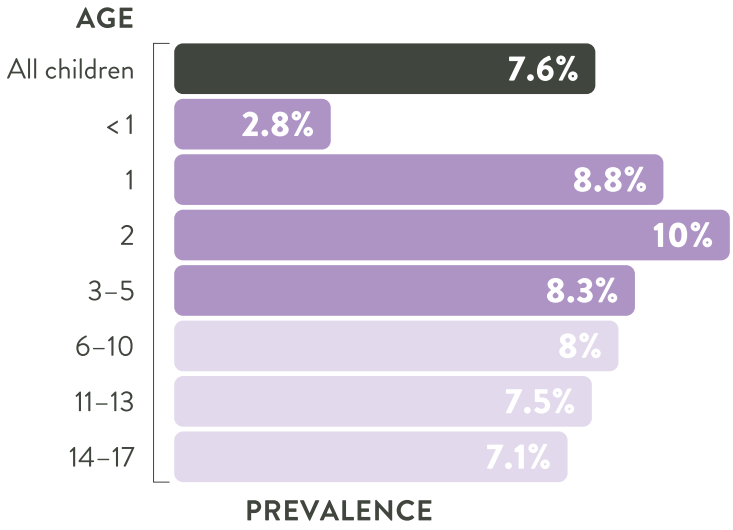
RISK OF FOOD ALLERGIES IN INFANTS AND TODDLERS

Children ≤ 5 years old have a higher prevalence of food allergy[1*]

*Based on a survey of patient-reported outcomes for children between 2015 and 2016 (N = 38,408).



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.

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

Auvi-q®
epinephrine injection, USP
0.1 mg auto-injector

ECZEMA IS A KEY RISK FACTOR

~33%

The likelihood a child will develop a food allergy if they have atopic dermatitis or eczema.[2,3]

Additional factors associated with food allergy in children are family history of allergic diseases, as well as comorbidities such as asthma or croup.[4,5]

Talk to parents about introducing allergens—including peanuts—in the first 6 months of life.

Implementation of NIAID Guidelines can help decrease the risk of peanut allergy[6]

Infant criteria	Recommendations	Earliest age of peanut introduction
Severe eczema, egg allergy, or both	Strongly consider evaluation with peanut-specific IgE* and/or skin prick test and, if necessary, an oral food challenge. Based on test results, introduce peanut-containing foods.	4 to 6 months
Mild-to-moderate eczema	Introduce peanut-containing foods.	Around 6 months
No eczema or any food allergy	Introduce peanut-containing foods.	Age-appropriate and in accordance with family preferences and cultural practices

*IgE, immunoglobulin E. Other solid foods should be introduced before peanut-containing foods to show the infant is developmentally ready.

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.

PRESCRIBING FOR HIGH-RISK PATIENTS[7]

"Epinephrine is indicated for patients at risk for anaphylaxis, so I recommend prescribing an epinephrine auto-injector, even when a patient is referred to an allergist. It may take some time before they are seen, and I want them to be prepared in case of anaphylaxis."

Dr. Todd A. Mahr, MD, Pediatric Allergist, Gundersen Health System†

The only FDA-approved epinephrine auto-injector for infants and toddlers weighing 16.5 lbs to 33 lbs

AUVI-q® was designed to be easy to use

- **STEP-BY-STEP VOICE INSTRUCTIONS**
- **INTUITIVE DESIGN**
- **AUTO-RETRACTABLE NEEDLE**

Caregivers should seek emergency medical care immediately after use.[8]

†Dr. Mahr is a paid advisor for kaleo, Inc.

Important Safety Information

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.

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HOW TO PRESCRIBE

HOME DELIVERY:
In EMR, select **"ASPN"**
(mail order pharmacy)

IN-STORE PICKUP:
In EMR, select "Walgreens"

If you don't have an EMR system, visit **auvi-q.com/hcp** for alternate prescribing instructions or call **1-877-30-AUVIQ** for assistance in the enrollment process.

Learn about AUVI-q savings offers for patients at auvi-q.com/savings

Important Safety Information

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. Gupta RS, Warren CM, Smith BM, et. al. The public health impact of parent-reported childhood food allergies in the United States. *Pediatrics.* 2018;142(6):e20181235. **2.** Burks AW, Mallory SB, Williams LW, Shirrell MA. Atopic dermatitis: clinical relevance of food hypersensitivity reactions. *J Pediatr.* 1998;113(3):447-451. **3.** Eigenmann PA, Sicherer SH, Borkowski TA, Cohen BA, Sampson HA. Prevalence of IgE-mediated food allergy among children with atopic dermatitis. *Pediatrics.* 1998;101(3):E8. **4.** Simons FE, Sampson HA. Anaphylaxis: unique aspects of clinical diagnosis and management in infants (birth to age 2 years). *J Allergy Clin Immunol.* 2015;135(5):1125-1131. **5.** Koplin JJ, Allen KJ, Gurrin LC, et al. The impact of family history of allergy on risk of food allergy: a population-based study of infants. *Int J Environ Res Public Health.* 2013;10(11):5364-5377. **6.** Togias A, Cooper SF, Acebal ML, et al. Addendum guidelines for the prevention of peanut allergy in the United States: report of the National Institute of Allergy and Infectious Diseases—sponsored expert panel. *Ann Allergy Asthma Immunol.* 2017;118(2):166-173.e7. **7.** Sicherer SH, Simons FER; Section on Allergy and Immunology. Epinephrine for first-aid management of anaphylaxis. *Pediatrics.* 2017;139(3):e20164006. **8.** AUVI-Q [Prescribing Information]. Richmond, VA: kaleo Inc.; https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=6180fb40-7fca-4602-b3da-ce62b8cd2470&type=display