

Up to 12 months free with Emgality*

For your eligible, commercially insured patients, get your patients started with the Emgality savings card

No enrollment form required!

YOU



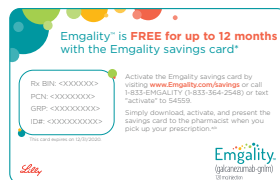
Prescribe Emgality and submit a prior authorization using



YOUR PATIENT



Activates the Emgality savings card and picks up Rx at the local pharmacy



Emgality™
(galcanezumab-gnlm)
120 mg injection

FREE FOR UP TO 12 MONTHS

Eligible patients with commercial insurance can receive Emgality (galcanezumab-gnlm) free for up to 12 months at their local pharmacy if they activate their savings card and your office submits a prior authorization (PA) through iAssist® or CoverMyMeds® when initiating treatment.

***Terms and Conditions:** Offer good for up to 12 months until 12/31/2020 if healthcare provider submits a prior authorization form or coverage exception request, when required, to the patient's insurance provider. \$0 monthly offer for commercially insured with insurance provider coverage, subject to wholesale acquisition cost plus usual and customary pharmacy charges and a separate \$4900 maximum annual cap. \$0 monthly offer for commercially insured without insurance provider coverage, subject to monthly and separate annual cap of wholesale acquisition cost plus usual and customary pharmacy charges. **This offer is not available for patients without commercial insurance coverage or those whose prescription claims are eligible to be reimbursed, in whole or in part, by Medicare Part D, Medicaid, TRICARE or any other state or federal program.** Offer void where prohibited by law and subject to change or discontinue without notice. Card activation is required. Subject to additional terms and conditions, which can be found at Emgality.com/savings.

Prior authorization assistance

Provided by **covermymeds**[®]

CoverMyMeds helps providers find and submit PA requests electronically.

HOW TO USE COVERMYMEDS IN 5 STEPS

- 1 Create an account at no charge or log in to your existing account at covermymeds.com.
- 2 Click "New Request," begin typing "Emgality," and select it from the list.
- 3 Enter the patient insurance information using the insurance or pharmacy benefit manager (PBM) name, or search using the drug insurance ID card.
- 4 Select the form.
- 5 Fill in the medical details and then click one button to electronically submit the request to the plan for determination.

Need help getting started?
1-866-452-5017
webinars.covermymeds.com

INDICATION

Emgality is a calcitonin gene-related peptide (CGRP) antagonist indicated for the preventive treatment of migraine in adults.

SELECT IMPORTANT SAFETY INFORMATION FOR EMGALITY

Contraindications

Emgality is contraindicated in patients with serious hypersensitivity to galcanezumab-gnlm or to any of the excipients.

Please see Important Safety Information on page 8 and [Full Prescribing Information](#), including [Patient Information](#), for Emgality. See Instructions for Use included with the [pen](#) and [prefilled syringe](#).

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Electronic Rx, prior authorization, and savings card enrollment assistance



Complete the submission of electronic prescriptions, processing of PAs, and Emgality savings card program enrollment with iAssist, accessing all Emgality services in one place and at one time.

GET STARTED BY CREATING A NEW ACCOUNT OR LOGGING IN TO AN EXISTING ACCOUNT

- 1 Register a new/Log in to an existing account.** Visit iAssist.com to create an account for your practice location or log in to an existing account.
- 2 Add users to your account.** Once registered, you can add users such as members of your staff to the account.
- 3 Add new patients.** On your dashboard, click “Start Submission” to add a new patient and begin prescribing.
- 4 Search for “Emgality” and follow the workflow.** Proceed with submitting electronic prescriptions, PAs, and savings cards, all of which can be electronically sent as one complete package to the pharmacy.

Questions?

Contact iAssist Monday through Friday, 8:00 AM till 8:00 PM ET

1-877-450-4412

Live Chat: [iAssist.com](https://iassist.com)

COMPLETE AND SUBMIT A PA

- 1** Visit iAssist.com to create a new account or log in to your account.
- 2** Click “Start Submission,” select your patient, and search for “Emgality.”
- 3** Once in the Emgality workflow, navigate to the PA panel.
 - If no PA form is returned, manually input the patient’s insurance plan name and click the search icon
 - If multiple PA forms are returned, choose the medication-specific or disease-specific form that best suits the patient
- 4** Select the appropriate PA form, complete the questionnaire, and click the Generate Form icon.
- 5** If you have any supporting documents, click the Upload Documents icon.

GENERATE A SAVINGS CARD

- 1** Visit iAssist.com to create a new account or log in to your account.
- 2** Click “Start Submission” on your dashboard, select/add your patient, and search for “Emgality” to launch the workflow.
- 3** Once in the Emgality workflow, navigate to the “Request Emgality Support” service type.
- 4** Complete the questions in the Financial Assistance panel questionnaire and click the Generate Savings Card icon.
- 5** Once the card is created, the savings card enrollment will automatically be sent to the pharmacy. Additionally, you may click “Review Savings Card” to print the document and provide it to the patient.

