INDICATION

EXDENSUR is indicated for the add-on maintenance treatment of severe asthma, characterized by an eosinophilic phenotype, in adult and pediatric patients aged 12 years and older. EXDENSUR is not indicated for the relief of acute bronchospasm or status asthmaticus.

EXDENSUR (depemokimab-ulaa) injection 100 mg

GETTING STARTED WITH EXDENSUR

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

*1 dose every 6 months.

For in-office administration via a single-dose prefilled syringe for 100 mg subcutaneous (SC) injection

Not actual size

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 throughout and full Prescribing Information, including Patient Information, for EXDENSUR at ExdensurHCP.com.

About EXDENSUR

2 DOSES PER YEAR

EXDENSUR is for in-office administration via a single-dose prefilled syringe. The recommended dosage is 100 mg once every 6 months administered by subcutaneous (SC) injection into the upper arm, thigh, or abdomen, avoiding 2 inches (5 cm) around the navel.

There are no weight-based dose adjustments or loading dose(s) required for EXDENSUR.

- Each dose can be given during regularly scheduled appointments

For additional information on administration of EXDENSUR, please see Dosage and Administration in the EXDENSUR Prescribing Information.

MISSED DOSES

If a dose is missed, **administer the missed dose as soon as possible** and resume the once-every-6-months injection schedule from the date of when the missed dose was given.

IMPORTANT SAFETY INFORMATION (cont'd)

Acute Asthma Symptoms or Deteriorating Disease
EXDENSUR should not be used to treat acute asthma symptoms or acute exacerbations.

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

EXDENSUR (depemokimab-ulaa) injection 100 mg

Before using EXDENSUR

For additional information, please see Dosage and Administration in the EXDENSUR Prescribing Information.

EXDENSUR should be administered by a healthcare professional.

Do not use the EXDENSUR syringe if:

- It has been dropped or damaged
- The security seal on the carton has been broken
- It has been left out of the carton for more than 8 hours
- The product exhibits discoloration, cloudiness, or particulate matter

STORING AND HANDLING THE EXDENSUR SYRINGE

Each carton of EXDENSUR [(NDC 0173-0927-42)] contains 1 single-dose, 100 mg/mL, prefilled syringe with an attached 29-gauge, half-inch needle with a needle guard.

Syringe stored in the carton

- Store EXDENSUR in a refrigerator between 36°F and 46°F (2°C and 8°C) in the original carton to protect from light
- Do not shake the EXDENSUR syringe, expose the syringe to heat, freeze the EXDENSUR syringe
- EXDENSUR can be removed from the refrigerator and kept in the unopened carton, protected from light, for up to 7 days at room temperature up to 86°F (30°C). Discard if left out of the refrigerator for more than 7 days

Syringe removed from the carton

- EXDENSUR must be administered within 8 hours once removed from the carton. Discard if not administered within 8 hours

IMPORTANT SAFETY INFORMATION (cont'd)

Risk Associated with Abrupt Reduction of Corticosteroid Dosage

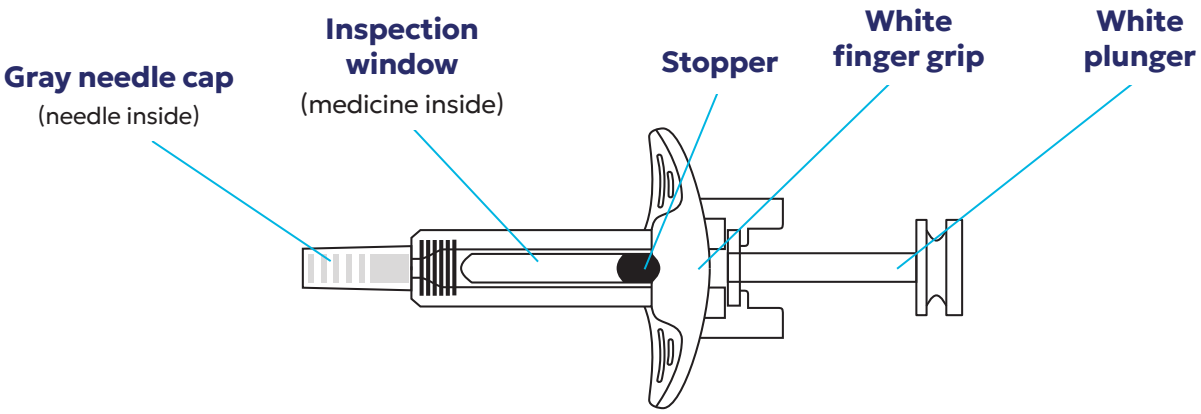
Upon initiation of EXDENSUR therapy, do not abruptly discontinue systemic or inhaled corticosteroids. Reductions in corticosteroid dose, if appropriate, should be gradual and under the supervision of a healthcare provider. Reduction in corticosteroid dose may be associated with systemic withdrawal symptoms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

