

Teplizumab Referral Checklist

☐ **Prescriber Details**

☐ NPI number

☐ Contact information

If possible, include the most direct number to reach the prescriber quickly, if needed—such as a back line or direct clinical extension

☐ **Clinical Documentation to Support Medical Necessity**

☐ Diagnosis of stage 2 type 1 diabetes, including:

☐ Positive islet autoantibody results (at least 2 antibodies)

☐ Evidence of dysglycemia (e.g., OGTT)

☐ Family history of type 1 diabetes (if applicable)

☐ Prior treatment plan and rationale for teplizumab

☐ **Baseline Laboratory Results**

☐ CBC with differential

☐ LFTs: AST, ALT, total bilirubin

☐ Applicable screening results

☐ ANA; TB; acute Epstein-Barr virus (EBV); cytomegalovirus (CMV)

☐ **Insurance and Authorization Documents**

☐ Copy of insurance card (front and back)

☐ Demographic face sheet including contact info

☐ Signed prior authorization form (if applicable)

☐ Any payer-specific medical necessity attestation forms

☐ **Signed Medication Order**

☐ Teplizumab treatment order including:

☐ Doses calculated for each day OR instructions for infusion center to calculate, including whether to re-weigh daily or use Day 1 weight throughout

☐ Premedication instructions

☐ Lab monitoring plan

☐ PRN orders for managing infusion reactions

☐ **Signed Consent** *[if facility requires this to be obtained by prescriber]*

☐ Documentation of informed consent discussion

☐ Pediatric assent if applicable