



## DRUG QUANTITY MANAGEMENT POLICY – PER DAYS

- POLICY:** Migraine – Calcitonin Gene-Related Peptide Inhibitors – Emgality Drug Quantity Management Policy – Per Days
- Emgality® (galcanezumab-gnlm subcutaneous injection – Eli Lilly)

**REVIEW DATE:** 03/11/2026

### INSTRUCTIONS FOR USE

THE FOLLOWING COVERAGE POLICY APPLIES TO HEALTH BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. CERTAIN CIGNA COMPANIES AND/OR LINES OF BUSINESS ONLY PROVIDE UTILIZATION REVIEW SERVICES TO CLIENTS AND DO NOT MAKE COVERAGE DETERMINATIONS. REFERENCES TO STANDARD BENEFIT PLAN LANGUAGE AND COVERAGE DETERMINATIONS DO NOT APPLY TO THOSE CLIENTS. COVERAGE POLICIES ARE INTENDED TO PROVIDE GUIDANCE IN INTERPRETING CERTAIN STANDARD BENEFIT PLANS ADMINISTERED BY CIGNA COMPANIES. PLEASE NOTE, THE TERMS OF A CUSTOMER'S PARTICULAR BENEFIT PLAN DOCUMENT [GROUP SERVICE AGREEMENT, EVIDENCE OF COVERAGE, CERTIFICATE OF COVERAGE, SUMMARY PLAN DESCRIPTION (SPD) OR SIMILAR PLAN DOCUMENT] MAY DIFFER SIGNIFICANTLY FROM THE STANDARD BENEFIT PLANS UPON WHICH THESE COVERAGE POLICIES ARE BASED. FOR EXAMPLE, A CUSTOMER'S BENEFIT PLAN DOCUMENT MAY CONTAIN A SPECIFIC EXCLUSION RELATED TO A TOPIC ADDRESSED IN A COVERAGE POLICY. IN THE EVENT OF A CONFLICT, A CUSTOMER'S BENEFIT PLAN DOCUMENT ALWAYS SUPERSEDES THE INFORMATION IN THE COVERAGE POLICIES. IN THE ABSENCE OF A CONTROLLING FEDERAL OR STATE COVERAGE MANDATE, BENEFITS ARE ULTIMATELY DETERMINED BY THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT. COVERAGE DETERMINATIONS IN EACH SPECIFIC INSTANCE REQUIRE CONSIDERATION OF 1) THE TERMS OF THE APPLICABLE BENEFIT PLAN DOCUMENT IN EFFECT ON THE DATE OF SERVICE; 2) ANY APPLICABLE LAWS/REGULATIONS; 3) ANY RELEVANT COLLATERAL SOURCE MATERIALS INCLUDING COVERAGE POLICIES AND; 4) THE SPECIFIC FACTS OF THE PARTICULAR SITUATION. EACH COVERAGE REQUEST SHOULD BE REVIEWED ON ITS OWN MERITS. MEDICAL DIRECTORS ARE EXPECTED TO EXERCISE CLINICAL JUDGMENT WHERE APPROPRIATE AND HAVE DISCRETION IN MAKING INDIVIDUAL COVERAGE DETERMINATIONS. WHERE COVERAGE FOR CARE OR SERVICES DOES NOT DEPEND ON SPECIFIC CIRCUMSTANCES, REIMBURSEMENT WILL ONLY BE PROVIDED IF A REQUESTED SERVICE(S) IS SUBMITTED IN ACCORDANCE WITH THE RELEVANT CRITERIA OUTLINED IN THE APPLICABLE COVERAGE POLICY, INCLUDING COVERED DIAGNOSIS AND/OR PROCEDURE CODE(S). REIMBURSEMENT IS NOT ALLOWED FOR SERVICES WHEN BILLED FOR CONDITIONS OR DIAGNOSES THAT ARE NOT COVERED UNDER THIS COVERAGE POLICY (SEE "CODING INFORMATION" BELOW). WHEN BILLING, PROVIDERS MUST USE THE MOST APPROPRIATE CODES AS OF THE EFFECTIVE DATE OF THE SUBMISSION. CLAIMS SUBMITTED FOR SERVICES THAT ARE NOT ACCOMPANIED BY COVERED CODE(S) UNDER THE APPLICABLE COVERAGE POLICY WILL BE DENIED AS NOT COVERED. COVERAGE POLICIES RELATE EXCLUSIVELY TO THE ADMINISTRATION OF HEALTH BENEFIT PLANS. COVERAGE POLICIES ARE NOT RECOMMENDATIONS FOR TREATMENT AND SHOULD NEVER BE USED AS TREATMENT GUIDELINES. IN CERTAIN MARKETS, DELEGATED VENDOR GUIDELINES MAY BE USED TO SUPPORT MEDICAL NECESSITY AND OTHER COVERAGE DETERMINATIONS.

