

Specialty Guideline Management

Tecentriq Hybreza

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 Hybreza	atezolizumab and hyaluronidase-tqjs

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 Indications¹

- Non-Small Cell Lung Cancer (NSCLC)
 - Tecentriq Hybreza, as monotherapy, is indicated 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.
 - Tecentriq Hybreza, as monotherapy, is indicated 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 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.
 - Tecentriq Hybreza, 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 Hybreza, 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.
- Tecentriq Hybreza as monotherapy, 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 Tecentriq Hybreza.
- Small Cell Lung Cancer (SCLC)
 - Tecentriq Hybreza, 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 Hybreza, in combination with lurtotecan, is indicated for maintenance treatment of adult patients with ES-SCLC whose disease has not progressed after first-line induction therapy with Tecentriq Hybreza or intravenous atezolizumab, and carboplatin plus etoposide.
- Tecentriq Hybreza, in combination with bevacizumab, is indicated for the treatment of adult patients with unresectable or metastatic hepatocellular carcinoma (HCC) who have not received prior systemic therapy.
- Tecentriq Hybreza, in combination with cobimetinib and vemurafenib, is indicated for the treatment of adult patients with BRAF V600 mutation-positive unresectable or metastatic melanoma as determined by an FDA-approved test.
- Tecentriq Hybreza, as monotherapy, is indicated for the treatment of adult and pediatric patients (12 years of age or older who weigh 40 kg or greater) with unresectable or metastatic alveolar soft part sarcoma (ASPS).

Compendial Uses²

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

Documentation

Submission of the following information is necessary to initiate the prior authorization review:

- Test results confirming PD-L1 tumor expression (where applicable)

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- Test results confirming tumor is positive for BRAF V600 mutation (where applicable)
- Test results confirming the absence of EGFR exon 19 deletion, L858R mutations, and ALK rearrangements (where applicable)
- Test results 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.

Coverage Criteria

Non-Small Cell Lung Cancer (NSCLC)^{1,2}

- Authorization of 6 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 rearrangements (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 therapy as a single agent.
- Authorization of 6 months may be granted for treatment of stage IB to III non-small cell lung cancer that is PD-L1 positive as single agent adjuvant therapy when there are no EGFR exon 19 deletions or L858R mutations or ALK rearrangements (unless testing is not feasible due to insufficient tissue).
- Authorization of 6 months may be granted for treatment of recurrent, advanced or metastatic non-small cell lung cancer as single agent subsequent therapy.

Small Cell Lung Cancer (SCLC)^{1,2}

Authorization of 6 months may be granted for treatment of SCLC when the requested medication will be used in combination with etoposide and carboplatin, followed by maintenance therapy as a single agent or with lorbinecedin, for extensive-stage disease.

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Hepatocellular Carcinoma (HCC)^{1,2}

- Authorization of 6 months may be granted in combination with bevacizumab for first-line treatment of unresectable or metastatic HCC.
- Authorization of 6 months may be granted in combination with bevacizumab for adjuvant treatment following resection or ablation.

Melanoma^{1,2}

Authorization of 6 months may be granted for the treatment of BRAF V600 mutation-positive unresectable or metastatic melanoma when the requested medication will be used in combination with cobimetinib (Cotellic) and vemurafenib (Zelboraf).

Alveolar Soft Part Sarcoma (ASPS)^{1,2}

Authorization of 6 months may be granted for the treatment of unresectable or metastatic ASPS when used as a single agent.

Mesothelioma²

Authorization of 6 months may be granted for the subsequent treatment of peritoneal mesothelioma, pericardial mesothelioma, or tunica vaginalis testis mesothelioma when used in combination with bevacizumab.

Cervical Cancer²

Authorization of 6 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 (followed by single agent 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 Cancer²

Authorization of 6 months may be granted for adjuvant treatment of stage 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 Carcinoma²

Authorization of 6 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)²

Authorization of 6 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.

Continuation of Therapy

Adjuvant treatment of Hepatocellular Carcinoma (HCC), Non-Small Cell Lung Cancer (NSCLC), and Colon Cancer

Authorization of 6 months may be granted (up to 12 months total) for continued treatment in members requesting reauthorization of adjuvant therapy of hepatocellular carcinoma, non-small cell lung cancer, and colon cancer who have not experienced disease recurrence or an unacceptable toxicity.

Thymic Carcinoma

Authorization of 6 months may be granted (up to 24 months total) for continued treatment in members requesting reauthorization for treatment of thymic carcinoma who have not experienced disease progression or unacceptable toxicity.

All other indications

Authorization of 6 months may be granted for continued treatment in members requesting reauthorization for an indication listed in the coverage criteria section when there is no evidence of unacceptable toxicity or disease progression while on the current regimen.

Reference number(s)
6665-A

References

1. Tecentriq Hybreza [package insert]. South San Francisco, CA: Genentech, Inc.; November 2025.
2. The NCCN Drugs & Biologics Compendium® © 2025 National Comprehensive Cancer Network, Inc. Available at: <https://www.nccn.org>. Accessed October 21, 2025.