



# Louisiana

## teplizumab-mzwv (Tziel<sup>TM</sup>)

Policy # 00843

Original Effective Date: 08/14/2023

Current Effective Date: 08/12/2024

*Applies to all products administered or underwritten by Blue Cross and Blue Shield of Louisiana and its subsidiary, HMO Louisiana, Inc. (collectively referred to as the "Company"), unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.*

### When Services May Be Eligible for Coverage

*Coverage for eligible medical treatments or procedures, drugs, devices or biological products may be provided only if:*

- *Benefits are available in the member's contract/certificate, and*
- *Medical necessity criteria and guidelines are met.*

Based on review of available data, the Company may consider teplizumab-mzwv (Tziel<sup>TM</sup>)<sup>‡</sup> for patients with Stage 2 type 1 diabetes to delay the onset of Stage 3 type 1 diabetes to be **eligible for coverage**.\*\*

#### Patient Selection Criteria

Coverage eligibility for teplizumab-mzwv (Tziel) will be considered when the following criteria are met:

- Patient has stage 2 type I diabetes; AND  
*(Note: Stage 2 Type 1 diabetes is characterized by the presence of beta cell autoantibodies and presymptomatic dysglycemia, which includes impaired fasting glucose or impaired glucose tolerance without diabetic range hyperglycemia.)*
- Patient is 8 years of age or older; AND
- Patient does NOT have a clinical diagnosis of type 1 diabetes (i.e., Stage 3 type 1 diabetes); AND  
*(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.)*
- Patient does NOT have type 2 diabetes; AND
- Patient has tested positive for at least TWO of the following type 1 diabetes-related autoantibodies: 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); AND

©2024 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

teplizumab-mzww (Tziel™)

Policy # 00843

Original Effective Date: 08/14/2023

Current Effective Date: 08/12/2024

- Patient has evidence of dysglycemia without overt hyperglycemia as evidenced by ONE of the following:
  - Fasting plasma glucose level  $\geq 100$  to  $< 126$  mg/dL; OR
  - 2-hour postprandial plasma glucose level  $\geq 140$  to  $< 200$  mg/dL; OR
  - Intervening postprandial glucose level at 30, 60, or 90 minutes  $> 200$  mg/dL; OR
  - HbA1c  $\geq 5.7$  to  $< 6.5\%$  (5.7-6.4%); AND
- Patient does not have evidence of hematologic compromise, which defined by meeting ALL of the following:
  - Lymphocyte count  $\geq 1,000$  lymphocytes/ $\mu$ L; AND
  - Hemoglobin  $\geq 10$  g/dL; AND
  - Platelet count  $\geq 150,000$  platelets/ $\mu$ L; AND
  - Absolute neutrophil count  $\geq 1,500$  neutrophils/ $\mu$ L; AND
- Patient does not have evidence of hepatic compromise, which is defined by meeting ALL of the following:
  - Alanine aminotransferase (ALT)  $\leq 2$  times the upper limit of normal (ULN); AND
  - Aspartate aminotransferase (AST)  $\leq 2$  times the ULN; AND
  - Bilirubin  $\leq 1.5$  times the ULN; AND
- According to the prescriber, the patient does NOT have ANY of the following:
  - Laboratory or clinical evidence of acute infection with Epstein-Barr Virus or cytomegalovirus; AND
  - Active serious infection; AND
  - Chronic active infection (other than localized skin infection); AND
- Patient has NOT received a full course of or started a course of Tziel in the past; AND
- The requested dose is as follows:
  - Day 1: 65 mcg/m<sup>2</sup>
  - Day 2: 125 mcg/m<sup>2</sup>
  - Day 3: 250 mcg/m<sup>2</sup>
  - Day 4: 500 mcg/m<sup>2</sup>
  - Day 5-14: 1,030 mcg/m<sup>2</sup>

©2024 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

teplizumab-mzwv (Tziel<sup>TM</sup>)

Policy # 00843

Original Effective Date: 08/14/2023

Current Effective Date: 08/12/2024

## When Services Are Considered Investigational

*Coverage is not available for investigational medical treatments or procedures, drugs, devices or biological products.*

