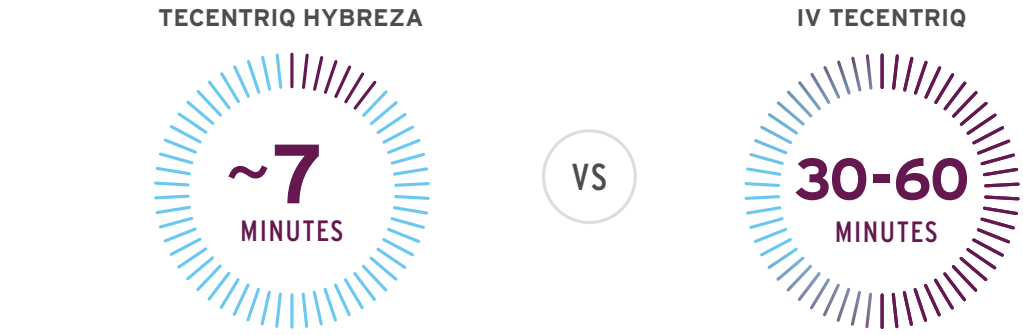
NOW APPROVED
for use across all IV TECENTRIQ® (atezolizumab) adult indications[1,2]

TECENTRIQ Hybreza™
atezolizumab/hyaluronidase-tqjs
SUBCUTANEOUS INJECTION 1875 mg/30,000 units

Genentech is pleased to announce that TECENTRIQ HYBREZA is **FDA approved as the first subcutaneous checkpoint inhibitor**, which means a faster atezolizumab administration option is **now available** for you and your adult patients.

How fast is faster? TECENTRIQ HYBREZA is the **FIRST** checkpoint inhibitor that can be administered in less than 10 minutes. The subcutaneous injection can be given in **~7 minutes q3w** vs 30 to 60 minutes with IV TECENTRIQ.[1,2]

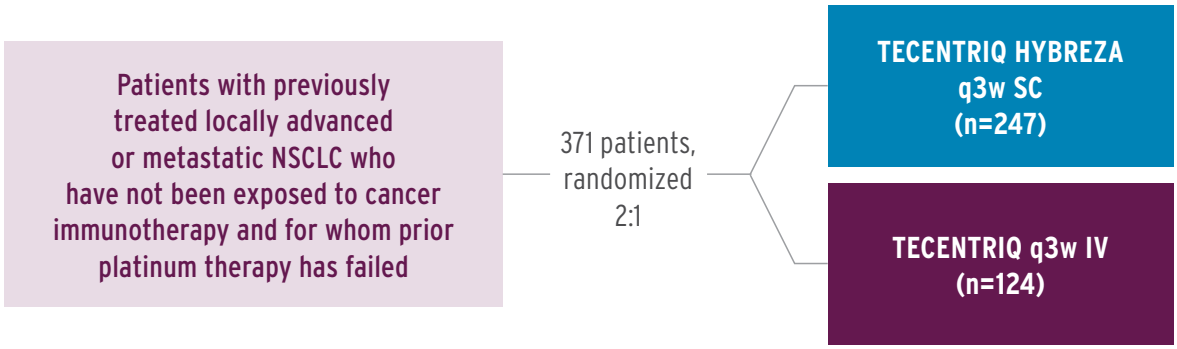


~7 minutes refers to the injection time and does not include other aspects of treatment; actual clinic time may vary

If initial 60-minute infusion is tolerated, IV TECENTRIQ can be administered intravenously over 30 minutes

STUDIED TO ENSURE IT MEETS THE TECENTRIQ STANDARD

IMscin001: Phase IB/III, global, multicenter, randomized study[1,3,4]



IMscin001 evaluated the pharmacokinetics, safety, and efficacy of TECENTRIQ HYBREZA compared with IV TECENTRIQ. The study enrolled 371 patients. The primary outcome measure was atezolizumab exposure of the observed serum C_{trough} at Cycle 1 (pre-dose Cycle 2) and model-predicted area under the curve. Secondary endpoints included safety, immunogenicity, patient-reported outcomes, and efficacy.

