

Reference number(s)

7056-A

# Exception Criteria Zepbound

## **Products Referenced by this Document**

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths except 2.5 mg/0.5 mL, 5 mg/0.5 mL, 7.5 mg/0.5 mL, and 10 mg/0.5 mL vials that are covered under the LillyDirect manufacturer program. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Zepbound	tirzepatide

## **Indications**

## FDA-approved Indications

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.
- 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.

# **Coverage Criteria**

Authorization may be granted for the requested drug when ALL of the following criteria are met:

• The patient CANNOT be treated with the formulary alternative (Available Formulary Alternative: Wegovy).

Zepbound Custom Exception with coverage 7056-A P07-2025.docx

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Reference number(s) 7056-A

• The patient has experienced an inadequate treatment response, intolerance, or has a contraindication to Wegovy. [ACTION REQUIRED: Documentation is required for approval.]

# **Duration of Approval (DOA)**

• 7056-A: DOA: 12 months

## References

1. Zepbound [package insert]. Indianapolis, IN: Lilly USA, LLC; April 2025.