

Field Name	Field Description
Prior Authorization Group Description	Tziold (teplizumab-mzwv)
Drugs	Tziold (teplizumab-mzwv)
Covered Uses	Medically accepted indications are defined using the following sources: the Food and Drug Administration (FDA), Micromedex, American Hospital Formulary Service (AHFS), United States Pharmacopeia Drug Information for the Healthcare Professional (USP DI), the Drug Package Insert (PPI), or disease state specific standard of care guidelines.
Exclusion Criteria	Type 2 diabetes (T2D)
Required Medical Information	See “Other Criteria”
Age Restrictions	According to package insert
Prescriber Restrictions	Prescribed by or in consultation with an endocrinologist
Coverage Duration	If all the criteria are met, the initial request will be approved for a one-time treatment .
Other Criteria	<p><u>Initial Authorization:</u></p> <ul style="list-style-type: none"> • Medication is prescribed at an FDA approved dose • Diagnosis of stage 2 type 1 diabetes (T1D) confirmed by presence of at least two of the following autoantibodies: <ul style="list-style-type: none"> ○ Glutamic acid decarboxylase 65 (GAD) autoantibody ○ Insulin autoantibody (IAA) ○ Insulinoma-associated antigen 2 autoantibody (IA-2A) ○ Zinc transporter 8 autoantibody (ZnT8A) ○ Islet cell autoantibody (ICA) • Abnormal glucose on an oral glucose-tolerance test (or alternative glycemic test if an oral glucose-tolerance test is not available) <p>Date: 1/2023</p> <p>If all of the above criteria are not met, the request is referred to a Medical Director/Clinical Reviewer for medical necessity review.</p>