

Pharmacy Drug Policy Checklist

POLICY NAME Tzield (teplizumab) POLICY #

Criteria

Exclusion Criteria – Any of the following prevents coverage	
	2.2 Type 2 diabetes
Cov	erage Criteria
	1.1 Documented diagnosis of stage 2 type 1 diabetes at risk for progressing to clinical disease as supported by all of the following:
	 Presence of at least two positive pancreatic islet autoantibody samples within the past 6 months (examples of antibodies include 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). Presence of abnormal blood sugar levels without always high blood sugar levels
	• Family relative with type 1 diabetes
	1.2 Prescribed by or in consultation with an endocrinologist (hormone doctor)
	1.3 Age 8 years or older
	1.4 Clinical review for coverage is completed by both a pharmacist and medical director