

Applicable Drugs: Tecentriq (atezolizumab),
Tecentriq Hybreza (atezolizumab and
hyaluronidase-tqjs)

Preferred: N/A

Non-preferred: N/A

Date of Origin: 5/4/2017

Date Last Reviewed / Revised: 8/20/2026

PRIOR AUTHORIZATION CRITERIA

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

- I. Documented diagnosis of one of the FDA-approved diagnoses A through F AND must meet criteria listed under the applicable diagnosis:

FDA-Approved Indication(s)

A. Alveolar soft part sarcoma (ASPS)

- i. Documentation of unresectable or metastatic disease.
- ii. Tecentriq (atezolizumab) or Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) will be used as a single agent.

B. Non-small cell lung cancer (NSCLC) and ONE of the following criteria i, ii, iii, or iv is met:

- i. First-line treatment of metastatic NSCLC
 - a) Tumor has high PD-L1 expression defined as 1 or 2:
 - (1) PD-L1 stained $\geq 50\%$ of tumor cells
 - (2) PD-L1 stained tumor-infiltrating immune cells (IC) covering $\geq 10\%$ of the tumor area
 - b) EGFR or ALK genomic tumor aberrations are not present.
 - c) Tecentriq (atezolizumab) or Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) will be used as a single agent.
- ii. First-line treatment of metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations, and criteria a or b is met:
 - a) Tecentriq (atezolizumab) or Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) will be used in combination with bevacizumab, paclitaxel, and carboplatin.
 - b) Tecentriq (atezolizumab) or Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) will be used in combination with paclitaxel protein-bound and carboplatin.
- iii. Treatment of metastatic NSCLC with disease progression during or following platinum-containing chemotherapy

- a) For patients with EGFR or ALK tumor aberrations, patients should have disease progression on FDA-approved therapy for the aberrations.
- b) Tecentriq (atezolizumab) or Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) will be used as a single agent.

iv. Adjuvant treatment for stage II to IIIA NSCLC

- a) Documentation of PD-L1 expression on $\geq 1\%$ of tumor cells.
- b) Documentation of prior resection and platinum-based chemotherapy.
- c) Tecentriq (atezolizumab) or Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) will be used as a single agent.

C. Small cell lung cancer (SCLC)

- i. Documentation of extensive-stage small cell lung cancer (ES-SCLC) and criteria a or b is met:
 - a) Tecentriq (atezolizumab) or Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) will be used as first-line treatment in combination with carboplatin and etoposide followed by single agent maintenance.
 - b) Tecentriq (atezolizumab) or Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) will be used as maintenance treatment in combination with Zepzelca (lurbinectedin) in patients whose disease has not progressed after first-line induction therapy with Tecentriq (atezolizumab) or Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs), and carboplatin plus etoposide.

D. Hepatocellular carcinoma (HCC)

- i. Documentation of unresectable or metastatic disease.
- ii. Documentation the patient has not received prior systemic therapy.
- iii. Tecentriq (atezolizumab) or Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) will be used in combination with bevacizumab.

E. Melanoma

- i. Documentation of unresectable or metastatic disease.
- ii. Documentation melanoma is BRAF V600 mutation-positive.
- iii. Tecentriq (atezolizumab) or Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) will be used in combination with Cotellic (cobimetinib) and Zelboraf (vemurafenib).

F. Bladder Cancer

- i. Documentation of muscle invasive bladder cancer (MIBC).
- ii. Documentation of circulating tumor DNA molecular residual disease (ctDNA MRD) as determined by an FDA-approved or CLIA-compliant test.

- iii. Tecentriq (atezolizumab) or Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) will be used as adjuvant therapy following cystectomy as a single agent.

Other Uses With Supportive Evidence

- G. Alveolar soft part sarcoma (ASPS)
- H. Non-small cell lung cancer (NSCLC)
- I. Small cell lung cancer (SCLC)
- J. Hepatocellular carcinoma (HCC)
- K. Melanoma
- L. Cervical cancer
- M. Peritoneal mesothelioma
- N. Colon cancer
- O. Thymomas and thymic carcinomas
- P. Chronic lymphocytic leukemia/small lymphocytic lymphoma - histologic transformation (Richter)
- Q. Rectal cancer
- R. Small bowel adenocarcinoma
- S. Soft tissue sarcoma

II. Minimum age requirement:

- A. Tecentriq (atezolizumab): 2 years old for alveolar soft part sarcoma and 18 years old for all other indications.
- B. Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs): 12 years old for alveolar soft part sarcoma and 18 years old for all other indications.

III. Treatment must be 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 National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium with a Category of Evidence and Consensus of 1 or 2A.

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 disease progression with a programmed death receptor-1 (PD-1)-blocking antibody or a programmed death-ligand 1 (PD-L1) blocking antibody. Examples of PD-1 and PD-L1 inhibitors include, but are not limited to, Keytruda (pembrolizumab), Opdivo (nivolumab), Libtayo

(cemiplimab), Imfinzi (durvalumab), Bavencio (avelumab), Jemperli (dostarlimab-gxly), Opdualag (nivolumab and relatlimab-rmbw), Zynyz (retifanlimab-dlwr), etc.

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Non-small cell lung cancer (NSCLC), small cell lung cancer (SCLC), hepatocellular carcinoma (HCC), melanoma, and muscle invasive bladder cancer (MIBC)
 - ⊖ Tecentriq (atezolizumab)
 - Age 18 years and older:
 - One 840 mg vial IV every 2 weeks OR
 - One 1,200 mg vial IV every 3 weeks OR
 - Two 840 mg vials IV every 4 weeks
 - ⊖ Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs)
 - Age 18 years and older:
 - One 1,875 mg vial subcutaneously every 3 weeks
- Alveolar soft part sarcoma (ASPS)
 - ⊖ Tecentriq (atezolizumab)
 - Adult: Age 18 years and older:
 - One 840 mg vial IV every 2 weeks OR
 - One 1,200 mg vial IV every 3 weeks OR
 - Two 840 mg vials IV every 4 weeks
 - Pediatric: Age 2 years and older:
 - 15 mg/kg (up to a maximum of 1,200 mg) every 3 weeks
 - ⊖ Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs)
 - Age 12 years and older who weigh 40 kg or greater:
 - One 1,875 mg vial subcutaneously every 3 weeks

APPROVAL LENGTH

- **Authorization:** 6 months

- **Re-Authorization:** An updated letter of medical necessity or progress notes showing current medical necessity criteria are met and does not show evidence of progressive disease.
 - For MIBC and adjuvant treatment of NSCLC, therapy must not exceed 12 months.

APPENDIX

- N/A

REFERENCES

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DISCLAIMER: Medication Policies are developed to help ensure safe, effective and appropriate use of selected medications. They offer a guide to coverage and are not intended to dictate to providers how to practice medicine. Refer to Plan for individual adoption of specific Medication Policies. Providers are expected to exercise their medical judgement in providing the most appropriate care for their patients.