QULIPTA® (atogepant) tablets

UBRELVY® (ubrogepant) tablets

NATIONALLY COMMERCIALLY INSURED LIVES NOW COVERED[1]*:
89% FOR QULIPTA® | 94% FOR UBRELVY®

Your Guide to Prior Authorization (PA)

Did you know?
On average, over 85% of ePAs submitted get a result in under 24 hours.[1]

SEE HOW YOU CAN HELP YOUR PATIENTS ACCESS THEIR MEDICATION

ePAs=electronic prior authorizations.

*Managed Markets Insight & Technology, LLC, a trademark of MMIT. Data as of January 2024 and subject to change.

This information is presented for informational purposes only and is not a guarantee of coverage, or partial or full payment, by any payers listed and is not intended to provide reimbursement or legal advice. Actual benefits are determined by respective plan administrators. Insurer plans, coverage criteria, and formularies are subject to change without notice. Check each patient's coverage with applicable insurer. AbbVie does not endorse any individual plans. Formulary coverage does not imply safety or efficacy.

QULIPTA INDICATION:
QULIPTA® (atogepant) is indicated for the preventive treatment of migraine in adults.

UBRELVY INDICATION:
UBRELVY® (ubrogepant) is indicated for the acute treatment of migraine with or without aura in adults. UBRELVY is not indicated for the preventive treatment of migraine.

Please see Important Safety Information on page 13 and accompanying full Prescribing Information, or visit rxabbvie.com/pdf/QULIPTA_pi.pdf and rxabbvie.com/pdf/UBRELVY_pi.pdf.

HELP YOUR PATIENTS GET ACCESS

QULIPTA® (atogepant) tablets

MEDICAL INFORMATION	CLINICAL INFORMATION
Medication Name: QULIPTA (atogepant) **Indication:** Preventive treatment of migraine in adults[2] **Strength(s):** QULIPTA is available in a 10 mg, 30 mg, and 60 mg tablet[2] **Dosing:** One pill taken by mouth once a day[2] **Initial Approval or Continuation of Therapy Designation:** If the patient has already received QULIPTA, then request "continuation of therapy." Clearly define patient's response to therapy	**Diagnosis:** List the number of headache days the patient experiences monthly • Episodic migraine: 4 to 14 headache days per month[3] • Chronic migraine: 15+ headache days per month[3] **ICD-10/ICD-11 Code(s):** See page 6. Physicians should select the appropriate disease-specific code(s) based on the patient's diagnosis **Prior Medication:** See common migraine medications table on page 4. List all therapies the patient has tried for the preventive treatment of migraine

IMPORTANT SAFETY INFORMATION FOR QULIPTA®

CONTRAINDICATIONS

QULIPTA is contraindicated in patients with a history of hypersensitivity to atogepant or any of the components of QULIPTA.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information, or visit rxabbvie.com/pdf/QULIPTA_pi.pdf.

SECTION 1: Fill in the relevant information for your patient's PA

UBRELVY® (ubrogepant) tablets

MEDICAL INFORMATION	CLINICAL INFORMATION
Medication name: UBRELVY (ubrogepant) **Indication:** Acute treatment of migraine with or without aura in adults[4] **Strength(s):** UBRELVY is available in a 50 mg and a 100 mg tablet[4] **Dosing:** One pill taken as needed. A second dose may be administered at least 2 hours after the initial dose if symptoms persist[4] **Initial Approval or Continuation of Therapy Designation:** If the patient has already received UBRELVY, then request "continuation of therapy." Clearly define patient's response to therapy	**Diagnosis:** Migraine with or without aura **ICD-10/ICD-11 Code(s):** See page 6. Physicians should select the appropriate disease-specific code(s) based on the patient's diagnosis **Prior Medication:** See common migraine medications table on page 5. List all therapies the patient has tried for the acute treatment of migraine

IMPORTANT SAFETY INFORMATION FOR UBRELVY®

CONTRAINDICATIONS

Drug Interactions: UBRELVY is contraindicated with concomitant use of strong CYP3A4 inhibitors (eg, ketoconazole, itraconazole, clarithromycin).

Please see additional Important Safety Information throughout and accompanying full Prescribing Information, or visit rxabbvie.com/pdf/UBRELVY_pi.pdf.

