

Tzield® (teplizumab-mzwv)

When requesting Tzield® (teplizumab-mzwv), the individual requiring treatment must be diagnosed with the following FDA-approved indication and meet the specific coverage guidelines and applicable safety criteria for the covered indication.

FDA-Approved indication

Tzield is indicated to delay the onset of Stage 3 type 1 diabetes in adults and pediatric patients 8 years of age and older with Stage 2 type 1 diabetes.

Coverage Guidelines

Delay the Onset of Type 1 Diabetes (Clinical/Stage 3)

The individual must meet **all** of the following criteria for authorization:

- Is 8 years of age or older;
- Does not have a clinical diagnosis of type 1 diabetes (i.e., Stage 3 type 1 diabetes); *(Note: Clinical type 1 diabetes is also referred to as Stage 3 type 1 diabetes. "Stage 1 type 1 diabetes" and "Stage 2 type 1 diabetes" are considered preclinical states and would not fall into the category of clinical type 1 diabetes);*
- Does not have type 2 diabetes;
- Has at least one biological relative with a diagnosis of type 1 diabetes;
- Has tested positive for at least TWO of the following type 1 diabetes-related autoantibodies on two separate occasions: anti-glutamic acid decarboxylase 65 (anti-GAD65); anti-islet antigen-2 (anti-IA-2); islet-cell autoantibody (ICA); micro insulin; anti-zinc transporter 8 (anti-ZnT8);
- Meets one of the following:
 - o Has a 2-hour postprandial glucose level ≥ 140 to < 200 mg/dL during an oral glucose tolerance test in the preceding 2 months; OR
 - o Has a fasting plasma glucose level ≥ 100 to < 126 mg/dL in the preceding 2 months; OR
 - o Has an HbA_{1c} $\geq 5.7\%$ to $< 6.5\%$ in the preceding 2 months;
- At baseline (prior to the initiation of Tzield), does not have evidence of hematologic compromise, as defined by meeting all of the following:
 - o Lymphocyte count $\geq 1,000$ lymphocytes/mcL; AND
 - o Hemoglobin ≥ 10 g/dL; AND
 - o Platelet count $\geq 150,000$ platelets/mcL; AND
 - o Absolute neutrophil count $\geq 1,500$ neutrophils/mcL;
- At baseline (prior to the initiation of Tzield), does not have evidence of hepatic compromise, as defined by meeting all of the following:
 - o Alanine aminotransferase (ALT) ≤ 2 times the upper limit of normal (ULN); AND

- o Aspartate aminotransferase (AST) $\leq$ 2 times the ULN; AND
 - o Bilirubin $\leq$ 1.5 times the ULN;
- Does not have any of the following:
 - o Laboratory or clinical evidence of acute infection with Epstein-Barr Virus or cytomegalovirus; OR
 - o Active serious infection; OR
 - o Chronic active infection (other than localized skin infection);
- Has not received Tzield in the past;
- Tzield is prescribed by an endocrinologist.

Approval duration: One 14-day course

Dosing Recommendations

Tzield is administered by intravenous infusion (over a minimum of 30 minutes), using a body surface area-based dosing, once daily for 14 consecutive days as follows:

- 65 mcg/m² body surface area (BSA) on Day 1;
- 125 mcg/m² BSA on Day 2;
- 250 mcg/m² BSA on Day 3;
- 500 mcg/m² BSA on Day 4;
- 1,030 mcg/m² BSA once daily on Days 5 through 14.

References

1. Tzield™ intravenous infusion [prescribing information]. Red Bank, NJ: Provention; December 2023.
2. Herold KC, Bundy BN, Long SA, et al; Type 1 Diabetes TrialNet Study Group. An Anti-CD3 Antibody, Teplizumab, in Relatives at Risk for Type 1 Diabetes. *N Engl J Med*. 2019 Aug 15;381(7):603-613.
3. American Diabetes Association. Standards of medical care in diabetes – 2024. *Diabetes Care*. 2024;47(Suppl 1):S1-S321.
4. Phillip M, Achenbach P, Adala A, et al. Consensus guidance for monitoring individuals with islet autoantibody-positive pre-stage 3 type 1 diabetes. *Diabetes Care*. 2025;47:1276-1298.