

HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use TECENTRIQ safely and effectively. See full prescribing information for TECENTRIQ.

TECENTRIQ™ (atezolizumab) injection, for intravenous use
Initial U.S. Approval: 2016

INDICATIONS AND USAGE

TECENTRIQ is a programmed death-ligand 1 (PD-L1) blocking antibody indicated for the treatment of patients with locally advanced or metastatic urothelial carcinoma who:

- Have disease progression during or following platinum-containing chemotherapy (1)
- Have disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy (1)

This indication is approved under accelerated approval based on tumor response rate and duration of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials. (1, 14)

DOSAGE AND ADMINISTRATION

- Administer 1200 mg as an intravenous infusion over 60 minutes every 3 weeks. (2.1)
- Dilute prior to intravenous infusion. (2.3)

DOSAGE FORMS AND STRENGTHS

Injection: 1200 mg/20 mL (60 mg/mL) solution in a single-dose vial (3)

CONTRAINDICATIONS

None. (4)

WARNINGS AND PRECAUTIONS

- Immune-Related Pneumonitis: Withhold for moderate and permanently discontinue for severe or life-threatening pneumonitis. (5.1)
- Immune-Related Hepatitis: Monitor for changes in liver function. Withhold for moderate and permanently discontinue for severe or life-threatening transaminase or total bilirubin elevation. (5.2)

- Immune-Related Colitis: Withhold for moderate or severe, and permanently discontinue for life-threatening colitis. (5.3)
- Immune-Related Endocrinopathies (5.4):
 - Hypophysitis: Withhold for moderate or severe and permanently discontinue for life-threatening hypophysitis.
 - Thyroid Disorders: Monitor for changes in thyroid function. Withhold for symptomatic thyroid disease.
 - Adrenal Insufficiency: Withhold for symptomatic adrenal insufficiency.
 - Type 1 Diabetes Mellitus: Withhold for \geq Grade 3 hyperglycemia.
- Immune-Related Myasthenic Syndrome/Myasthenia Gravis, Guillain-Barré or Meningoencephalitis: Permanently discontinue for any grade. (5.5)
- Ocular Inflammatory Toxicity: Withhold for moderate and permanently discontinue for severe ocular inflammatory toxicity (5.5)
- Immune-Related Pancreatitis: Withhold for moderate or severe, and permanently discontinue for life-threatening pancreatitis, or any grade of recurring pancreatitis. (5.5)
- Infection: Withhold for severe or life-threatening infection. (5.6)
- Infusion Reaction: Interrupt or slow the rate of infusion for mild or moderate infusion reactions and discontinue for severe or life-threatening infusion reactions. (5.7)
- Embryo-Fetal Toxicity: TECENTRIQ can cause fetal harm. Advise females of reproductive potential of the potential risk to a fetus and use of effective contraception. (5.8, 8.1, 8.3)

ADVERSE REACTIONS

Most common adverse reactions (\geq 20% of patients) included: fatigue, decreased appetite, nausea, urinary tract infection, pyrexia, and constipation. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Genentech at 1-888-835-2555 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

USE IN SPECIFIC POPULATIONS

Lactation: Advise not to breastfeed. (8.2)

See 17 for PATIENT COUNSELING INFORMATION.

Revised: {insert date M/YYYY}

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1 FULL PRESCRIBING INFORMATION

2 1 INDICATIONS AND USAGE

3 TECENTRIQ (atezolizumab) is indicated for the treatment of patients with locally advanced or
4 metastatic urothelial carcinoma who:

- 5 • Have disease progression during or following platinum-containing chemotherapy
- 6 • Have disease progression within 12 months of neoadjuvant or adjuvant treatment with
7 platinum-containing chemotherapy

8 This indication is approved under accelerated approval based on tumor response rate and
9 durability of response. Continued approval for this indication may be contingent upon
10 verification and description of clinical benefit in confirmatory trials [see *Clinical Studies (14.1)*].

11 2 DOSAGE AND ADMINISTRATION

12 2.1 Recommended Dosing

13 The recommended dose of TECENTRIQ is 1200 mg administered as an intravenous infusion
14 over 60 minutes every 3 weeks until disease progression or unacceptable toxicity. If the first
15 infusion is tolerated, all subsequent infusions may be delivered over 30 minutes. Do not
16 administer TECENTRIQ as an intravenous push or bolus.

17 2.2 Dose Modifications

18 No dose reductions of TECENTRIQ are recommended.

19 Withhold TECENTRIQ for any of the following:

- 20 • Grade 2 pneumonitis [see *Warnings and Precautions (5.1)*]
- 21 • Aspartate aminotransferase (AST) or alanine aminotransferase (ALT) greater than 3 and
22 up to 5 times upper limit of normal (ULN) or total bilirubin greater than 1.5 and up to
23 3 times ULN [see *Warnings and Precautions (5.2)*]
- 24 • Grade 2 or 3 diarrhea or colitis [see *Warnings and Precautions (5.3)*]
- 25 • Symptomatic hypophysitis, adrenal insufficiency, hypothyroidism, hyperthyroidism, or
26 Grade 3 or 4 hyperglycemia [see *Warnings and Precautions (5.4)*]
- 27 • Grade 2 ocular inflammatory toxicity [see *Warnings and Precautions (5.5)*]
- 28 • Grade 2 or 3 pancreatitis, or Grade 3 or 4 increases in amylase or lipase levels (greater
29 than 2.0 times ULN) [see *Warnings and Precautions (5.5)*]
- 30 • Grade 3 or 4 infection [see *Warnings and Precautions (5.6)*]
- 31 • Grade 2 infusion-related reactions [see *Warnings and Precautions (5.7)*]
- 32 • Grade 3 rash

33 TECENTRIQ may be resumed in patients whose adverse reactions recover to Grade 0–1.

34 Permanently discontinue TECENTRIQ for any of the following:

- 35 • Grade 3 or 4 pneumonitis [see *Warnings and Precautions (5.1)*]
- 36 • AST or ALT greater than 5 times ULN or total bilirubin greater than 3 times ULN [see
37 *Warnings and Precautions (5.2)*]
- 38 • Grade 4 diarrhea or colitis [see *Warnings and Precautions (5.3)*]
- 39 • Grade 4 hypophysitis

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- 40 • Myasthenic syndrome/myasthenia gravis, Guillain-Barré or meningoencephalitis (all
41 grades) [*see Warnings and Precautions (5.5)*]
- 42 • Grade 3 or 4 ocular inflammatory toxicity [*see Warnings and Precautions (5.5)*]
- 43 • Grade 4 or any grade of recurrent pancreatitis [*see Warnings and Precautions (5.5)*]
- 44 • Grade 3 or 4 infusion-related reactions [*see Warnings and Precautions (5.7)*]
- 45 • Grade 4 rash

46 **2.3 Preparation and Administration**

47 **Preparation**

48 Visually inspect drug product for particulate matter and discoloration prior to administration
49 whenever solution and container permit. TECENTRIQ is a colorless to slightly yellow solution.
50 Discard the vial if the solution is cloudy, discolored, or visible particles are observed. Do not
51 shake the vial.

