

## Clinical Policy: Atezolizumab (Tecentriq), Atezolizumab-Hyaluronidase (Tecentriq Hybreza)

Reference Number: PA.CP.PHAR.235

Effective Date: 01/2018

Last Review Date: 01/2025

### Description

- Atezolizumab (Tecentriq<sup>®</sup>) is a programmed death-ligand 1 (PD-L1) blocking antibody.
- Atezolizumab and hyaluronidase-tqjs (Tecentriq Hybreza<sup>™</sup>) is a combination of atezolizumab and hyaluronidase, and endoglycosidase.

### FDA Approved Indication(s)

Tecentriq and Tecentriq Hybreza are indicated for:

- **Non-small cell lung cancer (NSCLC)**
  - As adjuvant treatment following resection and platinum-based chemotherapy for adult patients with stage II to IIIA NSCLC whose tumors have PD-L1 expression on  $\geq 1\%$  of tumor cells, as determined by an FDA-approved test.
  - For the first-line treatment of adult patients with metastatic NSCLC whose tumors have high PD-L1 expression (PD-L1 stained  $\geq 50\%$  of tumor cells [TC  $\geq 50\%$ ] or PD-L1 stained tumor-infiltrating immune cells [IC] covering  $\geq 10\%$  of the tumor area [IC  $\geq 10\%$ ]), as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations.
  - In combination with bevacizumab, paclitaxel, and carboplatin, for the first-line treatment of adult patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations.
  - In combination with paclitaxel protein-bound and carboplatin for the first-line treatment of adult patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations.
  - For the treatment of adult patients with metastatic NSCLC who have disease progression during or following platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for NSCLC harboring these aberrations prior to receiving Tecentriq or Tecentriq Hybreza.
- **Small cell lung cancer (SCLC)**
  - In combination with carboplatin and etoposide, for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).
- **Heptatocellular carcinoma (HCC)**
  - In combination with bevacizumab for the treatment of patients with unresectable or metastatic HCC who have not received prior systemic therapy.
- **Melanoma**
  - In combination with cobimetinib and vemurafenib for the treatment of patients with BRAF V600 mutation-positive unresectable or metastatic melanoma as determined by FDA-approved test.
- **Alveolar soft part sarcoma (ASPS)**
  - For the treatment of adult and pediatric patients 2 years of age and older with unresectable or metastatic ASPS.

- Tecentriq Hybreza is only used for the treatment of adult patients with unresectable or metastatic ASPS.

### Policy/Criteria

*Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.*

It is the policy of PA Health & Wellness<sup>®</sup> that Tecentriq and Tecentriq Hybreza are **medically necessary** when the following criteria are met:

### I. Initial Approval Criteria

#### A. Non-Small Cell Lung Cancer (must meet all):

1. Diagnosis of NSCLC;
2. Prescribed by or in consultation with an oncologist;
3. Age  $\geq$  18 years;
4. Member meets one of the following (a-f):
  - a. For stage II to III NSCLC, prescribed as a single agent and meets one of the following (i or ii):
    - i. Member has had previous resection;
    - ii. Member has all the following (1, 2 and 3):
      - 1) Stage IB-III A or stage IIIB [T3-4, N2]NSCLC (*see Appendix D*);
      - 2) PD-L1 expression  $\geq$  1%;
      - 3) Previously received platinum-containing chemotherapy (*see Appendix B*);
  - b. For member with both a negative or unknown EGFR or ALK mutation status AND recurrent, advanced, or metastatic NSCLC: Member meets one of the following (i, ii or iii):
    - i. Request is for use as a single agent as first-line therapy or continuation maintenance therapy for tumors that have high PD-L1 expression (PD-L1  $\geq$  50% [TC  $\geq$  50%] or tumor-infiltrating IC covering  $\geq$  10% of the tumor area [IC  $\geq$  10%]);
    - ii. Member has previously received platinum-containing chemotherapy (*see Appendix B*);
    - iii. If no prior progression on a PD-1/PD-L1 inhibitor (i.e., Tecentriq as well as nivolumab, pembrolizumab, durvalumab), request is for single agent as subsequent therapy;
  - c. For member with a positive EGFR or ALK mutation status AND recurrent, advanced, or metastatic NSCLC: Member has a history of disease progression during or following an NCCN-recommended therapy for the specific mutation (*see Appendix B*);
  - d. For member with non-squamous cell histology AND disease is recurrent, advanced or metastatic: Request for use is in combination with one of the following (i or ii):
    - i. Bevacizumab, paclitaxel, and carboplatin and continued in combination with bevacizumab for maintenance therapy;
    - ii. Paclitaxel protein-bound (Abraxane<sup>®</sup>) and carboplatin and continued as a single agent for maintenance therapy;

