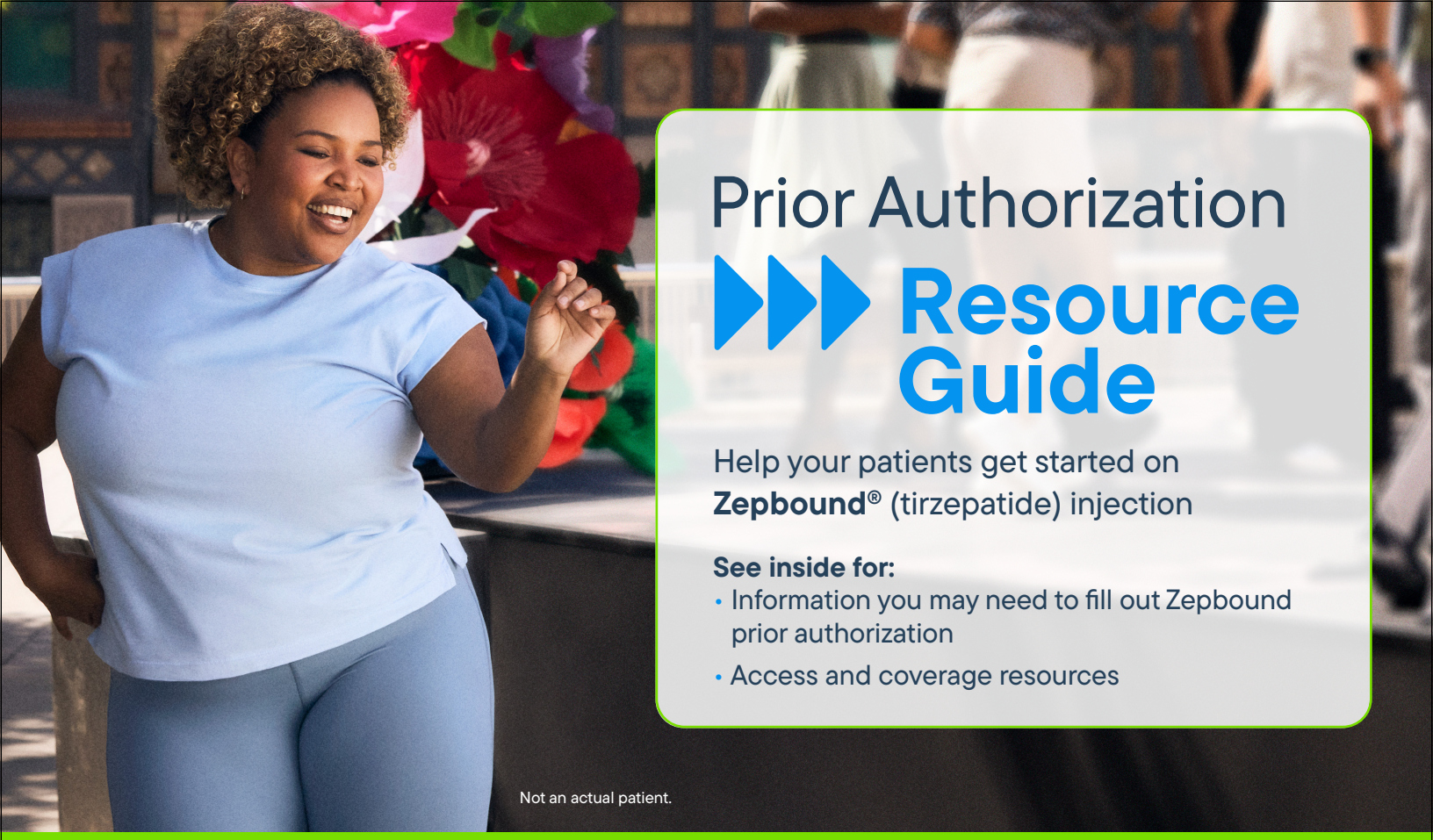

Prior Authorization Resource Guide

Help your patients get started on **Zepbound®** (tirzepatide) injection

See inside for:

- Information you may need to fill out Zepbound prior authorization
- Access and coverage resources

Indications

Zepbound is indicated in combination with a reduced-calorie diet and increased physical activity:

- to reduce excess body weight and maintain weight reduction long term in adults with obesity or adults with overweight in the presence of at least one weight-related comorbid condition.
- to treat moderate-to-severe obstructive sleep apnea (OSA) in adults with obesity.