## CIGNA NATIONAL FORMULARY COVERAGE:

### OVERVIEW

Emgality, a calcitonin gene-related peptide (CGRP) antagonist, is indicated for the following uses:<sup>1</sup>

- **Episodic cluster headache treatment** in adults.
- **Migraine headache prevention** in adults.

### Dosing

The recommended dosage of Emgality for preventative treatment of migraine is a 240 mg loading dose (two consecutive subcutaneous [SC] injections of 120 mg each), followed by 120 mg SC once a month.<sup>1</sup> The recommended dosage of Emgality for episodic cluster headache is 300 mg (three consecutive SC injections of 100 mg each) at the onset of the cluster period, and then monthly thereafter until the end of the cluster period.

### Availability

Emgality is available as 120 mg/mL single-dose prefilled pens and prefilled syringes supplied in cartons containing one or two pens or syringes.<sup>1</sup> It is also available as 100 mg/mL single-dose prefilled syringes in cartons containing three syringes.

**POLICY STATEMENT**

This Drug Quantity Management program has been developed to manage potential dose escalation of Emgality. If the Drug Quantity Management rule is not met for the requested medication at the point of service, coverage will be determined by the Criteria below. All approvals are provided for the duration noted below. "One-time" overrides are provided for 30 days in duration.

**Drug Quantity Limits**

Product	Strength and Form	Retail Maximum Quantity per 30 Days	Home Delivery Maximum Quantity per 90 Days
Emgality® (galcanezumab-gnlm SC injection)	100 mg/mL prefilled syringes	3 mL (3 syringes)	9 mL (9 syringes)
	120 mg/mL prefilled syringes	1 syringe (1 mL)	3 syringes (3 mL)
	120 mg/mL prefilled pens	1 pen (1 mL)	3 pens (3 mL)

SC – Subcutaneous.

**EXCEPTIONS TO THE QUANTITY LIMITS LISTED ABOVE ARE COVERED AS MEDICALLY NECESSARY WHEN THE FOLLOWING CRITERIA ARE MET. ANY OTHER EXCEPTION IS CONSIDERED NOT MEDICALLY NECESSARY.**

**CRITERIA**

Emgality 100 mg/mL prefilled syringes

No overrides recommended.

Emgality 120 mg/mL prefilled pens and syringes

1. If the patient is initiating therapy for the preventative treatment of migraine, approve a one-time override for two pens or syringes (2 mL) at retail or four pens or syringes (4 mL) at home delivery.

**REFERENCES**

1. Emgality® subcutaneous injection [prescribing information]. Indianapolis, IN: Eli Lilly; March 2025.

**HISTORY**

Type of Revision	Summary of Changes	Review Date
Annual Revision	No criteria changes.	03/27/2024
Annual Revision	Policy statement was updated to note that "one-time" approvals are provided for 30 days in duration.	03/06/2025
Annual Revision	Policy name was changed from "Calcitonin Gene-Related Peptide Inhibitors – Emgality Drug Quantity Management Policy – Per Days" to as listed.	03/11/2026

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