Generic Name: Atezolizumab

Therapeutic Class or Brand Name:
Programmed Death-ligand 1 (PD-L1) antibody

Applicable Drugs (if Therapeutic Class):
Tecentriq

Preferred: N/A

Non-preferred: N/A

Date of Origin: 5/4/2017

Date Last Reviewed / Revised: 11/18/2024

PRIOR AUTHORIZATION CRITERIA

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

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

FDA-Approved Indication(s)

A. Alveolar soft part sarcoma (ASPS)
   i. Documentation of unresectable or metastatic disease.
   ii. Tecentriq (atezolizumab) 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 and a, b, and c are met:
      a) Tumor has high PD-L1 expression defined as 1 or 2:
         (1) PD-L1 stained ≥ 50% of tumor cells
         (2) PD-L1 stained tumor-infiltrating immune cells (IC) covering ≥ 10% of the tumor area
      b) EGFR or ALK genomic tumor aberrations are not present.
      c) Tecentriq (atezolizumab) 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) will be used in combination with bevacizumab, paclitaxel, and carboplatin.
      b) Tecentriq (atezolizumab) 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, Tecentriq (atezolizumab) will be used as a single agent after disease progression on FDA-approved therapy for the aberrations.

iv. Adjuvant treatment for stage II to IIIA NSCLC

a) Documentation of PD-L1 expression on ≥ 1% of tumor cells

b) Documentation of prior resection and platinum-based chemotherapy.

c) Tecentriq (atezolizumab) will be used as a single agent.

C. Small cell lung cancer (SCLC)

i. Documentation of the diagnosis of extensive-stage small cell lung cancer (ES-SCLC).

ii. Tecentriq (atezolizumab) will be used as first-line treatment in combination with carboplatin and etoposide followed by single agent maintenance.

D. Hepatocellular carcinoma (HCC)

i. Documentation of unresectable or metastatic disease.

ii. Documentation the patient has not received prior systemic therapy.

iii. Tecentriq (atezolizumab) 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) will be used in combination with cobimetinib and vemurafenib.

Other Uses With Supportive Evidence

F. Cervical cancer

i. Documentation of persistent, recurrent, or metastatic small cell neuroendocrine carcinoma of the cervix (NECC).

ii. Tecentriq (atezolizumab) will be used in combination with etoposide and either cisplatin or carboplatin and continued as a single agent for maintenance therapy.

G. Peritoneal Mesothelioma

i. Documentation of epithelioid, biphasic, or sarcomatoid histology.

ii. Tecentriq (atezolizumab) will be used as subsequent systemic therapy in combination with bevacizumab in patients not previously treated with immune checkpoint inhibitors.

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 (ie, Bavencio®, Imfinzi™, Jemperli®, Keytruda®, Libtayo®, Opdivo®, Opdualag®, or Zynyz®).

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Alveolar soft part sarcoma (ASPS):
    - Adults ≥ 18 years old:
        - One 840 mg vial every 2 weeks OR
        - 1,200 mg every 3 weeks OR
        - Two 840 mg vials 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:
        - One 840 mg vial every 2 weeks OR
        - 1,200 mg every 3 weeks OR
        - Two 840 mg vials every 4 weeks
- Cervical cancer:
    - Adults ≥ 18 years old
        - Induction dose: 1,200 mg on Day 1 every 3 weeks for 4-6 cycles
        - Maintenance dose
            - One 840 mg vial every 2 weeks OR

- 1,200 mg every 3 weeks OR
- Two 840mg vials every 4 weeks

- Peritoneal mesothelioma:
  - Adults ≥ 18 years old
    - 1,200 mg on Day 1 every 3 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 does not show evidence of progressive disease.
  - In the adjuvant setting for NSCLC chemotherapy, Tecentriq (atezolizumab) may be approved for a maximum of 12 months of treatment.

APPENDIX

- N/A

REFERENCES

1. Tecentriq. Prescribing information. Genentech Inc; 2024. Accessed October 1, 2024. https://www.gene.com/download/pdf/tecentriq_prescribing.pdf.
2. NCCN Clinical Practice Guidelines in Oncology. Soft Tissue Sarcoma V.3.2024. Updated September 27, 2024. Accessed September 30, 2024. https://www.nccn.org/professionals/physician_gls/pdf/sarcoma.pdf .
3. NCCN Clinical Practice Guidelines in Oncology. Non-Small Cell Lung Cancer V.11.2024. Updated October 15, 2024. Accessed October 16, 2024. https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf
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6. NCCN Clinical Practice Guidelines in Oncology. Melanoma: Cutaneous V.3.2024. Updated September 23,2024. Accessed October 1, 2024. https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf

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8. NCCN Clinical Practice Guidelines in Oncology. Mesothelioma: Peritoneal V.3.2024. Updated October 4,2024. Accessed October 5, 2024. https://www.nccn.org/professionals/physician_gls/pdf/meso_peritoneal.pdf