52 Prepare the solution for infusion as follows:

- 53 • Withdraw 20 mL of TECENTRIQ from the vial.
- 54 • Dilute into a 250 mL polyvinyl chloride (PVC), polyethylene (PE), or polyolefin (PO)
55 infusion bag containing 0.9% Sodium Chloride Injection, USP.
- 56 • Dilute with 0.9% Sodium Chloride Injection only.
- 57 • Mix diluted solution by gentle inversion. Do not shake.
- 58 • Discard partially used or empty vials of TECENTRIQ.

59 **Storage of Infusion Solution**

60 This product does not contain a preservative.

61 Administer immediately once prepared. If diluted TECENTRIQ infusion solution is not used
62 immediately, it can be stored either:

- 63 • At room temperature for no more than 6 hours from the time of preparation. This
64 includes room temperature storage of the infusion in the infusion bag and time for
65 administration for infusion.
- 66 • Under refrigeration at 2°C–8°C (36°F–46°F) for no more than 24 hours.

67 Do not freeze.

68 Do not shake.

69 **Administration**

70 Administer the initial infusion over 60 minutes through an intravenous line with or without a
71 sterile, non-pyrogenic, low-protein binding in-line filter (pore size of 0.2–0.22 micron). If the
72 first infusion is tolerated, all subsequent infusions may be delivered over 30 minutes.

73 Do not co-administer other drugs through the same intravenous line.

74 **3 DOSAGE FORMS AND STRENGTHS**

75 Injection: 1200 mg/20 mL (60 mg/mL) colorless to slightly yellow solution in a single-dose vial.

76 **4 CONTRAINDICATIONS**

77 None.

78 **5 WARNINGS AND PRECAUTIONS**

79 **5.1 Immune-Related Pneumonitis**

80 Immune-mediated pneumonitis or interstitial lung disease, defined as requiring use of
81 corticosteroids and with no clear alternate etiology, occurred in patients receiving TECENTRIQ.
82 Across clinical trials, 2.6% (51/1978) of patients developed pneumonitis. Fatal pneumonitis
83 occurred in two patients. In 523 patients with urothelial carcinoma who received TECENTRIQ,
84 pneumonitis occurred in 6 (1.1%) patients. Of these patients, there was one patient with fatal
85 pneumonitis, one patient with Grade 3, three patients with Grade 2, and one patient with Grade 1
86 pneumonitis. TECENTRIQ was held in all cases and five patients were treated with
87 corticosteroids. Pneumonitis resolved in three patients. The median time to onset was
88 2.6 months (range: 15 days to 4.2 months). The median duration was 15 days (range: 6 days to
89 3.1+ months).

90 Monitor patients for signs with radiographic imaging and symptoms of pneumonitis. Administer
91 steroids at a dose of 1 to 2 mg/kg/day prednisone equivalents for Grade 2 or greater pneumonitis,
92 followed by corticosteroid taper. Withhold TECENTRIQ until resolution for Grade 2
93 pneumonitis. Permanently discontinue TECENTRIQ for Grade 3 or 4 pneumonitis [*see Dosage*
94 *and Administration (2.2)*].

95 **5.2 Immune-Related Hepatitis**

96 Immune-mediated hepatitis, defined as requiring use of corticosteroids and with no clear
97 alternate etiology, occurred in patients receiving TECENTRIQ. Liver test abnormalities
98 occurred in patients who received TECENTRIQ. Across clinical trials (n=1978), Grade 3 or 4
99 elevation occurred in ALT (2.5%), AST (2.3%), and total bilirubin (1.6%). In patients with
100 urothelial carcinoma (n=523) Grade 3 or 4 elevation occurred in ALT (2.5%), AST (2.5%), and
101 total bilirubin (2.1%). Immune-mediated hepatitis occurred in 1.3% of patients. Of these cases,
102 one patient died from hepatitis, five patients had Grade 3, and one patient had Grade 2 hepatitis.
103 The median time to onset was 1.1 months (range: 0.4 to 7.7 months). Of the seven patients with
104 immune-mediated hepatitis, TECENTRIQ was temporarily interrupted in four patients; none of
105 these patients developed recurrence of hepatitis after resuming TECENTRIQ.

106 Monitor patients for signs and symptoms of hepatitis. Monitor AST, ALT, and bilirubin prior to
107 and periodically during treatment with TECENTRIQ. Administer corticosteroids at a dose of 1-2
108 mg/kg/day prednisone equivalents for Grade 2 or greater transaminase elevations, with or
109 without concomitant elevation in total bilirubin, followed by corticosteroid taper. Withhold
110 TECENTRIQ for Grade 2 and permanently discontinue TECENTRIQ for Grade 3 or 4 immune-
111 mediated hepatitis [*see Dosage and Administration (2.2) and Adverse Reactions (6.1)*].

112 **5.3 Immune-Related Colitis**

113 Immune-mediated colitis or diarrhea, defined as requiring use of corticosteroids and with no
114 clear alternate etiology, occurred in patients receiving TECENTRIQ. Across clinical trials,
115 colitis or diarrhea occurred in 19.7% (389/1978) of all patients and in 18.7% (98/523) of patients
116 with urothelial carcinoma. Ten patients (1.9%) developed Grade 3 or 4 diarrhea. Four patients
117 (0.8%) had immune-mediated colitis or diarrhea with a median time to onset of 1.7 months
118 (range: 1.1 to 3.1 months). Immune-mediated colitis resolved with corticosteroid administration
119 in three of these patients, while the other patient died without resolution of colitis in the setting
120 of diarrhea-associated renal failure.

