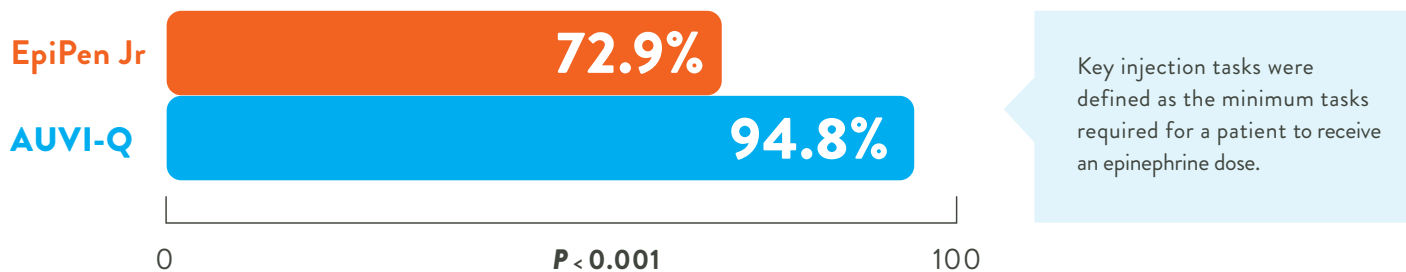


Study shows
**MORE UNTRAINED
ADULTS WOULD HAVE
SUCCESS USING AUVI-Q¹**
in a simulated administration of AUVI-Q and
EpiPen Jr[®] (epinephrine injection, USP).¹



In a randomized, cross-over usability study, untrained adults aged 18-65 years (N = 96) used 0.15 mg AUVI-Q and EpiPen Jr trainers to simulate epinephrine administration to a child-sized manikin.¹

SIGNIFICANTLY MORE ADULTS COMPLETED KEY INJECTION TASKS WITH AUVI-Q¹



As this was a simulated-use study, participants may not have experienced the same level of stress that they might experience during an actual allergic emergency.

The study concluded that untrained adults would have been more likely to use AUVI-Q correctly than EpiPen Jr, highlighting the importance of device design on successful epinephrine administration.

This study was conducted by kaleo, Inc.

Indication

AUVI-Q[®] (epinephrine injection, USP) is indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis to allergens, idiopathic and exercise-induced anaphylaxis. AUVI-Q is intended for patients with a history of anaphylactic reactions or who are at increased risk for anaphylaxis.

Important Safety Information

AUVI-Q is intended for immediate self-administration as emergency supportive therapy only and is not a substitute for immediate medical care. **In conjunction with the administration of epinephrine, the patient should seek immediate medical or hospital care.** Each AUVI-Q contains a single dose of epinephrine for single-use injection. More than two sequential doses of epinephrine should only be administered under direct medical supervision. Since the doses of epinephrine delivered from AUVI-Q are fixed, consider using other forms of injectable epinephrine if doses lower than 0.1 mg are deemed necessary.

Please see additional Important Safety Information on back page and enclosed full Prescribing Information and Patient Information, or at www.auvi-q.com.

Auvi-Q[®]
epinephrine injection, USP
0.1 mg/0.15 mg/0.3 mg auto-injectors

**DESIGNED TO BE EASY TO
USE AND EASY TO CARRY.**

Because anaphylaxis can happen anywhere.²⁻⁶



VOICE INSTRUCTIONS



AUTO-RETRACTABLE NEEDLE



POCKET-SIZED

Patients should seek emergency medical care immediately after use.

ELIGIBLE PATIENTS MAY PAY AS LITTLE AS \$0 FOR AUVI-Q*

If you've decided AUVI-Q is right for your
commercially insured patients, e-prescribing is simple:



HOME DELIVERY:

Select ASPN (mail order pharmacy) in EMR



IN-STORE PICKUP:

Select Walgreens in EMR

To learn more, visit auvi-q.com/hcp or ask your AUVI-Q sales representative.