YOUR QUICK REFERENCE GUIDE OF COMMON TREATMENTS FOR MIGRAINE

QULIPTA® (atogepant) tablets

Common medications for preventive treatment

MEDICATION TYPE	EXAMPLES
CGRP receptor antagonists/CGRP antagonists	• AIMOVIG® (erenumab-aooe) • AJOVY® (fremanezumab-vfrm) • EMGALITY® (galcanezumab-gnlm) • NURTEC® (rimegepant) • VYEPTI® (eptinezumab-jjmr)
Antidepressants	• ELAVIL® (amitriptyline) • EFFEXOR/EFFEXOR XR® (venlafaxine)
Antiepileptics/Anticonvulsants	• Divalproex sodium • Topiramate (eg, TOPAMAX®)
Beta blockers	• Timolol • Propanolol
Calcium channel blockers	• Verapamil • Nifedipine • Diltiazem
ACE inhibitors/ARBs	• Lisinopril • Losartan

Some medications listed above are not approved for the preventive treatment of migraine.

IMPORTANT SAFETY INFORMATION FOR QULIPTA® (cont'd)

WARNINGS AND PRECAUTIONS

Hypersensitivity reactions, including anaphylaxis, dyspnea, rash, pruritus, urticaria, and facial edema, have been reported with use of QULIPTA. Hypersensitivity reactions can occur days after administration. If a hypersensitivity reaction occurs, discontinue QULIPTA and institute appropriate therapy.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information, or visit rxabbvie.com/pdf/QULIPTA_pi.pdf.

UBRELVY® (ubrogepant) tablets

Common medications for acute treatment

MEDICATION TYPE	EXAMPLES
CGRP receptor antagonists	• NURTEC® (rimegepant) • ZAVZPRET™ (zavegepant)
Triptans	• AMERGE® (naratriptan) • AXERT® (almotriptan) • FROVA® (frovatriptan) • IMITREX® (sumatriptan) • MAXALT® (rizatriptan) • RELPAX® (eletriptan) • ZOMIG® (zolmitriptan)
NSAIDs	• Diclofenac (eg, CAMBIA®) • Ibuprofen (eg, MOTRIN®, ADVIL® Migraine)
Ergotamines	• Dihydroergotamine (eg, MIGRANAL®) • Ergotamine (eg, ERGOMAR®)
Combination therapies	• EXCEDRIN® Migraine (acetaminophen, aspirin, and caffeine) • TREXIMET® (sumatriptan and naproxen sodium)

Some medications listed above are not approved for the acute treatment of migraine.

IMPORTANT SAFETY INFORMATION FOR UBRELVY® (cont'd)

CONTRAINDICATIONS

Hypersensitivity Reactions: UBRELVY is contraindicated in patients with a history of serious hypersensitivity to ubrogepant or any ingredient of the product. Cases, including anaphylaxis, dyspnea, facial or throat edema, rash, urticaria, and pruritus, have been reported. Hypersensitivity reactions can occur minutes, hours, or days after administration. Most reactions were not serious, and some led to discontinuation. If a serious or severe reaction occurs, discontinue UBRELVY and institute appropriate therapy.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information, or visit rxabbvie.com/pdf/UBRELVY_pi.pdf.

SECTION 2: Choose the appropriate diagnostic code for your patient

All coding decisions should be made by the healthcare provider based on an independent review of the patient's condition. Below are codes you may find helpful when billing payers. Please note that payer policies regarding coverage vary; check each patient's coverage with the applicable insurer.

ICD-10 CODE*	DESCRIPTION
G43.001	Migraine without aura, not intractable, with status migrainosus
G43.009	Migraine without aura, not intractable, without status migrainosus
G43.011	Migraine without aura, intractable, with status migrainosus
G43.019	Migraine without aura, intractable, without status migrainosus
G43.111	Migraine with aura, intractable, with status migrainosus
G43.101	Migraine with aura, not intractable, with status migrainosus
G43.109	Migraine with aura, not intractable, without status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus
G43.701	Chronic migraine without aura, not intractable, with status migrainosus
G43.709	Chronic migraine without aura, not intractable, without status migrainosus
G43.711	Chronic migraine without aura, intractable, with status migrainosus
G43.719	Chronic migraine without aura, intractable, without status migrainosus
G43.809	Other migraine, not intractable, without status migrainosus
G43.90	Migraine, unspecified, not intractable
G43.901	Migraine, unspecified, not intractable, with status migrainosus
G43.909	Migraine, unspecified, not intractable, without status migrainosus
G43.91	Migraine, unspecified, intractable
G43.911	Migraine, unspecified, intractable, with status migrainosus
G43.919	Migraine, unspecified, intractable, without status migrainosus

ICD-11 CODE*	DESCRIPTION
8A80.0	Migraine without aura
8A80.Y	Other specified migraine
8A80.Z	Migraine, unspecified
8A80.1	Migraine with aura
8A80.1Y	Other specified migraine with aura
8A80.1Z	Migraine with aura, unspecified
8A80.30	Status migrainosus

As of January 1, 2022, ICD-11 coding went into effect, though not all systems have transitioned to the new codes.