The effectiveness of TECENTRIQ HYBREZA for use across all IV TECENTRIQ adult indications is supported by evidence from the IV TECENTRIQ pivotal studies and IMscin001 PK data.[1]

- Cycle 1 observed serum C_{trough} (ie, pre-dose Cycle 2) showed a geometric mean ratio (GMR) of 1.05 (90% CI, 0.88, 1.24)
- The GMR for Cycle 1 model-predicted AUC from 0 to 21 days ($AUC_{0\text{-}21\,d}$) was 0.87 (90% CI, 0.83, 0.92)

Contraindications

TECENTRIQ HYBREZA is contraindicated in patients with known hypersensitivity to hyaluronidase or to any of its excipients.

Select Important Safety Information

Serious and sometimes fatal adverse reactions occurred with TECENTRIQ HYBREZA treatment. Warnings and precautions include severe and fatal immune-mediated adverse reactions, including pneumonitis, colitis, hepatitis, endocrinopathies, dermatologic adverse reactions, nephritis with renal dysfunction, and solid organ transplant rejection. Other warnings and precautions include infusion-related reactions, complications of allogeneic HSCT, and embryo-fetal toxicity.

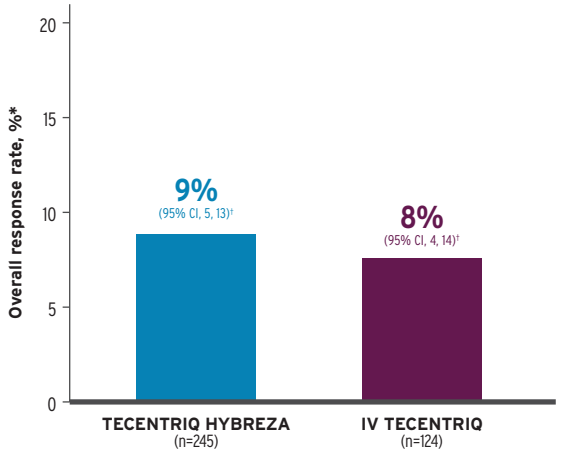
Please see all FDA-approved indications on page 4.

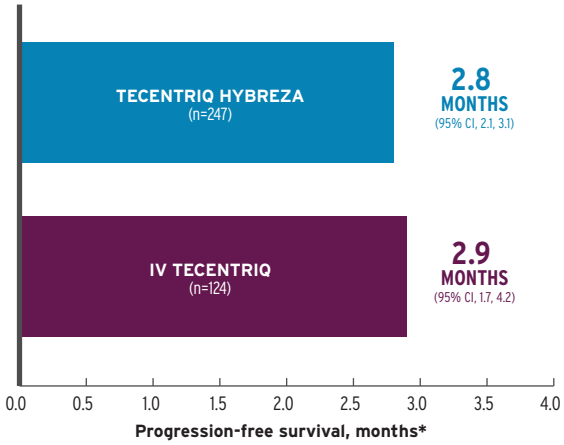
Please see full Prescribing Information and additional Important Safety Information throughout this letter.

EFFICACY OBSERVED WITH TECENTRIQ HYBREZA WAS CONSISTENT WITH IV TECENTRIQ (atezolizumab)[1,3-5]

Efficacy was a descriptive analysis and was not used to formally test for comparable efficacy to IV TECENTRIQ

Median follow-up from the primary analysis was 4.7 months.





*Descriptive analyses.

†95% CI for rate was constructed using the Clopper-Pearson method.

- After further follow-up, no notable differences in PFS and OS were observed between patients who received TECENTRIQ HYBREZA and patients who received IV TECENTRIQ; median survival follow-up of 9.5 months

SAFETY COMPARABLE TO IV TECENTRIQ[1]

Adverse reactions occurring in ≥10% of patients receiving TECENTRIQ HYBREZA in IMscin001

Adverse reaction	TECENTRIQ HYBREZA (n=247)		IV TECENTRIQ (n=124)	
	All grades, %‡	Grades 3-4, %‡	All grades, %‡	Grades 3-4, %‡
Fatigue§	19	0.8	18	0
Musculoskeletal pain‖	15	0.4	13	3.2
Cough¶	13	0	7	0
Dyspnea#	12	1.2	15	1.6
Decreased appetite	11	0	11	0

‡Graded per National Cancer Institute Common Terminology Criteria for Adverse Events version 5.0 (NCI CTCAE v5.0).

