



Closing the Care Gap in Hypoglycemia

Why confidence in preparedness
matters and how facilities can
effectively respond and treat



INDICATION

GVOKE (glucagon) is an antihypoglycemic agent indicated for subcutaneous use for the treatment of severe hypoglycemia in adult and pediatric patients aged 2 years and older with diabetes.

IMPORTANT SAFETY INFORMATION

- GVOKE is contraindicated in patients with:
 - Pheochromocytoma because of the risk of substantial increase in blood pressure

Please see additional Important Safety Information throughout and [full Prescribing Information](#) for GVOKE® (glucagon) injection.

A Common but Overlooked Risk in LTC^{1,2}

Approximately 25% to 34% of LTC residents live with diabetes.¹ Factors such as advanced age, polypharmacy, and recent hospitalizations make seniors uniquely vulnerable to hypoglycemic events.³

Approximately 40%

of residents with diabetes had at least one blood glucose reading <70 mg/dL, in a multicenter observational study⁴

Recognizing hypoglycemia in older adults can be challenging. Symptoms may be absent, atypical, or mistaken for a comorbid condition. Residents may also be alone or unable to communicate symptoms effectively.⁵

Failing to appropriately treat hypoglycemia may lead to or increase the risk of^{5,6}



Falls and fractures



Altered mental status



Seizures



Cardiac arrhythmias



Coma or death

8 days

was the mean hospital stay and average cost \$19,800 for LTC residents admitted with hypoglycemia, according to a retrospective study⁷



Why the Treatment Status Quo May Fall Short in LTC

Hypoglycemia treatment is time-sensitive, and traditional options face barriers. Oral glucose is not always appropriate,¹ and the multistep preparation of glucagon kits can cause delays and increase the risk of administration errors.^{1,8}



33%

of adults over 65 experience dysphagia⁹



31%

(5/16) were successful using traditional glucagon kits^{10*}



34%

of LTC residents hospitalized for hypoglycemia had dementia, in a retrospective study^{7†}



109

mean time in seconds to rescue injection (n=16), starting at room entry through dose delivery^{10*}

*In a human factors usability study of 16 trained and untrained participants (including 8 caregivers and first responders) under simulated emergency conditions.

†34% is based on the subgroup of 6,609 LTC residents admitted with hypoglycemia.

Common F-tags Associated With Hypoglycemic Events

- **F0684:** Provide appropriate treatment and care according to orders, resident's preferences, and goals^{11,12}
- **F0726:** Ensure nurses and aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well-being^{11,13}
- **F0760:** Residents are free of significant medication errors¹¹



View public records of nursing home inspection reports with findings related to hypoglycemia.

