TEZSPIRE is indicated for the add-on maintenance treatment of adult and pediatric patients aged 12 years and older with severe asthma.
TEZSPIRE is not indicated for the relief of acute bronchospasm or status asthmaticus.

TEZSPIRE®
(tezepelumab-ekko) Subcutaneous Injection 210 mg

HELP PROTECT YOUR PATIENTS WITH SEVERE ASTHMA AGAINST **KEY DRIVERS** OF THEIR DISEASE[1-3]

9 OUT OF 10 commercial patients NOW have access to TEZSPIRE[4]

Inclusion on formulary does not imply superior clinical efficacy or safety.

IMPORTANT SAFETY INFORMATION

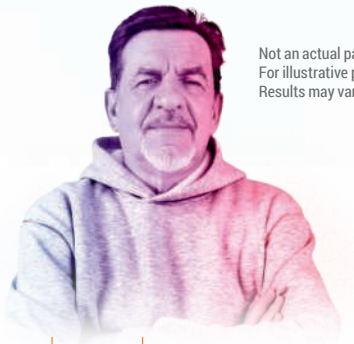
CONTRAINDICATIONS
Known hypersensitivity to tezepelumab-ekko or excipients.

WARNINGS AND PRECAUTIONS
Hypersensitivity Reactions
Hypersensitivity reactions were observed in the clinical trials (eg, rash and allergic conjunctivitis) following the administration of TEZSPIRE. Postmarketing cases of anaphylaxis have been reported. These reactions can occur within hours of administration, but in some instances have a delayed onset (ie, days). In the event of a hypersensitivity reaction, consider the benefits and risks for the individual patient to determine whether to continue or discontinue treatment with TEZSPIRE.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Patient Information and Instructions for Use.

SEVERE ASTHMA HAS **MULTIPLE DRIVERS** AND **TRIGGERS**[2,5,6]

HELP PROTECT YOUR PATIENTS



Not an actual patient.
For illustrative purposes only.
Results may vary.

Evan | Age: 51 | Construction manager

eosinophilic (T2) asthma

Labs: EOS: 450 cells/µL; IgE: 75 IU/mL; and FeNO: 45 ppb

Known asthma triggers: viral infections, tobacco smoke, and grasses

Potential asthma drivers: IL-5 Blood EOS | IL-4 IgE | IL-13 FeNO | Mast cells AHR

Uncontrolled despite high dose ICS/LABA, 2 exacerbations in the past year

What can addressing ***4 key asthma drivers*** look like in patients like Evan?

Significant exacerbation reductions versus placebo (PATHWAY 71%, NAVIGATOR 56%, *P*<0.001) (primary endpoint); 230 mL improvement in lung function versus baseline (NAVIGATOR, secondary endpoint)[1,7,8*]

In patients like Evan: EOS ≥450 CELLS/µL with positive aeroallergen testing[9†]

Post hoc analysis

82% reduction in exacerbations from baseline[‡§]

TEZSPIRE + SOC (n=98)
Baseline 2.96 vs EOT 0.52

92% reduction from baseline in exacerbations requiring hospitalizations, urgent care, or ED visits[‡‖]

TEZSPIRE + SOC (n=98)
Baseline 0.38 vs EOT 0.03

440 mL improvement in FEV_1 from baseline[¶]

TEZSPIRE + SOC (n=98)

Results are descriptive only. Definitive conclusions cannot be made.