§Composite term includes fatigue and asthenia.

‖Composite term includes back pain, myalgia, bone pain, musculoskeletal chest pain, neck pain, spinal pain, and noncardiac chest pain.

¶Composite term includes cough and productive cough.

#Composite term includes dyspnea, dyspnea at rest, and dyspnea exertional.

Clinically relevant adverse reactions in <10% of patients who received TECENTRIQ HYBREZA were local injection site reaction (4.5%) and pyrexia (1.2%).

- Fatal adverse reactions occurred in 6% of patients receiving TECENTRIQ HYBREZA
  - These included pneumonia (2.4%), myocardial infarction (1.2%), head injury (0.4%), ischemic stroke (0.4%), pleural effusion (0.4%), pulmonary embolism (0.4%), respiratory tract infection (0.4%), sepsis (0.4%), and toxic epidermal necrolysis (0.4%)
- Serious adverse reactions occurred in 19% of patients receiving TECENTRIQ HYBREZA
  - The most common serious adverse reactions (>1%) were pneumonia, myocardial infarction, and pleural effusion
- TECENTRIQ HYBREZA was discontinued due to adverse reactions in 3.6% of patients. The most common adverse reaction (>1%) leading to TECENTRIQ HYBREZA discontinuation was pneumonia (2%)
- Adverse reactions leading to interruption of TECENTRIQ HYBREZA occurred in 32% of patients; the most common (>1%) were COVID-19 (4.9%), increased aspartate aminotransferase (2.8%), increased alanine aminotransferase (2.4%), pneumonia (2.4%), anemia (1.6%), dyspnea (1.6%), fatigue (1.2%), and viral respiratory tract infection (1.2%)

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DISTRIBUTION INFORMATION

- TECENTRIQ HYBREZA can be obtained through the same distributors as IV TECENTRIQ (atezolizumab)
- Visit Genentech-access.com/TECENTRIQ-HYBREZA for a list of distributors

BILLING AND CODING INFORMATION

The Centers for Medicare & Medicaid Services (CMS) has not yet assigned a product-specific HCPCS code, or J-code, for TECENTRIQ HYBREZA. In the absence of a product-specific code, payers generally require use of a miscellaneous code when submitting claims. Check with individual payers for specific requirements.

	CODE		DESCRIPTION
NDC	**10-digit**	**11-digit**	1875 mg atezolizumab and 30,000 units hyaluronidase per 15 mL (125 mg/2000 units per mL) solution in a single-dose vial
	50242-933-01	50242-0933-01	
CPT	96401		Chemotherapy administration subcutaneous or intramuscular, nonhormonal antineoplastic drugs
HCPCS	J3490		Unclassified drugs
	J3590		Unidentified biologics
	J9999		Not otherwise classified, antineoplastic drugs
	C9399		Unclassified drugs or biologicals
HCPCS: Modifier Note: Beginning July 1, 2023, CMS requires the use of the JZ modifier to indicate there were no units of a drug discarded.*	JZ		Zero drug amount discarded/not administered to any patient
Diagnosis	**ICD-10-CM**		**DESCRIPTION**
Small Cell Lung Cancer (SCLC), Non-Small Cell Lung Cancer (NSCLC)	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
Hepatocellular Carcinoma (HCC)	C22.0		Liver cell carcinoma, hepatocellular carcinoma
	C22.8		Malignant neoplasm of liver, primary, unspecified as to type
Malignant Melanoma	C43.0†–C43.9		Malignant melanoma of skin, by site

*The JZ modifier is required to be used as of July 1, 2023. For more information on the JZ modifier, visit CMS.gov.
†This range of codes does not include melanoma in situ (D03.-), malignant melanoma of the skin of genital organs (C51-52, C60.-, C63.2), Merkel cell carcinoma (C4A.-), malignant neoplasm of vermilion border of lip (C00.0–C00.2), malignant neoplasm of the anus (C21.0), malignant neoplasm of scrotum (C63.2); plus, for melanoma of sites other than the skin (not previously specified), code to the malignant neoplasm of that site.

