

Subject: Antidiabetic Agents ST, Post PA Policy 676-D UDR 05-2023 v2

Drug
 ANTIDIABETIC AGENTS
 AMYLIN ANALOG
SYMLINPEN (*pramlintide acetate*)
 GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONIST
ADLYXIN (*lixisenatide*)
BYDUREON BCISE (*exenatide extended-release*)
BYETTA (*exenatide*)
OZEMPIC (*semaglutide*)
RYBELSUS (*semaglutide*)
TRULICITY (*dulaglutide*)
VICTOZA (*liraglutide*)
 GLUCOSE-DEPENDENT INSULINOTROPIC POLYPEPTIDE (GIP) RECEPTOR AND GLUCAGON-LIKE PEPTIDE-1 (GLP-1) RECEPTOR AGONIST
MOUNJARO (*tirzepatide*)
 SODIUM-GLUCOSE COTRANSPORTER 2 (SGLT2) INHIBITOR
BRENZAVVY (*bexagliflozin*)
FARXIGA (*dapagliflozin*)
INVOKANA (*canagliflozin*)
JARDIANCE (*empagliflozin*)
STEGLATRO (*ertugliflozin*)
 SGLT2 INHIBITOR / METFORMIN
INVOKAMET (*canagliflozin / metformin HCl*)
INVOKAMET XR (*canagliflozin / metformin HCl extended-release*)
SEGLUROMET (*ertugliflozin / metformin HCl*)
SYNJARDY (*empagliflozin / metformin HCl*)
SYNJARDY XR (*empagliflozin / metformin HCl extended-release*)
XIGDUO XR (*dapagliflozin / metformin HCl*)
 SGLT2 INHIBITOR / DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR
GLYXAMBI (*empagliflozin / linagliptin*)
QTERN (*dapagliflozin / saxagliptin*)
STEGLUJAN (*ertugliflozin / sitagliptin*)
 SGLT2 INHIBITOR / DPP4 INHIBITOR / METFORMIN
TRIJARDY XR (*empagliflozin / linagliptin / metformin HCl extended-release*)
 LONG ACTING INSULIN/GLP-1 RECEPTOR AGONIST
SOLIQUA (*insulin glargine / lixisenatide injection*)
XULTOPHY (*insulin degludec / liraglutide injection*)

Policy:**FDA APPROVED INDICATIONS****AMYLIN ANALOG:****SymlinPen**

SymlinPen is indicated as an adjunctive treatment in patients with type 1 or type 2 diabetes who use mealtime insulin therapy and who have failed to achieve desired glucose control despite optimal insulin therapy.

GLP-1 RECEPTOR AGONIST:**Adlyxin**

Adlyxin is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

- Adlyxin has not been studied in patients with chronic pancreatitis or a history of unexplained pancreatitis. Consider other antidiabetic therapies in patients with a history of pancreatitis.
- Adlyxin should not be used in patients with type 1 diabetes mellitus.
- Adlyxin has not been studied in patients with gastroparesis and is not recommended in patients with gastroparesis.

Bydureon BCise

Bydureon BCise is indicated as an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients aged

10 years and older with type 2 diabetes mellitus.

Limitations of Use

- Bydureon BCise is not recommended as first-line therapy for patients who have inadequate glycemic control on diet and exercise because of the uncertain relevance of the rat thyroid C-cell tumor findings to humans.
- Bydureon BCise is not indicated for use in patients with type 1 diabetes mellitus.
- Bydureon BCise is an extended-release formulations of exenatide and should not be used with other products containing the active ingredient exenatide.
- Bydureon BCise has not been studied in patients with a history of pancreatitis. Consider other antidiabetic therapies in patients with a history of pancreatitis.

Byetta

Byetta is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

- Byetta is not indicated for use in patients with type 1 diabetes.
- Byetta contains exenatide and should not be used with other products containing the active ingredient exenatide. Byetta has not been studied in patients with a history of pancreatitis. Consider other antidiabetic therapies in patients with a history of pancreatitis.

Ozempic

Ozempic is indicated:

- as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
- to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction or non-fatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease.

Limitations of Use

- Ozempic has not been studied in patients with a history of pancreatitis. Consider other antidiabetic therapies in patients with a history of pancreatitis.
- Ozempic is not indicated for use in patients with type 1 diabetes mellitus.

