



**Commercial/Healthcare Exchange Quantity Limit Criteria**  
*Effective: May 6<sup>th</sup>, 2019*

**Quantity Limit Name:** Emgality

**Products Affected:** Emgality (Galcanezumab-gnlm) subcutaneous solution

**Type of Quantity Limit:**

- FDA maximum
- Usual Daily Frequency
- Split fill
- Other (Please specify)

**Limits to be applied:**

1. A quantity of one prefilled syringe (120 mg/ml each) will be covered per 30 days
2. For patients initiating therapy with Emgality, a one-time override of two 120 mg/ml prefilled pens/syringes may be approved.

**References:**

1. Emgality [package insert]. Indianapolis, IN; Lilly; September 2018.

**Policy Revision history**

Rev #	Type of Change	Summary of Change	Sections Affected	Date
1	New Policy	New Policy	All	04/19/2019

Last Res. April 19, 2019