These Clinical Guidelines have been created using resources that were current as of the "Reviewed" date noted at the beginning of the document. Clinicians should refer to the manufacturer's Prescribing Information (or equivalent) for the most up-to-date information. While CarepathRx has published these Clinical Guidelines after a close review of available literature and a clinical review process, given the evolving nature and complexity of modern pharmaceutical products, CarepathRx does not and cannot warrant or guarantee that these Clinical Guidelines reflect the objectively best or highest standard of care at any given time.

Nothing within these Clinical Guidelines is intended to supersede or interfere with any individual clinician's decision-making or professional judgment with respect to either (1) prescribing or dispensing the drug or product in question or (2) the overall treatment plan for an individual patient.

Efgartigimod alfa-fcab (Vyvgart)/Efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo) Clinical Guideline for Home Intravenous and Subcutaneous Therapy

Section: Clinical Guideline
Compliance: ACHC Infusion Pharmacy
ACHC Standards: N/A
URAC Standards: N/A
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I. BACKGROUND

Vyvgart (efgartigimod alfa-fcab) is a human IgG1 antibody fragment used for the treatment of generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive. Efgartigimod alfa-fcab binds to the neonatal Fc receptor (FcRn), resulting in the reduction of circulating IgG. Efgartigimod-alfa-fcab initially was formulated for intravenous route of administration. In December of 2023, a new subcutaneous infusion formulation (efgartigimod alfa and hyaluronidase-qvfc) was approved by the FDA. Hyaluronidase, an endoglycosidase, is utilized to increase the dispersion and absorption of subcutaneously administered efgartigimod. The following outlines the procedures for servicing patients in need of outpatient efgartigimod alfa-fcab home infusions or efgartigimod alfa and hyaluronidase-qvfc home subcutaneous therapy.

II. PATIENT ACCEPTANCE CRITERIA

A. All candidates for home care service must be evaluated by the clinician(s) and deemed appropriate to receive home care based upon admission criteria.

B. The decision to administer a first dose in the home by an infusion nurse will be determined on a case-by-case basis and reviewed by nursing and pharmacy management. The following criteria will be evaluated:
   1. Prescriber preference
   2. Allergy profile
   3. Age ≥18 years
   4. Other relevant social and/or medical history

C. Physician orders for efgartigimod alfa-fcab or efgartigimod alfa and hyaluronidase-qvfc and must include:
   1. Patient weight for efgartigimod alfa-fcab
   2. Drug and dose (weight-based dosage for IV administration)
   3. Route of administration
   4. Frequency of administration
   5. Emergency medications per protocol- (Anaphylaxis kit for IV efgartigimod administration, and Epinephrine kit for subcutaneous efgartigimod and hyaluronidase administration)

6. Orders for pre-medications, if applicable
7. Line care protocol
8. Routine lab monitoring, if applicable

D. Ensure patients are up to date on vaccinations.
    1. Because efgartigimod alfa-fcab causes transient reduction in IgG levels, immunization with live-attenuated or live vaccines is not recommended during treatment with efgartigimod alfa-fcab. Evaluate the need to administer age-appropriate immunizations according to immunization guidelines before initiation of a new treatment cycle with efgartigimod alfa-fcab or efgartigimod alfa + hyaluronidase-qvfc

E. Baseline labs or tests prior to starting therapy.

F. Dispensing pharmacy treatment protocol for anaphylaxis will be instituted unless a more comprehensive patient-specific order is provided by physician. See policy 'Management of Allergic/Anaphylactic Reactions' (Appendices A and B).

III. PHARMACOLOGIC OVERVIEW

A. Indications: generalized myasthenia gravis (gMG) in adult patients who are anti-acetylcholine receptor (AChR) antibody positive.

