

# 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"> <li>Indicated as an adjunct to a reduced-calorie diet and increased physical activity for chronic weight management in: <ul style="list-style-type: none"> <li>Adults with moderate to severe obstructive sleep apnea and obesity</li> </ul> </li> </ul>

## 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

- 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**
- A regimen of increased physical activity including strength training to prevent lean muscle loss unless medically contraindicated by co-morbidity; **AND**
- Baseline body mass index (BMI) must be at least 27 kg/m<sup>2</sup> or more; **AND**
- 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**
- 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**
- The patient does not have a diagnosis of Type 1 or Type 2 Diabetes Mellitus.

**Initial approval will be for 6 months.**

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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