

Atezolizumab (Tecentriq®)

Place of Service

Office Administration
Infusion Center Administration
Outpatient Facility Administration

HCPCS: J9022 per 10 mg

Condition listed in policy (see criteria for details)

- [Alveolar soft part sarcoma](#)
- [Cervical cancer](#)
- [Hepatocellular carcinoma](#)
- [Mesothelioma: peritoneal](#)
- [Melanoma: cutaneous](#)
- [Non-small cell lung cancer](#)
- [Small cell lung cancer](#)

AHFS therapeutic class: Antineoplastic

Mechanism of action: Anti-PD-L1 monoclonal antibody

(1) Special Instructions and Pertinent Information

Covered under the Medical Benefit, please submit clinical information for prior authorization review via fax.

(2) Prior Authorization/Medical Review is required for the following condition(s)

All requests for Tecentriq® (atezolizumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

Alveolar soft part sarcoma

1. Disease is unresectable or metastatic, **AND**
2. Being used as a single agent

Covered Doses

Up to 840 mg every 2 weeks, 1200 mg every 3 weeks, or 1680 mg every 4 weeks

Coverage Period

Indefinitely

ICD-10:

C49.0, C49.10-C49.12, C49.20-C49.22, C49.3-C49.6, C49.8, C49.9, Z85.831

Cervical cancer

1. Diagnosis of small cell neuroendocrine carcinoma of the cervix (NECC), **AND**
2. Persistent, recurrent, or metastatic disease, **AND**
3. Being used in combination with an NCCN supported regimen (e.g., etoposide and either cisplatin or carboplatin)

Covered Doses

Up to 840 mg every 2 weeks, 1200 mg every 3 weeks, or 1680 mg every 4 weeks

Coverage Period

Indefinitely

ICD-10:

C53.0, C53.1, C53.8, C53.9

Hepatocellular carcinoma

1. ***Effective 7/31/2023 and after.*** Disease is unresectable, inoperable, or metastatic, **AND**
2. Patient has not received prior systemic drug therapy, **AND**
3. Being used in combination with bevacizumab

Covered Doses

Up to 840 mg every 2 weeks, 1200 mg every 3 weeks, or 1680 mg every 4 weeks

Coverage Period

Indefinitely

ICD-10:

C22.0, C22.8, C22.9

Melanoma: cutaneous

1. Unresectable or metastatic disease, **AND**
2. Provider attestation patient is BRAF V600 mutation-positive, **AND**
3. Being used in combination with Cotellic (cobimetinib) and Zelboraf (vemurafenib)

Covered Doses

Up to 840 mg every 2 weeks, 1200 mg every 3 weeks, or 1680 mg every 4 weeks

Coverage Period

Indefinitely

ICD-10:

C43.0, C43.10, C43.111, C43.112, C43.121, C43.122, C43.20-C43.22, C43.30, C43.31, C43.39, C43.4, C43.51, C43.52, C43.59-C43.62, C43.70-C43.72, C43.8, C43.9

Mesothelioma: peritoneal

1. Used for subsequent therapy, **AND**
2. Being used in combination with bevacizumab

Covered Doses

Up to 840 mg every 2 weeks, 1200 mg every 3 weeks, or 1680 mg every 4 weeks

Coverage Period

Indefinitely

ICD-10:

C45.1

Non-small cell lung cancer

1. Either of the following:

a. Adjuvant treatment, and all of the following:

i. Either of the following:

1. ***Through 7/30/2023***: Single agent use following surgery and/or adjuvant chemotherapy, or
2. ***Effective 7/31/2023 and after***: Single agent use following adjuvant chemotherapy

AND

- ii. Provider attestation that tumor expresses PD-L1 $\geq 1\%$ as determined by an FDA-approved test

OR

b. Recurrent, advanced, or metastatic disease, and one of the following:

i. First-line or subsequent treatment and one of the following:

1. Single agent use, or
2. In combination with carboplatin, paclitaxel, and bevacizumab for non-squamous histology, or
3. In combination with carboplatin and albumin-bound paclitaxel for non-squamous cell histology