121 Monitor patients for signs and symptoms of diarrhea or colitis. Withhold treatment with
122 TECENTRIQ for Grade 2 diarrhea or colitis. If symptoms persist for longer than 5 days or
123 recur, administer 1–2 mg/kg prednisone or equivalent per day. Withhold treatment with
124 TECENTRIQ for Grade 3 diarrhea or colitis. Treat with IV methylprednisolone 1–2 mg/kg per

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125 day and convert to oral steroids once the patient has improved. For both Grade 2 and Grade 3
126 diarrhea or colitis, when symptoms improve to Grade 0 or Grade 1, taper steroids over
127 ≥ 1 month. Resume treatment with TECENTRIQ if the event improves to Grade 0 or 1 within
128 12 weeks and corticosteroids have been reduced to the equivalent of ≤ 10 mg oral prednisone per
129 day. Permanently discontinue TECENTRIQ for Grade 4 diarrhea or colitis [*see Dosage and*
130 *Administration (2.2) and Adverse Reactions (6.1)*].

131 **5.4 Immune-Related Endocrinopathies**

132 Immune-related thyroid disorders, adrenal insufficiency, hypophysitis, and type 1 diabetes
133 mellitus, including diabetic ketoacidosis, have occurred in patients receiving TECENTRIQ.
134 Monitor patients for clinical signs and symptoms of endocrinopathies.

135 ***Hypophysitis***

136 Hypophysitis occurred in 0.2% (1/523) of patients with urothelial cancer receiving
137 TECENTRIQ. Monitor for signs and symptoms of hypophysitis. Administer corticosteroids and
138 hormone replacement as clinically indicated. Withhold TECENTRIQ for Grade 2 or Grade 3
139 and permanently discontinue for Grade 4 hypophysitis [*see Dosage and Administration (2.2) and*
140 *Adverse Reactions (6.1)*].

141 ***Thyroid Disorders***

142 Thyroid function was assessed routinely only at baseline and the end of the study. Across
143 clinical trials, hypothyroidism occurred in 3.9% (77/1978) of patients and in 2.5% (13/523) of
144 patients with urothelial carcinoma. One patient had Grade 3 and twelve patients had Grade 1–2
145 hypothyroidism. The median time to first onset was 5.4 months (range: 21 days to 11.3 months).
146 Thyroid stimulating hormone (TSH) was elevated and above the patient's baseline in 16%
147 (21/131) of patients with a follow-up measurement.

148 Hyperthyroidism occurred in 1.0% (20/1978) of patients across clinical trials and in 0.6%
149 (3/523) of patients with urothelial carcinoma. Of the three urothelial carcinoma patients,
150 one patient had Grade 2 and two patients had Grade 1 hyperthyroidism. The median time to
151 onset was 3.2 months (range: 1.4 to 5.8 months). TSH was decreased and below the patient's
152 baseline in 3.8% (5/131) of patients with a follow-up measurement.

153 Monitor thyroid function prior to and periodically during treatment with TECENTRIQ.
154 Asymptomatic patients with abnormal thyroid function tests can receive TECENTRIQ. For
155 symptomatic hypothyroidism, withhold TECENTRIQ and initiate thyroid hormone replacement
156 as needed. Manage isolated hypothyroidism with replacement therapy and without
157 corticosteroids. For symptomatic hyperthyroidism, withhold TECENTRIQ and initiate an anti-
158 thyroid drug as needed. Resume treatment with TECENTRIQ when symptoms of
159 hypothyroidism or hyperthyroidism are controlled and thyroid function is improving [*see*
160 *Dosage and Administration (2.2) and Adverse Reactions (6.1)*].

161 ***Adrenal Insufficiency***

162 Adrenal insufficiency occurred in 0.4% (7/1978) of patients across clinical trials, including two
163 patients with Grade 3, four patients with Grade 2, and one patient with Grade 1. Adrenal
164 insufficiency resolved in two patients.

165 For symptomatic adrenal insufficiency, withhold TECENTRIQ and administer
166 methylprednisolone 1–2 mg/kg per day IV followed by oral prednisone 1–2 mg/kg per day or
167 equivalent once symptoms improve. Start steroid taper when symptoms improve to \leq Grade 1
168 and taper steroids over ≥ 1 month. Resume treatment with TECENTRIQ if the event improves
169 to \leq Grade 1 within 12 weeks and corticosteroids have been reduced to the equivalent of ≤ 10 mg

170 oral prednisone per day and the patient is stable on replacement therapy, if required [*see Dosage*
171 *and Administration (2.2) and Adverse Reactions (6.1)*].

172 ***Diabetes Mellitus***

173 New onset diabetes with ketoacidosis has occurred in patients receiving TECENTRIQ. Diabetes
174 mellitus without an alternative etiology occurred in one (0.2%) patient with urothelial carcinoma.

175 Initiate treatment with insulin for type 1 diabetes mellitus. For \geq Grade 3 hyperglycemia (fasting
176 glucose >250 – 500 mg/dL), withhold TECENTRIQ. Resume treatment with TECENTRIQ when
177 metabolic control is achieved on insulin replacement therapy [*see Dosage and Administration*
178 *(2.2) and Adverse Reactions (6.1)*].

179 **5.5 Other Immune-Related Adverse Reactions**

180 Other immune-related adverse reactions including meningoencephalitis, myasthenic
181 syndrome/myasthenia gravis, Guillain-Barré, ocular inflammatory toxicity, and pancreatitis,
182 including increases in serum amylase and lipase levels, have occurred in $\leq 1.0\%$ of patients
183 treated with TECENTRIQ.

184 ***Meningitis / Encephalitis***

185 Monitor patients for clinical signs and symptoms of meningitis or encephalitis. Permanently
186 discontinue TECENTRIQ for any grade of meningitis or encephalitis. Treat with IV steroids (1–
187 2 mg/kg/day methylprednisolone or equivalent) and convert to oral steroids (prednisone
188 60 mg/day or equivalent) once the patient has improved. When symptoms improve to \leq Grade 1,
189 taper steroids over ≥ 1 month [*see Dosage and Administration (2.2) and Adverse Reactions*
190 *(6.1)*].

191 ***Motor and Sensory Neuropathy***

192 Monitor patients for symptoms of motor and sensory neuropathy. Permanently discontinue
193 TECENTRIQ for any grade of myasthenic syndrome/myasthenia gravis or Guillain-Barré
194 syndrome. Institute medical intervention as appropriate. Consider initiation of systemic
195 corticosteroids at a dose of 1–2 mg/kg/day prednisone [*see Dosage and Administration (2.2) and*
196 *Adverse Reactions (6.1)*].

