BlueCross BlueShield
Federal Employee Program

Tecentriq (atezolizumab)
Tecentriq Hybreza* (atezolizumab and hyaluronidase-tqjs)

*Product covered on the medical benefit only

RATIONALE FOR INCLUSION IN PA PROGRAM

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 ≥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 ≥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
    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-

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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)
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 Tecentric Hybreza treatment. Liver test abnormalities also occurred in patients who received Tecentriq and Tecentric Hybreza. Monitor patients for signs and symptoms of hepatitis. Liver function tests should be performed periodically during treatment with Tecentriq and Tecentric 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

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indications have not been established (1-2).

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.; April 2024.
2. Tecentriq Hybreza [package insert]. South San Francisco, CA: Genentech Inc.; September 2024.
3. NCCN Drugs & Biologics Compendium® Atezolizumab 2025. National Comprehensive Cancer Network, Inc. Accessed on April 22, 2025.