ATRIO HEALTH PLANS

Chemotherapy: PD-L1 Inhibitor
Tecentriq (atezolizumab) J9022
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.*

☐	**Standard Request– (72 Hours)**	☐	**Urgent Request** (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)**

- ☐ Age 18 years or older
- ☐ Malignancy appropriate for atezolizumab treatment, as indicated by 1 or more of the following:
  - ☐ Breast cancer, as indicated by ALL of the following:
    - ☐ Administered in combination with paclitaxel protein-bound
    - ☐ HER2-negative and hormone receptor-negative (ie, triple-negative) disease
    - ☐ Tumor tissue expresses PD-L1 of 1% or greater by US Food and Drug Administration (FDA)-approved test.
    - ☐ Unresectable locally advanced or metastatic disease
  - ☐ Non-small cell lung cancer, as indicated by ALL of the following:
    - ☐ EGFR and ALK gene rearrangements absent (ie, "EGFR-negative," "ALK-negative"), or if present, disease progression on US Food and Drug Administration (FDA)-approved therapy for these gene rearrangements
    - ☐ Locally advanced or metastatic disease
    - ☐ No previous use of systemic immune checkpoint inhibitor (eg, pembrolizumab, nivolumab)

☐ Systemic therapy needed for 1 or more of the following:
- ☐ Disease progression during or following platinum-based chemotherapy
- ☐ First-line therapy for nonsquamous disease and administered in combination with 1 or more of the following:
  - ☐ Bevacizumab, carboplatin, and paclitaxel
  - ☐ Carboplatin and paclitaxel protein-bound

☐ Small cell lung cancer, as indicated by ALL of the following:
- ☐ Administered in combination with carboplatin and etoposide or as maintenance monotherapy
- ☐ Extensive-stage disease
- ☐ Previously untreated disease

☐ Urothelial carcinoma, locally advanced or metastatic, as indicated by 1 or more of the following:
- ☐ Disease progression during or following platinum-containing chemotherapy
- ☐ Disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy
- ☐ Patient not eligible for cisplatin-containing chemotherapy, and tumor tissue expresses PD-L1 of 5% or greater by US Food and Drug Administration (FDA)-approved test
- ☐ Patient not eligible for platinum-containing chemotherapy, regardless of level of tumor PD-L1 expression

☐ Patient not pregnant or breast-feeding

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

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

☐ Patient had an adequate response or significant improvement while on this medication.
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 – Oncology: PD-L1 Inhibitors PA

Drug Name(s):

TECENTRIQ **ATEZOLIZUMAB**

Criteria for approval of Prior Authorization Drug:

1. Prescribed for an approved FDA diagnosis (as listed below):Member does not have any clinically relevant contraindications, or CMS/Plan exclusions, to the requested drug.
2. Drug is being used appropriately per MCG GUIDELINES, CMS recognized compendia, authoritative medical literature, evidence-based guidelines and/or accepted standards of medical practice.
3. 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.

Exclusion Criteria:

Cannot be prescribed for experimental or investigational use.

Prescriber Restrictions:

Oncologist or other cancer specialist

Coverage Duration:

New Start: Approval will be for 6 months
Continuation: Approval will be for 12 months

FDA Indications:

Tecentriq

- Extensive stage small cell lung cancer, First-line treatment in combination with CARBOplatin and etoposide Liver carcinoma, Unresectable or metastatic, in combination with bevacizumab, in patients who have not received prior systemic therapy
- Malignant melanoma, Unresectable or metastatic, BRAF V600 mutation positive, in combination with cobimetinib and vemurafenib
- Metastatic urothelial carcinoma, Or locally advanced in patients not eligible for cisplatin-containing chemotherapy with PD-L1 expression or in patients not eligible for any platinum-containing chemotherapy regardless of PD-L1 status
- Non-small cell lung cancer, Metastatic, high PD-L1 expression, first-line treatment, single agent, with no EGFR or ALK genomic tumor aberrations
- 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
- 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
- Triple-negative breast cancer, Unresectable locally advanced or metastatic disease with PD-L1 expression; in combination with paclitaxel protein-bound

Off-Label Uses:

- Extensive stage small cell lung cancer, First-line treatment in combination with carboplatin and etoposide
- 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
- Triple-negative breast cancer, Unresectable locally advanced or metastatic disease with PD-L1 expression, in combination with paclitaxel protein-bound

Age Restrictions:

N/A

Other Clinical Considerations:

Criteria as per NCCN or other FDA-approved cancer related guidelines.

Resources:

https://www.micromedexsolutions.com/micromedex2/librarian/CS/73D5C4/ND_PR/evidencexpert/ND_P/evidencexpert/DUPLICATIONSHIELDSYNC/61F6A7/ND_PG/evidencexpert/ND_B/evidencexpert/ND_AppProduct/evidencexpert/ND_T/evidencexpert/PFActionId/evidencexpert.GoToDashboard?docId=931869&contentSetId=100&title=Atezolizumab&servicesTitle=Atezolizumab&brandName=Tecentriq&UserMdxSearchTerm=tecentriq&=null#