GVOKE HypoPen® (glucagon injection)

Be ready to handle severe low blood sugar

- Simple 2-step administration[1,2]
- Dedicated LTC support team
- Needle guard technology[1]
- Proven to work[3*]
- 30-month shelf life[4†]
- Widely covered on Medicare

Please contact your Gvoke® Long-Term Care Specialist for more information.
LTCsupport@xerispharma.com

* In a pooled analysis of 2 clinical studies in adults (n=154), 99% achieved treatment success with treatment success defined as plasma glucose increase from mean value (< 50 mg/dL) at time of glucagon administration to absolute value greater than 70 mg/dL or relative increase of 20 mg/dL or greater from baseline.

† 30-month shelf-life from date of manufacture applies to 1 mg strength when stored according to labeled storage conditions.

INDICATION

GVOKE (glucagon) is an antihypoglycemic agent indicated for subcutaneous use for the treatment of severe hypoglycemia in adult and pediatric patients aged 2 years and older with diabetes.

IMPORTANT SAFETY INFORMATION

GVOKE is contraindicated in patients with:

- Pheochromocytoma because of the risk of substantial increase in blood pressure
- Insulinoma because of the risk of hypoglycemia
- Prior hypersensitivity reaction to glucagon or to any of the excipients. Serious hypersensitivity reactions have been reported with glucagon, including generalized rash, and anaphylactic shock with breathing difficulties and hypotension

Please see Important Safety Information on next page and full Prescribing Information for GVOKE®.

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- GVOKE may stimulate the release of catecholamines from the tumor. If patient develops a substantial increase in blood pressure and a previously undiagnosed pheochromocytoma is suspected, 5 to 10 mg of phentolamine mesylate 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, administration may stimulate exaggerated insulin release from an insulinoma and cause hypoglycemia. If a patient develops symptoms of hypoglycemia after a dose of GVOKE, give glucose orally or intravenously
- Patients with insufficient hepatic stores of glycogen may not respond to GVOKE for treatment of severe hypoglycemia. Insufficient hepatic stores of glycogen may be present in conditions such as states of starvation, or in patients with adrenal insufficiency or chronic hypoglycemia
- A skin rash called necrolytic migratory erythema (NME), has been reported post-marketing following continuous glucagon infusion and resolved with discontinuation of the glucagon. GVOKE is not approved for continuous infusion. Should NME occur, consider whether the benefits of continuous glucagon infusion outweigh the risks
- Most common adverse reactions reported in adult patients were nausea, vomiting, injection site edema raised 1 mm or greater, and headache
- Most common adverse reactions reported in pediatric patients were nausea, hypoglycemia, vomiting, headache, abdominal pain, hyperglycemia, injection site discomfort and reaction, and urticaria
- Patients taking concomitant beta-blockers may have a transient increase in pulse and blood pressure. In patients taking concomitant indomethacin, GVOKE may lose its ability to raise glucose or may produce hypoglycemia. GVOKE may increase the anticoagulant effect of warfarin

Please see full Prescribing Information for GVOKE®.

References: 1. Gvoke HypoPen [instructions for use]. Chicago, IL: Xeris Pharmaceuticals, Inc. **2.** Valentine V, Newswanger B, Prestrelski S, Andre AD, Garibaldi M. Human factors usability and validation studies of a glucagon autoinjector in a simulated severe hypoglycemia rescue situation. *Diabetes Technol Ther.* 2019;21(9):522-530. doi:10.1089/dia.2019.0148 **3.** Gvoke [prescribing information]. Chicago, IL: Xeris Pharmaceuticals, Inc. **4.** Data on file. Xeris Pharmaceuticals, Inc.