Mass General Brigham
Health Plan

Mounjaro (tirzepatide)
Effective 06/27/25

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☒ Pharmacy Benefit ☐ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical and Specialty Medications** All Plans | Phone: 877-519-1908 | Fax: 855-540-3693		
	Non-Specialty Medications All Plans | Phone: 800-711-4555 | Fax: 844-403-1029		
Exceptions	N/A		

Overview
Mounjaro is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Coverage Guidelines
Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.
OR
Authorization may be granted for members when all the following criteria are met:

Type 2 Diabetes Mellitus
1. Diagnosis of type 2 diabetes mellitus
2. If requested quantity exceeds quantity limits of 4 pens/28 days, clinical rationale for why dose cannot be consolidated or exceeding FDA-approved dosing
3. The requested agent will not be used in combination with a GLP-1 receptor agonist

Prediabetes
1. Diagnosis of prediabetes
2. If requested quantity exceeds quantity limits of 4 pens/28 days, clinical rationale for why dose cannot be consolidated or exceeding FDA-approved dosing
3. The requested agent will not be used in combination with a GLP-1 receptor agonist

Obesity/Overweight (off-label)
1. Diagnosis of **ONE** of the following:
    a. Obesity
    b. Overweight
2. Member is ≥18 years of age

3. Member weight *(dated within the 90 days prior to initiation of pharmacotherapy for obesity [does not have to be the requested agent])*
4. **ONE** of the following:
    a. Member BMI is ≥30 kg/m^2 *(dated within the 90 days prior to initiation of pharmacotherapy for obesity [does not have to be the requested agent])*
    b. **BOTH** of the following:
        1. Member BMI is ≥27 kg/m^2 *(dated within the 90 days prior to initiation of pharmacotherapy for obesity [does not have to be the requested agent])*
        2. **ONE** of the following weight-related comorbid conditions:
            a. Coronary heart disease or other atherosclerotic disease
            b. Dyslipidemia
            c. Hypertension
            d. Non-alcoholic steatohepatitis (NASH)
            e. Obstructive sleep apnea
            f. Polycystic ovarian syndrome
            g. Prediabetes
            h. Systemic osteoarthritis
            i. Type 2 diabetes mellitus
5. Member has been counseled to continue reduced-calorie diet and **ONE** of the following:
    a. Continue increased physical activity *(provider attestation may be accepted)*
    b. Contraindication to physical activity due to a physical disability, or due to weight and comorbidities
6. If requested quantity exceeds quantity limits of 4 pens/28 days, clinical rationale for why dose cannot be consolidated or exceeding FDA-approved dosing
7. Requested agent will not be used in combination with another GLP-1 receptor agonist
8. **ONE** of the following:
    a. Member has a paid claim for any GLP-1 agent within the last 90 days
    b. Inadequate response to phentermine with or without topiramate defined as **ALL** of the following:
        1. Member is adherent to phentermine *(based on pharmacy claims for 90 days out of 120 days for existing MassHealth members or provider attestation for members new to MassHealth)*
        2. **ONE** of the following:
            a. Insufficient clinical response defined as < 5% reduction in bodyweight from baseline despite initial trial of ≥3 months of treatment with the maximally tolerated dose of phentermine
            b. Plateaued clinical response defined as no weight loss for at least ≥3 months of treatment with the maximally tolerated dose of phentermine
        3. Member's current BMI is ≥27 kg/m2 *(dated within the 90 days prior to treatment initiation of requested agent)*
    c. Medical records documenting adverse reaction to phentermine that is allergic in nature or cannot be expected or managed as part of weight loss therapy
    d. Medical records documenting contraindication to phentermine‡‡

‡‡The following are acceptable contraindications to phentermine, all other contraindications should be forwarded to CR and reviewed on a case-by-case basis

a. *Allergy to phentermine or any of the excipients*
b. *Arrhythmia*
c. *Bipolar disorder with mania*
d. *Concomitant use of stimulants*
e. *Concomitant use of monoamine oxidase inhibitor (MAOI)*
f. *Congestive heart failure*
g. *Coronary artery disease*
h. *Glaucoma*
i. *History of myocardial infarction (MI)*
j. *History of psychosis*
k. *History of stroke*
l. *Hyperthyroidism*
m. *Pregnancy or lactation*
n. *Seizure disorder*
o. *Substance use disorder (SUD), opioid use disorder (OUD), alcohol use disorder, stimulant use disorder (all other use disorders should generally be denied, complex or compelling cases should be forwarded to CR)*
p. *Symptomatic peripheral artery disease (PAD)*
q. *Uncontrolled anxiety despite pharmacotherapy*
r. *Uncontrolled hypertension defined as average blood pressure of ≥140/90 despite pharmacotherapy*

GLP-1 and GIP/GLP-1 Agonist Polypharmacy

1. Individual drug PA criteria must be met first where applicable
2. Member is transitioning from one GLP-1 or GIP/GLP-1 agonist to another, and prior GLP-1 or GIP/GLP-1 agonist use will be discontinued

Continuation of Therapy

Type 2 Diabetes Mellitus: Resubmission by prescriber will infer a positive response to therapy.

Off-label requests for treatment of obesity:

1. Member weight (dated within the last 90 days)
2. **ONE** of the following:
    a. Weight loss of ≥5% from baseline body weight
    b. **BOTH** of the following:
        i. Improvement in secondary measures (e.g., blood glucose, blood pressure)
        ii. Attestation that the improvement in secondary measure is believed to be related to anti-obesity therapy despite lack of reduction in body weight

Limitations

1. Approvals will be granted for:
    a. Type 2 Diabetes Mellitus: 1 year
    b. Obesity: 6 months
    c. Polypharmacy: 1 month

References

1. Mounjaro® [package insert]. Indianapolis (IN): Eli Lilly.; 2023 Jul.

Review History
7/9/25 – Reviewed and updated for P&T. For posting on MGBHP website due to the Anti-Diabetic update. Per MH, interim criteria to be used for review (ahead of rollout). Effective 6/27/25