- e. For member with a performance score of 3, request is for use as a single agent;
- f. NCCN category 1, 2A or 2B recommendation;
- 5. Request meets one of the following (a, b or c):
  - a. For Tecentriq: Dose does not exceed one of the following dosing regimens (i, ii, or iii):
    - i. 840 mg every 2 weeks;
    - ii. 1,200 mg every 3 weeks;
    - iii. 1,680 mg every 4 weeks;
  - b. For Tecentriq Hybreza: Dose does not exceed 1,875 mg/30,000 units every 3 weeks;
  - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 6 months**

**B. Small Cell Lung Cancer (must meet all):**

- 1. Diagnosis of extensive-stage SCLC;
- 2. Prescribed by or in consultation with an oncologist;
- 3. Age  $\geq$  18 years;
- 4. Prescribed in combination with carboplatin and etoposide or continued as a single agent or combination for maintenance therapy;
- 5. Request meets one of the following (a, b or c):
  - a. For Tecentriq: Dose does not exceed one of the following dosing regimens (i, ii, or iii):
    - i. 840 mg every 2 weeks;
    - ii. 1,200 mg every 3 weeks;
    - iii. 1,680 mg every 4 weeks;
  - b. For Tecentriq Hybreza: Dose does not exceed 1,875 mg/30,000 units every 3 weeks;
  - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 6 months**

**C. Hepatocellular Carcinoma (must meet all):**

- 1. Diagnosis of HCC;
- 2. Prescribed by or in consultation with an oncologist;
- 3. Age  $\geq$  18 years;
- 4. Prescribed in combination with bevacizumab as first-line systemic therapy or subsequent-line systemic therapy;
- 5. Request meets one of the following (a, b or c):
  - a. For Tecentriq: Dose does not exceed one of the following dosing regimens (i, ii, or iii):
    - i. 840 mg every 2 weeks;
    - ii. 1,200 mg every 3 weeks;
    - iii. 1,680 mg every 4 weeks;
  - b. For Tecentriq Hybreza: Dose does not exceeded 1,875 mg/30,000 units every 3 weeks;

- c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 6 months**

**D. Melanoma (must meet all):**

1. Diagnosis of melanoma with BRAF V600 mutation;
2. Prescribed by or in consultation with an oncologist;
3. Age  $\geq$  18 years;
4. Prescribed in combination with cobimetinib and vemurafenib;
5. One of the following (a or b):
  - a. Member has unresectable or metastatic melanoma;
  - b. Request is for use as re-induction therapy;
6. Request meets one of the following (a, b or c):
  - a. For Tecentriq: Dose does not exceed one of the following dosing regimens (i, ii, or iii):
    - i. 840 mg every 2 weeks;
    - ii. 1,200 mg every 3 weeks;
    - iii. 1,680 mg every 4 weeks;
  - b. For Tecentriq Hybreza: Dose does not exceed 1,875 mg/30,000 units every 3 weeks;
  - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 6 months**

