Reference number(s)
2132-A

CVS caremark

Standard Medicare Part B Management Tecentriq

Products Referenced by this Document

Drugs that are listed in the following table include both brand and generic and all dosage forms and strengths unless otherwise stated. Over-the-counter (OTC) products are not included unless otherwise stated.

Brand Name	Generic Name
Tecentriq	atezolizumab

Indications

The indications below including FDA-approved indications and compendial uses are considered a covered benefit provided that all the approval criteria are met and the member has no exclusions to the prescribed therapy.

FDA-Approved Indications[1]

Non-Small Cell Lung Cancer (NSCLC)

Tecentriq, as a single-agent, is indicated as adjuvant treatment following resection and platinum-based chemotherapy for adult patients with stage II to IIIA non-small cell lung cancer (NSCLC) whose tumors have PD-L1 expression on ≥ 1% of tumor cells, as determined by an FDA-approved test

Tecentriq, as a single-agent, is indicated 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.

Tecentriq, in combination with bevacizumab, paclitaxel, and carboplatin, is indicated for the first-line treatment, of adult patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations.

Tecentriq, in combination with paclitaxel protein-bound and carboplatin, is indicated for the first-line treatment of adult patients with metastatic non-squamous NSCLC with no EGFR or ALK genomic tumor aberrations.

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Tecentriq, as a single agent is, indicated 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 the requested medication.

Small Cell Lung Cancer (SCLC)

Tecentriq, in combination with carboplatin and etoposide, is indicated for the first-line treatment of adult patients with extensive-stage small cell lung cancer (ES-SCLC).

Tecentriq, 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 atezolizumab and hyaluronidase-tqjs, carboplatin and etoposide.

Hepatocellular Carcinoma (HCC)

Tecentriq, in combination with bevacizumab, is indicated for the treatment of patients with unresectable or metastatic HCC who have not received prior systemic therapy.

Melanoma

Tecentriq, in combination with cobimetinib and vemurafenib, is indicated for the treatment of adult patients with BRAF V600 mutation-positive unresectable or metastatic melanoma.

Alveolar Soft Part Sarcoma (ASPS)

Tecentriq, as a single agent, is indicated for the treatment of adult and pediatric patients 2 years of age and older with unresectable or metastatic ASPS.

Compendial Uses[2]

- Urothelial carcinoma
- Non-small cell lung cancer (NSCLC)
- Small cell lung cancer (SCLC)
- Hepatocellular carcinoma (HCC)
- Mesothelioma
- Cervical cancer
- Colon cancer
- Thymic carcinoma
- Chronic lymphocytic leukemia (CLL)
- Small bowel adenocarcinoma

All other indications will be assessed on an individual basis. Submissions for indications other than those listed in this document should be accompanied by supporting evidence from Medicare approved compendia.

Documentation

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The following documentation must be available, upon request, for all submissions:

- Test results confirming PD-L1 tumor expression (where applicable)
- Test results confirming tumor is positive for BRAF V600 mutation (where applicable)
- Test results confirming the absence of EGFR exon 19 deletions or L858R mutations or ALK, RET, or ROS1 gene fusions (where applicable)
- Documentation of laboratory report confirming microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR), or polymerase epsilon/delta (POLE/POLD1) with ultra-hypermutated tumor mutational burden [TMB] (greater than 50 mutations/megabase [mut/Mb]) (where applicable)

Exclusions

Coverage will not be provided for members who have experienced disease progression while on PD-1 or PD-L1 inhibitor therapy.

Criteria for Initial Approval[1,2]

Urothelial Carcinoma

Authorization of 12 months may be granted for treatment of urothelial carcinoma when the member is not eligible for any platinum containing chemotherapy and the requested medication will be used as a single agent as first line therapy.

Non-Small Cell Lung Cancer (NSCLC)

- Authorization of 12 months may be granted for treatment of recurrent, advanced or metastatic non-small cell lung cancer when there are no EGFR exon 19 deletions or L858R mutations or ALK, RET, or ROS1 gene fusions (unless testing is not feasible due to insufficient tissue) and any of the following criteria are met:
    - The requested medication will be used as continued maintenance therapy as a single agent or in combination with bevacizumab.
    - The requested medication will be used as first line or subsequent therapy in combination with chemotherapy with or without bevacizumab.
    - The requested medication will be used as first line or subsequent therapy as a single agent.
- Authorization of 12 months may be granted for adjuvant treatment of stage IB to IIIB non-small cell lung cancer that is PD-L1 positive as a single agent, when there are no EGFR exon 19 deletions or L858R mutations, or ALK, RET, or ROS1 gene fusions (unless testing is not feasible due to insufficient tissue).

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Small Cell Lung Cancer (SCLC)

Authorization of 12 months may be granted for treatment of small cell lung cancer when the requested medication will be used in combination with etoposide and carboplatin, followed by maintenance therapy as a single agent or with lurbinectedin, for extensive-stage disease.

Hepatocellular Carcinoma (HCC)

Authorization of 12 months may be granted in combination with bevacizumab for the treatment of progressive, unresectable, or metastatic hepatocellular carcinoma (HCC).

Melanoma

Authorization of 12 months may be granted for subsequent treatment of BRAF V600 mutation-positive unresectable or metastatic melanoma when the requested medication is used in combination with cobimetinib (Cotellic) and vemurafenib (Zelboraf).

Mesothelioma

Authorization of 12 months may be granted for subsequent treatment of peritoneal mesothelioma, pericardial mesothelioma, or tunica vaginalis testis mesothelioma when used in combination with bevacizumab.

