

5.21.080

Section:	Prescription Drugs	Effective Date:	October 24, 2025
Subsection:	Antineoplastic Agents	Original Policy Date:	June 3, 2016
Subject:	Tecentriq	Page:	1 of 8

Last Review Date: June 12, 2025

Tecentriq

Description

Tecentriq (atezolizumab)

Tecentriq Hybreza* (atezolizumab and hyaluronidase-tqjs)

*Product covered on the medical benefit only

Background

Tecentriq (atezolizumab) is a programmed death-ligand 1 (PD-L1) blocking antibody indicated for the treatment of patients with non-small cell lung cancer (NSCLC), small cell lung cancer (SCLC), hepatocellular carcinoma (HCC), melanoma, and alveolar soft part sarcoma (ASPS). PD-L1 is an immune check point protein expressed on tumor cells and tumor infiltrating cells that down regulates anti-tumor t-cell function. Tecentriq works by blocking the PD-L1 pathway which may help the body's own immune system fight off the cancer cells. Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) is a coformulation of atezolizumab and hyaluronidase. Hyaluronidase increases permeability of the subcutaneous tissue by depolarizing hyaluronan (1-2).

Regulatory Status

FDA-approved indications: Tecentriq and Tecentriq Hybreza are indicated for the treatment of patients with: (1-2)

1. Non-small cell lung cancer (NSCLC):
 - a. 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 $\geq 1\%$ of tumor cells, as determined by an FDA-approved test
 - b. For the first-line treatment of adult patients with metastatic NSCLC whose tumors have high PD-L1 expression (PD-L1 stained $\geq 50\%$ of tumor cells [TC $\geq 50\%$] or

Section:	Prescription Drugs	Effective Date:	October 24, 2025
Subsection:	Antineoplastic Agents	Original Policy Date:	June 3, 2016
Subject:	Tecentriq	Page:	2 of 8

PD-L1 stained tumor-infiltrating immune cells [IC] covering $\geq 10\%$ of the tumor area [IC $\geq 10\%$]), as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations

- c. 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
 - d. 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
 - e. 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 or Tecentriq Hybreza
2. Small cell lung cancer (SCLC):
- a. In combination with carboplatin and etoposide for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC)
 - b. In combination with lurbinectedin, for maintenance treatment of adult patients with ES-SCLC whose disease has not progressed after first-line induction therapy with Tecentriq or Tecentriq Hybreza, and carboplatin plus etoposide
3. Hepatocellular carcinoma (HCC)
- a. In combination with bevacizumab for the treatment of adult patients with unresectable or metastatic HCC who have not received prior systemic therapy
4. Melanoma
- a. In combination with cobimetinib and vemurafenib for the treatment of adult patients with BRAF V600 mutation-positive unresectable or metastatic melanoma
5. Alveolar soft part sarcoma (ASPS)
- a. For the treatment of adult and pediatric patients 2 years of age and older (adult patients only for Tecentriq Hybreza) with unresectable or metastatic ASPS

Patients should be monitored for multiple immune-related conditions including the following: immune-related pneumonitis, immune-related hepatitis, immune-related colitis, immune-related endocrinopathies, immune-related pancreatitis, and immune-related myasthenic syndrome/myasthenia gravis, or meningoencephalitis. Additionally, patients should be monitored for the development of other conditions including ocular inflammatory toxicity, severe or life-threatening infections, infusion reactions, and severe intestinal obstructions. Immune-mediated hepatitis occurred in patients receiving Tecentriq and Tecentriq Hybreza treatment. Liver test abnormalities also occurred in patients who received Tecentriq and Tecentriq Hybreza. Monitor

Section:	Prescription Drugs	Effective Date:	October 24, 2025
Subsection:	Antineoplastic Agents	Original Policy Date:	June 3, 2016
Subject:	Tecentriq	Page:	3 of 8

patients for signs and symptoms of hepatitis. Liver function tests should be performed periodically during treatment with Tecentriq and Tecentriq Hybreza including bilirubin, ALT, and AST. Therapy with this agent should be withheld for the development of moderate conditions associated with treatment and permanently discontinued for severe conditions (1-2).

The safety and effectiveness of Tecentriq for ASPS has not been established in pediatric patients younger than 2 years of age. The safety and effectiveness of Tecentriq Hybreza for ASPS has not been established in pediatric patients less than 18 years of age. The safety and effectiveness of Tecentriq and Tecentriq Hybreza in pediatric patients less than 18 years of age for all other indications have not been established (1-2).

