### 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 ≥ 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

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### Exceptions

<table>
<thead>
<tr>
<th>Specialty Medications</th>
<th>Phone: 866-814-5506</th>
<th>Fax: 866-249-6155</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Specialty Medications</td>
<td>MassHealth: Phone: 877-433-7643</td>
<td>Fax: 866-255-7569</td>
</tr>
<tr>
<td></td>
<td>Commercial: Phone: 800-294-5979</td>
<td>Fax: 888-836-0730</td>
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<tr>
<td></td>
<td>Exchange: Phone: 855-582-2022</td>
<td>Fax: 855-245-2134</td>
</tr>
<tr>
<td>Medical Specialty Medications (NLX)</td>
<td>All Plans: Phone: 844-345-2803</td>
<td>Fax: 844-851-0882</td>
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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

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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