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

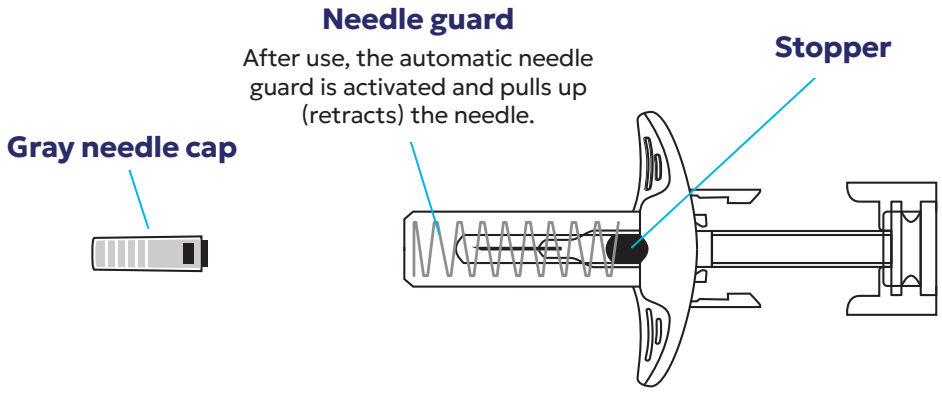
EXDENSUR
(depemokimab-ulaa)
injection 100 mg

Getting to know the EXDENSUR syringe

Before Use:



After Use:



IMPORTANT SAFETY INFORMATION (cont'd)

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.

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

EXDENSUR
(depemokimab-ulaa)
injection 100 mg

Preparation instructions

EXDENSUR should be administered by a healthcare professional. Refer to the Dosage and Administration section within the Prescribing Information for complete administration instructions of EXDENSUR injection prior to use.

Preparation Instructions

1. Remove the prefilled syringe from the refrigerator. Holding the middle of the prefilled syringe, take it out from the tray and allow it to sit at room temperature for 30 minutes prior to injection. Do not warm EXDENSUR injection in any other way. Do not remove the needle cap until you are ready to inject. Do not use the syringe if it has been left out of the carton for more than 8 hours.
2. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration whenever solution and container permit. EXDENSUR should be colorless to yellow to brown, clear to opalescent in color. Do not use EXDENSUR if the product exhibits discoloration, cloudiness, or particulate matter. It is normal to see an air bubble. Do not expel the air bubble prior to administration. Do not shake the device.
3. Choose the injection site. Administer the injection into upper arm, thigh, or abdomen, avoiding the 2 inches (5 cm) around the navel. Do not give injections into areas where the skin is tender, bruised, red, or hard.

IMPORTANT SAFETY INFORMATION (cont'd)

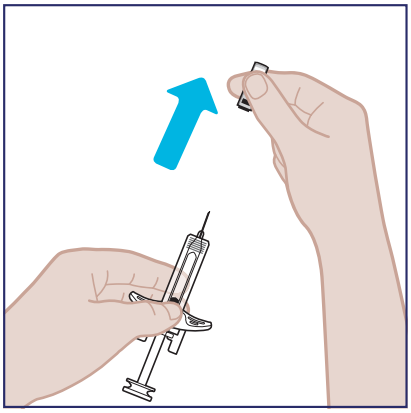
ADVERSE REACTIONS

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

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

EXDENSUR
(depemokimab-ulaa)
injection 100 mg

Administration instructions

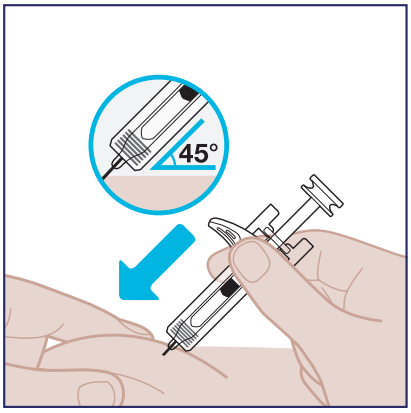


1. Pull Off the Gray Needle Cap

Remove the gray needle cap from the syringe by pulling it straight off, away from the needle.

Do not handle the syringe by the white plunger while removing the gray needle cap.

Do not put the gray needle cap back onto the syringe. Inject within 5 minutes after removing the gray needle cap.



2. Position the Syringe at the Injection Site

Use your free hand to gently pinch the skin around the cleaned injection site.

Do not handle the syringe by the white plunger while inserting the needle into the pinched skin. Hold the middle of the syringe and insert the entire needle into the pinched skin at a 45 degree angle, as shown.

IMPORTANT SAFETY INFORMATION (cont'd)

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.

