RXADVANCE
2 Park Central Drive
Southborough, MA 01772

Clinical Policy Title: **Galcanezumab-gnlm (Emgality)**
Policy Number: **RxA.595**
Drug(s) Applied: **Galcanezumab-gnlm**
Last Review Date: **02/2020**
Line of Business: **Commercial, Medicaid**

Background

Galcanezumab-gnlm (Emgality®) is a calcitonin gene-related peptide (CGRP) receptor antagonist.

Emgality is indicated in adults for the:

- Preventive treatment of migraine
- Treatment of episodic cluster headache

Indication	Dosing Regimen	Maximum Dose
Migraine prophylaxis	Loading dose: 240 mg SC once Maintenance dose: 120 mg SC once monthly	120 mg/month
Episodic cluster headaches	300 mg (administered as three consecutive injections of 100 mg each) SC at the onset of the cluster period, and then monthly until the end of the cluster period	300 mg/month

- Single-dose prefilled pen: 120 mg/mL
- Single-dose prefilled syringe: 100 mg/mL, 120 mg/mL

Clinical Policy

Provider must submit documentation (such as office chart notes, lab results or other clinical information) supporting that member has met all approval criteria.

I. Initial Approval Criteria

A. Migraine Prophylaxis (must meet all)**:**

1. Diagnosis of episodic or chronic migraine;
2. Member experiences ≥ 4 migraine days per month for at least 3 months;
3. Prescribed by or in consultation with a neurologist, headache, or pain specialist;
4. Age ≥ 18 years;
5. Failure of at least 2 of the following oral migraine preventative therapies, each for 8 weeks and from different therapeutic classes, unless contraindicated or clinically significant adverse effects are experienced: antiepileptic drugs (e.g., divalproex sodium, sodium valproate, topiramate), beta-blockers (e.g., metoprolol, propranolol, timolol), antidepressants (e.g., amitriptyline, venlafaxine);
6. Failure of at least 1-month of either Ajovy or Aimovig, unless member is allergic to any inactive ingredient of these drugs;
7. Emgality is not prescribed concurrently with Botox® or other injectable CGRP inhibitors (e.g., Aimovig®, Ajovy®);

8. Dose does not exceed:
   a. Loading dose: 240 mg (2 injections) once;
   b. Maintenance dose: 120 mg (1 injection) once monthly.

Approval duration: 3 months

B. Episodic Cluster Headaches (must meet all)**:**

1. Diagnosis of episodic cluster headaches as evidenced by both of the following (a and b):
   a. ≥ 1 cluster headache attack every other day and ≤ 8 cluster headache attacks per day with a total of ≥ 5 previous attacks;
   b. ≥ 2 cluster periods lasting ≤ 1 year each and separated by ≥ 3 months;
2. Prescribed by or in consultation with a neurologist, headache, or pain specialist;
3. Age ≥ 18 years;
4. Failure of verapamil at a dose of 360 mg per day, unless contraindicated or clinically significant adverse effects are experienced;
5. Emgality is not prescribed concurrently with other injectable CGRP inhibitors (e.g., Aimovig, Ajovy);
6. Dose does not exceed 300 mg (3 injections) once monthly.

Approval duration: 3 months

II. Continued Therapy

A. Migraine Prophylaxis (must meet all)**:**

1. Currently receiving medication via RxAdvance or member has previously met initial approval criteria;
2. Member has experienced and maintained positive response to therapy as evidenced by a reduction in migraine days per month from baseline;
3. Emgality is not prescribed concurrently with Botox or other injectable CGRP inhibitors (e.g., Aimovig, Ajovy);
4. If request is for a dose increase, new dose does not exceed 120 mg (1 injection) once monthly.

Approval duration: 6 months

B. Episodic Cluster Headaches (must meet all)**:**

1. Currently receiving medication via RxAdvance or member has previously met initial approval criteria;
2. Member is responding positively to therapy as evidenced by a reduction in cluster headache attack frequency;
3. Member meets one of the following (a or b):
   a. Member has not received more than 12 months of consecutive treatment;
   b. It has been at least 3 months since the member last received Emgality;
4. Emgality is not prescribed concurrently with other injectable CGRP inhibitors (e.g., Aimovig, Ajovy);
5. If request is for a dose increase, new dose does not exceed 300 mg (3 injections) once monthly.