Definitions

Aura: sensory disturbances, such as flashes of light, blind spots, or other vision changes, occurring shortly before a migraine.

Chronic migraine: 15+ headache days per month.

Intractable: a relentless, treatment-resistant headache.

Status migrainosus: a headache that does not respond to usual treatment OR lasts longer than 72 hours.

ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; ICD-11, International Classification of Diseases, Eleventh Revision.

*Disclaimer: The coding information above is gathered from third-party publicly available sources and is intended for quick reference only; it is not a complete list. The most recent list of ICD-10 codes and coding information, as well as the Department of Health and Human Services Evaluation and Management Services Guide, are available at **www.cms.gov**. Decisions regarding coding, medical necessity, and any documentation to support coverage are the responsibility of the healthcare provider and must be made considering the clinical facts, circumstances, and applicable coding rules, including the requirement to code to the highest level of specificity.

SECTION 3: Review general PA requirements

	QULIPTA® (atogepant) tablets	UBRELVY® (ubrogepant) tablets
	Indicated for the **preventive** treatment of migraine in adults	Indicated for the **acute** treatment of migraine with or without aura in adults
PRIOR AUTHORIZATION REQUIREMENTS	Payers may have varying requirements for patients, which may include: • Being 18 years of age or older • Experiencing a certain number of headache days per month – For episodic migraine, 4 to 14 headache days per month, with at least 4 of these being migraine days – For chronic migraine, at least 15 headache days per month, with at least 8 of those being migraine days	Payers may have varying requirements for patients, which may include: • Being 18 years of age or older • Having a diagnosis of migraine
STEP THERAPY REQUIREMENTS	Treatment trial, contraindication, or intolerance of 1 to 2 different classes of preventive drugs, such as: • Antiepileptic drugs • Blood pressure drugs/beta blockers • Antidepressants	Treatment trial, contraindication, or intolerance of 1 to 2 triptans, such as: • IMITREX® (sumatriptan) • RELPAX® (eletriptan) • MAXALT® (rizatriptan)
UTILIZATION MANAGEMENT	Some payers may have **quantity limits for QULIPTA**, allowing only a set number of tablets to be prescribed over a predefined time period. Upon PA approval, reauthorization may be required after 12 months.	Some payers may have **quantity limits for UBRELVY**, allowing only a set number of tablets to be prescribed over a predefined time period. Upon PA approval, reauthorization may be required after 12 months.

Many payers do not require additional clinical tests to support PA criteria.

QULIPTA® AND UBRELVY® IMPORTANT SAFETY INFORMATION (cont'd)

QULIPTA ADVERSE REACTIONS

The most common adverse reactions (at least 4% and greater than placebo) are nausea, constipation, and fatigue/somnolence.

UBRELVY ADVERSE REACTIONS

The most common adverse reactions were nausea (4% vs 2% placebo) and somnolence (3% vs 1% placebo).

Please see additional Important Safety Information throughout and accompanying full Prescribing Information, or visit rxabbvie.com/pdf/QULIPTA_pi.pdf and rxabbvie.com/pdf/UBRELVY_pi.pdf.

SECTION 4: Check the PA criteria for your patient's health plan or formulary

Disclaimer: The following table features the top national health plans and is not a comprehensive list.

QULIPTA® (atogepant) tablets

TOP NATIONAL COMMERCIAL PLANS[1]	QULIPTA® COVERAGE	STEP CRITERIA
CVS Health	Preferred	No steps
Aetna	Preferred	No steps
Express Scripts	Preferred	Trial and failure of two (2) oral generics
Prime Therapeutics	Preferred	Trial and failure of one (1) oral generic
Cigna	Preferred	Trial and failure of two (2) oral generics

Note: With the exception of plans with no steps, all commercial coverage requires a PA and a relevant diagnosis.

mAb=monoclonal antibody.

Definitions
Preferred: QULIPTA is on a preferred tier or otherwise has preferred status on the plan's formulary.

Disclaimer: Data are not a guarantee of coverage, or partial or full payment, by any payers listed. Actual benefits are determined by respective plan administrators. Insurer plans, coverage criteria, and formularies are subject to change without notice. Check each patient's coverage with applicable insurer. AbbVie does not endorse any individual plans. Formulary coverage does not imply efficacy or safety.

QULIPTA is covered for 89% of commercially insured lives[1]

Managed Markets Insight & Technology, LLC, a trademark of MMIT. Data as of January 2024 and are subject to change.