B. Dosing:

    1. Intravenous: 10mg/kg IV once weekly for 4 weeks. In patients weighing 120 kg or more, the recommended dose is 1200 mg per infusion

    **Dosing is based off actual body weight. Efgartigimod alfa-fcab has not been studied in extremes of body weights.*

    2. Subcutaneous: 1,008mg of efgartigimod alfa and 11,200 units of hyaluronidase administered via subcutaneous infusion over approximately 30-90 seconds once weekly for 4 weeks. Administration should be completed by a healthcare professional.

C. Dose adjustment

    1. No dose adjustment is needed for patients with mild renal impairment. There is insufficient data to evaluate the impact of moderate renal impairment (eGFR 30-59 mL/min/1.73 m^2) and severe renal impairment (eGFR <30 mL/min/1.73 m^2) on pharmacokinetic parameters of efgartigimod alfa.
    2. No dose adjustments for hepatic impairment.
    3. If a scheduled infusion is missed, efgartigimod alfa may be administered up to 3 days after the scheduled time point. Thereafter, resume the original dosing schedule until the treatment cycle is completed.

D. Duration

    1. The typical duration of therapy is 4 weeks. However, duration of therapy is dependent on patient response and adverse reactions. Administer subsequent treatment cycles based on

clinical evaluation. The safety of initiating subsequent cycles sooner than 50 days from the start of the previous treatment cycle has not been established.

E. Contraindications: Hypersensitivity to efgartigimod alfa products, hyaluronidase, or any excipients.

F. Warnings and Precautions

1. **Infections**- may increase the risk of infection. The most common infections observed in clinical trials were urinary tract infection and respiratory tract infections. A higher frequency of patients who received efgartigimod alfa compared to placebo were observed to have below normal levels for white blood cell counts, lymphocyte counts, and neutrophil counts. The majority of infections and hematologic abnormalities were mild to moderate in severity. Delay efgartigimod alfa infusions in patients with active infection until the infection is resolved.
2. **Immunization**s - Immunization with vaccines during treatment has not been studied. The safety of immunization with live or live-attenuated vaccines and the response to immunization with any vaccine are unknown. Due to the reduction in IgG levels, vaccination with live-attenuated or live vaccines is not recommended during treatment. Administer age-appropriate vaccines according to immunization guidelines before initiation of a new treatment cycle with efgartigimod alfa-fcab. COVID-19 vaccinations are strongly recommended for patients with myasthenia gravis per the Myasthenia Gravis Foundation of America. Patients with myasthenia gravis can be at higher risk of complications from COVID-19 infection. A multi-center study evaluated the safety and tolerability of the Pfizer and Moderna vaccines in patients with myasthenia gravis. The study supports the safety and tolerability of COVID vaccines in patients with myasthenia gravis.
3. **Hypersensitivity reactions**- rash, angioedema, and dyspnea were observed in efgartigimod alfa-fcab and efgartigimod alfa and hyaluronidase-qvfc treated patients. In clinical trials, hypersensitivity reactions were mild or moderate, occurred within one hour to three weeks of administration, and did not lead to treatment discontinuation. Anaphylaxis and hypotension leading to syncope have been reported during and within an hour of administration with intravenous efgartigimod alfa in post-marketing experience.
4. **Pregnancy and Lactation**- There are no available data on the use of efgartigimod during pregnancy. There is no evidence of adverse developmental outcomes following the administration of efgartigimod at up to 100 mg/kg/day in rats and rabbits. Monoclonal antibodies are increasingly transported across the placenta as pregnancy progresses, with the largest amount transferred during the third trimester. Therefore, efgartigimod alfa-fcab may be transmitted from the mother to the developing fetus. There were no adverse effects on pre- and postnatal development following subcutaneous administration of hyaluronidase (human recombinant) to mice throughout gestation and lactation at doses up to 5,000 times the dose of hyaluronidase at the recommended human dose of efgartigimod + hyaluronidase on a unit/kg basis. There is no information regarding the presence of efgartigimod alfa or hyaluronidase, from administration in human milk, the effects on the breastfed infant, or the effects on milk production.

