

**Oncology Immunotherapies**  
**Tevimbra (tislelizumab-jsgr)**  
**Effective 07/01/2025**

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

#### *Unresectable or Metastatic Esophageal Squamous Cell carcinoma (ESCC)*

1. Diagnosis of unresectable or metastatic 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

#### *Unresectable or Metastatic **PD-L1 Positive** Esophageal Squamous Cell Carcinoma (ESCC)*

1. Diagnosis of unresectable or metastatic esophageal squamous cell carcinoma (ESCC)
2. Prescriber is an oncologist
3. Tumors express PD-L1 (CPS  $\geq$  1)
4. Requested agent will be used in combination with platinum-containing chemotherapy (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)
5. Appropriate dosing

#### *Gastric or GEJ adenocarcinoma*

1. Diagnosis of unresectable or metastatic HER2-negative gastric or gastroesophageal junction (GEJ) adenocarcinoma
2. Prescriber is an oncologist
3. Tumors express PD-L1 (CPS  $\geq$  1)
4. Requested agent will be given in combination with BOTH of the following:
  - a. platinum-containing regimen (e.g., regimen containing cisplatin, carboplatin, or oxaliplatin)
  - b. fluoropyrimidine-containing regimen (e.g. fluorouracil or capecitabine)
5. Appropriate dosing

#### **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

06/11/25 – Reviewed and updated for P&T. Expanded indications for PD-L1 positive ESCC and gastric/GEJ adenocarcinoma were added. Effective 7/1/25