197 ***Pancreatitis***

198 Symptomatic pancreatitis without an alternative etiology occurred in 0.1% (2/1978) of patients
199 across clinical trials. Monitor patients for signs and symptoms of acute pancreatitis. Withhold
200 TECENTRIQ for \geq Grade 3 serum amylase or lipase levels (> 2.0 ULN), or Grade 2 or 3
201 pancreatitis. Treat with 1–2 mg/kg IV methylprednisolone or equivalent per day. Once
202 symptoms improve, follow with 1–2 mg/kg of oral prednisone or equivalent per day. Resume
203 treatment with TECENTRIQ if serum amylase and lipase levels improve to \leq Grade 1 within 12
204 weeks, symptoms of pancreatitis have resolved, and corticosteroids have been reduced to ≤ 10
205 mg oral prednisone or equivalent per day. Permanently discontinue TECENTRIQ for Grade 4 or
206 any grade of recurrent pancreatitis [*see Dosage and Administration (2.2) and Adverse Reactions*
207 *(6.1)*].

208 **5.6 Infection**

209 Severe infections, including sepsis, herpes encephalitis, and mycobacterial infection leading to
210 retroperitoneal hemorrhage occurred in patients receiving TECENTRIQ. Across clinical trials,
211 infections occurred in 38.4% (759/1978) of patients. In 523 patients with urothelial carcinoma
212 who received TECENTRIQ, infection occurred in 197 (37.7%) patients. Grade 3 or 4 infection
213 occurred in 60 (11.5%) patients, while three patients died due to infections. Urinary tract

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214 infections were the most common cause of Grade 3 or higher infection, occurring in 37 (7.1%)
215 patients.

216 In a randomized trial in patients with non-small cell lung cancer, infections were more common
217 in patients treated with TECENTRIQ (42%) compared with those treated with docetaxel (33%).
218 Grade 3 or 4 infections occurred in 9.2% of patients treated with TECENTRIQ compared with
219 2.2% in patients treated with docetaxel. One patient (0.7%) treated with TECENTRIQ died due
220 to infection, compared to two patients (1.5%) treated with docetaxel. Pneumonia was the most
221 common cause of Grade 3 or higher infection, occurring in 6.3% of patients treated with
222 TECENTRIQ.

223 Monitor patients for signs and symptoms of infection and treat with antibiotics for suspected or
224 confirmed bacterial infections. Withhold TECENTRIQ for \geq Grade 3 infection [*see Dosage and*
225 *Administration (2.2) and Adverse Reactions (6.1)*].

226 **5.7 Infusion-Related Reactions**

227 Severe infusion reactions have occurred in patients in clinical trials of TECENTRIQ. Infusion-
228 related reactions occurred in 1.3% (25/1978) of patients across clinical trials and in 1.7% (9/523)
229 of patients with urothelial carcinoma. Interrupt or slow the rate of infusion in patients with mild
230 or moderate infusion reactions. Permanently discontinue TECENTRIQ in patients with Grade 3
231 or 4 infusion reactions [*see Dosage and Administration (2.2) and Adverse Reactions (6.1)*].

232 **5.8 Embryo-Fetal Toxicity**

233 Based on its mechanism of action, TECENTRIQ can cause fetal harm when administered to a
234 pregnant woman. Animal studies have demonstrated that inhibition of the PD-L1/PD-1 pathway
235 can lead to increased risk of immune-related rejection of the developing fetus resulting in fetal
236 death. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this
237 drug, advise the patient of the potential risk to a fetus. Advise females of reproductive potential
238 to use effective contraception during treatment with TECENTRIQ and for at least 5 months after
239 the last dose [*see Use in Specific Populations (8.1, 8.3)*].

240 **6 ADVERSE REACTIONS**

241 The following adverse reactions are discussed in greater detail in other sections of the label:

- 242 • Immune-Related Pneumonitis [*see Warnings and Precautions (5.1)*]
- 243 • Immune-Related Hepatitis [*see Warnings and Precautions (5.2)*]
- 244 • Immune-Related Colitis [*see Warnings and Precautions (5.3)*]
- 245 • Immune-Related Endocrinopathies [*see Warnings and Precautions (5.4)*]
- 246 • Other Immune-Related Adverse Reactions [*see Warnings and Precautions (5.5)*]
- 247 • Infection [*see Warnings and Precautions (5.6)*]
- 248 • Infusion-Related Reactions [*see Warnings and Precautions (5.7)*]

249 **6.1 Clinical Trials Experience**

250 Because clinical trials are conducted under widely varying conditions, adverse reaction rates
251 observed in the clinical trials of a drug cannot be directly compared to rates in the clinical trials
252 of another drug and may not reflect the rates observed in practice.

253 The data described in Table 1 reflects exposure to TECENTRIQ in Cohort 2 of Study 1. This
254 cohort enrolled 310 patients in a single arm trial with locally advanced or metastatic urothelial
255 carcinoma who had disease progression during or following at least one platinum-containing

256 chemotherapy regimen or who had disease progression within 12 months of treatment with a
257 platinum-containing neoadjuvant or adjuvant chemotherapy regimen [see *Clinical Studies*
258 (14.1)]. Patients received 1200 mg of TECENTRIQ intravenously every 3 weeks until
259 unacceptable toxicity or either radiographic or clinical progression. The median duration of
260 exposure was 12.3 weeks (range: 0.1, 46 weeks).

261 The most common adverse reactions ($\geq 20\%$) were fatigue (52%), decreased appetite (26%),
262 nausea (25%), urinary tract infection (22%), pyrexia (21%), and constipation (21%). The most
263 common Grade 3–4 adverse reactions ($\geq 2\%$) were urinary tract infection, anemia, fatigue,
264 dehydration, intestinal obstruction, urinary obstruction, hematuria, dyspnea, acute kidney injury,
265 abdominal pain, venous thromboembolism, sepsis, and pneumonia.