G. Pharmacokinetics:

1. Efgartigimod alfa-fcab: exhibits linear pharmacokinetics, and following single doses of efgartigimod alfa-fcab, exposures increase proportionally up to 50 mg/kg (which is 5 times the recommended dosage of 10 mg/kg).

2. Efgartigimod alfa and hyaluronidase-qvfc: efgartigimod alfa exposures were dose-proportional up to the highest subcutaneously tested dose (1750 mg, 1.75 times the recommended dosage).
3. Distribution- The volume of distribution is 15 to 20L
4. Metabolism and elimination - Efgartigimod alfa-fcab and hyaluronidase are expected to be degraded by proteolytic enzymes into small peptides and amino acids. The terminal half-life is 80 to 120 hours (3 to 5 days). After a single intravenous dose of 10 mg/kg efgartigimod alfa-fcab in healthy subjects, less than 0.1% of the administered dose was recovered in urine

H. Adverse Reactions- Respiratory tract infections (33%), headache (32%), urinary tract infection (10%), paresthesia (7%), and myalgia (6%); immunogenicity (20%)

I. Drug Interactions

1. Concomitant use with medications that bind to the human neonatal Fc receptor (FcRn) (e.g., immunoglobulin products, monoclonal antibodies, or antibody derivatives containing the human Fc domain of the IgG subclass) may lower systemic exposures and reduce effectiveness of such medications. Closely monitor for reduced effectiveness of medications that bind to the human neonatal Fc receptor. When concomitant long-term use of such medications is essential for patient care, consider discontinuing efgartigimod alfa-fcab and using alternative therapies.
2. Drug-drug interactions may exist. Consult interaction database for patient specific assessment.

IV. ADMINISTRATIVE GUIDELINES

A. Intravenous administration: IV infusion should begin within 4 hours of dilution. Do not infuse with other agents. **Use in-line 0.2micron low protein binding filter.**

B. Subcutaneous administration: subcutaneous injection should begin immediately after contents are withdrawn and preparing syringe and winged subcutaneous infusion set. Choose an injection site on the abdomen (at least 2-3 inches away from the navel). Do not inject where skin is red, bruised, tender, hard, or into areas where there are moles or scars. Rotate injection site for subsequent administrations.

C. The diluted IV solution can be administered using polyethylene (PE), polyvinyl chloride (PVC), ethylene vinyl acetate (EVA), or ethylene/polypropylene copolymer bags (polyolefins bags), and with PE, PVC, EVA, or polyurethane/polypropylene infusion lines.

D. Do not co-administer with other products in the same IV line.

V. NURSING PROCEDURE

A. Supplies for efgartigimod IV administration may include but are not limited to:

1. Alcohol Swabs
2. Gloves
3. Tape

4. Peripheral IV access supplies for patients requiring peripheral IV access
    a) IV start Kit
    b) Peripheral IV catheter (ex. 22 Gauge x1" and 24 Gauge x ¾")
    c) Extension set 8" with needless connector

5. Port access supplies for patients with a port
    a) Port needle (ex. 22 Gauge x ¾ to 1" safe step)
    b) Extension set 8" needless connector
    c) Central line dressing change kit

6. IV Pole
7. Needleless connector
8. IV administration set with an in-line or add on 0.22-micron filter
9. Syringes (various sizes depending on dose) with needles (20 G x 1")
10. Sharp container

B. Intravenous efgartigimod prescription Items

1. Vials of efgartigimod alfa-fcab (20mg/mL)
2. Bag of sodium chloride 0.9% for dilution (100 mL)
3. Bag of sodium chloride 0.9% for flushing (50 mL)

C. Supplies for efgartigimod and hyaluronidase subcutaneous administration may include but are not limited to:

1. Alcohol swabs
2. Gloves
3. Band-Aid
4. Syringe (10mL) and Needle (18 G)
5. Winged infusion set (25 G, 12", <0.4 mL priming volume)
6. Sharps container

