

**Auvi-Q**  
epinephrine injection, USP  
0.1 mg/0.15 mg/0.3 mg auto-injectors

WHEN THE STAKES ARE THIS HIGH,  
WOULDN'T YOU WANT  
TO GIVE SCHOOL STAFF  
AN EPINEPHRINE  
AUTO-INJECTOR THAT  
IS EASY TO USE?



## Who will respond if anaphylaxis happens in the classroom?



of schools reported having  
a full-time nurse available<sup>\*</sup>



as many anaphylactic reactions  
occurred in the classroom vs the  
cafeteria (46.6% vs 19.9%)<sup>†</sup>



of nurses reported that all  
teachers were trained to  
administer epinephrine<sup>‡</sup>

## AUVI-Q WAS DESIGNED TO BE EASY TO USE



VOICE INSTRUCTIONS



POCKET SIZED



AUTO-RETRACTABLE NEEDLE

Patients should seek emergency medical care immediately after use.

<sup>\*</sup>Based on schools (n = 12,183) with data on school nurse availability in 2014-2015.

<sup>†</sup>Based on anaphylaxis events (n = 1992) that occurred in schools nationwide during 2014-2015.

<sup>‡</sup>Based on school nurses and administrators (n = 242) nationwide surveyed on their perspectives on school policies for food allergy and anaphylaxis in 2016.

### 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.

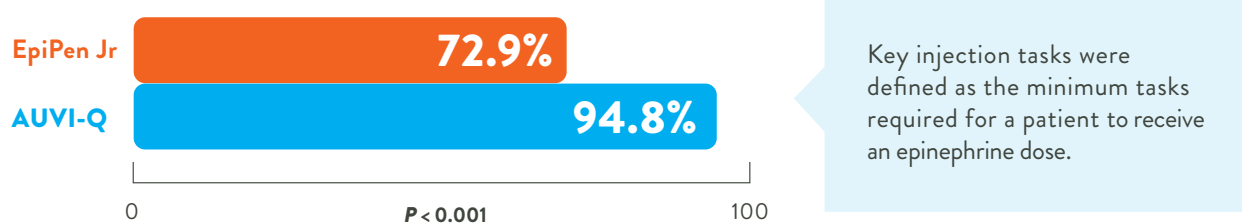
Please see additional Important Safety Information throughout, and full Prescribing Information and Patient Information at [www.auvi-q.com](http://www.auvi-q.com).

# SHOWN TO BE EASY TO USE<sup>3-6</sup>

In a randomized, cross-over usability study, untrained adults aged 18-65 years (N = 96) used 0.15 mg AUVI-Q and EpiPen Jr® (epinephrine injection, USP) trainers to simulate epinephrine administration to a child-sized manikin.<sup>4</sup>

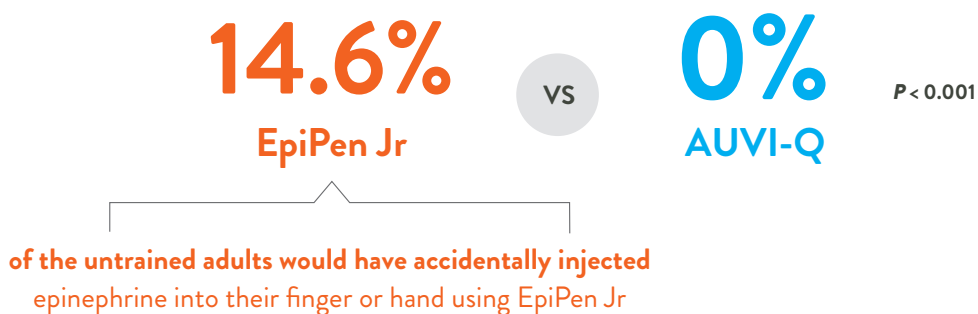
The untrained adults had no prior experience with epinephrine auto-injectors and were not provided with the devices prior to starting the simulation.