266 Three patients (0.9%) who were treated with TECENTRIQ experienced either sepsis,
267 pneumonitis, or intestinal obstruction which led to death. TECENTRIQ was discontinued for
268 adverse reactions in 3.2% (10/310) of the 310 patients. Sepsis led to discontinuation in 0.6%
269 (2/310) of patients. Adverse reactions leading to interruption of TECENTRIQ occurred in 27%
270 of patients; the most common ($> 1\%$) were liver enzyme increase, urinary tract infection,
271 diarrhea, fatigue, confusional state, urinary obstruction, pyrexia, dyspnea, venous
272 thromboembolism, and pneumonitis. Serious adverse reactions occurred in 45% of patients. The
273 most frequent serious adverse reactions ($> 2\%$) were urinary tract infection, hematuria, acute
274 kidney injury, intestinal obstruction, pyrexia, venous thromboembolism, urinary obstruction,
275 pneumonia, dyspnea, abdominal pain, sepsis, and confusional state.

276 Table 1 summarizes the adverse reactions that occurred in $\geq 10\%$ of patients while Table 2
277 summarizes Grade 3–4 selected laboratory abnormalities that occurred in $\geq 1\%$ of patients
278 treated with TECENTRIQ in Cohort 2 of Study 1.

Table 1: All Grade Adverse Reactions in ≥ 10% of Patients with Urothelial Carcinoma in Study 1

Adverse Reaction	TECENTRIQ N = 310	
	All Grades (%)	Grades 3 – 4 (%)
All Adverse Reactions	96	50
Gastrointestinal Disorders		
Nausea	25	2
Constipation	21	0.3
Diarrhea	18	1
Abdominal pain	17	4
Vomiting	17	1
General Disorders and Administration		
Fatigue	52	6
Pyrexia	21	1
Peripheral edema	18	1
Infections and Infestations		
Urinary tract infection	22	9
Metabolism and Nutrition Disorders		
Decreased appetite	26	1
Musculoskeletal and Connective Tissue Disorders		
Back/Neck pain	15	2
Arthralgia	14	1
Renal and urinary disorders		
Hematuria	14	3
Respiratory, Thoracic, and Mediastinal Disorders		
Dyspnea	16	4
Cough	14	0.3
Skin and Subcutaneous Tissue Disorders		
Rash	15	0.3
Pruritus	13	0.3

282 **Table 2: Grade 3–4 Laboratory Abnormalities in Patients with Urothelial Carcinoma in**
 283 **Study 1 in $\geq 1\%$ of Patients**

Laboratory Test	Grades 3–4 (%)
Lymphopenia	10
Hyponatremia	10
Anemia	8
Hyperglycemia	5
Increased Alkaline phosphatase	4
Increased Creatinine	3
Increased ALT	2
Increased AST	2
Hypoalbuminemia	1

284

285 **6.2 Immunogenicity**

286 As with all therapeutic proteins, there is a potential for immunogenicity. Among 275 patients in
 287 Study 1, 114 patients (41.5%) tested positive for treatment-emergent (treatment-induced or
 288 treatment-enhanced) anti-therapeutic antibodies (ATA) at one or more post-dose time points. In
 289 Study 1, the presence of ATAs did not appear to have a clinically significant impact on
 290 pharmacokinetics, safety or efficacy.

291 Immunogenicity assay results are highly dependent on several factors, including assay sensitivity
 292 and specificity, assay methodology, sample handling, timing of sample collection, concomitant
 293 medications and underlying disease. For these reasons, comparison of incidence of ATAs to
 294 TECENTRIQ with the incidence of antibodies to other products may be misleading.

295 **8 USE IN SPECIFIC POPULATIONS**

296 **8.1 Pregnancy**

297 **Risk Summary**

298 Based on its mechanism of action, TECENTRIQ can cause fetal harm when administered to a
 299 pregnant woman [*see Clinical Pharmacology (12.1)*]. There are no available data on the use of
 300 TECENTRIQ in pregnant women. Animal studies have demonstrated that inhibition of the PD-
 301 L1/PD-1 pathway can lead to increased risk of immune-related rejection of the developing fetus
 302 resulting in fetal death [*see Data*]. If this drug is used during pregnancy, or if the patient
 303 becomes pregnant while taking this drug, advise the patient of the potential risk to a fetus.

304 In the U.S. general population, the estimated background risk of major birth defects and
 305 miscarriage in clinically recognized pregnancies is 2% to 4% and 15% to 20%, respectively.

306 **Data**

307 ***Animal Data***

308 Animal reproduction studies have not been conducted with TECENTRIQ to evaluate its effect on
 309 reproduction and fetal development. A literature-based assessment of the effects on reproduction
 310 demonstrated that a central function of the PD-L1/PD-1 pathway is to preserve pregnancy by
 311 maintaining maternal immune tolerance to a fetus. Blockage of PD-L1 signaling has been shown
 312 in murine models of pregnancy to disrupt tolerance to a fetus and to result in an increase in fetal
 313 loss; therefore, potential risks of administering TECENTRIQ during pregnancy include increased
 314 rates of abortion or stillbirth. As reported in the literature, there were no malformations related to
 315 the blockade of PD-L1/PD-1 signaling in the offspring of these animals; however, immune-
 316 mediated disorders occurred in PD-1 and PD-L1 knockout mice. Based on its mechanism of

317 action, fetal exposure to atezolizumab may increase the risk of developing immune-mediated
318 disorders or altering the normal immune response.

319 **8.2 Lactation**

320 **Risk Summary**

321 There is no information regarding the presence of atezolizumab in human milk, the effects on the
322 breastfed infant, or the effects on milk production. As human IgG is excreted in human milk, the
323 potential for absorption and harm to the infant is unknown. Because of the potential for serious
324 adverse reactions in breastfed infants from TECENTRIQ, advise a lactating woman not to breastfeed
325 during treatment and for at least 5 months after the last dose.

326 **8.3 Females and Males of Reproductive Potential**

327 **Contraception**

328 *Females*

329 Based on its mechanism of action, TECENTRIQ can cause fetal harm when administered to a
330 pregnant woman [*see Use in Specific Populations (8.1)*]. Advise females of reproductive
331 potential to use effective contraception during treatment with TECENTRIQ and for at least
332 5 months following the last dose.

333 **Infertility**

334 *Females*

335 Based on animal studies, TECENTRIQ may impair fertility in females of reproductive potential
336 while receiving treatment [*see Nonclinical Toxicology (13.1)*].

337 **8.4 Pediatric Use**

338 The safety and effectiveness of TECENTRIQ have not been established in pediatric patients.

339 **8.5 Geriatric Use**

340 Of the 310 patients with urothelial carcinoma treated with TECENTRIQ in Study 1, 59% were
341 65 years or older. No overall differences in safety or efficacy were observed between patients
342 ≥ 65 years of age and younger patients.