**E. Alveolar Soft Part Sarcoma (must meet all):**

1. Diagnosis of ASPS;
2. Disease is unresectable or metastatic;
3. Prescribed by or in consultation with an oncologist;
4. Member meets one of the following (a or b):
  - a. Tecentriq: age  $\geq$  2 years;
  - b. Tecentriq Hybreza: age  $\geq$  18 years;
5. Prescribed as a single-agent therapy;
6. Request meets one of the following (a, b or c):
  - a. For Tecentriq, Dose does not exceed one of the following (i or ii):
    - i. Adults one of the following (1, 2 or 3):
      1. 840 mg every 2 weeks;
      2. 1,200 mg every 3 weeks;
      3. 1,680 mg every 4 weeks;
    - ii. Pediatrics: 15 mg/kg (up to a maximum of 1,200 mg) every 3 weeks;
  - b. For Tecentriq Hybreza: Dose does not exceed 1,875 mg/30,000 units every 3 weeks;
  - c. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 6 months**

**F. Mesotheliomas (off-label) (must meet all):**

1. Diagnosis of one of the following (a, b or c):
  - a. Peritoneal mesothelioma;
  - b. Pericardial mesothelioma;
  - c. Tunica vaginalis testis mesothelioma;
2. Prescribed by or in consultation with an oncologist;
3. Age  $\geq$  18 years;
4. Prescribed in combination with bevacizumab as subsequent systemic therapy;
5. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 6 months**

**G. Urothelial Carcinoma (off-label) (must meet all):**

1. Diagnosis of urothelial carcinoma (UC);
2. Prescribed by or in consultation with an oncologist;
3. Age  $\geq$  18 years;
4. One of the following (a or b):
  - a. Member is ineligible for cisplatin-containing chemotherapy, and the tumor expresses PD-L1;
  - b. Member is ineligible for any platinum-containing chemotherapy (e.g., cisplatin, carboplatin, oxaliplatin) regardless of PD-L1 status;
5. Prescribed as a single agent;
6. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 6 months**

**H. Cervical Cancer (off-label) (must meet all)**

1. Diagnosis of one of the following (a or b):
  - a. Small cell neuroendocrine carcinoma of the cervix (NECC);
  - b. Adenocarcinoma, adenosquamous, squamous cell carcinoma;
2. Prescribed by or in consultation with an oncologist;
3. Age  $\geq$  18 years;
4. For small cell NECC, both of the following (a and b):
  - a. Disease is persistent, recurrent or metastatic;
  - b. Prescribed in combination with cisplatin/carboplatin and etoposide or continued as a single agent for maintenance therapy;
5. For adenocarcinoma, adenosquamous, squamous cell carcinoma, one of the following (a or b):
  - a. Prescribed as first-line, second-line, or subsequent therapy in combination with bevacizumab, paclitaxel, and cisplatin or carboplatin;
  - b. For maintenance therapy for locoregional recurrence or stage IVB or recurrence with distant metastases, in combination with bevacizumab, paclitaxel, and cisplatin or carboplatin;

6. Dose is within FDA maximum limit for any FDA-approved indication or is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 6 months**

**I. Other diagnoses/indications:** Refer to PA.CP.PMN.53

## **II. Continued Approval**

**A. All Indications in Section I (must meet all):**

1. Currently receiving medication via PA Health & Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care policy (PA.PHARM.01) applies;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a, or b):
  - a. New dose does not exceed one of the following (i or ii):
    - i. For pediatric ASPS, Tecentriq: 15 mg/kg (up to a maximum of 1,200 mg) every 3 weeks;
    - ii. All other indications (1 or 2):
      - 1) For Tecentriq (a, b or c):
        - a. 840 mg every 2 weeks;
        - b. 1,200 mg every 3 weeks;
        - c. 1,680 mg every 4 weeks;
      - 2) For Tecentriq Hybreza: 1,875 mg/30,000 units every 3 weeks;
    - b. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).

**Approval duration: 12 months**

**B. Other diagnoses/indications (1 or 2):**

1. Currently receiving medication via PA Health & Wellness benefit and documentation supports positive response to therapy or the Continuity of Care policy (PA.PHARM.01) applies.

