RXADVANCE
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Clinical Policy Title:	atezolizumab
Policy Number:	RxA.528
Drug(s) Applied:	Tecentriq®
Original Policy Date:	03/06/2020
Last Review Date:	12/07/2020
Line of Business Policy Applies to:	All lines of business

Background

Atezolizumab (Tecentriq®) is a programmed death-ligand 1 (PD-L1) blocking antibody. It is indicated for the treatment of patients with:

- Locally advanced or metastatic urothelial carcinoma (UC) who
  - 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
  - Are not eligible for any platinum-containing chemotherapy regardless of PD-L1 status, or
  - Have disease progression during or following any platinum-containing chemotherapy, or within 12 months of neoadjuvant or adjuvant chemotherapy.

  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)
  - As a single agent for the first-line treatment of adult patients whose tumors have high PDL1 expression (PD-L1 stained≥50% of tumor cells [TC ≥ 50%] or PD-L1 stained tumor infiltrating IC covering ≥ 10% of the tumor area [IC ≥ 10%]), as determined by an FDA approved test, with no EGFR or ALK genomic tumor aberrations, or
  - 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, or
  - In combination with bevacizumab, paclitaxel, and carboplatin for the first-line treatment of adult patients with non-squamous disease with no EGFR or ALK genomic tumor aberrations, or
  - 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.
- Unresectable locally advanced or metastatic triple-negative breast cancer (TNBC) in combination with paclitaxel protein-bound in adult patients whose tumors express PD-L1 (PD-L1 stained tumor-infiltrating immune cells [IC] of any intensity covering ≥ 1% of the tumor area), as determined by an FDA-approved test. This indication is approved under accelerated approval based on progression free survival. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).
- Extensive-stage small cell lung cancer in combination with carboplatin and etoposide for the first-line treatment of adult patients.

- Hepatocellular carcinoma (HCC) in combination with bevacizumab for patients with unresectable or metastatic disease who have not received prior systemic therapy.
- Melanoma: In combination with cobimetinib and vemurafenib for treatment of BRAF V600 mutation-positive unresectable or metastatic melanoma.

Dosing Information			
Drug Name	**Indication**	**Dosing Regimen**	**Maximum Dose**
atezolizumab (Tecentriq®)	UC	840 mg every 2 weeks, 1200 mg every 3 weeks, or 1680 mg every 4 weeks	1,680 mg/4 weeks
	NSCLC	• As a single agent: 840 mg IV every 2 weeks, 1,200 mg IV every 3 weeks, or 1,680 mg IV every 4 weeks • When administering with chemotherapy with or without bevacizumab: 1,200 mg IV every 3 weeks prior to chemotherapy and bevacizumab Following completion of 4-6 cycles of chemotherapy, and if bevacizumab is discontinued, administer Tecentriq® 840 mg IV every 2 weeks, 1,200 mg IV every 3 weeks, or 1,680 mg IV every 4 weeks	1,680 mg/4 weeks
	SCLC	When administering with carboplatin and etoposide: 1,200 mg IV every 3 weeks prior to chemotherapy Following completion of 4 cycles of carboplatin and etoposide: administer Tecentriq 840 mg IV every 2 weeks, 1,200 mg IV every 3 weeks, or 1,680 mg IV every 4 weeks	1,680 mg/4 weeks
	TNBC	For each 28 day cycle, 840 mg IV on days 1 and 15 followed by 100 mg/m^2 nab-paclitaxel on days 1, 8,and 15	840 mg/2 weeks

Drug Name	Indication	Dosing Regimen	Maximum Dose
atezolizumab (Tecentriq®)	HCC	1,200 mg IV every 3 weeks plus bevacizumab 15 mg/kg IV on the same day If bevacizumab is discontinued for toxicity, the recommended dosage of Tecentriq® is 840 mg IV every 2 weeks, 1,200 mg IV every 3 weeks, or 1,680 mg IV every 4 weeks	1,680 mg/4 weeks
	Melanoma	Administering with cobimetinib and vemurafenib: 840 mg every 2 weeks with cobimetinib 60 mg orally once daily (21 days on /7 days off) and vemurafenib 720 mg orally twice daily.	840 mg/ 2 weeks

