



SMALL LEGS, BIG CONSIDERATIONS.

DISCOVER THE EPINEPHRINE AUTO-INJECTOR
DESIGNED JUST FOR HER.

For infants and toddlers weighing 16.5 lbs to 33 lbs.

Patient portrayal.

Indication

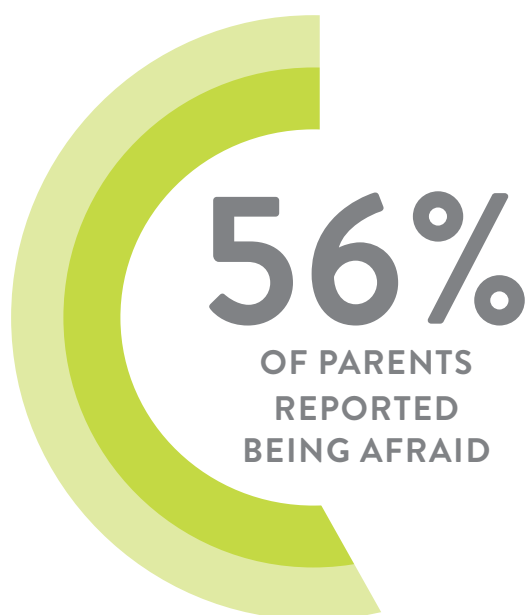
AUVI-Q® (epinephrine injection, USP) is indicated in the emergency treatment of allergic reactions (Type I) including anaphylaxis to allergens, idiopathic and exercise-induced anaphylaxis. AUVI-Q is intended for patients with a history of anaphylactic reactions or who are at increased risk for anaphylaxis.

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

ARE CAREGIVERS READY TO RESPOND?

In one Canadian survey (N = 1229), 56% of parents reported being afraid or somewhat afraid to use an epinephrine auto-injector¹



Of the parents citing a reason (n = 439), the most frequently reported fears included:

HURTING THE CHILD

34.6%

USING AN AUTO-INJECTOR INCORRECTLY

32.5%

BAD OUTCOME

24.5%

Survey data from 1209 of 1229 parents of children prescribed an epinephrine auto-injector at allergy clinics at Montreal Children's Hospital who responded to the questionnaire.

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 the following page 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

AUVI-q[®] 0.1 mg WAS DESIGNED TO BE EASY TO USE DURING AN ALLERGIC EMERGENCY.²

First and only FDA-approved epinephrine auto-injector specifically designed for infants and toddlers 16.5-33 lbs.



STEP-BY-STEP VOICE INSTRUCTIONS

- Electronic voice guides caregivers through administration, whether trained or not²



INTUITIVE DESIGN

- Helps prevent user error and needle-related injuries³



AUTO-RETRACTABLE NEEDLE

- Needle is not visible before, during, or after injection²
- Patients may not feel the injection when it occurs²
- Shortest needle length available to deliver the dose at the right depth⁴
~ 40% shorter than standard 0.15 mg epinephrine auto-injector needle length

To minimize the risk of injection-related injury, instruct caregivers to hold a young child's or infant's leg firmly in place when administering AUVI-q.² After use, instruct patient to get emergency medical help right away.²

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

**IF YOU'VE DECIDED AUVI-q IS RIGHT
FOR YOUR PATIENTS, E-PRESCRIBING
IS SIMPLE IN YOUR EMR:**



HOME DELIVERY: Select ASPN
(mail order pharmacy)



IN-STORE PICKUP:
Select Walgreens

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

**FOR MORE INFORMATION,
CONTACT YOUR AUVI-Q
SALES REPRESENTATIVE
OR VISIT [AUVI-Q.COM/HCP](https://www.auvi-q.com/hcp)**

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. Chad L, Ben-Shoshan M, Asai Y, et al. A majority of parents of children with peanut allergy fear using the epinephrine auto-injector. *Allergy*. 2013;68(12):1605–1609. 2. 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>. 3. Guerlain S, Wang L, Hugine A. Intelliject's novel epinephrine autoinjector: sharps injury prevention validation and comparable analysis with EpiPen and Twinject. *Ann Allergy Asthma Immunol*. 2010;105(6):480–484. 4. Kim H, Dinakar C, McInnis P, et al. Inadequacy of current pediatric epinephrine autoinjector needle length for use in infants and toddlers. *Ann Allergy Asthma Immunol*. 2017;118(6):719–725.