*Terms and Conditions: Only valid for commercially insured patients in the 50 United States and DC through the direct delivery service and/or designated retail pharmacies. Limit one (1) carton of AUVI-Q 0.1 mg per patient each calendar year. Limit two (2) cartons of AUVI-Q 0.15 mg or 0.3 mg per patient each calendar year. Individual insurance plans may impose additional requirements that affect the redemption of the offer and out-of-pocket costs may vary. Not eligible if prescriptions are paid for in part/full by state or federally funded program(s), like Medicare Part D, Medicaid, Vet. Aff., Dept. of Def., or Tricare, and where prohibited by law. OFFER IS NOT INSURANCE. Offer cannot be sold, purchased, traded, transferred, and cannot be combined with any other offer. Cash discount cards are not commercial payers and are not eligible to be used for this program. Offer provided by kaléo, and it may change at any time without notice. Call 844-357-3968 for questions regarding offer eligibility.

Important Safety Information (cont'd)

AUVI-Q should **ONLY** be injected into the anterolateral aspect of the thigh. Do not inject intravenously, or into buttock, digits, hands, or feet. Instruct caregivers to hold the leg of young children and infants firmly in place and limit movement prior to and during injection to minimize the risk of injection-related injury.

Rare cases of serious skin and soft tissue infections have been reported following epinephrine injection. Advise patients to seek medical care if they develop any of the following symptoms at an injection site: redness that does not go away, swelling, tenderness, or the area feels warm to the touch.

Epinephrine should be administered with caution to patients with certain heart diseases, and in patients who are on medications that may sensitize the heart to arrhythmias, because it may precipitate or aggravate angina pectoris and produce ventricular arrhythmias. Arrhythmias, including fatal ventricular fibrillation, have been reported in patients with underlying cardiac disease or taking cardiac glycosides or diuretics. Patients with certain medical conditions or who take certain medications for allergies, depression, thyroid disorders, diabetes, and hypertension, may be at greater risk for adverse reactions. Common adverse reactions to epinephrine include anxiety, apprehensiveness, restlessness, tremor, weakness, dizziness, sweating, palpitations, pallor, nausea and vomiting, headache, and/or respiratory difficulties.

Please see enclosed full Prescribing Information and Patient Information, or at www.auvi-q.com.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

References: 1. Kessler C, Edwards E, Dissinger E, Syc S, Visich T, Grant E. Usability and preference of epinephrine auto-injectors: Auvi-Q and EpiPen Jr. *Ann Allergy Asthma Immunol.* 2019;123(3):256-262. 2. Tiyyagura GK, Arnold L, Cone DC, Langhan M. Pediatric anaphylaxis management in the prehospital setting. Author manuscript published by the National Institutes of Health, Public Access, PMC January 1, 2015;1-11. Published in final edited form in *Prehosp Emerg Care.* 2014;18(1):46-51. 3. Radke TJ, Brown LG, Hoover ER, et al. Food allergy knowledge and attitudes of restaurant managers and staff: an EHS-NET study. Author manuscript published by the Department of Health and Human Services, Public Access, PMC February 23, 2017;1-24. Published in final edited form in *J Food Prot.* 2016;79(9):1588-1598. 4. Wahl A, Stephens H, Ruffo M, Jones AL. The evaluation of a food allergy and epinephrine autoinjector training program for personnel who care for children in schools and community settings. *J Sch Nurs.* 2015;31(2):91-98. 5. Robinson M, Greenhawt M, Stukus D. Factors associated with epinephrine administration for anaphylaxis in children before arrival to the emergency department. *Ann Allergy Asthma Immunol.* 2017;119:164-169. 6. Bock SA, Muñoz-Furlong A, Sampson HA. Fatalities due to anaphylactic reactions to foods. *J Allergy Clin Immunol.* 2001;107(1):191-193.

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