

# IMpower150 BFRM Quick Reference

TECENTRIQ + Avastin + pac/carbo for first-line metastatic non-squamous non-small cell lung cancer (1L nsqNSCLC)

## TECENTRIQ 1L nsqNSCLC

### Combination Regimen:

TECENTRIQ + Avastin + paclitaxel + carboplatin

**FDA Approval:** December 6, 2018

**1L nsqNSCLC (12/6/18):** TECENTRIQ, in combination with Avastin, paclitaxel, and carboplatin, is indicated for the first-line treatment of patients with metastatic non-squamous non-small cell lung cancer (nsqNSCLC) with no EGFR or ALK genomic tumor aberrations.

**2L mNSCLC (10/18/16):** TECENTRIQ is indicated for the treatment of patients with metastatic non-small cell lung cancer (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 these aberrations prior to receiving TECENTRIQ.

## Treatment

**Induction:** The recommended dosage of TECENTRIQ is 1200 mg intravenously over 60 minutes followed by Avastin (15mg/kg), paclitaxel, and carboplatin, on Day 1 of each 21-day cycle for a maximum of 4 to 6 cycles of chemotherapy.

If the first infusion of TECENTRIQ is tolerated, all subsequent infusions may be delivered over 30 minutes.

**Post Induction:** After completion of chemotherapy, administer TECENTRIQ 1200 mg intravenously, followed by Avastin on Day 1 of each 21-day cycle until disease progression or unacceptable toxicity.

**Infusion Time:** Total 4-5 hours (vs competitor combos of 1-2 hours)

## IMpower150 Trial

The multicenter, open-label, randomized, controlled Phase III study evaluated the efficacy and safety of TECENTRIQ in combination with chemotherapy (paclitaxel and carboplatin) with or without Avastin in people with stage IV or recurrent metastatic non-squamous NSCLC who had not been treated with chemotherapy for their advanced disease.

### Clinical

- OS benefit in ITT-WT population and across all PD-L1 expression levels
- Unique OS data in patients with liver mets

### Safety

- Combination safety profile consistent with the safety profile of the individual agents
- Appearance of ADAs did not appear to effect efficacy or AEs

## Pricing & Therapeutic Alternatives

### Pricing of 1L NSCLC CIT (annual/monthly):

**TECENTRIQ + Avastin + pac/carbo :** \$308K /\$25.7K

**KEYTRUDA (PD-L1 ≥ 50%):** \$164K/\$13.6K

**KEYTRUDA + ALIMTA:** \$283K/ \$23.6K

*Annual COT is based on standard PCD assumptions for PIs, chemo cost, wastage, weight, dosing, and patient compliance; includes induction and post-induction treatment. In post-induction, pac and carbo dropped with minimal impact to COT. Monthly COT = Annual COT / 12 months .*

# IMpower150 BFRM Quick Reference

TECENTRIQ + Avastin + pac/carbo for first-line metastatic non-squamous non-small cell lung cancer (1L nsqNSCLC)

## Coverage & Payer Landscape

### Low Access Risk

- Likely coverage to PI or NCCN
- Payers with existing TECENTRIQ coverage policies may not update policies expediently at launch, potentially resulting in delayed reimbursement or claims denial
- Value-based provider accounts may limit use due to budget impact vs. key competitors

### Payer Mix

- Medicare FFS: 33.3%, Medicare Advantage: 23.9%, Commercial: 33.7%, Medicaid: 2.7%, Uninsured: 5.8%, and Other: 0.6%

## Pathway Placement

### High Access Risk

- Vendor pathways are likely to exclude IMpower150 regimen in favor of KEYTRUDA + ALIMTA for PD-L1 < 50%
- Provider pathways, though less restrictive than vendors, may limit access to TECENTRIQ + Avastin + pac/carbo

## Reimbursement – Coding

- **CPT code 96417 added** to TECENTRIQ sample billing and coding guide ([see Slide 3](#))
- Permanent J-Code for TECENTRIQ launched in January 2018
- No changes to NDCs, diagnosis codes, or distribution

## NCCN Guidelines

### Summary

- Added as a Category 1 first-line treatment option for patients with Nonsq mNSCLC with no driver mutations, regardless of PD-L1 expression levels.

