

**Baqsimi (glucagon nasal, powder)**  
**Gvoke (glucagon auto-injector, subcutaneous, kit)**  
**Effective 06/01/2022**

<b>Plan</b>	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> Commercial/Exchange	<b>Program Type</b>	<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
<b>Benefit</b>	<input checked="" type="checkbox"/> Pharmacy Benefit <input type="checkbox"/> Medical Benefit (NLX)		
<b>Specialty Limitations</b>			
<b>Contact Information</b>	<b>Specialty Medications</b>		
	All Plans	Phone: 866-814-5506	Fax: 866-249-6155
	<b>Non-Specialty Medications</b>		
	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
	<b>Medical Specialty Medications (NLX)</b>		
	All Plans	Phone: 844-345-2803	Fax: 844-851-0882
<b>Exceptions</b>			

**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**

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  $\geq 2$  years
3. The member has had an inadequate response or contraindication to glucagon injection (powder for reconstitution)

### **Continuation of Therapy**

Reauthorization of may be granted for all members who have a positive response to therapy as evidence by low disease activity or improvement in signs and symptoms of the condition.

### **Limitations**

Approvals will be granted for 36 months

### **References**

1. Baqsimi [prescribing information]. Indianapolis, IN: Eli Lilly and Company; August 2021.
2. Gvoke [prescribing information]. Chicago, IL: Xeris Pharmaceuticals; August 2021.

### **Review History**

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

05/18/2022 – Reviewed and Updated for May P&T; added new formulation for Gvoke injection kit to criteria. Added continuation of therapy section. References updated. Effective 06/01/22.

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