

tirzepatide (MOUNJARO)

Diagnoses Considered for Coverage:

- Type 2 diabetes mellitus

Coverage Criteria:

For diagnosis of type 2 diabetes mellitus:

- Diagnosis confirmed by one of the following laboratory test results:

- a. A1C of > 6.5%, or
- b. Fasting blood glucose of > 126mg/dl, or
- c. Oral glucose tolerance test (OGTT) > 200mg/dl,

AND

- Not being used in combination with another GLP-1 RA agent (e.g. Adlyxin, Bydureon, Byetta, Ozempic, Soliqua, Rybelsus, Trulicity, Victoza, Xultophy, Mounjaro, Wegovy, Saxenda),

AND

- One of the following:
 - Inadequate response, intolerable side effect, or contraindication with metformin, or
 - Patient requires combination therapy and has an A1C of 7.5% or greater,

AND

Inadequate response or intolerable side effect with two preferred GLP-1 agents (e.g., Ozempic, Trulicity, Victoza, or Rybelsus),

AND

- Dose does not exceed 15 mg/0.5 ml SQ weekly.

Coverage Duration: one year

References:

1. Product Information: MOUNJARO(TM) subcutaneous injection, tirzepatide subcutaneous injection. Lilly USA LLC (per FDA), Indianapolis, IN, 2022.

Effective Date: 5/3/2023