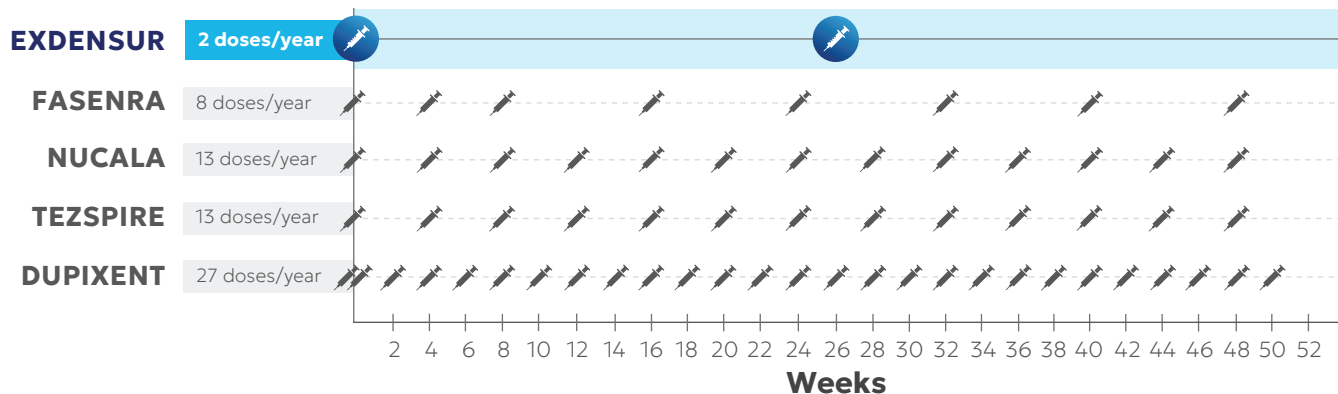


The first and only **ultra-long-acting** asthma biologic with just 2 doses per year*

*1 dose every 6 months.

EXDENSUR offers the fewest injections per year of any asthma biologic¹⁻⁵

Select asthma biologics
(first year of treatment
in patients aged ≥12 years)



No comparative efficacy or safety conclusions can be drawn from this information.

The recommended dose of EXDENSUR is 100 mg subcutaneous injection given in-office via a single-dose prefilled syringe once every 6 months.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions

Hypersensitivity reactions, including anaphylaxis, can occur following administration of EXDENSUR. If a hypersensitivity reaction occurs, discontinue EXDENSUR and initiate appropriate therapy.

Please see additional Important Safety Information and full **Prescribing Information**, including **Patient Information**, for EXDENSUR at [ExdensurHCP.com](https://www.exdensurhcp.com).

IMPORTANT SAFETY INFORMATION (cont'd)

Acute Asthma Symptoms or Deteriorating Disease

EXDENSUR should not be used to treat acute asthma symptoms or acute exacerbations.

Risk Associated with Abrupt Reduction of Corticosteroid Dosage

Upon initiation of EXDENSUR therapy, do not abruptly discontinue systemic or inhaled corticosteroids. Reductions in corticosteroid dose, if appropriate, should be gradual and under the supervision of a healthcare provider. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy.

Parasitic (Helminth) Infection

Patients with pre-existing helminth infections should be treated for their infection prior to initiation of EXDENSUR therapy. If patients become infected while receiving EXDENSUR and do not respond to anti-helminth treatment, discontinue EXDENSUR until the infection resolves.

ADVERSE REACTIONS

In patients receiving EXDENSUR, the most common adverse reactions ($\geq 4\%$) were upper respiratory tract infection, allergic rhinitis, influenza, arthralgia, and pharyngitis. Injection site reactions have also occurred.

USE IN SPECIFIC POPULATIONS

The data in pregnant women are insufficient to identify a drug-associated risk of major birth defects, miscarriage, or other adverse maternal or fetal outcomes. Transport of endogenous IgG antibodies and monoclonal antibodies, such as depemokimab-ulaa, across the placenta increases as pregnancy progresses and peaks during the third trimester.

EXDENSUR can cross the placenta during pregnancy and the presence of the YTE modification may prolong and increase exposure to the infant exposed in utero. The impact of transmission to the fetus should be considered. Pregnant women exposed to EXDENSUR, or their healthcare providers, should report EXDENSUR exposure by calling 1-888-825-5249.

To report SUSPECTED ADVERSE REACTIONS, contact GSK at gsk.public.reportum.com or 1-888-825-5249 or the FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

Please see additional Important Safety Information and full Prescribing Information, including Patient Information, for EXDENSUR at ExdensurHCP.com.

References: 1. Fasenna. Prescribing Information. AstraZeneca Pharmaceuticals, LP; 2024. 2. Tezspire. Prescribing Information. Amgen Inc.; 2025. 3. Dupixent. Prescribing Information. Regeneron Pharmaceuticals, Inc.; 2026. 4. Cinqair. Prescribing Information. Teva Respiratory LLC; 2020. 5. Xolair. Prescribing Information. Genentech, Inc.; 2024.

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