

CONCERNS AND ISSUES FOR PATIENTS, PAYERS AND HEALTHCARE PROVIDERS



▶ Healthcare Costs and Resource Utilization

INDICATION AND IMPORTANT SAFETY INFORMATION



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.

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.

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.

INDICATION AND IMPORTANT SAFETY INFORMATION



Important Safety Information (*continued*)

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.

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 the full Prescribing Information for AUVI-Q[®] available at this presentation or at www.auvi-q.com.

MEDICAL COSTS AND CLAIMS *associated with anaphylaxis/food allergies*

- ▶ Claims for anaphylactic food reactions increased 377% between 2007-2016 in an analysis of over 24 billion privately billed healthcare procedures.¹
- ▶ The rate of emergency room visits due to anaphylaxis increased 150% between 2010-2016 in medical claims for 9.5 million Blue Cross Blue Shield commercially insured children (age <=18).²

DIRECT MEDICAL COSTS = \$4.3 BILLION ANNUALLY³

Direct medical costs are medical costs borne by the healthcare system associated with prevention diagnosis and treatment of food allergy.

1. Food Allergy in the United States: Recent Trends and Costs, FAIR Health, 2017
2. Childhood Allergies in America, Blue Cross Blue Shield Report, March 13, 2018
3. Gupta, et al. JAMA Pediatr. 2013;167(11):1026-1031

DIRECT MEDICAL COSTS OF U.S. CHILDHOOD FOOD ALLERGIES³ *MILLIONS, 2013 DOLLARS*

