Gvoke HypoPen® (glucagon injection)

Establish Gvoke HypoPen® as a standard of care in your facility

- Simple 2-step administration[2]
- Anyone can administer[1,2]
- Needle guard to prevent accidental needle sticks[1]
- Proven to work[1]
- 30-month shelf life[1]
- Widely covered on Medicare

"**Optimizing cost-effective approaches** to treat older adults with diabetes safely will provide an improved outcome to morbidity and mortality along with decreasing the economic burden."[3]

For the treatment of severe hypoglycemia in adult and pediatric patients ages 2 and above.[1]
Please see Important Safety Information and full Prescribing Information on back page.

INDICATION AND IMPORTANT SAFETY INFORMATION

GVOKE is indicated for the treatment of severe hypoglycemia in adult and pediatric patients with diabetes ages 2 years and above.

IMPORTANT SAFETY INFORMATION

Contraindications
GVOKE is contraindicated in patients with pheochromocytoma because of the risk of substantial increase in blood pressure, insulinoma because of the risk of hypoglycemia, and known hypersensitivity to glucagon or to any of the excipients in GVOKE. Allergic reactions have been reported with glucagon and include anaphylactic shock with breathing difficulties and hypotension.

Warnings and Precautions
GVOKE is contraindicated in patients with pheochromocytoma because glucagon may stimulate the release of catecholamines from the tumor. If the patient develops a dramatic increase in blood pressure and a previously undiagnosed pheochromocytoma is suspected, 5 to 10 mg of phentolamine mesylate, administered intravenously, has been shown to be effective in lowering blood pressure.

In patients with insulinoma, administration of glucagon may produce an initial increase in blood glucose; however, GVOKE administration may directly or indirectly (through an initial rise in blood glucose) stimulate exaggerated insulin release from an insulinoma and cause hypoglycemia. GVOKE is contraindicated in patients with insulinoma. If a patient develops symptoms of hypoglycemia after a dose of GVOKE, give glucose orally or intravenously.

Allergic reactions have been reported with glucagon. These include generalized rash, and in some cases, anaphylactic shock with breathing difficulties and hypotension.

GVOKE is contraindicated in patients with a prior hypersensitivity reaction. GVOKE is effective in treating hypoglycemia only if sufficient hepatic glycogen is present. Patients in states of starvation, with adrenal insufficiency or chronic hypoglycemia, may not have adequate levels of hepatic glycogen for GVOKE administration to be effective. Patients with these conditions should be treated with glucose Necrolytic migratory erythema (NME), a skin rash commonly associated with glucagonomas (glucagon-producing tumors) and characterized by scaly, pruritic erythematous plaques, bullae, and erosions, has been reported postmarketing following continuous glucagon infusion. NME lesions may affect the face, groin, perineum and legs or be more widespread. In the reported cases NME resolved with discontinuation of the glucagon, and treatment with corticosteroids was not effective. Should NME occur, consider whether the benefits of continuous glucagon infusion outweigh the risks.

Adverse Reactions
Most common (≥5%) adverse reactions associated with GVOKE are nausea, vomiting, injection site edema (raised 1 mm or greater), and hypoglycemia. Drug Interactions Patients taking beta-blockers may have a transient increase in pulse and blood pressure when given GVOKE. In patients taking indomethacin, GVOKE may lose its ability to raise blood glucose or may even produce hypoglycemia. GVOKE may increase the anticoagulant effect of warfarin. Please see the Full Prescribing Information for Gvoke at: www.gvokeglucagon.com/pdf/gvoke-prescribing- information.pdf

1. Gvoke®. Package insert. Xeris Pharmaceuticals Inc; 2021.
2. Valentine V et al. Diabetes Technol Ther. 2019;21(9):522-530.
3. Idrees T, Castro-Revoredo IA, Migdal AL, et al Update on the management of diabetes in long-term care facilities BMJ Open Diabetes Research and Care 2022;10:e002705. doi: 10.1136/bmjdrc-2021-002705