Based on review of available data, the Company considers the use of teplizumab-mzwv (Tziel) for any non-FDA approved indication to be **investigational**.\*

## Background/Overview

Tziel is a CD3-directed antibody indicated to delay the onset of Stage 3 type 1 diabetes in adults and pediatric patients aged 8 years and older with Stage 2 type 1 diabetes. It is available as a 2 mg per 2 ml single dose vial and is to be administered once daily by intravenous infusion for 14 consecutive days. Baseline laboratory testing is required prior to initiating therapy with Tziel. Pre-medication with a non-steroidal anti-inflammatory drug or acetaminophen, an antihistamine, and/or an antiemetic before each Tziel dose is recommended for the first 5 days of therapy.

Type 1 diabetes is an autoimmune disease in which insulin-producing beta cells in the pancreas are destroyed. Clinically evident type 1 diabetes is referred to as Stage 3 type 1 diabetes. It is characterized by new-onset hyperglycemia and presence of symptoms. Diagnostic criteria involve one of the following: fasting plasma glucose  $\geq 126$  mg/dL, 2-hour postprandial glucose  $\geq 200$  mg/dL during an OGTT (75 grams), HbA1C  $\geq 6.5\%$ , or random plasma glucose  $\geq 200$  mg/dL for a patient with classic symptoms of hyperglycemia or hyperglycemic crisis. Pre-symptomatic states include Stage 1 type 1 diabetes and Stage 2 type 1 diabetes. In Stage 1 disease, glycemia is normal, and in Stage 2 disease, dysglycemia is present but below the threshold considered overt or Stage 3 type 1 diabetes. Type 1 diabetes is often not diagnosed until Stage 3 disease develops. Patients who have a relative that has a diagnosis of type 1 diabetes are at greater risk of developing type 1 diabetes themselves. The American Diabetes Association (ADA) recommends screening for autoantibodies in patients with first-degree relatives with type 1 diabetes. The presence of multiple antibodies confers high probability of disease progression, but often does not predict the timing of when disease progression will occur. Eventually, all patients who are diagnosed with type 1 diabetes will have to monitor blood sugar levels and require insulin replacement to survive.

©2024 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

teplizumab-mzww (Tziel<sup>TM</sup>)

Policy # 00843

Original Effective Date: 08/14/2023

Current Effective Date: 08/12/2024

## **FDA or Other Governmental Regulatory Approval**

### **U.S. Food and Drug Administration (FDA)**

Tziel was approved in November of 2022 and is indicated to delay the onset of Stage 3 type 1 diabetes in adults and pediatric patients aged 8 years and older with Stage 2 type 1 diabetes.

## **Rationale/Source**

This medical policy was developed through consideration of peer-reviewed medical literature generally recognized by the relevant medical community, U.S. Food and Drug Administration approval status, nationally accepted standards of medical practice and accepted standards of medical practice in this community, technology evaluation centers, reference to federal regulations, other plan medical policies, and accredited national guidelines.

The effectiveness of Tziel was investigated in a randomized, double-blind, event-driven, placebo-controlled study (Study 1) in 76 patients, 8 to 49 years of age with Stage 2 type 1 diabetes. Stage 2 type 1 diabetes was defined as having both of the following:

1. Two or more of the following pancreatic islet autoantibodies:
  - 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)
2. Dysglycemia on oral glucose tolerance testing

In this study, patients were randomized to receive Tziel or placebo once daily by intravenous infusion for 14 days. Patients in the Tziel group had a total drug exposure that was comparable to the total drug exposure achieved with the recommended total Tziel dosage. The primary efficacy endpoint in this study was the time from randomization to development of Stage 3 type 1 diabetes diagnosis.

©2024 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

teplizumab-mzwv (Tziel<sup>TM</sup>)

Policy # 00843

Original Effective Date: 08/14/2023

Current Effective Date: 08/12/2024

In Study 1, Stage 3 type 1 diabetes was diagnosed in 20 (45%) of the Tziel-treated patients and in 23 (72%) of the placebo-treated patients. A Cox proportional hazards model, stratified by age and oral glucose tolerance test status at randomization, demonstrated that the median time from randomization to Stage 3 type 1 diabetes diagnosis was 50 months in the Tziel group and 25 months in the placebo group, for a difference of 25 months. With a median follow-up time of 51 months, therapy with Tziel resulted in a statistically significant delay in the development of Stage 3 type 1 diabetes, hazard ratio 0.41 (95% CI: 0.22 to 0.78; p=0.0066).

