ID: NO-12063-04-2024-TEZ

Severe asthma and the role of thymic stromal lymphopoietin (TSLP)

Tezspire er indisert som tillegg til vedlikeholdsbehandling hos voksne og ungdom i alderen 12 år og eldre med alvorlig astma som er utilstrekkelig kontrollert til tross for høye doser inhalasjonskortikosteroider i tillegg til et annet legemiddel for vedlikeholdsbehandling[1]

1. Tezspire SmPC, section 4.1

SEVERE ASTHMA IS ASSOCIATED WITH:

Recurrent exacerbations and hospitalisations[1,2]

Poor asthma-related quality of life[3]

Life-changing side effects due to OCS use[4]

Increased risk of mortality[5]

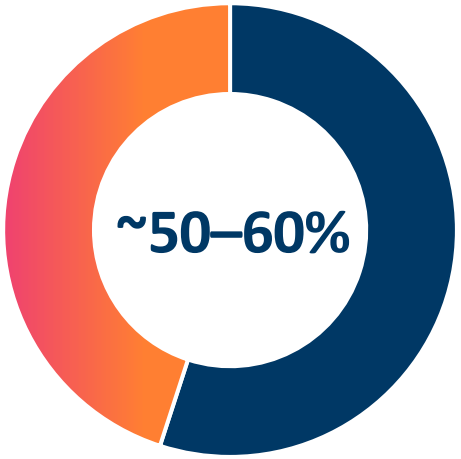
Higher healthcare costs compared with controlled disease[6]

OCS = Oral Corticosteroids

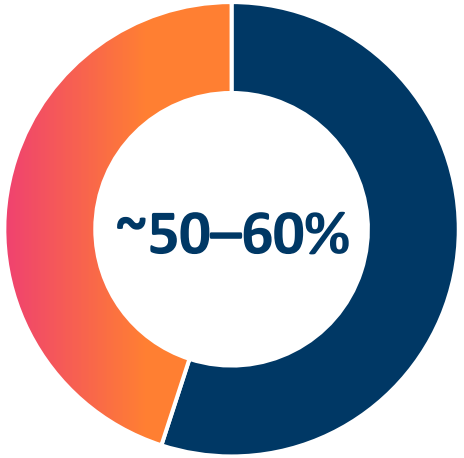
1. Global Initiative for Asthma (GINA);2022(cited 2023 Jan 11; https://ginasthma.org/gina-reports/ 2. Wang E, Wechsler ME, Tran TN et al. *Chest*. Characterization of Severe Asthma Worldwide: Data From the International Severe Asthma Registry 2020;157:790–804; 3. Chung KF, Wenzel SE, Brozek JL et al. International ERS/ATS guidelines on definition, evaluation and treatment of severe asthma*Eur Respir J*. 2014;43:343–373; 4. Price DB, Trudo F, Voorham J et al. Adverse outcomes from initiation of systemic corticosteroids for asthma: long-term observational study *J Asthma Allergy*. 2018;11:193–204; 5. Fernandes AG, Souza-Machado C, Coelho RCP et al. Risk factors for death in patients with severe asthma *J Bras Pneumol*. 2014;40:364–372; 6. Chen S, Golam S, Myers J et al. Systematic literature review of the clinical, humanistic, and economic burden associated with asthma uncontrolled by GINA Steps 4 or 5 treatment *Curr Med Res Opin*. 2018;34:2075–2088

SEVERE ASTHMA IS A COMPLEX AND HETEROGENEOUS DISEASE

Of asthma patients **have severe asthma**[1]



Have **multiple drivers of inflammation**[2]



Have **Eos ≤300 cells/µL** [3]

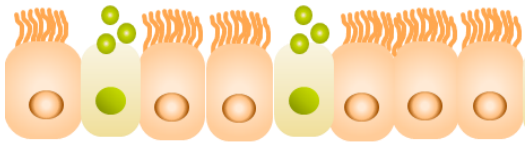
Eos = Eosinophils

1. Global Initiative for Asthma (GINA);2022(cited 2023 Jan 11; https://ginasthma.org/gina-reports, 2. Denton E, Price DB, Tran TN et al. Cluster Analysis of Inflammatory Biomarker Expression in the International Severe Asthma Registry *J Allergy Clin Immunol Pract*. 2021;9:2680–2688, 3. Amaral R et al. *Clin Transl Allergy*. 2018;8:13

THE AIRWAY EPITHELIUM IS THE FIRST POINT OF CONTACT WITH ENVIRONMENTAL TRIGGERS[1]

Epithelium[1–3]

- Key role in tissue homeostasis
- Mediator between environment and immune system
- Rapid production of epithelial cell-derived cytokines in response to triggers



Environmental Triggers[1,4]

Allergens

Viruses

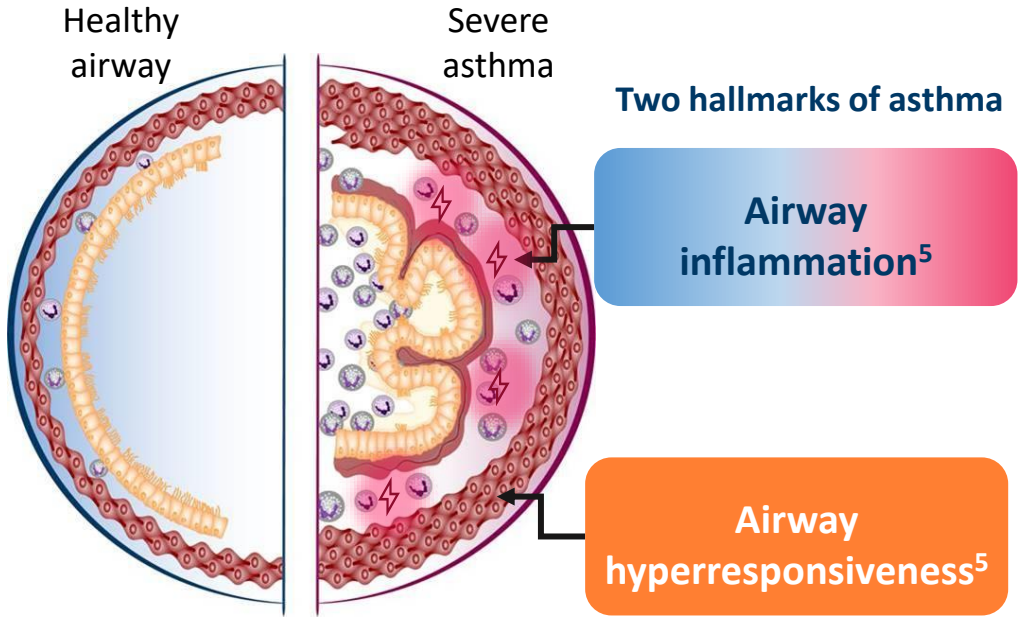
Pollutants/ smoke

Bacteria

Physical injury

Other external stimuli

Variable Bronchoconstriction[3,4a]



Adapted from ref a

[a]Figure adapted from the Centre of Excellence in Severe Asthma as part of the Centre of Research Excellence in Severe Asthma (https://toolkit.severeasthma.org.au)

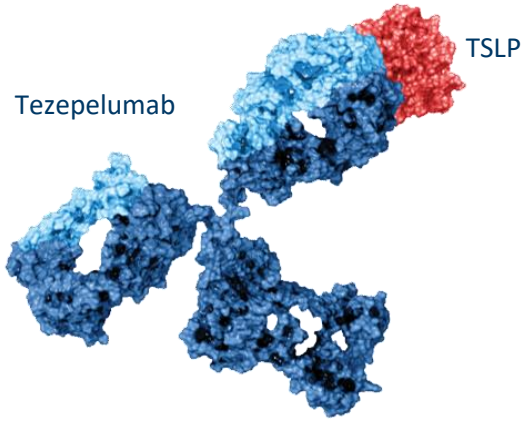
1. Bartemes KR, Kita H; Dynamic role of epithelium-derived cytokines in asthma; *Clin Immunol*. 2012;143:222–235; 2. Watson B, Gauvreau GM. *Expert Opin Ther Targets*. 2014;18:771–785; 3. Loxham M, Davies DE, Blume C; Epithelial function and dysfunction in asthma *Clin Exp Allergy*. 2014;44:1299–1313; 4. Pelaia G, Vatrella A, Maselli R; The potential of biologics for the treatment of asthma; *Nat Rev Drug Discov*. 2012;11:958–972; 5. Global Initiative for Asthma (GINA);2022(cited 2023 Jan 11); https://ginasthma.org/gina-reports

TSLP IS A KEY EPITHELIAL CYTOKINE IN ASTHMA[1,2]

TSLP is expressed and released in response to a **broad range of stimuli** (e.g., allergens, viruses, pollutants)[4]

Epithelial cells are the primary source of TSLP.[5]

TSLP initiates multiple **downstream immune responses** involved in **asthma inflammation** and pathology[4]



