

**Gvoke (glucagon auto-injector, subcutaneous)
Effective 05/01/2022**

Plan	<input type="checkbox"/> MassHealth <input checked="" type="checkbox"/> MassHealth (PUF) <input 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	N/A		
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	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.

No PA	Drugs that require PA
Baqsimi® (glucagon nasal powder) ^{PD}	Gvoke® (glucagon auto-injection, prefilled syringe, vial, kit)

^{PD}Preferred Drug. A trial of the preferred drug or clinical rationale for prescribing a non-preferred drug within a therapeutic class.

Coverage Guidelines

Authorization may be reviewed on a case by case basis for members new to AllWays Health Partners 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 and < 4 years
3. Physician notes inadequate response, adverse reaction or contraindication to Baqsimi® (glucagon nasal powder)

Continuation of Therapy

Reauthorization may be granted when provider attests member has a positive response to therapy.



Limitations

Approvals will be granted for 12 months

References

1. Gvoke [prescribing information]. Chicago, IL: Xeris Pharmaceuticals; September 2019.

Review History

05/20/2020 – Reviewed and approved May P&T (effective 6/1/20)

09/30/2020 - Updated criteria to be in compliance with Masshealth partial unified formulary requirements; removed previous use of glucagon injection per MH PUF; added previous use of Baqsimi. Updated age requirement: updated approval length to match MH

03/16/2022 – Reviewed and Updated for March P&T; matched MH UPPL; updated approval length to 1 year; added new formulation of Gvoke Kit to guideline. Effective 05/01/2022

Disclaimer

AllWays Health Partners complies with applicable federal civil rights laws and does not discriminate or exclude people on the basis of race, color, national origin, age, disability, or sex.