

Criteria-Based Consultation Prescribing Program

CRITERIA FOR DRUG COVERAGE

Galcanezumab (Emgality)

Notes:

- Quantity Limits: Yes
- ^ Adequate trial is defined as 2 months treatment duration
- * Intolerance excludes adverse drug reactions that are expected, mild in nature, resolve with continued treatment, and do not require medication discontinuation

Initiation (new start) criteria: Non-formulary **galcanezumab (Emgality)** will be covered on the prescription drug benefit for 12 months when the following criteria are met:

- Patient is 18 years or older, **OR** patient is 15 to 17 years old **AND** medication is prescribed by Neurology
- Prescribed for treatment of migraine (chronic or episodic) **OR** episodic cluster headache (not for chronic cluster headache)
- Documented past medication trials as outlines below
 - Migraine: Documented adequate trial[^] of or patient has an allergy or intolerance* to 3 preventative agents for migraine, 2 of which must include: a tricyclic antidepressant (amitriptyline or nortriptyline), or a beta-blocker (metoprolol or propranolol), or topiramate, or valproate, or onabotulinumtoxinA (Botox); or patient has intolerance or contraindication
 - Migraine: Patient has failed an adequate trial[^] of or patient has an allergy or intolerance* to fremanezumab-vfrm (Ajovy)
 - Episodic cluster headache: Documented trial of or patient has an allergy or intolerance* to 2 or more treatments for episodic cluster headache including lithium, melatonin, memantine, occipital nerve block, prednisone, verapamil, or topiramate
- Patient does not have history of the following events in the past 6 months:
 - History of myocardial infarction (MI), stroke, transient ischemic attack (TIA), coronary artery bypass surgery
- Patient is not currently pregnant or breastfeeding

Criteria for new members entering Kaiser Permanente already taking the medication who have not been reviewed previously, criteria for current Kaiser Permanente members already taking the medication who have not been reviewed previously, and continued use criteria for patients previously approved per the above criteria who are currently stable on the medication: Non-formulary **galcanezumab (Emgality)** will continue to be covered on the prescription drug benefit for 12 months when the following criteria are met:

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CRITERIA FOR DRUG COVERAGE

Galcanezumab (Emgality)

- Prescribed for the treatment of migraine (episodic or chronic) OR episodic cluster headache (not chronic cluster headache)
- Migraine - Documented adequate trial[^] of or patient has an allergy or intolerance* to:
 - Three preventative agents for migraine, 2 of which must include: a tricyclic antidepressant (amitriptyline or nortriptyline), or a beta-blocker (metoprolol or propranolol), or topiramate, or valproate, or onabotulinumtoxinA (Botox); or patient has intolerance or contraindication
 - Fremanezumab (Ajovy)
- Episodic cluster headache: Documented trial of or patient has an allergy or intolerance* to 2 or more treatments for episodic cluster headache including lithium, melatonin, memantine, occipital nerve block, prednisone, verapamil, or topiramate
- Patient does not have history of the following events in the past 6 months:
 - History of myocardial infarction (MI), stroke, transient ischemic attack (TIA), coronary artery bypass surgery
- Patient is not currently pregnant or breastfeeding