Tezepelumab bound to TSLP

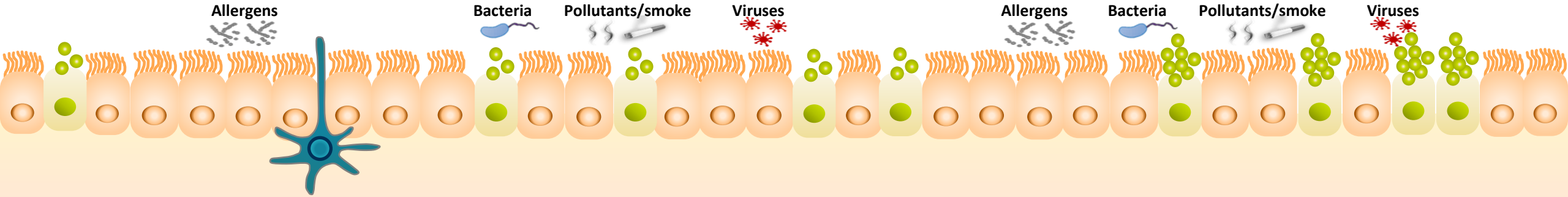
Variants at **TSLP gene loci** have been **associated** with **increased risk of developing asthma**[6]

Tezepelumab is a human monoclonal antibody that binds to TSLP, specifically blocking it from interacting with its receptor[7]

TEZSPIRE bound to TSLP figure adapted from Verstraete K et al. *Nat Commun* 2017;8:14937
TSLP = Thymic Stromal Lymphopoietin

1. Van Rompaey D, Verstraete K, Peelman F et all; Virtual screening for inhibitors ofthe human TSLP:TSLPR interaction *Sci Rep*. 2017;7:17211; 2. Corren J, Ziegler SF. TSLP: from allergy to cancer *Nat Immunol*. 2019;20:1603–1609; 4. Gauvreau GM, Sehmi R, Ambrose CS et al. Thymic stromal lymphopoietin: its role and potential as a therapeutic target in asthma; *Expert Opin Ther Targets*. 2020;24:777–792; 5. Bartemes KR, Kita H; Dynamic role of epithelium-derived cytokines in asthma; Clin Immunol. 2012;143:222–235; 6. Torgerson DG , Ampleford EJ, Chiu GYet al. Meta-analysis of Genome-wide Association Studies of Asthma In Ethnically Diverse North American Populations; Article and supplementary information. *Nat Genet*. 2011;43:887–892; 7. 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;21:268

TSLP IS AN EPITHELIAL CYTOKINE THAT PLAYS AN IMPORTANT ROLE IN DRIVING ASTHMA[1–3]



TSLP is released after epithelial damage or immune cell activation[1,2]

Leading to airway inflammation[1,2]

Leading to airway hyperresponsiveness via smooth muscle dysfunction[1–3]

TSLP = Thymic Stromal Lymphopoietin

1. Bartemes KR, Kita H; Dynamic role of epithelium-derived cytokines in asthma; Clin Immunol. 2012;143:222–235; 2. Roan F, Obata-Ninomiya K, Ziegler SF; Epithelial cell–derived cytokines: more than just signaling the alarm; *J Clin Invest*. 2019;129:1441–1451; 3. Redhu NS, Gounni AS; Function and mechanisms of TSLP/TSLPR complex in asthma and COPD *Clin Exp Allergy*. 2012;42:994–1005

TSLP DRIVES AIRWAY INFLAMMATION AND AIRWAY HYPERRESPONSIVENESS FROM THE TOP OF THE CASCADE[1–3]

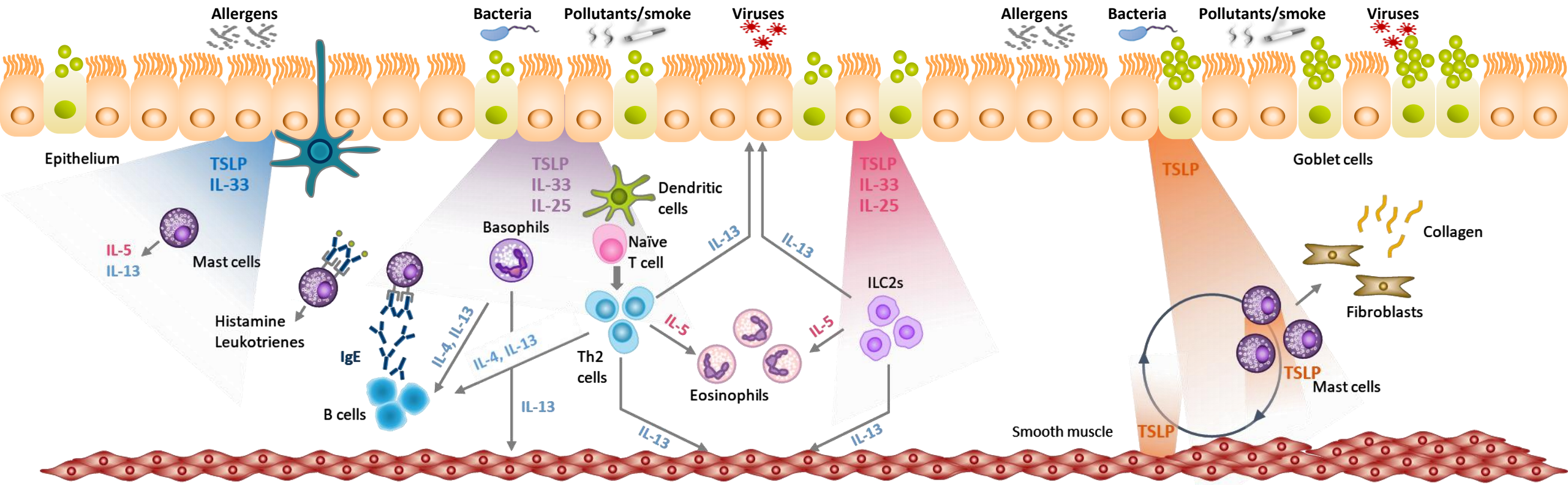
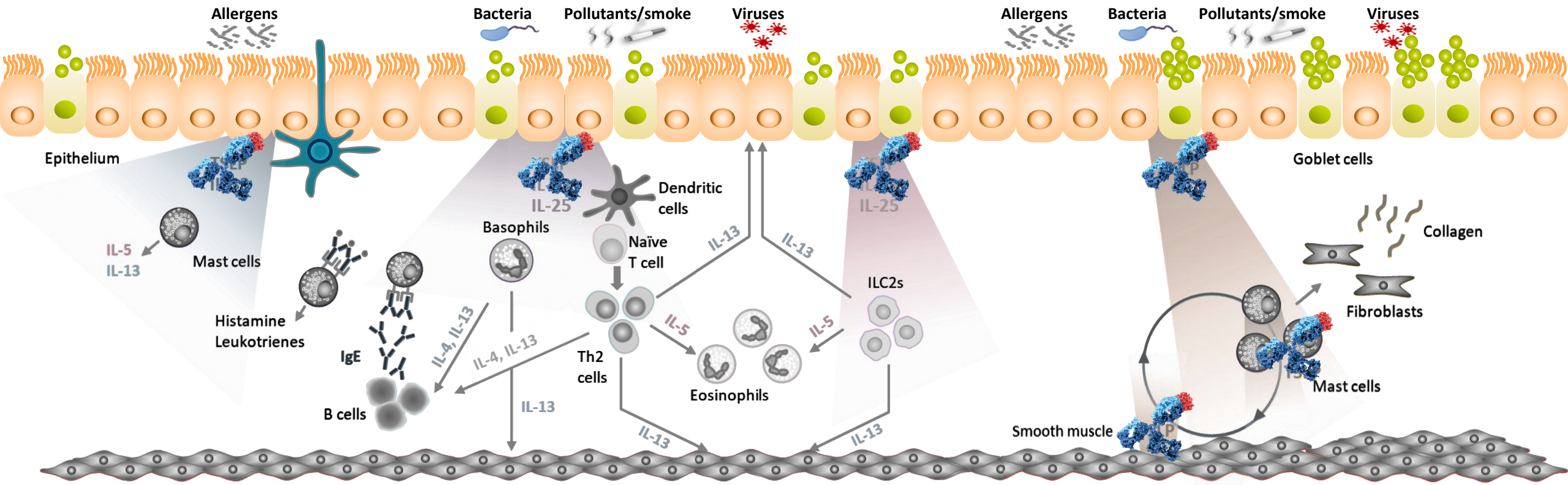


Figure adapted from ref. 1

IgE = Immunoglobulin E; IL = Interleukin; ILC2 = Type 2 Innate Lymphoid Cell; Th = T Helper; TSLP = Thymic Stromal Lymphopoietin

1. Gauvreau GM, Sehmi R, Ambrose CS et al. Thymic stromal lymphopoietin: its role and potential as a therapeutic target in asthma; Expert Opin Ther Targets. 2020;24:777–792; 2. . Roan F, Obata-Ninomiya K, Ziegler SF; Epithelial cell–derived cytokines: more than just signaling the alarm; J Clin Invest. 2019;129:1441–1451; 3. 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;21:268

TEZEPELUMAB TARGET TSLP AT THE TOP OF THE INFLAMMATORY CASCADE[1–7]



Allergic inflammation | **Eosinophilic inflammation** | **Airway hyperresponsiveness**

IgE = Immunoglobulin E; IL = Interleukin; ILC2 = Type 2 Innate Lymphoid Cell; Th = T Helper; TSLP = Thymic Stromal Lymphopoietin

