



**TO: Pharmacies, Physicians, Nurse Practitioners, Physician Assistants, Long Term Care Providers, Clinics and Hospitals**

**RE: Zepbound for Treatment of Obstructive Sleep Apnea**

Effective July 1, 2025, the Department will reimburse for new prescriptions for Zepbound through the pharmacy benefit when prescribed for the treatment of obstructive sleep apnea in adults 18 and older. This prescription will be reimbursed under the HUSKY Health Programs (A, B, C and D) for those meeting the following specified criteria.

- Established diagnosis of obstructive sleep apnea (OSA) which includes presenting with an apnea-hypopnea index (AHI) greater than or equal to 15

In addition, the member must also meet the following conditions:

- currently using AND will continue to use positive airway treatment (PAP) unless a contraindication to PAP exists
- active participation in comprehensive adjunct lifestyle interventions (e.g. diet modifications, physical activity, nutritional counseling, and/or behavioral therapy)
- diagnosis code G4733 (Obstructive sleep apnea) must be submitted on the pharmacy claim in Field 424-DO.

The prescriber is required to complete and submit a prior authorization (PA) request form for Zepbound for members meeting the criteria above for a diagnosis indicating obstructive sleep apnea each time new therapy is requested and annually thereafter.

The prior authorization form will be available to providers on July 1, 2025 and will be found at [www.ctdssmap.com](http://www.ctdssmap.com) under the Pharmacy Information tab and under the

Pharmacy Program Publications panel. The PA form titled Zepbound for Treatment of Obstructive Sleep Apnea Prior Authorization Form will detail criteria necessary for coverage.

The prescriber is advised that specific information is required to be submitted on the PA form. Any PA form submitted without the required information will be denied.