Reference number(s)
1766-A

SPECIALTY GUIDELINE MANAGEMENT

TECENTRIQ (atezolizumab)

POLICY

I. INDICATIONS

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications

1. Locally advanced or metastatic urothelial carcinoma
   Tecentriq is indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma who:
   a. Are not eligible for cisplatin-containing chemotherapy, and whose tumors express PD-L1 (PD-L1 stained tumor-infiltrating immune cells [IC] covering ≥5% of the tumor area), as determined by an FDA-approved test, or
   b. Are not eligible for any platinum-containing chemotherapy regardless of PD-L1 status, or
   c. Have disease progression during or following any platinum-containing chemotherapy, or within 12 months of neoadjuvant or adjuvant chemotherapy

2. Metastatic non-small cell lung cancer (NSCLC)
   Tecentriq is indicated for the treatment of patients with metastatic NSCLC who have disease progression during or following platinum-containing chemotherapy. Patients with epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Tecentriq

All other indications are considered experimental/investigational and are not a covered benefit.

II. CRITERIA FOR INITIAL APPROVAL

A. Urothelial carcinoma
Authorization of 12 months may be granted for treatment of locally advanced or metastatic urothelial carcinoma when any of the following criteria are met:
1. Member is not eligible for cisplatin-containing chemotherapy, and the member's tumor expresses PD-L1 (PD-L1 stained tumor-infiltrating immune cells [IC] covering ≥5% of the tumor area), as determined by an FDA-approved test, or
2. Member is not eligible for any platinum-containing chemotherapy regardless of PD-L1 status, or
3. The disease has progressed during or following platinum-containing chemotherapy, or within 12 months of neoadjuvant or adjuvant chemotherapy

B. Non-small cell lung cancer (NSCLC)
Authorization of 12 months may be granted for treatment of metastatic NSCLC when both of the following criteria are met:
1. The disease has progressed during or following platinum-containing chemotherapy

2. Members with positive epidermal growth factor receptor (EGFR) mutation or positive anaplastic lymphoma kinase (ALK) gene rearrangement have had disease progression on targeted FDA-approved therapy (e.g., erlotinib, afatinib, gefitinib, crizotinib, ceritinib) prior to receiving Tecentriq

III. CONTINUATION OF THERAPY

All members (including new members) requesting authorization for continuation of therapy must meet all initial authorization criteria.

IV. REFERENCE

1. Tecentriq [package insert]. South San Francisco, CA: Genentech, Inc.; July 2018.