

# Tevimbra (tislelizumab-jsgr) — HCPCS J9329

CARECOST ESTIMATE · BILLING CHEAT SHEET

BeOne Medicines (formerly BeiGene) 100 mg / 10 mL single-dose vial IV (60 min first dose, then 30 min) Q3W **Reviewed:** May 21, 2026

ASP: Q2 2026

<b>HCPCS</b> <b>J9329</b> 1 mg = 1 unit (eff. 7/1/25)	<b>DOSE</b> <b>200 units</b> 200 mg Q3W flat	<b>MODIFIER</b> <b>JZ</b> 2 x 100 mg vials, no waste	<b>ADMIN CPT</b> <b>96413</b> + 96415 only if > 60 min	<b>MEDICARE ASP+6%</b> <b>\$58.270</b> /mg · \$11,654.00/200 mg
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## CODES & NDC

HCPCS	J9329 — "Injection, tislelizumab-jsgr, 1 mg" (permanent, eff. 7/1/2025)
PRE-7/1/25 CODE	J3590 (CMS-1500) / C9399 (HOPD) with NDC + dose docs
NDC	72579-121-01 (10-dig) / 72579-0121-01 (11-dig, billing)
VIAL	100 mg / 10 mL (10 mg/mL) single-dose, 1 vial / carton
CLASS SISTERS	Keytruda J9271, Opdivo J9299 — <b>not interchangeable</b> ; switch = new PA
BENEFIT	Medical (provider buy-and-bill)

## ICD-10 — FDA-APPROVED US INDICATIONS

INDICATION	CODE	NOTES
ESCC 2L+ monotherapy (RATIONALE-302)	C15.3 – C15.9	Squamous histology; prior chemo without prior PD-(L)1
ESCC 1L + platinum chemo (RATIONALE-306)	C15.3 – C15.9	Squamous histology only
HER2-neg G/GEJ adeno 1L + chemo (RATIONALE-305)	C16.0 – C16.9	<b>PD-L1 TAP ≥5% (VENTANA SP263) + HER2-neg required</b>

**NSCLC NOT on US label** as of Dec 2025 revision. Off-label NSCLC claims will be denied. Use Keytruda (J9271), Opdivo (J9299), Libtayo (J9119), or Tecentriq (J9022) instead.

## DOSING (ALL FLAT DOSES, FDA-LABELED)

SCHEDULE	VIALS	FIRST INFUSION	SUBSEQUENT
200 mg Q3W (most common, 17/yr)	2 × 100 mg, no waste → JZ	60 min	30 min
150 mg Q2W (26/yr)	2 × 100 mg, <b>50 mg waste</b> → JZ + JW	60 min	30 min
300 mg Q4W (13/yr)	3 × 100 mg, no waste → JZ	90 min	30 min (2nd: 60 min)
400 mg Q6W (8–9/yr)	4 × 100 mg, no waste → JZ	120 min	30 min (2nd: 60 min)

- 1 mg = 1 unit of J9329; bill actual mg administered
- No pediatric indication
- No routine premed (mono); combo → premed per chemo backbone

## PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	STEP FROM PREFERRED PD-1
UnitedHealthcare	Yes	Yes — doc failure/intolerance of Keytruda or Opdivo first
Aetna (CPB 1057)	Yes	Yes for G/GEJ 1L; ESCC 2L mono is cleanest path
Cigna / EviCore	Yes	Yes — non-preferred PD-1 review
BCBS (varies)	Yes	Plan-specific; most have a step
Medicare FFS	No PA	Coverage per FDA label + NCCN

**PD-L1 IHC (CPT 88360 / 88361) + HER2 IHC mandatory for G/GEJ 1L PA.** Submit pathology + molecular reports with PA. PD-L1 TAP ≥5% threshold (VENTANA SP263 was the trial assay).

## MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	<b>\$58.270 / mg</b> (4/1 – 6/30/2026)
200 mg dose (Q3W)	<b>\$11,654.00</b>
Annualized (200 mg Q3W × 17)	~\$198,118
Sequestration ~2%	Net ~ASP + 4.3%

## ADMINISTRATION & MODIFIERS

CODE	WHEN
96413	Chemo IV, up to 1 hr (primary — covers both 60-min first dose and 30-min subsequent)
96415	Each additional hour — only if documented infusion > 60 min (300/400 mg first doses, or slow-down for tolerability)
96417	Each additional sequential drug in combo chemo
96365/96366	<b>Not appropriate</b> — PD-1 inhibitors use chemo admin codes

**JZ required** on every claim except the 150 mg Q2W schedule.  
**JW** only on the 150 mg dose (50 mg discard from 2 vials). One of JZ/JW must be on every J9329 claim.

**First-dose trap:** 60-min first dose bills 96413 ALONE. Do NOT add 96415 — "up to 1 hour" includes exactly 60 minutes.

## SITE OF CARE

SETTING	POS	NOTES
Physician office	11	Payer-preferred (commercial UM)
Ambulatory infusion	49	Payer-preferred
Oncology ASC	24	Acceptable
Hospital outpatient	19/22	UHC/Aetna disfavor after 3 months
Home	—	<b>Not appropriate</b> — irAE monitoring required

## PATIENT ASSISTANCE — MYBEONE SUPPORT

- **Phone:** 1-833-234-4363 (Mon–Fri 8 AM – 8 PM ET; benefits, PA, appeals)
- **Copay Program:** \$0/Rx for eligible commercially-insured pts; **excludes Medicare/Medicaid/federal**
- **BeOne Patient Assistance Program (PAP):** free product for uninsured / underinsured meeting income limits
- **Fax enrollment:** 1-877-828-5593 · Web: mybeonesupport.com/tevimbra
- Medicare foundations: PAN, HealthWell, CancerCare (verify open ESCC/gastric funds quarterly)

## TOP DENIALS

REASON	FIX
Step therapy — preferred PD-1 first	Document failure / intolerance / contraindication of Keytruda or Opdivo; ESCC 2L mono has lightest step burden
PD-L1 not documented (G/GEJ)	Submit IHC TAP ≥5% (SP263)
Off-label NSCLC	Switch to Keytruda / Opdivo / Libtayo / Tecentriq
Wrong histology (esophageal adeno billed as ESCC)	Adeno of esophagus → G/GEJ group (C16.0)
96365 instead of 96413	Resubmit chemo admin
96415 on 60-min first dose	Drop 96415 — 96413 covers up to 60 min dose
10-digit NDC submitted	Convert to 11-digit 72579-0121-01

## WARNINGS & PRECAUTIONS — Immune-Mediated Adverse

**Reactions:** Severe and fatal pneumonitis, colitis, hepatitis, endocrinopathies, nephritis, dermatologic, and other irAEs can occur in any organ. Monitor early; treat with corticosteroids. Higher rates with allogeneic HSCT. Permanent discontinuation may be required. (No boxed warning, but irAE risk is class-typical.)