**Approval duration: Duration of request or 6 months (whichever is less); or**

2. Refer to PA.CP.PMN.53

## **III. Appendices/General Information**

*Appendix A: Abbreviation/Acronym Key*

ALK: anaplastic lymphoma kinase

ASPS: alveolar soft part sarcoma

EGFR: epidermal growth factor receptor

ES-SCLC: extensive-stage small cell lung cancer

FDA: Food and Drug Administration

HCC: hepatocellular carcinoma

IC: immune cells

NSCLC: non-small cell lung cancer

PD-L1: programmed death-ligand 1

SCLC: small cell lung cancer

TC: tumor cells

UC: urothelial carcinoma

*Appendix B: Therapeutic Alternatives*

*This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent and may require prior authorization.*

<b>Drug Name</b>	<b>Dosing Regimen</b>	<b>Dose Limit/ Maximum Dose</b>
Cisplatin-, oxaliplatin- (Eloxatin <sup>®</sup> ) or carboplatin-containing chemotherapy	UC: Varies	Varies
cisplatin-, or carboplatin-containing chemotherapy	NSCLC: Varies	Varies
Xalkori <sup>®</sup> (crizotinib) Alecensa <sup>®</sup> (alectinib) Zykadia <sup>®</sup> (ceritinib)	NSCLC with ALK tumor aberration: Varies	Varies
Tarceva <sup>®</sup> (erlotinib) Gilotrif <sup>®</sup> (afatinib) Iressa <sup>®</sup> (gefitinib)	NSCLC with EGFR tumor aberration: Varies	Varies

*Therapeutic alternatives are listed as Brand name<sup>®</sup> (generic) when the drug is available by brand name only and generic (Brand name<sup>®</sup>) when the drug is available by both brand and generic.*

*Appendix C: Contraindications/Boxed Warnings*

- Contraindication(s):
  - Tecentriq: None reported
  - Tecentriq Hybreza: Patients with known hypersensitivity to hyaluronidase or any of its excipients
- Boxed warning(s): None reported

*Appendix D: General Information*

- NSCLC examples of high-risk factors: may include poorly differentiated tumors (including lung neuroendocrine tumors [excluding well-differentiated neuroendocrine tumors]), vascular invasion, wedge resection, visceral pleural involvement, and unknown lymph node status (Nx). These factors independently may or may not be an indication and may be considered when determining treatment with adjuvant chemotherapy.
- SCLC consists of two stages: limited-stage and extensive-stage. Extensive-stage is defined as stage IV (T any, N any M 1a/b) or T3-4 due to multiple lung nodules that are too extensive or have tumor/nodal volume that is too large to be encompassed in a tolerable radiation plan.
- On December 2, 2022, following consultation with the FDA, Roche withdrew Tecentriq’s use for any form of urothelial carcinoma. The withdrawal was based on data from the IMVigor130 study, which tested Tecentriq with chemotherapy against chemotherapy alone and failed to meet the co-primary endpoint of overall survival. Patients given Tecentriq chemo combination lived a median of 16 months after treatment, compared with 13.4 months for those receiving just chemo, a difference that wasn’t statistically significant.

IV. Dosage and Administration

Indication	Dosing Regimen	Maximum Dose
Adjuvant NSCLC	<p>Following resection and up to 4 cycles of platinum-based chemotherapy:  <b><i>Tecentriq</i></b>: 840 mg IV every 2 weeks, 1,200 mg IV every 3 weeks, or 1,680 mg IV every 4 weeks for up to 1 year  <b><i>Tecentriq Hybreza</i></b>: 1,875 mg atezolizumab and 30,000 units hyaluronidase SC every 3 weeks for up to 1 year</p> <p>When administering with chemotherapy with or without bevacizumab, administer Tecentriq or Tecentriq Hybreza prior to chemotherapy and bevacizumab when given on the same day</p>	<p>Tecentriq: 1,680 mg/4 weeks</p> <p>Tecentriq Hybreza; 1,875 mg/3 weeks</p>
Metastatic NSCLC	<p><b><i>Tecentriq</i></b>: 840 mg IV every 2 weeks, 1,200 mg IV every 3 weeks, or 1,680 mg IV every 4 weeks</p> <p><b><i>Tecentriq Hybreza</i></b>: 1,875 mg atezolizumab and 30,000 units hyaluronidase SC every 3 weeks</p> <p>When administering with chemotherapy with or without bevacizumab, administer Tecentriq or Tecentriq Hybreza prior to chemotherapy and bevacizumab when given on the same day</p>	<p>Tecentriq: 1,680 mg/4 weeks</p> <p>Tecentriq Hybreza; 1,875 mg/3 weeks</p>
SCLC	<p>Tecentriq: 840 mg IV every 2 weeks, 1,200 mg IV every 3 weeks, or 1,680 mg IV every 4 weeks.  <b><i>Tecentriq Hybreza</i></b>: 1,875 mg atezolizumab and 30,000 units hyaluronidase SC every 3 weeks</p> <p>When administering with carboplatin and etoposide, administer Tecentriq or Tecentriq Hybreza prior to chemotherapy when given on the same day.</p>	<p>Tecentriq: 1,680 mg/4 weeks</p> <p>Tecentriq Hybreza; 1,875 mg/3 weeks</p>

