

**06/05/2023**

## **HHSC to Add Tziel as Medicaid and CHIP Benefit July 1, Prior Authorization Effective Aug. 1**

### **Background:**

On July 1, 2023, Tziel will become a benefit of Medicaid and CHIP. HHSC will require prior authorization for Tziel (procedure code J9381) for Medicaid and CHIP on August 1, 2023.

### **Key Details:**

Tziel (teplizumab-mzwv) is a CD3-direct antibody indicated to delay the onset of Stage 3 Type 1 diabetes (T1D) in adult and pediatric clients 8 years and above with Stage 2 T1D.

### **Action:**

HHSC requires prior authorization for procedure code J9381, Tziel. The approval duration will be for the 14-day treatment. HHSC will consider prior authorization approval of Tziel (teplizumab-mzwv) when a client meets the following criteria:

- The client is 8 years or older
- The client is given Tziel to delay the onset of Stage 3 T1D. The use of Tziel is not approved in Type II diabetes or any other stages of Type I diabetes other than Stage 2 T1D
- The client has a diagnosis of Stage 2 T1D confirmed by the following:
  - ▶ Documentation of at least two of the following positive pancreatic islet autoantibodies:
    - # Islet cell autoantibody (ICA)
    - # Insulinoma-associated antigen 2 autoantibody (IA-2A)
    - # Insulin autoantibody (IAA)
    - # Zinc transporter 8 autoantibody (ZnT8A)
    - # Glutamic acid decarboxylase 65 (GAD) autoantibodies
  - ▶ Documentation of dysglycemia without overt hyperglycemia using oral glucose tolerance test (OGTT) or another appropriate test for dysglycemia may be used if OGTT is not available
- Clinical history does not suggest the client has Type 2 diabetes
- Prescriber must obtain and assess a complete blood count and liver enzyme tests before initiating treatment with Tziel as using Tziel is not recommended in clients with specific lab abnormalities

- Prescriber must assess the client's history of chronic infection and monitor for any signs of serious active infection while on Tzield. If a serious infection develops, Tzield therapy should be discontinued

Refer to the [Outpatient Drug Services Handbook](#) of the Texas Medicaid Provider Procedure Manual for more details on the clinical policy and prior authorization requirements.

**Additional Information:**

HHSC approved this updated clinical prior authorization for use by MCOs. While HHSC will implement these criteria for Medicaid fee-for-service on August 1, 2023, MCOs do not need to wait for publication in the TMPPM before implementation. MCOs may choose to implement the updated requirements but shall not make them more restrictive.

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