

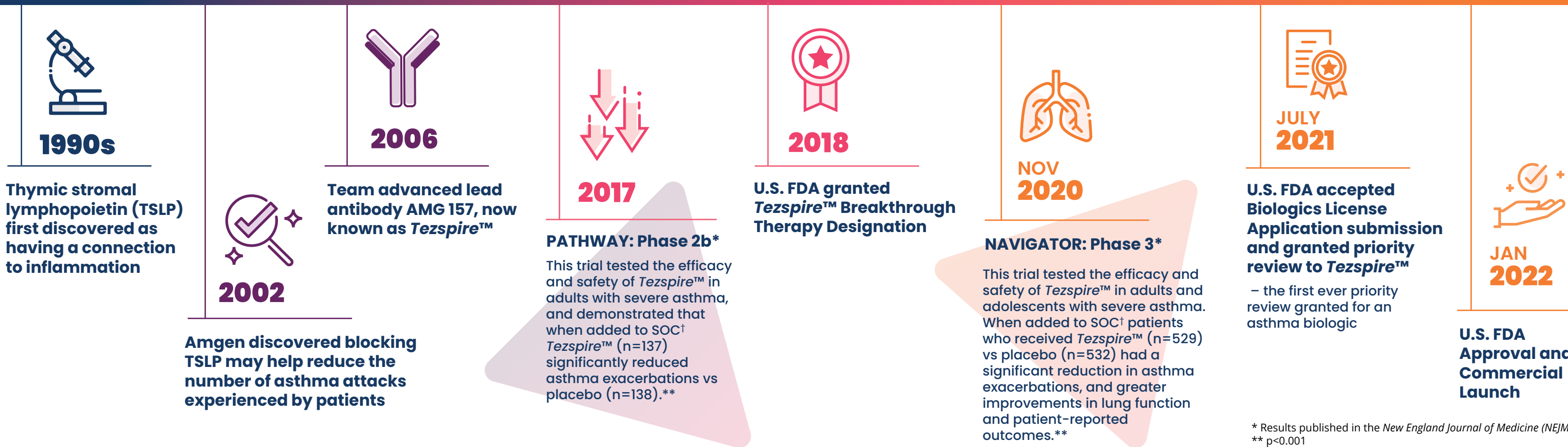
The Discovery and Development Journey of Tezspire™

Tezspire™ is the first and only biologic approved for severe asthma without phenotypic or biomarker limitations.

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.

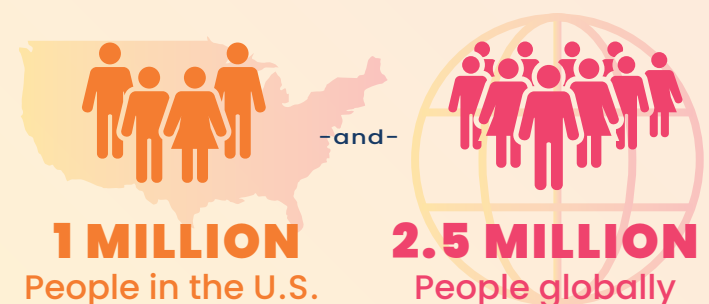
CONTRAINDICATIONS

Known hypersensitivity to tezepelumab-ekko or excipients. Please see additional Important Safety Information on the next page.



* Results published in the *New England Journal of Medicine (NEJM)*
 ** p<0.001
 † SOC: standard of care

SEVERE ASTHMA FAST FACTS



LIVE WITH SEVERE ASTHMA THAT IS UNCONTROLLED OR BIOLOGIC ELIGIBLE¹⁻⁶



INDICATION

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IMPORTANT SAFETY INFORMATION

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WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions (e.g., rash and allergic conjunctivitis) can occur following administration of TEZSPIRE. These reactions can occur within hours of administration, but in some instances have a delayed onset (i.e., days). In the event of a hypersensitivity reaction, initiate appropriate treatment as clinically indicated and then consider the benefits and risks for the individual patient to determine whether to continue or discontinue treatment with TEZSPIRE.

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.

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.

ADVERSE REACTIONS

The most common adverse reactions (incidence \geq 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.

Full Prescribing Information including Patient Information

You may report side effects related to AstraZeneca products by clicking [here](#).

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