

November 10, 2025

ZEPBOUND CLINICAL PRIOR AUTHORIZATION CRITERIA GUIDE UPDATES

BACKGROUND

On Nov. 24, 2025, VDP will implement revisions to the Zepbound (tirsepatide) clinical prior authorization criteria.

KEY DETAILS

VDP will add new Zepbound generic code numbers (GCN) to the “Drugs Requiring Prior Authorization” table. The new GCNs are:

- 56686 for Zepbound 12.5 mg/0.5 ml vial
- 56687 for Zebbound 15 mg/0.5 ml vial

In addition, VDP is updating the clinical prior authorization criteria related to the contraindicated diagnosis check. VDP will remove the diagnosis of gastroparesis from this guide and will change the look back for the diagnoses of medullary thyroid carcinoma and multiple endocrine neoplasia syndrome type 2 to 730 days.

VDP will publish the revised version of the Zepbound criteria guide by Nov. 7, 2025.

VDP added Zepbound to the Texas formulary on Nov. 4, 2025.

RESOURCES

Link:	TX VDP: Clinical Prior Authorizations for Managed Care
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QUESTIONS

For any questions regarding this notice, please contact your Community Provider Performance Manager (provider representative).