D. Subcutaneous efgartigimod alfa prescription Items

1. Vial of efgartigimod alfa and hyaluronidase-qvfc

E. How supplied

1. Efgartigimod alfa-fcab injection is a preservative free, sterile, colorless to slightly yellow, clear to slightly opalescent solution supplied as 400 mg/20 mL (20 mg/mL) in one single-dose vial per carton
2. Efgartigimod alfa and hyaluronidase-qvfc injection is a preservative free, sterile, yellowish, clear to opalescent solution supplied as one single-dose vial per carton containing 1,008 mg efgartigimod alfa and 11,200 units hyaluronidase per 5.6 mL (180 mg/2,000 units per mL)

F. Storage and handling

1. Store efgartigimod alfa-fcab refrigerated at 2°C to 8°C (36°F to 46°F) in the original carton to protect from light until time of use. Do not freeze. Do not shake.
2. Store efgartigimod alfa and hyaluronidase-qvfc vials refrigerated at 2°C to 8°C (36°F to 46°F) in the original carton to protect from light until time of use. Do not freeze. Do not

shake. If needed, unopened vials may be stored in the original carton for up to 3 days at room temperature at 20°C to 25°C (68°F to 77°F) for a single period before administration or returned to refrigeration. Do not store the vial at room temperature more than one time. Record the date removed from and the date returned to the refrigerator on the carton.

G. Compatibility: Efgartigimod alfa-fcab is stable in 0.9% sodium chloride. No other diluents may be used to prepare efgartigimod alfa-fcab diluted solution.

H. Procedures for IV administration of efgartigimod alfa-fcab:

1. Explain reasoning for visit and use of efgartigimod alfa-fcab
2. Don gloves
3. Assess for signs and symptoms of infection prior to establishing venous access and preparing medication.
4. Establish venous access prior to preparing drug product
5. Counsel patients on warnings, precautions, and potential side effects including respiratory tract infections, headache, urinary tract infection, paresthesia, and myalgia.
6. Remove efgartigimod alfa-fcab vials from refrigerator and allow to stand to reach room temperature. Inspect efgartigimod alfa-fcab vials prior to preparation. Do not use if opaque particles, discoloration, or other foreign particles are present.

7. Prepare infusion:
    a) Calculate the dose (mg), the total volume (mL) of efgartigimod alfa-fcab solution required, and the number of efgartigimod alfa-fcab vials needed based on the patient's actual body weight according to the following equation:

    $$\text{Volume (mL)} = \frac{\text{patient's body weight (kg)} \times \text{prescribed dose 10 mg/kg}}{\text{concentration of efgartigimod alfa-fcab 20 mg/mL}}$$

    b) One vial is needed for every 20 mL of efgartigimod alfa-fcab which was determined from the calculation above.
    c) Obtain a 100 mL 0.9% Sodium Chloride infusion bag/container - infusion bags/containers must be made of either polyethylene (PE), polyvinyl chloride (PVC), ethylene vinyl acetate (EVA), or ethylene/polypropylene copolymer bags (polyolefins bags).
    d) Calculate the amount of diluent (0.9% sodium chloride) that will be required to add to the required volume of efgartigimod alfa-fcab solution to make a final volume of 125 mL. If applicable, remove excess volume of 0.9% Sodium Chloride Injection from the infusion bag/container prior to addition of the required volume of efgartigimod alfa-fcab solution.

    Example: A 70 kg patient requires a dose of 35 mL of efgartigimod alfa-fcab solution based on calculation above. In order to obtain a final volume of 125 mL, 10 mL must be withdrawn from the 100 mL 0.9% Sodium Chloride Injection infusion bag/container prior to adding the 35 mL of efgartigimod alfa-fcab solution.