Dosage Forms

- Single-dose vial: 840 mg/14 mL, 1,200 mg/20 mL

Clinical Policy

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

I. Initial Approval Criteria

A. Breast Cancer (must meet all):

1. Diagnosis of unresectable, locally advanced, recurrent, or metastatic breast cancer;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Documentation of triple negative (i.e., estrogen, progesterone, and human epidermal growth factor receptor 2 [HER2] negative) disease;
5. Tumor expresses PD-L1;
6. Prescribed in combination with protein-bound paclitaxel (nab-paclitaxel);
7. Request meets one of the following (a or b):
   a. Dose does not exceed 840 mg every 2 weeks;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

**Prescribed regimen must be FDA-approved or recommended by NCCN.*

Approval Duration
Commercial: 6 months
Medicaid: 6 months

B. Urothelial Carcinoma (must meet all):

1. Diagnosis of UC;

2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. One of the following (a, b, or c):
   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;
   c. Disease has progressed during or following platinum-containing chemotherapy;
5. Request meets one of the following (a or b):
   a. Dose does not exceed 840 mg every 2 weeks, 1200 mg every 3 weeks, or 1680 mg every 4 weeks;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence)*.

Approval Duration
Commercial: 6 months
Medicaid: 6 months

C. Non-Small Cell Lung Cancer (must meet all)**:**
1. Diagnosis of recurrent or metastatic NSCLC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. If EGFR or ALK mutation status is negative or unknown, member meets one of the following (a, b, c or d):
   a. Request is for use as a single agent as first-line therapy for tumors that have high PD-L1 expression (PD-L1 ≥ 50% [TC ≥ 50%] or tumor-infiltrating IC covering ≥ 10% of the tumor area [IC ≥ 10%]);
   b. Disease is non-squamous, and Tecentriq® is prescribed in combination with one of the following (i or ii):
      i. Bevacizumab, paclitaxel, and carboplatin;
      ii. Paclitaxel protein-bound (Abraxane®) and carboplatin;
   c. Member has previously received platinum-containing chemotherapy (see Appendix B);
   d. 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;
5. If a known EGFR or ALK genomic tumor aberration is present, history of disease progression during or following an NCCN-recommended therapy for the aberration (see Appendix B);
6. Request meets one of the following (a or b):
   a. Dose does not exceed 840 mg every 2 weeks, 1200 mg every 3 weeks, or 1680 mg every 4 weeks;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (*prescriber must submit supporting evidence*).
   **Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval Duration
Commercial: 6 months
Medicaid: 6 months

D. Small Cell Lung Cancer (must meet all):
1. Diagnosis of extensive-stage small cell lung cancer (ES-SCLC);
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Prescribed in combination with carboplatin and etoposide;
5. Request meets one of the following (a or b):
   a. Dose does not exceed 840 mg every 2 weeks, 1200 mg every 3 weeks, or 1680 mg every 4 weeks;

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

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval Duration
Commercial: 6 months
Medicaid: 6 months

E. Hepatocellular Carcinoma (must meet all):
1. Diagnosis of unresectable or metastatic HCC;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Prescribed in combination with bevacizumab as first-line systemic therapy;
5. Request meets one of the following (a or b):*
   a. Dose does not exceed 840 mg every 2 weeks, 1200 mg every 3 weeks, or 1680 mg every 4 weeks;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

   **Prescribed regimen must be FDA-approved or recommended by NCCN.*

Approval Duration
Commercial: 6 months
Medicaid: 6 months

F. Melanoma (must meet all):
1. Diagnosis of unresectable or metastatic melanoma;
2. Prescribed by or in consultation with an oncologist;
3. Age ≥ 18 years;
4. Disease is BRAF V600 mutation-positive;
5. Prescribed in combination with cobimetinib and vemurafenib;
6. Member must receive a 28 day treatment cycle of cobimetinib 60 mg orally once daily (21 days on and 7 days off) and vemurafenib 960 mg orally twice daily from Days 1-21 and vemurafenib 720 mg orally twice daily from Days 22-28) prior to initiating Tecentriq®;
7. Request meets one of the following (a or b):*
   a. 840 mg every 2 weeks with cobimetinib 60 mg orally once daily (21 days on /7 days off) and vemurafenib 720 mg orally twice daily;
   b. Dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use (prescriber must submit supporting evidence).

