

## Tecentriq® (atezolizumab) (Intravenous)

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Document Number: MODA-0388

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### I. Length of Authorization

Coverage will be provided for six months and may be renewed.

### II. Dosing Limits

#### A. Quantity Limit (max daily dose) [NDC Unit]:

- Tecentriq 1,200 mg single use vial: 1 vial per 21 days
- Tecentriq 840 mg single-use vial: 1 vial per 14 days

#### B. Max Units (per dose and over time) [HCPCS Unit]:

##### Breast Cancer & Melanoma:

- 84 billable units every 14 days

##### Hepatocellular Carcinoma:

- 120 billable units every 21 days

##### All other indications:

- 168 billable units every 28 days

### III. Initial Approval Criteria <sup>1</sup>

Coverage is provided in the following conditions:

- Patient is at least 18 years of age; **AND**

#### **Universal Criteria**

- Patient has not received previous therapy with a programmed death (PD-1/PD-L1)-directed therapy (e.g., nivolumab, pembrolizumab, durvalumab, avelumab, cemiplimab, etc.) unless otherwise specified; **AND**

#### **Urothelial Carcinoma (Bladder Cancer) † 4,10,3e,4e**

- Used as a single agent; **AND**
- Patient has one of the following diagnoses:
  - Locally advanced or metastatic urothelial carcinoma; **OR**
  - Local bladder cancer recurrence or persistent disease in a preserved bladder; **OR**
  - Local or metastatic bladder cancer recurrence post-cystectomy; **OR**

- Primary carcinoma of the urethra; **AND**
  - Used for recurrent (*excluding recurrence of stage T3-4 disease or palpable inguinal lymph nodes*) or metastatic disease; **OR**
  - Used for stage T3-4, cN1-2 disease or cN1-2 palpable inguinal lymph nodes (first-line therapy only); **OR**
- Metastatic upper genitourinary (GU) tract tumors; **OR**
- Metastatic urothelial carcinoma of the prostate; **AND**
- Used as subsequent therapy after previous platinum treatment\*; **OR**
- Used as first-line therapy in cisplatin-ineligible patients\*; **AND**
  - Patient is carboplatin-ineligible\*

**\* Note:**

- If platinum treatment occurred greater than 12 months ago, the patient should be re-treated with platinum-based therapy if the patient is still platinum eligible (see below for cisplatin- or carboplatin-ineligible comorbidities).
  - Cisplatin-ineligible comorbidities may include the following: GFR < 60 mL/min, PS ≥ 2, hearing loss of ≥ 25 decibels (dB) at two contiguous frequencies, or grades ≥ 2 peripheral neuropathy. Carboplatin may be substituted for cisplatin particularly in those patients with a GFR < 60 mL/min or a PS of 2.
  - Carboplatin-ineligible comorbidities may include the following: GFR < 30 mL/min, PS ≥ 3, grade ≥ 3 peripheral neuropathy, or NYHA class ≥ 3, etc.

**Breast Cancer †<sup>1,6,13</sup>**

- Used in combination with albumin-bound paclitaxel; **AND**
- Used as first-line therapy for unresectable locally advanced, recurrent, or metastatic triple-negative disease (TNBC); **AND**
- Patient has a PD-L1 expression (*PD-L1 stained tumor-infiltrating immune cells [IC] of any intensity covering ≥ 1% of the tumor area*) as determined by an FDA-approved or CLIA-compliant test❖

**Non-Small Cell Lung Cancer (NSCLC) † §<sup>1,5,6,8,11,12,17,10e-12e,15e</sup>**

- Patient has recurrent, advanced, or metastatic disease (excluding locoregional recurrence or symptomatic local disease without evidence of disseminated disease) or mediastinal lymph node recurrence with prior radiation therapy; **AND**
  - Used as first-line therapy; **AND**
    - Used for EGFR, ALK, ROS1, BRAF, MET exon 14 skipping mutation, and RET rearrangement negative\* tumors and PD-L1 ≥ 50% (*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 or CLIA-compliant test❖; **AND**
      - Used as a single agent; **OR**
    - Used for non-squamous disease as one of the following:
      - Used in patients with PS 0-1 for EGFR, ALK, ROS1, BRAF, MET exon 14 skipping mutation, and RET rearrangement negative\* tumors and PD-L1 < 1% (TC or IC < 1%)

- Used in patients with PS 0-2 for EGFR, ALK, ROS1, BRAF, MET exon 14 skipping mutation, and RET rearrangement negative\* tumors and PD-L1  $\geq 1\%$  (TC or IC  $\geq 1\%$ )
- Used in patients with PS 0-1 for BRAF V600E-mutation, NTRK gene fusion, MET exon-14 skipping mutation, or RET rearrangement positive tumors; **AND**
  - Used in combination with:
    - Carboplatin, paclitaxel, and bevacizumab; **OR**
    - Carboplatin and albumin-bound paclitaxel; **OR**
- Used as subsequent therapy; **AND**
  - Used as a single agent; **OR**
  - Used for non-squamous disease as one of the following:
    - Used in patients with PS 0-1 for BRAF V600E-mutation, NTRK gene fusion, MET exon-14 skipping mutation, or RET rearrangement positive tumors
    - Used in patients with PS 0-1 EGFR, ALK, or ROS1 tumors positive and prior targeted therapy§; **AND**
  - Used in combination with:
    - Carboplatin, paclitaxel, and bevacizumab; **OR**
    - Carboplatin and albumin-bound paclitaxel; **OR**
- Used as continuation maintenance therapy in patients who have achieved a tumor response or stable disease following initial therapy; **AND**
  - Used in combination with bevacizumab following a first-line regimen with atezolizumab, carboplatin, paclitaxel, and bevacizumab regimen for non-squamous histology; **OR**
  - Used as a single agent following a first-line regimen with atezolizumab, carboplatin, and albumin-bound paclitaxel regimen for non-squamous histology; **OR**
  - Used as a single agent following a first-line regimen with single agent atezolizumab

