

<b>POLICY NAME</b>	Tziel (teplizumab)	<b>POLICY #</b>	<b>3187P</b>
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## Criteria

### Coverage 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

### Exclusion Criteria – Any of the following prevents coverage

- ☐ **2.1** Type 1 diabetes stage 3
- ☐ **2.2** Type 2 diabetes