Indication	Dosing Regimen	Maximum Dose
HCC	<p><b><i>Tecentriq:</i></b> 840 mg IV every 2 weeks, 1,200 mg IV every 3 weeks, or 1,680 mg IV every 4 weeks.</p> <p><b><i>Tecentriq Hybreza:</i></b> 1,875 mg atezolizumab and 30,000 units hyaluronidase SC every 3 weeks</p> <p>Administer Tecentriq or Tecentriq Hybreza prior to bevacizumab when given on the same day. Bevacizumab is administered at 15 mg/kg every 3 weeks.</p>	<p>Tecentriq: 1,680 mg/4 weeks</p> <p>Tecentriq Hybreza; 1,875 mg/3 weeks</p>
Melanoma	<p>Following completion of a 28 day cycle of cobimetinib and vemurafenib, administer Tecentriq or Tecentriq Hybreza in combination with cobimetinib 60 mg PO QD (21 days on/7 days off) and vemurafenib 720 mg PO BID</p> <p><b><i>Tecentriq:</i></b> 840 mg IV every 2 weeks, 1,200 mg every 3 weeks, or 1680 mg every 4 weeks</p> <p><b><i>Tecentriq Hybreza:</i></b> 1,875 mg atezolizumab and 30,000 units hyaluronidase SC every 3 weeks</p>	<p>Tecentriq: 1,680 mg/4 weeks</p> <p>Tecentriq Hybreza; 1,875 mg/3 weeks</p>
ASPS	<p><b><i>Tecentriq:</i></b></p> <ul style="list-style-type: none"> <li>Adults: 840 mg IV every 2 weeks, 1,200 mg IV every 3 weeks, or 1,680 mg IV every 4 weeks</li> <li>Pediatrics: 15 mg/kg (up to a maximum of 1,200 mg) every 3 weeks</li> </ul> <p><b><i>Tecentriq Hybreza</i></b> (adults only): 1,875 mg atezolizumab and 30,000 units hyaluronidase SC every 3 weeks</p>	<p>Tecentriq:</p> <ul style="list-style-type: none"> <li>Adults: 1,680 mg/4 weeks</li> <li>Pediatrics: 15 mg/kg (up to 1,200 mg)/3 weeks</li> </ul> <p>Tecentriq Hybreza (adults only): 1,875 mg/3 weeks</p>

V. Product Availability

Drug Name	Availability
Atezolizumab (Tecentriq)	Single-dose vials: 840 mg/14 mL, 1,200 mg/20 mL

Drug Name	Availability
Atezolizumab-hyaluronidase (Tecentriq Hybreza)	Single-dose vial: 1,875 mg atezolizumab/30,000 units hyaluronidase/15 mL

**VI. References**

1. Tecentriq Hybreza Prescribing Information. South San Francisco, CA: Genentech, Inc.; September 2024. Available at: [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2024/761347s0001bl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2024/761347s0001bl.pdf). Accessed November 18, 2024.
2. Tecentriq Prescribing Information. South San Francisco, CA: Genentech, Inc.; May 2023. Available at: <https://www.tecentriq.com>. Accessed November 18, 2024.
3. Atezolizumab In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: [nccn.org](http://nccn.org). Accessed April 24, 2025.
4. Atezolizumab and hyaluronidase-tqjs In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: [nccn.org](http://nccn.org). Accessed November 18, 2024.