Limitations of Use

Zepbound contains tirzepatide. Coadministration with other tirzepatide-containing products or with any glucagon-like peptide-1 (GLP-1) receptor agonist is not recommended.

Select Important Safety Information

WARNING: RISK OF THYROID C-CELL TUMORS

In rats, tirzepatide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures. It is unknown whether Zepbound causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as human relevance of tirzepatide-induced rodent thyroid C-cell tumors has not been determined.

Zepbound is contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk for MTC with the use of Zepbound and inform them of symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Zepbound.

Please see Important Safety Information throughout and on pages 7-8, including Boxed Warning about possible thyroid tumors, including thyroid cancer, and accompanying full Prescribing Information.

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once weekly
zepbound®
(tirzepatide) injection 0.5 mL
2.5 mg | 5 mg | 7.5 mg | 10 mg | 12.5 mg | 15 mg

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Relevant information to be included in the prior authorization (PA) request form for Zepbound

KEY REMINDERS

- You will likely need to complete a PA request before your patient's insurance will cover Zepbound
- Please provide complete and correct information in the PA request to avoid denied claims
- Double check if your plan requires clinical documentation of certain information

MEDICAL INFORMATION	
Medication Name	**Zepbound® (tirzepatide)**
Indications	Zepbound is indicated in combination with a reduced-calorie diet and increased physical activity: • to reduce excess body weight and maintain weight reduction long term in adults with obesity or adults with overweight in the presence of at least one weight-related comorbid condition • to treat moderate-to-severe obstructive sleep apnea (OSA) in adults with obesity
Limitations of Use	Zepbound contains tirzepatide. Coadministration with other tirzepatide-containing products or with any glucagon-like peptide-1 (GLP-1) receptor agonist is not recommended
Dosing	Initiate with the 2.5 mg dose. After 4 weeks, increase to the 5 mg dose. You can continue to increase the dose by 2.5 mg increments after at least 4 weeks on the current dose. The maximum dose is 15 mg.[1] Please see Prescribing Information for additional information

CLINICAL INFORMATION	
Diagnosis	Obesity or overweight with at least 1 weight-related comorbidity
***ICD-10* Codes**	Please see pages 4 to 5 for appropriate *ICD-10* codes
BMI Requirements	• Documentation of BMI is required of either obesity (BMI ≥30 kg/m^2) or overweight (BMI ≥27 to <30 kg/m^2) with at least 1 weight-related comorbidity[1] • Documentation of any weight-related comorbidities is required (the list of qualifying comorbidities will vary between formularies)
Behavioral Modification Requirements	Medication will be used alongside diet and exercise; document that patient has participated in a weight management program or a reduced-calorie diet/exercise regimen for at least 3-6 months prior to therapy
Reauthorization	• Initial authorization duration: ~6-8 months, therefore, reauthorization will be required • Documentation that patient has lost or maintained a loss of at least 5% from their baseline weight • Some reauthorizations may be dependent on patients being stable on a maintenance dose (5 mg, 10 mg, or 15 mg) for several months • If patient has already received Zepbound, request continuation of therapy and document treatment history
Other	Age 18+, no concurrent use of other GLP-1 agonists or other weight loss medications, no history of pancreatitis, step edits not usually required, no/few specialist prescribing restrictions

The Zepbound vial is available in the 2.5 mg and 5 mg doses. The Zepbound pen is available in the 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, and 15 mg doses.[1]
BMI=body mass index; GLP-1=glucagon-like peptide; *ICD-10=International Classification of Diseases, Tenth Revision*; OSA=obstructive sleep apnea.

