Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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Tecentriq (atezolizumab)

DRUG.00088

Override(s)	Approval Duration
Prior Authorization Quantity Limit	1 year

Medications	Quantity Limit
Tecentriq (atezolizumab)	May be subject to quantity limits

APPROVAL CRITERIA

Tecentriq (atezolizumab) may be approved for the first-line treatment of metastatic or unresectable locally advanced, histologically documented triple-negative breast cancer (lack of estrogen- and progesterone-receptor expression and no overexpression of HER2) when the following criteria are met:

I. When used in combination with Abraxane (nab-paclitaxel); **AND**
II. When PD-L1 expression on tumor-infiltrating immune cells is greater than or equal to 1%; **AND**
III. Individual has a current ECOG performance status of 0-2; **AND**
IV. Individual has not received treatment with another PD-1 or PD-L1 agent (for example, nivolumab or pembrolizumab); **AND**
V. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

Tecentriq (atezolizumab) may be approved for the first-line treatment of recurrent, advanced or metastatic nonsquamous non-small cell lung cancer (NSCLC) when the following criteria are met:

I. When used in a combination regimen with carboplatin, paclitaxel, and bevacizumab; **AND**
II. When EGFR, ALK, ROS1, and BRAF are negative or unknown, and PD-L1 is less than 50% or unknown; **AND**
III. Individual has a current ECOG performance status of 0-1; **AND**
IV. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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Tecentriq (atezolizumab) may be approved for continuation maintenance therapy in combination with or without bevacizumab for recurrent, advanced or metastatic nonsquamous NSCLC when the following criteria are met:

I. Individual achieved tumor response or stable disease following initial cytotoxic therapy (first-line atezolizumab/carboplatin; paclitaxel/bevacizumab regimen); **and**
II. Individual has a current ECOG performance status of 0-2; **and**
III. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

Tecentriq (atezolizumab) may be approved for the subsequent treatment of recurrent, advanced or metastatic non-small cell lung cancer (NSCLC) (nonsquamous or squamous) when the following criteria are met:

I. Disease has progressed during or following platinum-containing chemotherapy (for example, cisplatin); **AND**
II. When anaplastic lymphoma kinase (ALK) or epidermal growth factor receptor (EGFR) genomic tumor aberrations are present, must have demonstrated disease progression on U.S. Food and Drug Administration approved therapy; **AND**
III. Individual has a current ECOG performance status of 0-2; **AND**
IV. Individual has not received treatment with another PD-1 or PD-L1 agent (for example, nivolumab or pembrolizumab); **AND**
V. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

Tecentriq (atezolizumab) may be approved for the first-line treatment of extensive-stage small cell lung cancer (SCLC) when the following criteria are met:

I. When used in a combination regimen with etoposide and carboplatin (followed by maintenance atezolizumab therapy alone); **AND**
II. Individual has a current ECOG performance status of 0-2; **AND**
III. Individual has not received treatment with another PD-1 or PD-L1 agent (for example, pembrolizumab); **AND**
IV. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

Tecentriq (atezolizumab) may be approved for first-line treatment of locally advanced or metastatic urothelial carcinoma when the following criteria are met:

I. Individual is ineligible for any platinum-containing chemotherapy; **AND**

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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II. For individuals who are not eligible for cisplatin-containing chemotherapy: tumor testing indicates that PD-L1 stained tumor-infiltrating immune cells cover expression greater than or equal to 5% of the tumor area, as determined by an FDA-approved test; **AND**
III. Individual has a current Eastern Cooperative Oncology Group (ECOG) performance status of 0-2; **AND**
IV. Individual has not received treatment with another PD-1 or PD-L1 agent (for example, nivolumab or pembrolizumab); **AND**
V. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant.

Tecentriq (atezolizumab) may be approved for subsequent treatment of locally advanced or metastatic urothelial carcinoma when the following criteria are met:

I. Disease has progressed during or following platinum-containing chemotherapy (for example, cisplatin); **OR**
II. Disease has progressed within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy; **AND**
III. Individual has a current ECOG performance status of 0-2; **AND**
IV. Individual has not received treatment with another PD-1 or PD-L1 agent (for example, nivolumab or pembrolizumab); **AND**
V. Individual is not receiving therapy for an autoimmune disease or chronic condition requiring treatment with a systemic immunosuppressant**.**

Tecentriq (atezolizumab) may **not** be approved when the above criteria are not met and for all other uses, including but not limited to:

- gastric cancer
- renal cancer
- colorectal cancer
- soft tissue sarcoma
- diffuse large B cell lymphoma
- follicular lymphoma
- hematological malignancies
- malignant melanoma
- multiple myeloma
- myelodysplastic syndromes

Market Applicability														
Market	**DC**	**FL & FHK**	**FL MMA**	**FL LTC**	**GA**	**KS**	**KY**	**MD**	**NJ**	**NV**	**NY**	**TN**	**TX**	**WA**
Applicable	X	X	NA	NA	X	NA	X	X	X	X	X	NA	NA	X

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State Specific Mandates		
State name N/A	Date effective N/A	Mandate details (including specific bill if applicable) N/A

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