*\* Note: If there is insufficient issue to allow testing for all of the EGFR, ALK, ROS1, and BRAF, repeat biopsy and/or plasma testing should be done. If these are not feasible, treatment is guided by available results and, if unknown, these patients are treated as though they do not have driver oncogenes.*

### **Small Cell Lung Cancer (SCLC) † ⊕ 1,6,14,18**

- Patient has extensive stage disease (ES-SCLC) (*excluding patients with poor PS 3-4 not due to SCLC*); **AND**
  - Used as first-line therapy in combination with etoposide and carboplatin; **OR**
  - Used as single-agent maintenance therapy after initial therapy with etoposide and carboplatin; **AND**
- Must not be used for relapsed disease in patients on maintenance therapy with atezolizumab or durvalumab at the time relapse\*

\* Note: If relapse occurred >6 months after atezolizumab or durvalumab maintenance therapy, patient should be re-treated with carboplatin + etoposide alone or cisplatin + etoposide alone

**Hepatocellular Carcinoma (HCC) ‡<sup>6,15,16</sup>**

- Used as first-line therapy in combination with bevacizumab; **AND**
- Patient has Child-Pugh Class A disease; **AND**
- Patient has locally advanced, unresectable, inoperable, or metastatic disease

**Cutaneous Melanoma †<sup>1</sup>**

- Patient is BRAF V600 mutation positive as detected by FDA approved or CLIA compliant test❖; **AND**
- Patient has unresectable or metastatic disease; **AND**
- Used in combination with cobimetinib and vemurafenib; **AND**
- Used as first-line therapy

Preferred therapies and recommendations are determined by review of clinical evidence. NCCN category of recommendation is taken into account as a component of this review. Regimens deemed equally efficacious (i.e., those having the same NCCN categorization) are considered to be therapeutically equivalent.

❖ If confirmed using an FDA approved assay - <http://www.fda.gov/companiondiagnostics>

† FDA Approved Indication(s); ‡ Compendia Recommended Indication(s); Ⓢ Orphan Drug

Genomic Aberration/Mutational Driver Targeted Therapies (Note: not all inclusive, refer to guidelines for appropriate use) §
Sensitizing <i>EGFR</i> mutation-positive tumors <ul style="list-style-type: none"> <li>- Afatinib</li> <li>- Erlotinib</li> <li>- Dacomitinib</li> <li>- Gefitinib</li> <li>- Osimertinib</li> </ul>
<i>ALK</i> rearrangement-positive tumors <ul style="list-style-type: none"> <li>- Alectinib</li> <li>- Brigatinib</li> <li>- Ceritinib</li> <li>- Crizotinib</li> <li>- Lorlatinib</li> </ul>
<i>ROS1</i> rearrangement-positive tumors <ul style="list-style-type: none"> <li>- Ceritinib</li> <li>- Crizotinib</li> <li>- Entrectinib</li> </ul>
<i>BRAF</i> V600E-mutation positive tumors <ul style="list-style-type: none"> <li>- Dabrafenib ± Trametinib</li> <li>- Vemurafenib</li> </ul>
<i>NTRK</i> Gene Fusion positive tumors <ul style="list-style-type: none"> <li>- Larotrectinib</li> <li>- Entrectinib</li> </ul>
PD-1/PD-L1 expression-positive tumors (≥1%) <ul style="list-style-type: none"> <li>- Pembrolizumab</li> <li>- Atezolizumab</li> </ul>

– Nivolumab ± ipilimumab
<i>MET</i> Exon-14 skipping mutations – Capmatinib – Crizotinib
<i>RET</i> rearrangement-positive tumors – Selpercatinib – Cabozantinib – Vandetanib

#### IV. Renewal Criteria <sup>1,4-8,10-16</sup>

Coverage can be renewed based upon the following criteria:

- Patient continues to meet the criteria identified in section III; **AND**
- Disease response with treatment as defined by stabilization of disease or decrease in size of tumor or tumor spread; **AND**
- Absence of unacceptable toxicity from the drug. Examples of unacceptable toxicity include severe infusion reactions, immune-mediated adverse reactions (e.g., pneumonitis, hepatitis, colitis, endocrinopathies, etc.), severe infections, severe infusion-related reactions, etc.

