

HOW TO SUBMIT PRIOR AUTHORIZATIONS

A QUICK GUIDE FOR OFFICE STAFF

For your eligible, commercially insured patients,

GET YOUR PATIENTS STARTED WITH THE EMGALITY® SAVINGS CARD^a:
ONE WAY TO SAVE FOR YOUR PATIENTS WITH MIGRAINE OR EPISODIC CLUSTER HEADACHE¹

Patients can get Emgality for as little as \$0 for up to 12 months

THE EMGALITY SAVINGS CARD: START TREATMENT TODAY. SAVE FOR UP TO 12 MONTHS.



HCP PRESCRIBES
EMGALITY
AND PURSUES
PA APPROVAL



PATIENT ACTIVATES
SAVINGS CARD
AND PICKS UP
FIRST FILL



PAY AS LITTLE AS
\$0 FOR EMGALITY
FOR UP TO 12 MONTHS
ONCE PA IS APPROVED^b

^bPatients need PA approval by second fill and insurance must continue to cover the claim for patients to pay as little as \$0 for up to 12 months.

A majority of insurance plans require a PA to show that the patient has tried 2 or more generic preventives before starting calcitonin gene-related peptide (CGRP) antibody therapy. Please work with the patient's plan to pursue claim approval by the second fill. Patients need approval by the second fill to **continue to pay as little as \$0 for Emgality.**

Terms and Conditions: Offer good until 12/31/2021 for up to 12 months of Emgality. Patients with commercial drug insurance may be able to pay as little as \$0 for their first fill of Emgality. For the 2nd and subsequent fills, patients must have coverage for Emgality through their commercial drug insurance plan to continue to pay as little as \$0 per fill. Offer subject to a monthly savings of wholesale acquisition cost plus usual and customary pharmacy charges and a separate \$4900 maximum annual savings. Participation in the program requires a valid patient HIPAA authorization. Patient is responsible for any applicable taxes, fees, or amounts exceeding monthly or annual caps. **This offer is invalid for patients without commercial drug insurance or those whose prescription claims are eligible to be reimbursed, in whole or in part, by any governmental program, including, without limitation, Medicaid, Medicare, Medicare Part D, Medigap, DoD, VA, TRICARE®/CHAMPUS, or any state patient or pharmaceutical assistance program.** Offer void where prohibited by law and subject to change or discontinue without notice. Card activation is required. Subject to additional terms and conditions, which can be found at [Emgality.com/savings](https://www.Emgality.com/savings).

PA=prior authorization.

INDICATIONS

Emgality is a calcitonin gene-related peptide antagonist indicated in adults for the preventive treatment of migraine and for the treatment of episodic cluster headache.

SELECT IMPORTANT SAFETY INFORMATION

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 [last page](#) and click to access [Full Prescribing Information](#). See [Instructions for Use](#) included with the device.

Emgality[®]
(galcanezumab-gnlm)
120 mg injection/300 mg injection

PA ASSISTANCE

FOR OFFICE STAFF

OFFICE STAFF
INSTRUCTIONS

PROVIDED BY

covermymeds®

ELECTRONIC
DETERMINATIONS,
OFTEN WITHIN
MINUTES



BE PROACTIVE. START THE PA REQUEST IN 3 EASY STEPS

- 1 Create an account at no charge or **log in to your existing account** at covermymeds.com
- 2 **Create or complete a PA request online** to improve time to therapy for your patients
- 3 Electronically **submit the PA request with just 1 click** and the patient's plan will review the request

BE RESPONSIVE. COMPLETE PHARMACY-INITIATED REQUESTS QUICKLY

When a pharmacy starts a PA request for one of your patients, you will receive a fax with a key to access CoverMyMeds.

- 1 Log in to or create your **no-cost** account at covermymeds.com
- 2 Click **"Enter Key"** on your CoverMyMeds dashboard
- 3 Enter the key and the patient's last name and date of birth indicated on the fax
- 4 Fill in any remaining fields that are not already completed and click **"Send to Plan"**
- 5 Mark determinations directly in your CoverMyMeds account. The pharmacy will be notified of the outcome once it is determined by the plan

SELECT IMPORTANT SAFETY INFORMATION

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.

