POCN
THE LARGEST NP/PA NETWORK

Gvoke® (glucagon injection)

PRESCRIBING INFORMATION | IMPORTANT SAFETY INFORMATION

YOU ARE INVITED TO A NATIONAL WEBINAR EVENT

Evolving the Paradigm in Severe Hypoglycemia Management

SPEAKER:
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WEBINAR DATE:
Wednesday, February 24, 2021
6:30 PM ET

TO REGISTER, VISIT: www.HypoglycemiaManagement.com

Meeting Objectives

- Consider the serious issue of severe hypoglycemia in diabetes, including its prevalence and impact on affected individuals and their glycemic management
- Discuss how emerging standards of care for severe hypoglycemia can help overcome the limitations of earlier guidelines
- Recognize administration challenges of existing emergency glucagon kits
- Integrate the insights from today's presentation into an action plan for the identification and management of patients at risk of severe hypoglycemia

Please join us for a virtual event on
Evolving the Paradigm in Severe Hypoglycemia Management.
During this webinar we will focus on the objectives outlined above.

This event is not eligible for CME credit.
This event complies with PhRMA guidelines. Attendance is limited to healthcare professionals.

Questions: Please contact POCN at meetingservices@pocn.com

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Gvoke® (glucagon injection)

IMPORTANT SAFETY INFORMATION

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

Contraindications

GVOKE is contraindicated in patients with pheochromocytoma, insulinoma, 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, has been reported postmarketing following continuous glucagon infusion and resolved with discontinuation of the glucagon. Should NME occur, consider whether the benefits of continuous glucagon infusion outweigh the risks. Glucagon administered to patients with glucagonoma may cause secondary hypoglycemia.

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 HypoPen.

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