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Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

P&T Date: 06/11/2026

Tevimbra® (tislelizumab-jsgr)

HCPCS: J9329

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. Coverage of the requested drug is provided when all the following are met:
 - a. Treatment must follow the Food and Drug Administration (FDA) approved indications or National Comprehensive Cancer Network (NCCN) guidelines when it is a Category 1 or 2A recommendation
 - i. Must be used with concomitant treatment according to FDA indication or NCCN Category 1 or 2A recommendation
 - b. Must be prescribed by, or in consultation with, an oncologist or hematologist
 - c. No prior failure of a programmed death receptor-1 (PD-1 or PD-L1) inhibitor
 - d. Patient is not receiving therapy for a chronic condition, such as an autoimmune disease, that requires treatment with a systemic immunosuppressant
 - e. Trial and failure, contraindication, OR intolerance to the preferred drugs as listed in BCBSM/BCN's utilization management medical drug list
- B. Quantity Limitations, Authorization Period and Renewal Criteria
 - a. Quantity Limit: Align with FDA recommended dosing
 - b. Authorization Period: Aligns with FDA recommended or guideline supported treatment duration and provided for at least 60 days and up to 6 months at a time
 - c. Renewal Criteria: Treatment may be continued until unacceptable toxicity or disease progression

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Tevimbra is a programmed death receptor-1 (PD-1)-blocking antibody indicated
 - In combination with platinum-containing chemotherapy for the first-line treatment of adults with unresectable or metastatic esophageal squamous cell carcinoma (ESCC) whose tumors express PD-L1 (≥ 1).
 - As a single agent in adults with unresectable or metastatic ESCC after prior systemic chemotherapy that did not include a PD-(L)1 inhibitor.
 - In combination with platinum and fluoropyrimidine-based chemotherapy in adults for the first line treatment of unresectable or metastatic HER2-negative gastric or gastroesophageal junction adenocarcinoma whose tumors express PD-L1 (≥ 1).
- The National Comprehensive Cancer Network (NCCN) guidelines category 1 and 2A recommendations are based on uniform NCCN consensus that the recommendations are appropriate. Treatment regimens have been studied and shown to be efficacious when administered as listed in the guidelines. Category 2B and 3 recommendations do not have a high level of evidence to support use and also do not have a uniform consensus from the NCCN panel that the recommendations are appropriate.
- There are no studies to support use of Tevimbra following failure. NCCN treatment guidelines also do not recommend use of Tevimbra or other PD-L1 checkpoint inhibitors following a previous failure.
- Tevimbra has not been studied in patients on chronic immunosuppressant therapy and therefore, should not be used in patients on chronic immunosuppressants.
- Tevimbra has not been studied in patients with an ECOG performance status of greater than 2 and therefore, should not be used in patients with an ECOG score greater than 2.

References:

1. Tevimbra [prescribing information]. San Mateo, CA: BeiGene USA, Inc.; December 2025.
2. Shen L, Kato K, Kim SB, et al. Tislelizumab versus chemotherapy as second-line treatment for advanced or metastatic esophageal squamous cell carcinoma (RATIONALE-302): a randomized phase III study. J Clin Oncol. 2022 Sep 10; 40 (26): 3065 - 76.
3. National Comprehensive Cancer Network. Esophageal and esophagogastric junction cancers (Version 2.2026). 2026 Jan 21. Available at: https://www.nccn.org/professionals/physician_gls/pdf/esophageal.pdf. Accessed on April 15, 2026.
4. National Comprehensive Cancer Network. Gastric cancer (Version 2.2026). 2026 Jan 21. Available at: https://www.nccn.org/professionals/physician_gls/pdf/gastric.pdf. Accessed on April 15, 2026.

Policy History												
#	Date	Change Description										
1.3	Effective Date: 06/11/2026	Annual review of criteria was performed, no changes were made										
1.2	Effective Date: 06/05/2025	Annual review of criteria was performed, no changes were made										
1.1	Effective Date: 01/01/2025	UM medical management system update for BCBS, BCN, MAPPO, BCNA <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>Yes</td></tr><tr><td>BCN</td><td>Yes</td></tr><tr><td>MAPPO</td><td>Yes</td></tr><tr><td>BCNA</td><td>Yes</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	Yes	BCN	Yes	MAPPO	Yes	BCNA	Yes
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1.0	Effective Date: 06/06/2024	New policy <table><tr><th>Line of Business</th><th>PA Required in Medical Management System (Yes/No)</th></tr><tr><td>BCBS</td><td>No</td></tr><tr><td>BCN</td><td>No</td></tr><tr><td>MAPPO</td><td>No</td></tr><tr><td>BCNA</td><td>No</td></tr></table>	Line of Business	PA Required in Medical Management System (Yes/No)	BCBS	No	BCN	No	MAPPO	No	BCNA	No
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* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.