



Drug Name: Emgality (Galcanezumab), Ajovy (Fremanezumab)

Date: 2/2019

Drug Name: Emgality (Galcanezumab), Ajovy (Fremanezumab)	
Exclusions	
Required Medical Information:	Initial <ul style="list-style-type: none"> • Prescriber is a neurologist, internist, or migraine pain specialist; AND • Patient is experiencing ≥ 4 migraines per month; AND • Patient has been fully equipped with abortive migraine therapy, if appropriate, and has had inadequate relief; AND • Patient has documented trial and failure of a 3-month trial of any 2 prophylactic options from the following medication classes, unless contraindicated: <ul style="list-style-type: none"> ○ Antidepressants (e.g., amitriptyline, venlafaxine) ○ Beta blockers (e.g., propranolol, metoprolol, timolol, atenolol) ○ Anti-epileptics (e.g., valproate, topiramate)
	Renewal <ol style="list-style-type: none"> 1. Reduction in migraines by at least 3 migraine days per month
Quantity Limit	
Coverage duration:	Initial: 3 month Renewal: 1 year