Effective Date: 10/03/2024

Atezolizumab Products

Tecentriq® (atezolizumab)
Tecentriq Hybreza™ (atezolizumab and hyaluronidase-tqjs)

HCPCS: Tecentriq**:** J9022; Tecentriq Hybreza: J9024

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

A. Coverage of the requested drug is provided when all the following are met:
   a. Treatment must follow the FDA approved indications or National Comprehensive Cancer Network (NCCN) guidelines when it is a Category 1 or 2A recommendation
      i. Must be used with concomitant treatment according to FDA indication or NCCN category 1 or 2A recommendation
   b. Must be prescribed by or in consultation with an oncologist
   c. FDA approved age
   d. No prior use or failure with Tecentriq or another program death receptor 1 (PD-L1) inhibitor
   e. Patient is not receiving therapy for a chronic condition, such as autoimmune disease, that requires treatment with a systemic immunosuppressant

B. Quantity Limitations, Authorization Period and Renewal Criteria
   a. Quantity Limits: Align with FDA recommended dosing
   b. Authorization Period: Aligns with FDA recommended or guideline supported treatment duration and provided for at least 60 days and up to 6 months at a time
   c. Renewal Criteria: Treatment may be continued until unacceptable toxicity or disease progression

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at http://www.cms.hhs.gov/. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Background Information:

- Tecentriq and Tecentriq Hybreza are programmed death receptor-1 (PD-L1)-blocking antibodies indicated for the following:
    - As adjuvant treatment following resection and platinum-based chemotherapy for adult patients with Stage II to IIIA non-small cell lung cancer (NSCLC) whose tumors have PD-L1 expression on ≥ 1% of tumor cells, as determined by an FDA-approved test
    - For the first-line treatment of adult patients with metastatic NSCLC whose tumors have high PD-L1 expression (PD-L1 stained ≥ 50% of tumor cells [TC ≥ 50%] or PD-L1 stained tumor-infiltrating immune cells [IC] covering ≥ 10% of the tumor area [IC ≥ 10%]), as determined by an FDA approved test, with no EGFR or ALK genomic tumor aberrations
    - In combination with bevacizumab, paclitaxel, and carboplatin, for the first-line treatment of adult patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations
    - In combination with paclitaxel protein-bound and carboplatin for the first-line treatment of adult patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations
    - For the treatment of adult patients with metastatic NSCLC who have disease progression during or following platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for NSCLC harboring these aberrations prior to receiving Tecentriq.
    - In combination with carboplatin and etoposide, for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC)
    - In combination with bevacizumab for the treatment of patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy
    - In combination with cobimetinib and vemurafenib for the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma
    - For the treatment of adult and pediatric patients 2 years of age and older with unresectable or metastatic alveolar soft part sarcoma (ASPS)
- The National Comprehensive Cancer Network (NCCN) guidelines category 1 and 2A recommendations are based on uniform NCCN consensus that the recommendations are appropriate. Treatment regimens have been studied and shown to be efficacious when administered as listed in the guidelines. Category 2B and 3 recommendations do not have a high level of evidence to support use and also do not have a uniform consensus from the NCCN panel that the recommendations are appropriate.
- There are no studies to support use of Tecentriq following failure. NCCN treatment guidelines also do not recommend use of Tecentriq or other PD-L1 checkpoint inhibitors following a previous failure.
- Tecentriq and Tecentriq Hybreza have not been studied in patients on chronic immunosuppressant therapy and therefore, should not be used in patients on chronic immunosuppressants.

References:

1. Tecentriq [prescribing information]. South San Francisco, CA: Genentech, Inc.; May 2023.
2. Rosenberg JE, Hoffman-Censits J, Powles T, et al. Atezolizumab in patients with locally advanced and metastatic urothelial carcinoma who have progressed following treatment with platinum-based chemotherapy: a single-arm, multicenter, phase 2 trial. Lancet. 2016; 387: 1909 - 20.
3. F Barlesi, K Park, F Ciardiello, et al. Atezolizumab versus docetaxel in patients with previously treated non-small-cell lung cancer (OAK): a phase 3, open-label, multicenter randomized controlled trial. Lancet. 2017 Jan; 2127: 255–65.
4. Balar AV, Galsky MD, Rosenberg JE et al. Atezolizumab as first line treatment in cisplatin ineligible advanced and metastatic urothelial carcinoma: a single arm, multicenter, phase 2 trial. Lancet. 2017; 389: 67 – 76.
5. National Comprehensive Cancer Network. Cutaneous melanoma (Version 2.2024). 2024 April 3. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf. Accessed on September 17, 2024.
6. National Comprehensive Cancer Network. Non-small cell lung cancer (Version 9.2024). 2024 Sept 9. Available at: https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed on September 17, 2024.
7. National Comprehensive Cancer Network. Small cell lung cancer (Version 2.2025). 2024 Sept 5. Available at: https://www.nccn.org/professionals/physician_gls/pdf/sclc.pdf. Accessed on September 17, 2024.
8. National Comprehensive Cancer Network. Hepatocellular carcinoma (Version 2.2024). 2024 July 2. Available at: https://www.nccn.org/professionals/physician_gls/pdf/hcc.pdf. Accessed on September 17, 2024.
9. National Comprehensive Cancer Network. Soft tissue sarcoma (Version 2.2024). 2024 July 31. Available at: https://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf. Accessed on September 17, 2024.

Policy History		
#	Date	Change Description
1.0	Initial Effective Date: 01/01/2026	New policy

** The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or http://dailymed.nlm.nih.gov/dailymed/index.cfm.*