Tzield® (teplizumab-mzwv)
(Intravenous)

Document Number: IC-0687

Last Review Date: 07/01/2026
Date of Origin: 01/03/2023
Dates Reviewed: 01/2023, 1/2024, 1/2025, 01/2026, 05/2026, 07/2026

I. Length of Authorization

Stage 2 Type 1 Diabetes

- Initial: Prior authorization validity will be provided initially for 14 doses.
- Renewal: Prior authorization validity may NOT be renewed.

Stage 3 Type 1 Diabetes

- Initial: Prior authorization validity will be provided initially for a total of 12 doses.
- Renewal: Prior authorization validity may be renewed for one additional treatment course for a total of 12 doses.

II. Dosing Limits

Max Units (per dose and over time) [HCPCS Unit]:

Stage 2 Type 1 Diabetes

- 5600 billable units over a 14-day course of therapy

Stage 3 Type 1 Diabetes

- 4800 billable units over a 12-day course of therapy for a total of 2 treatment courses administered 6 months apart

III. Initial Approval Criteria [1,6]

Prior authorization validity is provided in the following conditions:

- Member has not received prior therapy with teplizumab; **AND**
- Provider will confirm that member is up to date with all age-appropriate vaccinations, in accordance with current vaccination guidelines, prior to initiating therapy; **AND**
- Member does not have an active infection, including clinically important localized infections; **AND**
- Member has been evaluated for the absence of active Epstein-Barr virus (EBV) or cytomegalovirus (CMV) infection and has been confirmed to have an undetectable viral load (e.g., polymerase chain reaction [PCR] testing); **AND**
- Member does NOT have any FDA labeled contraindications to the requested agent (e.g., immunocompromised or have active viral infection [such as EBV or CMV infection]); **AND**
- Member does not have any of the following laboratory indices:

- Lymphocyte count less than 1,000 lymphocytes/mcL
- Hemoglobin less than 10 g/dL
- Platelet count less than 150,000 platelets/mcL
- Absolute neutrophil count less than 1,500 neutrophils/mcL
- Elevated alanine aminotransferase (ALT) or aspartate aminotransferase (AST) greater than 2 times the upper limit of normal (ULN)
- Bilirubin greater than 1.5 times ULN; **AND**

- Provider will confirm that member will not receive live or live-attenuated vaccines within 8 weeks OR inactivated or mRNA vaccines within 2 weeks, prior to or during treatment; **AND**
- Provider will confirm that therapy will not be used as a disease modifying therapy in non-autoimmune dysglycemic conditions; **AND**
- Used as single agent therapy**; AND**

Type 1 Diabetes Mellitus † Φ [1,6]

- Member has a confirmed diagnosis of Stage 2 type 1 diabetes (T1D); **AND**
  - Confirmation that the member's diagnosis is of autoimmune origin and does not suggest insulin resistance due to obesity, type 2 diabetes or dysglycemia due to other forms of diabetes *(including, but not limited to, genetic forms of diabetes, maturity-onset diabetes of the young [MODY], latent autoimmune diabetes in adults [LADA], or diabetes secondary to medications or surgery)*; **AND**
  - Member will receive treatment to delay the onset of Stage 3 type 1 diabetes; **AND**
    - For members ≥ 1 year of age to < 18 years of age:
      - Confirmation of two or more of the following pancreatic islet cell autoantibodies:
        - Glutamic acid decarboxylase 65 (GAD65) autoantibodies
        - Insulin autoantibody (IAA)
        - Insulinoma-associated antigen 2 autoantibody (IA-2A)
        - Zinc transporter 8 (ZnT8A) autoantibody
        - Islet cell autoantibody (ICA); **AND**
      - Confirmation of dysglycemia without overt hyperglycemia using an oral glucose tolerance test (OGTT) *(if an OGTT is not available, an alternative method for diagnosing dysglycemia without overt hyperglycemia may be appropriate)* defined as one of the following:
        - Fasting glucose 100-125 mg/dL
        - 2-hour postprandial plasma glucose 140-199 mg/dL
        - An intervening postprandial glucose level at 30, 60, or 90 minutes of ≥ 200 mg/dL
        - A1C 5.7-6.4% or ≥ 10% increase in A1C
    - For members ≥ 18 years of age to < 45 years of age:

