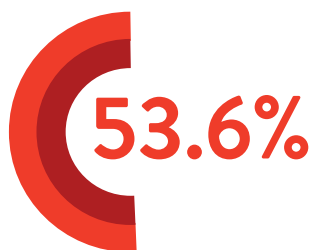


Auvi-Q
epinephrine injection, USP
0.1 mg/0.15 mg/0.3 mg auto-injectors

**SCHOOL STAFF
SHOULD HAVE
AN EASY-TO-USE
OPTION TO TREAT
ANAPHYLAXIS.**



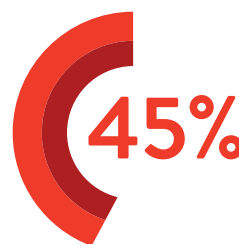
Who will respond if anaphylaxis happens in the classroom?



of schools reported having a full-time nurse available^{1*}



as many anaphylactic reactions occurred in the classroom vs the cafeteria (46.6% vs 19.9%)^{1†}



of nurses reported that all teachers were trained to administer epinephrine^{2‡}

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.

^{*}Based on schools (n = 12,183) with data on school nurse availability.

[†]Based on anaphylaxis events (n = 1992) that occurred in schools nationwide during 2014-2015.

[‡]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.

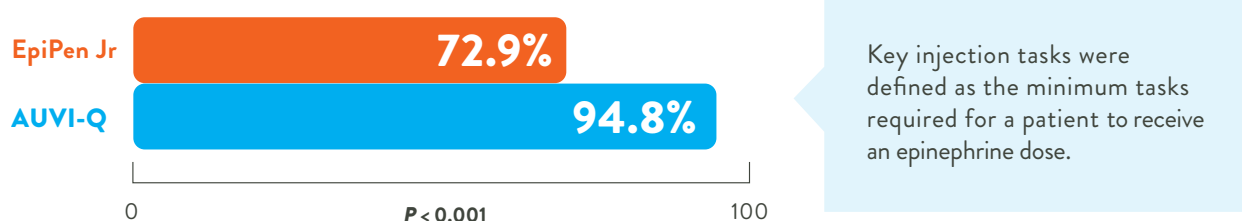
Please see additional Important Safety Information on the inside spread and back cover, and enclosed full Prescribing Information and Patient Information, or at www.auvi-q.com.

IN 2 HEAD-TO-HEAD SIMULATED USE STUDIES INEXPERIENCED OR UNTRAINED USERS FOUND AUVI-Q (epinephrine injection, USP) EASIER TO USE THAN EPIPEN (epinephrine injection, USP)^{3,4}

In the randomized, cross-over usability study, untrained adults aged 18-65 years (N = 96) used 0.15 mg AUVI-Q and EpiPen Jr trainers to simulate epinephrine administration to a child-sized manikin.³

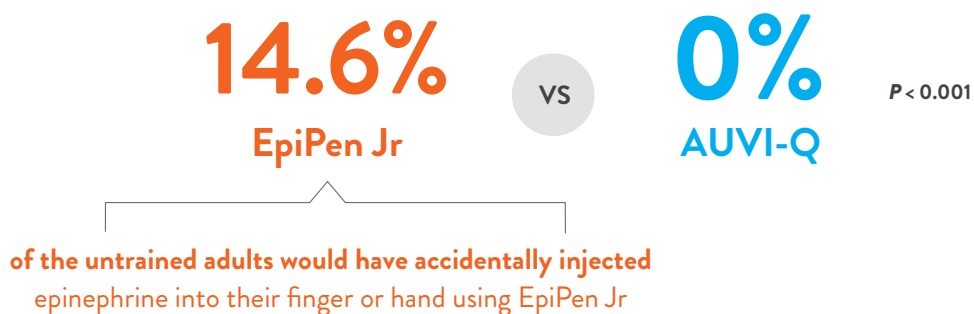
The untrained adults had no prior experience with epinephrine auto-injectors and were not provided with the devices prior to starting the simulation.

Significantly more users completed key injection tasks with AUVI-Q³



No accidental injection errors would have occurred with AUVI-Q³

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.