**Coding Implications**

Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
J9022	Injection, atezolizumab, 10 mg
J9999	Not otherwise classified, antineoplastic drugs
C9399	Unclassified drugs or biologicals

Reviews, Revisions, and Approvals	Date
Ages added. References reviewed and updated.	02/2018
1Q 2019 annual review; new indication added under UC for patients ineligible for any platinum-containing chemotherapy regardless of PD-L1 status; for UC cisplatin ineligibility, expression of PD-L1 is added per PI and NCCN; for NSCLC, prior therapy requirement is removed given the number of variations in which Tecentriq may be used as both first- and second-line therapy per NCCN; references reviewed and updated.	01/2019
Q2 2019: New FDA indication for triple-negative breast cancer added; criteria added for new FDA indication: first-line treatment of metastatic non-squamous NSCLC; added specialist involvement in care for all indications; added off-label criteria for SCLC; references reviewed and updated.	04/2019
1Q 2020 annual review: For NSCLC, added indication as subsequent therapy if no progression on other PD-1/PDL-1 inhibitors; added language to incorporate use in metastatic NSCLC in combination with paclitaxel	01/2020

Reviews, Revisions, and Approvals	Date
protein-bound and carboplatin for the first-line treatment of adult patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations; references reviewed and updated.	
1Q 2021 annual review: update to add criteria for newly FDA-approved indications: 1) first-line therapy for metastatic NSCLC with high PD-L1 expression, and 2) first-line therapy for HCC in combination with bevacizumab; update to add criteria for newly FDA-approved indication for melanoma in combination with cobimetinib and vemurafenib, for HCC, unresectable or metastatic removed to accommodate local disease per NCCN; references reviewed and updated.	01/2021
1Q 2022 annual review: RT4 policy update to remove the indication, previously approved under accelerated approval, for the treatment of adult patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following any platinum-containing chemotherapy, or within 12 months of neoadjuvant or adjuvant chemotherapy; RT4: removed breast cancer indication and added NSCLC stage II to IIIA treatment indication per updated label; added criterion for use as single-agent therapy for urothelial carcinoma per NCCN; added criterion for Child-Pugh class A status in HCC per NCCN; references reviewed and updated.	01/2022
1Q 2023 annual review: added criterion for malignant peritoneal mesothelioma per NCCN; adjusted dose to not exceed 1,680 mg every 4 weeks for all indications per PI; section V updated per PI; for urothelial carcinoma, removed FDA approved accelerated indication per updated PI and changed to off-label as still supported by NCCN references reviewed and updated.	01/2023
1Q 2024 annual review: for NSCLC, added option for stage IIIB NSCLC; for HCC, added option for Child-Pugh Class B per NCCN; for melanoma, added option for usage as re-induction therapy per NCCN; for ASPS, added prescribed as single-agent therapy per NCCN; added criterion for cervical cancer per NCCN; references reviewed and updated.	01/2024
1Q 2025 annual review: RT4: added newly approved Hybreza formulation, updated dosing to include hyaluronidase component and updated contraindications per PI; for non-squamous NSCLC, removed requirement for negative or unknown EGFR or ALK mutation status per NCCN; for NSCLC, added Tecentriq/Tecentriq Hybreza may be continued for maintenance therapy as a single agent (if given as single agent first line therapy or atezolizumab/carboplatin/albumin-bound paclitaxel combination) or in combination with bevacizumab (if atezolizumab/carboplatin/paclitaxel/bevacizumab given) per NCCN; for SCLC and cervical cancer, added Tecentriq/Tecentriq Hybreza may be continued as a single agent for maintenance therapy per NCCN; for HCC, added option to be prescribed as adjuvant therapy and removed criteria requiring confirmation of Child-Pugh class A or B status requirement per	01/2025

## CLINICAL POLICY

### Atezolizumab



Reviews, Revisions, and Approvals	Date
NCCN; for mesotheliomas, added option for usage originating from the pericardium or the tunica vaginalis per NCCN; references reviewed and updated.	