Drug Policy:

Tecentriq™ and Tecentriq Hybreza™ (atezolizumab IV/SC)

POLICY NUMBER UM ONC_1299	SUBJECT Tecentriq™ and Tecentriq Hybreza™ (atezolizumab IV/SC)		DEPT/PROGRAM UM Dept	PAGE 1 of 5
DATES COMMITTEE REVIEWED 07/26/16, 08/10/17, 09/13/17, 08/08/18, 07/10/19, 12/11/19, 03/11/20, 07/08/20, 09/09/20, 04/14/21, 09/08/21, 11/10/21, 04/13/22, 05/11/22, 08/22/22, 11/09/22, 12/14/22, 02/08/23, 03/08/23, 05/10/23, 06/14/23, 06/12/24, 10/09/24, 11/13/24	**APPROVAL DATE** November 13, 2024	**EFFECTIVE DATE** November 29, 2024	**COMMITTEE APPROVAL DATES** 07/26/16, 08/10/17, 09/13/17, 08/08/18, 07/10/19, 12/11/19, 03/11/20, 07/08/20, 09/09/20, 04/14/21, 09/08/21, 11/10/21, 04/13/22, 05/11/22, 08/22/22, 11/09/22, 12/14/22, 02/08/23, 03/08/23, 05/10/23, 06/14/23, 06/12/24, 10/09/24, 11/13/24	
PRIMARY BUSINESS OWNER: UM		**COMMITTEE/BOARD APPROVAL** Evolent Specialty Services Clinical Guideline Review Committee		
NCQA STANDARDS UM 2		**ADDITIONAL AREAS OF IMPACT**		
CMS REQUIREMENTS	**STATE/FEDERAL REQUIREMENTS**		**APPLICABLE LINES OF BUSINESS** Commercial, Exchange, Medicaid	

I. PURPOSE

To define and describe the accepted indications for Tecentriq and Tecentriq Hybreza (atezolizumab IV/SC) usage in the treatment of cancer, including FDA approved indications, and off-label indications.

Evolent is responsible for processing all medication requests from network ordering providers. Medications not authorized by Evolent may be deemed as not approvable and therefore not reimbursable.

The use of this drug must be supported by one of the following: FDA approved product labeling, CMS-approved compendia, National Comprehensive Cancer Network (NCCN), American Society of Clinical Oncology (ASCO) clinical guidelines, or peer-reviewed literature that meets the requirements of the CMS Medicare Benefit Policy Manual Chapter 15.

II. INDICATIONS FOR USE/INCLUSION CRITERIA

A. Continuation requests for a not-approvable medication shall be exempt from this Evolent policy provided:

1. The requested medication was used within the last year, AND
2. The member has not experienced disease progression and/or no intolerance to the requested medication, AND
3. Additional medication(s) are not being added to the continuation request.

B. NOTE 1: Subcutaneous atezolizumab, Tecentriq Hybreza, may be substituted for IV atezolizumab for all indications listed in this policy.

C. Alveolar Soft Part Sarcoma (ASPS)

1. Tecentriq (atezolizumab) may be used as monotherapy in adult or pediatric members 2 years of age and older with unresectable or metastatic alveolar soft part sarcoma (ASPS).

D. Hepatocellular Carcinoma

1. Tecentriq (atezolizumab) may be used in combination with bevacizumab/bevacizumab biosimilar as adjuvant therapy in adult members with hepatocellular carcinoma (Child-Pugh Class A), following resection or ablation, who are at high risk of recurrence.
    a. High risk of recurrence is defined by any of the following:
        i. Tumor size > 5 cm
        ii. Member having > 3 tumors
        iii. Macrovascular invasion or microvessel invasion on histology
        iv. Grade 3/4 histology
2. In members with unresectable or metastatic hepatocellular carcinoma AND preserved liver function (Child-Pugh Class A), who have not received prior therapy with a checkpoint inhibitor, e.g., Keytruda (pembrolizumab) or Opdivo (nivolumab). Tecentriq (atezolizumab) may be used in combination with Avastin (bevacizumab)/bevacizumab biosimilar as first line therapy in the metastatic setting.

