

**Oncology Immunotherapies**  
**Tevimbra (tislelizumab-jsgr)**  
**Effective 01/06/2025**

<b>Plan</b>	<input checked="" type="checkbox"/> MassHealth UPPL <input type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input type="checkbox"/> Pharmacy Benefit <input checked="" type="checkbox"/> Medical Benefit		
<b>Specialty Limitations</b>	N/A		
<b>Contact Information</b>	<b>Medical and Specialty Medications</b>		
	All Plans	Phone: 877-519-1908	Fax: 855-540-3693
	<b>Non-Specialty Medications</b>		
	All Plans	Phone: 800-711-4555	Fax: 844-403-1029
<b>Exceptions</b>	N/A		

**Overview**

Tevimbra (tislelizumab-jsgr), as a single agent, is indicated for the treatment of adult patients with unresectable or metastatic esophageal squamous cell carcinoma after prior systemic chemotherapy that did not include a PD-(L)1 inhibitor.

**Coverage Guidelines**

Authorization may be reviewed on a case by case basis for members who are new to the plan currently receiving treatment with requested medication excluding when the product is obtained as samples or via manufacturer's patient assistance programs.

**OR**

Authorization may be granted for members when all the following criteria are met:

1. Diagnosis of unresectable or metastatic esophageal squamous cell carcinoma (ESCC)
2. Prescriber is an oncologist
3. Appropriate dosing
4. Inadequate response or adverse reaction to ONE line of systemic chemotherapy that did not include a PD-1/PD-L1 inhibitor or contraindication to ALL other lines of systemic therapy

**Continuation of Therapy**

Resubmission by prescriber will infer a positive response to therapy.

**Limitations**

1. Initial approvals will be granted for 6 months.
2. Reauthorizations will be granted for 1 year.

**References**

1. Tevimbra (tislelizumab-jsqr) [package insert]. San Mateo (CA): Beigene USA, Inc; 2024 Mar.

**Review History**

12/11/24 – Created for P&T. Adopted MH criteria. Tevimbra will be managed with PA through MB only. Effective 1/6/25

