# Clinical Policy: Atezolizumab (Tecentriq)

Reference Number: PA.CP.PHAR.235
Effective Date: 01/18
Last Review Date: 07/18

Coding Implications
Revision Log

**Description**
The intent of the criteria is to ensure that patients follow selection elements established by Pennsylvania Health and Wellness® clinical policy for atezolizumab (Tecentriq®).

**FDA Approved Indication(s)**
Tecentriq is indicated for the treatment of patients with:

- Locally advanced or metastatic urothelial carcinoma who:
  - Are not eligible for cisplatin-containing chemotherapy, or
  - Have disease progression during or following any platinum-containing therapy within 12 months of neoadjuvant or adjuvant chemotherapy.

  Limitation(s) of use: This indication is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.
- Metastatic non-small cell lung cancer (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 these aberrations prior to receiving Tecentriq.

**Policy/Criteria**
It is the policy of Pennsylvania Health and Wellness® that Tecentriq is **medically necessary** when the following criteria are met:

**I. Initial Approval Criteria**

**A. Urothelial Carcinoma** (must meet all):

1. Diagnosis of urothelial carcinoma;
2. Age ≥18 years;
3. Disease is locally advanced (stages II through IV), recurrent or metastatic;
4. Member is ineligible for cisplatin-containing chemotherapy OR disease has progressed during or following platinum-containing (e.g., cisplatin, carboplatin, oxaliplatin) chemotherapy, or disease has progressed within 12 months of neoadjuvant or adjuvant chemotherapy;
5. Prescribed dose of Tecentriq does not exceed 1200 mg every 3 weeks.

**Approval duration: 6 months**

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

1. Diagnosis of non-small cell lung cancer;
2. Age ≥18 years;
3. Disease has progressed during or following a first-line or subsequent systemic regimen for metastatic disease;

4. If a known epidermal growth factor receptor (EGFR) or anaplastic lymphoma kinase (ALK) genomic tumor aberration is present, history of disease progression during or following an NCCN-recommended therapy for the aberration:
   a. ALK tumor aberration: crizotinib, ceritinib, alectinib or brigatinib;
   b. EGFR tumor aberration: erlotinib, afatinib, gefitinib or osimertinib;
5. Prescribed dose of Tecentriq does not exceed 1200 mg every 3 weeks.

**Approval duration: 6 months**

**C. 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 Pennsylvania Health and Wellness benefit or member has previously met all initial approval criteria or the Continuity of Care policy (PA.LTSS.PHAR.01) applies;
2. Member is responding positively to therapy (e.g., no disease progression or unacceptable toxicity);
3. Prescribed dose of Tecentriq does not exceed 1200 mg every 3 weeks.

**Approval duration: 12 months**

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

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

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

2. Refer to PA.CP.PMN.53

**Background**

*Description/Mechanism of Action:*

PD-L1 may be expressed on tumor cells, or tumor-infiltrating immune cells, and can contribute to the inhibition of the anti-tumor immune response. Atezolizumab is a monoclonal antibody that binds to PD-L1 and blocks its interactions with both PD-1 and B7.1 receptors. This releases the PD-L1/PD-1 mediated inhibition of the immune response, including the anti-tumor immune response, without inducing antibody dependent cellular cytotoxicity.

*Formulations:*

Solution for intravenous infusion:

- Tecentriq is supplied in single-dose vials: 1200 mg/20 mL (60 mg/mL)

**Appendices**

**Appendix A: Abbreviation Key**

ALK: anaplastic lymphoma kinase
EGFR: epidermal growth factor receptor
PD-L1: programmed death-ligand 1

**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 |
|---|---|
| C9483 | Injection, atezolizumab, 10 mg |

| Reviews, Revisions, and Approvals | Date | Approval Date |
|---|---|---|
| Ages added. References reviewed and updated. | 02/18 | |

**References**
1. Tecentriq Prescribing Information. South San Francisco, CA: Genentech, Inc.; April 2017. Available at https://www.gene.com/download/pdf/tecentriq_prescribing.pdf. Accessed November 11, 2017.
2. Atezolizumab. In: National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at nccn.org. Accessed November 10, 2017.
3. Bladder cancer (Version 5.2017). In: National Comprehensive Cancer Network Guidelines. Available at: https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf. Accessed November 10, 2017.
4. Non-small cell lung cancer (Version 9.2017). In: National Comprehensive Cancer Network Guidelines. Available at: https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed November 10, 2017.