

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

Plan	<input type="checkbox"/> MassHealth UPPL <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		<input checked="" type="checkbox"/> Prior Authorization <input type="checkbox"/> Quantity Limit <input type="checkbox"/> Step Therapy
Specialty Limitations	N/A		
Contact Information	Medical Benefit Pharmacy Benefit	Phone: 833-895-2611 Phone: 800-711-4555	Fax: 888-656-6671 Fax: 844-403-1029
Exceptions	N/A		

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.
- Gvoke [prescribing information]. Chicago, IL: Xeris Pharmaceuticals; August 2021.