#### Continuation Maintenance Therapy for NSCLC or SCLC

- Refer to Section III for criteria

#### V. Dosage/Administration <sup>1,16</sup>

Indication	Dose
Triple-Negative Breast Cancer (TNBC)	Administer 840 mg intravenously on days 1 and 15 of a 28-day cycle until disease progression or unacceptable toxicity
Urothelial Carcinoma (UC)	The recommended dosage is administered intravenously until disease progression or unacceptable toxicity: <ul style="list-style-type: none"> <li>– 840 mg every 2 weeks or</li> <li>– 1200 mg every 3 weeks or</li> <li>– 1680 mg every 4 weeks</li> </ul>
Non-Small Cell Lung Cancer (NSCLC)	<p><b><u>Single Agent</u></b></p> <p>The recommended dosage is administered intravenously until disease progression or unacceptable toxicity:</p> <ul style="list-style-type: none"> <li>– 840 mg every 2 weeks or</li> <li>– 1200 mg every 3 weeks or</li> <li>– 1680 mg every 4 weeks</li> </ul> <p><b><u>Combination Therapy</u></b></p> <p>The recommended dosage is administered intravenously:</p> <ul style="list-style-type: none"> <li>– 1200 mg every 3 weeks; then revert to single-agent therapy dosing after completion of 4-6 cycles of combination therapy</li> </ul>
Small-Cell Lung Cancer (SCLC)	<p><b><u>Combination Therapy with carboplatin and etoposide</u></b></p> <p>The recommended dosage is administered intravenously until disease progression or unacceptable toxicity:</p> <ul style="list-style-type: none"> <li>– 1200 mg every 3 weeks; then revert to single-agent therapy dosing after completion of 4 cycles of carboplatin and etoposide</li> </ul>

	<p><b><u>Single Agent Maintenance Therapy</u></b></p> <p>The recommended dosage is administered intravenously:</p> <ul style="list-style-type: none"> <li>– 840 mg every 2 weeks or</li> <li>– 1200 mg every 3 weeks or</li> <li>– 1680 mg every 4 weeks</li> </ul>
Hepatocellular Carcinoma (HCC)	Administer 1200 mg intravenously every 3 weeks until disease progression or unacceptable toxicity.
Cutaneous Melanoma	Administer 840 mg intravenously every 2 weeks until disease progression or unacceptable toxicity.  <i>*Prior to initiating TECENTRIQ, patients should receive a 28 day treatment cycle of cobimetinib 60 mg orally once daily (21 days on and 7 days off) and vemurafenib 960 mg orally twice daily from Days 1-21 and vemurafenib 720 mg orally twice daily from Days 22-28.</i>

## VI. Billing Code/Availability Information

### HCPCS Code:

- J9022 – Injection, atezolizumab, 10 mg; 10 mg = 1 billable unit

### NDC:

- Tecentriq 1200 mg/20 mL single-dose vial: 50242-0917-xx
- Tecentriq 840 mg/14 mL single-dose vial: 50242-0918-xx

## VII. References (STANDARD)

1. Tecentriq [package insert]. South San Francisco, CA; Genentech, Inc; July 2020. Accessed August 2020.
2. Ventana Product Library, Roche Pharmaceuticals. VENTANA PD-L1 [SP142] Assay. <http://www.ventana.com/ventana-pd-l1-sp142-assay-2/> and product label [https://www.accessdata.fda.gov/cdrh\\_docs/pdf16/P160006C.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf16/P160006C.pdf) . Accessed May 2018
3. U.S. Food and Drug Administrations (FDA). Division of Drug Information. Health Alert. <http://s2027422842.t.en25.com/e/es?s=2027422842&e=88882&elqTrackId=B1F0B909CCF90C71B9C490C37BFE6647&elq=3f0714083e82421a8af346a664bedbfb&elqaid=3588&elqat=1>. Accessed May 2018
4. Balar AV, Galsky MD, Rosenberg JE, et al. Atezolizumab as first-line therapy in cisplatin-ineligible patients with locally advanced and metastatic urothelial carcinoma: a single-arm, multicentre, phase 2 trial. *Lancet*. 2017 January 07; 389(10064): 67–76. doi:10.1016/S0140-6736(16)32455-2.
5. Socinski MA, Jotte RM, Cappuzzo F, et. al. Atezolizumab for First-Line Treatment of Metastatic Nonsquamous NSCLC. *N Engl J Med* 2018; 378:2288-2301. DOI: 10.1056/NEJMoa1716948.
6. Referenced with permission from the NCCN Drugs and Biologics Compendium (NCCN Compendium®) atezolizumab. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are

trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2020.

7. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Bladder Cancer. Version 6.2020. National Comprehensive Cancer Network, 2019. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2020.
8. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Non-Small Cell Lung Cancer. Version 6.2020. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2020.
9. Gupta S, Sonpavde G, Grivas P, et al. Defining “platinum-ineligible” patients with metastatic urothelial cancer (mUC). *J Clin Oncol*. 2019 Mar 1;37(7\_suppl):451.
10. Rosenberg JE, Hoffman-Censits J, Powles T, et al. Atezolizumab in patients with locally advanced and metastatic urothelial carcinoma who have progressed following treatment with platinum-based chemotherapy: a single-arm, multicentre, phase 2 trial. *Lancet*. 2016 May 7;387(10031):1909-20. doi: 10.1016/S0140-6736(16)00561-4. Epub 2016 Mar 4.
11. West H, McCleod M, Hussein M, et al. Atezolizumab in combination with carboplatin plus nab-paclitaxel chemotherapy compared with chemotherapy alone as first-line treatment for metastatic non-squamous non-small-cell lung cancer (IMpower130): a multicentre, randomised, open-label, phase 3 trial. *Lancet Oncol*. 2019 Jul;20(7):924-937. doi: 10.1016/S1470-2045(19)30167-6. Epub 2019 May 20.
12. Rittmeyer A, Barlesi F, Waterkamp D, et al. Atezolizumab versus docetaxel in patients with previously treated non-small-cell lung cancer (OAK): a phase 3, open-label, multicentre randomised controlled trial. *Lancet*. 2017 Jan 21;389(10066):255-265. doi: 10.1016/S0140-6736(16)32517-X. Epub 2016 Dec 13.
13. Schmid P, Adams S, Rugo HS, et al. Atezolizumab and Nab-Paclitaxel in Advanced Triple-Negative Breast Cancer. *N Engl J Med*. 2018 Nov 29;379(22):2108-2121. doi: 10.1056/NEJMoa1809615. Epub 2018 Oct 20.
14. Horn L, Mansfield AS, Szczesna A, et al. First-Line Atezolizumab plus Chemotherapy in Extensive-Stage Small-Cell Lung Cancer. *N Engl J Med*. 2018 Dec 6;379(23):2220-2229. doi: 10.1056/NEJMoa1809064. Epub 2018 Sep 25.
15. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Hepatobiliary Cancers. Version 5.2020. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network,

Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2020.

16. Pishvaian MJ, Lee MS, Ryoo B, et al. Updated safety and clinical activity results from a Phase Ib study of atezolizumab + bevacizumab in hepatocellular carcinoma (HCC). ESMO 2018 Congress. Munich, Germany; 2018.
17. De Marinis F, Jassem J, Spigel DR, et al. 480TiP IMpower110: Phase III study on 1L atezolizumab (atezo) in PD-L1–selected chemotherapy (chemo)-naive NSCLC patients (pts). *Annals of Oncology*. 2016 Dec 1;27(suppl\_9).
18. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Small Cell Lung Cancer. Version 1.2021. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2020.
19. Gutzmer R, Stroyakovskiy D, Gogas H, et al. Atezolizumab, vemurafenib, and cobimetinib as first-line treatment for unresectable advanced BRAFV600 mutation-positive melanoma (IMspire150): primary analysis of the randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet*. 2020;395(10240):1835-1844. doi:10.1016/S0140-6736(20)30934-X.
20. Palmetto GBA. Local Coverage Article (LCA): Billing and Coding: Chemotherapy (A56141). Centers for Medicare & Medicaid Services, Inc. Updated on 05/26/2020 with effective date 04/30/2020. Accessed July 2020.

## VIII. References (ENHANCED)

- 1e. Referenced with permission from the NCCN Drugs & Biologics Compendium (NCCN Compendium®) Breast Cancer. Version 5.2020. National Comprehensive Cancer Network, 2020. The NCCN Compendium® is a derivative work of the NCCN Guidelines®. NATIONAL COMPREHENSIVE CANCER NETWORK®, NCCN®, and NCCN GUIDELINES® are trademarks owned by the National Comprehensive Cancer Network, Inc. To view the most recent and complete version of the Compendium, go online to NCCN.org. Accessed August 2020.
- 2e. Balar AV, Castellano D, O'Donnell PH, et al. Pembrolizumab as first-line therapy in cisplatin-ineligible advanced urothelial cancer: Results from the total KEYNOTE-052 study population. *J Clin Oncol* 2017 Feb;35(6\_suppl):284.
- 3e. De Santis M, Bellmunt J, Mead G, et al. Randomized phase II/III trial assessing gemcitabine/carboplatin and methotrexate/carboplatin/vinblastine in patients with advanced urothelial cancer who are unfit for cisplatin-based chemotherapy: EORTC study 30986. *J Clin Oncol*. 2012;30(2):191–199. doi:10.1200/JCO.2011.37.3571.
- 4e. Powles T, Durán I, van der Heijden MS, et al. Atezolizumab versus chemotherapy in patients with platinum-treated locally advanced or metastatic urothelial carcinoma (IMvigor211): a multicentre, open-label, phase 3 randomised controlled trial. *Lancet*. 2018 Feb 24;391(10122):748-757. doi: 10.1016/S0140-6736(17)33297-X.



