Medical Policy:

Tevimbra (tislelizumab) intravenous infusion

POLICY NUMBER	LAST REVIEW	ORIGIN DATE
MG.MM.PH.416	November 5, 2024	November 5, 2024

Definitions

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.

Length of Authorization

Coverage will be provided for 6 months and may be renewed

Dosing Limits [Medical Benefit]

Max Units (per dose and over time) [HCPCS Unit]:

• ESCC: 200 billable units every 3 weeks

Guideline

I. INITIAL CRITERIA

1. **Esophageal Squamous Cell Carcinoma (ESCC) †**

A. Used as single-agent therapy; **AND**
B. Patient is not a surgical candidate or has unresectable locally advanced, recurrent, or metastatic disease; **AND**
C. Used as second-line therapy after disease progression on initial chemotherapy; **AND**
D. Patient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy (e.g., nivolumab, pembrolizumab, atezolizumab, avelumab, cemiplimab, dostarlimab, nivolumab/relatlimab, retifanlimab, toripalimab, durvalumab, etc.), unless otherwise specified

II. RENEWAL CRITERIA

Coverage may be renewed based upon the following criteria:

1. **Esophageal Squamous Cell Carcinoma (ESCC) †**
   A. Patient continues to meet the universal and other indication-specific relevant criteria identified in Initial Criteria; **AND**
   B. Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
   C. Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include: severe or life-threatening infusion-related reactions, severe immune-mediated adverse reactions (e.g., pneumonitis, hepatitis, colitis, endocrinopathies, nephritis with renal dysfunction, dermatologic adverse reactions/rash, etc.), complications of allogeneic hematopoietic stem cell transplantation (HCST), etc.

Applicable Procedure Codes

Code	Description
J9329	Injection, tislelizumab-jsgr, 1 mg; 1 billable unit = 1 mg

Applicable NDCs

Code	Description
72579-0121-01	Tevimbra 100 mg/10 mL single-dose vial

ICD-10 Diagnoses

Code	Description
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites of esophagus
C15.9	Malignant Neoplasm Of Esophagus, Unspecified

Revision History

Company(ies)	DATE	REVISION
EmblemHealth & ConnectiCare	11/05/2024	New Policy

References

1. Tevimbra® intravenous infusion [prescribing information]. San Mateo, CA: BeiGene; March 2024.