Rybelsus

Rybelsus is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

- Rybelsus has not been studied in patients with a history of pancreatitis. Consider other antidiabetic therapies in patients with a history of pancreatitis.
- Rybelsus is not indicated for use in patients with type 1 diabetes mellitus.

Trulicity

Trulicity is indicated:

- As an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients 10 years of age and older with type 2 diabetes mellitus.
- To reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus who have established cardiovascular disease or multiple cardiovascular risk factors.

Limitations of Use

- Trulicity has not been studied in patients with a history of pancreatitis. Consider other antidiabetic therapies in patients with a history of pancreatitis.
- Trulicity should not be used in patients with type 1 diabetes mellitus.
- Trulicity has not been studied in patients with severe gastrointestinal disease, including severe gastroparesis and is therefore not recommended in these patients.

Victoza

Victoza is indicated:

- as an adjunct to diet and exercise to improve glycemic control in patients 10 years and older with type 2 diabetes mellitus.
- to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease.

Limitations of Use

- Victoza should not be used in patients with type 1 diabetes mellitus.
- Victoza contains liraglutide and should not be coadministered with other liraglutide-containing products.

GIP/GLP-1 RECEPTOR AGONIST:

Mounjaro

Mounjaro is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

- Mounjaro has not been studied in patients with a history of pancreatitis.
- Mounjaro is not indicated for use in patients with type 1 diabetes mellitus.

SGLT2 INHIBITOR:

Brenzavvy

Brenzavvy is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

Brenzavvy is not recommended in patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.

Farxiga

Farxiga (dapagliflozin) is indicated:

- To reduce the risk of sustained eGFR decline, end-stage kidney disease, cardiovascular death, and hospitalization for heart failure in adults with chronic kidney disease at risk of progression.
- To reduce the risk of cardiovascular death, hospitalization for heart failure, and urgent heart failure visits in adults with heart failure.
- To reduce the risk of hospitalization for heart failure in adults with type 2 diabetes mellitus and either established cardiovascular disease or multiple cardiovascular risk factors.
- As an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

- Farxiga is not recommended for use to improve glycemic control in patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients
- Farxiga is not recommended for use to improve glycemic control in adults with type 2 diabetes mellitus with an eGFR less than 45 mL/min/1.73 m². Farxiga is likely to be ineffective in this setting based upon its mechanism of action.
- Farxiga is not recommended for the treatment of chronic kidney disease in patients with polycystic kidney disease or patients requiring or with a recent history of immunosuppressive therapy for kidney disease. Farxiga is not expected to be effective in these populations.

Invokana

Invokana (canagliflozin) is indicated:

- as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.
- to reduce the risk of major adverse cardiovascular events (cardiovascular death, nonfatal myocardial infarction and nonfatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease (CVD).

- to reduce the risk of end-stage kidney disease (ESKD), doubling of serum creatinine, cardiovascular (CV) death, and hospitalization for heart failure in adults with type 2 diabetes mellitus and diabetic nephropathy with albuminuria greater than 300 mg/day.

Limitations of Use

Invokana is not recommended in patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.

Invokana is not recommended for use to improve glycemic control in adults with type 2 diabetes mellitus with an eGFR less than 30 mL/min/1.73m². Invokana is likely to be ineffective in this setting based upon its mechanism of action.

Jardiance

Jardiance is indicated:

- to reduce the risk of cardiovascular death and hospitalization for heart failure in adults with heart failure.
- to reduce the risk of sustained decline in eGFR, end-stage kidney disease, cardiovascular death, and hospitalization in adults with chronic kidney disease at risk of progression.
- to reduce the risk of cardiovascular death in adult patients with type 2 diabetes mellitus and established cardiovascular disease.
- as an adjunct to diet and exercise to improve glycemic control in adults and pediatric patients aged 10 years and older with type 2 diabetes mellitus,

Limitation of Use

Jardiance is not recommended for use to improve glycemic control in patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.

Jardiance is not recommended for use to improve glycemic control in patients with type 2 diabetes mellitus with an eGFR less than 30 mL/min/1.73 m². Jardiance is likely to be ineffective in this setting based upon its mechanism of action.

Jardiance is not recommended for the treatment of chronic kidney disease in patients with polycystic kidney disease or patients requiring or with a recent history of intravenous immunosuppressive therapy or greater than 45 mg of prednisone or equivalent for kidney disease. Jardiance is not expected to be effective in these populations.