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KEY SECTIONS ON THE PA REQUEST FORM

MEDICATION INFORMATION

Indications for Emgality¹:

- Preventive treatment of migraine in adults
- Treatment of episodic cluster headache in adults

Monthly Dosing Strengths for Emgality¹:

- **Migraine:** 120 mg subcutaneous injection
- **Episodic Cluster Headache:** 300 mg subcutaneous injections

Recommended Dosing for Emgality¹:

- **Migraine:** One (1) 120 mg pen or prefilled syringe (PFS) injected once monthly, with a 240 mg loading dose, administered as two (2) consecutive 120 mg injections
- **Episodic Cluster Headache:** A set of three (3) 100 mg PFS at the onset of the cluster period and then monthly until the end of the cluster period

If the patient has already received Emgality, then request “continuation of therapy.”

CLINICAL INFORMATION

Patient Diagnosis¹:

- **Migraine:** List the number of headache days and migraine days the patient experiences monthly
 - Episodic migraine: 4-14 migraine headache days (MHDs) per month
 - Chronic migraine: ≥15 headache days per month
- **Episodic Cluster Headache:** List the number of attacks the patient experiences weekly and the duration of pain-free periods separating the cluster headache attack periods

ICD-10 Code(s): *see codes on back cover*

- Physicians should select appropriate disease-specific code(s) based on the individual patient’s diagnosis

Previous Therapies: *see common medications below*

- List all therapies the patient has tried and failed for the preventive treatment of migraine
 - If applicable, acute treatment failures may also be listed in this section

For patients with episodic migraine (4-14 MHDs per month)¹:

Most insurance plans require patients to have tried **2 prior generic preventives** in order to be covered for Emgality. List all therapies the patient has tried and failed.

COMMON MIGRAINE MEDICATIONS²

TYPE OF MEDICATION	MEDICATION CLASS	GENERIC NAME
Anticonvulsants		topiramate, divalproex sodium, valproate, gabapentin
Antidepressants	Tricyclic antidepressants	amitriptyline, imipramine, nortriptyline
	SSRIs/SNRIs	venlafaxine, duloxetine, fluoxetine, sertraline, paroxetine
Blood pressure medications	Beta blockers	propranolol, atenolol, metoprolol, nadolol, timolol
	Calcium-channel blockers	verapamil, diltiazem, nifedipine, nimodipine
	ACE inhibitors	lisinopril

SSRI=selective serotonin reuptake inhibitor; SNRI=serotonin norepinephrine reuptake inhibitor; ACE=angiotensin-converting enzyme.

SELECT IMPORTANT SAFETY INFORMATION

Adverse Reactions

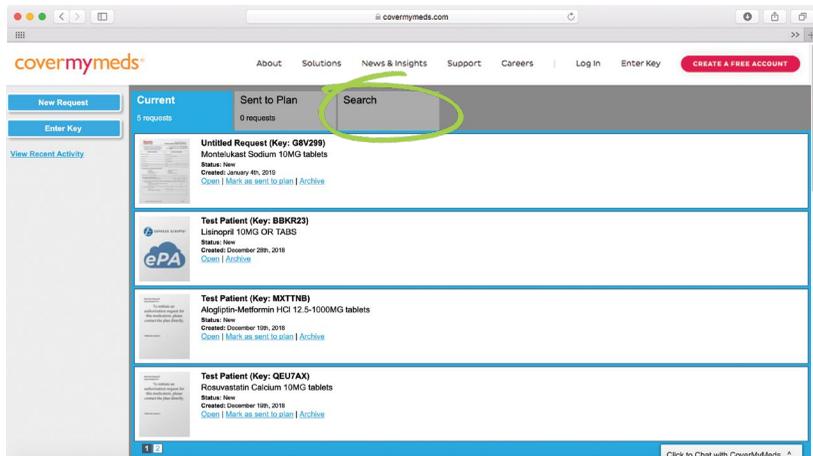
The most common adverse reactions (incidence ≥2% and at least 2% greater than placebo) in Emgality clinical studies were injection site reactions.

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HOW TO LOCATE OUTSTANDING PA REQUESTS AND APPEALS ON THE DASHBOARD

You can locate outstanding PA requests and appeals on the dashboard of your CoverMyMeds portal.