## References

1. Tziel [package insert]. Provention Bio, Inc. Red Bank, New Jersey. November 2022.
2. Tziel (teplizumab-mzwv intravenous infusion – Provention). Drug Evaluation. Express Scripts. January 2023.
3. Tziel (teplizumab-mzwv). New Drug Review. IPD Analytics. Published December 2022.

## Policy History

Original Effective Date: 08/14/2023

Current Effective Date: 08/12/2024

07/06/2023 Medical Policy Committee review

07/12/2023 Medical Policy Implementation Committee approval. New policy.

07/02/2024 Medical Policy Committee review

07/10/2024 Medical Policy Implementation Committee approval. Coverage eligibility unchanged.

Next Scheduled Review Date: 07/2025

## Coding

*The five character codes included in the Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines are obtained from Current Procedural Terminology (CPT<sup>®</sup>)<sup>‡</sup>, copyright 2023 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physician.*

©2024 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

teplizumab-mzwv (Tziel<sup>TM</sup>)

Policy # 00843

Original Effective Date: 08/14/2023

Current Effective Date: 08/12/2024

*The responsibility for the content of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines is with Blue Cross and Blue Shield of Louisiana and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Any use of CPT outside of Blue Cross Blue Shield of Louisiana Medical Policy Coverage Guidelines should refer to the most current Current Procedural Terminology which contains the complete and most current listing of CPT codes and descriptive terms. Applicable FARS/DFARS apply.*

CPT is a registered trademark of the American Medical Association.

Codes used to identify services associated with this policy may include (but may not be limited to) the following:

Code Type	Code
CPT	No codes
HCPCS	J9381
ICD-10 Diagnosis	All Related Diagnoses

\*Investigational – A medical treatment, procedure, drug, device, or biological product is Investigational if the effectiveness has not been clearly tested and it has not been incorporated into standard medical practice. Any determination we make that a medical treatment, procedure, drug, device, or biological product is Investigational will be based on a consideration of the following:

- A. Whether the medical treatment, procedure, drug, device, or biological product can be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and whether such approval has been granted at the time the medical treatment, procedure, drug, device, or biological product is sought to be furnished; or

©2024 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.





# Louisiana

teplizumab-mzww (Tziel<sup>TM</sup>)

Policy # 00843

Original Effective Date: 08/14/2023

Current Effective Date: 08/12/2024

- B. Whether the medical treatment, procedure, drug, device, or biological product requires further studies or clinical trials to determine its maximum tolerated dose, toxicity, safety, effectiveness, or effectiveness as compared with the standard means of treatment or diagnosis, must improve health outcomes, according to the consensus of opinion among experts as shown by reliable evidence, including:
1. Consultation with technology evaluation center(s);
  2. Credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community; or
  3. Reference to federal regulations.

\*\*Medically Necessary (or “Medical Necessity”) - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

- A. In accordance with nationally accepted standards of medical practice;
- B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
- C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

For these purposes, “nationally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, Physician Specialty Society recommendations and the views of Physicians practicing in relevant clinical areas and any other relevant factors.

‡ Indicated trademarks are the registered trademarks of their respective owners.

**NOTICE:** If the Patient’s health insurance contract contains language that differs from the BCBSLA Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

©2024 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.



# Louisiana

teplizumab-mzwv (Tziel<sup>TM</sup>)

Policy # 00843

Original Effective Date: 08/14/2023

Current Effective Date: 08/12/2024

**NOTICE:** Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Company recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

**NOTICE:** Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.

©2024 Blue Cross and Blue Shield of Louisiana

Blue Cross and Blue Shield of Louisiana is an independent licensee of the Blue Cross and Blue Shield Association and incorporated as Louisiana Health Service & Indemnity Company.

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Louisiana.