RXADVANCE
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Clinical Policy Title:	galcanezumab-gnlm
Policy Number:	RxA.595
Drug(s) Applied:	Emgality®
Original Policy Date:	03/06/2020
Last Review Date:	12/07/2020
Line of Business Policy Applies to:	All lines of business

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.

Dosing Information

Drug Name	Indication	Dosing Regimen	Maximum Dose
galcanezumab-gnlm (Emgality®)	Migraine prophylaxis	Loading dose: 240 mg (administered as two consecutive injections of 120 mg each) 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

Dosage Forms

- 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. Age 18 years of age or older;
4. 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);
5. Emgality® is not prescribed concurrently with Botox® or other injectable CGRP inhibitors (e.g., Aimovig®, Ajovy®);
6. Dose does not exceed:
   a. Loading dose: 240 mg (2 injections) once;
   b. Maintenance dose: 120 mg (1 injection) once monthly.

Approval Duration
Commercial: 3 months
Medicaid: 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. Age 18 years of age or older;
3. Failure of verapamil at a dose of 360 mg per day, unless contraindicated or clinically significant adverse effects are experienced;
4. Emgality® is not prescribed concurrently with other injectable CGRP inhibitors (e.g., Aimovig®, Ajovy®);
5. Dose does not exceed 300 mg (3 injections) once monthly.

Approval Duration
Commercial: 3 months
Medicaid: 3 months

II. Continued Therapy Approval

A. Migraine Prophylaxis (must meet all):
1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
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
Commercial: 12 months
Medicaid: 6 months

B. Episodic Cluster Headaches (must meet all):
1. Member is currently receiving medication that has been authorized by RxAdvance or member has previously met initial approval criteria listed in this policy;
2. Member is responding positively to therapy as evidenced by a reduction in cluster headache attack frequency;

3. Emgality® is not prescribed concurrently with other injectable CGRP inhibitors (e.g., Aimovig®, Ajovy®);
4. If request is for a dose increase, new dose does not exceed 300 mg (3 injections) once monthly.

Approval Duration
Commercial: 12 months
Medicaid: 6 months

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
Below are suggested therapeutic alternatives based on clinical guidance. Please check drug formulary for preferred agents and utilization management requirements.

Drug Name	Dosing Regimen	Dose Limit/ Maximum Dose
Anticonvulsants such as: divalproex (Depakote®), topiramate (Topamax®)	**Migraine Prophylaxis** Refer to prescribing information	Refer to prescribing information
Beta-blockers such as: propranolol, metoprolol (Lopressor®)*, timolol	**Migraine Prophylaxis** Refer to prescribing information	Refer to prescribing information
Antidepressants/tricyclic antidepressants* such as: amitriptyline, venlafaxine	**Migraine Prophylaxis** Refer to prescribing information	Refer to prescribing information
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.

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; December 2019. Available at: http://www.emgality.com. Accessed October 06, 2020.
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. Accessed October 06, 2020.
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. Accessed October 06, 2020.
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. Accessed October 06, 2020.
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. Accessed October 06, 2020.
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. Accessed October 06, 2020.
7. Francis BJ, Becker WJ, and Pringsheim TM. Acute and preventative pharmacologic treatment of cluster headache. Neurology. 2010; 75: 463-473. Accessed October 06, 2020.
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. Accessed October 06, 2020.

Review/Revision History	Review/Revision Date	P&T Approval Date
Policy established.	02/2020	03/06/2020
Policy was reviewed: 1. Clinical policy title was updated as “galcanezumab-gnlm”. 2. Lines of business policy applies to all lines of business. 3. Dosing information updated. 4. Continued therapy criteria II.A.1. was rephrased to “Member is currently receiving medication that has been authorized by RxAdvance…”.	11/23/2020	12/07/2020

5. References were reviewed and updated. 6. Continued Therapy approval duration for commercial plan was updated from 6 months to 12 months. 7. Removed specialist requirement from the Initial Approval Criteria for both indications. 8. Removed the trial/failure of Aimovig or Ajovy criteria from the Initial Approval Criteria for Migraine.		