

# Welcome to QULIPTA Complete



## What's next?

You may have questions about QULIPTA. That's why QULIPTA Complete is here to help you:



Find possible ways you can save on your prescription. If you're commercially insured, you may pay as little as \$0 a month.\*



Understand your insurance and navigate the steps needed to get QULIPTA.



Get answers to your questions about QULIPTA, including what you can expect and how to establish a daily routine to work toward your personal goals.



### Look out for a call from a Support Specialist<sup>†</sup> soon.

For questions, or if you have not yet connected with your Support Specialist, give us a call at **1-855-QULIPTA (1-855-785-4782)** Monday through Friday, 8 AM–8 PM ET.

The categories of personal information collected in this Prescription Enrollment Form include contact, insurance, prescription, and medical history information. The personal information collected will be used to provide and manage the QULIPTA Complete program and to perform research and analytics on a de-identified basis. For more information about the categories of personal information collected by AbbVie and the purposes for which AbbVie uses personal information, visit [www.abbvie.com/privacy.html](http://www.abbvie.com/privacy.html).

\*See terms and conditions on reverse.

<sup>†</sup>QULIPTA Complete Support Specialists are provided by AbbVie and do not work under the direction of your healthcare professional (HCP) or give medical advice. They are trained to direct patients to their HCP for treatment-related advice, including further referrals.

Please see Use and Important Safety Information on page 2.

Please see full [Prescribing Information](#), including [Patient Information](#), and discuss with your doctor.

**QULIPTA**™  
(atogepant) tablets

## USE AND IMPORTANT SAFETY INFORMATION FOR PATIENTS

### What is QULIPTA?

QULIPTA is a prescription medicine used for the preventive treatment of episodic migraine in adults.

### IMPORTANT SAFETY INFORMATION

**Before taking QULIPTA, tell your healthcare provider about all your medical conditions, including if you:**

- Have kidney problems or are on dialysis
- Have liver problems
- Are pregnant or plan to become pregnant. It is not known if QULIPTA will harm your unborn baby
- Are breastfeeding or plan to breastfeed. It is not known if QULIPTA passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby while taking QULIPTA

**Tell your healthcare provider about all the medicines you take**, including prescription and over-the-counter medicines, vitamins, and herbal supplements. QULIPTA may affect the way other medicines work, and other medicines may affect how QULIPTA works. Your healthcare provider may need to change the dose of QULIPTA when taken with certain other medicines.

**The most common side effects of QULIPTA** are nausea, constipation, and fatigue. These are not all the possible side effects of QULIPTA.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch) or call **1-800-FDA-1088**.

If you are having difficulty paying for your medicine, AbbVie may be able to help. Visit [AbbVie.com/myAbbVieAssist](http://AbbVie.com/myAbbVieAssist) to learn more.

Terms and Conditions apply. This benefit covers QULIPTA™ (atogepant). Eligibility: Available to patients with commercial prescription insurance coverage for QULIPTA who meet eligibility criteria. The program is not available to cash-paying patients or 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 or by the patient's health insurance provider. If at any time a patient begins receiving prescription drug coverage under any such federal, state, or government-funded healthcare program, patient will no longer be able to use the QULIPTA Complete Savings Card and patient must call 1.855.QULIPTA to stop participation. Under this program, an eligible patient whose insurer has imposed coverage restrictions that have not been satisfied may receive up to a maximum of two 30-day fills at no charge for an FDA approved indication while coverage is pending. This payment may not be applied towards any out-of-pocket limits or other deductibles under patient's insurance coverage. Patients residing in or receiving treatment in certain states may not be eligible. Patients may not seek reimbursement for value received from QULIPTA Complete from any third-party payers. Offer subject to change or discontinuance without notice. Restrictions, including monthly maximums, may apply. This assistance offer is not health insurance. By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer. To learn about AbbVie's privacy practices and your privacy choices, visit [www.abbvie.com/privacy.html](http://www.abbvie.com/privacy.html)

Please see full [Prescribing Information](#), including [Patient Information](#), and discuss with your doctor.

# Prescription Enrollment Form

1. Once completed, please fax this form to QULIPTA Complete at **1-866-933-4805**.
2. Give your patient the accompanying Welcome Sheet.

**Questions? Call 1-855-QULIPTA (1-855-785-4782).**

All fields marked with an asterisk (\*) are required. The HCP and the patient or legally authorized person should fill out this form completely before leaving the office.

## 1 Patient Information\*—To be completed by patient or legally authorized person.

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender:  M  F

Patient address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Mobile phone #: \_\_\_\_\_ Patient email: \_\_\_\_\_

I consent to receive recurring text messages from AbbVie, including service updates, medication reminders and marketing messages, to the above mobile number. Message and data rates may apply. My consent is not a condition of receiving goods or services. I can reply HELP for help. I can text STOP to unsubscribe at any time. [View full Terms and Conditions at SeeQTerms.com](#).

Best time to call (Monday-Friday):  Anytime  Morning  Afternoon  Evening

When did you start treatment?  Not yet started  Less than 1 month ago  1-2 months ago  2-3 months ago  4+ months ago

I would like to receive news and updates about AbbVie's products, clinical trials, research opportunities, programs, and other information that may be of interest to me.

By enrolling, you may receive your own Support Specialist provided by AbbVie. Support Specialists do not work under the direction of your healthcare professional (HCP) or give medical advice. They are trained to direct patients to their HCP for treatment-related advice, including further referrals. • To learn about AbbVie's privacy practices and your privacy choices, visit [www.abbvie.com/privacy.html](http://www.abbvie.com/privacy.html).