- 5e. Bellmunt J, de Wit R, Vaughn DJ, et al. Pembrolizumab as Second-Line Therapy for Advanced Urothelial Carcinoma. *N Engl J Med*. 2017;376(11):1015–1026. doi:10.1056/NEJMoa1613683.
- 6e. Sharma P, Retz M, Siefker-Radtke A, et al. Nivolumab in metastatic urothelial carcinoma after platinum therapy (CheckMate 275): a multicentre, single-arm, phase 2 trial. *Lancet Oncol*. 2017 Mar;18(3):312-322. doi: 10.1016/S1470-2045(17)30065-7.
- 7e. Massard C, Gordon MS, Sharma S, et al. Safety and Efficacy of Durvalumab (MEDI4736), an Anti-Programmed Cell Death Ligand-1 Immune Checkpoint Inhibitor, in Patients With Advanced Urothelial Bladder Cancer. *J Clin Oncol*. 2016;34(26):3119–3125. doi:10.1200/JCO.2016.67.9761.
- 8e. Patel MR, Ellerton J, Infante JR, et al. Avelumab in metastatic urothelial carcinoma after platinum failure (JAVELIN Solid Tumor): pooled results from two expansion cohorts of an open-label, phase 1 trial. *Lancet Oncol*. 2018 Jan;19(1):51-64. doi: 10.1016/S1470-2045(17)30900-2.
- 9e. Siefker-Radtke AO, Necchi A, Park SH, et al. First results from the primary analysis population of the phase 2 study of erdafitinib (ERDA; JNJ-42756493) in patients (pts) with metastatic or unresectable urothelial carcinoma (mUC) and FGFR alterations (FGFRalt). *J Clin Oncol* 2018;36(15\_suppl):4503.
- 10e. Reck M, Rodríguez-Abreu D, Robinson AG, et al. Pembrolizumab versus Chemotherapy for PD-L1–Positive Non–Small-Cell Lung Cancer. *N Engl J Med* 2016; 375:1823-1833.
- 11e. Gandhi L, Rodríguez-Abreu D, Gadgeel S, et al. Pembrolizumab plus Chemotherapy in Metastatic Non–Small-Cell Lung Cancer. *N Engl J Med* 2018; 378:2078-2092.
- 12e. Barlesi F, Park K, Ciardiello F, et al. Primary analysis from OAK, a randomized phase III study comparing atezolizumab with docetaxel in 2L/3L NSCLC. *Ann of Oncol* 2016 Oct;27(suppl\_6):LBA44\_PR.
- 13e. Borghaei H, Paz-Ares L, Horn L, et al. Nivolumab versus Docetaxel in Advanced Nonsquamous Non-Small-Cell Lung Cancer. *N Engl J Med*. 2015;373(17):1627–1639. doi:10.1056/NEJMoa1507643.
- 14e. Herbst RS, Baas P, Kim DW, et al. Pembrolizumab versus docetaxel for previously treated, PD-L1-positive, advanced non-small-cell lung cancer (KEYNOTE-010): a randomised controlled trial. *Lancet*. 2016 Apr 9;387(10027):1540-50. doi: 10.1016/S0140-6736(15)01281-7.
- 15e. Spigel D et al. IMpower110: Interim OS Analysis of a Phase III Study of Atezolizumab (atezo) vs Platinum-Based Chemotherapy (chemo) as 1L Treatment (tx) in PD-L1–selected NSCLC [ESMO 2019 Abstract LBA78].
- 16e. Finn RS, Qin S, Ikeda M, et al. Atezolizumab plus Bevacizumab in Unresectable Hepatocellular Carcinoma. *N Engl J Med*. 2020;382(20):1894-1905. doi:10.1056/NEJMoa1915745.
- 17e. Paz-Ares L, Dvorkin M, Chen Y, et al. Durvalumab plus platinum-etoposide versus platinum-etoposide in first-line treatment of extensive-stage small-cell lung cancer

(CASPIAN): a randomised, controlled, open-label, phase 3 trial. Lancet. 2019;394(10212):1929-1939. doi:10.1016/S0140-6736(19)32222-6.

18e. Magellan Health, Magellan Rx Management. Tecentriq Clinical Literature Review Analysis. Last updated August 2020. Accessed August 2020.

## Appendix 1 – Covered Diagnosis Codes

ICD-10	ICD-10 Description
C22.0	Liver cell carcinoma
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C33	Malignant neoplasm of trachea
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C43.0	Malignant melanoma of lip
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose

ICD-10	ICD-10 Description
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast

ICD-10	ICD-10 Description
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C61	Malignant neoplasm of prostate
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.1	Malignant neoplasm of right ureter

ICD-10	ICD-10 Description
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of urethra
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C78.00	Secondary malignant neoplasm of unspecified lung
C78.01	Secondary malignant neoplasm of right lung
C78.02	Secondary malignant neoplasm of left lung
C79.31	Secondary malignant neoplasm of brain
C79.51	Secondary malignant neoplasm of bone
C79.52	Secondary malignant neoplasm of bone marrow
D09.0	Carcinoma in situ of bladder
Z85.118	Personal history of other malignant neoplasm of bronchus and lung
Z85.3	Personal history of malignant neoplasm of breast
Z85.51	Personal history of malignant neoplasm of bladder
Z85.59	Personal history of malignant neoplasm of other urinary tract organ

## Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD), Local Coverage Determinations (LCDs), and Local Coverage Articles (LCAs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD/LCA):

<b>Jurisdiction(s):</b> J&M	<b>NCD/LCD/LCA Document (s):</b> A56141
<a href="https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A56141&amp;bc=gAAAAAAAAAAAA">https://www.cms.gov/medicare-coverage-database/search/article-date-search.aspx?DocID=A56141&amp;bc=gAAAAAAAAAAAA</a>	

<b>Medicare Part B Administrative Contractor (MAC) Jurisdictions</b>		
<b>Jurisdiction</b>	<b>Applicable State/US Territory</b>	<b>Contractor</b>
E (1)	CA, HI, NV, AS, GU, CNMI	Noridian Healthcare Solutions, LLC
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC
5	KS, NE, IA, MO	Wisconsin Physicians Service Insurance Corp (WPS)
6	MN, WI, IL	National Government Services, Inc. (NGS)
H (4 & 7)	LA, AR, MS, TX, OK, CO, NM	Novitas Solutions, Inc.
8	MI, IN	Wisconsin Physicians Service Insurance Corp (WPS)
N (9)	FL, PR, VI	First Coast Service Options, Inc.
J (10)	TN, GA, AL	Palmetto GBA, LLC
M (11)	NC, SC, WV, VA (excluding below)	Palmetto GBA, LLC
L (12)	DE, MD, PA, NJ, DC (includes Arlington & Fairfax counties and the city of Alexandria in VA)	Novitas Solutions, Inc.
K (13 & 14)	NY, CT, MA, RI, VT, ME, NH	National Government Services, Inc. (NGS)
15	KY, OH	CGS Administrators, LLC

### Appendix 3 – CLINICAL LITERATURE REVIEW

OS = overall survival; PFS = progression-free survival; ORR = objective response rate; CR = complete response; PR = partial response; DoR = duration of response; TTP = time to progression; FFS = failure-free survival; EFS = event-free survival; PFR = progression free rate