OR

ii. Maintenance treatment and one of the following:

1. In combination with bevacizumab following first-line therapy with Tecentriq, carboplatin, paclitaxel, and bevacizumab for nonsquamous cell histology, or
2. As a single agent following first-line therapy with single agent Tecentriq, or
3. As a single agent following first line treatment with Tecentriq, carboplatin, and albumin-bound paclitaxel for non-squamous cell histology

Covered Doses

Up to 840 mg every 2 weeks, 1200 mg every 3 weeks, or 1680 mg every 4 weeks

Coverage Period

Indefinitely

ICD-10:

C33, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, Z85.118

Small cell lung cancer

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1. Extensive stage disease (metastatic or inoperable or not eligible for radiation due to advanced stage), **AND**
2. Patient has not received prior systemic treatment for extensive stage disease, **AND**
3. Used in combination with etoposide and carboplatin

Covered Doses

1200 mg IV on day 1 of four 21-day cycles in combination with etoposide and carboplatin, followed by maintenance dose of 1200 mg IV every 3 weeks thereafter

Coverage period

Indefinitely

ICD-10:

C7A.1, C33, C34.00-C34.02, C34.10-C34.12, C34.2, C34.30-C34.32, C34.80-C34.82, C34.90-C34.92, C78.00-C78.02, C79.31, C79.51, C79.52

(3) The following condition(s) DO NOT require Prior Authorization/Preservice

All requests for Tecentriq™ (atezolizumab) must be sent for clinical review and receive authorization prior to drug administration or claim payment.

(4) This Medication is NOT medically necessary for the following condition(s)

Coverage for a Non-FDA approved indication, requires that criteria outlined in Health and Safety Code § 1367.21, including objective evidence of efficacy and safety are met for the proposed indication.

Please refer to the Provider Manual and User Guide for more information.

(5) Additional Information

How Supplied:

- 840 mg (single-use vial)
- 1200 mg (single-use vial)

(6) References

- AHFS®. Available by subscription at <http://www.lexi.com>
- DrugDex®. Available by subscription at <http://www.micromedexsolutions.com/home/dispatch>
- National Comprehensive Cancer Network Drugs & Biologics Compendium. Tecentriq (2023). Available by subscription at: www.nccn.org.
- National Comprehensive Cancer Network. Bladder Cancer (Version 1.2023). Available at <http://www.nccn.org>
- National Comprehensive Cancer Network. Cervical Cancer (Version 1.2023). Available at <http://www.nccn.org>
- National Comprehensive Cancer Network. Hepatobiliary Cancer (Version 2.2023). Available at <http://www.nccn.org>
- National Comprehensive Cancer Network. Melanoma: Cutaneous (Version 2.2023). Available at <http://www.nccn.org>
- National Comprehensive Cancer Network. Mesothelioma: Peritoneal (Version 1.2023). Available at <http://www.nccn.org>
- National Comprehensive Cancer Network. Non-Small Cell Lung Cancer (Version 2.2023). Available at <http://www.nccn.org>
- National Comprehensive Cancer Network. Small Cell Lung Cancer (Version 3.2023). Available at <http://www.nccn.org>

- National Comprehensive Cancer Network. Soft Tissue Sarcoma (Version 1.2023). Available at <http://www.nccn.org>
- Tecentriq® (atezolizumab) [Prescribing Information]. South San Francisco, CA: Genentech; 12/2022.

(7) Policy Update

Date of last review: 2Q2023

Date of next review: 2Q2024

Changes from previous policy version:

- New indication in Section (2): Added coverage for cervical cancer
Rationale: NCCN category 2A support
- Section (2): Hepatocellular carcinoma - Effective 7/31/2023, will require that disease is unresectable, inoperable, or metastatic
Rationale: NCCN category 2A support
- Section (2): Non-small cell lung cancer - Effective 7/31/2023, will require previous adjuvant chemotherapy prior to coverage for the use in adjuvant treatment
Rationale: FDA indication; NCCN category 2A support

*BSC Drug Coverage Criteria to Determine Medical Necessity
Reviewed by P&T Committee*