343 **8.6 Renal Impairment**

344 Based on a population pharmacokinetic analysis, no dose adjustment of TECENTRIQ is
345 recommended for patients with renal impairment [*see Clinical Pharmacology (12.3)*].

346 **8.7 Hepatic Impairment**

347 Based on a population pharmacokinetic analysis, no dose adjustment of TECENTRIQ is
348 recommended for patients with mild hepatic impairment. TECENTRIQ has not been studied in
349 patients with moderate or severe hepatic impairment [*see Clinical Pharmacology (12.3)*].

350 **10 OVERDOSAGE**

351 There is no information on overdose with TECENTRIQ.

352 **11 DESCRIPTION**

353 Atezolizumab is an Fc-engineered, humanized, monoclonal antibody that binds to PD-L1 and
354 blocks interactions with the PD-1 and B7.1 receptors. Atezolizumab is a non-glycosylated IgG1
355 kappa immunoglobulin that has a calculated molecular mass of 145 kDa.

356 TECENTRIQ injection for intravenous infusion is a sterile, preservative-free, colorless to
357 slightly yellow solution in single-dose vials. Each mL of TECENTRIQ contains 60 mg of

358 atezolizumab and is formulated in glacial acetic acid (16.5 mg), L-histidine (62 mg), sucrose
359 (821.6 mg), polysorbate 20 (8 mg), pH 5.8.

360 **12 CLINICAL PHARMACOLOGY**

361 **12.1 Mechanism of Action**

362 PD-L1 may be expressed on tumor cells and/or tumor-infiltrating immune cells and can
363 contribute to the inhibition of the anti-tumor immune response in the tumor microenvironment.
364 Binding of PD-L1 to the PD-1 and B7.1 receptors found on T cells and antigen presenting cells
365 suppresses cytotoxic T-cell activity, T-cell proliferation and cytokine production.

366 Atezolizumab is a monoclonal antibody that binds to PD-L1 and blocks its interactions with both
367 PD-1 and B7.1 receptors. This releases the PD-L1/PD-1 mediated inhibition of the immune
368 response, including activation of the anti-tumor immune response without inducing antibody-
369 dependent cellular cytotoxicity. In syngeneic mouse tumor models, blocking PD-L1 activity
370 resulted in decreased tumor growth.

371 **12.3 Pharmacokinetics**

372 Patients' exposures to atezolizumab increased dose proportionally over the dose range of
373 1 mg/kg to 20 mg/kg, including the fixed dose 1200 mg administered every 3 weeks. Based on a
374 population analysis that included 472 patients in the dose range, the typical population clearance
375 was 0.20 L/day, volume of distribution at steady state was 6.9 L, and the terminal half-life was
376 27 days. The population PK analysis suggests steady state is obtained after 6 to 9 weeks (2 to
377 3 cycles) of repeated dosing. The systemic accumulation in area under the curve (AUC),
378 maximum concentration (C_{max}) and trough concentration (C_{min}) was 1.91, 1.46 and 2.75-fold,
379 respectively.

380 *Specific Populations:* Age (21–89 years), body weight, gender, positive anti-therapeutic
381 antibody (ATA) status, albumin levels, tumor burden, region or race, mild or moderate renal
382 impairment (estimated glomerular filtration rate (eGFR) 30 to 89 mL/min/1.73 m²), mild hepatic
383 impairment (bilirubin ≤ ULN and AST > ULN or bilirubin < 1.0 to 1.5 × ULN and any AST),
384 level of PD-L1 expression, or ECOG status had no clinically significant effect on the systemic
385 exposure of atezolizumab.

386 The effect of severe renal impairment (eGFR 15 to 29 mL/min/1.73 m²) or moderate or severe
387 hepatic impairment (bilirubin > ULN and AST > ULN or bilirubin ≥ 1.0 to 1.5 × ULN and any
388 AST) on the pharmacokinetics of atezolizumab is unknown.

389 *Drug Interaction Studies*

390 The drug interaction potential of atezolizumab is unknown.

391 **13 NONCLINICAL TOXICOLOGY**

392 **13.1 Carcinogenesis, Mutagenesis, Impairment of Fertility**

393 No studies have been performed to test the potential of atezolizumab for carcinogenicity or
394 genotoxicity.

395 Animal fertility studies have not been conducted with atezolizumab; however, an assessment of
396 the male and female reproductive organs was included in a 26-week, repeat-dose toxicity study
397 in cynomolgus monkeys. Weekly administration of atezolizumab to female monkeys at the
398 highest dose tested caused an irregular menstrual cycle pattern and a lack of newly formed
399 corpora lutea in the ovaries. This effect occurred at an estimated AUC approximately 6 times the
400 AUC in patients receiving the recommended dose and was reversible. There was no effect on
401 the male monkey reproductive organs.

402 **13.2 Animal Toxicology and/or Pharmacology**

403 In animal models, inhibition of PD-L1/PD-1 signaling increased the severity of some infections
404 and enhanced inflammatory responses. *M. tuberculosis*-infected PD-1 knockout mice exhibit
405 markedly decreased survival compared with wild-type controls, which correlated with increased
406 bacterial proliferation and inflammatory responses in these animals. PD-L1 and PD-1 knockout
407 mice and mice receiving PD-L1 blocking antibody have also shown decreased survival following
408 infection with lymphocytic choriomeningitis virus.

409 **14 CLINICAL STUDIES**

410 **14.1 Urothelial Carcinoma**

411 TECENTRIQ was investigated in Study 1, a multicenter, open-label, two-cohort trial that
412 included patients with locally advanced or metastatic urothelial carcinoma. In Cohort 2 of
413 Study 1, 310 patients with locally advanced or metastatic urothelial carcinoma who had disease
414 progression during or following a platinum-containing chemotherapy regimen or who had
415 disease progression within 12 months of treatment with a platinum-containing neoadjuvant or
416 adjuvant chemotherapy regimen were treated with TECENTRIQ. This study excluded patients
417 who had: a history of autoimmune disease, active or corticosteroid-dependent brain metastases,
418 administration of a live, attenuated vaccine within 28 days prior to enrollment, or administration
419 of systemic immunostimulatory agents or systemic immunosuppressive medications. Patients
420 received an intravenous infusion of 1200 mg of TECENTRIQ every 3 weeks until unacceptable
421 toxicity or either radiographic or clinical progression. Tumor response assessments were
422 conducted every 9 weeks for the first 54 weeks and every 12 weeks thereafter. Major efficacy
423 outcome measures included confirmed objective response rate (ORR) as assessed by independent
424 review facility (IRF) using Response Evaluation Criteria in Solid Tumors (RECIST v1.1) and
425 duration of response (DoR).