8. Withdraw the necessary amount of efgartigimod alfa-fcab solution from vials and dilute by adding to the infusion bag/container containing 0.9% Sodium Chloride Injection.
9. Gently invert infusion bag to mix- Do not shake.
10. Infuse efgartigimod alfa-fcab over a total of 60 minutes (rate= 125mL/hr).

11. After administration of efgartigimod alfa-fcab, flush the entire administration tubing with 0.9% Sodium Chloride Injection to ensure all of the medication is administered. Spike the 50mL 0.9% Sodium Chloride Injection bag and administer the flush at the same rate as the infusion of efgartigimod-alfa.
12. Monitor patients and vital signs periodically throughout infusion and for 1 hour post infusion.

I. Procedures for administration of efgartigimod alfa and hyaluronidase-qvfc subcutaneous:

1. Explain reasoning for visit and use of efgartigimod alfa and hyaluronidase-qvfc
2. Don gloves
3. Assess for signs and symptoms of infection prior to subcutaneous needle insertion and preparation of the medication.
4. Counsel patients on warnings, precautions, and potential side effects including respiratory tract infections, headache, urinary tract infection, paresthesia, myalgia, and localized injection site reactions.
5. Take the efgartigimod alfa and hyaluronidase-qvfc vial out of the refrigerator at least 15 minutes before injecting to allow it to reach room temperature. Visually inspect the vial and ensure that solution is yellowish, clear to opalescent.
6. Withdraw the entire contents of the vial using a polypropylene syringe and an 18G needle. Each vial contains overfill to compensate for liquid loss during preparation and to compensate for the priming volume of the winged infusion set. Remove large air bubbles, if present.
7. Remove the transfer needle from the syringe and connect the syringe to the winged infusion set
8. Prior to administration, fill the tubing of the winged infusion set by gently pressing the syringe plunger until the plunger is at 5.6 mL. There should be solution at the end of the winged infusion set needle.
9. Choose an injection site on the abdomen (at least 2 to 3 inches away from the navel). Do not inject on areas where the skin is red, bruised, tender, hard, or into areas where there are moles or scars. Rotate injection sites for subsequent administration.
10. Inject efgartigimod alfa and hyaluronidase-qvfc subcutaneously into a pinched skin area at an angle of about 45 degrees over 30 to 90 seconds.
11. Remove winged needle set from the subcutaneous tissue, pulling straight out.
12. Discard any unused portions of medicine remaining in the vial, the syringe and the winged infusion set.
13. Monitor patient and vital signs periodically and 30 minutes after administration is complete.

VI. CLINICAL MONITORING

A. Prior to therapy:

1. Assess if patient is up-to-date on vaccinations
2. No current, active infections

B. During and after infusion

1. Monitor for signs and symptoms of infections including temperature. During treatment with efgartigimod alfa-fcab monitor for clinical signs and symptoms of infections. Delay efgartigimod alfa-fcab administration in patients with an active infection until the infection is resolved. If a serious infection occurs during treatment with efgartigimod alfa-fcab,

administer appropriate treatment and consider withholding efgartigimod alfa-fcab until the infection has resolved.

2. Monitor for signs and symptoms of hypersensitivity reactions- Monitor patients periodically during administration and for 1 hour thereafter for clinical signs and symptoms of hypersensitivity reactions including rash, angioedema, and dyspnea. If a hypersensitivity reaction occurs during administration, discontinue efgartigimod alfa-fcab infusion and institute appropriate supportive measures if needed.

3. Immunogenicity- As with all monoclonal antibodies, there is a potential for immunogenicity. In clinical trials 17 out of 83 patients developed anti- efgartigimod alfa-fcab antibodies and 6 patients developed neutralizing antibodies. The available data is too limited to make definitive conclusions on immunogenicity. Patients should be monitored for disease progression and therapy efficacy. In addition, the ordering provider may order periodic labs to check for various antibodies.