**Prescribed regimen must be FDA-approved or recommended by NCCN*

Approval Duration
Commercial: 6 months
Medicaid: 6 months

II. Continued Therapy Approval

A. All Indications in Section I (must meet all):
1. Currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria for a covered indication and has received this medication for at least 30 days;
2. Member is responding positively to therapy;
3. If request is for a dose increase, request meets one of the following (a, b, c or d):
   a. For HCC, UC, NSCLC, Extensive stage-SCLC: New dose does not exceed 840 mg every 2 weeks, 1200 mg every 3 weeks, or 1680 mg every 4 weeks;

b. For TNBC: New dose does not exceed 840 mg every 2 weeks;
c. For Melanoma: 840 mg every 2 weeks with cobimetinib 60 mg orally once daily (21 days on /7 days off) and vemurafenib 720 mg orally twice daily;
d. New dose is supported by practice guidelines or peer-reviewed literature for the relevant off-label use *(prescriber must submit supporting evidence).*

Approval Duration
Commercial: 12 months
Medicaid: 12 months

III. Appendices

APPENDIX A: Abbreviation/Acronym Key
Appendix A: Abbreviation/Acronym Key
ALK: anaplastic lymphoma kinase
EGFR: epidermal growth factor receptor
ES-SCLC: extensive-stage small cell lung Cancer
FDA: Food and Drug Administration
NSCLC: non-small cell lung cancer
PD-L1: programmed death-ligand 1
TNBC: triple-negative breast cancer
UC: urothelial carcinoma
HCC: hepatocellular carcinoma

APPENDIX B: Therapeutic Alternatives
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

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

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

APPENDIX C: Contraindications/Boxed Warnings

- Contraindication(s):
  - None reported

- Boxed Warning(s):
  - None reported

APPENDIX D: General Information

- 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.

References

1. Tecentriq Prescribing Information. South San Francisco, CA: Genentech, Inc.; July 2020. Available at: https://www.tecentriq.com. Accessed September 24, 2020.
2. Atezolizumab. National Comprehensive Cancer Network Drugs and Biologics Compendium. Available at: nccn.org. Accessed September 24, 2020.
3. National Comprehensive Cancer Network. Bladder Cancer Version 6.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/bladder.pdf. Accessed September 24, 2020.
4. National Comprehensive Cancer Network. Non-Small Cell Lung Cancer Version 8.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/nscl.pdf. Accessed September 24, 2020.
5. National Comprehensive Cancer Network Guidelines. Small cell lung cancer Version 1.2021.Available at: https://www.nccn.org/professionals/physician_gls/pdf/sclc.pdf. Accessed September 24, 2020.
6. National Comprehensive Cancer Network Guidelines. Breast Cancer Version 6.2020. Available at: https://www.nccn.org/professionals/physician_gls/pdf/breast.pdf. Accessed September 24, 2020.
7. National Comprehensive Cancer Network Guidelines. Melanoma Version 4.2020. Available at https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf. Accessed September 24, 2020

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	01/2020	03/06/2020
Policy was reviewed: 1. Clinical policy title was updated 2. Line of business policy applies to was updated to All lines of business 3. New FDA approved indication HCC and Melanoma added to policy 4. Criteria added for FDA approved indication HCC and Melanoma 5. Dosing regimen updated for NSCLC, SCLC and added for HCC and Melanoma 6. Initial criteria for FDA approved indication metastatic non-squamous NSCLC: criteria added for administration with paclitaxel protein-bound and	09/24/2020	12/07/2020

carboplatin 7. Initial criteria for NSCLC: added indication as subsequent therapy if no progression on other PD-1/PD-L1 inhibitors 8. Continued Therapy criteria II.A.1 was rephrased to "Currently receiving medication that has been authorized by RxAdvance..." 9. Reference reviewed and updated.		