These codes are not all-inclusive; appropriate codes can vary by patient, setting of care and payer. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any item or service.

Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.

Up-to-date TECENTRIQ HYBREZA coding information is available at Genentech-access.com/TECENTRIQ-HYBREZA

AUC=area under the concentration-time curve; CI=confidence interval; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; HSCT=hematopoietic stem cell transplantation; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; IV=intravenous; NDC=National Drug Code; NSCLC=non-small cell lung cancer; PK=pharmacokinetic; q3w=every 3 weeks; SC=subcutaneous.

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INDICATIONS AND IMPORTANT SAFETY INFORMATION

INDICATIONS

Non-Small Cell Lung Cancer

TECENTRIQ HYBREZA, as monotherapy, is indicated as adjuvant treatment following resection and platinum-based chemotherapy for adult patients with stage II-IIIA non-small cell lung cancer (NSCLC) whose tumors have PD-L1 expression on ≥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 non-small cell lung cancer (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.

TECENTRIQ HYBREZA, in combination with bevacizumab, paclitaxel, and carboplatin, is indicated for the first-line treatment of adult patients with metastatic non-squamous, non-small cell lung cancer (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 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 NSCLC harboring these aberrations prior to receiving TECENTRIQ HYBREZA.

Extensive-Stage Small Cell Lung Cancer

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).

Unresectable or Metastatic Hepatocellular Carcinoma

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.

Unresectable or Metastatic Melanoma

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.

ALK=anaplastic lymphoma kinase; EGFR=epidermal growth factor receptor; PD-L1=programmed death-ligand 1.

IMPORTANT SAFETY INFORMATION

Contraindications

TECENTRIQ HYBREZA is contraindicated in patients with known hypersensitivity to hyaluronidase or to any of its excipients.

Warnings and Precautions

Severe and Fatal Immune-Mediated Adverse Reactions

TECENTRIQ HYBREZA is a monoclonal antibody that belongs to a class of drugs that bind to either the programmed death-receptor 1 (PD-1) or the PD-ligand 1 (PD-L1), blocking the PD-1/PD-L1 pathway, thereby removing inhibition of the immune response, potentially breaking peripheral tolerance and inducing immune-mediated adverse reactions. The following immune-mediated adverse reactions may not include all possible severe and fatal immune-mediated reactions.

Immune-mediated adverse reactions can occur in any organ system or tissue and at any time after starting TECENTRIQ HYBREZA. While immune-mediated adverse reactions usually manifest during treatment with TECENTRIQ HYBREZA, they can also manifest after discontinuation of treatment. Early identification and management of immune-mediated adverse reactions are essential to ensure safe use of TECENTRIQ HYBREZA.

Monitor patients closely for symptoms and signs that may be clinical manifestations of underlying immune-mediated adverse reactions. Evaluate liver enzymes, creatinine, and thyroid function at baseline and periodically during treatment. In cases of suspected immune-mediated adverse reactions, initiate appropriate workup to exclude alternative etiologies, including infection. Institute medical management promptly, including specialty consultation as appropriate.

Withhold or permanently discontinue TECENTRIQ HYBREZA depending on severity. In general, if TECENTRIQ HYBREZA requires interruption or discontinuation, administer systemic corticosteroid therapy (1 to 2 mg/kg/day prednisone or equivalent) until improvement to Grade 1 or less, then initiate corticosteroid taper and continue to taper over at least 1 month. Consider administration of other systemic immunosuppressants in patients whose immune-mediated adverse reactions are not controlled with corticosteroid therapy.

