TECENTRIQ HYBREZA™ - (atezolizumab and hyaluronidase-tqjs)

Refer to the respective Prescribing Information for each therapeutic agent administered in combination with Tecentriq® (atezolizumab) for recommended dosage information, as appropriate.

FDA-APPROVED FOR USE ACROSS ALL IV TECENTRIQ® ADULT INDICATIONS[1]

	NSCLC					SCLC	HCC	Melanoma	ASPS
Indication	Adjuvant treatment for PD-L1+ (TC ≥1%) stage II-IIIA[a] NSCLC	1L sq or nsq, PD-L1-high (TC ≥50% or IC ≥10%) mNSCLC[b]	1L nsq mNSCLC[b]		2L+ sq or nsq mNSCLC[c]	1L ES-SCLC	1L unresectable or metastatic HCC	1L BRAF V600 activating mutation unresectable or metastatic cutaneous melanoma	Unresectable or metastatic ASPS in adult patients
IV Tecentriq Regimen*	IMpower010 **Tecentriq® monotherapy following resection + platinum-based chemotherapy**	IMpower110 **Tecentriq® monotherapy**	IMpower150 **Tecentriq® + bevacizumab + carboplatin + paclitaxel**	IMpower130 **Tecentriq® + carboplatin + nab-paclitaxel[d]****	OAK **Tecentriq® monotherapy**	IMpower133 **Tecentriq® + carboplatin + etoposide****	IMbrave150 **Tecentriq® + bevacizumab**	IMspire150 **Tecentriq® + cobimetinib + vemurafenib**	Study ML39345 **Tecentriq® monotherapy**
Treatment duration	Up to one year, unless there is disease recurrence or unacceptable toxicity	Until disease progression or unacceptable toxicity							
Tecentriq Hybreza Subcutaneous Dosing	**atezolizumab and hyaluronidase-tqjs: 1875 mg SC q3w**								

***Use of Tecentriq Hybreza for all adult indications of IV Tecentriq is supported by evidence from adequate and well-controlled studies, and additional pharmacokinetic and safety data that demonstrated comparable systemic exposure and safety profiles between Tecentriq Hybreza and IV Tecentriq in IMscin001.**

****Clinical trial regimen included maintenance phase with Tecentriq monotherapy[2,3]**

1L=first line; 2L=second line; ALK=anaplastic lymphoma kinase; ASPS=alveolar soft part sarcoma; EGFR=epidermal growth factor receptor; ES-SCLC=extensive-stage small cell lung cancer; HCC=hepatocellular carcinoma; IC=tumor-infiltrating immune cells; IV=intravenous; mNSCLC=metastatic non-small cell lung cancer; nsq=nonsquamous; PD-L1=programmed death-ligand 1; q2w=once every 2 weeks; q3w=once ever 3 weeks; q4w=once every 4 weeks; SC=subcutaneous; sq=squamous; TC=tumor cells.

[a]Per the Union for International Cancer Control/American Joint Committee on Cancer stage system, 7th edition; [b]With no EGFR or ALK genomic tumor aberrations; [c]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; [d]Nab-paclitaxel (nab-pac) is also referred to as paclitaxel protein bound (or albumin bound).

References: 1. TECENTRIQ Hybreza prescribing information. Genentech, Inc.; 2024; 2. Hoffmann-La Roche. A Study of Atezolizumab in Combination With Carboplatin Plus (+) Nab-Paclitaxel Compared With Carboplatin+Nab-Paclitaxel in Participants With Stage IV Non-Squamous Non-Small Cell Lung Cancer. August 9, 2021. Available at https://clinicaltrials.gov/study/NCT02367781. Accessed on August 1, 2024; 3. Hoffmann-La Roche. A Study of Carboplatin Plus Etoposide With or Without Atezolizumab in Participants With Untreated Extensive-Stage (ES) Small Cell Lung Cancer (SCLC). December 01, 2022. Available at https://clinicaltrials.gov/study/NCT02763579. Accessed on August 1, 2024.

This is a medical resource for scientific information and is intended for healthcare providers practicing in the United States.

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