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[C2H2410] Tirzepatide (Zepbound)

1. Purpose of use (As of March, 2025)

Obesity (limited to patients with hypertension, dyslipidemia, or type 2 diabetes who have not achieved sufficient results with diet and exercise therapy and who meet either of the following conditions:

-BMI of 27 kg/m² or higher with two or more obesity-related comorbidities

-BMI of 35 kg/m² or higher)

2. Price of the drug

Tirzepatide has been reimbursed since March 2025, and the drug prices for Zepbound Subcutaneous Injection 2.5 mg, 5 mg, 7.5 mg, 10 mg, 12.5 mg, and 15 mg are JPY 3,067, JPY 5,797, JPY 7,721, JPY 8,999, JPY 10,180, and JPY 11,242, respectively (as of July 2026). The price was determined using the Cost Calculation Method, and the product was designated as an item for the cost-effectiveness evaluation with H1 classification.

3. Scope of cost-effectiveness evaluation

This product is used to treat obesity. The scope of the evaluation agreed upon by the Expert Committee of Cost-Effectiveness Evaluation (ECCEE) is described below:

Target population	Patients with obesity* *Limited to patients with hypertension, dyslipidemia, or type 2 diabetes who have not achieved sufficient results with diet and exercise therapy and who meet either of the following conditions: · BMI of 27 kg/m² or higher with two or more obesity-related

	comorbidities · BMI of 35 kg/m² or higher
Comparator	Semaglutide (Wegovy) + diet and exercise therapy

4. Evaluation of additional benefits

Obesity without type 2 diabetes:

The manufacturer conducted an indirect comparison using matching adjusted indirect comparison (MAIC) and the Bucher method, as well as an indirect comparison using the Bucher method alone, for patients with obesity who do not have type 2 diabetes. Consequently, significantly greater weight reduction from baseline was observed for both tirzepatide 10 mg and 15 mg compared to semaglutide 2.4 mg in the respective analyses.

Obesity with type 2 diabetes:

The manufacturer conducted an indirect comparison using the Bucher method for patients with obesity who have type 2 diabetes. Consequently, significantly greater weight reduction and HbA1c improvement were observed for both tirzepatide 10 mg and 15 mg compared to semaglutide 2.4 mg.

The academic group accepted the manufacturer's claims for both populations with and without type 2 diabetes.

5. Results of the cost-effectiveness analysis

The manufacturer conducted a cost-effectiveness analysis for the target population using a patient-level simulation model that modeled the natural history of major health states and post-treatment clinical courses in patients with obesity. The academic group conducted a re-analysis of the dose setting of tirzepatide, the estimation method of treatment effects, the proportion of type 2 diabetes at baseline, utility values by BMI category, and the incidence of obstructive sleep apnea.

The results are shown below.

Target population	Comparator	Additional benefit	ICER (JPY/QALY)
Patients with obesity	Semaglutide (Wegovy) + diet and exercise therapy	Shown	171,201