426 In this cohort, the median age was 66 years, 78% were male, 91% patients were Caucasian.
427 Twenty-six percent had non-bladder urothelial carcinoma and 78% of patients had visceral
428 metastases. Sixty-two percent of patients had an ECOG score of 1 and 35% of patients had a
429 baseline creatinine clearance of < 60 mL/min. Nineteen percent of patients had disease
430 progression following prior platinum-containing neoadjuvant or adjuvant chemotherapy. Forty-
431 one percent of patients had received ≥ 2 prior systemic regimens in the metastatic setting.
432 Seventy-three percent of patients received prior cisplatin, 26% had prior carboplatin, and 1%
433 were treated with other platinum-based regimens.

434 Tumor specimens were evaluated prospectively using the Ventana PD-L1 (SP142) Assay at a
435 central laboratory, and the results were used to define subgroups for pre-specified analyses. Of
436 the 310 patients, 32% were classified as having PD-L1 expression of $\geq 5\%$ (defined as PD-L1
437 stained tumor-infiltrating immune cells [ICs] covering $\geq 5\%$ of the tumor area). The remaining,
438 68% of patients, were classified as having PD-L1 expression of <5% (PD-L1 stained tumor-
439 infiltrating ICs covering < 5% of the tumor area).

440 Confirmed ORR in all patients and the two PD-L1 subgroups are summarized in Table 3. The
441 median follow-up time for this cohort was 14.4 months. In 59 patients with disease progression
442 following neoadjuvant or adjuvant therapy, the ORR was 22.0% (95% CI: 12.3%, 34.7%).

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Table 3: Summary of Efficacy from Cohort 2 of Study 1

	All Patients	PD-L1 Expression Subgroups	
	N=310	PD-L1 Expression of < 5% in ICs ¹ (N=210)	PD-L1 Expression of ≥ 5% in ICs ¹ (N=100)
Number of IRF-assessed Confirmed Responders	46	20	26
ORR % (95% CI)	14.8% (11.1, 19.3)	9.5% (5.9, 14.3)	26.0% (17.7, 35.7)
Complete Response (CR) (%)	5.5%	2.4%	12.0%
Partial Response (PR) (%)	9.4%	7.1%	14.0%
Median DoR, months (range)	NR (2.1+, 13.8+)	12.7 (2.1+, 12.7)	NR (4.2, 13.8+)
NR = Not reached + Denotes a censored value ¹ PD-L1 expression in tumor-infiltrating immune cells (ICs)			

448

449 **16 HOW SUPPLIED/STORAGE AND HANDLING**

450 TECENTRIQ injection is a sterile, preservative-free, and colorless to slightly yellow solution for
 451 intravenous infusion supplied as a carton containing one 1200 mg/20 mL single-dose vial (NDC
 452 50242-917-01).

453 **Storage:** Store vials under refrigeration at 2°C to 8°C (36°F to 46°F) in original carton to protect
 454 from light. Do not freeze. Do not shake.

455 **17 PATIENT COUNSELING INFORMATION**

456 Advise the patient to read the FDA-approved patient labeling (Medication Guide).

457 Inform patients of the risk of immune-related adverse reactions that may require corticosteroid
 458 treatment and interruption or discontinuation of TECENTRIQ, including:

- 459 • Pneumonitis: Advise patients to contact their healthcare provider immediately for any
 460 new or worsening cough, chest pain, or shortness of breath [*see Warnings and*
 461 *Precautions (5.1)*].
- 462 • Hepatitis: Advise patients to contact their healthcare provider immediately for jaundice,
 463 severe nausea or vomiting, pain on the right side of abdomen, lethargy, or easy bruising
 464 or bleeding [*see Warnings and Precautions (5.2)*].
- 465 • Colitis: Advise patients to contact their healthcare provider immediately for diarrhea or
 466 severe abdominal pain [*see Warnings and Precautions (5.3)*].
- 467 • Endocrinopathies: Advise patients to contact their healthcare provider immediately for
 468 signs or symptoms of hypophysitis, hyperthyroidism, hypothyroidism, adrenal
 469 insufficiency, or type 1 diabetes mellitus, including diabetic ketoacidosis [*see Warnings*
 470 *and Precautions (5.4)*].
- 471 • Meningoencephalitis, myasthenic syndrome/myasthenia gravis, and Guillain-Barré
 472 syndrome: Advise patients to contact their healthcare provider immediately for signs or
 473 symptoms of meningitis, myasthenic syndrome/myasthenia gravis, or Guillain-Barré
 474 syndrome [*see Warnings and Precautions (5.5)*].

- 475 • Ocular Inflammatory Toxicity: Advise patients to contact their healthcare provider
476 immediately for signs or symptoms of ocular inflammatory toxicity [*see Warnings and*
477 *Precautions (5.5)*].
- 478 • Pancreatitis: Advise patients to contact their healthcare provider immediately for signs
479 and symptoms of pancreatitis [*see Warnings and Precautions (5.5)*].
- 480 • Infection: Advise patients to contact their healthcare provider immediately for signs or
481 symptoms of infection [*see Warnings and Precautions (5.6)*].
- 482 • Infusion-Related Reactions: Advise patients to contact their healthcare provider
483 immediately for signs or symptoms of infusion-related reactions [*see Warnings and*
484 *Precautions (5.7)*].
- 485 • Rash: Advise patients to contact their healthcare provider immediately for signs or
486 symptoms of rash [*see Dosage and Administration (2.2)*].

487 Embryo-Fetal Toxicity

488 Advise female patients that TECENTRIQ can cause fetal harm. Instruct females of
489 reproductive potential to use effective contraception during treatment and for at least
490 5 months after the last dose of TECENTRIQ [*see Use in Specific Populations (8.1, 8.3)*].

491 Lactation

492 Advise female patients not to breastfeed while taking TECENTRIQ and for at least 5 months
493 after the last dose [*see Use in Specific Populations (8.2)*].

494

TECENTRIQ™ [atezolizumab]

Manufactured by:

Genentech, Inc.

