Mass General Brigham
Health Plan

Antidiabetic Agents
Tzield (teplizumab-mzwv)
Effective 01/04/2027

Plan	☒ MassHealth UPPL ☐Commercial/Exchange	**Program Type**	☒ Prior Authorization ☐ Quantity Limit ☐ Step Therapy
Benefit	☐ Pharmacy Benefit ☒ Medical Benefit		
Specialty Limitations	N/A		
Contact Information	**Medical Benefit** **Pharmacy Benefit**	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	Tzield is also available on the pharmacy benefit. Please see the MassHealth Drug List for coverage and criteria.		

Overview
Tzield (teplizumab-mzwv) is a CD3-directed antibody indicated to delay the onset of stage 3 Type 1 diabetes mellitus (T1DM).

Coverage Guidelines
If member is new to the plan (as evidenced by coverage effective date of less than or equal to 90 days), submission of medical records documenting that the member is currently receiving treatment with the requested drug, excluding when the product is obtained as samples or via manufacturer's patient assistance programs
OR
Authorization may be granted when all of the following criteria are met:

Stage 2 type 1 diabetes mellitus
1. Diagnosis of Stage 2 type 1 diabetes mellitus
2. Member is ≥ 8 years of age
3. Appropriate dosing
4. Prescriber is an endocrinologist or consult notes from specialist are provided
5. Lab results documenting ≥ 2 islet autoantibodies
6. ONE of the following within the last three months:
    a. Fasting plasma glucose (FPG): 100 to 125 mg/dL
    b. 2-hour plasma glucose (2-h PG): 140 to 199 mg/dL
    c. A1c: 5.7 to 6.4%
    d. BOTH of the following:
        i. 10% increase in A1c in ≤ 12 months
        ii. A1c is ≤ 6.4%
7. Member has not previously been treated with Tzield (teplizumab-mzwv)

Stage 3 type 1 diabetes mellitus
1. Diagnosis of Stage 3 type 1 diabetes mellitus
2. ONE of the following:

    a. Diagnosis was made ≤ 8 weeks ago
    b. Clinical rationale for initiating treatment later than 8 weeks after diagnosis
3. Member is ≥ 8 and < 18 years of age
4. Appropriate dosing
5. Prescriber is an endocrinologist or consult notes from specialist are provided
6. Lab results documenting BOTH of the following:
    a. ≥ 1 islet autoantibody
    b. Peak C-peptide ≥0.2 pmol/mL on a mixed-meal tolerance test (MMTT) or alternative method if appropriate and MMTT is not available
7. ONE of the following within the last 8 weeks:
    a. Fasting plasma glucose (FPG) ≥126 mg/dL
    b. 2-hour plasma glucose (2-h PG) ≥200 mg/dL
    c. A1C ≥6.5%
    d. Random plasma glucose ≥200 mg/dL and symptoms of hyperglycemia
8. Member has not previously been treated with Tzield®(teplizumab-mzwv)

Limitations

1. Treatment of Stage 2 type 1 diabetes mellitus:
    a. Approvals will be granted for 14 day supply with a 30-day duration. There is no data to support more than one course of treatment with Tzield (teplizumab-mzwv).
2. Treatment of Stage 3 type 1 diabetes mellitus:
    a. Approvals will be granted for 12 day supply with a 30-day duration. There is no data to support more than one course of treatment with Tzield (teplizumab-mzwv).

References

1. Levitsky LL, Misra M. Type 1 diabetes mellitus in children and adolescents: Epidemiology, presentation, and diagnosis. In: Kremen J (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2026 [cited 2026 Sep 15]. Available from: http://www.utdol.com/utd/index.do.ElSayed NA, Aleppo G, Aroda VR, Bannuru RR, Brown FM, Bruemmer D, et al; on behalf of the American Diabetes Association, 2. Classification and Diagnosis of Diabetes: Standards of Care in Diabetes—2023. Diabetes Care 1 January 2023; 46 (Supplement_1): S19–S40.
2. Besser REJ, Bell KJ, Couper JJ, Ziegler AG, Wherrett DK, et al. ISPAD Clinical Practice Consensus Guidelines 2022: Stages of type 1 diabetes in children and adolescents. Pediatr Diabetes. 2022 Dec;23(8):1175-1187.
3. Tzield [package insert]. Morristown (NJ): Provention Bio; 2025 Apr.

Review History

05/10/2023 - Created for P&T. New drug, Tzield (teplizumab-mzwv), will now require a prior authorization. Effective 6/5/23.
5/15/25 – Reviewed and updated for P&T. Updated formatting and references. Effective 6/1/25
11/4/26 – Reviewed and updated for P&T. Updated criteria requirement for members with 10% increase in A1c in ≤ 12 months that A1c must still be < 6.5% to ensure use is restricted to stage 2 type 1 diabetes mellitus. Included option of documentation of A1c value 5.7 to 6.4. Added acceptance of consult notes from specialist. Expanded criteria for Tzield to include criteria for the treatment of stage 3 T1DM in patients aged 8 to 17 years. Updated formatting and references. Effective 1/4/27