- Confirmation of dysglycemia without overt hyperglycemia using an OGTT *(if an OGTT is not available, an alternative method for diagnosing dysglycemia without overt hyperglycemia may be appropriate)* defined as one of the following:
  - Fasting glucose 100-125 mg/dL
  - 2-hour postprandial plasma glucose 140-199 mg/dL
  - An intervening postprandial glucose level at 30, 60, or 90 minutes of ≥ 200 mg/dL
  - A1C 5.7-6.4% or ≥ 10% increase in A1C; **OR**

- Member has been recently (i.e., within the previous 8 weeks) diagnosed with Stage 3 type 1 diabetes (T1D); **AND**
  - Member is 8 to 17 years of age; **AND**
  - Member will receive treatment to delay the decline in endogenous insulin production based on confirmation of BOTH of the following:
    - Confirmation of at least one of the following pancreatic islet cell autoantibodies:
      - Glutamic acid decarboxylase 65 (GAD65) autoantibodies
      - Islet antigen 2 (IA-2) autoantibodies
      - Zinc transporter 8 (ZnT8) autoantibodies
      - Islet cell cytoplasmic autoantibodies (ICA)
      - Insulin autoantibodies (if testing obtained within the first 14 days of insulin treatment); **AND**
    - Peak C-peptide ≥0.2 pmol/mL on a mixed-meal tolerance test (if a mixed meal tolerance test is not available, an alternative method for measuring peak C-peptide ≥0.2 pmol/mL may be appropriate)

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Φ Orphan Drug

IV. Renewal Criteria [1]

Prior authorization validity can be renewed based upon the following criteria:

- Member continues to meet the universal and other indication-specific relevant criteria identified in section III; **AND**
- Duration of authorization has not been exceeded *(refer to Section I)*; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: viral reactivation (including EBV and CMV), cytokine release syndrome (CRS), serious bacterial and viral infections, lymphopenia, severe hypersensitivity reactions (including serum sickness, angioedema, urticaria, rash, vomiting, and bronchospasm); **AND**

Stage 3 Type 1 Diabetes (T1D)

- Member has not received more than one treatment course; **AND**

- Confirmation that 6 months has elapsed since the Initial Treatment Course was received *(Note: If the second course is delayed, administer the second treatment course within 6 to 12 months after the first treatment course.)*

V. Dosage/Administration [1]

Indication	Dose
Stage 2 T1DM	Administer Tzield by intravenous infusion over a minimum of: • 30 minutes in adult and pediatric members aged 8 years and older • 2 hours in pediatric members aged 1 to less than 8 years Calculate the dosage using body surface area (BSA) and administer Tzield once daily for 14 consecutive days as follows: – Day 1: 65 mcg/m^2 – Day 2: 125 mcg/m^2 – Day 3: 250 mcg/m^2 – Day 4: 500 mcg/m^2 – Days 5 through 14: 1,030 mcg/m^2
Stage 3 T1DM	Administer Tzield by intravenous infusion over a minimum of 30 minutes. Calculate the dosage using body surface area (BSA) and administer Tzield once daily for 12 consecutive days as follows: **Initial Treatment Course** – Day 1: 106 mcg/m^2 – Day 2: 425 mcg/m^2 – Days 3 through 12: 850 mcg/m^2 **Second Treatment Course** Administer the second 12-day treatment course (at the regimen noted below) 6 months after the first treatment course. If the second course is delayed, administer the second treatment course within 6 to 12 months after the first treatment course. – Day 1: 106 mcg/m^2 – Day 2: 425 mcg/m^2 – Days 3 through 12: 850 mcg/m^2
NOTE: • Do not administer two doses on the same day. Refer to the prescribing information regarding missed doses. • Prior to each of the first 5 days of Tzield infusion: – Premedicate with a nonsteroidal anti-inflammatory drug (NSAID) or acetaminophen – Premedicate with an antihistamine, and – Consider premedication with an antiemetic. **If needed, administer additional premedication doses.	