### NCCN Compendia Listing for Tecentriq in combination with Avastin + carbo/pac

- **Category 1\***: Treatment for recurrent, advanced, or metastatic NSCLC with non-squamous histology as:
  - first-line therapy option for PD-L1 expression positive ( $\geq 50\%$ ) tumors that are EGFR, ALK negative or unknown, and performance status (PS) 0-2
  - first-line therapy option for PD-L1 expression low/negative ( $< 50\%$ ) tumors that are EGFR, ALK, ROS1, BRAF negative or unknown, and PS 0-1
  - first-line or subsequent therapy for BRAF V600E-mutation positive tumors, and PS 0-1
  - subsequent therapy for sensitizing EGFR mutation-positive tumors and prior erlotinib, afatinib, gefitinib, osimertinib, or dacomitinib therapy, and PS 0-1
  - subsequent therapy for ALK rearrangement-positive tumors and prior crizotinib, ceritinib, alectinib, or brigatinib therapy, and PS 0-1
  - subsequent therapy for ROS1 rearrangement-positive tumors and prior crizotinib or ceritinib therapy, and PS 0-1
  - subsequent therapy for PD-L1 expression-positive ( $\geq 50\%$ ) tumors and EGFR, ALK negative or unknown and no prior platinum-doublet chemotherapy, and PS 0-1
- **Category 1\***: Continuation maintenance therapy as Tecentriq monotherapy or in combination with Avastin for recurrent, advanced or metastatic NSCLC with non-squamous histology in patients who achieve tumor response or stable disease following initial systemic therapy with Tecentriq/Avastin/carboplatin/paclitaxel regimen, and PS 0-2

\*Category 2B for locoregional recurrence or symptomatic local disease (excluding mediastinal lymph node recurrence with prior radiation therapy) with no evidence of disseminated disease. Category 1 for all others.

# IMpower150 BFRM Quick Reference

TECENTRIQ + Avastin + pac/carbo for first-line metastatic non-squamous non-small cell lung cancer (1L nsqNSCLC)

## TECENTRIQ Sample Coding

Non-small Cell Lung Cancer (NSCLC)

TYPE	CODE	DESCRIPTION								
Diagnosis: ICD-10-CM	C33	Malignant neoplasm of trachea								
	C34.00-C34.02	Malignant neoplasm of bronchus and lung: main bronchus								
	C34.10-C34.12	Malignant neoplasm of bronchus and lung: upper lobe								
	C34.2	Malignant neoplasm of bronchus and lung: middle lobe								
	C34.30-C34.32	Malignant neoplasm of bronchus and lung: lower lobe								
	C34.80-C34.82	Malignant neoplasm of bronchus and lung: overlapping sites								
	C34.90-C34.92	Malignant neoplasm of bronchus and lung: unspecified part								
TECENTRIQ HCPCS	J9022	Injection, atezolizumab, 10mg								
Avastin HCPCS	J9035	Injection, bevacizumab, 10mg								
Miscellaneous HCPCS	J3590	Unclassified biologics								
	J3490	Unclassified drugs								
	J9999	Not otherwise classified, antineoplastic drugs								
Hospital Outpatient HCPCS	C9483	Injection, atezolizumab, 10mg								
TECENTRIQ NDC Note: Payer requirements regarding use of a 10-digit or 11-digit NDC may vary. Both formats are listed here for your reference	<table border="1"> <thead> <tr> <th>10-digit</th> <th>11-digit</th> <th></th> </tr> </thead> <tbody> <tr> <td>50242-917-01</td> <td>50242-0917-01</td> <td>1200 mg-20 mL single dose vial</td> </tr> </tbody> </table>	10-digit	11-digit		50242-917-01	50242-0917-01	1200 mg-20 mL single dose vial			
10-digit	11-digit									
50242-917-01	50242-0917-01	1200 mg-20 mL single dose vial								
Avastin NDC	<table border="1"> <thead> <tr> <th>10-digit</th> <th>11-digit</th> <th></th> </tr> </thead> <tbody> <tr> <td>50242-060-01</td> <td>50242-0060-01</td> <td>100 mg/4 mL single-use vial</td> </tr> <tr> <td>50242-061-01</td> <td>50242-0061-01</td> <td>400 mg/16 mL single-use vial</td> </tr> </tbody> </table>	10-digit	11-digit		50242-060-01	50242-0060-01	100 mg/4 mL single-use vial	50242-061-01	50242-0061-01	400 mg/16 mL single-use vial
10-digit	11-digit									
50242-060-01	50242-0060-01	100 mg/4 mL single-use vial								
50242-061-01	50242-0061-01	400 mg/16 mL single-use vial								
Administration procedures: CPT	96413	Chemotherapy administration, intravenous infusion technique: up to 1 hour, single or initial substance/drug								
	96415	Chemotherapy administration, intravenous infusion technique: each additional hour (List separately in addition to code for primary procedure)								
<b>CPT code 96417 added to TECENTRIQ sample billing and coding guide</b>	96417	Chemotherapy administration, intravenous infusion technique: each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure)								

CPT - Current Procedural Terminology. HCPCS - Healthcare Common Procedure Coding System.  
ICD.10CM - International Classification of Diseases, 10th Revision, Clinical Modification. NDC - National Drug Code.

**DISCLAIMER:** Information on this slide is GENENTECH CONFIDENTIAL INFORMATION AND FOR INTERNAL GENENTECH USE ONLY. Indications are pending FDA approval and may change based on comments from FDA. Other information may change based on new market information prior and post launch. Not for use in the field.