

TZIELD PRIOR AUTHORIZATION REQUEST FORM



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Today's Date

/ /

Note: This form must be completed by the prescribing provider.

****All sections must be completed or the request will be returned****

Patient's Medicaid #	Date of Birth
Patient's Name	Prescriber's Name
Prescriber's IN License #	Specialty
Prescriber's NPI #	Prescriber's Signature
Return Fax #	Return Phone #
Check box if requesting retro-active PA <input style="width: 100%;" type="checkbox"/>	Date(s) of service requested for retro-active eligibility (if applicable):

Note: Submit PA requests for retroactive claims (dates of service prior to eligibility determination, but within established eligibility timelines) with dates of service prior to 30 calendar days of submission separately from current PA requests (dates of service 30 calendar days or less and going forward).

Requested Medication	Quantity	Dosage Regimen	Treatment Duration

***Note: approvals will be granted for ONE 14-day treatment course per lifetime to be utilized within 30 days from the approval date**

TZIELD (TEPLIZUMAB-MZWV)

Select one of the following:

- ☐ Member is 1 year of age or older with the following:
 - Member has diagnosis of Stage 2 type 1 diabetes (T1D) ☐ YES ☐ NO
 - Documentation supporting that the member is positive for at least TWO of the following pancreatic islet cell autoantibodies has been submitted ☐ YES ☐ NO
 - Glutamic acid decarboxylase 65 (GAD) autoantibodies
 - Insulin autoantibody (IAA)
 - Insulinoma-associated antigen 2 autoantibody (IA-2A)
 - Zinc transporter 8 autoantibody (ZnT8A)
 - Islet cell autoantibody (ICA)
 - Documentation of an oral glucose tolerance test (OGTT) or other acceptable method supporting the member has dysglycemia without overt hyperglycemia has been submitted ☐ YES ☐ NO
 - Prescriber attests that member's medical history does not suggest type 2 diabetes (T2D) ☐ YES ☐ NO
 - Documentation of complete blood count (CBC) and liver enzyme tests within the past 30 days has been submitted ☐ YES ☐ NO

- Documentation of a negative pregnancy test within the past 30 days has been submitted
☐ YES ☐ NO ☐ N/A
- Tzield (teplizumab-mzwv) is being prescribed by, or in consultation with, an endocrinologist ☐ YES ☐ NO
- ☐ Member is 8 years of age or older and less than 18 years of age with the following:
 - Member has diagnosis of Stage 3 T1D (diagnosis must be within the past 6 weeks)
☐ YES ☐ NO
 - Documentation supporting that the member is positive for at least ONE of the following pancreatic islet cell autoantibodies has been submitted ☐ YES ☐ NO
 - Glutamic acid decarboxylase 65 (GAD) autoantibodies
 - Insulin autoantibody (IAA)
 - Insulinoma-associated antigen 2 autoantibody (IA-2A)
 - Zinc transporter 8 autoantibody (ZnT8A)
 - Islet cell autoantibody (ICA)
 - Documentation of a peak stimulated C-peptide ≥ 0.2 pmol/mL on a mixed-meal tolerance test (MMTT) or alternative method if appropriate and MMTT is not available has been submitted: ☐ YES ☐ NO
 - Documentation of complete blood count (CBC) and liver enzyme tests within the past 30 days has been submitted ☐ YES ☐ NO
 - Documentation of a negative pregnancy test within the past 30 days has been submitted
☐ YES ☐ NO ☐ N/A
 - Tzield (teplizumab-mzwv) is being prescribed by, or in consultation with, an endocrinologist ☐ YES ☐ NO

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