Figure based on ref. 2

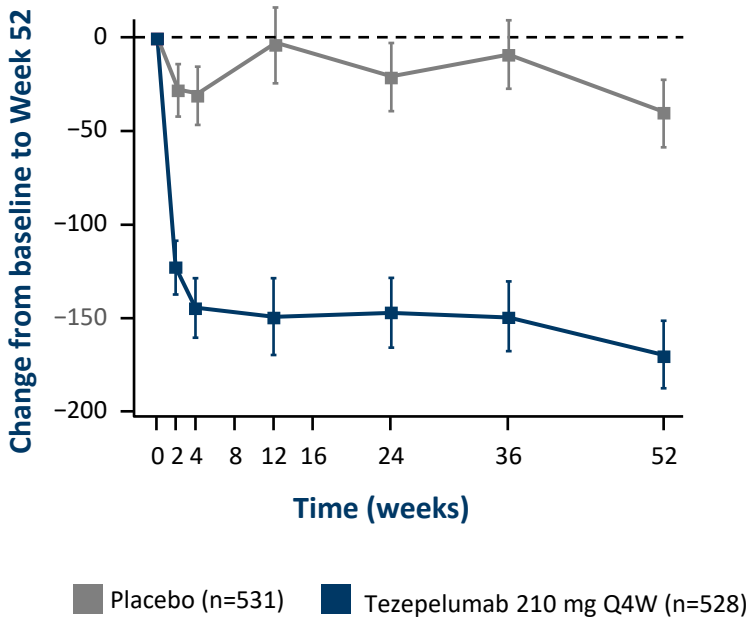
1. Menzies-Gow A, Wechsler ME, Brightling CE; Unmet need in severe, uncontrolled asthma: can anti-TSLP therapy with tezepelumab provide a valuable new treatment option?; Respir Res. 2020;21:268; 2. Gauvreau GM, O`Byrne PM, Boulet LP et al. Effects of an anti-TSLP antibody on allergen-induced asthmatic responses *N Engl J Med.* 2014;370:2102–2110; 3. Diver S, Khalfaovi L, Emson C et al. Effect of tezepelumab on airway inflammatory cells, remodelling, and hyperresponsiveness in patients with moderate-to-severe uncontrolled asthma (CASCADE): a double-blind, randomised, placebo-controlled, phase 2 trial *Lancet Respir Med.* 2021;9:1299–1312; 4. Menzies-Gow A, Corren J, Bourdin A et al.; Tezepelumab in Adults and Adolescents with Severe, Uncontrolled Asthma Supplementary information. N Engl J Med. 2021;384:1800–1809; 5. Corren J, Parnes JR, Wang L et al. Tezepelumab in Adults with Uncontrolled Asthma *N Engl J Med.* 2017;377:936–946; 6. Gauvreau GM, Sehmi R, Ambrose CS et al. Thymic stromal lymphopoietin: its role and potential as a therapeutic target in asthma; Expert Opin Ther Targets. 2020;24:777–792;
7.Tezspire SmPC last update 2023.01.12

TEZSPIRE™ (tezepelumab) Subcutaneous injection

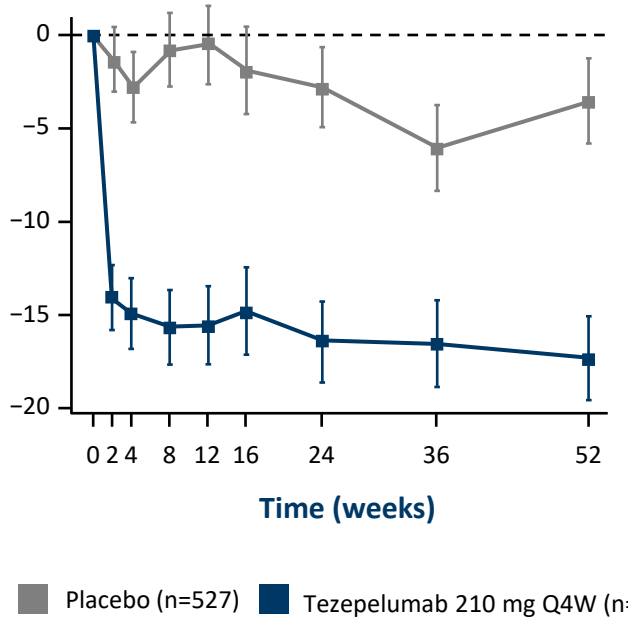
TEZEPELUMAB REDUCES AIRWAY INFLAMMATION ACROSS ALL KEY BIOMARKERS[1]

NAVIGATOR[1]

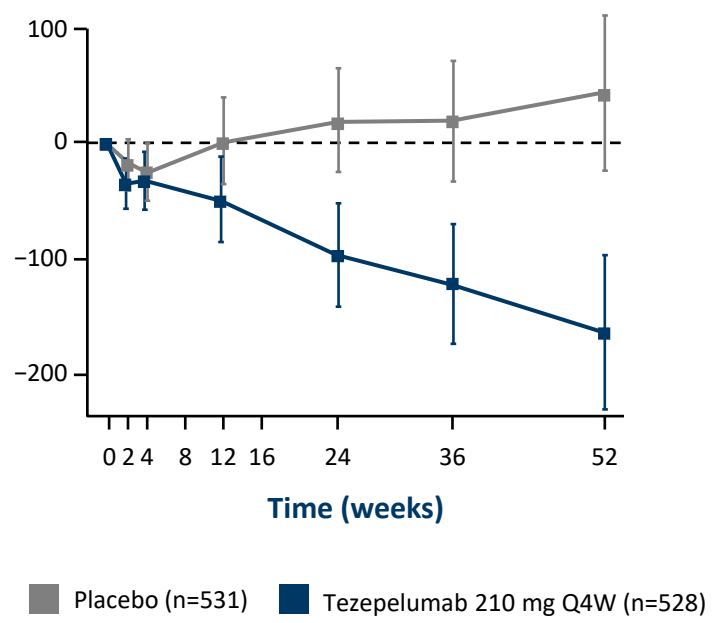
BLOOD EOSINOPHIL COUNT (CELLS/µL)[1]



FeNO LEVEL (ppb)[1]



SERUM TOTAL IgE (IU/mL)[1]



Data are LS means and 95% CIs over time;

Figures adapted from ref.1 fig S6 a,b,c

CI = Confidence Interval; Eos = Eosinophils; FeNO = Fractional Exhaled Nitric Oxide; IgE = Immunoglobulin E; IL = Interleukin; IU = International Units; LS = Least Squares; Ppb = Parts per Billion; Q4W = Every 4 Weeks

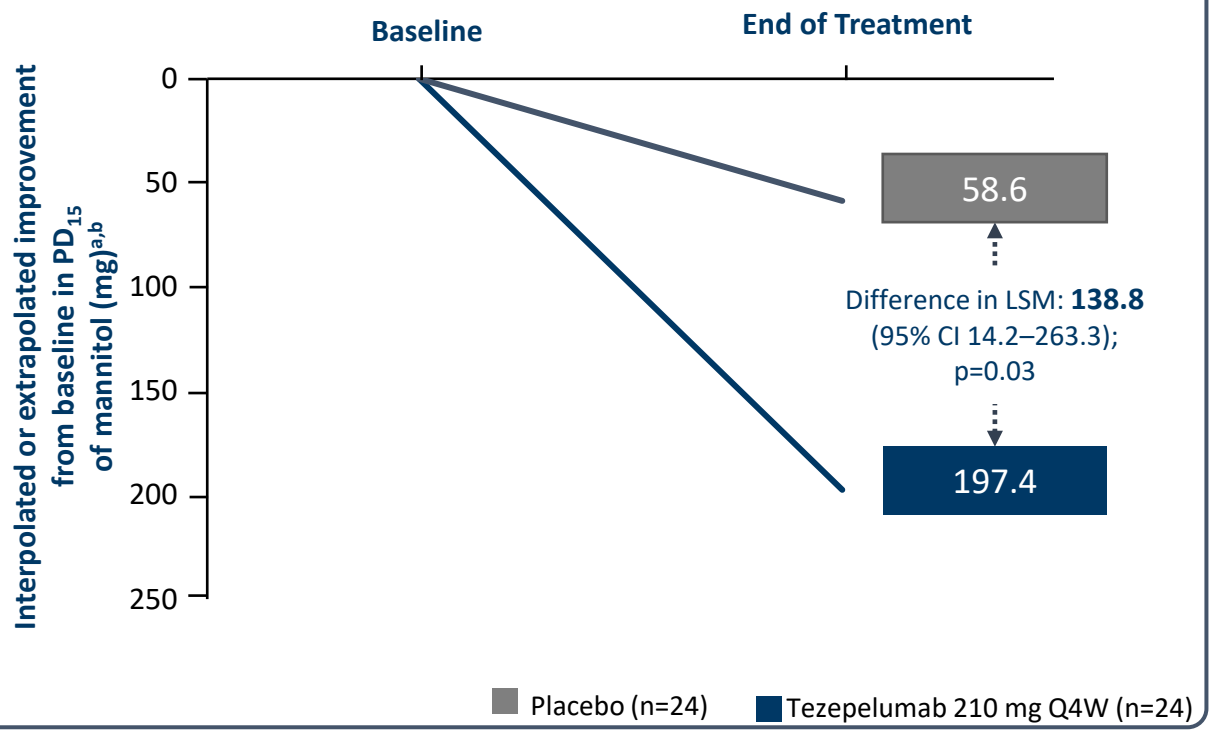
1. . Menzies-Gow A, Corren J, Bourdin A et al.; Tezepelumab in Adults and Adolescents with Severe, Uncontrolled Asthma article Supplemenary appendix; N Engl J Med. 2021;384:1800–1809