4. Monitor disease progression and symptoms of muscle weakness and fatigue including: eyelid drooping, blurred or double vision, difficulty speaking, difficulty chewing or swallowing, choking, difficulty supporting the neck, shortness of breath/difficulty breathing, weakness in arms and legs, and difficulty walking/standing. There are various Myasthenia Gravis scales and questionnaires to measure disease severity and quality of life:

    a) MG-ADL (Myasthenia Gravis Activities of Daily Living): Patient reported outcomes including ability to brush hair and teeth, ability to rise from a chair, diplopia, ptosis, chewing, swallowing, speech problems, and shortness of breath/difficulty breathing. Each item is scored 0-3 with total score ranging from 0-24. The higher the score, the more severe the disease.
    b) QMG (Quantitative Myasthenia Gravis Score): Measures ptosis, diplopia, orbicularis oculi weakness, swallowing a cup of water, speech, percent predicted forced vital capacity, grip strength, arm endurance, leg endurance, and neck flexion endurance. Items are scored 0 to 3 with total scores between 0-39. Higher scores indicate disease severity.
    c) MGC (Myasthenia Gravis Composite): Measures comprehensive severity. This scale measures diplopia, ptosis, facial/neck/deltoid/hip flexor strength, chewing, swallowing, breathing, and speech. Total scores range from 0-50 and higher scores indicate disease severity.
    d) MG-QOL15r- (Myasthenia Gravis Quality of Life 15r)- Patient completed survey with 15 questions. Measures diplopia, eating, speech, mobility, in addition to social activity, hobbies, frustrations, personal independence, and depression. Scores range from 0-2. Total scores range from 0 to 30 and higher scores indicate worse quality of life.

Please refer to the package insert for the most up to date guidance on this medication.

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APPENDIX A: ANAPHYLAXIS KIT INTRUCTIONS

Emergency Medication After Your Infusion

Please call your pharmacy if you have any questions or concerns. In the event of an emergency, always call 911.

Your nurse will tell you when you need to use Emergency Medications.
The epinephrine dose will be noted on the Anaphylaxis Protocol included with your kit.

Start with a clean work surface and clean hands.

Open the supply bag labeled <u>Anaphylaxis Kit Contents</u>.

You will need:

1. **Bag containing Pills** (2 Acetaminophen and 2 Diphenhydramine)
2. **Bag containing Alcohol Prep Pads**
3. **Bag labeled <u>IM Epinephrine</u>**

All other contents will not be needed.

Open the IM Epinephrine Bag

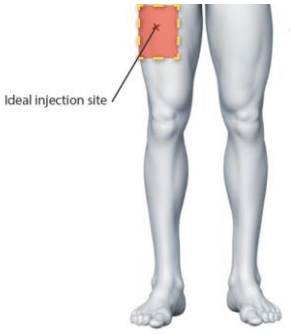
1. **Remove 1 of each item**
    a. 1 -syringe
    b. 1 – brown labeled filter needle (BD Filter Needle)- **for ampule use only**
    c. 1 – black labeled safety needle (Magellan Hypodermic Safety Needle 22G x 1”)
    d. 1 ampule of epinephrine

Prepare IM (intramuscular) injection of Epinephrine:

1. **Attach the brown filtered needle to syringe**
    a. Be careful to not touch the tip of the syringe or the needle.
2. Using an **alcohol swab, wipe the neck of the epinephrine ampule.**
3. Holding the ampule upright, **swirl and flick the ampule until all fluid flows to the bottom chamber** (the top chamber should be empty).
4. Using a new alcohol wipe, grasp the neck of the ampule and with your other hand grasp the bottom chamber of the ampule. **Quickly snap the top of the ampule off, directing the snap way from you.**
5. **Place the tip of the brown filter needle inside the ampule**. Tilting the ampule, **withdraw dose of medication into the syringe** by gently pulling back on the plunger. Be careful to not pull the plunger out of the syringe.

