



Commercial/Healthcare Exchange PA Criteria

Effective: 6/9/2021

Prior Authorization: Glucagon products

Products Affected: Glucagen 1mg Hypo kit, glucagon 1mg emergency kit (NDC 63323-0582-82), Zegalogue Solution Auto-injector

Medication Description:

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 anti-hypoglycemic effect.

Covered Uses: Treatment of severe hypoglycemia

Exclusion Criteria:

1. Pheochromocytoma
2. Insulinoma
3. Known hypersensitivity to glucagon

Required Medical Information:

1. Diagnosis
2. Medications tried and failed

Age Restrictions:

Glucagen 1mg Hypo kit: N/A

Glucagon 1mg emergency kit (NDC 63323-0582-82): N/A

Zegalogue: 6 years of age and older

Prescriber Restrictions: N/A

Coverage Duration: 12 months

Other Criteria:

I. Initial Approval Criteria

Severe hypoglycemia

1. Patient has a diagnosis of diabetes mellitus; AND
2. Patient has a documented intolerance to, contraindication, or treatment failure to Baqsimi AND glucagon 1mg emergency kit (NDC 00002-8031-01)

Last Rev. February 2022



Confidential Information

This document is confidential and proprietary to ConnectiCare. Unauthorized use and distribution are prohibited.

II. Continued Therapy

1. Member continues to meet initial approval criteria; AND
2. Member is responding positively to therapy; AND
3. Member has not experienced unacceptable toxicity from the drug

References:

1. ZEGALOGUE (dasiglucagon) injection [package insert]. Sydmarken 11 2860 Søborg, Denmark. Zealand Pharma A/S. Updated April 2, 2021. Accessed April 23, 2021. Available at: <https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=c6c32b47-c47c-4a7f-8d4d-23578f663217>

Policy Revision history

Rev #	Type of Change	Summary of Change	Sections Affected	Date
3	Revision of Policy	Added Zegalogue	All	2/17/22

2	Update	<p>Removed the following from Products Affected: Gvoke pre-filled syringes</p> <p>Removed the following from Age Restrictions: Gvoke pre-filled syringes: 2 years of age and older</p> <p>Removed the following from References: Gvoke (glucagon) [prescribing information]. Chicago, IL: Xeris Pharmaceuticals Inc; September 2019.</p> <p>Updated the following under severe hypoglycemia criteria from: Patient has a documented intolerance to, contraindication, or treatment failure to Baqsimi AND glucagon 1mg emergency kit (NDC 00002-8031-01)</p> <p>TO: Patient has a documented intolerance to, contraindication, or treatment failure to Baqsimi, glucagon 1mg emergency kit (NDC 00002-8031-01), OR Gvoke Pharmaceuticals Inc; September 2019.</p> <p>Updated the following under severe hypoglycemia criteria from: Patient has a documented intolerance to, contraindication, or treatment failure to Baqsimi AND glucagon 1mg emergency kit (NDC 00002-8031-01)</p> <p>TO: Patient has a documented intolerance to, contraindication, or treatment failure to Baqsimi, glucagon 1mg emergency kit (NDC 00002-8031-01), OR Gvoke</p>	<p>Products Affected</p> <p>Age Restrictions</p> <p>References</p> <p>Other Criteria</p>	7/01/2021
---	--------	---	--	-----------

1	New Policy	New Policy	All	1/1/2021
---	------------	------------	-----	----------