TEZEPELUMAB REDUCE TISSUE EOSINOPHILS AND AIRWAY HYPERRESPONSIVENESS [1]

Primary Endpoint

- **Airway submucosal eos** were **reduced** from baseline to EOT with tezepelumab versus placebo, by **6.7-fold** (nominal p<0.001)[1]
  - Tezepelumab: **89% reduction**
  - Placebo: **25% reduction**
- **No significant differences between treatment groups** in change in other submucosal inflammatory cells were observed from baseline to EOT in neutrophils, CD3+ T cells, CD4+ T cells, tryptase+ mast cells, and chymase+ mast cells[1]

Select exploratory endpoint: Reduction from baseline to EOT in AHR

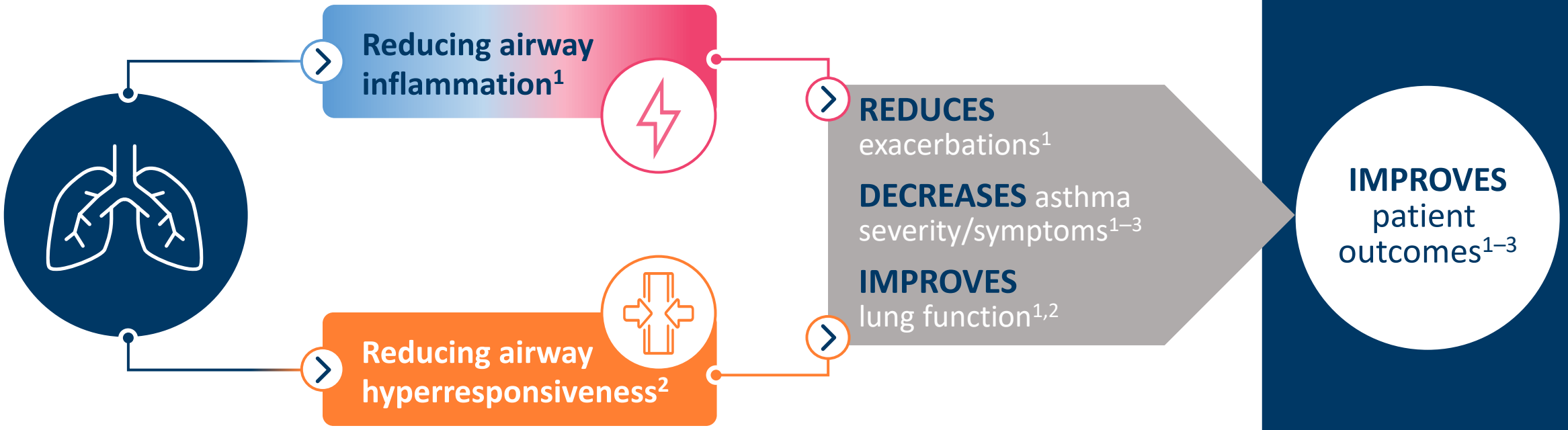


[a]Interpolated/extrapolated absolute change in PD_{15} to mannitol. PD_{15} is defined as the cumulative provoking dose of mannitol required to induce ≥15% reduction in FEV_1 from baseline zero mannitol dose, or otherwise ≥10% reduction in FEV_1 between successive non-zero mannitol doses. PD_{15} mannitol dose is considered the positive response dose at the first occurrence of the provoking dose; [b] Data are mean with differences from baseline to end of treatment and between treatment groups shown as difference in LS means (95% CI);[1]

CI = Confidence Interval; Eos = Eosinophils; FeNO = Fractional Exhaled Nitric Oxide; FEV_1 = Forced Expiratory Volume in 1 Second; IgE = Immunoglobulin E; IL = Interleukin; LS = Least Squares; PD_{15} = Provoking Dose Causing a 15% Decline in FEV_1; Q4W = Every 4 Weeks; TSLP = Thymic Stromal Lymphopoietin

1. Diver S, Khalfaovi L, Emson C et al. Effect of tezepelumab on airway inflammatory cells, remodelling, and hyperresponsiveness in patients with moderate-to-severe uncontrolled asthma (CASCADE): a double-blind, randomised, placebo-controlled, phase 2 trial Lancet Respir Med. 2021;9:1299–1312;

ADDRESSING TWO HALLMARKS OF ASTHMA MAY HELP TO IMPROVE OUTCOMES[1,2]



1. Gauvreau GM, Sehmi R, Ambrose CS et al. Thymic stromal lymphopoietin: its role and potential as a therapeutic target in asthma; Expert Opin Ther Targets. 2020;24:777–792; 2. Chapman DG, Irvin CG. Mechanisms of Airway Hyperresponsiveness in Asthma: The Past, Present and Yet to Come*Clin Exp Allergy*. 2015;45:706–719; 3. Global Initiative for Asthma (GINA);2022(cited 2023 Jan 11; https://ginasthma.org/gina-reports

THE CLINICAL PROGRAM WITH TEZEPELUMAB[1–3]

PATHWAY[1]

Phase IIb

Efficacy and safety of Tezepelumab in **adults with SUA**

N=550[a]
Age range = 18–75 years

No biomarker restrictions

NAVIGATOR[2]

Phase III

Efficacy and safety of Tezepelumab in **adults and adolescents with SUA**

N=1061[a]
Age range = 12–80 years

No biomarker restrictions

CASCADE[3]

Phase II

Effect of Tezepelumab on **airway inflammatory cells**, remodelling and **hyperresponsiveness** in patients with uncontrolled asthma

N=116[a]
Age range = 18–75 years

No biomarker restrictions

[a]Intention-to-treat population; SUA = Severe Uncontrolled Asthma

1. Corren J, Parnes JR, Wang L et al. Tezepelumab in Adults with Uncontrolled Asthma article inkl. Supplement;N Engl J Med. 2017;377:936–946; 2. Menzies-Gow A, Corren J, Bourdin A et al.; Tezepelumab in Adults and Adolescents with Severe, Uncontrolled Asthma article and Supplement; N Engl J Med. 2021;384:1800–1809; 3, Diver S, Khalfaovi L, Emson C et al. Effect of tezepelumab on airway inflammatory cells, remodelling, and hyperresponsiveness in patients with moderate-to-severe uncontrolled asthma (CASCADE): a double-blind, randomised, placebo-controlled, phase 2 trial Lancet Respir Med. 2021;9:1299–1312

REDUCTION OF EXACERBATIONS[1,2]

PATHWAY[1]

