Evolent Clinical Guideline 3215 for Tecentriq™ and Tecentriq Hybreza™ (atezolizumab IV/SC)

Guideline Number: Evolent_CG_3215	**Applicable Codes**	
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STATEMENT

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.

INDICATIONS

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

- The member has not experienced disease progression on the requested medication AND
- The requested medication was used within the last year without a lapse of more than 30 days of having an active authorization AND
- Additional medication(s) are not being added to the continuation request.

Alveolar Soft Part Sarcoma (ASPS)

- 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).
- Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) may be substituted for Tecentriq (atezolizumab) only in adult members.

Hepatocellular Carcinoma

- 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.
    - High risk of recurrence is defined by any of the following:
        - Tumor size > 5 cm
        - Member having > 3 tumors

- Macrovascular invasion or microvessel invasion on histology
- Grade 3/4 histology

- Tecentriq (atezolizumab) may be used in combination with bevacizumab/bevacizumab biosimilar as first line therapy for adult 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 Hybreza (atezolizumab and hyaluronidase-tqjs) may be substituted for Tecentriq (atezolizumab).

Malignant Melanoma

- NOTE: 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 **Evolent Pathways**.

Non-Small Cell Lung Cancer (NSCLC)

- Tecentriq (atezolizumab) may be used as a single agent as subsequent therapy (if pembrolizumab/nivolumab/durvalumab/other checkpoint inhibitor not previously given) in adult members with metastatic/recurrent NSCLC who have progressed during or following platinum-based chemotherapy or with prior use of an EGFR or ALK inhibitor for EGFR/ALK positive disease.
- For adult 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 resection and platinum-based chemotherapy.
- Tecentriq (atezolizumab) may be used as monotherapy in the first-line treatment of adult members with metastatic NSCLC that is negative for EGFR and ALK mutations and whose tumors have high PD-L1 expression (PD-L1 stained ≥ 50% of tumor cells [TC ≥ 50%] or PD-L1 stained tumor-infiltrating immune cells [IC] covering ≥ 10% of the tumor area [IC ≥ 10%]).
- 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.
- Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) may be substituted for Tecentriq (atezolizumab).

Small Cell Lung Cancer (SCLC)

- Tecentriq (atezolizumab) may be used as initial treatment in combination with etoposide

and carboplatin or cisplatin followed by Tecentriq (atezolizumab) maintenance in adult members with extensive stage small cell lung cancer (ES-SCLC) 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.

- Tecentriq (atezolizumab) may be used in combination with Zepzelca (lurbinectedin) for the maintenance treatment of adult members with extensive stage small cell lung cancer (ES-SCLC) whose disease has not progressed following four cycles of first-line induction therapy with Tecentriq (atezolizumab), carboplatin, and etoposide.
- Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) may be substituted for Tecentriq (atezolizumab).

Urothelial carcinoma of the bladder and other urothelial carcinomas

- Tecentriq (atezolizumab) may be used as adjuvant treatment for adult members with muscle invasive bladder cancer (MIBC) after cystectomy who have circulating tumor DNA molecular residual disease (ctDNA MRD) as determined by an FDA-authorized test.
- 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 **Evolent Pathways**.
- Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) may be substituted for Tecentriq (atezolizumab).

CONTRAINDICATIONS/WARNINGS

- Contraindications
  - atezolizumab and hyaluronidase-tqjs
    - Known hypersensitivity to hyaluronidase, or any component of the formulation

EXCLUSION CRITERIA

- 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.
- 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.
- Dosing exceeds single dose limit of Tecentriq (atezolizumab) 840 mg IV every 2 weeks, 1,200 mg IV every 3 weeks, or 1,680 mg IV every 4 weeks.
- Dosing exceeds single dose limit of Tecentriq Hybreza (atezolizumab) 1875 mg SC every 3 weeks.
- 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:
    - Whether the clinical characteristics of the patient and the cancer are adequately represented in the published evidence.
    - Whether the administered chemotherapy/biologic therapy/immune therapy/targeted therapy/other oncologic therapy regimen is adequately represented in the published evidence.
    - 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.
    - 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).
    - 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.
    - That case reports are generally considered uncontrolled and anecdotal information and do not provide adequate supportive clinical evidence for determining accepted uses of drugs.
    - 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.

CODING AND STANDARDS

Codes

- J9022 - Injection, atezolizumab, 10 mg
- J9024 - Injection, atezolizumab, 5 mg and hyaluronidase-tqjs

Applicable Lines of Business

☐	CHIP (Children's Health Insurance Program)
☒	Commercial
☒	Exchange/Marketplace
☒	Medicaid
☐	Medicare Advantage

POLICY HISTORY

Date	Summary
June 2026	• Updated urothelial carcinoma indication section • Updated references
November 2025	• Converted to new Evolent guideline template • This guideline replaces UM ONC_1299 Tecentriq and Tecentriq Hybreza (atezolizumab IV/SC) • Added maintenance regimen with lurbinectedin in SCLC indication section • Updated indication section • Updated exclusion criteria • Updated references
November 2024	• Updated HCC indication section to include adjuvant treatment in combination with bevacizumab/bevacizumab biosimilar in adult members with high risk of recurrence • Added criteria for high risk of recurrence • Updated references
October 2024	• Added note to indication section that subcutaneous atezolizumab may be substituted for IV atezolizumab for all indications listed in the policy • Updated dosing in exclusion criteria • Updated references
June 2024	• Added to NSCLC indication section: “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.” • Added new reference • Updated NCH verbiage to Evolent

LEGAL AND COMPLIANCE

Guideline Approval

Committee

Reviewed / Approved by Evolent Specialty Services Clinical Guideline Review Committee

Disclaimer

Evolent Clinical Guidelines do not constitute medical advice. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Evolent uses Clinical Guidelines in accordance with its contractual obligations to provide utilization management. Coverage for services varies for individual members according to the terms of their health care coverage or government program. Individual members' health care coverage may not utilize some Evolent Clinical Guidelines. Evolent clinical guidelines contain guidance that requires prior authorization and service limitations. A list of procedure codes, services or drugs may not be all inclusive and does not imply that a service or drug is a covered or non-covered service or drug. Evolent reserves the right to review and update this Clinical Guideline in its sole discretion. Notice of any changes shall be provided as required by applicable provider agreements and laws or regulations. Members should contact their Plan customer service representative for specific coverage information.

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