*PATHWAY AAER: TEZSPIRE + SOC 0.20 (n=137) vs placebo + SOC 0.72 (n=138); RR: 0.29 (95% CI: 0.16-0.51); NAVIGATOR AAER: TEZSPIRE + SOC 0.93 (n=528) vs placebo + SOC 2.10 (n=531); RR: 0.44 (95% CI: 0.37-0.53).[1]
†Allergic status as defined by a serum IgE result specific to any perennial aeroallergen in the FEIA panel.[9]
‡Baseline defined as the mean number of exacerbations or exacerbations related to hospitalization or ER visits per patient in the 12 months prior to study enrollment. EOT is defined as crude exacerbation rate (total number of exacerbations or exacerbations related to hospitalization or ER visits that occurred over the total time at risk).[9]
§Post hoc analysis of pooled PATHWAY and NAVIGATOR data. Placebo + SOC baseline 3.10 and EOT 2.20 (n=106; 29% reduction from baseline).[9‡]
‖Post hoc analysis of pooled PATHWAY and NAVIGATOR data. Placebo + SOC baseline 0.56 and EOT 0.29 (n=106; 48% reduction from baseline).[9‡]
¶Post hoc analysis of pooled PATHWAY and NAVIGATOR data. LS mean change from baseline placebo + SOC FEV_1 200 mL (n=106); LS mean difference between groups 240 mL (95% CI: 130-350).[9]

AAER=annualized asthma exacerbation rate; CI=confidence interval; ED=emergency department; EOS=eosinophils; EOT=end of treatment; ER=emergency room; FEIA=fluorescence enzyme immunoassay; FeNO=fractional exhaled nitric oxide; FEV_1=forced expiratory volume in 1 second; ICS=inhaled corticosteroids; IgE=immunoglobulin E; LABA=long-acting β_2-agonist; LS=least-squares; SOC=standard of care; T2=type 2 disease.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Acute Asthma Symptoms or Deteriorating Disease

TEZSPIRE should not be used to treat acute asthma symptoms, acute exacerbations, acute bronchospasm, or status asthmaticus.

Abrupt Reduction of Corticosteroid Dosage

Do not discontinue systemic or inhaled corticosteroids abruptly upon initiation of therapy with TEZSPIRE. Reductions in corticosteroid dose, if appropriate, should be gradual and performed under the direct supervision of a physician. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

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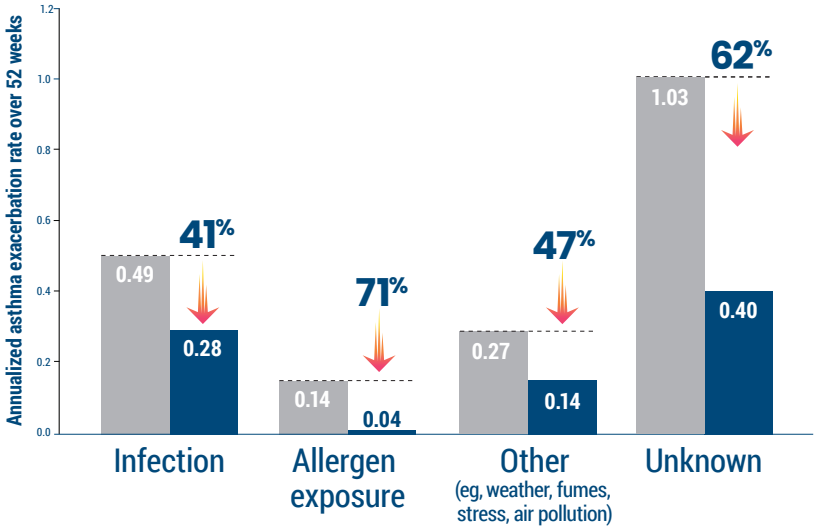
EXACERBATION REDUCTION DATA BY **KEY TRIGGER TYPES** AND **SEASONS** VS PLACEBO[10-12*†]

By key trigger types[10,11*]