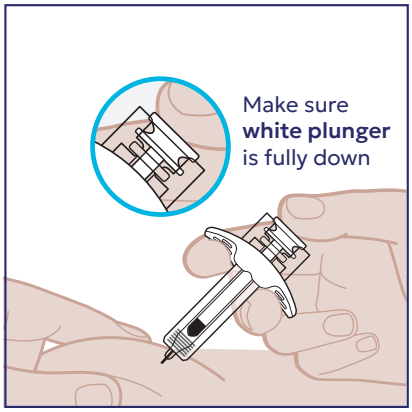
EXDENSUR can cross the placenta during pregnancy and the presence of the YTE modification may prolong and increase exposure to the infant exposed in utero. The impact of transmission to the fetus should be considered. Pregnant women exposed to EXDENSUR, or their healthcare providers, should report EXDENSUR 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 throughout and full Prescribing Information, including Patient Information, for EXDENSUR at ExdensurHCP.com.

EXDENSUR
(depemokimab-ulaa)
injection 100 mg

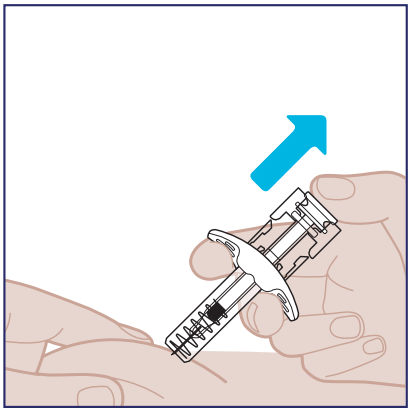
Administration instructions (cont'd)



3. Start the Injection and Fully Press the White Plunger

Slowly push down on the white plunger with your thumb to inject the full dose.

Make sure the white plunger is pushed all the way down until the stopper reaches the bottom of the syringe and all of the medication is injected.



4. Slowly Lift Thumb After Injection Completes

Slowly lift your thumb up. This will allow the white plunger to come up and the needle to automatically pull up (retract) into the needle guard.

After removing the syringe from the injection site, release the pinched skin.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

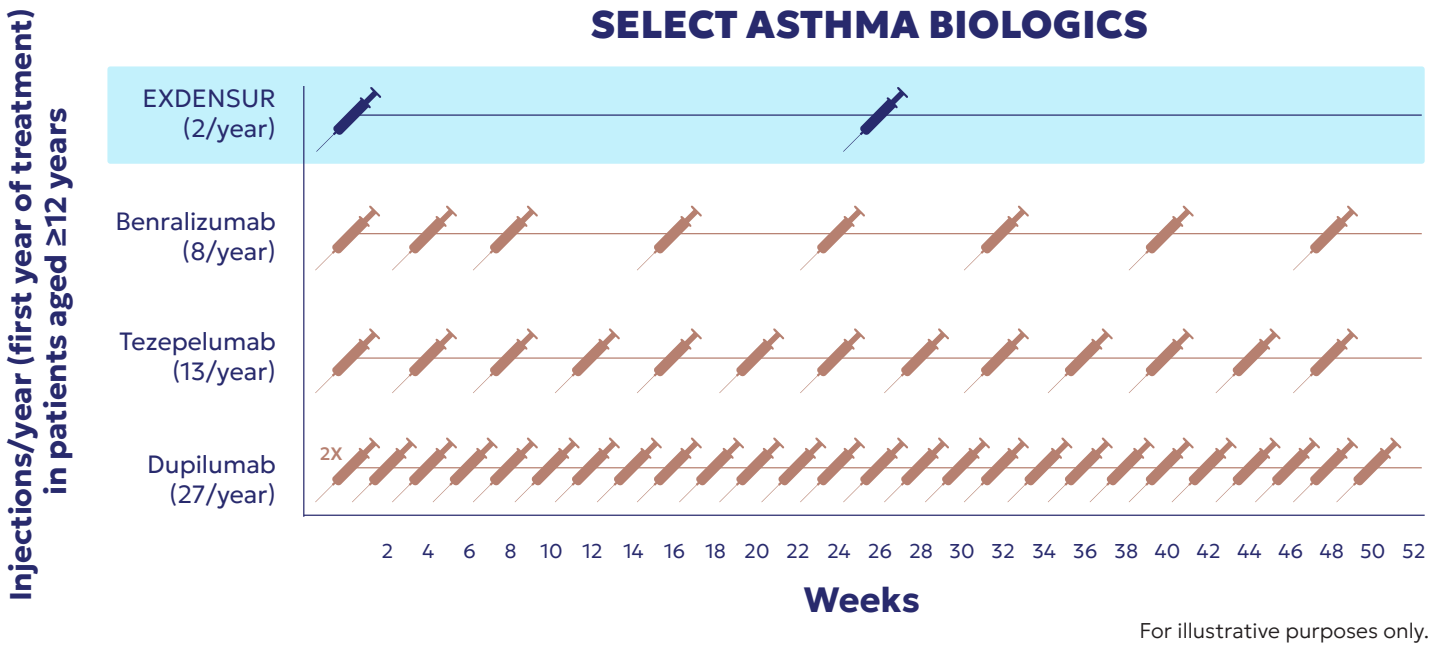
Hypersensitivity Reactions
Hypersensitivity reactions, including anaphylaxis, can occur following administration of EXDENSUR. If a hypersensitivity reaction occurs, discontinue EXDENSUR and initiate appropriate therapy.

