



Ready-to-use glucagon options available with multiple dosage forms and strengths¹



Name
Gvoke HypoPen 2-Pack™

Strength
0.5 mg/0.1 mL (pediatric)
1 mg/0.2 mL (adult)

NDC
72065-0120-12 (pediatric)
72065-0121-12 (adult)

Administration
Autoinjector



Name
Gvoke PFS 2-Pack™

Strength
1 mg/0.2 mL (adult)

NDC
72065-0131-12

Administration
Pre-Filled Syringe



Name
Gvoke® Kit

Strength
1 mg/0.2 mL with markings
for 0.1 mL (0.5 mg pediatric)
and 0.2 mL (1 mg adult)

NDC
72065-0140-12

Administration
Vial and Syringe

Gvoke® offers:

- ✓ Room temperature storage (68°F - 77°F)¹
- ✓ Long lasting shelf life up to 30 months^{2*}



Scan here for
educational resources

Ensure every patient taking insulin or
sulfonylureas has a safety net with Gvoke®

Please see Important Safety Information on next page and click [here](#) for Full Prescribing Information.

How to write a prescription for Gvoke®



Products

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



Quantity

1



Dosage*

0.5 mg/0.1 mL (Pediatric)
1 mg/0.2 mL (Adult)

*See Full Prescribing Information
for dosage guidance



Dispense as written

DAW: 1/No
substitution



Scan here to get the \$25 copay
card for your patients

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 ($\geq 5\%$) 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 click [here](#) for Full Prescribing Information.

*1 mg/0.2 mL strength shelf life of 30 months from date of manufacture when stored at room temperature 68° to 77°F (20° to 25°C).²

0.5 mg/0.1 mL strength shelf life of 24 months from date of manufacture when stored at room temperature.

References:

1. Gvoke [prescribing information]. Chicago, IL: Xeris Pharmaceuticals, Inc. 2. Data on File. Xeris Pharmaceuticals, Inc.

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