Immune-Mediated Pneumonitis

- TECENTRIQ HYBREZA can cause immune-mediated pneumonitis, including fatal adverse reactions. The incidence of pneumonitis is higher in patients who have received prior thoracic radiation

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IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Pneumonitis (cont'd)

- Immune-mediated pneumonitis occurred in 2% (5/247) of patients receiving TECENTRIQ HYBREZA, including Grade 2 (0.8%) and Grade 1 (1.2%) adverse reactions. Pneumonitis led to withholding of TECENTRIQ HYBREZA in 1 patient
- Systemic corticosteroids were required in 40% (2/5) of patients with pneumonitis. Pneumonitis resolved in both patients. The single patient in whom TECENTRIQ HYBREZA was withheld for pneumonitis reinitiated TECENTRIQ HYBREZA after symptom improvement
- Immune-mediated pneumonitis occurred in 13% (29/230) of patients receiving intravenous atezolizumab in combination with cobimetinib and vemurafenib, including Grade 3 (1.3%) and Grade 2 (7%) adverse reactions. Pneumonitis led to permanent discontinuation of intravenous atezolizumab in 2.6% and withholding of intravenous atezolizumab in 7.4% of patients. Systemic corticosteroids were required in 55% (16/29) of patients with pneumonitis. Pneumonitis resolved in 97% of the 29 patients. Of the 17 patients in whom intravenous atezolizumab was withheld for pneumonitis, 10 reinitiated intravenous atezolizumab after symptom improvement; of these, 50% had recurrence of pneumonitis

Immune-Mediated Colitis

- TECENTRIQ HYBREZA can cause immune-mediated colitis, including Grade 3 adverse reactions. Colitis can present with diarrhea, abdominal pain, and lower gastrointestinal bleeding. Cytomegalovirus (CMV) infection/reactivation has been reported in patients with corticosteroid-refractory immune-mediated colitis. In cases of corticosteroid-refractory colitis, consider repeating infectious workup to exclude alternative etiologies

Immune-Mediated Hepatitis

- TECENTRIQ HYBREZA can cause immune-mediated hepatitis, including fatal adverse reactions
- Immune-mediated hepatitis occurred in 1.2% (3/247) of patients receiving TECENTRIQ HYBREZA, including Grade 1 (0.4%) and Grade 3 (0.8%) adverse reactions. Hepatitis led to withholding of TECENTRIQ HYBREZA in 0.4% of patients
- Systemic corticosteroids were required in 67% (2/3) of patients with hepatitis who received TECENTRIQ HYBREZA. Hepatitis resolved in 1 of the 3 patients
- Immune-mediated hepatitis occurred in 6.1% (14/230) of patients receiving intravenous atezolizumab in combination with cobimetinib and vemurafenib, including Grade 4 (1.3%), Grade 3 (1.7%), and Grade 2 (1.3%) adverse reactions. Hepatitis led to permanent discontinuation of intravenous atezolizumab in 2.2% and withholding of intravenous atezolizumab in 1.7% of patients. Systemic corticosteroids were required in 50% (7/14) of patients with hepatitis. Hepatitis resolved in 93% of the 14 patients. Of the 4 patients in whom intravenous atezolizumab was withheld for hepatitis, 3 reinitiated intravenous atezolizumab after symptom improvement; of these, 33% had recurrence of hepatitis

Immune-Mediated Endocrinopathies

Adrenal Insufficiency

- TECENTRIQ HYBREZA can cause primary or secondary adrenal insufficiency, including Grade 3 adverse reactions. For Grade 2 or higher adrenal insufficiency, initiate symptomatic treatment, including hormone replacement as clinically indicated
- Immune-mediated adrenal insufficiency occurred in 0.8% (2/247) of patients receiving TECENTRIQ HYBREZA, including Grade 2 (0.4%) adverse reactions. Adrenal insufficiency led to withholding of TECENTRIQ HYBREZA in both patients. Systemic corticosteroids were required in 50% (1/2) of patients with adrenal insufficiency who received TECENTRIQ HYBREZA; this patient remained on systemic corticosteroids

Hypophysitis

- TECENTRIQ HYBREZA can cause immune-mediated hypophysitis, including Grade 2 adverse reactions. Hypophysitis can present with acute symptoms associated with mass effect such as headache, photophobia, or visual field cuts. Hypophysitis can cause hypopituitarism. Initiate hormone replacement as clinically indicated
- Immune-mediated hypophysitis occurred in 0.4% (1/247) of patients receiving TECENTRIQ HYBREZA, including Grade 1 (0.4%) adverse reactions. Hypophysitis led to withholding of TECENTRIQ HYBREZA in this patient

