Tecentriq (atezolizumab) is a non-preferred product and will only be considered for coverage under the medical benefit when the following criteria are met:

Members must be clinically diagnosed with one of the following disease states and meet their individual criteria as stated.

### NON-SMALL CELL LUNG CANCER (NSCLC)

For **initial** authorization:
1. Member must be 18 year of age or older; AND
2. Medication must be prescribed by oncologist/hematologist; AND
3. Member has metastatic disease progression during or following platinum-containing chemotherapy. Members with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Tecentriq; AND
4. Member does **not** have ANY of the following:
   a) History of autoimmune disease;
   b) Had active or corticosteroid-dependent brain metastases;
   c) Live attenuated vaccine administration within 28 days prior to therapy;
   d) Systemic immunostimulatory agent administration within 4 weeks or systemic immunosuppressive medications within 2 weeks prior to treatment.
5. **Dosage allowed:** Intravenous infusion of 1200 mg every 3 weeks.

*If member meets all the requirements listed above, the medication will be approved for 6 months.*

For **reauthorization**:
1. Member must be in compliance with all other initial criteria; AND
2. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease.

*If member meets all the reauthorization requirements above, the medication will be approved.*
**UROTHELIAL CARCINOMA (UrC)**

For **initial** authorization:
1. Member must be 18 year of age or older; AND
2. Medication must be prescribed by oncologist/hematologist; AND
3. Medication is being used for the treatment of patients with locally advanced or metastatic UrC who are not eligible for cisplatin-containing chemotherapy (i.e. impaired renal function (creatinine clearance of > 30 but < 60 mL/min), hearing loss of ≥ 25 dB at two contiguous frequencies, or ≥ Grade 2 peripheral neuropathy); OR
4. Medication is being used for the treatment of patients with locally advanced or metastatic UrC who have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy; AND
5. Member does **not** have ANY of the following:
   a) History of autoimmune disease;
   b) Active or corticosteroid dependent brain metastases;
   c) Administration of a live, attenuated vaccine within 28 days prior to enrollment;
   d) Administration of systemic immunostimulatory agents within 6 weeks or systemic immunosuppressive medications within 2 weeks prior to enrollment.
6. **Dosage allowed:** Intravenous infusion of 1200 mg every 3 weeks.

**If member meets all the requirements listed above, the medication will be approved for 6 months.**

For **reauthorization**:
1. Member must be in compliance with all other initial criteria; AND
2. Chart notes have been provided that show the member has shown improvement of signs and symptoms of disease.

**If member meets all the reauthorization requirements above, the medication will be approved.**

CareSource considers Tecentriq (atezolizumab) not medically necessary for the treatment of the diseases that are not listed in this document.

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTION/DESCRIPTION</th>
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<tbody>
<tr>
<td>06/22/2017</td>
<td>New policy for Tecentriq created.</td>
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**References:**

**Effective date:** 09/01/2017  
**Revised date:** 06/22/2017