

teplizumab (Tziel®)

Place of Service

Office Administration

Outpatient Facility Administration

Infusion Center Administration

HCPCS: J3490, J3590

NDC(s):

- 73650-316-01: 2mg/2mL (1 mg/mL)
1 single-dose vial
- 73650-316-10: 2mg/2mL (1 mg/mL)
10 single-dose vials
- 73650-316-14: 2mg/2mL (1 mg/mL)
14 single-dose vials

1. All requests for teplizumab (Tziel®) must receive authorization prior to drug administration for claim payment.
2. Criteria for coverage is pending P&T Committee approval.
3. In the interim, all requests for coverage will be reviewed for medical necessity.

[Tziel® prescribing information](#)