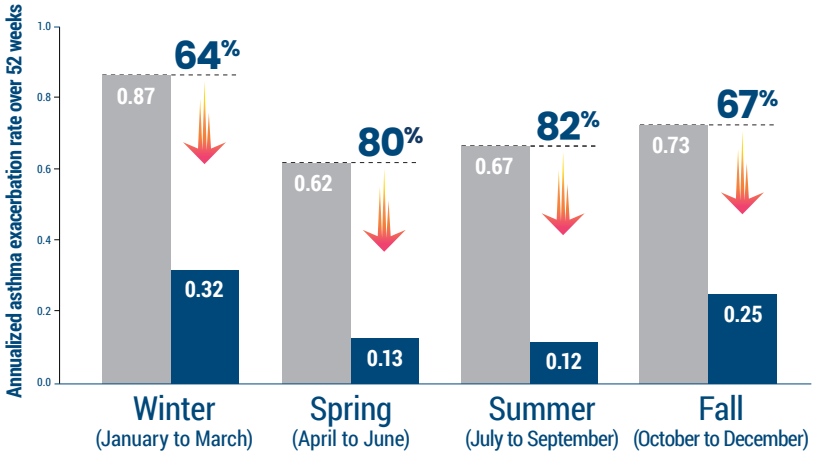


Post hoc analysis of the NAVIGATOR clinical trial. Results are descriptive only.

Placebo + SOC (n=531)

TEZSPIRE + SOC (n=528)

By seasons[12†]



Post hoc analysis of the PATHWAY clinical trial. Results are descriptive only.

Placebo + SOC (n=138)

TEZSPIRE + SOC (n=137)

*95% confidence intervals for exacerbation rates for placebo, TEZSPIRE, and percent reduction between groups. Infection: placebo 0.49 (0.41-0.57), TEZSPIRE 0.28 (0.23-0.35), reduction 41% (24-55). Allergen exposure: placebo 0.14 (0.10-0.20), TEZSPIRE 0.04 (0.02-0.07), reduction 71% (47-84). Other: placebo 0.27 (0.20-0.36), TEZSPIRE 0.14 (0.10-0.20), reduction 47% (20-65). Unknown: placebo 1.03 (0.86-1.24), TEZSPIRE 0.40 (0.32-0.49), reduction 62% (49-71). Analyses were not performed on exacerbation reductions to individual triggers within the 'other' category.[10]

†95% confidence intervals for exacerbation rates for placebo, TEZSPIRE, and percent reduction between groups. Winter: placebo 0.87 (0.58-1.24), TEZSPIRE 0.32 (0.15-0.58), reduction 64% (22-83). Spring: placebo 0.62 (0.39-0.95), TEZSPIRE 0.13 (0.03-0.33), reduction 80% (41-93). Summer: placebo 0.67 (0.43-1.01), TEZSPIRE 0.12 (0.03-0.32), reduction 82% (48-94). Fall: placebo 0.73 (0.47-1.08), TEZSPIRE 0.25 (0.11-0.49), reduction 67% (21-86). Data from patients in the southern hemisphere were transformed to align with equivalent seasonal time periods in the northern hemisphere by shifting the data by 6 months.[12]

SOC=standard of care.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Parasitic (Helminth) Infection

It is unknown if TEZSPIRE will influence a patient's response against helminth infections. Treat patients with pre-existing helminth infections before initiating therapy with TEZSPIRE. If patients become infected while receiving TEZSPIRE and do not respond to anti-helminth treatment, discontinue TEZSPIRE until infection resolves.

Live Attenuated Vaccines

The concomitant use of TEZSPIRE and live attenuated vaccines has not been evaluated. The use of live attenuated vaccines should be avoided in patients receiving TEZSPIRE.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information, including Patient Information and Instructions for Use.

CHOOSE TEZSPIRE TO HELP PROTECT YOUR PATIENTS WITH SEVERE ASTHMA WHO HAVE MULTIPLE DRIVERS AND TRIGGERS[1-3]

PROTECT
against
key drivers of airway inflammation* by blocking TSLP[1]

The mechanism of action of TEZSPIRE has not been definitively established.

PREVENT
exacerbations[1†]
and improve
lung function

PRESCRIBE
with confidence
9 out of 10 commercial patients **NOW COVERED** for **TEZSPIRE**[13]

Inclusion on formulary does not imply superior clinical efficacy or safety.

FASTEST GROWING respiratory biologic worldwide[14‡]

TEZSPIRE® (tezepelumab-ekko) Subcutaneous Injection 210 mg

*Eosinophils, IgE, and FeNO.

