

Baqsimi (glucagon nasal, powder)
Gvoke, Gvoke HypoPen (glucagon auto-injector, subcutaneous)
Effective 02/01/2021

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	Program Type	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Benefit	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
Specialty Limitations			
Contact Information	Specialty Medications		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	Non-Specialty Medications		
	MassHealth	Phone: 877-433-7643	Fax: 866-255-7569
	Commercial	Phone: 800-294-5979	Fax: 888-836-0730
	Exchange	Phone: 855-582-2022	Fax: 855-245-2134
	Medical Specialty Medications (NLX)		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
Exceptions			

Overview

Glucagon increases blood glucose concentration by activating hepatic glucagon receptors, thereby stimulating glycogen breakdown and release of glucose from the liver. Hepatic stores of glycogen are necessary for glucagon to produce an antihypoglycemic effect.

Coverage Guidelines

Baqsimi

Authorization may be granted for members who are currently receiving treatment with Baqsimi, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member has documented diagnosis of severe hypoglycemia with diabetes
2. The member age is \geq 4 years
3. The member has had an inadequate response or contraindication to glucagon injection (powder for reconstitution)

Gvoke and Gvoke Hypopen

Authorization may be granted for members who are currently receiving treatment with Gvoke, excluding when the product is obtained as samples or via manufacturer’s patient assistance programs

OR

Authorization may be granted if the member meets all following criteria and documentation has been submitted:

1. The member has documented diagnosis of severe hypoglycemia with diabetes



2. The member age is ≥ 2 years
3. The member has had an inadequate response or contraindication to glucagon injection (powder for reconstitution)

Limitations

Approvals will be granted for 36 months

References

1. Baqsimi [prescribing information]. Indianapolis, IN: Eli Lilly and Company; July 2019.
2. Gvoke [prescribing information]. Chicago, IL: Xeris Pharmaceuticals; September 2019.

Review History

05/20/2020 – Reviewed and approved May P&T. Effective 5/01/20

01/01/2020 – Updated; added Gvoke HypoPen to criteria. Effective 02/01/21.

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