Select Important Safety Information

Contraindications: Zepbound is contraindicated in patients with a personal or family history of MTC or in patients with MEN 2, and in patients with known serious hypersensitivity to tirzepatide or any of the excipients in Zepbound. Serious hypersensitivity reactions including anaphylaxis and angioedema have been reported with tirzepatide.

Please see Important Safety Information throughout and on pages 7-8, including Boxed Warning about possible thyroid tumors, including thyroid cancer, and accompanying full Prescribing Information.

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Information to document in PA request form for Zepbound

These documentation tips are intended to highlight important categorical information often considered in patient coverage decisions. Actual coverage requirements will vary.

Example PA criteria	Obesity	OSA
Diagnosis	• Documentation of an appropriate diagnosis and any weight-related comorbidities (see *ICD-10* codes on pages 4-5 for commonly used codes) **TIP:** Placing comorbidities in the primary diagnosis field may lead to PA denials	• Documentation of an appropriate diagnosis of moderate-to-severe OSA* using a polysomnography or home sleep apnea test AND a diagnosis of obesity (see *ICD-10* codes on page 4 for commonly used codes) **TIP:** Medicare patients may be covered for Zepbound for treatment of OSA, if OSA is listed as primary diagnosis and obesity as secondary
Patient Weight & BMI	• Documentation of weight and BMI **TIP:** Different insurance plans may have different patient BMI requirements that result in coverage	• Documentation of weight and BMI **TIP:** Different insurance plans may have different patient BMI requirements that result in coverage
Other Therapeutic Considerations	• Trial, failure, or current therapies used to manage obesity†	• Trial, failure, or current therapies used to manage the patient's symptoms of OSA‡
Lifestyle Modification§	• Any weight loss attempts by the patient in the past 3, 6, or 12 months • Document whether your patient has had concurrent lifestyle modifications while on Zepbound or is enrolled in any payer, employer, or patient-initiated programs	• Document whether your patient has had concurrent lifestyle modifications while on Zepbound or is enrolled in any payer, employer, or patient-initiated programs
Reauthorization	• For reauthorizations, document the percentage of weight loss from baseline and for how long patient has been on a stable maintenance dose (5 mg, 10 mg, or 15 mg). Consider treatment response and tolerability when selecting maintenance dosage. If not tolerated, consider a lower maintenance dosage[1] **TIP:** Reauthorization designations are for patients who are already taking Zepbound	• For reauthorizations, document the percentage of AHI reduction from baseline, weight loss from baseline, and for how long patient has been on a stable maintenance dose (10 mg or 15 mg). Consider treatment response and tolerability when selecting maintenance dosage. If not tolerated, consider a lower maintenance dosage[1] **TIP:** Reauthorization designations are for patients who are already taking Zepbound

The Zepbound vial is available in the 2.5 mg and 5 mg doses. The Zepbound pen is available in the 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, and 15 mg doses.[1]

*Moderate-to-severe OSA is defined as AHI ≥15 events an hour. The severity for OSA is calculated by an AHI.

†Examples of therapies used to manage obesity include: Alli® (orlistat), Contrave® (naltrexone HCl/bupropion HCl), Qsymia® (phentermine/topiramate extended-release capsules), Saxenda® (liraglutide), Xenical® (orlistat), Wegovy® (semaglutide), or Adipex-P®/Lomaira™ (phentermine HCl).

‡Examples of therapies used to manage symptoms of OSA include: positive airway pressure (PAP) therapy, oral appliances (eg, mouth guards), or other stimulants such as Provigil® (modafinil) and Nuvigil® (armodafinil).

§Implementation of diet (often defined as a 500 kcal deficit per day) and exercise (often defined as 150 minutes of activity per week) or enrollment in specific payer, employer, or patient-initiated programs should also be documented.

