Gvoke® (glucagon injection)

Ready-to-use glucagon options available in multiple dosage forms and strengths[1]

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

Gvoke HypoPen® (glucagon injection)

Name
Gvoke HypoPen 2-Pack™

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

NDC
72065-0120-12
72065-0121-12

Administration
Autoinjector

Gvoke® PFS (glucagon injection) PRE-FILLED SYRINGE

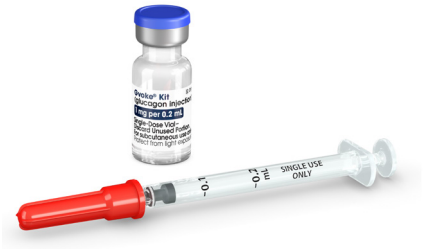
Name
Gvoke PFS 2-Pack™

Strength
1 mg/0.2 mL (Adult)

NDC
72065-0131-12

Administration
Pre-Filled Syringe

Gvoke® Kit (glucagon injection)



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

The Endocrine Society recommends ready-to-use glucagon for all patients with diabetes taking insulin or insulin secretagogues.[2]

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

Explore patient education materials

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.

Please see Important Safety Information on next page and Full Prescribing Information for Gvoke.

How to write a prescription for Gvoke®

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

Dosage
0.5 mg/0.1 mL: For patients ages 2-11 and weigh < 100 lbs.
1 mg/0.2 mL: For patients ages 12 and up, or weigh ≥ 100 lbs

Dispense: 1 count
For Gvoke HypoPen 2-Pack™ and Gvoke PFS 2-Pack™:

Dose	Quantity
0.5 mg per 0.1 mL	0.2 mL
1 mg per 0.2 mL	0.4 mL

Dispense as written
Write DAW: #1/No substitution

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 (≥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 Full Prescribing Information for Gvoke.

* 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).

REFERENCES: 1. Gvoke [prescribing information]. Chicago, IL: Xeris Pharmaceuticals, Inc. **2.** McCall AL, Lieb DC, Gianchandani R, et al. Management of individuals with diabetes at high risk for hypoglycemia: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab*. 2023;108(3):529-562.doi:10.1210/clinem/dgac596

xeris® PHARMACEUTICALS