#### Bladder Cancer/Urothelial Carcinoma

First-line in cisplatin-ineligible patients							
Regimen	NCCN Category	FDA Approved	Trial Design	Comparator	Primary End-Point	Line of Therapy	Conclusion
Atezolizumab	2A preferred	Yes	<a href="#">Phase 2 (IMvigor210 – Cohort 1)</a> , single-arm, multi-center	N/A	ORR	First-line	<ul style="list-style-type: none"> <li>Atezolizumab was associated with an ORR of 23% and with a median OS of 15.9 months.</li> </ul>
Atezolizumab or Atezolizumab + gemcitabine + carboplatin (or cisplatin)	2A preferred	Yes	<a href="#">Phase 3 (IMvigor130)</a> , multi-center, randomized, placebo-controlled <i>Ongoing</i>	Placebo + gemcitabine + carboplatin (or cisplatin)	PFS OS	First-line in cisplatin-eligible and cisplatin-ineligible	<ul style="list-style-type: none"> <li>PD-L1 &lt; 5% treated with atezolizumab monotherapy had decreased survival compared to patients receiving platinum-based chemotherapy</li> <li>It was recommended to close the monotherapy arm to further accrual of patients with low PD-L1</li> </ul>
Pembrolizumab	2A preferred	Yes	<a href="#">Phase 2 (KEYNOTE-052)</a> , open-label	N/A	ORR	First-line	<ul style="list-style-type: none"> <li>Results from the KEYNOTE-052 study showed pembrolizumab elicits an ORR of 27% and durable responses with a 6-month OS rate of 67% in cisplatin-ineligible patients with urothelial carcinoma.</li> </ul>
Gemcitabine + carboplatin	2A preferred	No	<a href="#">Phase 2/3 (EORTC Study 30986)</a> , randomized	Methotrexate + carboplatin + vinblastine (M-CAVI)	OS	Chemo-naïve Cisplatin-ineligible (GFR between 30-	<ul style="list-style-type: none"> <li>There were no significant differences in efficacy between the two treatment groups. The incidence of severe acute toxicities was higher for those receiving M-CAVI.</li> </ul>

						60mL/min and/or ECOG ≥2)	
Subsequent therapy after previous platinum treatment							
Regimen	NCCN Category	FDA Approved	Trial Design	Comparator	Primary End-Point	Line of Therapy	Conclusion
Atezolizumab	2A preferred (post-platinum)	Yes	<a href="#">Phase 2 (IMvigor210 – Cohort 2)</a> , single-arm, multicenter	N/A	ORR	Subsequent therapy after platinum-based therapy	<ul style="list-style-type: none"> <li>Atezolizumab showed durable activity with an ORR of 15% and good tolerability. Increased levels of PD-L1 expression on immune cells were associated with increased response.</li> </ul>
Atezolizumab	2A preferred (post-platinum)	Yes	<a href="#">Phase 3 (IMvigor211)</a> , randomized, controlled	Chemotherapy (vinflunine, paclitaxel, or docetaxel)	OS in patients with PD-L1 ≥5%	After platinum-therapy	<ul style="list-style-type: none"> <li>Atezolizumab was not associated with significantly longer overall survival than chemotherapy in patients with platinum-refractory metastatic urothelial carcinoma overexpressing PD-L1 (IC2/3). However, the safety profile for atezolizumab was favorable compared with chemotherapy.</li> </ul>
Pembrolizumab	1 preferred (post-platinum)	Yes	<a href="#">Phase 3 (KEYNOTE-045)</a> , open-label, international	Investigator's choice (IC) of chemotherapy with paclitaxel, docetaxel, or vinflunine	OS PFS	After platinum-therapy	<ul style="list-style-type: none"> <li>Pembrolizumab was associated with significantly longer overall survival (by approximately 3 months) and with a lower rate of treatment-related adverse events than chemotherapy as second-line therapy for platinum-refractory advanced urothelial carcinoma</li> </ul>
Nivolumab	2A preferred (post-platinum)	Yes	<a href="#">Phase 2 (CheckMate 275)</a> , multicenter, single-arm	N/A	ORR	Subsequent therapy after platinum-based therapy	<ul style="list-style-type: none"> <li>Nivolumab monotherapy provided meaningful clinical benefit, with an ORR of 19.6% irrespective of PD-L1 expression, and was associated with an acceptable safety profile in previously treated patients with metastatic or surgically unresectable urothelial carcinoma</li> </ul>



Durvalumab	2A preferred (post-platinum)	Yes	<a href="#">Phase 1/2, multicenter</a>	N/A	Safety	All lines of therapy	<ul style="list-style-type: none"> <li>Durvalumab demonstrated a manageable safety profile and evidence of meaningful clinical activity with an ORR of 46.4% in PD-L1-positive patients, many of whom were heavily pretreated</li> </ul>
Avelumab	2A preferred (post-platinum)	Yes	Pooled results from two expansion cohorts of an open-label, phase 1 trial ( <a href="#">JAVELIN Solid Tumor</a> )	N/A	ORR	Subsequent therapy after platinum-based therapy	<ul style="list-style-type: none"> <li>Avelumab showed anti-tumor activity with an ORR of 17% in the treatment of patients with platinum-refractory metastatic urothelial carcinoma; a manageable safety profile was reported in all avelumab-treated patients</li> </ul>
Erdafitinib	2A preferred (post-platinum, FGFR3 or FGFR2 genetic alterations)	Yes (for FGFR3 or FGFR2 genetic alterations)	<a href="#">Phase 2 (BLC2001), open-label</a>	N/A	ORR	After ≥ 1 line of prior chemo or ≤ 12 mon of [neo]adjuvant chemo, or were cisplatin ineligible, chemo naïve	<ul style="list-style-type: none"> <li>Treatment with erdafitinib yielded an ORR of 42% and was tolerable in patients with chemorefractory metastatic urothelial carcinoma and FGFR generic alterations.</li> </ul>

