Drug Coverage Policy

Effective Date……09/01/2026
Coverage Policy Number……BEO014
Policy Title……Zepbound Benefit Exclusion Overrides Policy BMI ≥ 35

Weight Loss – Glucagon-Like Peptide-1 Agonists – Zepbound Benefit Exclusion Overrides Policy BMI ≥ 35

- Zepbound® (tirzepatide subcutaneous injection – Eli Lilly)

INSTRUCTIONS FOR USE
The following Coverage Policy applies to health benefit plans administered by Cigna Companies. Certain Cigna Companies and/or lines of business only provide utilization review services to clients and do not make coverage determinations. References to standard benefit plan language and coverage determinations do not apply to those clients. Coverage Policies are intended to provide guidance in interpreting certain standard benefit plans administered by Cigna Companies. Please note, the terms of a customer's particular benefit plan document [Group Service Agreement, Evidence of Coverage, Certificate of Coverage, Summary Plan Description (SPD) or similar plan document] may differ significantly from the standard benefit plans upon which these Coverage Policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a Coverage Policy. In the event of a conflict, a customer's benefit plan document always supersedes the information in the Coverage Policies. In the absence of a controlling federal or state coverage mandate, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of 1) the terms of the applicable benefit plan document in effect on the date of service; 2) any applicable laws/regulations; 3) any relevant collateral source materials including Coverage Policies and; 4) the specific facts of the particular situation. Each coverage request should be reviewed on its own merits. Medical directors are expected to exercise clinical judgment where appropriate and have discretion in making individual coverage determinations. Where coverage for care or services does not depend on specific circumstances, reimbursement will only be provided if a requested service(s) is submitted in accordance with the relevant criteria outlined in the applicable Coverage Policy, including covered diagnosis and/or procedure code(s). Reimbursement is not allowed for services when billed for conditions or diagnoses that are not covered under this Coverage Policy (see "Coding Information" below). When billing, providers must use the most appropriate codes as of the effective date of the submission. Claims submitted for services that are not accompanied by covered code(s) under the applicable Coverage Policy will be denied as not covered. Coverage Policies relate exclusively to the administration of health benefit plans. Coverage Policies are not recommendations for treatment and should never be used

as treatment guidelines. In certain markets, delegated vendor guidelines may be used to support medical necessity and other coverage determinations.

Overview
Zepbound is a glucagon-like peptide-1 (GLP-1)/glucose-dependent insulinotropic polypeptide receptor agonist indicated in combination with a reduced-calorie diet and increased physical activity to[1]:

- **Reduce excess body weight and maintain weight reduction long term** in:
  - Adults with overweight in the presence of at least one weight-related comorbid condition.
  - Adults with obesity.
- Treat **moderate to severe obstructive sleep apnea** in adults with obesity.

Concomitant use with another tirzepatide-containing product or GLP-1 receptor agonist is not recommended.[1]

Note: Zepbound KwikPen® is not currently targeted in this policy.

Dosing
In the prescribing information for Zepbound, the recommended starting dose is 2.5 mg subcutaneously once weekly (QW).[1] The 2.5 mg dose is for treatment initiation and is not intended for chronic weight management. The maximum dose is 15 mg QW. The 5 mg, 10 mg, and 15 mg maintenance doses are reached at Week 4, Week 12, and Week 20, respectively.

Body mass index (BMI) is appropriate to screen for adiposity-based chronic disease/obesity and is used to classify individuals into categories of overweight (BMI ≥ 25.0 to ≤ 29.9 kg/m^2), Class I obesity (BMI ≥ 30.0 to ≤ 34.9 kg/m^2), Class II obesity (BMI ≥ 35.0 to ≤ 39.9 kg/m^2), or Class III obesity (BMI ≥ 40 kg/m^2).[2]

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POLICY STATEMENT
This Benefit Exclusion Overrides policy has been developed to authorize coverage of Zepbound for the treatment of weight loss in adults with a body mass index (BMI) of ≥ 27 kg/m^2 with at least two weight-related comorbidities, or with a body mass index of ≥ 35 kg/m^2. The BMI thresholds for the weight loss indications in adults are not based on clinical data but are provided in this product offering to allow a subset of patients to obtain these medications. Additionally, the Policy authorizes coverage of non-weight loss indications based on FDA-approved indications as applicable (refer to authorization criteria for details). All approvals are provided for the duration noted below. In cases where the approval is authorized in months, 1 month is equal to 30 days. Note: Zepbound KwikPen is not currently targeted in this policy.