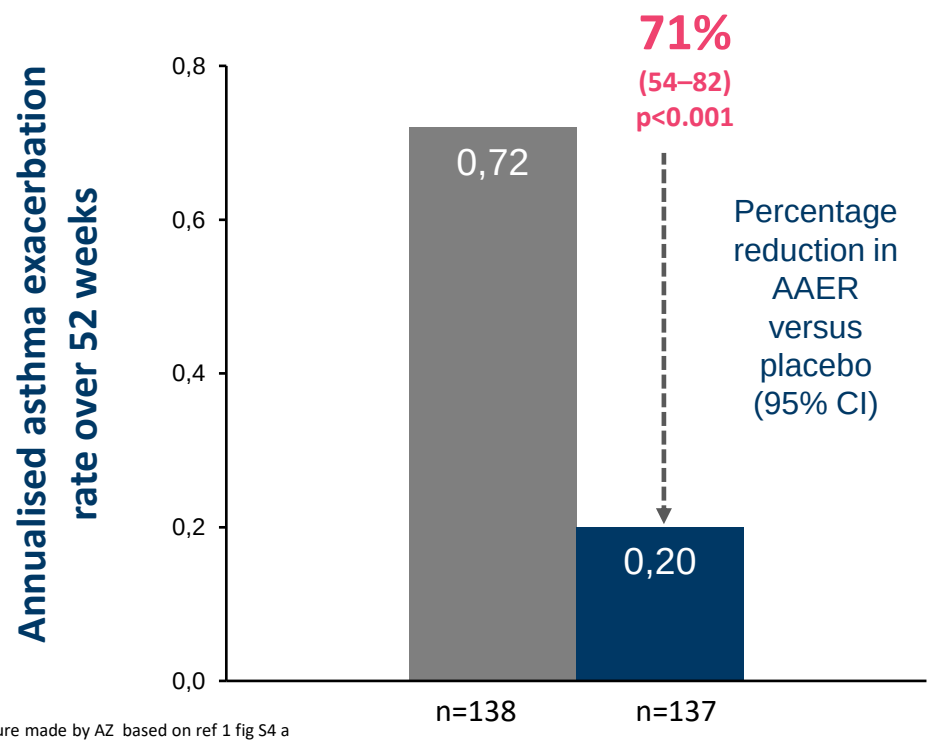


Figure made by AZ based on ref 1 fig S4 a

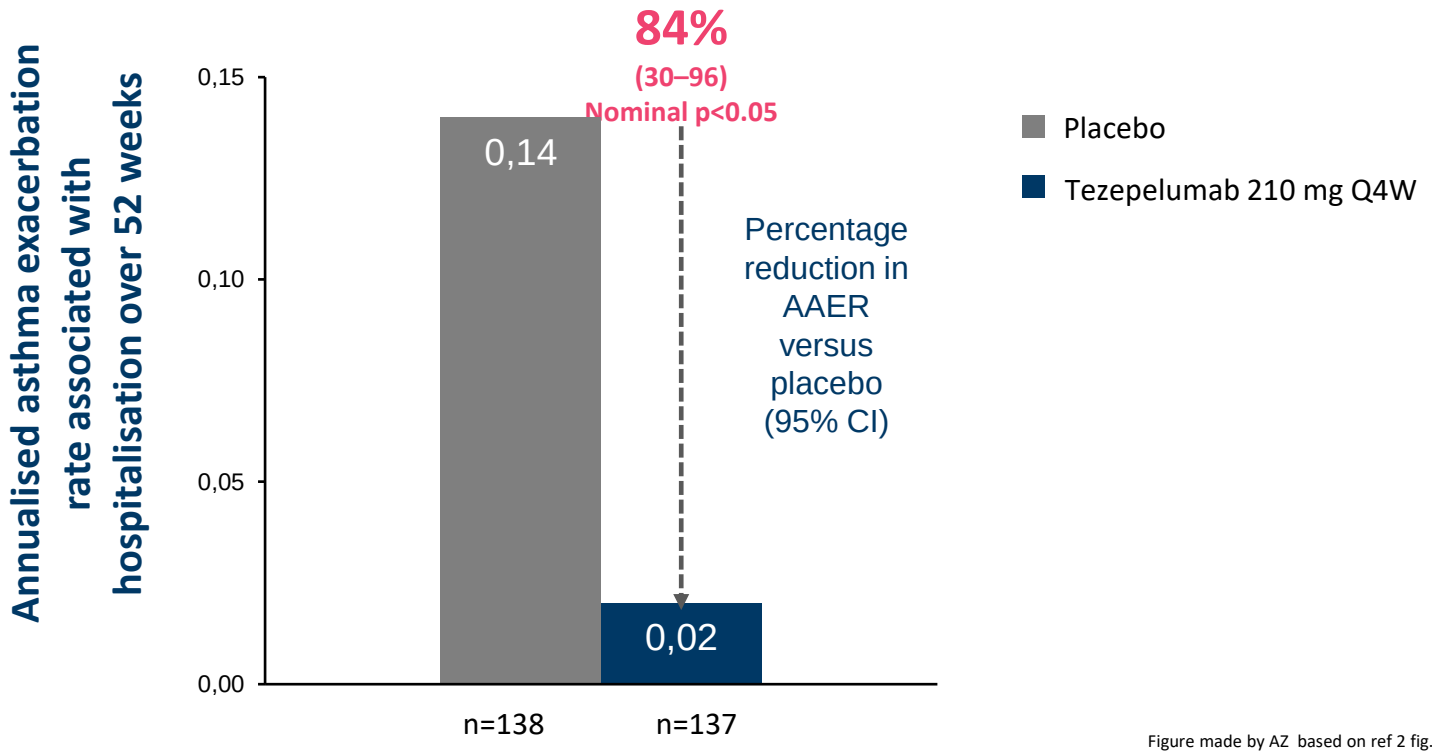


Figure made by AZ based on ref 2 fig. 1 a

PATHWAY included 3 tezepelumab doses; only data from the 210 mg dose are presented; Rate ratios are given with their 95% CIs
CI = Confidence Interval; Q4W = Every 4 Weeks; SUA = Severe Uncontrolled Asthma

1. Corren J, Parnes JR, Wang L et al. Tezepelumab in Adults with Uncontrolled Asthma article and Supplement;N Engl J Med. 2017;377:936–946; 2. Corren J, Chen S, Callan Let al. The effect of tezepelumab on hospitalizations and emergency department visits in patients with severe asthma *Ann Allergy Asthma Immunol*. 2020;125:211–214

REDUCTION OF EXACERBATIONS[1]

NAVIGATOR[1]

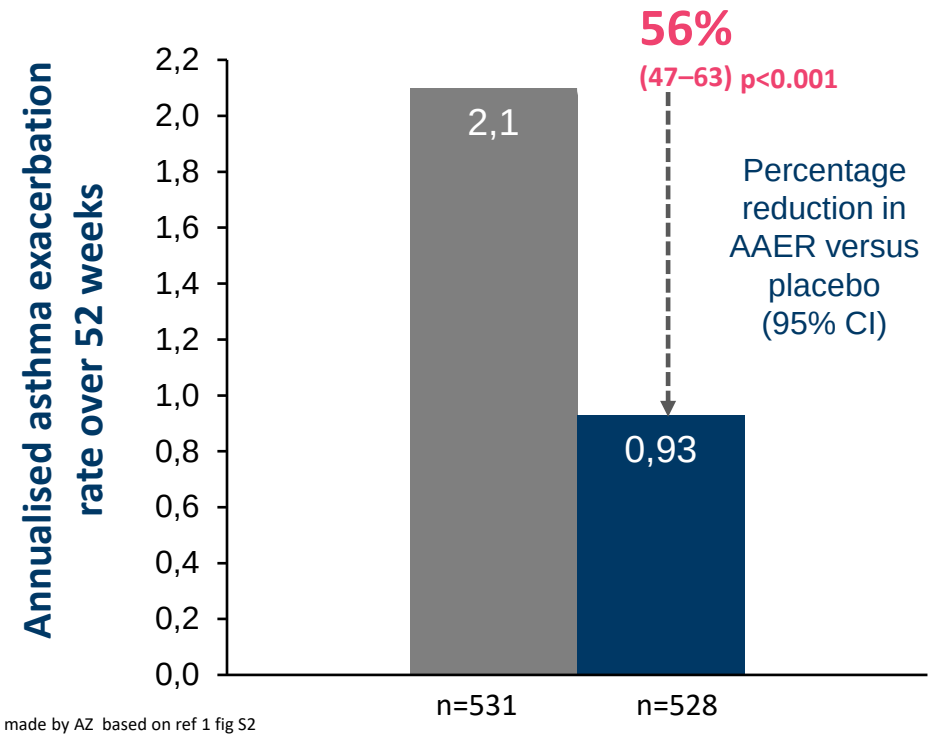


Figure made by AZ based on ref 1 fig S2

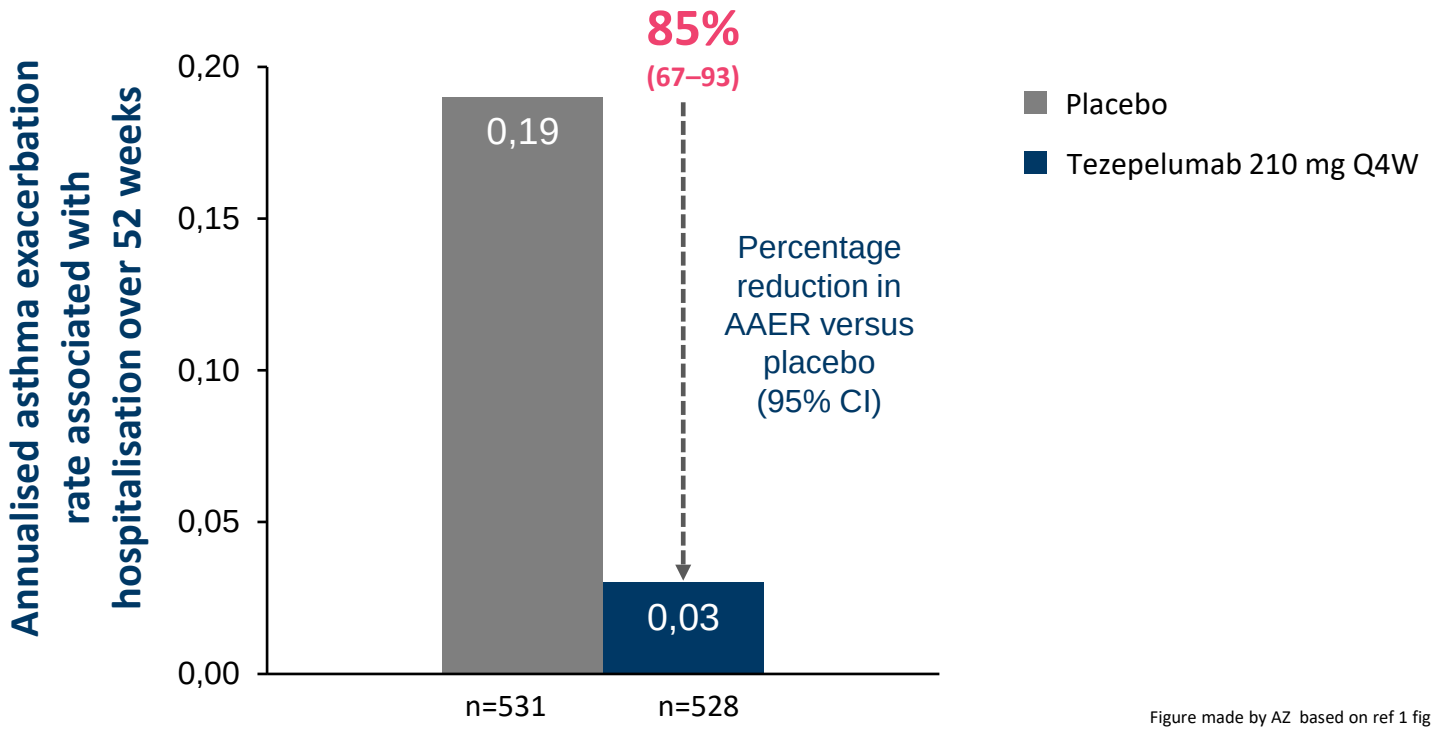


Figure made by AZ based on ref 1 fig S4 b

CI = Confidence Interval; Q4W = Every 4 Weeks; SUA = Severe Uncontrolled Asthma

1. Menzies-Gow A, Corren J, Bourdin A et al.; Tezepelumab in Adults and Adolescents with Severe, Uncontrolled Asthma article and Supplement; N Engl J Med. 2021;384:1800–1809