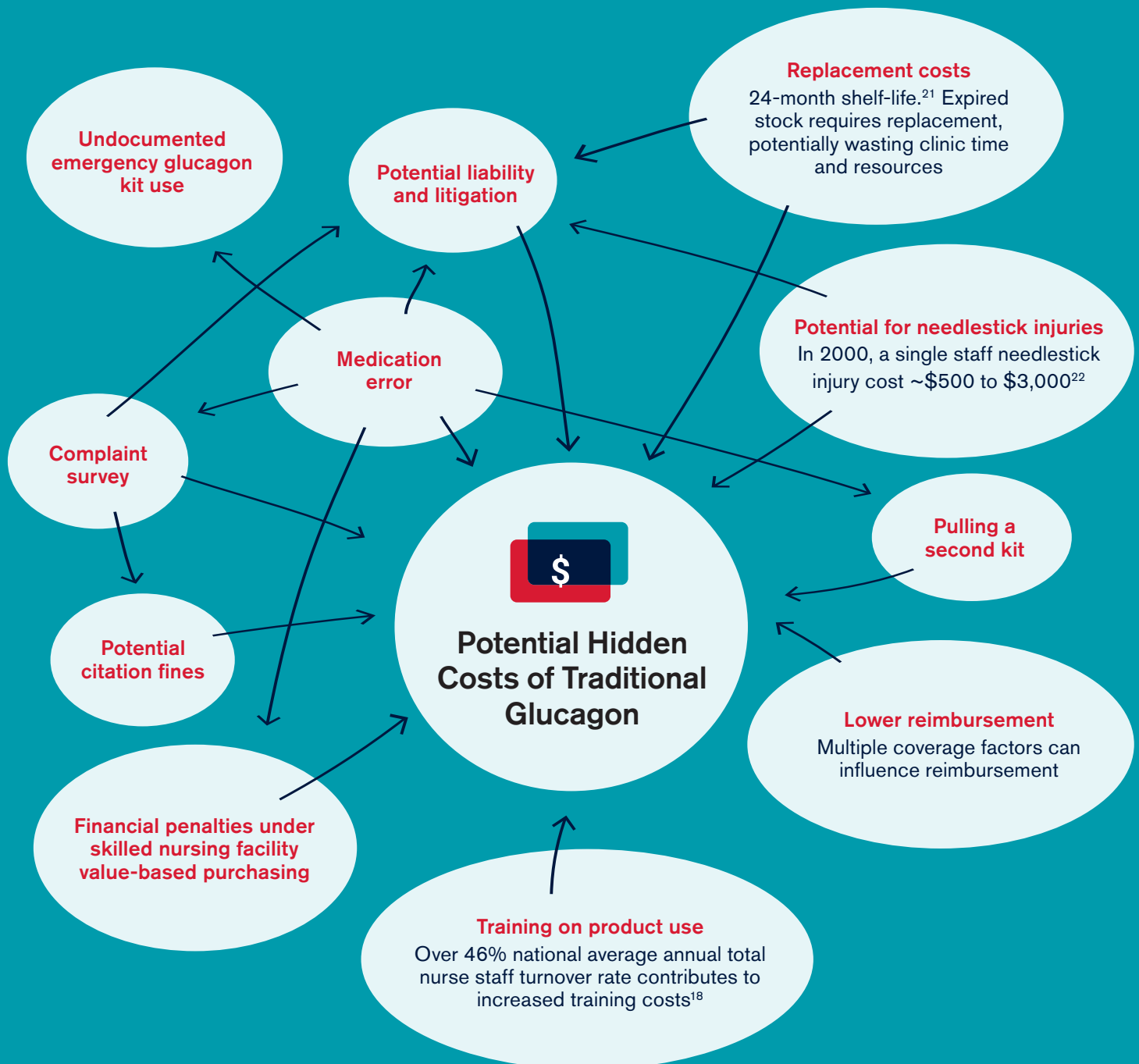


Between 2015 and 2024, immediate jeopardy determinations have increased by 75%, and when substantiated, the fine can be up to \$10,000/day/instance¹⁴

The High Cost of Treatment Failure

When hypoglycemia is not treated promptly and appropriately, the impact may extend beyond the individual patient. Facilities may face increased hospitalization rates, regulatory scrutiny, financial penalties, and reputational risk—with downstream effects on quality performance and compliance outcomes.^{15,16,17}

Traditional glucagon kits may also create operational risk. Nursing turnover means constant retraining, and some states limit who is authorized to reconstitute them.^{18,19,20} They're time-consuming to use, and administration can fail due to reasons such as bent needles and incomplete reconstitution.¹⁰



Glucagon-Based Protocols May Improve Response to Severe Hypoglycemia in LTC³

Establish clear, evidence-based protocols for treating hypoglycemia, such as the following:^{1,3,23}

- ✓ Train staff to identify signs of hypoglycemia
- ✓ Provide clear guidance for when to administer glucose or glucagon
- ✓ Ensure glucagon can be administered without a new physician's order
- ✓ Do not delay treating symptomatic hypoglycemia while contacting the practitioner
- ✓ Establish that nurses have access to and know where undesignated emergency glucagon is stocked
- ✓ Refresh procedures with staff consistently



GVOKE HypoPen®: The Safety Net You Need

GVOKE HypoPen® (glucagon injection) is a ready-to-use glucagon autoinjector that can simplify the treatment of severe hypoglycemia in LTC settings—supporting confident, timely response when it matters most.²⁴



LTC, long-term care.

IMPORTANT SAFETY INFORMATION (Continued)

- GVOKE is contraindicated in patients with:
 - Insulinoma because of the risk of hypoglycemia
 - Prior hypersensitivity reaction to glucagon or to any of the excipients. Serious hypersensitivity reactions have been reported with glucagon, including generalized rash, and anaphylactic shock with breathing difficulties and hypotension

Please see additional Important Safety Information throughout and [full Prescribing Information](#) for GVOKE® (glucagon) injection.

