THE *FIRST & ONLY* BIOLOGIC APPROVED FOR SEVERE ASTHMA

WITHOUT PHENOTYPIC OR BIOMARKER LIMITATIONS[1]

Blocks TSLP at the top
and reduces downstream inflammation[1]

Up to 71% reduction in exacerbations[1–3]*
NAVIGATOR demonstrated a 56%* reduction in exacerbations.[1]

79% reduction in hospitalizations, ED or urgent care visits[1]
Results are descriptive only.

Adverse reactions with TEZSPIRE with an incidence of ≥3% and more common than placebo included:

- TEZSPIRE (n=665) vs placebo (n=669): pharyngitis† (4% vs 3%), arthralgia (4% vs 3%), and back pain (4% vs 3%), respectively[1]

Think TEZSPIRE for your next patient with severe asthma. Go to: tezspirehcp.com

IMPORTANT SAFETY INFORMATION (cont'd)

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 ≥3%) are pharyngitis, arthralgia, and back pain.

*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] AAER=annualized asthma exacerbation rate; ED=emergency department; RR=rate ratio; SOC=standard of care; TSLP=thymic stromal lymphopoietin.
†Pharyngitis (including pharyngitis, pharyngitis bacterial, pharyngitis streptococcal, and viral pharyngitis).

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.

References: 1. TEZSPIRE [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals PL; 2021. **2.** Corren J, Parnes JR, Wang L, et al. Tezepelumab in adults with uncontrolled asthma. *N Engl J Med.* 2017;377(10):936-946. **3.** 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. **4.** 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)(suppl):1-60. **5.** Menzies-Gow A, Corren J, Bourdin A, et al. Protocol for: Tezepelumab in adults and adolescents with severe, uncontrolled asthma. *N Eng J Med.* 2021;384(19):1800-1809. **6.** Data on File, REF-134673, AZPLP.

Please see accompanying full Prescribing Information, including Patient Information.

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.

TEZSPIRE™ (tezepelumab-ekko) Subcutaneous Injection 210 mg
Aim higher.

AMGEN AstraZeneca

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.

Rise Above the Complexity

The ***FIRST & ONLY*** biologic approved for severe asthma without phenotypic or biomarker limitations[1]

Clinical trial results in an all-comer patient population

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

Known hypersensitivity to tezepelumab-ekko or excipients.

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions (eg, 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 (ie, 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.

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

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REDUCTIONS IN EXACERBATIONS ACROSS A BROAD, ALL-COMER PATIENT POPULATION[1-3]

TEZSPIRE consistently demonstrated statistically significant reductions in exacerbations across two pivotal trials (PATHWAY, 71%; NAVIGATOR, 56%; *P*<0.001)[1-3]

Up to **71%** (*P*<0.001) **reduction in exacerbations in a broad, all-comer patient population[1,2*]**

- The only biologic with a statistically significant reduction in exacerbations in patients with eosinophils <300 cells/µL[3†]

In NAVIGATOR, TEZSPIRE impacted exacerbations requiring ED visits[‡], urgent care, or hospitalizations[1,4]

79% **reduction in exacerbations requiring ED visits,[‡] urgent care, or hospitalizations (AAER=0.06, n=528) vs placebo+SOC (AAER=0.28, n=531); RR: 0.21[1,4]**

- **Including an 85% reduction** in exacerbations requiring hospitalization[1,4]

Results are descriptive only.

TEZSPIRE + SOC AAER (n=528): 0.03;
Placebo + SOC AAER (n=531): 0.19;
RR: 0.15 (95% CI: 0.07-0.22).

*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]
†Prespecified and multiplicity-protected. Results from NAVIGATOR. TEZSPIRE + SOC 1.02 (n=309) vs placebo + SOC 1.73 (n=309); RR: 0.59 (95% CI: 0.46-0.75; *P*<0.001).[3]
‡An emergency room visit was defined as evaluation and treatment for <24 hours in an ER or urgent care center that required systemic corticosteroids.[5]
AAER=annualized asthma exacerbation rate; ED=emergency department; RR=rate ratio; SOC=standard of care.