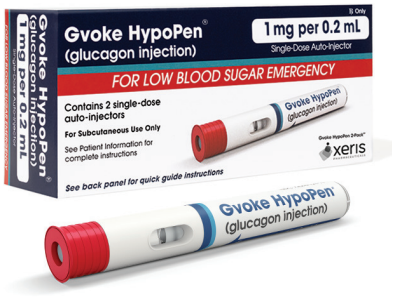
Gvoke HypoPen® (glucagon injection)

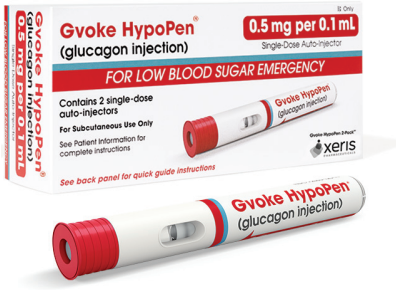
Gvoke® PFS (glucagon injection) PRE-FILLED SYRINGE

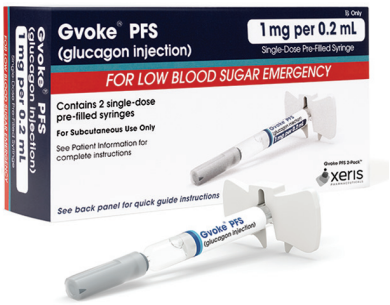
Gvoke® Kit (glucagon injection)

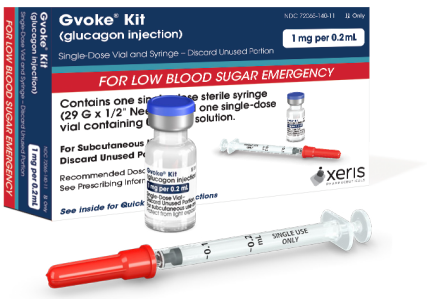
Ready the moment your patients need it.

Ready-to-use glucagon with flexible options to treat severe hypoglycemia.[1]









Gvoke offers:

- **Multiple dosing options and devices[1]**

Name	Dose	Unit of Measure	NDC	Administration	Units per Package Size
Gvoke HypoPen 2-Pack™	0.5 mg per 0.1 mL	mL	72065-0120-12	Autoinjector	2
Gvoke HypoPen 1-Pack™	1 mg per 0.2 mL	mL	72065-0121-11	Autoinjector	1
Gvoke HypoPen 2-Pack™	1 mg per 0.2 mL	mL	72065-0121-12	Autoinjector	2
Gvoke PFS 1-Pack™	1 mg per 0.2 mL	mL	72065-0131-11	Pre-Filled Syringe	1
Gvoke PFS 2-Pack™	1 mg per 0.2 mL	mL	72065-0131-12	Pre-Filled Syringe	2
Gvoke Kit	1 mg per 0.2 mL	mL each	72065-0140-11	Vial and Syringe	1

Recommended dosing[1]:

– 0.5 mg/0.1 mL for patients 2-12 years and who weigh <100 lbs

– 1 mg/0.2 mL for patients ≥12 years or children <12 who weigh ≥100 lbs

- **Room temperature storage (68°F - 77°F)[1]**
- **Up to 30-month room temperature stability from date of manufacture[1]***

Please contact your Gvoke representative if Gvoke HypoPen, Gvoke PFS, or Gvoke Kit are not available in your system.

xeris® PHARMACEUTICALS

See Important Safety Information on last page

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Please see the Full Prescribing Information for Gvoke in pocket.

References:

1. Gvoke [prescribing information]. Chicago, IL; Xeris Pharmaceuticals, Inc.; 2023.

* 1 mg/0.2 mL adult dose shelf life of 30 months from date of manufacture at room temperature 68° to 77°F (20° to 25°C). 0.5 mg/0.1 mL pediatric dose shelf life of 24 months from date of manufacture at room temperature.