### Breast Cancer

Triple-negative disease - Unresectable locally advanced, recurrent, or metastatic disease							
Regimen	NCCN Category	FDA Approved	Trial Design	Comparator	Primary End-Point	Line of Therapy	Conclusion
Atezolizumab + nab-paclitaxel	2A preferred	Yes (for PD-L1-positive triple)	<a href="#">Phase 3 (IMpassion130), randomized</a>	Nab-paclitaxel + placebo	PFS OS	Treatment naïve metastatic disease	<ul style="list-style-type: none"> <li>Atezolizumab plus nab-paclitaxel prolonged progression-free survival among patients with metastatic triple-negative breast cancer in both the</li> </ul>

		negative breast cancer)					intention-to-treat population and the PD-L1-positive subgroup.
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### Non-Small Cell Lung Cancer (NSCLC)

Squamous recurrent, advanced, or metastatic disease – First-line therapy							
Regimen	NCCN Category	FDA Approved	Trial Design	Comparator	Primary End-Point	Line of Therapy	Conclusion
Atezolizumab	2A preferred for PD-L1 ≥50%	Yes for TC ≥50% or IC ≥10%	<a href="#">Phase 3 (IMpower110)</a> , randomized, open-label	Carboplatin or cisplatin + pemetrexed (non-squamous) or gemcitabine (squamous)	OS	First-line	<ul style="list-style-type: none"> <li>IMpower110 met the primary OS endpoint with statistically significant and clinically meaningful improvement as first-line therapy in patients with TC ≥50% or IC ≥10%.</li> </ul>
Nonsquamous recurrent, advanced, or metastatic disease – First-line therapy							
Regimen	NCCN Category	FDA Approved	Trial Design	Comparator	Primary End-Point	Line of Therapy	Conclusion
Atezolizumab	2A preferred for PD-L1 ≥50%	Yes for TC ≥50% or IC ≥10%	<a href="#">Phase 3 (IMpower110)</a> , randomized, open-label	Carboplatin or cisplatin + pemetrexed (non-squamous) or gemcitabine (squamous)	OS	First-line	<ul style="list-style-type: none"> <li>IMpower110 met the primary OS endpoint with statistically significant and clinically meaningful improvement as first-line therapy in patients with TC ≥50% or IC ≥10%.</li> </ul>
Atezolizumab + carboplatin + paclitaxel + bevacizumab (ABCP), followed by	1 other (for adenocarcinoma only; PS 0-1)	Yes	<a href="#">Phase 3 (IMpower150)</a> , open-label, randomized (1:1:1)	Atezolizumab + carboplatin + paclitaxel (ACP), followed by atezolizumab vs. bevacizumab +	PFS	First-line	<ul style="list-style-type: none"> <li>The addition of atezolizumab to bevacizumab plus chemotherapy significantly improved progression-free survival and overall survival among patients with metastatic nonsquamous NSCLC, regardless of PD-L1 expression and EGFR or ALK genetic alteration status</li> </ul>

atezolizumab, bevacizumab, or both				carboplatin + paclitaxel (BCP), followed by bevacizumab			
Atezolizumab + carboplatin + nab-paclitaxel	2A other	Yes	<a href="#">Phase 3 (IMpower130)</a> , randomized, multi-center, open-label	Carboplatin + paclitaxel	PFS OS	First-line for stage IV disease	<ul style="list-style-type: none"> <li>• IMpower130 showed a significant and clinically meaningful improvement in overall survival and a significant improvement in progression-free survival with atezolizumab plus chemotherapy versus chemotherapy as first-line treatment of patients with stage IV non-squamous non-small-cell lung cancer and no ALK or EGFR mutations.</li> </ul>
Pembrolizumab	1 preferred (for PD-L1 ≥ 50%)	Yes	<a href="#">Phase 3 (KEYNOTE-024)</a> , open-label, randomized	Platinum-based chemotherapy	PFS	First-line	<ul style="list-style-type: none"> <li>• In patients with advanced NSCLC and PD-L1 expression on at least 50% of tumor cells, pembrolizumab was associated with significantly longer progression-free and overall survival and with fewer adverse events than was platinum-based chemotherapy</li> </ul>
Pembrolizumab + carboplatin (or cisplatin) + pemetrexed, followed by pembrolizumab + pemetrexed (for up to 35 cycles)	1 preferred	Yes	<a href="#">Phase 3 (KEYNOTE-189)</a> , double-blind, randomized (2:1)	Carboplatin (or cisplatin) + pemetrexed + placebo, followed by placebo + pemetrexed (for up to 35 cycles)	OS PFS	First-line	<ul style="list-style-type: none"> <li>• In patients with previously untreated metastatic nonsquamous NSCLC without EGFR or ALK mutations, the addition of pembrolizumab to standard chemotherapy of pemetrexed and a platinum-based drug resulted in significantly longer overall survival and progression-free survival than chemotherapy alone regardless of PD-L1 expression levels.</li> </ul>
<b>Recurrent, advanced, or metastatic disease – Subsequent therapy</b>							
<b>Regimen</b>	<b>NCCN Category</b>	<b>FDA Approved</b>	<b>Trial Design</b>	<b>Comparator</b>	<b>Primary End-Point</b>	<b>Line of Therapy</b>	<b>Conclusion</b>

