GCHP Medi-Cal Clinical Guidelines
Atezolizumab (Tecentriq™)

PA Criteria	Criteria Details
Covered Uses (FDA approved indication)	Non-Small Cell Lung Cancer (NSCLC) • As adjuvant treatment following resection and platinum-based chemotherapy for adult patients with Stage II to IIIA NSCLC whose tumors have PD-L1 expression on ≥ 1% of tumor cells, as determined by an FDA-approved test. • For the first-line treatment of adult patients with metastatic NSCLC 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%]), as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations. • In combination with bevacizumab, paclitaxel, and carboplatin, for the first line treatment of adult patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations. • 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. • For the treatment of adult patients with metastatic NSCLC who have disease progression during or following platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for NSCLC harboring these aberrations prior to receiving Tecentriq. Small Cell Lung Cancer (SCLC) • In combination with carboplatin and etoposide, for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC). Hepatocellular Carcinoma (HCC) • In combination with bevacizumab for the treatment of adult patients with unresectable or metastatic HCC who have not received prior systemic therapy. Melanoma • In combination with cobimetinib and vemurafenib for the treatment of adult patients with BRAF V600 mutation-positive unresectable or metastatic melanoma. Alveolar Soft Part Sarcoma (ASPS) • For the treatment of adult and pediatric patients 2 years of age and older with unresectable or metastatic ASPS.

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<tr><td>Exclusion Criteria</td><td>

Grade three or four pneumonitis.
Grade three or four immune-mediated hepatitis.
Grade four diarrhea or colitis.
Grade four hypophysitis
Any grade of meningitis or encephalitis; or myasthenic syndrome/myasthenia gravis; or Guillain-Barré syndrome.
Any grade of recurrent pancreatitis.
Patients with grade three or four infusion reactions. Patients must be monitored for signs of infection.

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<tr><td>Required Medical Information</td><td>
For All Diagnoses

1. One of FDA approved diagnosis AND
2. Clinic notes confirming patients' diagnosis

Off-label indications: 1) The requested unlabeled use must represent reasonable and current prescribing practices based on current medical literature, provider organizations, or academic and professional specialists. 2) In addition, one of the following is required: a. Documentation of trial and failure (or contraindication) to on-label treatments, or b. There are no FDA-approved drug treatments for the diagnosis.
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<tr><td>Age Restriction</td><td>18 years of age and older; < 21 years of age, check for CCS eligibility.</td></tr>
<tr><td>Prescriber Restrictions</td><td>Hematologist, Oncologist</td></tr>
<tr><td>Coverage Duration</td><td>Initial: 6 months
Renewal: 12 months</td></tr>
<tr><td>Other Criteria / Information</td><td>
Adapted from DHCS Pharmacy Manual Chemo Drug t-z October 2024.
<table>
<tr><th>HCPCS</th><th>Description</th><th>Dosing, Units</th></tr>
<tr><td>J9022</td><td>injection, atezolizumab, 10 mg (Tecentriq)</td><td>UC - 840 mg every two weeks, 1200 mg every three weeks, or 1680 mg every four weeks.

NSCLC

• In the adjuvant setting following resection and up to four cycles of platinum-based chemotherapy – 840 mg every two weeks, 1200 mg every 3 weeks or 1680 mg every four weeks for up to one year.
• In the metastatic setting – 840 mg every two weeks, 1200 mg every three weeks, or 1680 mg every four weeks.
• When administering with chemotherapy with or without bevacizumab, administer TECENTRIQ prior to chemotherapy and bevacizumab when given on the same day.</td></tr>
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			SCLC - 840 mg every two weeks, 1200 mg every three weeks, or 1680 mg every four weeks. When administering with carboplatin and etoposide, administer TECENTRIQ prior to chemotherapy when given on the same day. **HC -** 840 mg every two weeks, 1200 mg every three weeks, or 1680 mg every four weeks. Administer TECENTRIQ prior to bevacizumab when given on the same day. **Melanoma -** Following completion of a 28-day cycle of cobimetinib and vemurafenib, administer TECENTRIQ 840 mg every two weeks, 1200 mg every three weeks, or 1680 mg every four weeks with cobimetinib 60 mg orally once daily (21 days on / seven days off) and vemurafenib 720 mg orally twice daily.

STATUS	DATE REVISED	REVIEW DATE	APPROVED / REVIEWED BY	EFFECTIVE DATE
Created	1/13/2025		Yoonhee Kim, Clinical Programs Pharmacist Lily Yip, Director of Pharmacy Services	N/A
Approved	N/A	2/13/2025	Pharmacy & Therapeutics (P&T) Committee	6/1/2025