TEZSPIRE™ (tezepelumab-ekko) Subcutaneous Injection 210 mg

THE *FIRST & ONLY* BIOLOGIC THAT BLOCKS TSLP

Approved for the Treatment of 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.

TITLE

TEZSPIRE: A Clinical Overview

DATE

October 11, 2022

TIME

08:00 PM–09:00 PM
Eastern Daylight Time

PRESENTER

Joseph Diaz, MD and Ujwala Kaza, M.D.

RSVP

N/A
N/A
BY: 9/13/2022

TO REGISTER FOR THIS EVENT:

https://bit.ly/20141518

LEARNING OBJECTIVES

- Explore the role of TSLP in severe asthma and the MOA of TEZSPIRE
- Review the efficacy and safety data of TEZSPIRE from key clinical trials
- Understand the impact TEZSPIRE can have in clinical practice

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 on reverse and accompanying full Prescribing Information, including Patient Information.

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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.

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.

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.

Reference:
TEZSPIRE [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2021.

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