VI. Billing Code/Availability Information

HCPCS Code:

- J9381 – Injection, teplizumab-mzwv, 5 mcg; 1 billable unit = 5 mcg

NDC:

- Tzield 2 mg/2 mL solution for injection as a single-dose vial: 73650-0316-xx

VII. References

1. Tzield [package insert]. Morristown, NJ; Provention Bio, Inc.; June 2026. Accessed June 2026.
2. Leung SS, Borg DJ, McCarthy DA, et al. Soluble RAGE Prevents Type 1 Diabetes Expanding Functional Regulatory T Cells. Diabetes. 2022 Sep 1;71(9):1994-2008. doi: 10.2337/db22-0177.
3. Herold KC, Bundy BN, Long SA, Type 1 Diabetes TrialNet Study Group, et al. An Anti-CD3 Antibody, Teplizumab, in Relatives at Risk for Type 1 Diabetes. N Engl J Med. 2019 Aug 15;381(7):603-613. doi: 10.1056/NEJMoa1902226. Epub 2019 Jun 9. Erratum in: N Engl J Med. 2020 Feb 6;382(6):586.
4. Insel RA, Dunne JL, Atkinson MA, et al. Staging presymptomatic type 1 diabetes: a scientific statement of JDRF, the Endocrine Society, and the American Diabetes Association. Diabetes Care. 2015 Oct;38(10):1964-74. doi: 10.2337/dc15-1419.
5. American Diabetes Association Professional Practice Committee; 3. Prevention or Delay of Diabetes and Associated Comorbidities: Standards of Care in Diabetes—2024. Diabetes Care 1 January 2024; 47 (Suppl._1): S43–S51. https://doi.org/10.2337/dc24-S003
6. American Diabetes Association Professional Practice Committee for Diabetes; 2. Diagnosis and Classification of Diabetes: Standards of Care in Diabetes—2026. Diabetes Care 2026; 49 (Supplement_1): S27–S49. https://doi.org/10.2337/dc26-S002
7. American Diabetes Association Professional Practice Committee for Diabetes; 3. Prevention or Delay of Diabetes and Associated Comorbidities: Standards of Care in Diabetes—2026. Diabetes Care January 2026; 49 (Supplement_1): S50–S60. https://doi.org/10.2337/dc26-S003.
8. Ramos EL, Dayan CM, Chatenoud L, et al; PROTECT Study Investigators. Teplizumab and β-Cell Function in Newly Diagnosed Type 1 Diabetes. N Engl J Med. 2023 Dec 7;389(23):2151-2161. doi: 10.1056/NEJMoa2308743. Epub 2023 Oct 18. PMID: 37861217.

Appendix A – Non-Quantitative Treatment Limitations (NQTL) Factor Checklist

Non-quantitative treatment limitations (NQTLs) refer to the methods, guidelines, standards of evidence, or other conditions that can restrict how long or to what extent benefits are provided under a health plan. These may include things like utilization review or prior authorization. The utilization management NQTL applies comparably, and not more stringently, to mental health/substance use disorder (MH/SUD) Medical Benefit Prescription Drugs and medical/surgical (M/S) Medical Benefit Prescription Drugs. The table below lists the factors that were considered in designing and applying prior authorization to this drug/drug group, and a summary of the conclusions that Prime's assessment led to for each.

Factor	Conclusion
Indication	Yes: Consider for PA
Safety and efficacy	Yes: Consider for PA

Potential for misuse/abuse	No: PA not a priority
Cost of drug	Yes: Consider for PA

Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
E10	Type 1 diabetes mellitus
E10.1	Type 1 diabetes mellitus with ketoacidosis
E10.6	Type 1 diabetes mellitus with other specified complications
E10.65	Type 1 diabetes mellitus with hyperglycemia
E10.8	Type 1 diabetes mellitus with unspecified complications
E10.9	Type 1 diabetes mellitus without complications
E10.10	Type 1 diabetes mellitus with ketoacidosis without coma
E10.11	Type 1 diabetes mellitus with ketoacidosis with coma
E10.A0	Type 1 diabetes mellitus, presymptomatic, unspecified
E10.A2	Type 1 diabetes mellitus, presymptomatic, Stage 2

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

The preceding information is intended for non-Medicare coverage determinations. Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determinations (NCDs) and/or Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. Local Coverage Articles (LCAs) may also exist for claims payment purposes or to clarify benefit eligibility under Part B for drugs which may be self-administered. The following link may be used to search for NCD, LCD, or LCA documents: https://www.cms.gov/medicare-coverage-database/search.aspx. Additional indications, including any preceding information, may be applied at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCA/LCD): N/A

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdictio	**Applicable State/US Territory**	**Contractor**
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdictio	**Applicable State/US Territory**	**Contractor**
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC