# YOU ARE INVITED TO ATTEND

## Addressing the Glucagon Gap with Ready-to-Use Gvoke HypoPen

**Thursday, October 20,**

**2022 07:00 PM EDT**

GVOKE HypoPen™ (glucagon injection)

**Presented by:**

## Jessica Adkins, DNP, CNS, RN, CPNP-PC, BC-ADM

Everyday Diabetes Center

Blu Halo
3431 Bannerman Rd
Tallahassee, Florida

Please RSVP at least 3 days prior to the program

You may register for this program by calling or texting
Reece Chadima at (319) 491-4045
or emailing rchadima@xerispharma.com

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The purpose of this event is to educate healthcare professionals and relevant staff on severe hypoglycemia management and Gvoke HypoPen.

Please see Important Safety Information on next page.

# 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 (≥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.

Click here for full prescribing information.

Xeris abides by the PhRMA Code on Interactions with Healthcare Professionals, as well as state and federal transparency reporting laws (e.g., the Sunshine Act). State laws and federal entities may restrict your ability to receive meals or other in-kind benefits. You are responsible for complying with any restrictions or limitations related to such requirements. In-kind benefits may be reportable under state and federal law.

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