REDUCTION OF EXACERBATIONS, ACROSS PHENOTYPES AND IRRESPECTIVE OF BIOMARKER LEVELS[1,a]

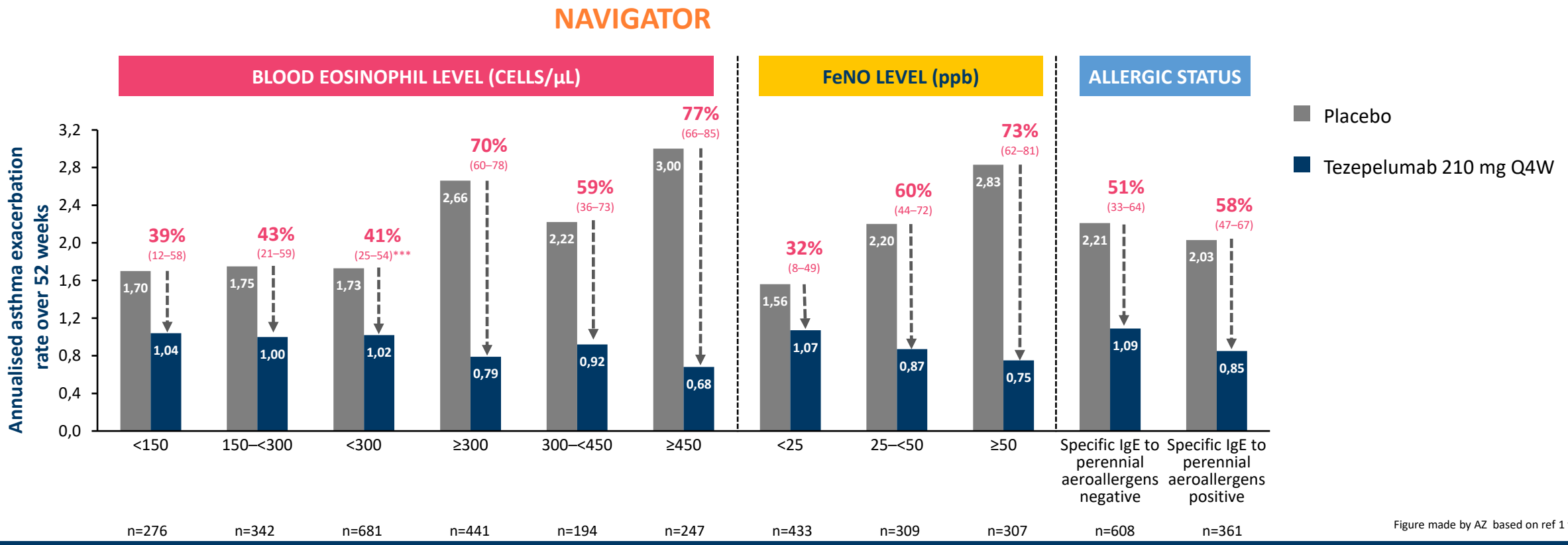


Figure made by AZ based on ref 1 fig 1

[a]**Eosinophilic and non-eosinophilic, allergic and non-allergic**; ***p<0.001 compared with placebo

CI = Confidence Interval; FeNO = Fractional Exhaled Nitric Oxide; IgE = Immunoglobulin E; Ppb = Parts per Billion; Q4W = Every 4 Weeks

1. Menzies-Gow A, Corren J, Bourdin A et al.; Tezepelumab in Adults and Adolescents with Severe, Uncontrolled Asthma article and Supplement; N Engl J Med. 2021;384:1800–1809

IMPROVEMENTS IN LUNG FUNCTION[1]

NAVIGATOR[1]

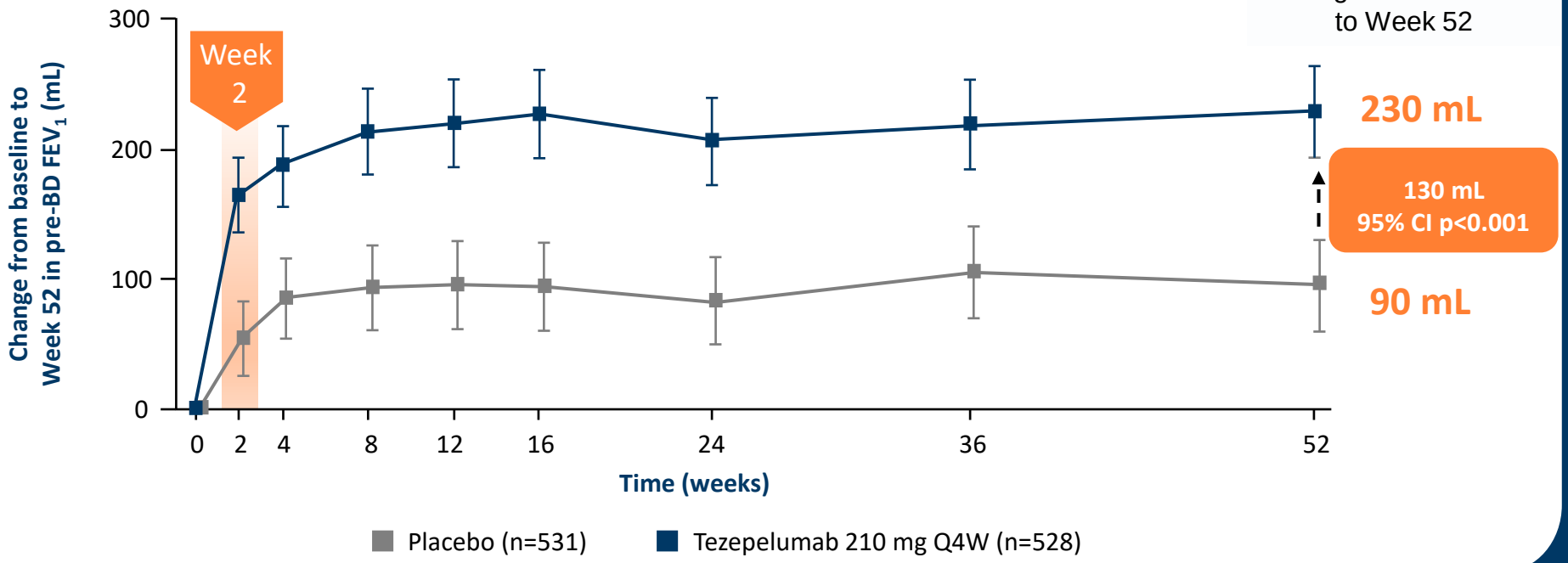


Figure made by AZ based on ref 1 fig 1

Data in figure are adjusted means and 95% CIs

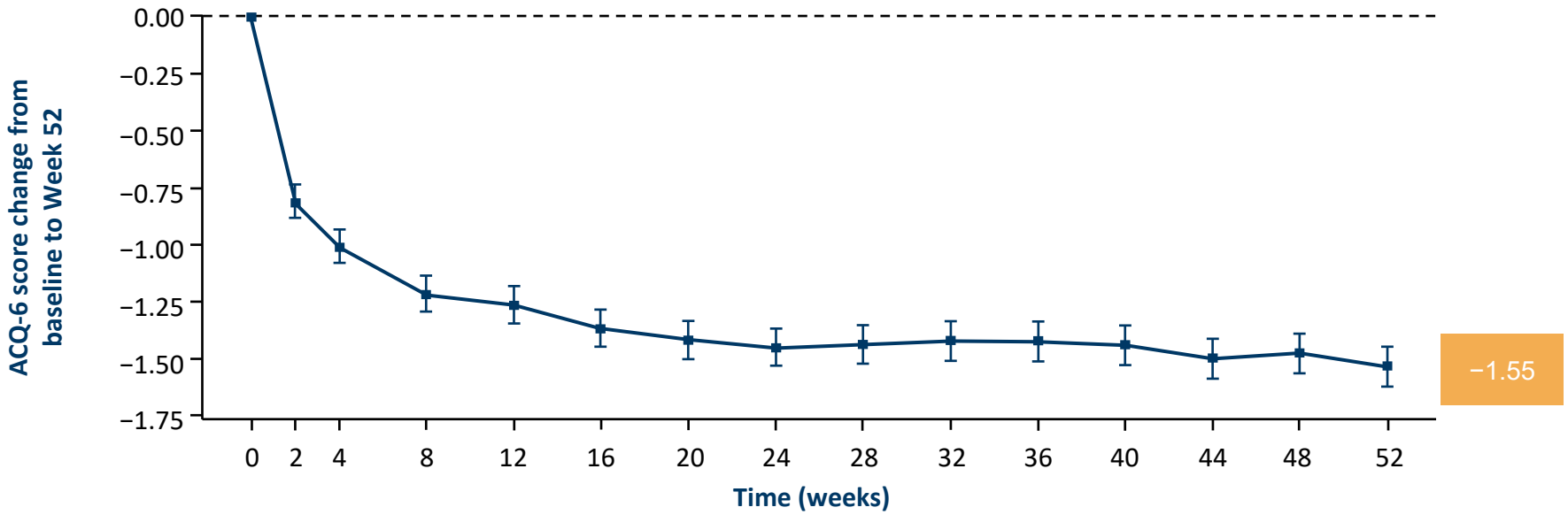
BD = Bronchodilator; CI = Confidence Interval; FEV_1 = Forced Expiratory Volume in 1 Second; Q4W = Every 4 Weeks; SUA = Severe Uncontrolled Asthma; LS= least square

