Generic Name: Atezolizumab

Therapeutic Class or Brand Name: Tecentriq®

Applicable Drugs (if Therapeutic Class): N/A

Preferred: N/A

Non-preferred: N/A

Date of Origin: 5/4/2017

Date Last Reviewed / Revised: 11/5/2023

PRIOR AUTHORIZATION CRITERIA

(May be considered medically necessary when criteria I through V are met)

I. Documented diagnosis of one of the following conditions A through E AND must meet criteria listed under applicable diagnosis:

A. Alveolar soft part sarcoma (ASPS) and criteria a AND b are met:

1. Documentation of unresectable or metastatic disease.
2. Tecentriq® will be used as a single agent.

B. Non-small cell lung cancer (NSCLC) and ONE criterion is met (1,2, 3, or 4):

1. First-line treatment of metastatic NSCLC for tumors that have high PD-L1 expression as defined as 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%), and criteria a AND b are met:

   a) EGFR or ALK genomic tumor aberrations are not present.

   b) Tecentriq® will be used as a single agent.

2. First-line treatment of metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations, and criterion a OR b is met:

   a) Tecentriq® will be used in combination with bevacizumab, paclitaxel, and carboplatin.

   b) Tecentriq® will be used in combination with paclitaxel protein-bound and carboplatin.

3. Treatment of metastatic NSCLC with disease progression during or following platinum-containing chemotherapy:

   a) For patients with EGFR or ALK tumor aberrations, Tecentriq® will be used after disease progression on FDA-approved therapy for the aberrations.

4. Adjuvant treatment for stage II to IIIA NSCLC whose tumors have PD-L1 expression on ≥ 1% of tumor cells, and criteria a AND b are met:
    a) Patient has had prior resection and platinum-based chemotherapy.
    b) Tecentriq® will be used as a single agent.

C. Small cell lung cancer (SCLC) and criteria 1 and 2 are met:
1. Documentation of the diagnosis of extensive-stage small cell lung cancer (ES-SCLC).
2. Tecentriq® will be used as first line treatment in combination with carboplatin and etoposide.

D. Hepatocellular carcinoma (HCC) and criteria 1-3 are met:
1. Documentation of unresectable or metastatic disease.
2. Documentation the patient has not received prior systemic therapy.
3. Tecentriq® will be used in combination with bevacizumab.

E. Melanoma and criteria 1-3 are met:
1. Documentation of unresectable or metastatic disease.
2. Documentation melanoma is BRAF V600 mutation-positive.
3. Tecentriq® will be used with in combination with cobimetinib and vemurafenib.

II. Minimum age requirement: 2 years and older for alveolar soft part sarcoma and 18 years and older for all other indications.

III. Treatment is prescribed by or in consultation with an oncologist or a hematologist.

IV. Request is for a medication with the appropriate FDA labeling, or its use is supported by current clinical practice guidelines.

V. Refer to plan document for the list of preferred products. If requested agent is not listed as a preferred product, must have a documented failure, intolerance, or contraindication to the preferred product(s).

EXCLUSION CRITERIA

- Prior treatment with a programmed death receptor-1 (PD-1)-blocking antibody or a programmed death-ligand 1 (PD-L1) blocking antibody (i.e. Bavencio®, Imfinzi™, Jemperli®, Keytruda®, Libtayo®, Opdivo®, Opdualag®, Tecentriq®, or Zynyz®).

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Alveolar soft part sarcoma (ASPS):
    - Adults ≥ 18 years old:
        - 840 mg every 2 weeks OR
        - 1,200 mg every 3 weeks OR
        - 1,680 mg every 4 weeks
    - Pediatric ≥ 2 years old:
        - 15 mg/kg (up to a maximum 1,200 mg) every 3 weeks
- Non-small cell lung cancer (NSCLC), Extensive-stage small cell lung cancer (ES-SCLC), Hepatocellular carcinoma (HCC), Melanoma:
    - Adults ≥ 18 years old:
        - 840 mg every 2 weeks OR
        - 1,200 mg every 3 weeks OR
        - 1,680 mg every 4 weeks

Approval Length

- **Authorization:** 6 months
- **Re-Authorization:** An updated letter of medical necessity or progress notes showing that current medical necessity criteria are met and that the medication is effective.
    - In the adjuvant setting for NSCLC chemotherapy, Tecentriq® may be approved for a maximum of 12 months of treatment.

Appendix

N/A

References

1. Tecentriq. Prescribing information. Genentech Inc; 2023. Accessed October 10, 2023. https://www.gene.com/download/pdf/tecentriq_prescribing.pdf.
2. NCCN Clinical Practice Guidelines in Oncology. Bladder Cancer V.3.2023. Updated May 25, 2023. Accessed October 15, 2023. https://www.nccn.org/professionals/physician_gls/pdf/bladder_blocks.pdf.
3. NCCN Clinical Practice Guidelines in Oncology. Non-Small Cell Lung Cancer V.4.2023. Updated October 18, 2023. Accessed October 20, 2023. https://www.nccn.org/professionals/physician_gls/pdf/nscl_blocks.pdf.

4. NCCN Clinical Practice Guidelines in Oncology. Hepatocellular Carcinoma V.2.2023. Updated September 14, 2023. Accessed October 18, 2023. https://www.nccn.org/professionals/physician_gls/pdf/hcc.pdf.