Thyroid Disorders

- TECENTRIQ HYBREZA can cause immune-mediated thyroid disorders. Thyroiditis can present with or without endocrinopathy. Hypothyroidism can follow hyperthyroidism. Initiate hormone replacement for hypothyroidism or medical management for hyperthyroidism as clinically indicated
- Immune-mediated thyroiditis occurred in 0.8% (2/247) of patients receiving TECENTRIQ HYBREZA, including Grade 2 (0.4%) adverse reactions. Thyroiditis resolved in 50% of patients
- Immune-mediated hyperthyroidism occurred in 2% (5/247) of patients receiving TECENTRIQ HYBREZA, including Grade 2 (1.2%) adverse reactions. Hyperthyroidism led to withholding of TECENTRIQ HYBREZA in 0.8% of patients. Antithyroid therapy was required in 40% (2/5) of patients with hyperthyroidism who received TECENTRIQ HYBREZA. Of these 2 patients, 1 remained on antithyroid treatment. Of the 2 patients in whom TECENTRIQ HYBREZA was withheld for hyperthyroidism, 1 patient reinitiated TECENTRIQ HYBREZA; this patient did not have recurrence of hyperthyroidism
- Hyperthyroidism occurred in 19% (43/230) of patients receiving intravenous atezolizumab in combination with cobimetinib and vemurafenib, including Grade 3 (0.9%) and Grade 2 (7.8%) adverse reactions. Hyperthyroidism led to permanent discontinuation of intravenous atezolizumab in 0.4% and withholding of intravenous atezolizumab in 10% of patients. Antithyroid therapy was required in 53% (23/43) of patients with hyperthyroidism. Of these 23 patients, the majority remained on antithyroid treatment. Of the 24 patients in whom intravenous atezolizumab was withheld for hyperthyroidism, 18 patients reinitiated intravenous atezolizumab; of these, 28% had recurrence of hyperthyroidism

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IMPORTANT SAFETY INFORMATION (CONT'D)

Immune-Mediated Endocrinopathies (cont'd)

- TECENTRIQ HYBREZA can cause immune-mediated hypothyroidism, including Grade 4 adverse reactions. Immune-mediated hypothyroidism occurred in 10% (25/247) of patients receiving TECENTRIQ HYBREZA. Hormone replacement was required in 68% (17/25) of patients with hypothyroidism who received TECENTRIQ HYBREZA. Two patients with hypothyroidism remained on thyroid hormone replacement
- Hypothyroidism occurred in 11% (277/2421) of patients with NSCLC or SCLC receiving intravenous atezolizumab in combination with platinum-based chemotherapy, including Grade 4 (<0.1%), Grade 3 (0.3%), and Grade 2 (5.7%) adverse reactions. Hypothyroidism led to permanent discontinuation of intravenous atezolizumab in 0.1% and withholding of intravenous atezolizumab in 1.6% of patients. Hormone replacement therapy was required in 71% (198/277) of patients with hypothyroidism. The majority of patients with hypothyroidism remained on thyroid hormone replacement. Of the 39 patients in whom intravenous atezolizumab was withheld for hypothyroidism, 9 reinitiated intravenous atezolizumab after symptom improvement
- Hypothyroidism occurred in 26% (60/230) of patients receiving intravenous atezolizumab in combination with cobimetinib and vemurafenib, including Grade 2 (9.1%) adverse reactions. Hypothyroidism led to withholding of intravenous atezolizumab in 2.6% of patients. Hormone replacement therapy was required in 52% (31/60) of patients with hypothyroidism. The majority of patients with hypothyroidism remained on thyroid hormone replacement. Of the 6 patients in whom intravenous atezolizumab was withheld for hypothyroidism, 4 reinitiated intravenous atezolizumab after symptom improvement. The majority of patients with hypothyroidism required long-term thyroid replacement

Type 1 Diabetes Mellitus, Which Can Present With Diabetic Ketoacidosis

- TECENTRIQ HYBREZA can cause type 1 diabetes mellitus, including Grade 3 adverse reactions and diabetic ketoacidosis. Monitor patients for hyperglycemia or other signs and symptoms of diabetes. Initiate treatment with insulin as clinically indicated

Immune-Mediated Nephritis With Renal Dysfunction

- TECENTRIQ HYBREZA can cause immune-mediated nephritis, including Grade 3 adverse reactions
- Immune-mediated nephritis with renal dysfunction occurred in 1.3% (3/230) of patients receiving intravenous atezolizumab in combination with cobimetinib and vemurafenib, including Grade 2 (1.3%) adverse reactions. Nephritis led to permanent discontinuation of intravenous atezolizumab in 0.4% and withholding of intravenous atezolizumab in 0.9% of patients. Systemic corticosteroids were required in 67% (2/3) of patients with nephritis. Nephritis resolved in all 3 of these patients. Of the 2 patients in whom intravenous atezolizumab was withheld for nephritis, both reinitiated intravenous atezolizumab after symptom improvement and neither had recurrence of nephritis

Immune-Mediated Dermatologic Adverse Reactions

- TECENTRIQ HYBREZA can cause immune-mediated rash or dermatitis, including Grade 3 and fatal adverse reactions. Exfoliative dermatitis, including Stevens-Johnson syndrome (SJS), DRESS, and toxic epidermal necrolysis (TEN), has occurred with PD-1/PD-L1 blocking antibodies. Topical emollients and/or topical corticosteroids may be adequate to treat mild to moderate non-exfoliative rashes
- One fatal case of an immune-mediated dermatologic adverse reaction, due to TEN, occurred (0.4%, 1/247) in patients receiving TECENTRIQ HYBREZA

Other Immune-Mediated Adverse Reactions

- The following clinically significant immune-mediated adverse reactions occurred at an incidence of <1% (unless otherwise noted) in patients who received intravenous atezolizumab or were reported with the use of other PD-1/PD-L1 blocking antibodies
  - *Cardiac/Vascular*: Myocarditis, pericarditis, vasculitis
  - *Nervous System*: Meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis (including exacerbation), Guillain-Barré syndrome, nerve paresis, autoimmune neuropathy
  - *Ocular*: Uveitis, iritis, and other ocular inflammatory toxicities can occur. Some cases can be associated with retinal detachment. Various grades of visual impairment, including blindness, can occur. If uveitis occurs in combination with other immune-mediated adverse reactions, consider a Vogt-Koyanagi-Harada-like syndrome, as this may require treatment with systemic steroids to reduce the risk of permanent vision loss
  - *Gastrointestinal*: Pancreatitis to include increases in serum amylase and lipase levels, gastritis, duodenitis
  - *Musculoskeletal and Connective Tissue*: Myositis/polymyositis, rhabdomyolysis and associated sequelae including renal failure, arthritis, polymyalgia rheumatic
  - *Endocrine*: Hypoparathyroidism
  - *Other (Hematologic/Immune)*: Hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, immune thrombocytopenic purpura, solid organ transplant rejection, other transplant (including corneal graft) rejection

Infusion-Related Reactions

- TECENTRIQ HYBREZA can cause severe or life-threatening infusion-related reactions, including Grade 3 adverse reactions. Monitor for signs and symptoms of infusion-related reactions. Pause, slow the rate of, or permanently discontinue TECENTRIQ HYBREZA based on the severity. For Grade 1 or 2 infusion-related reactions, consider using pre-medications with subsequent doses

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IMPORTANT SAFETY INFORMATION (CONT'D)

Complications of Allogeneic HSCT After PD-1/PD-L1 Inhibitors

- Fatal and other serious complications can occur in patients who receive allogeneic hematopoietic stem cell transplantation (HSCT) before or after being treated with a PD-1/PD-L1 blocking antibody
- Transplant-related complications include hyperacute graft-versus-host disease (GVHD), acute GVHD, chronic GVHD, hepatic veno-occlusive disease (VOD) after reduced intensity conditioning, and steroid-requiring febrile syndrome (without an identified infectious cause)
- These complications may occur despite intervening therapy between PD-1/PD-L1 blockage and allogeneic HSCT
- Follow patients closely for evidence of transplant-related complications and intervene promptly. Consider the benefits versus risks of treatment with a PD-1/PD-L1 blocking antibody prior to or after an allogeneic HSCT

Embryo-Fetal Toxicity

- Based on its mechanism of action, TECENTRIQ HYBREZA can cause fetal harm when administered to a pregnant woman. There are no available data on the use of TECENTRIQ HYBREZA in pregnant women. Animal studies have demonstrated that inhibition of the PD-L1/PD-1 pathway can lead to increased risk of immune-related rejection of the developing fetus, resulting in fetal death
- Verify pregnancy status of females of reproductive potential prior to initiating TECENTRIQ HYBREZA. Advise females of reproductive potential of the potential risk to a fetus and to use effective contraception during treatment with TECENTRIQ HYBREZA and for at least 5 months after the last dose

Use in Specific Populations

Nursing Mothers

- There is no information regarding the presence of atezolizumab or hyaluronidase in human milk, the effects on the breastfed infant, or the effects on milk production. As human IgG is excreted in human milk, the potential for absorption and harm to the infant is unknown
- Because of the potential for serious adverse reactions in breastfed infants from TECENTRIQ HYBREZA, advise female patients not to breastfeed while taking TECENTRIQ HYBREZA and for at least 5 months after the last dose

Fertility

- Based on animal studies, TECENTRIQ HYBREZA may impair fertility in females of reproductive potential while receiving treatment

Most Common Adverse Reactions

The most common adverse reactions (rate ≥10%) in patients who received TECENTRIQ HYBREZA were fatigue (19%), musculoskeletal pain (15%), cough (13%), dyspnea (12%), and decreased appetite (11%).

The most common adverse reactions (rate ≥20%) in patients who received intravenous atezolizumab alone were fatigue/asthenia (48%), decreased appetite (25%), nausea (24%), cough (22%), and dyspnea (22%).

The most common adverse reactions (rate ≥20%) in patients who received intravenous atezolizumab in combination with other antineoplastic drugs for NSCLC and SCLC were fatigue/asthenia (49%), nausea (38%), alopecia (35%), constipation (29%), diarrhea (28%), and decreased appetite (27%).

The most common adverse reactions (rate ≥20%) in patients who received intravenous atezolizumab in combination with bevacizumab for HCC were hypertension (30%), fatigue/asthenia (26%), and proteinuria (20%).

The most common adverse reactions (rate ≥20%) in patients who received intravenous atezolizumab in combination with cobimetinib and vemurafenib for melanoma were rash (75%), musculoskeletal pain (62%), fatigue (51%), hepatotoxicity (50%), pyrexia (49%), nausea (30%), pruritus (26%), edema (26%), stomatitis (23%), hypothyroidism (22%), and photosensitivity reaction (21%).

You may report side effects to the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at 1-888-835-2555.

Please see full Prescribing Information for additional Important Safety Information.

Sincerely,

Levi Garraway, MD, PhD
Chief Medical Officer and Head of Global Product Development

References: 1. TECENTRIQ HYBREZA Prescribing Information. Genentech, Inc. **2.** TECENTRIQ Prescribing Information. Genentech, Inc. **3.** Burotto M, Zvirbule Z, Mochalova A, et al. IMscin001 part 2: a randomised phase III, open-label, multicentre study examining the pharmacokinetics, efficacy, immunogenicity, and safety of atezolizumab subcutaneous versus intravenous administration in previously treated locally advanced or metastatic non-small-cell lung cancer and pharmacokinetics comparison with other approved indications. *Ann Oncol*. 2023;34:693-702. **4.** Burotto M, Zvirbule Z, Alvarez R, et al. Brief report: updated data from IMscin001 part 2, a randomized phase III study of subcutaneous versus intravenous atezolizumab in patients with locally advanced or metastatic NSCLC. *J Thorac Oncol*. Published online May 9, 2024. doi:10.1016/j.jtho.2024.05.005 **5.** Data on file. Genentech, Inc.

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TECENTRIQ Hybreza™
atezolizumab/hyaluronidase-tqjs
SUBCUTANEOUS INJECTION 1875 mg/30,000 units