## Significantly more users completed key injection tasks with AUVI-Q



## No accidental injection errors would have occurred with AUVI-Q

SIMULATED FINGER- OR HAND-INJECTION ERRORS

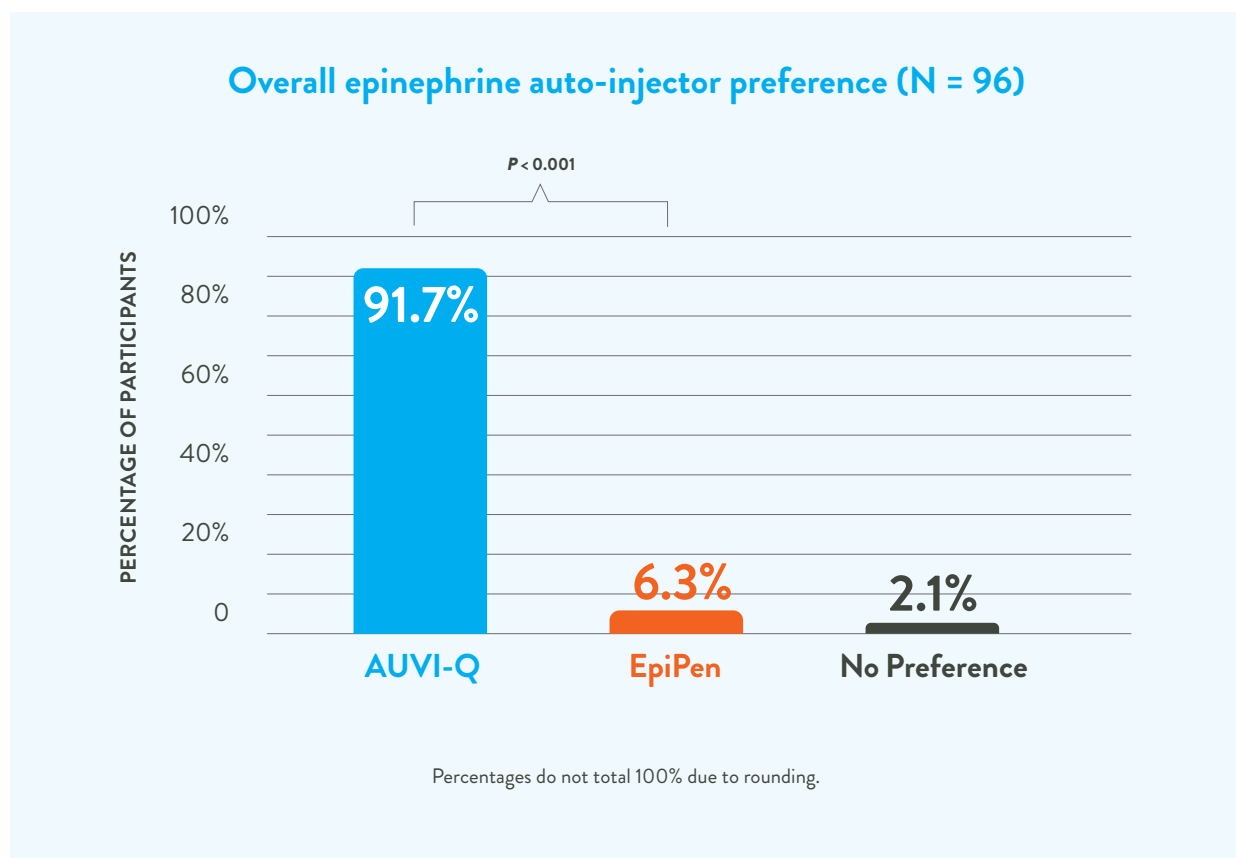


As this was a simulated use study, participants may not have experienced the same level of stress that they might experience during anaphylaxis. This study was conducted by kaleo, Inc.

### 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.

This study also assessed which device participants preferred. Among 96 adults polled, 91.7% chose AUVI-Q vs 6.3% for EpiPen.<sup>4</sup>



The study also found higher ratings for AUVI-Q in several areas of comparison.\* They included:

Size, shape,  
portability

Ease of  
administration

Clarity of device  
instructions

Confidence in  
using during an  
emergency

\*No statistical analysis was performed on this data.

EpiPen<sup>®</sup> and EpiPen Jr<sup>®</sup> are registered trademarks of Mylan 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.



**For infants and toddlers<sup>7</sup>**  
weighing 16.5 to 33 lbs  
(7.5 to 15 kg)



**For children<sup>7</sup>**  
weighing 33 to 66 lbs  
(15 to 30 kg)



**For anyone<sup>7</sup>**  
weighing 66 lbs  
(30 kg) or more

## PRESCRIBE THROUGH



### IN-STORE PICKUP:

Select Walgreens in EMR  
**StoreNet > Rx > Patient Care**  
and search for “Kaleo”.

OR



### HOME DELIVERY:

Select ASPN  
(mail order pharmacy)  
in EMR

**LEARN MORE ABOUT THE AUVI-Q SAVINGS OFFER FOR PATIENTS AT [AUVI-Q.COM/SAVINGS](https://www.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 full Prescribing Information and Patient Information at [www.auvi-q.com](https://www.auvi-q.com).**

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

**References:** 1. Hogue SL, Muniz R, Herrem C, Silvia S, White MV. Barriers to the administration of epinephrine in schools. *J Sch Health*. 2018;88(5):396-404. 2. Kao LM, Wang J, Kagan O, et al. School nurse perspectives on school policies for food allergy and anaphylaxis. *Ann Allergy Asthma Immunol*. 2018;120(3):304-309. 3. Camargo CA Jr., Guana A, Wang S, Simons FE. AUVI-Q versus EpiPen: preferences of adults, caregivers, and children. *J Allergy Clin Immunol Pract*. 2013;1(3):266-272.e1-e3. 4. Kessler C, Edwards E, Dissinger E, Sye 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. 5. Edwards ES, Edwards ET, Gunn R, Patterson P, North R. Design validation and labeling comprehension study for a new epinephrine autoinjector. *Ann Allergy Asthma Immunol*. 2013;110(3):189-193. 6. Umasunthar T, Procktor A, Hodes M, et al. Patients' ability to treat anaphylaxis using adrenaline autoinjectors: a randomized controlled trial. *Allergy*. 2015;70(7):855-863. 7. AUVI-Q. Prescribing information. kaleo, Inc.; 2019.