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General PA request form

EXAMPLE PA REQUEST FORM

Member Information (required)			Provider Information (required)		
Member Name:			Provider Name:		
Insurance ID#:			NPI#:	Specialty:	
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:
1 Medication Information (required)					
Medication Name:		Strength:	Dosage Form:		
Expected Length of Therapy / Refills:		Quantity:	Days Supply:		
<input type="checkbox"/> Check if request is for continuation of therapy		Directions for Use:			
<input type="checkbox"/> Check if requesting brand					
2 Clinical Information (required)					
What is the patient's diagnosis for the medication being requested?					
Diagnosis:		ICD-10 Code(s):			
What medication(s) has the patient tried and had an inadequate response to? (Please specify ALL medication(s)/strengths tried, length of trial, and reason for discontinuation of each medication)					
What medication(s) does the patient have a contraindication or intolerance to? (Please specify ALL medication(s) with the associated contraindication to or specific issues resulting in intolerance to each medication)					
Are there any supporting labs or test results? (Please specify)					
<small>Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately (via return fax) and arrange for the return or destruction of these documents.</small>					
Prescriber Signature: _____			Date: _____		

The following information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. While we have made an effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it. Providers are encouraged to contact third-party payers for specific information on their coverage policies. For more information, please call 1-833-EMGALITY (1-833-364-2548).

COMPLETING THE PA FORM

1 Medication Information

- A** Emgality, if appropriate. Note: Emgality is indicated for the preventive treatment of migraine in adults.
- B** Emgality is available in a 120 mg/1 mL single-dose pen.
- C** The approved label-recommended dose is 120 mg injected once monthly, with a 240-mg loading dose as the initial dose.
- D** If the patient has already received Emgality, then request "continuation of therapy."
- E** The approved label-recommended dose is 120 mg injected once monthly, with a 240-mg loading dose as the initial dose.

2 Clinical Information

- 3** Insert the patient diagnosis. It is pertinent to include the number of headache days and migraine days the patient experiences monthly. Note: Emgality is indicated for the preventive treatment of migraine in adults.
- 4** Insert the appropriate ICD-10 code(s) for your patient. Physicians should select any appropriate disease-specific code(s) based on the individual patient's diagnosis. A list of the most commonly identified ICD-10 codes for migraine in adults is provided to the right.
- 5** List all therapies the patient has tried and failed for the preventive treatment of migraine. It may be relevant to also include acute treatment failures in this section, if applicable.

ICD-10 codes for migraine

This list includes the commonly identified ICD-10 codes for adult patients with migraine. It has been reviewed for accuracy and completeness; however, there may be less commonly used codes that are missing. For additional codes, please refer to a coding resource.

CHRONIC MIGRAINE

- G43.709** Chronic migraine without aura, not intractable, without status migrainosus
- G43.719** Chronic migraine without aura, intractable, without status migrainosus

MIGRAINE

- G43.009** Migraine without aura, not intractable, without status migrainosus
- G43.019** Migraine without aura, intractable, without status migrainosus
- G43.109** Migraine with aura, not intractable, without status migrainosus
- G43.119** Migraine with aura, intractable, without status migrainosus
- G43.809** Other migraine, not intractable, without status migrainosus
- G43.819** Other migraine, intractable, without status migrainosus
- G43.909** Migraine, unspecified, not intractable, without status migrainosus
- G43.919** Migraine, unspecified, intractable, without status migrainosus

SELECT IMPORTANT SAFETY INFORMATION FOR EMGALITY

Warnings and Precautions

Hypersensitivity Reactions

Hypersensitivity reactions (e.g., rash, urticaria, and dyspnea) have been reported with Emgality in clinical studies. If a serious or severe hypersensitivity reaction occurs, discontinue administration of Emgality and initiate appropriate therapy. Hypersensitivity reactions can occur days after administration and may be prolonged.

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Get your patients started with the Emgality savings card*

Eligible patients can receive Emgality **FREE for up to 12 months**

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120 mg injection

Help patients save with just a couple of steps:



YOU: Prescribe Emgality and submit a prior authorization using iAssist or CoverMyMeds



YOUR PATIENT: Activates the Emgality savings card and picks up the Rx at their local pharmacy

Now your eligible, commercially insured patients can receive up to 12 months free with Emgality. No enrollment form is required!

As long as a prior authorization is submitted using iAssist or CoverMyMeds when initiating treatment and the savings card is activated, your eligible patient will receive Emgality free for up to 12 months at their local pharmacy.

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Adverse Reactions

The most common adverse reactions (incidence $\geq 2\%$ and at least 2% greater than placebo) in Emgality clinical studies were injection site reactions.

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GZ HCP ISI 27SEP2018