PRIOR AUTHORIZATION CRITERIA

BRAND NAME
(generic)

MOUNJARO
(tirzepatide)

Status: Client Requested Criteria
Type: Initial Prior Authorization with Quantity Limit ***Ref # C27206-C***

CRITERIA FOR APPROVAL

1	Does the patient have a diagnosis of type 2 diabetes mellitus? [Note: If yes, then prescriber must submit chart notes or other documentation supporting the diagnosis. Documentation of pre-diabetes does not qualify as support for the type 2 diabetes mellitus requirement.] [If no, then no further questions.]	Yes	No
2	Has the patient been receiving a stable maintenance dose of the requested drug for at least 3 months? [If no, then skip to question 4.]	Yes	No
3	Has the patient demonstrated a reduction in A1C since starting this therapy? [No further questions.]	Yes	No
4	Has the patient experienced an inadequate treatment response, intolerance, or does the patient have a contraindication to metformin? [If yes, then no further questions.]	Yes	No
5	Does the patient require combination therapy AND have an A1C of 7.5 percent or greater?	Yes	No

**The duration of 21 days is used for a 28-day fill period and 63 days is used for an 84-day fill period to allow time for refill processing.*

REFERENCES
N/A

DOCUMENT HISTORY
Created: JBK 01/2024
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