Related policies.

Imfinzi, Keytruda, Opdivo

Policy

This policy statement applies to clinical review performed for pre-service (Prior Approval, Precertification, Advanced Benefit Determination, etc.) and/or post-service claims.

Tecentriq and Tecentriq Hybreza may be considered **medically necessary** if the conditions indicated below are met.

Tecentriq and Tecentriq Hybreza may be considered **investigational** for all other indications.

Prior-Approval Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

1. Stage II to IIIA non-small cell lung cancer (NSCLC)
 - a. Used as adjuvant treatment following resection and platinum-based chemotherapy
 - b. PD-L1 expression on $\geq 1\%$ of tumor cells as determined by an FDA-approved test

Section:	Prescription Drugs	Effective Date:	October 24, 2025
Subsection:	Antineoplastic Agents	Original Policy Date:	June 3, 2016
Subject:	Tecentriq	Page:	4 of 8

2. Metastatic non-small cell lung cancer (NSCLC) with **ONE** of the following:
 - a. Negative for EGFR or ALK tumor expression **AND ONE** of the following:
 - i. Disease progression on or after platinum-containing chemotherapy
 - ii. Used as first-line treatment in patients with tumors that have high PD-L1 expression as determined by an FDA-approved test
 - b. Positive EGFR or ALK tumor expression
 - i. Disease progression on or after platinum-containing chemotherapy
 - ii. Disease progression after targeted FDA-approved therapy
3. Metastatic non-squamous non-small cell lung cancer (NSCLC)
 - a. First-line treatment
 - b. Used in combination with **ONE** of the following:
 - i. Bevacizumab, paclitaxel, and carboplatin
 - ii. Paclitaxel protein-bound and carboplatin
 - c. Negative for EGFR or ALK tumor expression
4. Extensive-stage small cell lung cancer (ES-SCLC) with **ONE** of the following:
 - a. First-line treatment
 - i. Used in combination with carboplatin and etoposide
 - b. Maintenance treatment
 - i. Used in combination with Zepzelca (lurbinectedin)
 - ii. Disease has not progressed after first-line induction therapy with Tecentriq or Tecentriq Hybreza, and carboplatin plus etoposide
5. Unresectable or metastatic hepatocellular carcinoma (HCC)
 - a. Used as monotherapy or in combination with bevacizumab
 - b. Patient has not received prior systemic therapy
6. Unresectable or metastatic melanoma
 - a. Used in combination with cobimetinib and vemurafenib
 - b. Positive for BRAF V600 mutation as determined by an FDA-approved test

AND ALL of the following:

Section:	Prescription Drugs	Effective Date:	October 24, 2025
Subsection:	Antineoplastic Agents	Original Policy Date:	June 3, 2016
Subject:	Tecentriq	Page:	5 of 8

- a. Prescriber agrees to monitor liver enzymes including ALT, AST, and bilirubin
 - b. Prescriber agrees to monitor for immune-related toxicities
-

Diagnosis

Patient must have the following:

- 1. Unresectable or metastatic alveolar soft part sarcoma (ASPS)
 - a. **Tecentriq only:** 2 years of age or older
 - b. **Tecentriq Hybreza only:** 18 years of age or older

AND ALL of the following:

- a. Prescriber agrees to monitor liver enzymes including ALT, AST, and bilirubin
 - b. Prescriber agrees to monitor for immune-related toxicities
-

Prior – Approval *Renewal* Requirements

Age 18 years of age or older

Diagnoses

Patient must have **ONE** of the following:

- 1. Metastatic non-small cell lung cancer (NSCLC)
- 2. Metastatic non-squamous non-small cell lung cancer (NSCLC)
- 3. Extensive-stage small cell lung cancer (ES-SCLC)
- 4. Unresectable or metastatic hepatocellular carcinoma (HCC)
- 5. Unresectable or metastatic melanoma

AND the following:

- a. **NO** disease progression or unacceptable toxicities
-

Diagnosis

Patient must have the following:

- 1. Unresectable or metastatic alveolar soft part sarcoma (ASPS)
 - a. **Tecentriq only:** 2 years of age or older
 - b. **Tecentriq Hybreza only:** 18 years of age or older

Section:	Prescription Drugs	Effective Date:	October 24, 2025
Subsection:	Antineoplastic Agents	Original Policy Date:	June 3, 2016
Subject:	Tecentriq	Page:	6 of 8

AND the following:

- a. **NO** disease progression or unacceptable toxicities

Policy Guidelines

Pre - PA Allowance

None

Prior - Approval Limits

Duration 12 months

Prior – Approval *Renewal* Limits

Duration 12 months

NO renewal for Stage II to IIIA NSCLC

Rationale

Summary

Tecentriq (atezolizumab) and Tecentriq Hybreza (atezolizumab and hyaluronidase-tqjs) are indicated for the treatment of patients with non-small cell lung cancer (NSCLC), small cell lung cancer (SCLC), hepatocellular carcinoma (HCC), melanoma, and alveolar soft part sarcoma (ASPS). Tecentriq and Tecentriq Hybreza have been associated with many toxicities and patients should be monitored accordingly. The safety and effectiveness of Tecentriq for ASPS has not been established in pediatric patients younger than 2 years of age. The safety and effectiveness of Tecentriq Hybreza for ASPS has not been established in pediatric patients younger than 18 years of age. The safety and effectiveness of Tecentriq and Tecentriq Hybreza in pediatric patients less than 18 years of age for all other indications have not been established (1-2).

Prior approval is required to ensure the safe, clinically appropriate, and cost-effective use of Tecentriq and Tecentriq Hybreza while maintaining optimal therapeutic outcomes.

References

1. Tecentriq [package insert]. South San Francisco, CA: Genentech Inc.; October 2025.

Section:	Prescription Drugs	Effective Date:	October 24, 2025
Subsection:	Antineoplastic Agents	Original Policy Date:	June 3, 2016
Subject:	Tecentriq	Page:	7 of 8

2. Tecentriq Hybreza [package insert]. South San Francisco, CA: Genentech Inc.; October 2025.
3. NCCN Drugs & Biologics Compendium® Atezolizumab 2025. National Comprehensive Cancer Network, Inc. Accessed on October 3, 2025.

Policy History

Date	Action
June 2016	Addition to PA
November 2016	Additional of metastatic non-small cell lung cancer diagnosis to criteria
March 2017	Annual review
June 2017	Annual editorial review and reference update
	Addition to locally advanced or metastatic urothelial carcinoma the option of patients not eligible for cisplatin-containing chemotherapy
September 2017	Annual Review
June 2018	Annual editorial review
July 2018	Addition of use of medication in patients with locally advanced or metastatic urothelial carcinoma in patients who are not eligible for any platinum-containing chemotherapy
	Removal of requirement: Disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy
September 2018	Annual review
November 2018	Annual review
December 2018	Addition of new indication: Metastatic non-squamous NSCLC
March 2019	Addition of new indications: Triple-negative breast cancer (TNBC) and Extensive-stage small cell lung cancer
June 2019	Annual review
December 2019	Addition of indication: Metastatic non-squamous NSCLC in combination with paclitaxel protein-bound and carboplatin
March 2020	Annual review
June 2020	Addition of indication: Metastatic NSCLC whose tumors have high PD-L1 expression as determined by an FDA-approved test, with no EGFR or ALK genomic tumor aberrations. Revised NSCLC indication with EGFR or ALK tumor expression. Addition of indication: hepatocellular carcinoma
August 2020	Addition of indication: Unresectable or metastatic melanoma
September 2020	Annual review
April 2021	Removed locally advanced or metastatic urothelial carcinoma post-platinum therapy. Added limitations of use for TNBC based on product label update. Added "unresectable" to TNBC indication
June 2021	Annual review
September 2021	Annual review and reference update. Removed TNBC indication per manufacturer announcement

Section:	Prescription Drugs	Effective Date:	October 24, 2025
Subsection:	Antineoplastic Agents	Original Policy Date:	June 3, 2016
Subject:	Tecentriq	Page:	8 of 8

November 2021	Addition of indication: Stage II to IIIA NSCLC. Changed initial approval duration to 12 months
December 2021	Annual review
September 2022	Annual review and reference update
December 2022	Removal of indication per PI update: locally advanced or metastatic urothelial carcinoma. Per PI update, added indication of alveolar soft part sarcoma (ASPS)
March 2023	Annual review and reference update
September 2023	Annual review and reference update
March 2024	Annual review and reference update
September 2024	Annual review and reference update
December 2024	Annual review and reference update. Addition of Tecentric Hybreza to PA
March 2025	Annual review and reference update
June 2025	Annual review and reference update
October 2025	Per PI update, added indication of maintenance treatment of ES-SCLC

[Keywords](#)

This policy was effective with interim approval on October 24, 2025 and will be reviewed by the FEP® Pharmacy and Medical Policy Committee on December 12, 2025.