AHI=apnea-hypopnea index.

Select Important Safety Information

Risk of Thyroid C-cell Tumors: Counsel patients regarding the potential risk for MTC with the use of Zepbound and inform them of symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Zepbound. Such monitoring may increase the risk of unnecessary procedures, due to the low test specificity for serum calcitonin and a high background incidence of thyroid disease. Significantly elevated serum calcitonin values may indicate MTC and patients with MTC usually have calcitonin values >50 ng/L. If serum calcitonin is measured and found to be elevated, the patient should be further evaluated. Patients with thyroid nodules noted on physical examination or neck imaging should also be further evaluated.

Please see Important Safety Information throughout and on pages 7-8, including Boxed Warning about possible thyroid tumors, including thyroid cancer, and accompanying full Prescribing Information.

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Relevant *ICD-10* codes[2]

Below are commonly identified *ICD-10* codes related to Zepbound. Some less commonly used codes may be missing. For additional codes, please refer to a coding resource.*

CODES FOR OBESITY	
Code	**Code description**
E66	Overweight and obesity
E66.1	Drug-induced obesity
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.3	Overweight
E66.8 - E66.81 - E66.811 - E66.812 - E66.813 - E66.89	Other obesity Obesity class Obesity, class 1 Obesity, class 2 Obesity, class 3 Other obesity not elsewhere classified
E66.9	Obesity, unspecified (can be used once for initial visit only)

CODE FOR OSA	
Code	**Code description**
G47.33	Obstructive sleep apnea (adult) (pediatric)

CODES FOR SELECT WEIGHT-RELATED COMORBIDITIES

Zepbound is not indicated for treatment of these conditions.

Code	Code description
I10	Essential (primary) hypertension
E78.5	Hyperlipidemia, unspecified
E11	Type 2 diabetes mellitus
I51.9	Heart disease, unspecified

*The *ICD-10-CM* code list is not all-inclusive. Appropriate codes vary by patient, payer, and setting for care. Correct coding is the responsibility of the provider submitting the claim. Eli Lilly and Company does not make any representation or guarantee for reimbursement or coverage.

Select Important Safety Information

Severe Gastrointestinal Adverse Reactions: Use of Zepbound has been associated with gastrointestinal adverse reactions, sometimes severe. In a pool of two Zepbound clinical trials (SURMOUNT-1 and SURMOUNT-2), severe gastrointestinal adverse reactions were reported more frequently among patients receiving Zepbound (5 mg 1.7%, 10 mg 2.5%, 15 mg 3.1%) than placebo (1.0%). Similar rates of severe gastrointestinal adverse reactions were observed in Zepbound clinical trials for weight reduction and in Zepbound clinical trials for obstructive sleep apnea (OSA). Zepbound has not been studied in patients with severe gastrointestinal disease, including severe gastroparesis, and is therefore not recommended in these patients.

Please see Important Safety Information throughout and on pages 7-8, including Boxed Warning about possible thyroid tumors, including thyroid cancer, and accompanying full Prescribing Information.

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Relevant *ICD-10* codes[2]

Below are commonly identified *ICD-10* codes related to Zepbound. Some less commonly used codes may be missing. For additional codes, please refer to a coding resource.*

BMI REPORTING FOR ADULT BMI ≥27 kg/m²

Code	Code description	Code	Code description
Z68.27	BMI 27.0-27.9	Z68.36	BMI 36.0-36.9
Z68.28	BMI 28.0-28.9	Z68.37	BMI 37.0-37.9
Z68.29	BMI 29.0-29.9	Z68.38	BMI 38.0-38.9
Z68.30	BMI 30.0-30.9	Z68.39	BMI 39.0-39.9
Z68.31	BMI 31.0-31.9	Z68.41	BMI 40.0-44.9
Z68.32	BMI 32.0-32.9	Z68.42	BMI 45.0-49.9
Z68.33	BMI 33.0-33.9	Z68.43	BMI 50.0-59.9
Z68.34	BMI 34.0-34.9	Z68.44	BMI 60.0-69.9
Z68.35	BMI 35.0-35.9	Z68.45	BMI ≥70

*The *ICD-10-CM* code list is not all-inclusive. Appropriate codes vary by patient, payer, and setting for care. Correct coding is the responsibility of the provider submitting the claim. Eli Lilly and Company does not make any representation or guarantee for reimbursement or coverage.

