

Market Applicability														
Market	DC	FL & FHK	FL MMA	FL LTC	GA	KS	KY	MD	NJ	NV	NY	TN	TX	WA
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

*FHK- Florida Healthy Kids

Tecentriq (atezolizumab)

DRUG.00088

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Tecentriq (atezolizumab)	May be subject to quantity limits

APPROVAL CRITERIA

Tecentriq (atezolizumab) may be approved for first-line treatment of locally advanced or metastatic urothelial carcinoma when the following criteria are met:

- I. Individual is ineligible for any platinum-containing chemotherapy;
- AND**
- II. For individuals who are not eligible for cisplatin-containing chemotherapy: tumor testing indicates that PD-L1 stained tumor-infiltrating immune cells cover expression greater than or equal to 5% of the tumor area, as determined by an FDA-approved test; **AND**
 - III. Individual has a current Eastern Cooperative Oncology Group (ECOG) performance status of 0-2; **AND**
 - IV. Individual has not received treatment with another PD-1 or PD-L1 agent (for example, nivolumab or pembrolizumab); **AND**
 - V. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

Tecentriq (atezolizumab) may be approved for subsequent treatment of locally advanced or metastatic urothelial carcinoma when the following criteria are met:

- I. Disease has progressed during or following platinum-containing chemotherapy (for example, cisplatin); **OR**
- II. Disease has progressed within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy; **AND**
- III. Individual has a current ECOG performance status of 0-2; **AND**
- IV. Individual has not received treatment with another PD-1 or PD-L1 agent (for example, nivolumab or pembrolizumab); **AND**

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This policy does not apply to health plans or member categories that do not have pharmacy benefits, nor does it apply to Medicare. Note that market specific restrictions or transition-of-care benefit limitations may apply.

CRX-ALL-0277-18

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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- V. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

Tecentriq (atezolizumab) may be approved for the first-line treatment of recurrent or metastatic nonsquamous non-small cell lung cancer (NSCLC) when the following criteria are met:

- I. When used in a combination regimen with carboplatin, paclitaxel, and bevacizumab; **AND**
- II. When EGFR, ALK, ROS1, and BRAF are negative or unknown, and PD-L1 is less than 50% or unknown; **AND**
- III. Individual has a current ECOG performance status of 0-1; **AND**
- IV. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

Tecentriq (atezolizumab) may be approved for continuation maintenance therapy in combination with or without bevacizumab for recurrent or metastatic nonsquamous NSCLC when the following criteria are met:

- I. Individual achieved tumor response or stable disease following initial cytotoxic therapy (first-line atezolizumab/carboplatin; paclitaxel/bevacizumab regimen); **and**
- II. Individual has a current ECOG performance status of 0-2; **and**
- III. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

Tecentriq (atezolizumab) may be approved for the subsequent treatment of metastatic non-small cell lung cancer when the following criteria are met:

- I. Disease has progressed during or following platinum-containing chemotherapy (for example, cisplatin); **AND**
- II. When anaplastic lymphoma kinase (ALK) or epidermal growth factor receptor (EGFR) genomic tumor aberrations are present, must have demonstrated disease progression on U.S. Food and Drug Administration approved therapy; **AND**
- III. Individual has a current ECOG performance status of 0-2; **AND**
- IV. Individual has not received treatment with another PD-1 or PD-L1 agent (for example, nivolumab or pembrolizumab); **AND**
- V. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

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Tecentriq (atezolizumab) may **not** be approved when the above criteria are not met and for all other uses, including but not limited to:

- breast cancer
- gastric cancer
- renal cancer
- colorectal cancer
- soft tissue sarcoma
- diffuse large B cell lymphoma
- follicular lymphoma
- hematological malignancies
- malignant melanoma
- multiple myeloma
- myelodysplastic syndromes

State Specific Mandates		
State name	Date effective	Mandate details (including specific bill if applicable)
N/A	N/A	N/A

Key References:

1. Atezolizumab. In: DrugPoints System [Electronic Version]. Truven Health Analytics. Greenwood Village, Colo. Last updated June 20, 2018. Available at: <http://www.micromedexsolutions.com>. Accessed on July 3, 2018.
2. Atezolizumab Monograph. Lexicomp® Online, American Hospital Formulary Service® (AHFS®) Online, Hudson, Ohio, Lexi-Comp., Inc. Last revised June 20, 2018. Accessed on July 3, 2018.
3. Hoffmann-La Roche. Study of atezolizumab as monotherapy and in combination with platinum-based chemotherapy in participants with untreated locally advanced or metastatic urothelial carcinoma (IMvigor130). NLM Identifier: NCT02807636. Last updated on June 25, 2018. Available at: <https://www.clinicaltrials.gov/ct2/show/NCT02807636?cond=NCT02807636&rank=1>. Accessed on July 3, 2018.
4. National Comprehensive Cancer Network®. NCCN Drugs & Biologic Compendium™ (electronic version). For additional information visit the NCCN website: <http://www.nccn.org>. Accessed on June 29, 2018.

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Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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5. NCCN Clinical Practice Guidelines in Oncology™. © 2016 National Comprehensive Cancer Network, Inc. For additional information visit the NCCN website: <http://www.nccn.org/index.asp>. Accessed on July 3, 2018.
 - Bladder Cancer. V5.2018. Revised July 3, 2018.
 - Non-Small Cell Lung Cancer. V5.2018. Revised June 27, 2018.
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8. Tecentriq™ [Product Information]. South San Francisco, CA. Genentech, Inc. July 2018. Available at: https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/761034s012lbl.pdf. Accessed on July 3, 2018.

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