QULIPTA®
(atogepant) tablets

98% OF NATIONALLY COMMERCIALLY INSURED LIVES ARE NOW COVERED[1]*

64% of nationally commercially insured lives are now covered for QULIPTA® with **zero** steps[1†]

Your Guide to Prior Authorization (PA)

Did you know?
78% of ePAs for QULIPTA are approved, and most submissions get a result in under 24 hours[1]

LEARN HOW TO HELP PATIENTS GET ACCESS TO THEIR MEDICATION

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

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.

†Zero-step coverage includes no need for trial or failure of previous therapy.

ePAs=electronic prior authorizations.

INDICATION

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

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

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

Please see Important Safety Information on page 8 and accompanying full Prescribing Information, or visit rxabbvie.com/pdf/QULIPTA_pi.pdf.

LET'S GET STARTED! HELPING PATIENTS GET ACCESS WITH AN IMPROVED PROCESS

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

MEDICAL INFORMATION

Medication Name: QULIPTA® (atogepant)

Indication: Preventive treatment of migraine in adults[2]

Strength(s): QULIPTA is available in 10 mg, 30 mg, and 60 mg tablets[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 the patient's response to therapy

CLINICAL INFORMATION

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 4. Physicians should select the appropriate disease-specific code(s) based on the patient's diagnosis

Prior Medication: See common migraine medications table on page 3. List all therapies the patient has tried for the preventive treatment of migraine

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†Zero-step coverage includes no need for trial or failure of previous therapy.

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions: 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.

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COMMON TREATMENTS FOR MIGRAINE

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	• Amitriptyline • EFFEXOR/EFFEXOR XR® (venlafaxine)
Antiepileptics/Anticonvulsants	• Divalproex sodium • Topiramate (eg, TOPAMAX®)
Beta blockers	• Timolol • Propranolol
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 (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Hypertension (HTN): Development or worsening of pre-existing HTN has been reported following the use of CGRP antagonists, including QULIPTA. Some patients who developed new-onset HTN had risk factors. There were cases requiring initiation of HTN treatment and, in some cases, hospitalization. HTN may occur at any time but was most frequently reported within 7 days of initiation. QULIPTA was discontinued in many of the cases. Monitor patients for new-onset or worsening of pre-existing HTN, and consider whether discontinuation of QULIPTA is warranted if evaluation fails to establish an alternative etiology or blood pressure is inadequately controlled.

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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-CM CODE*	DESCRIPTION	ICD-11 CODE*	DESCRIPTION
G43.001	Migraine without aura, not intractable, with status migrainosus	8A80.0	Migraine without aura
G43.009	Migraine without aura, not intractable, without status migrainosus	8A80.Y	Other specified migraine
G43.011	Migraine without aura, intractable, with status migrainosus	8A80.Z	Migraine, unspecified
G43.019	Migraine without aura, intractable, without status migrainosus	8A80.1	Migraine with aura
G43.111	Migraine with aura, intractable, with status migrainosus	8A80.1Y	Other specified migraine with aura
G43.101	Migraine with aura, not intractable, with status migrainosus	8A80.1Z	Migraine with aura, unspecified
G43.109	Migraine with aura, not intractable, without status migrainosus	8A80.30	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		

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

	Indicated for the **preventive** treatment of migraine 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 • Receiving a certain dose strength – **For episodic migraine:** 10 mg, 30 mg, or 60 mg taken once daily – **For chronic migraine:** 60 mg taken once daily
STEP THERAPY REQUIREMENTS†	Treatment trial, contraindication, or intolerance of 1 to 2 different classes of preventive drugs, such as: • Antiepileptic drugs (eg, topiramate or gabapentin) • Blood pressure drugs/beta blockers (eg, propranolol, atenolol, or metoprolol) • Antidepressants (eg, amitriptyline or nortriptyline)
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.