Indications

Zepbound is indicated in combination with a reduced-calorie diet and increased physical activity:

- to reduce excess body weight and maintain weight reduction long term in adults with obesity or adults with overweight in the presence of at least one weight-related comorbid condition.
- to treat moderate-to-severe obstructive sleep apnea (OSA) in adults with obesity.

Limitations of Use

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Select Important Safety Information

Acute Kidney Injury: Use of Zepbound has been associated with acute kidney injury, which can result from dehydration due to gastrointestinal adverse reactions to Zepbound, including nausea, vomiting, and diarrhea. In patients treated with GLP-1 receptor agonists, there have been postmarketing reports of acute kidney injury and worsening of chronic renal failure, which may sometimes require hemodialysis. Some of these events have been reported in patients without known underlying renal disease. A majority of the reported events occurred in patients who had experienced nausea, vomiting, diarrhea, or dehydration. Monitor renal function in patients reporting adverse reactions to Zepbound that could lead to volume depletion.

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Resources to help you navigate patient access for Zepbound

EXPLORE ZEPBOUND COVERAGE AND SUPPORT TOOLS

Formulary Coverage Tool

Letter of Medical Necessity and Coverage Authorization Appeal Letter

Have additional questions? Live phone agents can help

Call **1-800-LillyRx** to speak with a live agent for benefits verification, PA support, and more. To reach a Lilly Support Services agent, choose the options for healthcare provider (HCP), Zepbound, and then Access and Affordability.

VISIT ZEPBOUND.LILLY.COM/HCP/COVERAGE-SAVINGS FOR ADDITIONAL COVERAGE RESOURCES

EMPOWER YOUR PATIENTS WITH COVERMYMEDS FOR PAs

CoverMyMeds now offers providers the ability to notify patients of their PA outcome in real time via text or email.

covermymeds®

1. Start a PA request at **covermymeds.com** or open a pharmacy-initiated request.
2. Enter the **patient contact** information.
3. With patient consent, **select option** on PA page **to inform patient** of PA outcome.
4. **Submit the PA** to the plan; once plan determination is received, the patient and provider's office are notified.

If you have additional questions, you can access the CoverMyMeds **live chat** at **covermymeds.com** or reach via phone number at **1-866-452-5017** (8 am to 11 pm ET Monday-Friday and 8 am to 6 pm ET Saturday).

Select Important Safety Information

Acute Gallbladder Disease: Treatment with Zepbound and GLP-1 receptor agonists is associated with an increased occurrence of acute gallbladder disease. In a pool of two clinical trials of Zepbound (SURMOUNT-1 and SURMOUNT-2), cholelithiasis was reported in 1.1% of Zepbound-treated patients and 1.0% of placebo-treated patients, cholecystitis was reported in 0.7% of Zepbound-treated patients and 0.2% of placebo-treated patients, and cholecystectomy was reported in 0.2% of Zepbound-treated patients and no placebo-treated patients. Acute gallbladder events were associated with weight reduction. Similar rates of cholelithiasis were reported in Zepbound clinical trials for weight reduction and in Zepbound trials for OSA. If cholecystitis is suspected, gallbladder diagnostic studies and appropriate clinical follow-up are indicated.