A Member of the Roche Group

1 DNA Way

South San Francisco, CA 94080-4990

U.S. License No. 1048

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MEDICATION GUIDE
TECENTRIQ™ (te-SEN-trik)
(atezolizumab)
injection

What is the most important information I should know about TECENTRIQ?

TECENTRIQ is a medicine that may treat your bladder cancer by working with your immune system. TECENTRIQ can cause your immune system to attack normal organs and tissues in many areas of your body and can affect the way they work. These problems can sometimes become serious or life-threatening and can lead to death.

Call or see your healthcare provider right away if you get any symptoms of the following problems or these symptoms get worse:

Lung problems (pneumonitis). Signs and symptoms of pneumonitis may include:

- new or worsening cough
- shortness of breath
- chest pain

Liver problems (hepatitis). Signs and symptoms of hepatitis may include:

- yellowing of your skin or the whites of your eyes
- dark urine (tea colored)
- severe nausea or vomiting
- bleeding or bruising more easily than normal
- pain on the right side of your stomach area (abdomen)
- feeling less hungry than usual
- drowsiness

Intestinal problems (colitis). Signs and symptoms of colitis may include:

- diarrhea (loose stools) or more bowel movements than usual
- blood in your stools or dark, tarry, sticky stools
- severe stomach area (abdomen) pain or tenderness

Hormone gland problems (especially the pituitary, thyroid, adrenal glands, and pancreas). Signs and symptoms that your hormone glands are not working properly may include:

- headaches that will not go away or unusual headaches
- feeling cold
- extreme tiredness
- constipation
- weight gain or weight loss
- your voice gets deeper
- dizziness or fainting
- urinating more often than usual
- feeling more hungry or thirsty than usual
- nausea or vomiting
- hair loss
- stomach area (abdomen) pain
- changes in mood or behavior, such as decreased sex drive, irritability, or forgetfulness

Nervous system problems (neuropathy, meningoencephalitis). Signs of nervous system problems may include:

- severe muscle weakness
- changes in mood or behavior
- numbness or tingling in hands or feet
- extreme sensitivity to light
- fever
- neck stiffness
- confusion

Inflammation of the eyes. Symptoms may include:

- blurry vision, double vision, or other vision problems
- eye pain or redness

Severe infections. Symptoms of infection may include:

- fever
- flu-like symptoms
- cough
- pain when urinating
- frequent urination

Severe infusion reactions. Signs and symptoms of infusion reactions may include:

- chills or shaking
- dizziness
- itching or rash
- fever
- flushing
- feeling like passing out
- shortness of breath or wheezing
- back or neck pain
- facial swelling

Getting medical treatment right away may help keep these problems from becoming more serious.

<p>Your healthcare provider will check you for these problems during your treatment with TECENTRIQ. Your healthcare provider may treat you with corticosteroid or hormone replacement medicines. Your healthcare provider may delay or completely stop treatment with TECENTRIQ if you have severe side effects.</p>						
<p>What is TECENTRIQ?</p> <p>TECENTRIQ is a prescription medicine used to treat:</p> <ul style="list-style-type: none"> • a type of bladder cancer called urothelial carcinoma. TECENTRIQ may be used when your bladder cancer has spread or cannot be removed by surgery (advanced urothelial carcinoma) and, • you have tried chemotherapy that contains platinum, and it did not work or is no longer working. <p>It is not known if TECENTRIQ is safe and effective in children.</p>						
<p>Before you receive TECENTRIQ, tell your healthcare provider about all of your medical conditions, including if you:</p> <ul style="list-style-type: none"> • have immune system problems such as Crohn’s disease, ulcerative colitis, or lupus • have had an organ transplant • have lung or breathing problems • have liver problems • have a condition that affects your nervous system, such as Myasthenia Gravis or Guillain-Barré syndrome • are being treated for an infection • are pregnant or plan to become pregnant. TECENTRIQ can harm your unborn baby. If you are able to become pregnant, you should use an effective method of birth control during your treatment and for at least 5 months after the last dose of TECENTRIQ. • are breastfeeding or plan to breastfeed. It is not known if TECENTRIQ passes into your breast milk. Do not breastfeed during treatment and for at least 5 months after the last dose of TECENTRIQ. <p>Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.</p>						
<p>How will I receive TECENTRIQ?</p> <ul style="list-style-type: none"> • Your healthcare provider will give you TECENTRIQ into your vein through an intravenous (IV) line over 30 to 60 minutes. • TECENTRIQ is usually given every 3 weeks. • Your healthcare provider will decide how many treatments you need. • Your healthcare provider will test your blood to check you for certain side effects. <p>If you miss any appointments, call your healthcare provider as soon as possible to reschedule your appointment.</p>						
<p>What are the possible side effects of TECENTRIQ?</p> <p>TECENTRIQ can cause serious side effects, including:</p> <ul style="list-style-type: none"> • See “What is the most important information I should know about TECENTRIQ?” <p>The most common side effects of TECENTRIQ include:</p> <table border="0"> <tr> <td>• feeling tired</td> <td>• urinary tract infection</td> </tr> <tr> <td>• decreased appetite</td> <td>• fever</td> </tr> <tr> <td>• nausea</td> <td>• constipation</td> </tr> </table> <p>These are not all the possible side effects of TECENTRIQ. Ask your healthcare provider or pharmacist for more information. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.</p>	• feeling tired	• urinary tract infection	• decreased appetite	• fever	• nausea	• constipation
• feeling tired	• urinary tract infection					
• decreased appetite	• fever					
• nausea	• constipation					
<p>General information about the safe and effective use of TECENTRIQ.</p> <p>Medicines are sometimes prescribed for purposes other than those listed in a Medication Guide. If you would like more information about TECENTRIQ, talk with your healthcare provider. You can ask your healthcare provider for information about TECENTRIQ that is written for health professionals.</p>						
<p>What are the ingredients in TECENTRIQ?</p> <p>Active ingredient: atezolizumab</p> <p>Inactive ingredients: glacial acetic acid, L-histidine, sucrose, polysorbate 20</p> <p>Manufactured by: Genentech, Inc., A Member of the Roche Group, 1 DNA Way, South San Francisco, CA 94080 USA U.S. License No. 1048 TECENTRIQ is a trademark of Genentech, Inc. For more information, call 1-844-832-3687 or go to www.TECENTRIQ.com.</p>						

This Medication Guide has been approved by the U.S. Food and Drug Administration.

Issued: XX/XXXX