REQUIREMENTS FOR EMGALITY® (GALCANEZUMAB-GNLM) ON SELECT FORMULARIES[1]

COVERAGE FOR OVER **<90%>** OF PATIENTS WITH **COMMERCIAL INSURANCE**[2]

For All Health Plans and Formularies:

- Patient is at least 18 years old
- Patient is diagnosed with migraine (migraine with aura, migraine without aura, or chronic migraine)
- At least 4 or more migraine headache days (MHDs) per month depending on the specific migraine diagnosis
- Prior authorization required

Formulary Name	Step Criteria Information	Specialist Consultation	Initial PA Duration
CVS/caremark Performance Drug List – Standard Control*	Trial and failure of one (1) of the following medication classes: antiepileptic drugs (AEDs), beta-adrenergic blocking agents, or antidepressants. Patients with a documented 3-month trial within the past 2 years on a CVS/caremark plan do not require a PA submission	No Specialist Consultation	Varies by PBM Client
Express Scripts National Preferred Formulary*	Trial and failure of two (2) of the following medications, each from a different class: angiotensin receptor blocker, angiotensin-converting enzyme inhibitor, anticonvulsant, beta-blocker, calcium channel blocker, tricyclic antidepressant, or other antidepressant	No Specialist Consultation	Varies by PBM Client
UnitedHealthcare Commercial Plans	Trial and failure of two (2) of the following medications: amitriptyline (Elavil®), beta-blockers (atenolol, metoprolol, nadolol, propranolol, or timolol), divalproex sodium (Depakote®/Depakote ER®), topiramate (Topamax®), or venlafaxine (Effexor®/ Effexor XR®)	No Specialist Consultation	3 months
Prime Therapeutics Commercial Formularies*	Trial and failure of one (1) of the following medication classes: antiepileptics (divalproex, valproate, topiramate), beta blockers (atenolol, metoprolol, nadolol, propranolol, timolol), and antidepressants (amitriptyline, venlafaxine)	Prescribed by or in consultation with a neurologist or a pain specialist	Varies by PBM Client
Anthem National Commercial Formularies	Trial and failure of two (2) of the following medications, each from a different class: amitriptyline, venlafaxine, beta-blockers (metoprolol, propranolol, timolol [oral], nadolol, atenolol, or nebivolol), verapamil, antiepileptic agents (valproate sodium, divalproex sodium, topiramate, or gabapentin), and Botox® (for chronic migraine)	No Specialist Consultation	3 months
OptumRx Premium and Select Formularies*	Trial and failure of two (2) of the following medications: amitriptyline (Elavil), beta-blockers (atenolol, metoprolol, nadolol, propranolol, or timolol), divalproex sodium (Depakote/Depakote ER), topiramate (Topamax), venlafaxine (Effexor/Effexor XR), and Botox (for chronic migraine)	Prescribed by or in consultation with a neurologist or a pain specialist	Varies by PBM Client
Aetna Standard Plan	Trial and failure of one (1) of the following medication classes: antiepileptics, beta-blockers, and antidepressants	No Specialist Consultation	3 months
Cigna Standard National Formulary	Three-month trial and failure of two (2) of the following medications, each from a different class: antiepileptic drugs (divalproex, sodium valproate, topiramate), antidepressants (amitriptyline, venlafaxine), beta-blockers (metoprolol, propranolol, timolol, atenolol, nadolol), and Botox (for chronic migraine - 6-month trial and failure required)	No Specialist Consultation	6 months
Humana Commercial Formularies	Trial and failure of one (1) of the following oral preventive medications: divalproex, topiramate, metoprolol, propranolol, and timolol	No Specialist Consultation	3 months
TRICARE (Department of Defense) Formulary	Trial and failure of two (2) of the following medications, each from a different class: antiepileptic medications (valproate, valproic acid, topiramate), beta-blockers (metoprolol, propranolol, atenolol, nadolol, timolol), and antidepressants (amitriptyline, duloxetine, nortriptyline, venlafaxine)	Prescribed by or in consultation with a pain specialist	6 months

*PBM formulary criteria shown are representative of Utilization Management offered to clients. Variations in the prior authorization adopted by the client may occur. Please see additional formulary plan information on the reverse side.

INDICATION

Emgality is a calcitonin gene-related peptide (CGRP) antagonist indicated for the preventive treatment of migraine in adults.

SELECT IMPORTANT SAFETY INFORMATION FOR EMGALITY

Contraindications

Emgality is contraindicated in patients with serious hypersensitivity to galcanezumab-gnlm or to any of the excipients.

Please see Important Safety Information on the reverse side and accompanying Full Prescribing Information for Emgality. See Instructions for Use included with the device.

once monthly
Emgality®
(galcanezumab-gnlm)
120 mg injection

Additional Formulary Plan Information

- Source: Managed Markets Insights & Technology (MMIT), LLC as of <03/2020> and is subject to change without notice. Please contact the plan or state for the most current information.
- "Coverage" includes all statuses at or equivalent to Preferred, Covered, Specialty, and Generic for the prevention of migraine.
- This information is not a guarantee of coverage or payment (partial or full). Actual benefits are determined by each plan administrator in accordance with its respective policy and procedures.
- Employers and employer groups may also offer additional benefit designs, which may be different than described.
- References to third-party products do not establish clinical comparability of the products for any or all indications and should not be seen as making any claim regarding efficacy or safety.
- The information presented on this sheet is for informational purposes only and is not intended to provide reimbursement advice. Policies concerning reimbursement are complex and are updated frequently. While an effort has been made to be current as of the issue date of this document, the information may not be as current or comprehensive at any given time. Providers are encouraged to contact third-party payers for specific information on their coverage policies.
- The company/plan names listed do not imply their endorsement of Lilly USA, LLC or the products referenced.
- Lilly USA, LLC does not endorse any particular plan.

IMPORTANT SAFETY INFORMATION FOR EMGALITY

Contraindications

Emgality is contraindicated in patients with serious hypersensitivity to galcanezumab-gnlm or to any of the excipients.

Warnings and Precautions

Hypersensitivity Reactions

Hypersensitivity reactions, including dyspnea, urticaria, and rash, have occurred with Emgality in clinical studies and the postmarketing setting. Cases of anaphylaxis and angioedema have also been reported in the postmarketing setting. If a serious or severe hypersensitivity reaction occurs, discontinue administration of Emgality and initiate appropriate therapy. Hypersensitivity reactions can occur days after administration and may be prolonged.

Adverse Reactions

The most common adverse reactions (incidence ≥2% and at least 2% greater than placebo) in Emgality clinical studies were injection site reactions.

Please see accompanying Full Prescribing Information for Emgality. See Instructions for Use included with the device.

GZ HCP ISI 10DEC2019

References: 1. Data on File. Lilly USA, LLC. DOF-US-GZ-0118. **2.** Data on File. Lilly USA, LLC. DOF-US-GZ-0111.

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120 mg injection