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A Lilly Medicine

Important Safety Information for Zepbound® (tirzepatide) injection

WARNING: RISK OF THYROID C-CELL TUMORS

In rats, tirzepatide causes dose-dependent and treatment-duration-dependent thyroid C-cell tumors at clinically relevant exposures. It is unknown whether Zepbound causes thyroid C-cell tumors, including medullary thyroid carcinoma (MTC), in humans as human relevance of tirzepatide-induced rodent thyroid C-cell tumors has not been determined.

Zepbound is contraindicated in patients with a personal or family history of MTC or in patients with Multiple Endocrine Neoplasia syndrome type 2 (MEN 2). Counsel patients regarding the potential risk for MTC with the use of Zepbound and inform them of symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Zepbound.

Contraindications: Zepbound is contraindicated in patients with a personal or family history of MTC or in patients with MEN 2, and in patients with known serious hypersensitivity to tirzepatide or any of the excipients in Zepbound. Serious hypersensitivity reactions including anaphylaxis and angioedema have been reported with tirzepatide.

Risk of Thyroid C-cell Tumors: Counsel patients regarding the potential risk for MTC with the use of Zepbound and inform them of symptoms of thyroid tumors (e.g., a mass in the neck, dysphagia, dyspnea, persistent hoarseness). Routine monitoring of serum calcitonin or using thyroid ultrasound is of uncertain value for early detection of MTC in patients treated with Zepbound. Such monitoring may increase the risk of unnecessary procedures, due to the low test specificity for serum calcitonin and a high background incidence of thyroid disease. Significantly elevated serum calcitonin values may indicate MTC and patients with MTC usually have calcitonin values >50 ng/L. If serum calcitonin is measured and found to be elevated, the patient should be further evaluated. Patients with thyroid nodules noted on physical examination or neck imaging should also be further evaluated.

Severe Gastrointestinal Adverse Reactions: Use of Zepbound has been associated with gastrointestinal adverse reactions, sometimes severe. In a pool of two Zepbound clinical trials (SURMOUNT-1 and SURMOUNT-2), severe gastrointestinal adverse reactions were reported more frequently among patients receiving Zepbound (5 mg 1.7%, 10 mg 2.5%, 15 mg 3.1%) than placebo (1.0%). Similar rates of severe gastrointestinal adverse reactions were observed in Zepbound clinical trials for weight reduction and in Zepbound clinical trials for obstructive sleep apnea (OSA). Zepbound has not been studied in patients with severe gastrointestinal disease, including severe gastroparesis, and is therefore not recommended in these patients.

Acute Kidney Injury: Use of Zepbound has been associated with acute kidney injury, which can result from dehydration due to gastrointestinal adverse reactions to Zepbound, including nausea, vomiting, and diarrhea. In patients treated with GLP-1 receptor agonists, there have been postmarketing reports of acute kidney injury and worsening of chronic renal failure, which may sometimes require hemodialysis. Some of these events have been reported in patients without known underlying renal disease. A majority of the reported events occurred in patients who had experienced nausea, vomiting, diarrhea, or dehydration. Monitor renal function in patients reporting adverse reactions to Zepbound that could lead to volume depletion.

Acute Gallbladder Disease: Treatment with Zepbound and GLP-1 receptor agonists is associated with an increased occurrence of acute gallbladder disease. In a pool of two clinical trials of Zepbound (SURMOUNT-1 and SURMOUNT-2), cholelithiasis was reported in 1.1% of Zepbound-treated patients and 1.0% of placebo-treated patients, cholecystitis was reported in 0.7% of Zepbound-treated patients and 0.2% of placebo-treated patients, and cholecystectomy was reported in 0.2% of Zepbound-treated patients and no placebo-treated patients. Acute gallbladder events were associated with weight reduction. Similar rates of cholelithiasis were reported in Zepbound clinical trials for weight reduction and in Zepbound trials for OSA. If cholecystitis is suspected, gallbladder diagnostic studies and appropriate clinical follow-up are indicated.