Steglatro

Steglatro is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

Not recommended in patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.

SGLT2 INHIBITOR / METFORMIN:

Invokamet, Invokamet XR

Invokamet and Invokamet XR are a combination of canagliflozin and metformin hydrochloride (HCl) indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Canagliflozin is indicated to reduce the risk of major adverse cardiovascular events (cardiovascular death, nonfatal myocardial infarction and nonfatal stroke) in adults with type 2 diabetes mellitus and established cardiovascular disease (CVD).

Canagliflozin is indicated to reduce the risk of end-stage kidney disease (ESKD), doubling of serum creatinine, cardiovascular (CV) death, and hospitalization for heart failure in adults with type 2 diabetes mellitus and diabetic nephropathy with albuminuria greater than 300 mg/day.

Limitations of Use

Invokamet/Invokamet XR is not recommended in patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.

Segluromet

Segluromet is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

Not recommended in patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.

Synjardy, Synjardy XR

Synjardy and Synjardy XR are a combination of empagliflozin and metformin hydrochloride (HCl) indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Empagliflozin, when used as a component of Synjardy/Synjardy XR, is indicated in adults with type 2 diabetes mellitus to reduce the risk of:

- Cardiovascular death in adults with established cardiovascular disease.
- Cardiovascular death and hospitalization for heart failure in adults with heart failure.

Limitation of Use

- Synjardy/Synjardy XR are not recommended for patients with type 1 diabetes. It may increase the risk of diabetic ketoacidosis.

in these patients.

- Because of the metformin component, Synjardy/Synjardy XR is not recommended for use in patients with heart failure without type 2 diabetes mellitus.

Xigduo XR

Xigduo XR is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Dapagliflozin is indicated to reduce:

- the risk of hospitalization for heart failure in adults with type 2 diabetes mellitus and established cardiovascular disease (CVD) or multiple cardiovascular (CV) risk factors.
- the risk of cardiovascular death and hospitalization for heart failure in adults with heart failure (NYHA class II-IV) with reduced ejection fraction.
- the risk of sustained estimated glomerular filtration rate decline, end-stage kidney disease, cardiovascular death, and hospitalization for heart failure in adults with chronic kidney disease at risk of progression.

Limitation of Use

- Xigduo XR is not recommended for patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.
- Because of the metformin component, the use of Xigduo XR is limited to adults with type 2 diabetes for all indications.
- Xigduo XR is not recommended for the treatment of chronic kidney disease in patients with polycystic kidney disease or patients requiring or with a recent history of immunosuppressive therapy for kidney disease. Xigduo XR is not expected to be effective in these populations.

SGLT2 INHIBITOR / DPP-4 INHIBITOR:

Glyxambi

Glyxambi is a combination of empagliflozin and linagliptin indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Empagliflozin is indicated to reduce the risk of cardiovascular death in adults with type 2 diabetes mellitus and established cardiovascular disease.

Limitations of Use

Glyxambi is not recommended for patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.

Glyxambi has not been studied in patients with a history of pancreatitis. It is unknown whether patients with a history of pancreatitis are at an increased risk for the development of pancreatitis while using Glyxambi.

Glyxambi is not recommended for use to improve glycemic control in adults with type 2 diabetes mellitus with an eGFR less than 30 mL/min/1.73m². Glyxambi is likely to be ineffective in this setting based upon its mechanism of action.

Qtern

Qtern is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

Qtern is not recommended for patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.

Steglujan

Steglujan is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use

- Not recommended in patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.
- Has not been studied in patients with a history of pancreatitis. It is unknown whether patients with a history of pancreatitis are at increased risk for the development of pancreatitis while using Steglujan.

SGLT2 INHIBITOR / DPP-4 INHIBITOR / METFORMIN:

Trijardy XR

Trijardy XR is a combination of empagliflozin, linagliptin, and metformin hydrochloride (HCl) indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Empagliflozin is indicated to reduce the risk of cardiovascular death in adults with type 2 diabetes mellitus and established cardiovascular disease.

Limitations of Use

Trijardy XR is not recommended for patients with type 1 diabetes mellitus. It may increase the risk of diabetic ketoacidosis in these patients.

Trijardy XR has not been studied in patients with a history of pancreatitis. It is unknown whether patients with a history of pancreatitis are at an increased risk for the development of pancreatitis while using Trijardy XR.

