

PROVIDER NOTIFICATION OF POLICY CRITERIA CHANGE					
POLICY TITLE	POLICY NUMBER	CRITERIA CHANGE	MATERIAL AMENDMENT	EFFECTIVE DATE	LINK TO FULL POLICY
Tislelizumab-jsgr (e.g., Tevimbra)	2024068	<p>Coverage criteria updated.</p> <p>FDA labeled indication for gastric cancer added. Off-label indications updated. Continuation criteria for off-label indications added.</p> <p><b><u>FDA-labeled indications</u></b></p> <p><b><u>GASTIC CANCER</u></b></p> <p><b>INITIAL APPROVAL:</b></p> <ol style="list-style-type: none"> <li>1. Individual is 18 years of age or older; <b>AND</b></li> <li>2. Individual has a diagnosis of gastric cancer; <b>AND</b></li> <li>3. Tislelizumab will be used in combination with platinum and fluoropyrimidine-based chemotherapy for the first line treatment of unresectable or metastatic HER2-negative gastric or gastroesophageal junction adenocarcinoma whose tumors express PD-L1 (<math>\geq 1</math>). (Tevimbra, 2025)</li> </ol> <p><b>CONTINUATION OF THERAPY:</b></p> <ol style="list-style-type: none"> <li>1. Individual continues to meet the initial approval criteria; <b>AND</b></li> <li>2. Individual experiences objective benefit from continued treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread.</li> </ol> <p><b><u>Off-label indications</u></b></p> <ol style="list-style-type: none"> <li>1. <b>Chronic Lymphocytic Leukemia/Small Lymphocytic Lymphoma (NCCN 2A); OR</b></li> <li>2. <b>Hepatocellular Carcinoma (NCCN 1 and 2A); OR</b></li> <li>3. <b>Small Bowel Adnecarcinoma (NCCN 2A); OR</b></li> <li>4. <b>Anal Carcinoma (NCCN 2A); OR</b></li> <li>5. <b>Head and Neck Cancers:</b></li> </ol>	No	12/15/2025	<a href="https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024068">https://secure.arkansasbluecross.com/members/report.aspx?policyNumber=2024068</a>

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