Acute Pancreatitis: Acute pancreatitis, including fatal and non-fatal hemorrhagic or necrotizing pancreatitis, has been observed in patients treated with GLP-1 receptor agonists or tirzepatide. In clinical trials of tirzepatide for a different indication, 14 events of acute pancreatitis were confirmed by adjudication in 13 tirzepatide-treated patients (0.23 patients per 100 years of exposure) versus 3 events in 3 comparator-treated patients (0.11 patients per 100 years of exposure). In a pool of two Zepbound clinical trials (SURMOUNT-1 and SURMOUNT- 2), 0.2% of Zepbound-treated patients had acute pancreatitis confirmed by adjudication (0.14 patients per 100 years of exposure) versus 0.2% of placebo-treated patients (0.15 patients per 100 years of exposure). The exposure-adjusted incidence rate for treatment-emergent adjudication-confirmed pancreatitis in the pooled clinical studies for OSA was 0.84 patients per 100 years for Zepbound and 0 for placebo-treated patients. Observe patients for signs and symptoms of pancreatitis, including persistent severe abdominal pain sometimes radiating to the back, which may or may not be accompanied by vomiting. If pancreatitis is suspected, discontinue Zepbound and initiate appropriate management. Continuation of Zepbound after a confirmed diagnosis of pancreatitis should be individually determined in the clinical judgment of a patient's health care provider.

Hypersensitivity Reactions: There have been postmarketing reports of serious hypersensitivity reactions (e.g., anaphylaxis, angioedema) in patients treated with tirzepatide. In a pool of two Zepbound clinical trials (SURMOUNT-1 and SURMOUNT-2), 0.1% of Zepbound-treated patients had severe hypersensitivity reactions compared to no placebo-treated patients. Similar rates of severe hypersensitivity reactions were observed in Zepbound clinical trials for weight reduction and in Zepbound trials for OSA.

Please see Important Safety Information throughout, including Boxed Warning about possible thyroid tumors, including thyroid cancer, and accompanying full Prescribing Information.

once weekly
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Important Safety Information for Zepbound® (tirzepatide) injection (continued)

Hypersensitivity Reactions (continued): If hypersensitivity reactions occur, advise patients to promptly seek medical attention and discontinue use of Zepbound. Do not use in patients with a previous serious hypersensitivity reaction to tirzepatide or any of the excipients in Zepbound. Use caution in patients with a history of angioedema or anaphylaxis with a GLP-1 receptor agonist because it is unknown if such patients will be predisposed to these reactions with Zepbound.

Hypoglycemia: Zepbound lowers blood glucose and can cause hypoglycemia. In a trial of patients with type 2 diabetes mellitus and BMI ≥27 kg/m^2 (Study 2), hypoglycemia (plasma glucose <54 mg/dL) was reported in 4.2% of Zepbound-treated patients versus 1.3% of placebo-treated patients. In this trial, patients taking Zepbound in combination with an insulin secretagogue (e.g., sulfonylurea) had increased risk of hypoglycemia (10.3%) compared to Zepbound-treated patients not taking a sulfonylurea (2.1%). There is also increased risk of hypoglycemia in patients treated with tirzepatide in combination with insulin. Hypoglycemia has also been associated with Zepbound and GLP-1 receptor agonists in adults without type 2 diabetes mellitus. Inform patients of the risk of hypoglycemia and educate them on the signs and symptoms of hypoglycemia. In patients with diabetes mellitus, monitor blood glucose prior to starting Zepbound and during Zepbound treatment. The risk of hypoglycemia may be lowered by a reduction in the dose of insulin or sulfonylurea (or other concomitantly administered insulin secretagogue).

Diabetic Retinopathy Complications in Patients with Type 2 Diabetes Mellitus: Rapid improvement in glucose control has been associated with a temporary worsening of diabetic retinopathy. Tirzepatide has not been studied in patients with non-proliferative diabetic retinopathy requiring acute therapy, proliferative diabetic retinopathy, or diabetic macular edema. Patients with a history of diabetic retinopathy should be monitored for progression of diabetic retinopathy.

