Generic Name: Atezolizumab

Therapeutic Class or Brand Name: Tecentriq®

Applicable Drugs (if Therapeutic Class): N/A

GPI Code: 2135301500

Preferred: N/A

Non-preferred: N/A

Date of Origin: 5/4/2017

Date Last Reviewed / Revised: 1/20/2020

PRIOR AUTHORIZATION CRITERIA

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

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

A. Locally advanced or metastatic urothelial carcinoma and criteria 1 and 2 are met:

1. Documentation of one of the following a through c:

a) Patient is not eligible for cisplatin-containing chemotherapy and tumor expresses PD-L1 (PD-L1 stained tumor- infiltrating immune cells covering ≥ 5%) as determined by an FDA approved test.

b) Patient is not eligible for any platinum-containing chemotherapy regardless of PD-L1 status.

c) Disease progression during or following any platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant chemotherapy.

2. Tecentriq® will be used as a single agent.

B. Non-Squamous non- small cell lung cancer criteria 1 and 2 are met:

1. Patient does not have EGFR or ALK genomic tumor aberrations.
2. Tecentriq® will be used as first line treatment in combination with bevacizumab, paclitaxel and carboplatin.

C. Metastatic non-small cell lung cancer and criteria 1 through 3 are met:

1. Documentation of disease progression during or following platinum-containing chemotherapy.
2. If the patient has EGFR or ALK genomic tumor aberrations, documentation of disease progression on FDA-approved therapy for these aberrations.
3. Tecentriq® will be used as a single agent.

D. Locally advanced or metastatic triple-negative breast cancer and criteria 1 and 2 are met:

1. Documentation tumor expresses PD-L1 (PD-L1 stained tumor- infiltrating immune cells covering ≥ 1) as determined by an FDA-approved test.

2. Tecentriq® will be used in with paclitaxel protein-bound.

E. Small cell lung cancer and the following criteria is met:

1. Tecentriq® will be used as first line treatment in combination with carboplatin and etoposide.

II. Minimum age requirement: 18 years old.

III. Prescribing physician is an oncologist.

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™, Keytruda®, Opdivo®, or Tecentriq®).

OTHER CRITERIA

- N/A

QUANTITY / DAYS SUPPLY RESTRICTIONS

- Urothelial Carcinoma
  - 840 mg every 2 weeks or
  - 1200 mg every 3 weeks or
  - 1680 mg every 4 weeks
- Non-Squamous non-small cell lung cancer
  - 1200 mg every 3 weeks
- Non-small cell lung cancer and small cell lung cancer
  - 840 mg every 2 weeks or
  - 1200 mg every 3 weeks or
  - 1680 mg every 4 weeks
- Locally advanced or metastatic triple-negative breast cancer
  - 840 mg every 2 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.

APPENDIX

N/A

REFERENCES

1. https://www.gene.com/download/pdf/tecentriq_prescribing.pdf.
2. Medi-Span.

HISTORICAL TRACKING OF CHANGES MADE TO POLICY

Date	Notes/Changes
1/20/2020	1. **Added** "…and tumor expresses PD-L1 (PD-L1 stained tumor-infiltrating immune cells covering ≥ 5%) as determined by an FDA approved test" and "Patient is not eligible for any platinum-containing chemotherapy regardless of PD-L1 status" to criteria for urothelial carcinoma **under Prior Authorization Criteria**. 2. **Added** "B. Non-Squamous non- small cell lung cancer criteria 1 and 2 are met: 1. Patient does not have EGFR or ALK genomic tumor aberrations. 2. Tecentriq® will be used as first line treatment in combination with bevacizumab, paclitaxel and carboplatin **under Prior Authorization Criteria.** 3. **Added** "D. Locally advanced or metastatic triple-negative breast cancer and criteria 1 and 2 are met: 1. Documentation tumor expresses PD-L1 (PD-L1 stained tumor- infiltrating immune cells covering ≥ 1) as determined by an FDA-approved test. 2.Tecentriq® will be used in with paclitaxel protein-bound **under Prior Authorization Criteria.** 4. **Added** "E. Small cell lung cancer and the following criteria is met: 1. Tecentriq® will be used as first line treatment in combination with carboplatin and etoposide" **under Prior Authorization Criteria.** 5. **Updated and Added dosing for all indications** "Urothelial Carcinoma: 840 mg every 2 weeks or 1200 mg every 3 weeks or 1680 mg every 4 weeks, Non-Squamous non-small cell lung cancer :1200 mg every 3 weeks, Non-small cell lung cancer and small cell lung cancer: 840 mg every 2 weeks or 1200 mg every 3 weeks or 1680 mg every 4 weeks, Locally advanced or metastatic triple-negative breast cancer: 840 mg every 2 weeks" **under Quantity/Days Supply Restrictions**. 6. **Deleted** "https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru463reg.pdf" **and** "https://www.bcbsnc.com/assets/services/public/pdfs/medicalpolicy/atezolizumab_tecentriq.pdf" **under References.**
4/18/2018	1. **Added** "Bavencio®" **to** "Prior treatment" list **under Exclusion Criteria**

	2. **Deleted** **"**http://blue.regence.com/trgmedpol/drugs/dru463.pdf." and **Added/Updated** link https://regence.myprime.com/content/dam/prime/memberportal/forms/AuthorForms/Cambia/Program_Summaries/dru463reg.pdf"
5/18/2017	1. **Added** "Imfinzi™" **to** "Prior treatment" list **under Exclusion Criteria**.

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.