1. Menzies-Gow A, Corren J, Bourdin A et al.; Tezepelumab in Adults and Adolescents with Severe, Uncontrolled Asthma article and Supplement; N Engl J Med. 2021;384:1800–1809

CLINICALLY MEANINGFUL IMPROVEMENTS IN ASTHMA CONTROL FROM BASELINE[1]

NAVIGATOR[1]

Asthma Control (ACQ-6)[1a]



MCID for the ACQ-6 score is 0.5 points

Figure made by AZ based on ref 1 fig S3 a

[a]LS mean change in the placebo group, −1.22 (n=531)

ACQ-6 = Asthma Control Questionnaire-6; LS = Least Squares; MCID = Minimal Clinically Important Difference; Q4W = Every 4 Weeks

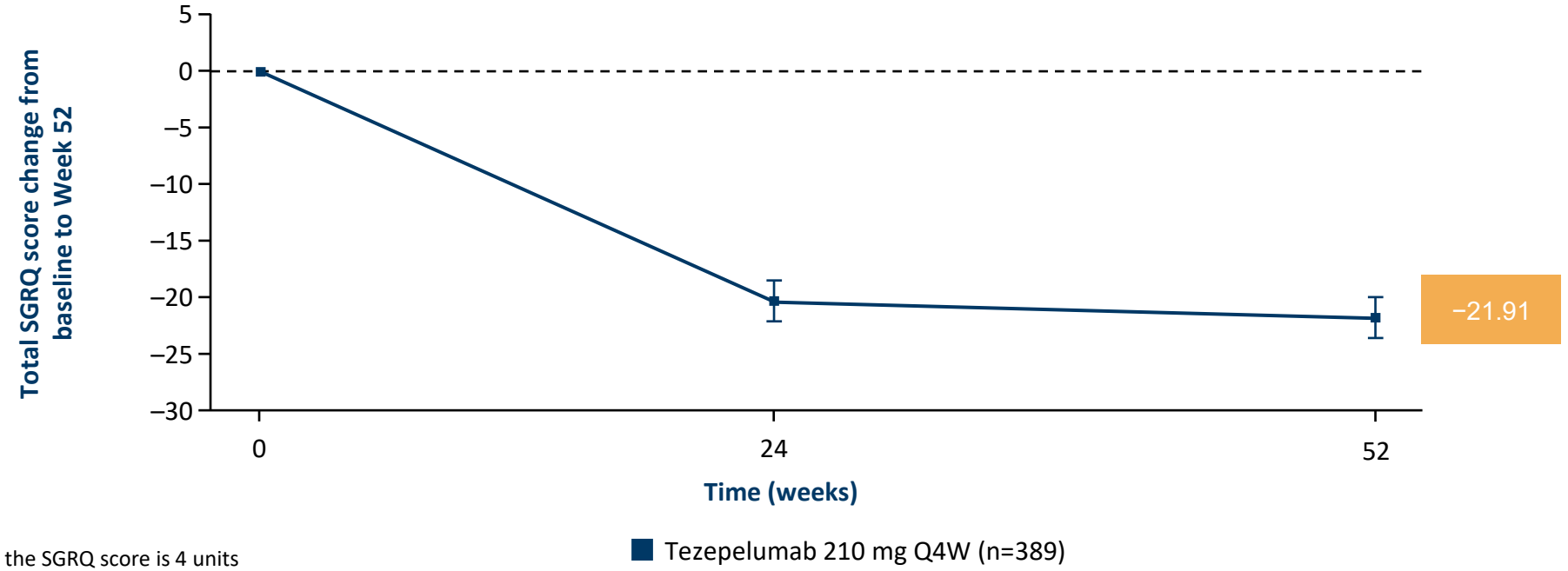
1Menzies-Gow A, Corren J, Bourdin A et al.; Tezepelumab in Adults and Adolescents with Severe, Uncontrolled Asthma article and Supplement; N Engl J Med. 2021;384:1800–1809

CLINICALLY MEANINGFUL IMPROVEMENTS IN QUALITY OF LIFE FROM BASELINE[1]

Exploratory endpoint

NAVIGATOR[1]

St George's Respiratory Questionnaire (SGRQ)[1a]



MCID for the SGRQ score is 4 units

Figure made by AZ based on ref 1 table S3

Data in figure are adjusted means and 95% CIs

[a]Scores were expressed as percentage of overall impairment where 100 represents worst possible health status and 0 indicated best possible health status; hence, decrease from baseline indicates improvement in health status;

CI = Confidence Interval; MCID = Minimal Clinically Important Difference; Q4W = Every 4 Weeks; SGRQ = St George's Respiratory Questionnaire

1. Menzies-Gow A, Corren J, Bourdin A et al.; Tezepelumab in Adults and Adolescents with Severe, Uncontrolled Asthma article and Supplement; N Engl J Med. 2021;384:1800–1809

ADVERSE EVENTS[1]

NAVIGATOR[1]

Most Common AEs occurring in ≥3% of patients who received Tezepelumab, n (%)	**Tezepelumab 210 mg Q4W n=528**	**Placebo n=531**
Nasopharyngitis	113 (21.4)	114 (21.5)
Upper respiratory tract infection	59 (11.2)	87 (16.4)
Headache	43 (8.1)	45 (8.5)
Asthma	27 (5.1)	59 (11.1)
Bronchitis	25 (4.7)	33 (6.2)
Bronchitis bacterial	24 (4.5)	17 (3.2)
Hypertension	23 (4.4)	22 (4.1)
Urinary tract infection	22 (4.2)	22 (4.1)
Back pain	21 (4.0)	15 (2.8)
Arthralgia	20 (3.8)	13 (2.4)
Influenza-like illness	19 (3.6)	22 (4.1)
Sinusitis	19 (3.6)	40 (7.5)
Pharyngitis	17 (3.2)	15 (2.8)
Gastroenteritis	17 (3.2)	16 (3.0)
Viral upper respiratory tract infection	17 (3.2)	14 (2.6)
Rhinitis allergic	16 (3.0)	17 (3.2)
Rhinitis	14 (2.7)	17 (3.2)

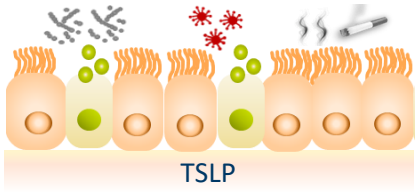
AE = Adverse Event; Q4W = Every 4 Weeks

1. Menzies-Gow A, Corren J, Bourdin A et al.; Tezepelumab in Adults and Adolescents with Severe, Uncontrolled Asthma article and Supplement; N Engl J Med. 2021;384:1800–1809;

SUMMARY

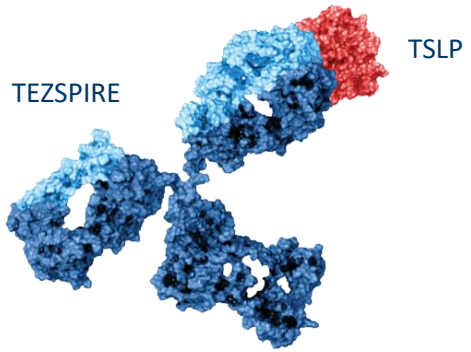
Severe Asthma and the Role of TSLP

- Severe asthma is a complex and heterogeneous disease[1]
- TSLP is an epithelial cytokine, released in response to a variety of triggers, that drives airway inflammation and airway hyperresponsiveness[2]



First-in-Class Mechanism of Action

- Tezepelumab target TSLP, at the top of the cascade, reducing multiple drivers of airway inflammation and airway hyperresponsiveness[2–7]



TEZSPIRE bound to TSLP

Efficacy and Safety Profile

- Tezepelumab treats across phenotypes and irrespective of biomarker levels[5,6]
  - Significant reduction in exacerbations and exacerbation related hospitalisations [5,6]
  - Early improvement in lung function, asthma control and quality of life[5,6]
  - No clinically meaningful differences in adverse events versus placebo[5,6]