E. Malignant Melanoma

1. NOTE 2: The combination of [Cotellic (cobimetinib) + Zelboraf (vemurafenib) + Tecentriq (atezolizumab)] is not supported by Evolent Policy for metastatic malignant melanoma. This policy position is based on the updated results of the IMspire 150 trial which showed no overall survival benefit with the above 3-drug regimen compared to [Cotellic (cobimetinib) + Zelboraf (vemurafenib)]. Please refer to Evolent alternative agents/regimens recommended by Evolent, including but not limited to regimens available at http://pathways.newcenturyhealth.com.

F. Non-Small Cell Lung Cancer (NSCLC)

1. For members with metastatic/recurrent Non-Small Cell Lung Cancer, Tecentriq (atezolizumab) may be used as a single agent as subsequent therapy (if pembrolizumab/nivolumab/durvalumab/other checkpoint inhibitor not previously given) in members who have progressed during or following platinum-based chemotherapy or with prior use of an EGFR or ALK inhibitor for EGFR/ALK positive disease OR
2. For members with stage II-IIIA NSCLC whose tumors have PD-L1 expression of greater than or equal to 1% of tumor cells, Tecentriq (atezolizumab) may be used as adjuvant treatment and will be administered as monotherapy for up to 16 cycles (up to 1 year) following adjuvant platinum-based chemotherapy OR
3. For members with metastatic Non-Small Cell Lung Cancer, with negative EGFR and ALK, with a PDL-1 expression of greater than or equal to 50%, Tecentriq (atezolizumab) may be used as monotherapy as first line therapy.
4. Tecentriq (atezolizumab) may be used in combination with bevacizumab/bevacizumab biosimilar, paclitaxel, and carboplatin, for the first-line treatment of adult members with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations.

G. Small Cell Lung Cancer (SCLC)

1. For members with extensive stage SCLC Tecentriq (atezolizumab) may be used as initial treatment in combination with etoposide and carboplatin or cisplatin followed by Tecentriq (atezolizumab) maintenance in members who have had a complete response/partial response/stable disease after completion of [atezolizumab + etoposide + carboplatin/cisplatin]. The above regimen may also be used in the second/subsequent line setting if the member has not received prior therapy with a checkpoint inhibitor, e.g., Keytruda (pembrolizumab) and has not progressed within 6 months of etoposide + platinum-based regimen.

H. Urothelial carcinoma of the bladder and other urothelial carcinomas

1. NOTE: Tecentriq (atezolizumab) is not supported by Evolent Policy for the treatment of locally advanced or metastatic urothelial carcinoma in members who are not eligible for cisplatin or any platinum containing chemotherapy. This policy position is based on the voluntary withdrawal by the manufacturer of Tecentriq, which concluded that IMvigor130 confirmatory study did not meet the co-primary endpoint of overall survival (OS) for Tecentriq plus chemotherapy compared with chemotherapy alone. Please refer to the Evolent recommended alternatives agents/regimens, including but not limited to regimens at http://pathways.newcenturyhealth.com.

III. EXCLUSION CRITERIA

A. Tecentriq and Tecentriq Hybreza (atezolizumab IV/SC) are being used after disease progression with the same regimen OR disease progression on prior anti-PD-1 or anti-PD-L1 therapy.

B. Use of Tecentriq or Tecentriq Hybreza (atezolizumab IV/SC) in combination with Cotellic (cobimetinib) + Zelboraf (vemurafenib) in metastatic/recurrent/unresectable BRAF V600 mutation positive malignant melanoma.

C. Dosing exceeds single dose limit of Tecentriq (atezolizumab) 840 mg IV every 2 weeks, 1,200 mg every 3 weeks, or 1,680 mg every 4 weeks.

D. Dosing exceeds single dose limit of Tecentriq Hybreza (atezolizumab) 1875 mg SC every 3 weeks.

E. Investigational use of Tecentriq and Tecentriq Hybreza (atezolizumab IV/SC) with an off-label indication that is not sufficient in evidence or is not generally accepted by the medical community. Sufficient evidence that is not supported by CMS recognized compendia or acceptable peer reviewed literature is defined as any of the following:

1. Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
2. Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
3. Whether the reported study outcomes represent clinically meaningful outcomes experienced by patients. Generally, the definitions of Clinically Meaningful outcomes are those recommended by ASCO, e.g., Hazard Ratio of less than 0.80 and the recommended survival benefit for OS and PFS should be at least 3 months.
4. Whether the experimental design, considering the drugs and conditions under investigation, is appropriate to address the investigative question. (For example, in some clinical studies, it may be unnecessary or not feasible to use randomization, double blind trials, placebos, or crossover).

