Gvoke® (glucagon injection)

Please enter how Gvoke HypoPen®, Gvoke® PFS, or Gvoke® Kit appear in your EHR system:

For the treatment of severe hypoglycemia in adult and pediatric patients with diabetes ages 2 and above[1]

- Liquid stable glucagon administered through subcutaneous injection[1]
- Room temperature storage (68 F - 77 F)[1]
- Up to 30-month room temperature stability from date of manufacture[1*]
- Available in multiple dosage forms and strengths

Gvoke HypoPen® (glucagon injection)

Gvoke® PFS (glucagon injection) PRE-FILLED SYRINGE

Gvoke® Kit (glucagon injection)

Name	Dose	Quantity (mL)	NDC	Administration
Gvoke HypoPen 2-Pack™ - 0.5 mg	0.5 mg/0.1mL (pediatric)	1 count (0.2 mL)	72065-0120-12	Autoinjector
Gvoke HypoPen 2-Pack - 1.0 mg	1 mg/0.2mL (adult)	1 count (0.4 mL)	72065-0121-12	Autoinjector
Gvoke PFS 2-Pack™ - 1.0 mg	1 mg/0.2mL (adult)	1 count (0.4 mL)	72065-0131-12	Pre-Filled Syringe
Gvoke Kit	1 mg/0.2mL (adult) ability to draw up 0.5 mg/0/2 mL (pediatric)	1 count (0.2 mL)	72065-0140-11	Vial and Syringe

The recommended dosing for Gvoke[1]:
– 0.5 mg/0.1 mL for patients 2-12 years and who weigh <100 lbs
– 1.0 mg/0.2 mL for patients ≥12 years or who weigh ≥100 lbs

Eligible commercially insured patients may pay as little as $25.*
Visit GvokeGlucagonPro.com and download the Gvoke Copay Card.

xeris® PHARMACEUTICALS

Please see Important Safety Information on back page and Full Prescribing Information here.

*Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan, TRICARE, or other federal or state health programs (such as medical assistance programs).

Guidance on writing a Gvoke® prescription

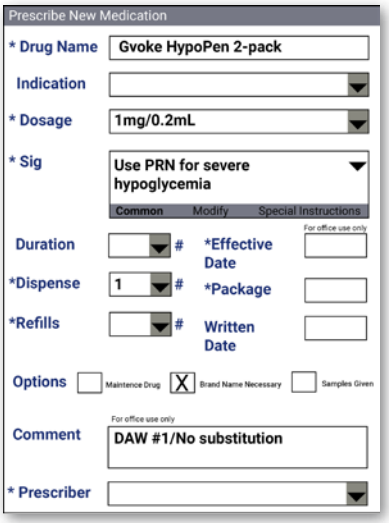
Write or select DAW: #1/No Substitution in EHR to help ensure your patients receive Gvoke

Products
Gvoke HypoPen 2-Pack™
Gvoke PFS 2-Pack™
Gvoke Kit

Strength
0.5mg/0.1mL or 1mg/0.2mL

Quantity
1 (0.2 mL or 0.4 mL)

Directions
Use PRN as needed



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.

Please see the Full Prescribing Information for Gvoke.

References:

1. Gvoke [prescribing information]. Chicago, IL:Xeris Pharmaceuticals, Inc; 2021

*1.0 mg/0.2 mL adult dose shelf life of 30 months from date of manufacture at room temperature 68° to 77°F (20° to 25°C).
0.5 mg/0.1 mL pediatric dose shelf life of 24 months from date of manufacture at room temperature.