

**Antidiabetic Agents**  
**Tzield (teplizumab-mzwv)**  
**Effective 06/01/2025**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical Benefit</b> <b>Pharmacy Benefit</b>	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
<b>Exceptions</b>	Tzield is also available on the pharmacy benefit. Please see the <a href="#">MassHealth Drug List</a> 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

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

#### OR

Authorization may be granted for members when all the following criteria are met, and documentation is provided:

1. Diagnosis of Stage 2 type 1 diabetes mellitus
2. Member is  $\geq$  8 years of age
3. Appropriate dosing
4. Prescriber is an endocrinologist
5. Lab results documenting  $\geq$  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
7. Member has not previously been treated with Tzield (teplizumab-mzwv)

### Limitations

1. Approvals will be granted for 14 days. There is no data to support more than one course of treatment with Tzield (teplizumab-mzwv).

### References

1. Levitsky LL, Misra M. Epidemiology, presentation, and diagnosis of type 1 diabetes mellitus in children and adolescents. In: Basow DS (Ed). UpToDate [database on the internet]. Waltham (MA): UpToDate; 2023 [cited 2023 Feb 17]. Available from: <http://www.utdol.com/utd/index.do>.

2. 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.
3. 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.
4. Tzield [package insert]. Red Bank (NJ): Provention Bio; Dec 2023

#### **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