1Global Initiative for Asthma (GINA);2022(cited 2023 Jan 11; https://ginasthma.org/gina-reports; 2Menzies-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;21:268; 3. Gauvreau GM, O`Byrne PM, Boulet LP et al. Effects of an anti-TSLP antibody on allergen-induced asthmatic responses N Engl J Med. 2014;370:2102–2110; 4. Diver S, Khalfaovi L, Emson C et al. Effect of tezepelumab on airway inflammatory cells, remodelling, and hyperresponsiveness in patients with moderate-to-severe uncontrolled asthma (CASCADE): a double-blind, randomised, placebo-controlled, phase 2 trial Lancet Respir Med. 2021;9:1299–1312; 5. Menzies-Gow A, Corren J, Bourdin A et al.; Tezepelumab in Adults and Adolescents with Severe, Uncontrolled Asthma article and Supplement; N Engl J Med. 2021;384:1800–1809; 6. Corren J, Parnes JR, Wang L et al. Tezepelumab in Adults with Uncontrolled Asthma article inkl. Supplement;N Engl J Med. 2017;377:936–946 7. Gauvreau GM, Sehmi R, Ambrose CS et al. Thymic stromal lymphopoietin: its role and potential as a therapeutic target in asthma; Expert Opin Ther Targets. 2020;24:777–792

▼TEZSPIRE (tezepelumab) - viktig informasjon (utvalg)

Indikasjon: Tezspire er indisert som tillegg til vedlikeholdsbehandling hos voksne og ungdom i alderen 12 år og eldre med alvorlig astma som er utilstrekkelig kontrollert til tross for høye doser inhalasjonskortikosteroider i tillegg til et annet legemiddel for vedlikeholdsbehandling.

Dosering: Anbefalt dose: 210 mg s.c. hver 4. uke. Tezspire er til langtidsbehandling. Minst 1 gang årlig bør det vurderes om behandlingen skal fortsette, basert på nivået av astmakontroll. Ved glemt dose, skal denne administreres så fort som mulig. Deretter kan doseringen gjenopptas på neste planlagte administrasjonsdag. Dersom det allerede er tid for neste dose, skal den administreres som planlagt. Dobbel dose skal ikke administreres. Behandling skal initieres av lege med erfaring med diagnostisering og behandling av alvorlig astma.

Vanlige bivirkninger: Faryngitt, utslett, artralgi, reaksjon på injeksjonsstedet.

Forsiktighetsregler: Skal ikke brukes til å behandle akutte astmaeksaserbasjoner. Astmarelaterte symptomer eller eksaserbasjoner kan oppstå. Pasienten bør instrueres om å oppsøke lege hvis astmaen forblir ukontrollert eller forverres. Brå seponering av kortikosteroider etter behandlingsoppstart anbefales ikke. Eventuell dosereduksjon av kortikosteroid bør skje gradvis under legeoppsyn. Overfølsomhetsreaksjon/anafylaksi kan oppstå innen noen timer, men også noen dager, etter administrering. Anamnese med anafylaksi (ikke relatert til Tezspire) kan være en risikofaktor.Pasienter skal overvåkes i passende tid etter administrering. Alvorlige infeksjoner bør behandles før oppstart av behandling. Ved utvikling av alvorlig infeksjon under behandling, bør behandlingen seponeres inntil denne er over. Pasienten skal informeres om å oppsøke øyeblikkelig legehjelp ved tegn/symptomer på kardiovaskulær hendelse. Ved utvikling av alvorlig kardiovaskulær hendelse bør behandlingen seponeres inntil den akutte hendelsen er stabilisert. Helmintinfeksjon bør behandles før behandlingsoppstart. Hvis pasienten smittes under behandling og ikke responderer på antihelmintika, skal Tezspire seponeres til infeksjonen går over. Levende, svekkede vaksiner skal unngås. Graviditet og amming: Bruk under graviditet bør unngås med mindre forventet nytte for den gravide oppveier mulig risiko for fosteret. Risiko for nyfødte som ammes de første dagene etter fødsel kan ikke utelukkes. Basert på fordel av amming for barnet/fordel av behandling for mor må det tas en beslutning om Tezspire skal avsluttes/avstås fra i denne perioden.

Pakninger og priser: Injeksjonsvæske, oppløsning i ferdigfylt penn (210 mg): 1 stk: kr. : 15 053,40
Injeksjonsvæske, oppløsning i ferdigfylt sprøyte (210 mg): 1 stk. kr. : 15 053,40

Reseptgruppe: C. Refusjon: H-resept.

Refusjonsberettiget bruk: Der det er utarbeidet nasjonale handlingsprogrammet/nasjonal faglig retningslinje og/eller anbefalinger fra RHF/LIS spesialistgruppe skal rekvirering gjøres i tråd med disse. Vilkår: 216 Refusjon ytes kun etter resept fra sykehuslege eller avtalespesialist. Anbud alvorlig astma. **Behandlingen kan tas i bruk fra oppstart av neste avtaleperiode, tentativt 01.09.2024..**

Beslutning i Beslutningsforum for nye metoder (18.03.2024)
Tezepelumab (Tezspire) innføres som tillegg til vedlikeholdsbehandling ved alvorlig astma med eosinofili hos voksne og ungdom i alderen 12 år og eldre som er utilstrekkelig kontrollert til tross for høye doser inhalasjonskortikosteroider i tillegg til et annet legemiddel for vedlikeholdsbehandling.

For fullstendig informasjon, les TEZSPIRE SPC på www.felleskatalogen.no NO-12027-03-2024-TEZ

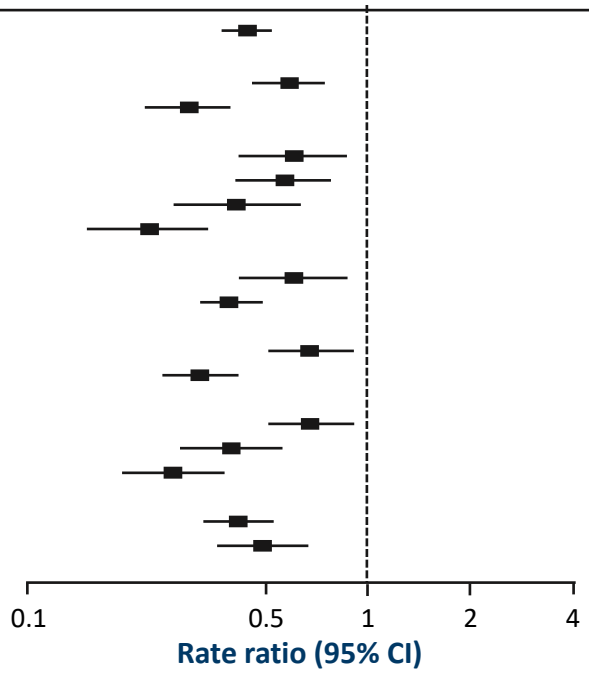
EKSTRA

Tezepelumab Reduced Exacerbations across a broad range of inflammatory profiles[1]

NAVIGATOR[1]

Annualised Asthma Exacerbation Rate (over 52 Weeks) According to Baseline Biomarkers

	TEZSPIRE 210 mg Q4W, n/Estimate	Placebo, n/Estimate	Rate Ratio (95% CI)
Overall	528/0.93	531/2.10	0.44 (0.37–0.53)
Eos at baseline (cells/µL)			
<300	309/1.02	309/1.73	0.59 (0.46–0.75)
≥300	219/0.79	222/2.66	0.30 (0.22–0.40)
Eos at baseline (cells/µL)			
<150	138/1.04	138/1.70	0.61 (0.42–0.88)
150–<300	171/1.00	171/1.75	0.57 (0.41–0.79)
300–<450	99/0.92	95/2.22	0.41 (0.27–0.64)
≥450	120/0.68	127/3.00	0.23 (0.15–0.34)
Eos at baseline (cells/µL)			
<150	138/1.04	138/1.70	0.61 (0.42–0.88)
≥150	390/0.89	393/2.24	0.39 (0.32–0.49)
FeNO at baseline (ppb)			
<25	213/1.07	220/1.57	0.68 (0.51–0.92)
≥25	309/0.82	307/2.52	0.32 (0.25–0.42)
FeNO at baseline (ppb)			
<25	213/1.07	220/1.56	0.68 (0.51–0.92)
25–<50	158/0.87	151/2.20	0.40 (0.28–0.56)
≥50	151/0.75	156/2.83	0.27 (0.19–0.38)
Baseline perennial-specific IgE status (FEIA)			
Specific IgE to perennial aeroallergens positive	339/0.85	341/2.03	0.42 (0.33–0.53)
Specific IgE to perennial aeroallergens negative	184/1.09	177/2.21	0.49 (0.36–0.67)



CI = Confidence Interval; Eos = Eosinophils; FEIA = Fluorescence Enzyme Immunoassay; FeNO = Fractional Exhaled Nitric Oxide; IgE = Immunoglobulin E; Ppb = Parts per Billion; Q4W = Every 4 Weeks

1. Menzies-Gow A, Corren J, Bourdin A et al.; Tezepelumab in Adults and Adolescents with Severe, Uncontrolled Asthma article and Supplement; N Engl J Med. 2021;384:1800–1809;