

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

IS YOUR DAYCARE PREPARED FOR AN ALLERGIC EMERGENCY?

BE READY TO RESPOND WITH AUVI-q.

Making sure the infants and toddlers you care for are safe while learning is a top priority for you. One additional risk you must be prepared for is anaphylaxis.



ANAPHYLAXIS CAN HAPPEN ANYWHERE¹⁻³

WHAT IS ANAPHYLAXIS?

Anaphylaxis is a severe, life-threatening allergic reaction.⁴ It could occur seconds or minutes after exposure.⁴ In one study, the most common food-related triggers for children under 2 who visited the emergency department included^{5*}:



MILK
40%



PEANUTS
31%



EGGS
9%



TREE NUTS
9%

Many states recognize the importance of daycare preparedness for anaphylaxis and allow them to stock epinephrine.⁶ States like New York recently passed Elijah's Law — requiring all daycare programs to follow guidelines to prevent, recognize, and respond quickly to anaphylaxis.⁷

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.

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.

*Data are from 191 children under 2 presenting with food-related allergic reactions at 2 urban emergency departments from 2001-2006.

THE RATE OF ANAPHYLAXIS IS HIGHER IN CHILDREN AGES 0 TO 4 THAN IN ANY OTHER AGE GROUP.^{8*}

ANAPHYLAXIS CAN BE HARD TO IDENTIFY IN INFANTS AND TODDLERS⁹

Infants and toddlers often respond differently to allergens, and they cannot describe their symptoms compared to older children.

Here are some things to look for:

- Sudden tiredness/ seems limp/ lethargic
- Irritability/ inconsolable crying

- Any difficulty breathing
- Dry cough
- Wheezing

- Loose stools

- On darker skin, hives appear as raised bumps; color changes may not be as obvious

- Changes in appearance (color) of skin, fingertips, or tongue

- New rash/raised bumps around the face (mouth/eyes)
- Lip, face, or tongue swelling
- Persistent vomiting/ spitting up
- Nausea and trouble swallowing

- Fast heartbeat

- On lighter skin, hives appear as raised red bumps

If anaphylaxis is suspected, administer epinephrine and call 911.

REMEMBER: Antihistamines are not an appropriate first-line treatment for anaphylaxis. **Why?** They don't treat all the symptoms, and they don't act quickly. Only epinephrine does that.⁴

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.

^{*}Incidence of emergency department visits for anaphylaxis from 2008-2016.

AUVI-q HAS BEEN DESIGNED TO BE EASY TO USE.

The first and only FDA-approved epinephrine auto-injector designed for infants and toddlers (16.5 lbs-33 lbs).



VOICE INSTRUCTIONS

Step-by-step instructions guide users through administration, whether trained or not¹⁰



POCKET-SIZED

About the size of a credit card and thickness of a cell phone



AUTO-RETRACTABLE NEEDLE

- Helps prevent needle-related injuries¹¹⁻¹³
- Patient may not feel injection
- Shortest needle length available, that's not visible before, during, or after an injection¹⁰

To minimize the risk of injection-related injury, instruct users to hold a young child's or infant's leg firmly in place when administering AUVI-q.



Scan the QR code to watch AUVI-Q training videos.

WITH AUVI-q, YOUR DAYCARE STAFF CAN RESPOND TO AN ALLERGIC EMERGENCY IMMEDIATELY.¹⁰



Medical responders may not be near your location.¹⁴

- In urban populations, emergency medical services can have up to 20-minute lead times
- In rural areas, lead times can approach 21 minutes

In one study, 35% of food-related allergic emergencies for preschool-aged children occurred outside the home.^{5*}

Important Safety Information (cont'd)

Only a healthcare provider should give additional doses of epinephrine if more than two doses are necessary for a single allergic emergency.

Rarely, patients who use AUVI-Q 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.

*Data for 171 children (2-5 years old) from 2 urban emergency departments from 2001-2006.

ORDER AUVI-q TO HELP BE PREPARED FOR ALLERGIC EMERGENCIES



ORDERING AUVI-q IS EASY.

For pricing, shipping, and ongoing support, find an Authorized Distributor at: auvi-q.com/publicaccess.

Have questions?

Email AUVIqPublicAccess@kaleo.com.

Important Safety Information (cont'd)

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 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. Fleming JT, Clark S, Camargo CA Jr, Rudders SA. Early treatment of food-induced anaphylaxis with epinephrine is associated with a lower risk of hospitalization. *J Allergy Clin Immunol Pract.* 2015;3(1):57-62. 2. Robinson M, Greenhawt M, Stukus DR. Factors associated with epinephrine administration for anaphylaxis in children before arrival to the emergency department. *Ann Allergy Asthma Immunol.* 2017;119(2):164-169. 3. Bock SA, Muñoz-Furlong A, Sampson HA. Fatalities due to anaphylactic reactions to foods. *J Allergy Clin Immunol.* 2001;107(1):191-193. 4. Shaker MS, Wallace DV, Golden DBK, et al. Anaphylaxis-a 2020 practice parameter update, systematic review, and Grading of Recommendations, Assessment, Development and Evaluation (GRADE) analysis. *J Allergy Clin Immunol.* 2020;154(4):1082-1123. 5. Rudders SA, Banerji A, Clark S, Camargo CA Jr. Age-related differences in the clinical presentation of food-induced anaphylaxis. *J Pediatr.* 2011;158(2):326-328. 6. Public access to epinephrine. Food Allergy Research & Education. Accessed March 24, 2020. <https://www.foodallergy.org/public-access-epinephrine>. 7. NY.gov. Governor Cuomo signs "Elijah's Law" requiring child care providers to follow guidelines for preventing and responding to food allergy anaphylaxis. September 12, 2019. Accessed March 2, 2020. <https://www.governor.ny.gov/news/governor-cuomo-signs-elijahs-law-requiring-child-care-providers-follow-guidelines-preventing>. 8. Michelson KA, Dribin TE, Vyles D, Neuman MI. Trends in emergency care for anaphylaxis. *J Allergy Clin Immunol Pract.* 2020;8(2):767-768.e2. 9. Simons FE, Sampson HA. Anaphylaxis: unique aspects of clinical diagnosis and management in infants (birth to age 2 years). *J Allergy Clin Immunol.* 2015;135(5):1125-1131. 10. AUVI-Q [Prescribing Information]. Richmond, VA: kaleo Inc.; <https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=6180fb40-7fca-4602-b3da-ce62b8cd2470&type=display>. 11. Edwards ES, Edwards ET, Gunn R, Patterson P, North R. Design validation and labeling comprehension study for a new epinephrine autoinjector. *Ann Allergy Asthma Immunol.* 2013;110(3):189-193. 12. Guerlain S, Wang L, Hugine A. Intelliject's novel epinephrine autoinjector: sharps injury prevention validation and comparable analysis with EpiPen and Twinject. *Ann Allergy Asthma Immunol.* 2010;105(6):480-484. 13. 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. 14. NEMSIS. EMS data cube. Accessed August 19, 2021. <https://nemsis.org/view-reports/public-reports/ems-data-cube/>.