ATRIO HEALTH PLANS

Chemotherapy: PD-L1 Inhibitor
Tecentriq (atezolizumab) J9022
Prior Authorization Request
Medicare Part B Form

*Instructions: * Indicates required information – Form may be returned if required information is not provided. Please fax this request to the appropriate fax number listed at the bottom of the page.*

☐	**NEW START - Start Date:**_____	☐	**Continuation** (within 365 days)**:** Date of last treatment _____
☐	Date Requested _____		
	Requestor _____ Clinic name: _____ Phone / Fax		

MEMBER INFORMATION

*Name:_____ *ID#:_____ *DOB:_____

PRESCRIBER INFORMATION

*Name:_____ ☐MD ☐FNP ☐DO ☐NP ☐PA *Phone:_____

*Address:_____ *Fax:_____

DISPENSING PROVIDER / ADMINISTRATION INFORMATION

*Name:_____ Phone:_____

*Address:_____ Fax:_____

PROCEDURE / PRODUCT INFORMATION

HCPC Code	Name of Drug ☐ Self-administered	Dose (Wt: _____ kg Ht:_____)	Frequency	End Date if known

☐Chart notes attached. **Other important information:**_____

Diagnosis: ICD10: _____ **Description**: _____

☐ Provider attests the diagnosis provided is an FDA-Approved indication for this drug

CLINICAL INFORMATION

☐ New Start or Initial Request: (Clinical documentation required for all requests)

☐ **Provider has reviewed the attached "Criteria for Approval" and attests the member meets ALL required PA criteria.**

If not, please provide **clinical rationale** for formulary exception: _____

_____

☐ Continuation Requests: (Clinical documentation required for all requests)

☐ **Provider has reviewed the attached "Criteria for Continuation" and attests the member meets ALL required PA Continuation criteria.**

☐ Patient had an adequate response or significant improvement while on this medication.

If not, please provide clinical rationale for continuing this medication: _____

_____

ACKNOWLEDGEMENT

Request By (Signature Required): _____ **Date:**_____ /____ /____

Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. **THIS AUTHORIZATION IS NOT A GUARANTEE OF PAYMENT.** PAYMENT IS BASED ON BENEFITS IN EFFECT AT THE TIME OF SERVICE, MEMBER ELIGIBILITY AND MEDICAL NECESSITY.

For questions or assistance, please contact Customer Service at 1-877-672-8620, daily, 8am – 8pm (PST) (TTY users should call 1-800-735-2900).

Prior Authorization Group – Oncology: PD-L1 Inhibitors PA

Drug Name(s):
TECENTRIQ
ATEZOLIZUMAB

Criteria for approval of Prior Authorization Drug:
Atezolizumab may be indicated when ALL of the following are present(1):

1. Age 18 years or older(3)(10)
2. Malignancy appropriate for atezolizumab treatment, as indicated by 1 or more of the following:
    a. Breast cancer, as indicated by ALL of the following[A](19)(20):
        i. Administered in combination with paclitaxel protein-bound
        ii. HER2-negative and hormone receptor-negative (ie, triple-negative) disease
        iii. Tumor tissue expresses PD-L1 of 1% or greater by US Food and Drug Administration (FDA)-approved test.
        iv. Unresectable locally advanced or metastatic disease
    b. Non-small cell lung cancer, as indicated by ALL of the following[B](2)(21):
        i. EGFR and ALK gene rearrangements absent (ie, "EGFR-negative," "ALK-negative"), or if present, disease progression on US Food and Drug Administration (FDA)-approved therapy for these gene rearrangements(28)(29)
        ii. Locally advanced or metastatic disease(10)
        iii. No previous use of systemic immune checkpoint inhibitor (eg, pembrolizumab, nivolumab)
        iv. Systemic therapy needed for 1 or more of the following:
            1. Disease progression during or following platinum-based chemotherapy(10)
            2. First-line therapy for nonsquamous disease and administered in combination with 1 or more of the following:
                a. Bevacizumab, carboplatin, and paclitaxel(23)(27)(30)
                b. Carboplatin and paclitaxel protein-bound(22)
    c. Small cell lung cancer, as indicated by ALL of the following[C](31)(32):
        i. Administered in combination with carboplatin and etoposide or as maintenance monotherapy
        ii. Extensive-stage disease
        iii. Previously untreated disease
    d. Urothelial carcinoma, locally advanced or metastatic, as indicated by 1 or more of the following[D]:
        i. Disease progression during or following platinum-containing chemotherapy(3)
        ii. Disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy
        iii. Patient not eligible for cisplatin-containing chemotherapy, and tumor tissue expresses PD-L1 of 5% or greater by US Food and Drug Administration (FDA)-approved test
        iv. Patient not eligible for platinum-containing chemotherapy, regardless of level of tumor PD-L1 expression
3. Patient not pregnant or breast-feeding
4. Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.

- If the member meets all these criteria, they may be approved by the Plan for the requested drug.
- Quantity limits and Tiering will be determined by the Plan.

Exclusion Criteria:
Cannot be prescribed for experimental or investigational use.

Prescriber Restrictions:
Oncologist or other cancer specialist

Coverage Duration:
New Start: Approval will be for 6 months
Continuation: Approval will be for 12 months

FDA Indications:
Tecentriq

- Extensive stage small cell lung cancer, First-line treatment in combination with CARBOplatin and etoposide Liver carcinoma, Unresectable or metastatic, in combination with bevacizumab, in patients who have not received prior systemic therapy
- Malignant melanoma, Unresectable or metastatic, BRAF V600 mutation positive, in combination with cobimetinib and vemurafenib
- Metastatic urothelial carcinoma, Or locally advanced in patients not eligible for cisplatin-containing chemotherapy with PD-L1 expression or in patients not eligible for any platinum-containing chemotherapy regardless of PD-L1 status
- Non-small cell lung cancer, Metastatic, high PD-L1 expression, first-line treatment, single agent, with no EGFR or ALK genomic tumor aberrations
- Non-small cell lung cancer, Metastatic, with progression during or after platinum-based chemotherapy; patients with ALK or EGFR genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving atezolizumab
- Nonsquamous non-small cell lung cancer, Metastatic; first-line treatment in combination with bevacizumab, paclitaxel, and CARBOplatin in patients with no EGFR or ALK genomic tumor aberrations
- Nonsquamous non-small cell lung cancer, Metastatic; first-line treatment in combination with paclitaxel protein-bound and CARBOplatin in patients with no EGFR or ALK genomic tumor aberrations
- Triple-negative breast cancer, Unresectable locally advanced or metastatic disease with PD-L1 expression; in combination with paclitaxel protein-bound

Off-Label Uses:

- Extensive stage small cell lung cancer, First-line treatment in combination with carboplatin and etoposide
- Nonsquamous non-small cell lung cancer, Metastatic; first-line treatment in combination with bevacizumab, paclitaxel, and carboplatin in patients with no EGFR or ALK genomic tumor aberrations
- Triple-negative breast cancer, Unresectable locally advanced or metastatic disease with PD-L1 expression, in combination with paclitaxel protein-bound

Age Restrictions:
N/A

Other Clinical Considerations:
Criteria as per NCCN or other FDA-approved cancer related guidelines.

Resources:
https://www.micromedexsolutions.com/micromedex2/librarian/CS/73D5C4/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/61F6A7/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=931869&contentSetId=100&title=Atezolizumab&servicesTitle=Atezolizumab&brandName=Tecentriq&UserMdxSearchTerm=tecentriq&=null#