#1 PRESCRIBED branded epinephrine auto-injector among allergists*

•))Auvi-Q° epinephrine injection, USP 0.1 mg/0.15 mg/0.3 mg auto-injectors



There's an AUVI-Q for almost everyone⁺ with life-threatening allergies.

[†]It is not known if AUVI-Q is safe and effective in children weighing less than 16.5 lbs (7.5 kg).



Ask your doctor if AUVI-Q is right for you.

*Based on IMS prescription data September 2017–December 2017 (AUVI-Q 0.15 mg and 0.3 mg).

Indication

AUVI-Q[®] (epinephrine injection, USP) is a prescription medicine used to treat life-threatening allergic reactions, including anaphylaxis, in people who are at risk for or have a history of serious allergic reactions.

Important Safety Information

AUVI-Q is for immediate self (or caregiver) administration and does not take the place of emergency medical care. Seek immediate medical treatment after using AUVI-Q. Each AUVI-Q contains a single dose of epinephrine. **AUVI-Q should only be injected into your outer thigh, through clothing if necessary.** If you inject a young child or infant with AUVI-Q, hold their leg firmly in place before and during the injection to prevent injuries. Do not inject AUVI-Q into any other part of your body, such as into veins, buttocks, fingers, toes, hands, or feet. If this occurs, seek immediate medical treatment and make sure to inform the healthcare provider of the location of the accidental injection. Only a healthcare provider should give additional doses of epinephrine if more than two doses are necessary for a single allergic emergency.

Please see full Important Safety Information inside and enclosed full Prescribing Information and Patient Information, or at www.auvi-q.com.

During allergic emergencies, it's important to respond with epinephrine.'

Anaphylaxis can occur when susceptible individuals are exposed to certain allergens. Common allergens include food, insect stings and bites, medications, and latex. Symptoms may progress rapidly.^{2,3}

EPINEPHRINE IS THE DRUG OF CHOICE FOR FIRST-LINE TREATMENT OF ANAPHYLAXIS,

and should be injected immediately.¹ Delays or failure to treat with epinephrine have been associated with anaphylaxis-related fatalities.⁴ In addition:

EMERGENCY VISITS FOR ANAPHYLAXIS ARE ON THE RISE.

A study of more than 56,000 ED visits for anaphylaxis in the US showed a **101% increase**

in overall rates of anaphylaxis-related ED visits from 2005-2014.5

• NOT EVERYONE USES THEIR EPINEPHRINE AUTO-INJECTOR.

A Canadian study of 965 cases of anaphylaxis showed

only 51% of patients

who had an epinephrine auto-injector used it before arrival to the emergency department.⁶



Important Safety Information (Continued)

Rarely, patients who use AUVI-Q[®] (epinephrine injection, USP) may develop infections at the injection site within a few days of an injection. Some of these infections can be serious. Call your healthcare provider right away if you have 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.

Please see full Important Safety Information on inside back cover and enclosed full Prescribing Information and Patient Information, or at www.auvi-q.com.

AUVI-Q[®] (epinephrine injection, USP) is designed for UseAbility.

The AUVI-Q product family was designed to be easy to use, and to help maximize the safe administration of epinephrine, and minimize the potential for use-related errors during injection.



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AUVI-Q is about the size of a credit card and thickness of a cell phone, and fits into most pockets, small purses, and diaper bags.



AUVI-Q is the first and only epinephrine auto-injector with an auto-retractable needle. You may not feel an injection when it occurs.





Now all three AUVI-Q products have a 2-second countdown.

Important Safety Information (Continued)

If you have certain medical conditions, or take certain medicines, your condition may get worse or you may have more or longer lasting side effects when you use AUVI-Q. Be sure to tell your healthcare provider about all the medicines you take, especially medicines for asthma. Also tell your healthcare provider about all of your medical conditions, especially if you have asthma, a history of depression, thyroid problems, Parkinson's disease, diabetes, heart problems or high blood pressure, have any other medical conditions, are pregnant or plan to become pregnant, or are breastfeeding or plan to breastfeed. Epinephrine should be used with caution if you have heart disease or are taking certain medicines that can cause heart-related (cardiac) symptoms.

