



**Tecentriq Hybreza  
(Atezolizumab/Hyaluronidase-tqjs) J9024  
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.

<input type="checkbox"/>	<b>Standard Request– (72 Hours)</b>	<input type="checkbox"/>	<b>Urgent Request</b> (standard time frame could place the member's life, health or ability in serious jeopardy)
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	Dose (Wt: _____ kg Ht: _____ )	Frequency	End Date if known

Self-administered       Provider-administered       Home Infusion

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)**

**Non-Small Cell Lung Cancer (NSCLC) – First-Line**

- Patient has metastatic NSCLC
- Tumor has high PD-L1 expression (TC ≥50% or IC ≥10%) with no EGFR or ALK genomic tumor aberrations
- ECOG performance status 0-1
- Prescribed by or in consultation with oncologist

**Non-Small Cell Lung Cancer (NSCLC) – Metastatic (in combination with chemotherapy)**

- Patient has metastatic non-squamous NSCLC
- Therapy is in combination with bevacizumab, paclitaxel, and carboplatin
- No EGFR or ALK genomic tumor aberrations
- ECOG performance status 0-1
- Prescribed by or in consultation with oncologist

**Small Cell Lung Cancer (SCLC) – Extensive-Stage (in combination with chemotherapy)**

- Patient has extensive-stage small cell lung cancer
- Therapy is in combination with carboplatin and etoposide
- ECOG performance status 0-1
- Prescribed by or in consultation with oncologist

**Hepatocellular Carcinoma (HCC) – Unresectable or Metastatic (in combination with Avastin)**

- Patient has unresectable or metastatic hepatocellular carcinoma
- No prior systemic therapy for advanced HCC
- Child-Pugh class A liver function
- ECOG performance status 0-1
- Prescribed by or in consultation with oncologist

**Melanoma (in combination with cobimetinib and vemurafenib)**

- Patient has unresectable or metastatic melanoma with BRAF V600 mutation
- Therapy is in combination with cobimetinib and vemurafenib
- ECOG performance status 0-1
- Prescribed by or in consultation with oncologist

**Alveolar Soft Part Sarcoma (ASPS)**

- Patient has unresectable or metastatic alveolar soft part sarcoma
- ECOG performance status 0-1
- Prescribed by or in consultation with oncologist

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

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

- Patient continues to meet initial approval criteria
- No disease progression per RECIST or clinical assessment
- No unacceptable toxicity requiring discontinuation
- Medical record documentation of positive response is included

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.

## Prior Authorization Group – Tecentriq Hybreza Prior Authorization

### Drug Name(s):

**TECENTRIQ HYBREZA**

**ATEZOLIZUMAB/HYALURONIDASE-TQJS**

### Criteria for approval of Non-Formulary/Preferred Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):
2. Prescribed by, or in consultation with an oncologist or other cancer specialist related to the diagnosis.
3. Drug is being used appropriately per NCCN, CMS recognized compendia, authoritative medical literature, evidence based guidelines and/or accepted standards of medical practice.
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, in accordance with the Label.

### Exclusion Criteria:

**N/A**

### Prescriber Restrictions:

**Oncologist or other related specialist**

### Coverage Duration:

**Approval will be for 6 months**

### FDA Indications:

#### **Tecentriq Hybreza**

- Alveolar soft part sarcoma, Unresectable or metastatic, monotherapy
- Liver carcinoma, Unresectable or metastatic, in combination with bevacizumab, in patients who have not received prior systemic therapy
- Melanoma, Unresectable or metastatic, BRAF V600 mutation positive, in combination with cobimetinib and vemurafenib
- Non-small cell lung cancer, Adjuvant therapy following resection and platinum-based chemotherapy, stage II to IIIA, with PD-L1 expression, monotherapy
- Non-small cell lung cancer, Metastatic, high PD-L1 expression, with no EGFR or ALK genomic tumor aberrations, first-line treatment, monotherapy
- 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/hyaluronidase-tqjs, monotherapy
- 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
- Small cell lung cancer, Extensive stage, first-line treatment, in combination with CARBOplatin and etoposide
- Small cell lung cancer, Extensive stage, maintenance treatment, in combination with lurbinectedin, in patients whose disease did not progress following first-line induction therapy

### Off-Label Uses:

**N/A**



## Part B Prior Authorization Step Therapy Guidelines

### Age Restrictions:

Indicated for patients 12 years old and up.

### Other Clinical Consideration:

N/A

### Resources:

<https://www.micromedexsolutions.com/micromedex2/librarian/PFDefaultActionId/evidenceexpert.DoIntegratedSearch?SearchTerm=Tecentriq%20Hybreza&SearchFilter=filterNone#>

CLINICAL / CMS  
ONLY