5. That non-randomized clinical trials with a significant number of subjects may be a basis for supportive clinical evidence for determining accepted uses of drugs.
6. That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
7. That abstracts (including meeting abstracts) without the full article from the approved peer-reviewed journals lack supporting clinical evidence for determining accepted uses of drugs.

IV. MEDICATION MANAGEMENT

A. Please refer to the FDA label/package insert for details regarding these topics.

V. APPROVAL AUTHORITY

A. Review – Utilization Management Department

B. Final Approval – Utilization Management Committee

VI. ATTACHMENTS

A. None

VII. REFERENCES

A. Cheng AL, et al. Updated efficacy and safety data from IMbrave150: Atezolizumab plus bevacizumab vs. sorafenib for unresectable hepatocellular carcinoma. J Hepatol. 2022 Apr;76(4):862-873.

B. Qin S, et al; IMbrave050 investigators. Atezolizumab plus bevacizumab versus active surveillance in patients with resected or ablated high-risk hepatocellular carcinoma (IMbrave050): a randomised, open-label, multicentre, phase 3 trial. Lancet. 2023 Nov 18;402(10415):1835-1847. doi: 10.1016/S0140-6736(23)01796-8

C. Burotto M, et al. IMscin001 Part 2: a randomised phase III, open-label, multicentre study examining the pharmacokinetics, efficacy, immunogenicity, and safety of atezolizumab subcutaneous versus intravenous administration in previously treated locally advanced or metastatic non-small-cell lung cancer and pharmacokinetics comparison with other approved indications. Ann Oncol. 2023 Aug;34(8):693-702. doi: 10.1016/j.annonc.2023.05.009

D. Socinski MA, et al. IMpower150 Final Overall Survival Analyses for Atezolizumab Plus Bevacizumab and Chemotherapy in First-Line Metastatic Nonsquamous NSCLC. J Thorac Oncol. 2021 Nov;16(11):1909-1924. doi: 10.1016/j.jtho.2021.07.009

E. Galsky MD, et al. IMvigor130 Clinical Trial. Atezolizumab with or without chemotherapy in metastatic urothelial cancer (IMvigor130): a multicentre, randomised, placebo-controlled phase 3 trial. Lancet. 2020 May 16;395(10236):1547-1557.

F. Gutzmer R, et al. Atezolizumab, vemurafenib, and cobimetinib as first-line treatment for unresectable advanced BRAFV600 mutation-positive melanoma (IMspire150): primary analysis of the randomised, double-blind, placebo-controlled, phase 3 trial. Lancet. 2020 Jun 13;395(10240):1835-1844.

G. Herbst RS, et al. Atezolizumab for First-Line Treatment of PD-L1-Selected Patients with NSCLC. N Engl J Med. 2020 Oct 1;383(14):1328-1339.

H. IMpower010 Investigators. et al. Adjuvant atezolizumab after adjuvant chemotherapy in resected stage IB-IIIA non-small-cell lung cancer (IMpower010): a randomised, multicentre, open-label, phase 3 trial. Lancet. 2021 Oct 9;398(10308):1344-1357.

I. Tecentriq prescribing information. Genentech, Inc. South San Francisco, CA 2024.

J. Tecentriq Hybreza prescribing information. Genentech, Inc. South San Francisco, CA 2024.

K. Clinical Pharmacology Elsevier Gold Standard 2024.

L. Micromedex® Healthcare Series: Micromedex Drugdex Ann Arbor, Michigan 2024.

M. National Comprehensive Cancer Network. Cancer Guidelines and Drugs and Biologics Compendium 2024.

N. AHFS Drug Information. American Society of Health-Systems Pharmacists or Wolters Kluwer Lexi-Drugs. Bethesda, MD 2024.

O. Ellis LM, et al. American Society of Clinical Oncology perspective: Raising the bar for clinical trials by defining clinically meaningful outcomes. J Clin Oncol. 2014 Apr 20;32(12):1277-80.

P. Medicare Benefit Policy Manual Chapter 15 Covered Medical and Other Health Services: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf.