

## TECENTRIQ HYBREZA™ - (atezolizumab and hyaluronidase-tqjs)

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

# DOSING INFORMATION ACROSS FDA APPROVED INDICATIONS<sup>1</sup>

	NSCLC				SCLC		HCC	Melanoma	ASPS	MIBC	
Indication	Adjuvant treatment for PD-L1+ (TC ≥1%) stage II-III <sup>a</sup> NSCLC	1L sq or nsq, PD-L1-high (TC ≥50% or IC ≥10%) mNSCLC <sup>b</sup>	1L nsq mNSCLC <sup>b</sup>		2L+ sq or nsq mNSCLC <sup>c</sup>	1L ES-SCLC	1L maintenance ES-SCLC*	1L unresectable or metastatic HCC	1L BRAF V600 activating mutation unresectable or metastatic cutaneous melanoma	Unresectable or metastatic ASPS <sup>†</sup>	Adjuvant treatment for MIBC with ctDNA MRD post-cystectomy
Atezolizumab Regimen	IMpower010 atezolizumab monotherapy following resection + platinum-based chemotherapy	IMpower110 atezolizumab monotherapy	IMpower150 atezolizumab + bevacizumab + carboplatin + paclitaxel	IMpower130 atezolizumab + carboplatin + nab-paclitaxel <sup>d</sup>	OAK atezolizumab monotherapy	IMpower133 atezolizumab + carboplatin + etoposide	IMforte atezolizumab + lurbinectedin	IMbrave150 atezolizumab + bevacizumab	IMspire150 atezolizumab + cobimetinib + vemurafenib	Study ML39345 atezolizumab monotherapy	IMvigor011 atezolizumab monotherapy
Treatment duration	Up to 1 year, unless there is disease recurrence or unacceptable toxicity	Until disease progression or unacceptable toxicity									Up to 1 year, unless there is disease recurrence 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 atezolizumab is supported by evidence from adequate and well-controlled studies in adults, and additional pharmacokinetic and safety data that demonstrated comparable systemic exposure and safety profiles between Tecentriq Hybreza and IV atezolizumab in adults in IMscin001. Systemic exposure in pediatric patients with ASPS aged 12 years and older who weigh 40 kg or greater is predicted to be within range of those observed in adult patients.

\*After first-line induction therapy with IV atezolizumab or Tecentriq Hybreza, carboplatin and etoposide

<sup>†</sup>For the treatment of unresectable or metastatic ASPS, Tecentriq Hybreza is FDA-approved for use in adult and pediatric patients ≥12 years of age who weigh ≥40 kg. The recommended dosage for pediatric patients ≥12 years of age who weigh < 40 kg has not been established.

1L=first line; 2L=second line; ALK=anaplastic lymphoma kinase; ASPS=alveolar soft part sarcoma; ctDNA=circulating tumor DNA; 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; MIBC=muscle invasive bladder cancer; MRD=molecular residual disease; nsq=nonsquamous; PD-L1=programmed death-ligand 1; q2w=once every 2 weeks; q3w=once every 3 weeks; q4w=once every 4 weeks; SC=subcutaneous; sq=squamous; TC=tumor cells.

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

References: 1. TECENTRIQ Hybreza prescribing information. Genentech, Inc.; 2026

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