IMPORTANT SAFETY INFORMATION FOR QULIPTA®

CONTRAINDICATIONS

QULIPTA is contraindicated in patients with a history of hypersensitivity to atogepant or any of the components of QULIPTA.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information, or visit rxabbvie.com/pdf/QULIPTA_pi.pdf.

Disclaimer: The following table features the top national health plans and is not a comprehensive list.

UBRELVY® (ubrogepant) tablets

TOP NATIONAL COMMERCIAL PLANS[1]	UBRELVY® COVERAGE	STEP CRITERIA	QUANTITY LIMIT PER 30 DAYS
CVS Health	Preferred	No steps	16
Aetna	Preferred	No steps	16
Express Scripts	Preferred	Trial and failure of one (1) triptan	16
UnitedHealthcare	Preferred	Trial and failure of two (2) triptans	8 per fill, up to 16
Prime Therapeutics	Preferred	Trial and failure of one (1) triptan	16
Cigna	Preferred	Trial and failure of one (1) triptan	16

Note: With the exception of plans with no steps, all commercial coverage requires a PA and a relevant diagnosis. The safety of treating more than 8 migraines in a 30-day period has not been established.

Definitions
Preferred: UBRELVY is on a preferred tier or otherwise has preferred status on the plan's formulary.

UBRELVY is covered for 94% of commercially insured lives[1]

Managed Markets Insight & Technology, LLC, a trademark of MMIT. Data as of January 2024 and are subject to change.

IMPORTANT SAFETY INFORMATION FOR UBRELVY®

CONTRAINDICATIONS

Drug Interactions: UBRELVY is contraindicated with concomitant use of strong CYP3A4 inhibitors (eg, ketoconazole, itraconazole, clarithromycin).

Please see additional Important Safety Information throughout and accompanying full Prescribing Information, or visit rxabbvie.com/pdf/UBRELVY_pi.pdf.

QULIPTA® (atogepant) tablets | UBRELVY® (ubrogepant) tablets

HELP YOUR PATIENTS WITH SUPPORT AND SAVINGS

QULIPTA® COMPLETE

You prescribe. We provide patient support.

QULIPTA® Complete can help patients start and stay on track.

QULIPTA Complete Field Access Specialists: help you and your patients identify next steps to getting their prescribed treatment

Patient Support: With QULIPTA Complete, your patients can also receive resources to help them with medication reminders and work toward their migraine treatment goals

The QULIPTA Complete Savings Card

- For covered patients
- And while insurance coverage is being established

Patients can sign up for savings in one of two ways:

- **Visit** QULIPTA.com/savings
- **Text*** ENROLL to 785478

If you or your patients have questions about the QULIPTA savings program, call 1-855-QULIPTA.

Eligible commercially insured patients may pay as little as $0† a month

*Msg and data rates apply. Msg frequency depends on user. Reply HELP for help; reply STOP to cancel. Consent to texts not required to sign up for offer.

†**Eligibility:** Available to patients with commercial insurance coverage for QULIPTA who meet eligibility criteria. This copay assistance program is not available to patients receiving prescription reimbursement under any federal, state, or government-funded insurance programs (for example, Medicare [including Part D], Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs), or where prohibited by law. Offer subject to change or termination without notice. Restrictions, including monthly maximums, may apply. This is not health insurance. **For full Terms and Conditions, visit QULIPTASavingsCard.com or call 1-855-QULIPTA (1-855-785-4782) for more information**. To learn about AbbVie's privacy practices and your privacy choices, **visit https://abbv.ie/corpprivacy**.

UBRELVY® COMPLETE

You prescribe. We provide patient support.

UBRELVY® Complete can help patients start and stay on track.

UBRELVY Complete Field Access Specialists: help you and your patients identify next steps to getting their prescribed treatment

Patient Support: With UBRELVY Complete, your patients can also receive resources to help them with medication reminders and work toward their migraine treatment goals

The UBRELVY Complete Savings Card

- For covered patients
- And while insurance coverage is being established

Patients can sign up for savings in one of two ways:

- **Visit** UBRELVY.com/savings
- **Text*** UBRELVY to 48764

If you or your patients have questions about the UBRELVY savings program, call 1-844-4-UBRELVY.

Eligible commercially insured patients may pay as little as $0† a month

*Msg and data rates apply. Msg frequency depends on user. Reply HELP for help; reply STOP to cancel. Consent to texts not required to sign up for offer.