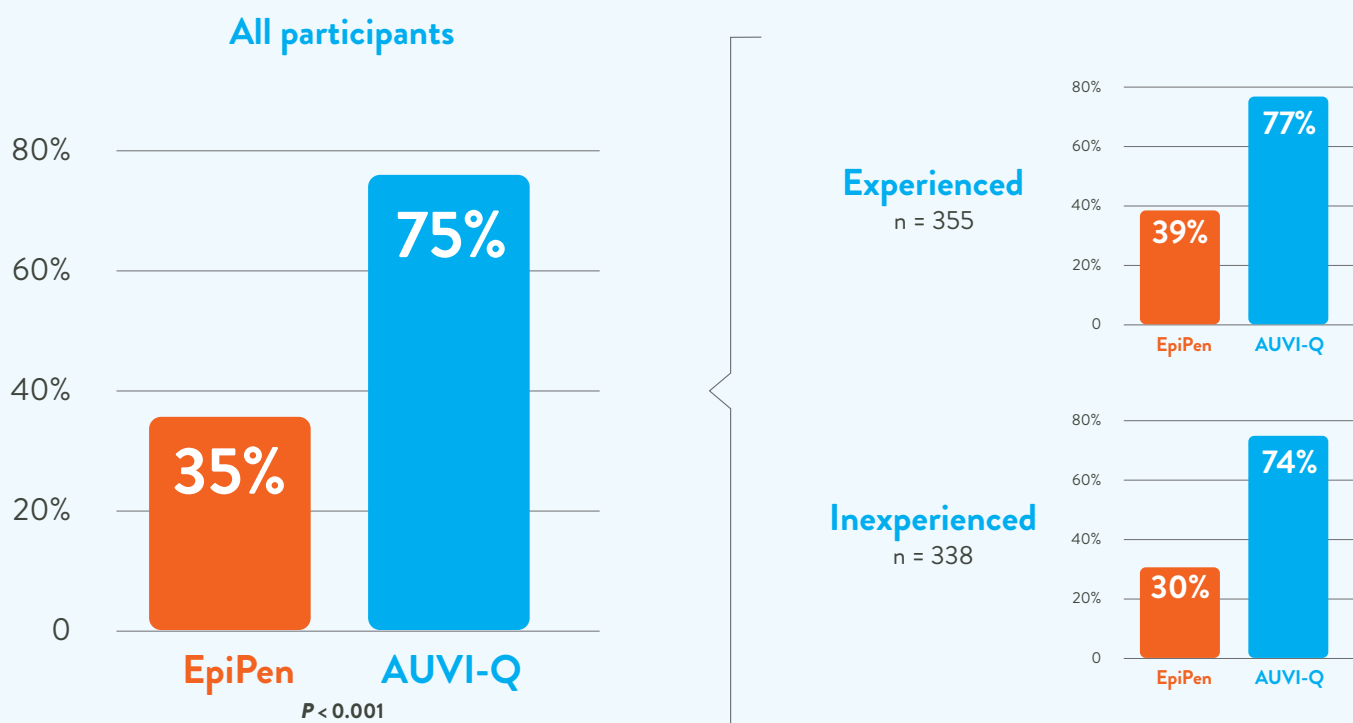
Important Safety Information

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.

IN 2 HEAD-TO-HEAD SIMULATED USE STUDIES INEXPERIENCED OR UNTRAINED USERS FOUND AUVI-Q (epinephrine injection, USP) EASIER TO USE THAN EPIPEN (epinephrine injection, USP)^{3,4}

Among participants ages 11-65 (N = 693) in a simulated use study, a higher percentage correctly completed all the steps of the injection protocol with the use of AUVI-Q (75%) vs EpiPen (35%).⁴

Participants were not given any information on how to use the epinephrine auto-injector (EAI) beyond the instructions that come with the device. Inexperienced participants had never used or been prescribed an EAI prior to starting the simulation.



as many participants used
AUVI-Q correctly vs EpiPen⁴

EpiPen® is a registered trademark 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.



VOICE INSTRUCTIONS



POCKET SIZED



AUTO-RETRACTABLE NEEDLE

HOW TO PRESCRIBE:



IN-STORE PICKUP:

In EMR notes, include savings offer details for pharmacy:

StoreNet > Rx > Patient Care and search for “Kaleo”.



HOME DELIVERY:

Select ASPN (mail order pharmacy) in EMR

To learn more about the AUVI-Q savings offer, visit 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 enclosed full Prescribing Information and Patient Information, 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. 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. 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. 4. 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.