Alveolar Soft Part Sarcoma (ASPS)

Authorization of 12 months may be granted for the treatment of patients with unresectable or metastatic alveolar soft part sarcoma when used as a single agent.

Cervical Cancer

Authorization of 12 months may be granted for the treatment of cervical cancer when either of the following criteria is met:

- The member has persistent, recurrent or metastatic small cell neuroendocrine carcinoma of the cervix (NECC) when used in combination with etoposide and either cisplatin or carboplatin (may be used as a single agent for maintenance).
- The member has recurrent or metastatic adenocarcinoma, adenosquamous, or squamous cell carcinoma and the requested medication will be used in combination with bevacizumab, paclitaxel, and either cisplatin or carboplatin (may be used in combination with bevacizumab for maintenance).

Colon Cancer

Authorization of 12 months may be granted for adjuvant treatment of stage IIC to III colon cancer when all of the following criteria are met:

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- The requested medication will be used in combination with FOLFOX or CAPEOX regimens (followed by single agent maintenance).
- The member's disease is confirmed to be deficient mismatch repair/microsatellite instability-high (dMMR/MSI-H) or polymerase epsilon/delta (POLE/POLD1) mutation with ultra-hypermutated phenotype (TMB >50 mut/Mb).

Thymic Carcinoma

Authorization of 12 months may be granted for first-line or postoperative systemic therapy for thymic carcinoma in combination with carboplatin and paclitaxel followed by single agent maintenance.

Chronic Lymphocytic Leukemia (CLL)

Authorization of 12 months may be granted for the treatment of chronic lymphocytic leukemia (CLL) with Richter's transformation when the requested medication will be used in combination with venetoclax and obinutuzumab.

Small Bowel Adenocarcinoma

Authorization of 12 months may be granted for the treatment of small bowel adenocarcinoma when the disease is confirmed to be deficient mismatch repair/microsatellite instability-high (dMMR/MSI-H) or polymerase epsilon/delta (POLE/POLD1) mutation with ultra-hypermutated phenotype (TMB >50 mut/Mb) in any of the following settings:

- As adjuvant therapy when used combination with FOLFOX (fluorouracil, leucovorin, and oxaliplatin) or CAPEOX (capecitabine and oxaliplatin) regimens, followed by single agent maintenance
- As neoadjuvant therapy for resectable disease, when used as a single agent
- As treatment for locally unresectable, medically inoperable, advanced, or metastatic disease, when used as a single agent

Continuation of Therapy

All members (including new members) requesting authorization for continuation of therapy must be currently receiving therapy with the requested agent.

Authorization for 12 months (12 months total for adjuvant treatment of HCC, NSCLC, colon cancer, and small bowel adenocarcinoma or 24 months total for the treatment of thymic carcinoma) may be granted when all of the following criteria are met:

- The member is currently receiving therapy with the requested medication.

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- The requested medication is being used to treat an indication enumerated in the Coverage Criteria section.
- The member is receiving benefit from therapy. Benefit is defined as:
    - No evidence of unacceptable toxicity while on the current regimen AND
    - No evidence of disease progression while on the current regimen.

Summary of Evidence

The contents of this document were created after examining the following resources:

- The prescribing information for Tecentriq.
- The available compendium
    - National Comprehensive Cancer Network (NCCN) Drugs and Biologics Compendium
    - Micromedex DrugDex
    - American Hospital Formulary Service- Drug Information (AHFS-DI)
    - Lexi-Drugs
    - Clinical Pharmacology
- NCCN Guideline: Small cell lung cancer
- NCCN Guideline: Peritoneal mesothelioma
- NCCN Guideline: Cutaneous melanoma
- NCCN Guideline: Non-small cell lung cancer
- NCCN Guideline: Hepatocellular carcinoma
- NCCN Guideline: Soft tissue sarcoma
- NCCN Guideline: Bladder cancer
- NCCN Guideline: Cervical cancer
- NCCN Guideline: Colon cancer
- NCCN Guideline: Thymomas and thymic carcinomas
- NCCN Guideline: Chronic lymphocytic leukemia/small lymphocytic lymphoma
- NCCN Guideline: Small bowel adenocarcinoma

After reviewing the information in the above resources, the FDA-approved indications listed in the prescribing information for Tecentriq are covered in addition to the following:

- Urothelial carcinoma
- Non-small cell lung cancer (NSCLC)
- Small cell lung cancer (SCLC)
- Mesothelioma
- Cervical Cancer
- Hepatocellular carcinoma
- Colon cancer
- Thymic carcinoma
- Chronic lymphocytic leukemia
- Small bowel adenocarcinoma

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Explanation of Rationale

Support for FDA-approved indications can be found in the manufacturer's prescribing information.

Support for using Tecentriq to treat urothelial carcinoma, non-small cell lung cancer, small cell lung cancer, hepatocellular carcinoma, cervical cancer, thymic carcinoma, chronic lymphocytic leukemia, colon cancer, peritoneal mesothelioma, and small bowel adenocarcinoma can be found in the NCCN Drugs and Biologics Compendium. Use of information in the NCCN Drugs and Biologics Compendium for off-label use of drugs and biologicals in an anti-cancer chemotherapeutic regimen is supported by the Medicare Benefit Policy Manual, Chapter 15, section 50.4.5 (Off-Label Use of Drugs and Biologicals in an Anti-Cancer Chemotherapeutic Regimen).

References

1. Tecentriq [package insert]. South San Francisco, CA: Genentech, Inc.; November 2025.
2. The NCCN Drugs & Biologics Compendium®© 2026 National Comprehensive Cancer Network, Inc. Available at: https://www.nccn.org. March 9, 2026.

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