†**Eligibility:** Available to patients with commercial insurance coverage for UBRELVY who meet eligibility criteria. This copay assistance program is not available to patients receiving prescription reimbursement under any federal, state, or government-funded insurance programs (for example, Medicare [including Part D], Medicare Advantage, Medigap, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs), or where prohibited by law. Offer subject to change or termination without notice. Restrictions, including monthly maximums, may apply. This is not health insurance. **For full Terms and Conditions, visit ubrelvy.com/savings or call 1-844-577-6263 for more information**. To learn about AbbVie's privacy practices and your privacy choices, **visit https://abbv.ie/corpprivacy**.

QULIPTA® (atogepant) tablets | UBRELVY® (ubrogepant) tablets

YOU'RE ALL SET TO START HELPING YOUR PATIENTS ACCESS THEIR MEDICATION

When you're submitting a PA, remember:

- ✓ Have your patient's medical and prescription history and required documentation readily available. Some may be from other providers
- ✓ Carefully review each diagnostic question, as they may vary between payers
- ✓ Ensure the selected ICD-10 or ICD-11 code matches other details provided

MOST COMMON REASONS FOR PA DENIAL[1]

- The patient hasn't stepped through the required medications
- Questions regarding necessity
- Administrative errors
- Incomplete information
- The requested drug isn't covered by the patient's formulary

If you have any questions about a denied PA, reach out to your sales representative to put you in contact with your Field Access Specialist.

IMPORTANT SAFETY INFORMATION

QULIPTA® IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS
QULIPTA is contraindicated in patients with a history of hypersensitivity to atogepant or any of the components of QULIPTA.

WARNINGS AND PRECAUTIONS
Cases, including anaphylaxis, dyspnea, rash, pruritus, urticaria, and facial edema, have been reported with use of QULIPTA. Hypersensitivity reactions can occur days after administration. If a hypersensitivity reaction occurs, discontinue QULIPTA and institute appropriate therapy.

ADVERSE REACTIONS
The most common adverse reactions (at least 4% and greater than placebo) are nausea, constipation, and fatigue/somnolence.

Dosage form and strengths: QULIPTA is available in 10 mg, 30 mg, and 60 mg tablets.

Please see accompanying full Prescribing Information.

UBRELVY® IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS
Drug Interactions: UBRELVY is contraindicated with concomitant use of strong CYP3A4 inhibitors (eg, ketoconazole, itraconazole, clarithromycin).

Hypersensitivity Reactions: UBRELVY is contraindicated in patients with a history of serious hypersensitivity to ubrogepant or any ingredient of the product. Cases, including anaphylaxis, dyspnea, facial or throat edema, rash, urticaria, and pruritus, have been reported. Hypersensitivity reactions can occur minutes, hours, or days after administration. Most reactions were not serious, and some led to discontinuation. If a serious or severe reaction occurs, discontinue UBRELVY and institute appropriate therapy.

ADVERSE REACTIONS
The most common adverse reactions were nausea (4% vs 2% placebo) and somnolence (3% vs 1% placebo).

Please see accompanying full Prescribing Information.

QULIPTA® (atogepant) tablets | UBRELVY® (ubrogepant) tablets

Notes:

Additional resources are available for you and your patients

QULIPTA® (atogepant) tablets

UBRELVY® (ubrogepant) tablets

Looking for further assistance?
Connect with your representative to contact your Field Access Specialist.

IMPORTANT SAFETY INFORMATION FOR QULIPTA® (cont'd)

ADVERSE REACTIONS

The most common adverse reactions (at least 4% and greater than placebo) are nausea, constipation, and fatigue/somnolence.

Please see additional Important Safety Information throughout and accompanying full Prescribing Information, or visit rxabbvie.com/pdf/QULIPTA_pi.pdf.

IMPORTANT SAFETY INFORMATION FOR UBRELVY® (cont'd)

ADVERSE REACTIONS

The most common adverse reactions were nausea (4% vs 2% placebo) and somnolence (3% vs 1% placebo).

Please see additional Important Safety Information throughout and accompanying full Prescribing Information, or visit rxabbvie.com/pdf/UBRELVY_pi.pdf.

References: 1. Data on file. AbbVie Inc. **2.** QULIPTA (atogepant). Package insert. AbbVie Inc; 2023. **3.** Ailani J, Kuruppu DK, Rettiganti M, et al. Does "wearing off" of efficacy occur in galcanezumab-treated patients at the end of the monthly treatment cycle? Post hoc analyses of four phase III randomized trials. *Headache.* 2022;62:198-207. **4.** UBRELVY (ubrogepant). Package insert. AbbVie Inc; 2023.

abbvie

US-MULT-231237 01/24

QULIPTA® (atogepant) tablets | UBRELVY® (ubrogepant) tablets