Long Acting Insulin / GLP-1 RECEPTOR Agonist:**Soliqua**

Soliqua 100/33 is a combination of insulin glargine and lixisenatide and is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use:

- Soliqua 100/33 has not been studied in patients with a history of pancreatitis. Consider other antidiabetic therapies in patients with a history of pancreatitis.
- Soliqua 100/33 is not recommended for use in combination with any other product containing a GLP-1 receptor agonist.
- Soliqua 100/33 is not indicated for use in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis.
- Soliqua 100/33 has not been studied in patients with gastroparesis and is not recommended in patients with gastroparesis.
- Soliqua 100/33 has not been studied in combination with prandial insulin.

Xultophy

Xultophy 100/3.6 is a combination of insulin degludec and liraglutide and is indicated as an adjunct to diet and exercise to improve glycemic control in adults with type 2 diabetes mellitus.

Limitations of Use:

- Xultophy 100/3.6 is not recommended as first-line therapy for patients who have inadequate glycemic control on diet and exercise because of the uncertain relevance of the rodent C-cell tumor findings to humans.
- Xultophy 100/3.6 is not recommended for use in combination with any other product containing liraglutide or another GLP-1 receptor agonist.
- Xultophy 100/3.6 is not indicated for use in patients with type 1 diabetes mellitus or for the treatment of diabetic ketoacidosis.
- Xultophy 100/3.6 has not been studied in combination with prandial insulin.

INITIAL STEP THERAPY*

**Include Rx and OTC products unless otherwise stated.*

INITIAL STEP THERAPY For AMYLIN ANALOGS (SymlinPen):

If the patient has filled a prescription for at least a 30-day supply of a rapid-acting insulin or short-acting insulin or pre-mixed insulin [e.g., insulin aspart (Novolog), insulin glulisine (Apidra), insulin lispro (Humalog), insulin regular R (Afrezza, Humulin R, Novolin R)] within the past 120 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

INITIAL STEP THERAPY For ALL OTHER TARGET DRUGS:

If the patient has filled a prescription for at least a 30-day supply of metformin within the past 180 days under a prescription benefit administered by CVS Caremark, then the requested drug will be paid under that prescription benefit. If the patient does not meet the initial step therapy criteria, then the claim will reject with a message indicating that a prior authorization (PA) is required. The prior authorization criteria would then be applied to requests submitted for evaluation to the PA unit.

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The patient has a diagnosis of type 2 diabetes mellitus **AND**
 - The patient has NOT been receiving a stable maintenance dose of the requested drug for at least 3 months

AND

- The patient experienced an inadequate treatment response, intolerance, or has a contraindication to metformin

OR

- The patient requires combination therapy **AND** has an A1C of 7.5 percent or greater

OR

- The request is for Farxiga (dapagliflozin), Invokana (canagliflozin), Jardiance (empagliflozin), Ozempic (semaglutide), Trulicity (dulaglutide), or Victoza (liraglutide) **AND** the patient has established cardiovascular disease

OR

- The request is for Invokana (canagliflozin) **AND** the patient has diabetic nephropathy with albuminuria greater than 300 mg per day

OR

- The request is for Trulicity (dulaglutide) or Farxiga (dapagliflozin) **AND** the patient has multiple cardiovascular risk factors

OR

- The request is for Farxiga (dapagliflozin) or Jardiance (empagliflozin) **AND**
 - The patient has a diagnosis of heart failure

OR

- The request is for Farxiga (dapagliflozin) or Jardiance (empagliflozin) **AND**
 - The patient has chronic kidney disease at risk of progression

OR

- The patient has been receiving a stable maintenance dose of the requested drug for at least 3 months **AND**
 - The patient has demonstrated a reduction in A1C since starting this therapy

OR

- The request is for Farxiga (dapagliflozin), Invokana (canagliflozin), Jardiance (empagliflozin), Ozempic (semaglutide), Trulicity (dulaglutide), or Victoza (liraglutide) **AND** the patient has established cardiovascular disease

OR

- The request is for Invokana (canagliflozin) **AND** the patient has diabetic nephropathy with albuminuria greater than 300 mg per day

OR

- The request is for Trulicity (dulaglutide) or Farxiga (dapagliflozin) **AND** the patient has multiple cardiovascular risk factors

