

New Hampshire Medicaid Fee-for-Service Program Obstructive Sleep Apnea (OSA) – Zepbound Criteria

Approval Date: October 1, 2025

Indications

Generic Name (Brand Name)	Covered Indications
tirzepatide (Zepbound)	<ul style="list-style-type: none"> Indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in: <ul style="list-style-type: none"> Adults with moderate to severe obstructive sleep apnea and obesity

Medications

Brand Names	Generic Names	Dosage
Zepbound	tirzepatide	2.5 mg/0.5 mL, 0.5 mg/0.5 mL, 7.5 mg/0.5 mL, 10 mg/0.5 mL, 12.5 mg/0.5 mL, 15 mg/0.5 mL

Criteria for Approval (OSA) – Zepbound

1. Documented failure of at least a three-month trial on a low-calorie diet (1,200 kcal/day for women, 1,600 kcal/day for men); **AND**
2. A regimen of increased physical activity including strength training to prevent lean muscle loss unless medically contraindicated by co-morbidity; **AND**
3. Baseline body mass index (BMI) must be at least 27 kg/m² or more; **AND**
4. The patient has a diagnosis of moderate-to severe obstructive sleep apnea (OSA) confirmed by an apnea-hypopnea index (AHI) of 15 or higher as determined by an in-lab attended sleep study or polysomnography (PSG); **AND**
5. The patient has been adherent to positive airway pressure (PAP) for at least 70% in the last 6 months and will continue on PAP in combination with tirzepatide, unless intolerant or other rationale is provided; **AND**
6. The patient does not have a diagnosis of Type 1 or Type 2 Diabetes Mellitus.

Initial approval will be for 6 months.

Proprietary & Confidential

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Criteria for Renewal

1. Ongoing prescriber documentation of adherence to a low-calorie diet (1,200 kcal/day for women, 1,600 kcal/day for men); **AND**
2. A regimen of increased physical activity and strength training (unless medically contraindicated by co-morbidity); **AND**
3. Ongoing adherence to PAP therapy; **AND**
4. Patient has not experienced any treatment-restricting adverse effects (e.g., diarrhea, nausea, vomiting, gastroesophageal reflux disease).

Renewal approval will be for 12 months.

Criteria for Denial

1. Prior approval will be denied if the approval criteria are not met; **AND**
2. Patient is using Zepbound solely for chronic weight management.

References

Available upon request.

Revision History

Reviewed by	Reason for Review	Date Approved
DUR Board	New	09/23/2025
Commissioner Designee	Approval	10/01/2025