The #1 Branded Glucagon in LTC²⁵



99% Administration Success

In a human-factors validation study, 99% (74/75) of participants successfully administered GVOKE HypoPen[®] under simulated emergency conditions¹⁰

Administered in 2 Steps (Pull Red, Push Yellow)²⁶

Premixed and premeasured—
no reconstitution required²⁴

Shelf-Stable for 30 Months^{25*}

This could mean less wasted product
due to expiration and lead to critical
cost savings

Widely Covered

Available through Medicare,
Medicaid, and commercial insurance

Needle Guard Technology

Designed to prevent accidental sticks

Dedicated Support Team

We can help with pharmacy coordination, disease-state
education, complimentary training tools, and more

*30-month shelf life from date of manufacture applies to 1
mg strength when stored according to labeled storage
conditions.

Turn Preparedness Into Practice



Request GVOKE HypoPen[®]
for your facility



Ensure appropriate residents who are
high risk for hypoglycemia have
GVOKE HypoPen[®] prescriptions



Discharge patients with GVOKE HypoPen[®]
when they are leaving your care



To support access to
GVOKE HypoPen[®] in your facility:

Contact your GVOKE[®]
[LTC Territory Manager] at
LTCsupport@xerispharma.com

IMPORTANT SAFETY INFORMATION (Continued)

- GVOKE may stimulate the release of catecholamines from the tumor. If patient develops a substantial increase in blood pressure and a previously undiagnosed pheochromocytoma is suspected, 5 to 10 mg of phentolamine mesylate intravenously has been shown to be effective in lowering blood pressure

Please see additional Important Safety Information throughout and full Prescribing Information for GVOKE[®] (glucagon) injection.

INDICATION

GVOKE (glucagon) is an antihypoglycemic agent indicated for subcutaneous use for the treatment of severe hypoglycemia in adult and pediatric patients aged 2 years and older with diabetes.

IMPORTANT SAFETY INFORMATION

- GVOKE is contraindicated in patients with:
 - Pheochromocytoma because of the risk of substantial increase in blood pressure
 - Insulinoma because of the risk of hypoglycemia
 - Prior hypersensitivity reaction to glucagon or to any of the excipients. Serious hypersensitivity reactions have been reported with glucagon, including generalized rash, and anaphylactic shock with breathing difficulties and hypotension
- GVOKE may stimulate the release of catecholamines from the tumor. If patient develops a substantial increase in blood pressure and a previously undiagnosed pheochromocytoma is suspected, 5 to 10 mg of phentolamine mesylate intravenously has been shown to be effective in lowering blood pressure
- In patients with insulinoma, administration of glucagon may produce an initial increase in blood glucose; however, administration may stimulate exaggerated insulin release from an insulinoma and cause hypoglycemia. If a patient develops symptoms of hypoglycemia after a dose of GVOKE, give glucose orally or intravenously
- Patients with insufficient hepatic stores of glycogen may not respond to GVOKE for treatment of severe hypoglycemia. Insufficient hepatic stores of glycogen may be present in conditions such as states of starvation, or in patients with adrenal insufficiency or chronic hypoglycemia
- A skin rash called necrolytic migratory erythema (NME), has been reported post-marketing following continuous glucagon infusion and resolved with discontinuation of the glucagon. GVOKE is not approved for continuous infusion. Should NME occur, consider whether the benefits of continuous glucagon infusion outweigh the risks
- Most common adverse reactions reported in adult patients were nausea, vomiting, injection site edema raised 1 mm or greater, and headache
- Most common adverse reactions reported in pediatric patients were nausea, hypoglycemia, vomiting, headache, abdominal pain, hyperglycemia, injection site discomfort and reaction, and urticaria
- Patients taking concomitant beta-blockers may have a transient increase in pulse and blood pressure. In patients taking concomitant indomethacin, GVOKE may lose its ability to raise glucose or may produce hypoglycemia. GVOKE may increase the anticoagulant effect of warfarin

Please see [full Prescribing Information](#) for GVOKE® (glucagon) injection.