†The examples in this section do not represent a complete list of medications that may be required for step therapy by plan administrators. *Many payers do not require additional clinical tests to support PA criteria.*

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)

Raynaud's phenomenon (RP): Development, recurrence, or worsening of pre-existing RP has been reported following the use of CGRP antagonists, including QULIPTA. In cases with small molecule CGRP antagonists, symptom onset occurred a median of 1.5 days following dosing. Many of the cases reported serious outcomes, including hospitalizations and disability, generally related to debilitating pain. In most cases, discontinuation of the CGRP antagonist resulted in resolution of symptoms.

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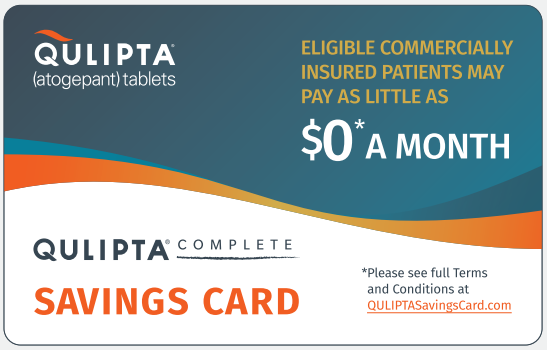
Encourage your patients to sign up for the QULIPTA® Complete Savings Card



Not actual card.

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

Card savings are applied to patients' out-of-pocket costs.

Activating the Savings Card is simple!

Scan the QR code or text† ENROLL to 785478

Once activated, patients should download the card to their digital wallet. Patients MUST show their Savings Card EVERY TIME they fill their prescription to save.

MORE OF YOUR QULIPTA PATIENTS MAY SAVE THAN YOU EXPECT

94% of commercially insured patients pay $0 using their QULIPTA Complete Savings Card[1‡]

***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 additional information.** To learn about AbbVie's privacy practices and your privacy choices, **visit https://abbv.ie/corpprivacy**.

†Message and data rates may apply. You are not required to consent as a condition of receiving goods or services. You can reply HELP for help. You can reply STOP to opt out at any time. By texting ENROLL to 785478, you agree to AbbVie's Mobile Terms and Conditions at **https://abbv.ie/USMobileTerms** and Privacy Notice at **https://abbv.ie/corpprivacy**.

‡Data on file. AbbVie Inc. (Savings Card redemption data as of January 2024-December 2024 and subject to change.)

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BEST PRACTICES TO STREAMLINE THE PRIOR AUTHORIZATION PROCESS

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 is accurate and 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

IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS (cont'd)
Raynaud's phenomenon (RP) (cont'd): QULIPTA should be discontinued if signs or symptoms of RP develop, and patients should be evaluated by a healthcare provider if symptoms do not resolve. Patients with a history of RP should be monitored for, and informed about the possibility of, worsening or recurrence of signs and symptoms.

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.

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INDICATION AND IMPORTANT SAFETY INFORMATION

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NOW COVERED FOR MORE PATIENTS THAN EVER BEFORE[4]*

Strong commercial coverage

98% of nationally commercially insured lives are covered for QULIPTA®*

PA process resources and education

Streamlined PA process with a **78%** approval rate for ePAs submitted for QULIPTA

Scan the QR code below for formulary coverage in your area

QULIPTA® (atogepant) tablets

If you have additional questions, connect with your representative to contact a Field Reimbursement Manager.

More of your patients may save than you expect†

94% of eligible commercially insured patients pay $0 with their QULIPTA Complete Savings Card†

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References: 1. Data on file. AbbVie Inc. **2.** QULIPTA [package insert]. North Chicago, IL: AbbVie Inc.; 2025. **3.** Protocol for: Ailani J, Lipton RB, Goadsby PJ, et al; ADVANCE Study Group. Atogepant for the preventive treatment of migraine. *N Engl J Med*. 2021;385(8):695-706. doi:10.1056/NEJMoa2035908 **4.** Data on File. AbbVie Inc. Jan 2021 to Aug 2024.

US-QLP-250340 July 2025

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