Suicidal Behavior and Ideation: Suicidal behavior and ideation have been reported in clinical trials with other weight management products. Monitor patients treated with Zepbound for the emergence or worsening of depression, suicidal thoughts or behaviors, and/or any unusual changes in mood or behavior. Discontinue Zepbound in patients who experience suicidal thoughts or behaviors. Avoid Zepbound in patients with a history of suicidal attempts or active suicidal ideation.

Pulmonary Aspiration During General Anesthesia or Deep Sedation: Zepbound delays gastric emptying. There have been rare postmarketing reports of pulmonary aspiration in patients receiving GLP-1 receptor agonists undergoing elective surgeries or procedures requiring general anesthesia or deep sedation who had residual gastric contents despite reported adherence to preoperative fasting recommendations. Available data are insufficient to inform recommendations to mitigate the risk of pulmonary aspiration during general anesthesia or deep sedation in patients taking Zepbound, including whether modifying preoperative fasting recommendations or temporarily discontinuing Zepbound could reduce the incidence of retained gastric contents. Instruct patients to inform healthcare providers prior to any planned surgeries or procedures if they are taking Zepbound.

Most Common Adverse Reactions: The most common adverse reactions reported in ≥5% of patients treated with Zepbound are nausea, diarrhea, vomiting, constipation, abdominal pain, dyspepsia, injection site reactions, fatigue, hypersensitivity reactions, eructation, hair loss, and gastroesophageal reflux disease.

Drug Interactions: Zepbound lowers blood glucose. When initiating Zepbound, consider reducing the dose of concomitantly administered insulin or insulin secretagogues (e.g., sulfonylureas) to reduce the risk of hypoglycemia. Zepbound delays gastric emptying and thereby has the potential to impact the absorption of concomitantly administered oral medications. Caution should be exercised when oral medications are concomitantly administered with Zepbound. Monitor patients on oral medications dependent on threshold concentrations for efficacy and those with a narrow therapeutic index (e.g., warfarin) when concomitantly administered with Zepbound.

Pregnancy: Advise pregnant patients that weight loss is not recommended during pregnancy and to discontinue Zepbound when a pregnancy is recognized. Available data with tirzepatide in pregnant patients are insufficient to evaluate for a drug-related risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. Based on animal reproduction studies, there may be risks to the fetus from exposure to tirzepatide during pregnancy. There will be a pregnancy exposure registry that monitors pregnancy outcomes in women exposed to Zepbound (tirzepatide) during pregnancy.

Pregnant patients exposed to Zepbound and healthcare providers are encouraged to contact Eli Lilly and Company at 1-800-LillyRx (1-800-545-5979).

Lactation: There are no data on the presence of tirzepatide or its metabolites in animal or human milk, the effects on the breastfed infant, or the effects on milk production. The developmental and health benefits of breastfeeding should be considered along with the mother's clinical need for Zepbound and any potential adverse effects on the breastfed infant from Zepbound or from the underlying maternal condition.

Females and Males of Reproductive Potential: Use of Zepbound may reduce the efficacy of oral hormonal contraceptives due to delayed gastric emptying. This delay is largest after the first dose and diminishes over time. Advise patients using oral hormonal contraceptives to switch to a non-oral contraceptive method, or add a barrier method of contraception, for 4 weeks after initiation with Zepbound and for 4 weeks after each dose escalation.

Pediatric Use: The safety and effectiveness of Zepbound have not been established in pediatric patients.

Please see accompanying Prescribing Information, including Boxed Warning about possible thyroid tumors, including thyroid cancer, and Medication Guide.

Please see Instructions for Use.

Zepbound is available as a 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg and 15 mg injection.

ZP HCP ISI 20DEC2024

References: 1. Zepbound. Prescribing Information. Lilly USA, LLC.
2. CDC. ICD-10 tabular list of diseases and injuries. Accessed May 22, 2025. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2025/icd10cm-table-index-2025.zip

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