Zepbound is considered medically necessary when ONE of the following are met (1 or 2):

FDA-Approved Indications

1. **Weight Loss in an Adult with Overweight or Obesity.** Approve for the duration noted if the patient meets ONE of the following (A or B):
   - **A)** Initial Therapy. Approve for 8 months if the patient meets ALL of the following (i, ii, iii, and iv):
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Patient has engaged in a trial of behavioral modification and dietary restriction for at least 3 months; AND
     - **iii.** Patient meets ONE of the following (a or b):
       - **a)** At baseline, patient had a BMI ≥ 35 kg/m^2; OR
         Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).
       - **b)** Patient meets BOTH of the following [(1) and (2)]:
         - **(1)** At baseline, patient had a BMI ≥ 27 kg/m^2; AND
         - **(2)** At baseline, patient had, or patient currently has, at least TWO of the following weight-related comorbidities: hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, cardiovascular disease, knee osteoarthritis, asthma, chronic obstructive pulmonary disease, metabolic dysfunction-associated steatotic liver disease/non-alcoholic fatty liver disease, polycystic ovarian syndrome, or coronary artery disease; AND

         Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).
     - **iv.** The medication will be used concomitantly with behavioral modification and a reduced-calorie diet; OR
   - **B)** Patient is Currently Receiving Zepbound. Approve for 1 year if the patient meets ALL of the following (i, ii, iii, and iv):
     Note: For a patient who has not completed 8 months of initial therapy, refer to Initial Therapy criteria above.
     - **i.** Patient is ≥ 18 years of age; AND
     - **ii.** Patient meets ONE of the following (a or b):
       - **a)** At baseline, patient had a BMI ≥ 35 kg/m^2; OR
         Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).
       - **b)** Patient meets BOTH of the following [(1) and (2)]:
         - **(1)** At baseline, patient had a BMI ≥ 27 kg/m^2; AND
         - **(2)** At baseline, patient had, or patient currently has, at least TWO of the following weight-related comorbidities: hypertension, type 2 diabetes, dyslipidemia, obstructive sleep apnea, cardiovascular disease, knee osteoarthritis, asthma, chronic obstructive pulmonary disease, metabolic dysfunction-associated steatotic liver disease/non-alcoholic fatty liver disease, polycystic ovarian syndrome, or coronary artery disease; AND

         Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).
     - **iii.** Patient has lost ≥ 5% of baseline body weight; AND

Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iv. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet.

2. **Obstructive Sleep Apnea, Moderate to Severe, in a Patient with Obesity.** Approve for 1 year if the patient meets ONE of the following (A or B):

A) Initial Therapy. Approve if the patient meets ALL of the following (i, ii, iii, iv, and v):

i. Patient is ≥ 18 years of age; AND

ii. At baseline, patient had a BMI ≥ 30 kg/m^2; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iii. Patient has had a sleep study that shows BOTH of the following (a and b):

a) Patient has been diagnosed with moderate to severe obstructive sleep apnea; AND

b) Patient meets ONE of the following [(1) or (2)]:

(1) Patient has an apnea-hypopnea index ≥ 15 events per hour; OR

(2) Patient has a respiratory event index ≥ 15 events per hour; AND

iv. The patient does NOT meet either of the following (a or b):
Note: A patient who has one or more of the following conditions/diagnoses below is not approved.

a) Central sleep apnea; OR

b) Cheyne Stokes respiration; AND

v. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet; OR

B) Patient is Currently Receiving Zepbound. Approve if the patient meets ALL of the following (i, ii, iii, and iv):
Note: For a patient who has not completed 1 year of initial therapy, refer to Initial Therapy criteria above.

i. Patient is ≥ 18 years of age; AND

ii. At baseline, patient had a BMI ≥ 30 kg/m^2; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

iii. Patient has completed ≥ 1 year of therapy with Zepbound AND the patient meets BOTH of the following (a and b):

a) Patient has lost ≥ 10% of baseline body weight; AND
Note: This refers to baseline prior to any glucagon-like peptide-1 (GLP-1) agonist (e.g., liraglutide [Saxenda, generic], Wegovy) or GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonist (e.g., Zepbound).

b) According to the prescriber, patient has stability in obstructive sleep apnea signs or symptoms; AND
Note: Examples of signs or symptoms of obstructive sleep apnea include but are not limited to snoring, excessive daytime sleepiness, fatigue.

iv. The medication will be used concomitantly with behavioral modification and a reduced-calorie diet.

Conditions Not Covered

Zepbound for any other use is considered not medically necessary, including the following (this list may not be all inclusive; criteria will be updated as new published data are available):

1. **Concomitant Use with Glucagon-Like Peptide-1 (GLP-1) Agonists or GLP-1/ Glucose-Dependent Insulinotropic Polypeptide (GIP) Agonists.** Concomitant use Zepbound with another tirzepatide-containing product or GLP-1 receptor agonist is not recommended.[1]

References

1. Zepbound® subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; February 2026.
2. Nadolsky K, Garvey WT, Agarwal M, et al. American Association of Clinical Endocrinology consensus statement: algorithm for the evaluation and treatment of adults with obesity/adiposity-based chronic disease — 2025 Update. *Endocrine Practice*. 2025;31:1351–1394.

Revision Details

Summary of Changes	Review Date	Effective Date
New policy.	07/09/2026	09/01/2026

The policy effective date is in force until updated or retired.