



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

**Date:** 2/2019

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