IMPORTANT SAFETY INFORMATION (cont'd)

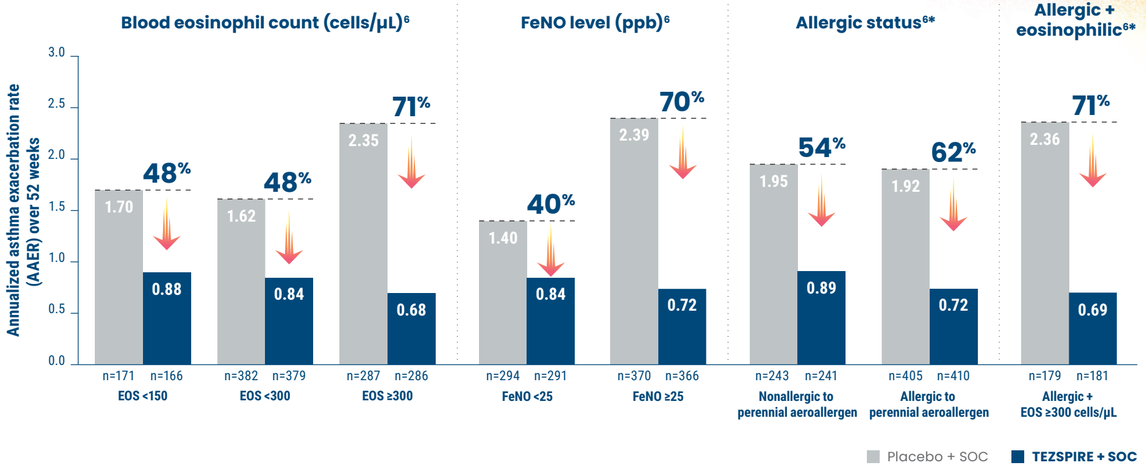
Acute Asthma Symptoms or Deteriorating Disease

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.

REDUCTIONS IN EXACERBATIONS ACROSS PHENOTYPIC PROFILES AND BIOMARKER LEVELS[6]



Results are descriptive only. Post hoc analysis of pooled PATHWAY and NAVIGATOR phenotype and biomarker subgroups.

*Allergic status as defined by a serum IgE result specific to any perennial aeroallergen in the FEIA panel.
EOS=eosinophils; FEIA=fluorescent enzyme immunoassay; FeNO=fractional exhaled nitric oxide; ppb=parts per billion; SOC=standard of care.

IMPORTANT SAFETY INFORMATION (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.

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

PATHWAY and NAVIGATOR: 52-week, Phase 2, dose-ranging (PATHWAY) or Phase 3 (NAVIGATOR), randomized double-blind, placebo-controlled, multicenter studies of patients 18-75 (PATHWAY) or 12-80 (NAVIGATOR) years of age with uncontrolled severe asthma despite treatment with medium- to high-dose ICS plus LABA with or without other controllers, including OCS for ≥ 6 months (PATHWAY) or medium- to high-dose ICS for ≥12 months plus ≥1 additional controller with or without OCS for ≥3 months (NAVIGATOR). At baseline, patients had an ACQ-6 score ≥1.5, and a history of ≥2 exacerbations defined as worsening of asthma requiring systemic corticosteroids or a temporary doubling (PATHWAY) or increase (NAVIGATOR) of maintenance OCS for ≥3 days, an ED visit requiring systemic corticosteroids, resulting in hospitalization (NAVIGATOR only) or 1 exacerbation resulting in hospitalization (PATHWAY only) in the prior 12 months. Patients were randomized to receive tezepelumab 70 mg SC Q4W (n=138), TEZSPIRE 210 mg SC Q4W (n=137), tezepelumab 280 mg SC Q2W (n=137) or placebo (n=138) in PATHWAY and to receive TEZSPIRE 210 mg SC Q4W (n=528) or placebo (n=531) in NAVIGATOR. All patients remained on stable doses of the background asthma treatments they were receiving at study entry (SOC). The primary endpoint for both trials was AAER versus placebo at week 52. Exacerbations were defined as they were for study entry. Key secondary endpoints in NAVIGATOR included changes from baseline in pre-bronchodilator FEV_1, ACQ-6 and AQLQ(S)+12 scores at week 52.[1-5]

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