†Up to 71% reduction in exacerbations seen in clinical trials ($P<0.001$) PATHWAY AAER: TEZSPIRE + SOC 0.20 (n=137) vs placebo + SOC 0.72 (n=138); RR: 0.29 (95% CI: 0.16-0.51); NAVIGATOR AAER: TEZSPIRE + SOC 0.93 (n=528) vs placebo + SOC 2.10 (n=531); RR: 0.44 (95% CI: 0.37-0.53).[1]

‡Based on Q2'23-Q3'23 vs Q4'22-Q1'23 NBRx growth rate in major global markets.

CI=confidence interval; FeNO=fractional exhaled nitric oxide; IgE=immunoglobulin E; NBRx=new-to-brand prescription; Q=quarter.

References:

1. TEZSPIRE® (tezepelumab-ekko) [package insert]. Thousand Oaks, CA: Amgen Inc.; and Wilmington, DE: AstraZeneca Pharmaceuticals LP; May 2023. **2.** Panettieri R Jr, Lugogo N, Corren J, Ambrose CS. Tezepelumab for severe asthma: one drug targeting multiple disease pathways and patient types. *J Asthma Allergy.* 2024;17:219-236. **3.** Corren J, Menzies-Gow A, Chupp G, et al. Efficacy of tezepelumab in severe, uncontrolled asthma: pooled analysis of the PATHWAY and NAVIGATOR clinical trials. *Am J Respir Crit Care Med.* 2023;208(1):13-24. **4.** Data on File, US-87730, AstraZeneca Pharmaceuticals LP. **5.** Chipps BE, Soong W, Panettieri RA Jr, et al. Number of patient-reported asthma triggers predicts uncontrolled disease among specialist-treated patients with severe asthma. *Ann Allergy Asthma Immunol.* 2023;130(6):784-790.e5. **6.** Menzies-Gow A, Wechsler ME, Brightling CE. Unmet need in severe, uncontrolled asthma: can anti-TSLP therapy with tezepelumab provide a valuable new treatment option? *Respir Res.* 2020;21(1):268. **7.** Corren J, Parnes JR, Wang L, et al. Tezepelumab in adults with uncontrolled asthma. *N Engl J Med.* 2017;377(10):936-946. **8.** Menzies-Gow A, Corren J, Bourdin A, et al. Tezepelumab in adults and adolescents with severe, uncontrolled asthma. *N Engl J Med.* 2021;384(19):1800-1809. **9.** Data on File, REF-204597, AstraZeneca Pharmaceuticals LP. **10.** Data on File, REF-224439, AstraZeneca Pharmaceuticals LP. **11.** Carr TF, Moore WC, Kraft M et al. Efficacy of tezepelumab in patients with severe, uncontrolled asthma across multiple clinically relevant subgroups in the NAVIGATOR study. *Adv Ther.* 2024 Jul;41(7):2978-2990. **12.** Corren J, Karpefors M, Hellqvist Å, Parnes JR, Colice G. Tezepelumab reduces exacerbations across all seasons in patients with severe, uncontrolled asthma: a post hoc analysis of the PATHWAY phase 2b study. *J Asthma Allergy.* 2021;14:1-11. **13.** Data on File, US-87730, AstraZeneca Pharmaceuticals LP. **14.** Data on File, US-87434, AstraZeneca Pharmaceuticals LP.

IMPORTANT SAFETY INFORMATION (cont'd)

ADVERSE REACTIONS
The most common adverse reactions (incidence ≥3%) are pharyngitis, arthralgia, and back pain.

USE IN SPECIFIC POPULATIONS
There are no available data on TEZSPIRE use in pregnant women to evaluate for any drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. Placental transfer of monoclonal antibodies such as tezepelumab-ekko is greater during the third trimester of pregnancy; therefore, potential effects on a fetus are likely to be greater during the third trimester of pregnancy.

INDICATION

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You are encouraged to report negative side effects of AstraZeneca prescription drugs by calling 1-800-236-9933. If you prefer to report these to the FDA, call 1-800-FDA-1088.

AMGEN® AstraZeneca