TO FILTER FOR EMGALITY:

- 1 Go to the **“Search”** tab
- 2 Select **“Open and archived requests”**
- 3 Search for **“Emgality”**

IF YOU NEED ASSISTANCE



If you have questions about outstanding PA requests in the CoverMyMeds portal, please call **1-866-277-6586**.

- Provide your name, CoverMyMeds account name, and email address to the team member. With this information, they will access your account and help you with your questions



The “Live Chat” feature on the CoverMyMeds portal is another way to find help with your PA requests.

- In Live Chat, experts can discuss how to troubleshoot specific scenarios your office might be experiencing

SELECT IMPORTANT SAFETY INFORMATION

Contraindications

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OFFICE STAFF INSTRUCTIONS

TO PROVIDE PHARMACISTS FOR ELIGIBLE, COMMERCIALY INSURED PATIENTS

SAVINGS CARD PHARMACIST INSTRUCTIONS

FOR INSURED/COVERED PATIENTS:

- Submit the claim to the primary third-party payer first, then submit the balance due to CHANGE HEALTHCARE as a Secondary Payer (Coordination of Benefits claim) with patient responsibility amount and a valid Other Coverage Code (OCC) of 8
 - This will reduce the eligible patient's out-of-pocket costs to as low as \$0 for a 30-day supply, subject to a maximum savings limit for the program
 - Reimbursement will be received from CHANGE HEALTHCARE

FOR INSURED/NOT COVERED PATIENTS:

- Submit the claim to the primary third-party payer first. If the primary claim submission shows a managed care restriction (step-edit, PA, or NDC block), continue the claim adjudication process and submit the balance to CHANGE HEALTHCARE as a Secondary Payer (Coordination of Benefits claim) with the patient responsibility amount and a valid OCC of 3
 - This will reduce the eligible patient's out-of-pocket cost to as low as \$0 per 30-day supply, subject to a maximum savings limit for the program
 - Reimbursement will be received from CHANGE HEALTHCARE
 - OCC-3 will only work on the patient's first fill using the savings card

Pharmacists with questions, please call the Help Desk at 1-855-282-4888.

TO THE PHARMACIST

- The Emgality savings card must be accompanied by a valid prescription for Emgality and can only be used by one patient. By accepting this offer, you certify that you understand and agree to comply with the offer terms set forth herein
- If you are required to do so under the terms of your third-party payer contracts or as otherwise required by law, you should notify the affected third-party payer of your redemption of this offer
- This offer is valid for commercially insured patients only. **Offer is not valid for patients who are eligible to have their prescriptions reimbursed in whole or part by any governmental program**
- Please return card to patient after claim is processed
- Transmit claim online to RxBIN 018844. Processor requires valid Prescriber ID#, Processor Control Number (PCN), Patient Name, and Date of Birth for claim adjudication
- Card may be used for up to 12 months of Emgality
- Patients with commercial drug insurance may be able to pay as little as \$0 for their first fill of Emgality. For the 2nd and subsequent fills, patients must have coverage for Emgality through their commercial drug insurance plan to continue to pay as little as \$0 per fill

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ICD-10 CODES

FOR MIGRAINE AND EPISODIC CLUSTER HEADACHE

This list includes the commonly identified ICD-10 codes for adult patients with migraine or episodic cluster headache. It has been reviewed for accuracy and completeness; however, some less commonly used codes may be missing. For additional codes, please refer to a coding resource.

MIGRAINE

G43.009	Migraine without aura, not intractable, without status migrainosus	G43.809	Other migraine, not intractable, without status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus	G43.819	Other migraine, intractable, without status migrainosus
G43.109	Migraine with aura, not intractable, without status migrainosus	G43.909	Migraine, unspecified, not intractable, without status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus	G43.919	Migraine, unspecified, intractable, without status migrainosus

CHRONIC MIGRAINE

G43.709	Chronic migraine without aura, not intractable, without status migrainosus
G43.719	Chronic migraine without aura, intractable, without status migrainosus

EPISODIC CLUSTER HEADACHE

G44.011	Episodic cluster headache, intractable
G44.019	Episodic cluster headache, not intractable

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IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

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WARNINGS AND PRECAUTIONS

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ADVERSE REACTIONS

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

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GZ HCP ISI 10DEC2019

References: 1. Emgality [Prescribing Information]. Indianapolis, IN: Lilly USA, LLC. 2. Data on File. Lilly USA, LLC. DOF-GZ-US-0109.



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