Acute Asthma Symptoms or Deteriorating Disease
EXDENSUR should not be used to treat acute asthma symptoms or acute exacerbations.

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

EXDENSUR
(depemokimab-ulaa)
injection 100 mg

EXDENSUR offers the fewest injections per year of any asthma biologic, with just 1 dose every 6 months[1-6]



For illustrative purposes only.

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

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

IMPORTANT SAFETY INFORMATION (cont'd)

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.

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

EXDENSUR
(depemokimab-ulaa)
injection 100 mg

Safety evaluated across two phase 3, 52-week trials in >750 patients: SWIFT-1 and SWIFT-2[7]

ADVERSE REACTIONS WITH EXDENSUR WITH AN INCIDENCE OF ≥4% AND MORE COMMON THAN PLACEBO

ADVERSE EVENT	EXDENSUR (N=501) n (%)	Placebo (N=261) n (%)
Upper respiratory tract infection	**46 (9)**	20 (8)
Allergic rhinitis	**29 (6)**	7 (3)
Influenza	**24 (5)**	11 (4)
Arthralgia	**19 (4)**	8 (3)
Pharyngitis	**18 (4)**	3 (1)

Injection site reactions (eg, erythema, swelling, or itching): 7 (1%) EXDENSUR, 2 (<1%) placebo.

IMPORTANT SAFETY INFORMATION (cont'd)

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 (≥4%) were upper respiratory tract infection, allergic rhinitis, influenza, arthralgia, and pharyngitis. Injection site reactions have also occurred.

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

EXDENSUR (depemokimab-ulaa) injection 100 mg

Programs and support for your prescribed patients

together with | EXDENSUR (depemokimab-ulaa) injection 100 mg

Together with EXDENSUR is your trusted resource to keep your patients on track. We advance care by providing access, affordability, and meaningful support every step of the way.

PAY AS LITTLE AS $0* FOR EXDENSUR

Eligible, commercially insured patients may pay as little as $0* for EXDENSUR

The EXDENSUR Copay Program helps eligible commercially insured patients with their eligible out-of-pocket costs* for EXDENSUR.

The EXDENSUR Copay Program can provide assistance to eligible patients for their portion of administration fees **up to $100 per administration**, which counts towards the annual copay program maximum.

*Program annual maximums apply. Eligibility for the EXDENSUR Copay Program must be determined by the GSK Copay Program. Visit **ExdensurCopayProgram.com** for information about eligibility and full program terms and conditions.

Visit **TogetherwithGSK.com/exdensur/hcp/enroll** to enroll your patients.

Need Help?

If you have any questions about the syringe, go to **ExdensurHCP.com** or call **1-833-EXDENSUR**

Click here for helpful resources for you and your patients.

IMPORTANT SAFETY INFORMATION (cont'd)

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 throughout and full Prescribing Information, including Patient Information, for EXDENSUR at ExdensurHCP.com.

References: 1. Fasenra [Prescribing Information]. Wilmington, DE: AstraZeneca Pharmaceuticals, LP; 2024. **2.** Tezspire [Prescribing Information]. Thousand Oaks, CA: Amgen Inc; 2025. **3.** Dupixent [Prescribing Information]. Tarrytown, NY: Regeneron Pharmaceuticals, Inc; 2025. **4.** Cinqair [Prescribing Information]. West Chester, PA: Teva Respiratory LLC; 2020. **5.** Xolair [Prescribing Information]. San Francisco, CA: Genentech, Inc.; 2024. **6.** Singh D, Fuhr R, Bird NP, et al. A phase 1 study of the long-acting anti-IL-5 monoclonal antibody GSK3511294 in patients with asthma. *Br J Clin Pharmacol*. 2022;88(2):702-712. **7.** Jackson DJ, Wechsler ME, Jackson DJ, et al. Twice-yearly depemokimab in severe asthma with an eosinophilic phenotype. *N Engl J Med*. 2024;391(24):2337-2349. doi:10.1056/NEJMoa2406673

PMUS-DEPELBND250005 December 2025
Produced in USA. 0002-0043-65

EXDENSUR (depemokimab-ulaa) | GSK