Common side effects include fast, irregular or 'pounding' heartbeat, sweating, shakiness, headache, paleness, feelings of over excitement, nervousness, or anxiety, weakness, dizziness, nausea and vomiting, or breathing problems. These side effects usually go away quickly, especially if you rest. Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

Please see full Important Safety Information on inside back cover and enclosed full Prescribing Information and Patient Information, or at www.auvi-q.com.

AUVI-q[®] (epinephrine injection, USP) 0.1 mg

FIRST AND ONLY FDA-APPROVED EPINEPHRINE AUTO-INJECTOR DESIGNED SPECIFICALLY FOR INFANTS AND TODDLERS WEIGHING 16.5 LBS TO 33 LBS

AUVI-Q° (epinephrine injection, USP) 0.15 mg FOR CHILDREN WEIGHING 33 LBS TO 66 LBS AUVI-Q° (epinephrine injection, USP) 0.3 mg

FOR CHILDREN AND ADULTS WEIGHING GREATER THAN OR EQUAL TO 66 LBS



AUVI-q[®] (epinephrine injection, USP) 0.1 mg is designed with:

- Smallest dose delivered by an epinephrine auto-injector Each AUVI-q contains a single 0.1 mg epinephrine dose.
- Shortest needle length

The shortest available needle among epinephrine auto-injectors that helps deliver the dose at the right depth.

Important Safety Information (Continued)

If you inject a young child or infant with AUVI-Q, hold their leg firmly in place before and during the injection to prevent injuries.

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pinephrine injection, US

Please see full Important Safety Information on inside back cover and enclosed full Prescribing Information and Patient Information, or at www.auvi-q.com.

THROUGH THE DIRECT DELIVERY SERVICE, Those with commercial insurance can receive AUVI-Q[®] (epinephrine injection, USP) for \$0 out of pocket.*

It's simple. Once you and your doctor determine if AUVI-Q is right for you, you'll be enrolled in the direct delivery service and receive your medication through the mail, with the best product expiration dating for AUVI-Q.

If you have commercial insurance, including a high-deductible plan, you'll pay **\$0 out of pocket.***

If you don't have government or commercial insurance and cannot afford your medications, you may be eligible for support.^{\dagger}

*THIS OFFER IS NOT INSURANCE. Not valid for insured patients in whole or in part by government programs such as Medicaid, Medicare, Tricare, or other federal or state health programs (such as state prescription drug programs). Savings limits apply. Please see full eligibility requirements at www.auvi-g.com/affordability.

[†]Patients who are eligible for Medicaid coverage may be eligible for assistance to receive AUVI-Q at no cost.

Get AUVI-Q in just two steps.

- Download the enrollment form. Visit www.auvi-q.com/affordability to download the enrollment form. Complete your information and bring to your physician to start the process.
- Direct delivery service. AUVI-Q is shipped directly to your home or your physician's office.

Questions about how to get AUVI-Q?

Call 1-877-30-AUVIQ



Indication

AUVI-Q® (epinephrine injection, USP) is a prescription medicine used to treat life-threatening allergic reactions, including anaphylaxis, in people who are at risk for or have a history of serious allergic reactions.

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Please see the full Prescribing Information and Patient Information enclosed, 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. Kim H, Fischer D. Anaphylaxis. Allergy Asthma Clin Immunol. 2011;7(Suppl 1):S1-S6. 2. Lieberman P, Nicklas RA, Randolph C, et al. Anaphylaxis—a practice parameter update 2015. Ann Allergy Asthma Immunol. 2015;115(5):341-384. 3. Kelly KJ, Viswanath PK, Reijula KE, Fink JN. The diagnosis of natural rubber latex allergy. J Allergy Clin Immunol. 1994; 93(5):813–816. 4. Bock SA, Muñoz-Furlong A, Sampson HA. Further fatalities caused by anaphylactic reactions to food, 2001-2006. J Allergy Clin Immunol. 2007;119(4):1016-1018. 5. Motosue, M, et al. Increasing Emergency Department Visits for Anaphylaxis, 2005-2014. J Allergy Clin Immunol Pract. 2017; 171-5. 6. Hochstadter E, Clarke A, De Schryver S, et al. Increasing visits for anaphylaxis and the benefits of early epinephrine administration: a 4-year study at a pediatric emergency department in Montreal, Canada. J Allergy Clin Immunol. 2016;137(6):1888-1890.

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