TECENTRIQ® + NAB-PACLITAXEL IS APPROVED FOR THE TREATMENT OF PD-L1+ METASTATIC TNBC

TECENTRIQ dosing for PD-L1+ mTNBC patients is 840 mg every 2 weeks*

Indication
TECENTRIQ in combination with paclitaxel protein-bound is indicated for the treatment of adult patients with unresectable locally advanced or metastatic triple-negative breast cancer (TNBC) whose tumors express PD-L1 (PD-L1-stained tumor-infiltrating immune cells [IC] of any intensity covering ≥1% of the tumor area), as determined by an FDA-approved test.

This indication is approved under accelerated approval based on progression-free survival. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

Important Safety Information
Serious and sometimes fatal adverse reactions occurred with TECENTRIQ treatment. Warnings and precautions include immune-mediated serious adverse reactions, including pneumonitis, hepatitis, colitis, endocrinopathies, and other immune-mediated adverse reactions. Other warnings and precautions include infections, infusion-related reactions, and embryo-fetal toxicity.

Nab-paclitaxel (nab-pac) is also referred to as paclitaxel protein-bound.

*The recommended dosage of TECENTRIQ is 840 mg administered as an intravenous infusion over 60 minutes, followed by 100 mg/m² nab-paclitaxel. For each 28-day cycle, TECENTRIQ is administered on days 1 and 15, and nab-paclitaxel is administered on days 1, 8, and 15 until disease progression or unacceptable toxicity. TECENTRIQ and nab-paclitaxel may be discontinued for toxicity independently of each other. If the first infusion is tolerated, all subsequent infusions of TECENTRIQ may be delivered over 30 minutes. See also the prescribing information for nab-paclitaxel prior to initiation.

Abbreviations: mTNBC, metastatic triple-negative breast cancer; PD-L1, programmed death-ligand 1.

Please see accompanying full Prescribing Information and additional Important Safety Information on back.
How Supplied/Description
TECENTRIQ injection is a sterile, preservative-free, and colorless to slightly yellow solution for intravenous infusion supplied as a carton containing a single-dose vial.

<table>
<thead>
<tr>
<th>NDC</th>
<th>Description</th>
<th>Qty 1</th>
<th>Qty 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>50242-918-01</td>
<td>840 mg/14 mL single-dose vial</td>
<td>(on packaging)</td>
<td>(used for billing)</td>
</tr>
<tr>
<td>50242-917-01</td>
<td>1200 mg/20 mL single-dose vial</td>
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</tbody>
</table>

HCPCS

J9022
Injection, atezolizumab, 10 mg

For informational purposes only. The 1200 mg vial is not approved for use in the treatment of PD-L1+ mTNBC. The recommended dosage of TECENTRIQ in combination with nab-paclitaxel in TNBC is 840 mg. Please see Section 2.4 of the USPI for more information.

The TECENTRIQ wholesale acquisition cost (WAC) per milligram will not change with the introduction of the 840 mg single-dose vial.

Distribution and Fulfillment Information

- The current authorized specialty distributors will remain the same* for the new indication for TECENTRIQ.
- A list of authorized distributors is available at www.genentech-access.com/TECENTRIQ.

*Please visit the Genentech BioOncology® Access Solutions website for the most recent list of distributors.

Abbreviations: HCPCS, Healthcare Common Procedure Coding System; mTNBC, metastatic triple-negative breast cancer; NDC, National Drug Code; PD-L1, programmed death-ligand 1.

Important Safety Information

Serious Adverse Reactions
Please refer to the full Prescribing Information for important dose management information specific to adverse reactions.

- **Immune-mediated pneumonitis.** Immune-mediated pneumonitis or interstitial lung disease, including fatal cases, have occurred. Permanently discontinue TECENTRIQ for Grade 3 or 4 pneumonitis.
- **Immune-mediated hepatitis.** Immune-mediated hepatitis and liver test abnormalities, including fatal cases, have occurred. Permanently discontinue TECENTRIQ for AST or ALT elevations more than 8 times the upper limit of normal or total bilirubin more than 3 times the upper limit of normal.
- **Immune-mediated colitis.** Immune-mediated diarrhea or colitis have occurred. Permanently discontinue TECENTRIQ for Grade 4 diarrhea or colitis.
- **Immune-mediated endocrinopathies.** Thyroid disorders, adrenal insufficiency, type 1 diabetes mellitus, including diabetic ketoacidosis, and hypophysitis/hypopituitarism have occurred.
- **Other immune-mediated adverse reactions.** TECENTRIQ can cause severe and fatal immune-mediated adverse reactions. These immune-mediated reactions may involve any organ system. Permanently discontinue TECENTRIQ for Grade 4 immune-mediated adverse reactions involving a major organ.

- **Infections.** Severe infections, including fatal cases, have occurred.
- **Infusion-related reactions.** Severe or life-threatening infusion-related reactions have occurred. Permanently discontinue TECENTRIQ in patients with Grade 3 or 4 infusion-related reactions.
- **Embryo-fetal toxicity.** TECENTRIQ can cause fetal harm in pregnant women. Verify pregnancy status prior to initiating TECENTRIQ. Advise patients of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with TECENTRIQ and for at least 5 months after the last dose.
- **Advise female patients not to breastfeed while taking TECENTRIQ and for at least 5 months after the last dose.

Most Common Adverse Reactions
The most common adverse reactions (rate ≥20%) in patients receiving TECENTRIQ with paclitaxel protein-bound for mTNBC were alopecia (56%), peripheral neuropathies (47%), fatigue (47%), nausea (46%), diarrhea (33%), anemia (28%), constipation (25%), cough (25%), headache (23%), neutropenia (21%), vomiting (20%), and decreased appetite (20%). 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 accompanying full Prescribing Information for additional Important Safety Information.


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