**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.

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**SEVERE ASTHMA FAST FACTS**

1. **1 MILLION**
   People in the U.S.

2. **2.5 MILLION**
   People globally

3. ~60% of Americans with severe asthma are not getting specialized care.

4. **10%**
   By 2039

5. **2x as many**
   Asthma-related hospitalizations are experienced by patients with severe asthma.

6. **$300 BILLION**
   The projected cost to the U.S. health system attributed to uncontrolled asthma.

7. ~60%
   Of Americans with severe asthma are associated with asthma.

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**The Number of Americans with Asthma Is Anticipated to Grow, Thought to Be Due to Increased Urbanization, Lifestyle Changes and Rates of Obesity**

*Results published in the New England Journal of Medicine (NEJM)*

**p<0.001**

† SOC: standard of care

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**PATHWAY: Phase 2b**

This trial tested the efficacy and safety of Tezspire™ in adults with severe asthma, and demonstrated that when added to SOC, Tezspire™ (n=137) significantly reduced asthma exacerbations vs placebo (n=138).**

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**NAVIGATOR: Phase 3**

This trial tested the efficacy and safety of Tezspire™ in adults and adolescents with severe asthma. When added to SOC, patients who received Tezspire™ (n=529) vs placebo (n=532) had a significant reduction in asthma exacerbations, and greater improvements in lung function and patient-reported outcomes.**
INDICATION
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.

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS
Known hypersensitivity to tezepelumab-ekko or excipients.

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 ≥ 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.

REFERENCES


8. Most, J. F. Real-world assessment of asthma specialist visits among U.S. patients with severe asthma. The Journal of Allergy and Clinical Immunology: In Practice, 9(10). https://doi.org/10.1016/j.jaip.2021.05.003


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