OR

- The request is for Farxiga (dapagliflozin) or Jardiance (empagliflozin) **AND**
 - The patient has a diagnosis of heart failure

OR

- The request is for Farxiga (dapagliflozin) or Jardiance (empagliflozin) **AND**
 - The patient has chronic kidney disease at risk of progression

OR

- The request is for SymlinPen (pramlintide acetate) **AND** the patient has a diagnosis of type 1 or type 2 diabetes mellitus **AND**
 - The patient has NOT been receiving a stable maintenance dose of the requested drug for at least 3 months **AND**
 - The patient has failed to achieve desired glucose

control despite receiving optimal insulin therapy,
including mealtime insulin

OR

- The patient has been receiving a stable maintenance dose of the requested drug for at least 3 months **AND**
 - The patient has demonstrated a reduction in A1C since starting this therapy

OR

- The request is for Farxiga (dapagliflozin) **AND**
 - The patient has a diagnosis of heart failure

OR

- The patient has chronic kidney disease at risk of progression

OR

- The request is for Jardiance (empagliflozin) **AND**
 - The patient has a diagnosis of heart failure

OR

- The patient has chronic kidney disease at risk of progression

Duration of Approval (DOA):

- DOA: 676-D: 36 months

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Place of Service:

Outpatient

The above policy is based on the following references:

1. Adlyxin [package insert]. Bridgewater, NJ: sanofi-aventis U.S. LLC; June 2022.
2. Brenzavvy [package insert]. Marlborough, MA: TherascoBio, LLC.; January 2023.
3. Bydureon BCise [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; December 2022.
4. Byetta [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; December 2022.
5. Farxiga [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; May 2023.
6. Glyxambi [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; October 2022.
7. Invokamet, Invokamet XR [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; October 2022.
8. Invokana [package insert]. Titusville, NJ: Janssen Pharmaceuticals, Inc.; October 2022.
9. Jardiance [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; September 2023.
10. Mounjaro [package insert]. Indianapolis, IN: Lilly USA, LLC.; September 2022.
11. Ozempic [package insert]. Plainsboro, NJ: Novo-Nordisk Inc.; October 2022.
12. Qtern [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; October 2022.
13. Rybelsus [package insert]. Plainsboro, NJ: Novo-Nordisk Inc.; December 2022.
14. Segluromet [package insert]. Rahway, NJ: Merck Sharpe & Dohme LLC.; October 2022.
15. Soliqua [package insert]. Bridgewater, NJ: sanofi-aventis U.S. LLC; June 2022.
16. Steglatro [package insert]. Rahway, NJ: Merck Sharpe & Dohme LLC.; October 2022.
17. Steglujan [package insert]. Rahway, NJ: Merck Sharpe & Dohme LLC.; October 2022.
18. SymlinPen [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; December 2019.
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20. Synjardy XR [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; February 2023.
21. Trijardy XR [package insert]. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; October 2022.
22. Trulicity [package insert]. Indianapolis, IN: Eli Lilly and Company; December 2022.
23. Victoza [package insert]. Plainsboro, NJ: Novo Nordisk Inc.; June 2022.
24. Xigduo XR [package insert]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; October 2022.
25. Xultophy [package insert]. Plainsboro, NJ: Novo Nordisk U.S. LLC; June 2022.
26. Lexicomp Online, AHFS DI (Adult and Pediatric) Online. Waltham, MA: UpToDate, Inc.; 2023. <https://online.lexi.com>. Accessed April 4, 2023.
27. Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited: 04/04/2023).
28. Blonde L, Umpierrez GE, Reddy SS et. al. American Association of Clinical Endocrinology Clinical Practice Guideline: Developing a Diabetes Mellitus Comprehensive Care Plan – 2022 Update. Endocrine Practice 28 (2022) 923-1049.
29. Davies MJ, Aroda VR, Collins BS, et. al. Management of Hyperglycemia in Type 2 Diabetes, 2022. A Consensus Report by the American Diabetes Association (ADA) and the European Association for the Study of Diabetes (EASD). Diabetes Care

2022;45(11):2753-2786.

30. El Sayed NA, Aleppo G, Aroda VR et. al. American Diabetes Association, Standards of Care in Diabetes – 2023. Diabetes Care 2023;46(Suppl. 1):S1-S291.
31. Heidenreich PA, Bozkurt B, Aguilar D et. al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines. J Am Coll Cardiol. 2022;79:e263-e421.

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