



## Do All Your Patients Who Use Insulin or Secretagogues Have A Safety Net?



**Discover Gvoke HypoPen®**  
the ready-to-use rescue pen that  
anyone can use<sup>1</sup> with confidence.

Please see Important Safety Information throughout and click for [Full Prescribing Information](#)



## Hypoglycemia is Common, Costly, Life Threatening<sup>2</sup>



There were **202,000 emergency department visits** for hypoglycemia in 2020, with ~25% being admitted to the hospital.<sup>3\*</sup>



There were **\$1.6 billion in annual costs** from hypoglycemia-related hospitalizations with an average cost per hospitalization of \$10,139.<sup>4†</sup>



Patients with Type 1 and Type 2 diabetes who experience severe hypoglycemia have a **threefold increased risk of death**.<sup>5,6,‡</sup>

\*Adults aged 18 years or older with diabetes as any listed diagnosis.

†Data from 2011

‡Compared to individuals who experienced no or mild hypoglycemia based on two studies.



## A Consensus Has Emerged Among Health Advocacy Organizations When It Comes to Hypoglycemia

### The American Diabetes Association and the Endocrine Society Advise:

- All patients taking insulin or secretagogues are at increased risk for developing hypoglycemia<sup>2,7</sup>
- All patients taking insulin or secretagogues should be prescribed ready-to-use glucagon<sup>2</sup>
- Ready-to-use glucagon formulations are preferred due to their intuitiveness and ease of administration,<sup>2</sup> resulting in a more rapid correction of hypoglycemia<sup>7</sup>



### Did you know?

Despite guideline recommendations, nearly 14 million adults at risk for hypoglycemia don't have ready-to-use glucagon in their toolkit.<sup>8</sup>



**Clinicians should routinely review their access to glucagon, as appropriate glucagon prescribing is very low in current practice.<sup>7</sup>**



The American Diabetes Association

## Hypoglycemia Is Unpredictable and Demands Quick Action

# Managing Blood Glucose Levels Is Challenging, and Regardless of the Effort Patients Put In, Things Don't Always Go According to Plan

Patients may find themselves in situations where:

- Correcting with food and drink isn't working
- They are unable to swallow safely
- They feel like passing out
- They pass out or have a seizure

**I used to think that I would be able to control every high and low myself, but the truth is that life happens, and many things are out of our control.**



**We can prepare all we want, but severe lows can happen and there's no way to predict when.**

Kenny, adult living with diabetes,  
Actual Gvoke HypoPen® patient

Patients need a safety net when  
it matters most: That's where  
Gvoke HypoPen® comes in.

### IMPORTANT SAFETY INFORMATION

#### 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.



# Gvoke HypoPen® Is the Ready-to-Use Rescue Pen That Anyone Can Use<sup>1</sup> With Confidence



## Ready-to-use

Premixed and ready to go at a moment's notice<sup>9</sup>



## Simple 2-step administration<sup>9</sup>

In a study with simulated emergency conditions, 99% of people used it correctly<sup>1</sup>

Patients can even administer in certain situations



## Works Quickly

Patients experienced initial blood glucose increases in less than 2 minutes<sup>8§</sup>



## Safe

Across clinical trials of Gvoke HypoPen, no serious or severe adverse events were seen<sup>10</sup>

The majority of adverse reactions were mild (81% in adults and 83% in pediatrics)<sup>8</sup>

*The most common adverse reactions in adults (N=154) were<sup>9</sup>: nausea (30%), vomiting (16%), injection site edema (7%), and headache (5%)*

WebMD  
Overall rating 5.0  
★★★★★



[See  
Reviews](#)



[Scan Here](#)



<sup>§</sup>Post hoc analysis in adults revealed the median time to initial blood glucose increase was less than 2 minutes. Estimations yielding times earlier than the initial post dose (PD) collection at 5 minutes assume an immediate increase from baseline and cannot account for a potentially delayed onset from time of injection to initial PD response.

### IMPORTANT SAFETY INFORMATION (Continued)

#### 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.



# Training Patients and Their Loved Ones How to Use Gvoke HypoPen® Is Straightforward

They can administer it in 2 simple steps<sup>9</sup>:

1



**Pull Red**

Remove the red cap.

2



**Push Yellow**

Push yellow end down onto the skin and hold for 5 seconds.

The window will turn red when the process is complete.

Gvoke HypoPen can be administered into the outer upper arm, lower abdomen, or outer thigh.<sup>9</sup>

Store in original sealed pouch until time of use.

[Watch Instructional Video](#)



 [Scan Here](#)

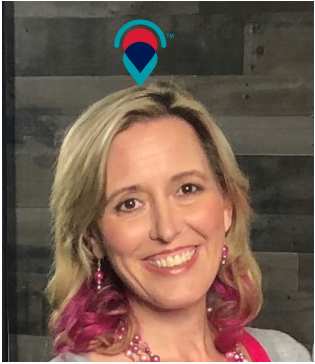


## IMPORTANT SAFETY INFORMATION (Continued)

### 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.

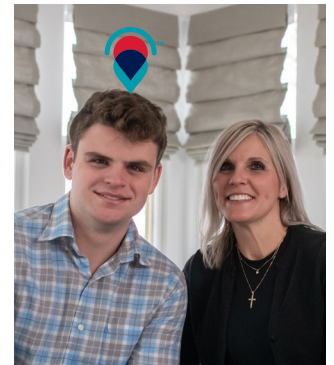
# What Are People Saying About Gvoke HypoPen®?



Alison, Adult living with diabetes, Actual Gvoke HypoPen patient

“Gvoke® was a win – win for us, because it comes premixed, and it is two steps. After my husband learned the two steps, I was confident he could administer Gvoke if I experienced another severe low.”

“The two-step process of taking the cap off and injecting it is something he can do and is able to explain this process to anyone that might need to administer it. I believe Tristan is fully capable of handling his lows at school now.”



Kimberly, Parent of child living with diabetes, Actual Gvoke HypoPen patient



Kenny, Adult living with diabetes, Actual Gvoke HypoPen patient

“Gvoke is an essential tool for me. Now I have it with me wherever I go. My wife knows where it is, and because Gvoke is two steps and comes ready to use, she feels confident in her ability to use it on me if she ever needed to.”

[See Patient Stories](#)



 [Scan Here](#)





# Protect Your Patients Taking Insulin or Secretagogues as Advised by the Guidelines<sup>2</sup>

## How to prescribe Gvoke HypoPen®:

### Product



#### Write for Gvoke HypoPen 2-Pack™

Patients should have Gvoke HypoPen available at all times, no matter where they are: home, school, work, and on the go

### Dose



#### Select the correct dose based on the age and weight of the patient

For patients between the ages of 2 and 11 who weigh less than 100 lbs

For patients aged 12 and older and children under 12 years of age who weigh  $\geq 100$  lbs



0.5 mg per 0.1 mL



1 mg per 0.2 mL

### Quantity



#### Choose correct quantity

Quantity below is based on selected dose of Gvoke HypoPen 2-Pack

Dose	Quantity
0.5 mg per 0.1 mL	0.2 mL
1 mg per 0.2 mL	0.4 mL

### Dispense as written



☒ Yes

Ensure that patients receive the correct medication

## Encourage your patients to pick up their prescription right away

### IMPORTANT SAFETY INFORMATION (Continued)


#### Warnings and Precautions

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.



# Patients Can Save on Gvoke HypoPen®

Eligible commercially insured patients may pay as little as \$25 with the Gvoke Copay Card.\*



**YOU MAY  
PAY AS  
LITTLE AS \$25\***

For Gvoke HypoPen® (glucagon injection), Gvoke® PFS (glucagon injection), or Gvoke® Kit.

Eligible commercially insured patients may pay as little as \$25 for Gvoke HypoPen® (glucagon injection), Gvoke® PFS (glucagon injection), or Gvoke® Kit. Per claim and annual maximum caps may apply. A valid Prescriber ID# is required on the prescription.  
\*Restrictions Apply

**Get Copay Card**



 Scan Here



A patient assistance program is available for those who need financial support.

For additional details, direct patients to call 1-877-myGvoke.

\*Offer not valid on prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state programs (such as medical assistance programs)

Patients and their loved ones need a safety net they can administer with confidence in the event of a severe hypoglycemia event.



## 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 ( $\geq 5\%$ ) 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 full [Prescribing Information](#) for Gvoke





## For more information or to contact a Gvoke Representative

 1-877-XERIS-37

Visit: [www.gvokeglucagon.com/hcp/contact-a-representative](http://www.gvokeglucagon.com/hcp/contact-a-representative)

**References:** **1.** 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. **2.** McCall AL, Lieb DC, Gianchandani R, et al. Management of individuals with diabetes at high risk for hypoglycemia: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2023;108(3):529-562. doi:10.1210/clinem/dgac596. **3.** Centers for Disease Control and Prevention. *National Diabetes Statistics Report.* Accessed January 31, 2024. <https://www.cdc.gov/diabetes/data/statistics-report/index.html>. **4.** Goyal RK, Sura SD, Mehta HB. Direct medical costs of hypoglycemia hospitalizations in the United States. *Value Health.* 2017;20(9):PA498. doi:10.1016/j.jval.2017.08.562. **5.** Zoungas S, et al. Severe Hypoglycemia and Risks of Vascular Events and Death. *N Engl J Med.* 2010;363(15):1410-1418. doi:10.1056/NEJMoa1003795. **6.** McCoy RG, et al. Increased mortality of patients with diabetes reporting severe hypoglycemia. *Diabetes Care.* 2012;35(9):1897-1901. doi:10.2337/dc11-2054. **7.** American Diabetes Association Professional Practice Committee. 6. Glycemic Goals and Hypoglycemia: Standards of Care in Diabetes—2024. *Diabetes Care.* 2024;47(Suppl 1):S111–S125. doi.org/10.2337/dc24-S006. **8.** Data on file. Xeris Pharmaceuticals, Inc. **9.** Gvoke [prescribing information]. Chicago, IL: Xeris Pharmaceuticals, Inc. **10.** Christiansen MP, Cummins M, Prestrelski S, Close NC, Nguyen A, Junaidi K. Comparison of a ready-to-use liquid glucagon injection administered by autoinjector to glucagon emergency kit for the symptomatic relief of severe hypoglycemia: two randomized crossover non-inferiority studies. *BMJ Open Diabetes Res Care.* 2021;9(1):e002137. doi:10.1136/bmjdr-2021-002137.

Gvoke®, Gvoke HypoPen®, Gvoke HypoPen 2-Pack™, the blood drop design, Xeris Pharmaceuticals®, and their associated logos are trademarks of Xeris Pharmaceuticals, Inc. Copyright ©2024 Xeris Pharmaceuticals, Inc. All rights reserved. US-GVKHP-24-00002 v2 4/24