Atezolizumab	1 (for first progression) 2A (for subsequent progression)	Yes (after platinum therapy)	<a href="#">Phase 3 (OAK)</a> , open-label, multicenter randomized (1:1)	Docetaxel	OS	Second- or third-line	<ul style="list-style-type: none"> <li>Atezolizumab treatment results in a statistically significant and clinically relevant improvement in OS versus docetaxel in second- and third-line NSCLC, regardless of PD-L1 expression and histology</li> </ul>
Nivolumab	1 (for first progression) 2A (for subsequent progression)	Yes	<a href="#">Phase 3 (CheckMate 057)</a> , randomized, open-label	Docetaxel	OS	Subsequent	<ul style="list-style-type: none"> <li>Among patients with advanced nonsquamous NSCLC that had progressed during or after platinum-based chemotherapy, overall survival was longer with nivolumab than with docetaxel</li> </ul>
Pembrolizumab (2mg/kg or 10mg/kg)	1 preferred (for PS 0-2; PD-L1 ≥ 1%)	Yes (after platinum therapy)	<a href="#">Phase 2/3 (KEYNOTE-010)</a> , randomized (1:1:1), open-label	Docetaxel	OS PFS	Previously treated	<ul style="list-style-type: none"> <li>Pembrolizumab prolongs overall survival compared to docetaxel and has a favorable benefit-to-risk profile in patients with previously treated, PD-L1-positive, advanced non-small-cell lung cancer.</li> </ul>

**Recurrent, advanced, or metastatic disease – Continuation maintenance therapy**

Regimen	NCCN Category	FDA Approved	Trial Design	Comparator	Primary End-Point	Line of Therapy	Conclusion
Atezolizumab + carboplatin + paclitaxel + bevacizumab (ABCP), followed by atezolizumab, bevacizumab, or both	1 (for adenocarcinoma only)	Yes	<a href="#">Phase 3 (IMpower150)</a> , open-label, randomized (1:1:1)	Atezolizumab + carboplatin + paclitaxel (ACP), followed by atezolizumab vs. bevacizumab + carboplatin + paclitaxel (BCP),	PFS	First-line, continuation maintenance	<ul style="list-style-type: none"> <li>The addition of atezolizumab to bevacizumab plus chemotherapy significantly improved progression-free survival and overall survival among patients with metastatic nonsquamous NSCLC, regardless of PD-L1 expression and EGFR or ALK genetic alteration status</li> </ul>

				followed by bevacizumab			
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### Small Cell Lung Cancer (SCLC)

Initial treatment for extensive stage disease							
Regimen	NCCN Category	FDA Approved	Trial Design	Comparator	Primary End-Point	Line of Therapy	Conclusion
Atezolizumab + carboplatin + etoposide, followed by maintenance atezolizumab	1 preferred	Yes	<a href="#">Phase 3 (IMpower133)</a> , double-blind, placebo-controlled, randomized	Placebo + carboplatin + etoposide, followed by maintenance placebo	PFS OS	Treatment naïve	<ul style="list-style-type: none"> <li>The addition of atezolizumab to chemotherapy in the first-line treatment of extensive-stage small-cell lung cancer resulted in significantly longer overall survival and progression-free survival than chemotherapy alone.</li> </ul>
Durvalumab + platinum + etoposide, followed by maintenance durvalumab	1 preferred	Yes	<a href="#">Phase 3 (CASPIAN)</a> , randomized, controlled, open-label	Platinum + etoposide	OS	First-line in ES-SCLC	<ul style="list-style-type: none"> <li>First-line durvalumab plus platinum-etoposide significantly improved overall survival in patients with ES-SCLC versus a clinically relevant control group.</li> </ul>

### Hepatocellular Carcinoma (HCC)

First-line therapy							
Regimen	NCCN Category	FDA Approved	Trial Design	Comparator	Primary End-Point	Line of Therapy	Conclusion

Bevacizumab + atezolizumab	2A preferred for Child-Pugh Class A only	Yes	<a href="#">Phase 3 (IMbrave150)</a> , multicenter, open-label, randomized	Sorafenib	PFS PS	First-line	<ul style="list-style-type: none"> <li>In patients with unresectable hepatocellular carcinoma, atezolizumab combined with bevacizumab resulted in better overall and progression-free survival outcomes than sorafenib.</li> </ul>
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### Cutaneous Melanoma

First-line therapy							
Regimen	NCCN Category	FDA Approved	Trial Design	Comparator	Primary End-Point	Line of Therapy	Conclusion
Atezolizumab + vemurafenib + cobimetinib	TBD	Yes	<a href="#">Phase 3 (IMspire150)</a> , randomized, double-blind, placebo controlled	Placebo + vemurafenib + cobimetinib (control group)	PFS	First-line	<ul style="list-style-type: none"> <li>The addition of atezolizumab to targeted therapy with vemurafenib and cobimetinib was safe and tolerable and significantly increased progression-free survival in patients with BRAFV600 mutation-positive advanced melanoma.</li> </ul>