or is unable to achieve weight loss goals required for surgery ^11 ^12

10. e.g., phentermine/topiramate; orlistat
11. i.e., severe sleep apnea documented by sleep study; disability due to osteoarthritis; metabolic dysfunction-associated steatohepatitis with objective evidence of fibrosis (Stage >=F2); potential candidate for bariatric surgery
12. e.g., surgery for obesity related condition, general surgery

Additional Inclusion Criteria *(Select if applicable)*

☐ For patients who can become pregnant: Pregnancy should be excluded prior to receiving tirzepatide and the patient provided contraceptive counseling on potential risks vs. benefits of taking tirzepatide if patient were to become pregnant

☐ Patients of childbearing potential who are using oral contraceptives have been counseled to switch to a non oral contraceptive method or add a barrier method of contraception for 4 weeks after initiation and for 4 weeks after each dose escalation

Supplemental Information

Refer to PBM-MAP-VPE Clinical Guidance: Weight Management Medications for Chronic Use Guidance for Treatment Selection at: PBM Formulary Management - Clinical Recommendations - All Documents (sharepoint.com)

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