Approval duration: 6 months (*up to a total of 12 months per cluster period*)

III. Appendices

Appendix A: Abbreviation/Acronym Key
CGRP: calcitonin gene-related peptide
FDA: Food and Drug Administration
ICHD: International Classification of Headache Disorder

Appendix B: Therapeutic Alternatives
This table provides a listing of preferred alternative therapy recommended in the approval criteria. The drugs listed here may not be a formulary agent for all relevant lines of business and may require prior authorization.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Anticonvulsants such as: divalproex (Depakote®), topiramate (Topamax®)	**Migraine Prophylaxis** *Refer to prescribing information or Micromedex*	*Refer to prescribing information or Micromedex*
Beta-blockers such as: propranolol (Inderal®), metoprolol (Lopressor®)*, timolol	**Migraine Prophylaxis** *Refer to prescribing information or Micromedex*	*Refer to prescribing information or Micromedex*
Antidepressants/tricyclic antidepressants* such as: amitriptyline (Elavil®), venlafaxine (Effexor®)	**Migraine Prophylaxis** *Refer to prescribing information or Micromedex*	*Refer to prescribing information or Micromedex*
verapamil*	**Episodic Cluster Headache** 120 mg PO TID	360 mg/day

Therapeutic alternatives are listed as Brand name® (generic) when the drug is available by brand name only and generic (Brand name®) when the drug is available by both brand and generic. Brand name might be non-preferred when generic is preferred.
**Off-label use*

Appendix C: Contraindications/Boxed Warnings

- Contraindication(s): hypersensitivity
- Boxed warning(s): none reported

Appendix D: General Information

- In clinical trials, a migraine day was defined as any calendar day in which the patient reported either a headache that lasted at least 2 consecutive hours and met International Classification of Headache Disorder (ICHD)-3 diagnostic criteria for migraine (with or without aura) or probable migraine (subtype in which only 1 migraine criterion is absent), or a day when a headache of any duration was treated with migraine-specific medications (triptans or ergots).
- Although Emgality given as either 120 mg SC once monthly or 240 mg SC once monthly showed a statistically significant decrease in migraine days per month compared to placebo as the primary outcome in the EVOLVE-1, EVOLVE-2, and REGAIN pivotal trials, there was no clinically significant difference between the two dosing regimens, and thus no significant additional benefit conferred from using a higher dose of Emgality. This is consistent with the FDA-approved maintenance dose of 120 mg SC once monthly.
- According to the ICHD-3 diagnostic criteria for cluster headaches, episodic cluster headaches occur in periods lasting from seven days to one year and are separated by periods of remissions that are at least 3

months. Chronic cluster headaches (affecting 10- 15% of patients), on the other hand, occur for longer than a year without remission or with a remission that lasts less than 3 months. Of note, Emgality has only demonstrated efficacy in episodic cluster headaches. It failed to meet its primary endpoint in its chronic cluster headache phase 3 trial.

References

1. Emgality Prescribing Information. Indianapolis, IN: Eli Lilly and Company; June 2019. Available at: http://www.emgality.com. Accessed June 13, 2019.
2. Silberstein SD, Holland S, Freitag F, et al. American Academy of Neurology: Evidence- based guideline update: Pharmacologic treatment for episodic migraine prevention in adults. Neurology 2012; 78: 1337-45.
3. Stauffer VL, Dodick DW, Zhang Q, et al. Evaluation of galcanezumab for the prevention of episodic migraine: the EVOLVE-1 randomized clinical trial. JAMA Neurol. 2018; 75(9):1080-1088.
4. Skljarevski V, Matharu M, Millen BA, et al. Efficacy and safety of galcanezumab for the prevention of episodic migraine: results of the EVOLVE-2 phase 3 randomized controlled clinical trial. Cephalalgia. 2018; 38(8):1442-1454.
5. Detke H, Wang S, Skljarevski V, et al A phase 3, randomized, double-blind, placebo- controlled study of LY2951742 in patients with chronic migraine – the REGAIN study. Poster session presented at: International Headache Congress; Sept 7-10, 2017; Vancouver, Canada.
6. Headache Classification Committee of the International Headache Society. The International classification of headache disorders, 3rd edition (beta version). Cephalalgia. 2013; 33(9): 629-808.
7. Francis BJ, Becker WJ, and Pringsheim TM. Acute and preventative pharmacologic treatment of cluster headache. Neurology. 2010; 75: 463-473.
8. Robbins MS, Starling AJ, Pringsheim TM, Becker WJ, and Schwedt TJ. Treatment of cluster headache: The American Headache Society evidence-based guidelines. Headache. 2016; 56: 1093-1106.

Review/Revision History	Review/Revised Date	P&T Approval Date
Policy was established	02/2020	03/06/2020