6. Remove the needle from the ampule and h**old the syringe upright** with the needle pointing upward. **Gently tap the side of the syringe to bring any air to the top of the syringe.**
7. **Push the air out of the syringe by gently pushing on the plunger**.
8. Replace the cap on the brown filter needle. Discard remainder in ampule.
9. **Remove the brown filter needle and place the black safety needle onto the syringe.**

Give your IM Epinephrine injection



1. **Grasp your leg muscle at the outer mid-thigh** and **cleanse the area** with a new alcohol wipe.
2. **Push the needle into your leg muscle straight** in at a 90-degree angle.
3. **Inject the medication** by depressing the plunger in a slow and steady motion.
4. **Remove the needle** and wipe the site with the alcohol wipe.
5. May repeat dose every 5 minutes (**maximum 3 doses**) if ordered per protocol.

Take the pills by mouth.

a. 2 – Acetaminophen
b. 2 – Diphenhydramine

Place all trash in the bag the pills came in and take with you when you seek medical care. **Give the bag to the nurse or EMT**, so your doctor will know what medication you already took. They will properly dispose of the syringe and needles.
Call 911 or have someone drive you to the emergency department.

APPENDIX B: EPINEPRINE KIT INSTRUCTIONS FOR IM INJECTION

Emergency Medication After Your Infusion

Please call 1-800-755-4704 if you have any questions or concerns. We are available 24

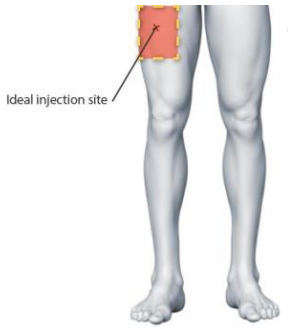
hours a day, 7 days a week. In the event of an emergency, always call 911.
Your nurse will tell you when you need to use Emergency Medications.
Start with a clean work surface and clean hands.
Open the supply bag labeled <u>Epinephrine Kit Contents</u>.

1. **Remove 1 of each item**
    e. 1 -syringe
    f. 1 – brown labeled filter needle (BD Filter Needle)
    g. 1 – black labeled safety needle (Magellan Hypodermic Safety Needle 22G x 1")
    h. 1 ampule of epinephrine

Prepare IM (intramuscular) injection of Epinephrine:

2. **Attach the brown filtered needle to syringe**
    a. Be careful to not touch the tip of the syringe or the needle.
3. Using an **alcohol swab, wipe the neck of the epinephrine ampule**
4. Holding the ampule upright, **swirl and flick the ampule until all fluid flows to the bottom chamber** (the top chamber should be empty).
5. Using a new alcohol wipe, grasp the neck of the ampule and with your other hand grasp the bottom chamber of the ampule. **Quickly snap the top of the ampule off, directing the snap way from you.**
6. **Place the tip of the brown filter needle inside the ampule**. Tilting the ampule, **withdrawal all the medication into the syringe** by gently pulling back on the plunger. Be careful to not pull the plunger out of the syringe.
7. Remove the needle from the ampule and h**old the syringe upright** with the needle pointing upward. **Gently tap the side of the syringe to bring any air to the top of the syringe.**
8. **Push the air out of the syringe by gently pushing on the plunger**.
9. Replace the cap on the brown filter needle.
10. **Remove the brown filter needle and place the black safety needle onto the syringe.**

Give your IM Epinephrine injection



2. **Grasp your leg muscle at the outer mid-thigh** and **cleanse the area** with a new alcohol wipe.
3. **Push the needle into your leg muscle straight** in at a 90-degree angle.
4. **Inject the medication** by depressing the plunger in a slow and steady motion.
5. **Remove the needle** and wipe the site with the alcohol wipe.

Place all trash in the bag and take with you when you seek medical care. **Give the bag to the nurse or EMT**, so your doctor will know what medication you already took. They will properly dispose of the syringe and needles.

Call 911 or have someone drive you to the emergency department.