

# Criteria-Based Consultation Prescribing Program KAISER PERMANENTE NORTHWEST REGION CRITERIA FOR DRUG COVERAGE

## tirzepatide (Mounjaro)

### Notes:

- Mounjaro is covered under the prescription drug benefit for weight loss **ONLY for Kaiser Northwest members with coverage for medications used to treat weight loss**. Others pay member cash price.
- Contact Pharmacy Services in your home region to confirm your benefits for weight loss medications.
- Quantity Limits: Yes
- ^ Adequate trial is defined as a 3-month treatment duration
- \* Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

**Initiation (new start) criteria in patients for Type 2 Diabetes Mellitus:** Non-formulary **tirzepatide (Mounjaro)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of Type 2 Diabetes Mellitus
- Patient has a documented allergic reaction to preferred GLP-1 agonists liraglutide (Victoza) AND injectable semaglutide (Ozempic)
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- On maximum tolerated dose of metformin or allergy or intolerance\* to metformin (includes both metformin IR and XR)
- Inadequate glycemic response on both basal and bolus insulin despite high dose requirements (total daily insulin dose of 1.5 units per kilogram of body weight or more OR greater than 200 units)

**OR**

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All plans offered and underwritten by  
Kaiser Foundation Health Plan of the Northwest

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## tirzepatide (Mounjaro)

**Initiation (new start) criteria for adult patients for chronic weight management:** Non-formulary **tirzepatide (Mounjaro)** will be covered on the prescription drug benefit for 4 months when the following criteria are met:

- Patient has a prescription drug insurance benefit that covers medications used to lose weight; AND
- Diagnosis for chronic weight management; AND
- Patient is 18 years of age or older; AND
- Patient's current weight and BMI are documented in the encounter in which tirzepatide (Mounjaro) is ordered; AND
- Patient is currently following a diet and exercise program; AND
- BMI greater than or equal to 30 kg/m<sup>2</sup> or BMI greater than or equal to 27 kg/m<sup>2</sup> AND has at least one of the following comorbid conditions documented:
  - Hypertension
  - Diabetes
  - Hyperlipidemia
- AND-
- Patient has failed an adequate trial<sup>^</sup> to at least two of the following medications or medication combination therapies, or patient has an allergy, intolerance, or contraindication to all the following therapies:
  - phentermine
  - diethylpropion
  - phentermine + topiramate or phentermine/topiramate (Qsymia)
  - naltrexone + bupropion or naltrexone/bupropion (Contrave)
- AND-
- Patient has then failed an adequate trial or has an allergy, intolerance, or contraindication to semaglutide (Ozempic/Wegovy)

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## tirzepatide (Mounjaro)

**Initiation (new starts) criteria for pediatric patients for obesity:** Non-formulary **tirzepatide (Mounjaro)** will be covered on the prescription drug benefit for 4 months when the following criteria are met:

- Patient has a prescription drug insurance benefit that covers medications used to lose weight; **AND**
- Diagnosis of class 2 or class 3 obesity; **AND**
- Patient is 12 to 17 years of age or older and is at least Tanner 2; **AND**
- Patient's current weight and BMI are documented within the last month from the date in which tirzepatide (Mounjaro) is ordered; **AND**
- Patient is currently following a diet and exercise program **AND**
- BMI greater than or equal to 35 kg/m<sup>2</sup> or greater than or equal to 120% of 95<sup>th</sup> percentile

**-AND-**

- Patient has failed an adequate trial<sup>^</sup> to at least two of the following medications or medication combination therapies, or patient has an allergy, intolerance, or contraindication to all the following therapies:
  - phentermine
  - topiramate
  - phentermine + topiramate or phentermine/topiramate (Qsymia)

**-AND-**

- Patient has then failed an adequate trial or has an allergy, intolerance, or contraindication to semaglutide (Ozempic/Wegovy)

**Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously:** Non-formulary **tirzepatide (Mounjaro)** will be covered on the prescription drug benefit when the following criteria are met:

- Patient has a diagnosis of Type 2 Diabetes Mellitus
- Patient has a documented allergic reaction to preferred GLP-1 agonists liraglutide (Victoza) AND injectable semaglutide (Ozempic)
- No personal or family history of medullary thyroid carcinoma (MTC) or Multiple Endocrine Neoplasia syndrome type 2 (MEN 2)
- On maximum tolerated dose of metformin or allergy or intolerance\* to metformin (includes both metformin IR and XR)

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## tirzepatide (Mounjaro)

- Inadequate glycemic response on both basal and bolus insulin despite high dose requirements (total daily insulin dose of 1.5 units per kilogram of body weight or more OR greater than 200 units)

### OR

- Patient has a prescription drug insurance benefit that covers medications used to lose weight; **AND** Patient is using for chronic weight management

**Continued use criteria (4 months after initiation and then every 12 months) when used for chronic weight management/obesity:** Non-formulary **tirzepatide (Mounjaro)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient's updated weight and BMI are recently documented; **AND**
- Patient has achieved greater than 5% weight loss with the past 16 weeks from initiation (reviewed once); **OR**
- Maintains greater than 5% weight loss thereafter (reviewed every 12 months)