References 1. Davidson H, et al. *J Am Med Dir Assoc.* 2024;25(11):105342 2. National Academies of Sciences, Engineering, and Medicine. Evolution and landscape of nursing home care in the United States. In: *The National Imperative to Improve Nursing Home Quality.* 2022. <https://www.ncbi.nlm.nih.gov/books/NBK584647/> 3. Delville CL, et al. *Ann Longterm Care.* 2019;27(10):22-28. 4. Newton CA, et al. *J Am Med Dir Assoc.* 2013;14(11):842-846 5. Abdelhafiz AH, et al. *Aging Dis.* 2015;6(2):156-167. 6. Idrees T, et al. *BMJ Open Diabetes Res Care.* 2022;10(4):e002705. 7. Pandya N, et al. *Am J Manag Care.* 2021;27(10):e349-e354. 8. Pieber TR, et al. *Diabetes Care.* 2021;44(6):1361-1367 9. Leiman DA, et al. *J Gen Intern Med.* 2023;38(15):3329-3338. 10. Valentine V, et al. *Diabetes Technol Ther.* 2019;21(9):522-530. 11. CMS Compliance Group. Federal regulatory groups for long term care: list of revised F-tags. April 28, 2025. Accessed February 18, 2026. <https://cmscompliancegroup.com/wp-content/uploads/2025/05/List-of-Revised-F-Tags-04282025.pdf> 12. Centers for Medicare & Medicaid Services. Nursing home complaint inspection report. Medicare.gov. Accessed Jan 31, 2026. <https://www.medicare.gov/care-compare/inspections/pdf/nursing-home/235039/health/complaint-inspection?date=2023-04-18> 13. Centers for Medicare & Medicaid Services. Nursing home complaint inspection report. Medicare.gov. Accessed Jan 31, 2026. <https://www.medicare.gov/care-compare/inspections/pdf/nursing-home/415129/health/complaint-inspection?date=2024-03-15> 14. Marselas K. CMS budget puts complaint surveys over routine inspections as main nursing home oversight. *McKnight's Long-Term Care News.* June 2, 2025. Accessed February 9, 2026. <https://www.mcknights.com/news/cms-budget-puts-complaint-surveys-over-routine-inspections-as-main-nursing-home-oversight/> 15. Centers for Medicare & Medicaid Services. The Skilled Nursing Facility Value-Based Purchasing (SNF VBP) program. Updated August 4, 2025. Accessed January 30, 2026. <https://www.cms.gov/medicare/quality/nursing-home-improvement/value-based-purchasing> 16. Centers for Medicare & Medicaid Services. Nursing home enforcement. Updated April 21, 2025. Accessed January 30, 2026. <https://www.cms.gov/medicare/health-safety-standards/enforcement/nursing-home-enforcement> 17. CNA, Nurses Service Organization. Nurse Professional Liability Claim Report. 5th edition. August 2025. Accessed January 30, 2026. [https://www.sos.mo.gov/cmsimages/Nurse_Spotlight/CNA_CLS_NUR25_081825a_CE_PROD_SEC_\(1\).pdf](https://www.sos.mo.gov/cmsimages/Nurse_Spotlight/CNA_CLS_NUR25_081825a_CE_PROD_SEC_(1).pdf) 18. Zheng Q et al. *J Am Geriatr Soc.* 2022;70(9):2508-2516 19. Cornell Law School Legal Information Institute. Okla. Admin. Code §310:675-9-9.1 - Medication services. Accessed January 30, 2026. <https://www.law.cornell.edu/regulations/oklahoma/OAC-310-675-9-9.1> 20. Missouri Secretary of State. Rules of Department of Commerce and Insurance. Division 2200—State Board of Nursing. Chapter 6—Intravenous Infusion Treatment Administration. 2024. Accessed January 30, 2026. <https://www.sos.mo.gov/cmsimages/adrules/csr/current/20csr/20c2200-6.pdf> 21. Glucagon for Injection [prescribing information]. Lake Zurich, IL: Fresenius Kabi USA, LLC; 2019. 22. Ugonabo N, et al. *JAMA Surg.* 2021;156(1):96-97. 23. American Society of Consultant Pharmacists. Hypoglycemia: adult management protocol for long-term care or assisted living. May 2023. Accessed January 31, 2026. https://cdn.ymaws.com/www.ascp.com/resource/resmgr/docs/prc/Hypoglycemia_Protocol.pdf 24. Gvoke [prescribing information]. Chicago, IL: Xeris Pharmaceuticals, Inc. 25. Data on file. Xeris Pharmaceuticals, Inc. 26. Gvoke HypoPen [instructions for use]. Chicago, IL: Xeris Pharmaceuticals, Inc.

GVOKE®, GVOKE HypoPen®, GVOKE HypoPen 2-pack™, the droplet design, Xeris Pharmaceuticals®, and their associated logos are trademarks of Xeris Pharmaceuticals, Inc. Copyright ©2026 Xeris Pharmaceuticals, Inc. All rights reserved. US-GVKHP-26-00010(v1) 04/26