## 2 Insurance Information\*—Fill out section or ask your doctor's office to attach a copy of your insurance cards.

What kind of health insurance coverage do you have?

Private/commercial†  Medicare  Government-funded plan, Medicaid, or VA insurance\*  I am not insured

Beneficiary/cardholder name: \_\_\_\_\_ Prescription insurance: \_\_\_\_\_

Medical insurance: \_\_\_\_\_ RX group #: \_\_\_\_\_

Medical insurance ID #: \_\_\_\_\_ RX ID #: \_\_\_\_\_

Group #: \_\_\_\_\_ RX BIN #: \_\_\_\_\_ RX PCN #: \_\_\_\_\_

†Health insurance for you or a family member purchased privately or through an employer. \*For example, Medicaid, TRICARE, Department of Defense, or Veterans Affairs programs.

### For Healthcare Provider (HCP) Use Only

## 3 Diagnosis\*

Migraine

## 4 Prescriber Information

Prescriber first name\*: \_\_\_\_\_ Prescriber last name\*: \_\_\_\_\_ NPI #: \_\_\_\_\_

Office address\*: \_\_\_\_\_ City\*: \_\_\_\_\_ State\*: \_\_\_\_\_ ZIP\*: \_\_\_\_\_

Office contact name: \_\_\_\_\_ Office phone #\*: \_\_\_\_\_

Email: \_\_\_\_\_ Office fax #\*: \_\_\_\_\_

If applicable: Collaborating MD name: \_\_\_\_\_ Collaborating MD NPI #: \_\_\_\_\_

## 5 QULIPTA COMPLETE Prescription—required in the event a commercially insured patient experiences an insurance delay or denial.

Eligible patients must have (1) commercial insurance, (2) a valid Rx for QULIPTA, and (3) experienced a delay or denial in insurance determination. See program Terms and Conditions on reverse side. Please complete the full form as well as this section and sign below. **Prescription to be filled through an AbbVie authorized pharmacy.** I understand that faxing this form to QULIPTA Complete will result in an original copy being simultaneously transmitted to the AbbVie authorized pharmacy under this section.

QULIPTA 60 mg tablets

QULIPTA 30 mg tablets

QULIPTA 10 mg tablets

Take 1 tablet PO once daily

QTY: 1 month (30 tablets)

Refills: \_\_\_\_\_

**PRESCRIBER CERTIFICATION:** I certify that the above therapy is medically necessary and that the information provided is accurate to the best of my knowledge. I certify that I am the prescriber who has prescribed QULIPTA to the previously identified patient, and that I provided the patient with a description of the QULIPTA Complete patient support program. I authorize QULIPTA Complete to act on my behalf for the purposes of transmitting this prescription to the appropriate pharmacy. I understand that the no-charge resource through QULIPTA Complete may support patients who are experiencing a delay in insurance coverage for QULIPTA until coverage is obtained, and I confirm that I will support the above-identified patient in seeking to secure such coverage as I deem appropriate. I certify that I will not seek reimbursement from any third-party payer for any no-charge product dispensed by an AbbVie authorized pharmacy.

**Prescriber's Signature (REQUIRED):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IMPORTANT INFORMATION:** By submitting this form, you are referring the above patient to AbbVie's patient support program to determine eligibility and receive support related to an AbbVie product. AbbVie, its affiliates, collaborators, and agents will use the information collected about you and your patient to provide the patient support and perform research and analytics, on a de-identified basis, for management of the program. For more information about the categories of personal information collected by AbbVie and the purposes for which AbbVie uses personal information, visit [www.abbvie.com/privacy.html](http://www.abbvie.com/privacy.html). Please share this information with your patient.

QM-123121-A03 (D)

Please see Important Safety Information and full Indication on page 4.

Please see full [Prescribing Information](#).



## INDICATION AND IMPORTANT SAFETY INFORMATION FOR HEALTHCARE PROVIDERS

### INDICATION

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

### IMPORTANT SAFETY INFORMATION

#### ADVERSE REACTIONS

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

#### DRUG INTERACTIONS

Strong CYP3A4 Inhibitors: 10 mg once daily.

Strong and Moderate CYP3A4 Inducers: 30 mg or 60 mg once daily.

OATP Inhibitors: 10 mg or 30 mg once daily.

#### USE IN SPECIFIC POPULATIONS

Severe Renal Impairment or End-Stage Renal Disease: 10 mg once daily.

Avoid use in patients with severe hepatic impairment.

#### QULIPTA Complete Savings Card Terms & Conditions

Terms and Conditions apply. This benefit covers QULIPTA™ (atogepant). Eligibility: Available to patients with commercial prescription insurance coverage for QULIPTA who meet eligibility criteria. The program is not available to cash-paying patients or 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 or by the patient's health insurance provider. If at any time a patient begins receiving prescription drug coverage under any such federal, state, or government-funded healthcare program, patient will no longer be able to use the QULIPTA Complete Savings Card and patient must call 1.855.QULIPTA to stop participation. Under this program, an eligible patient whose insurer has imposed coverage restrictions that have not been satisfied may receive up to a maximum of two 30-day fills at no charge for an FDA approved indication while coverage is pending. This payment may not be applied towards any out-of-pocket limits or other deductibles under patient's insurance coverage. Patients residing in or receiving treatment in certain states may not be eligible. Patients may not seek reimbursement for value received from QULIPTA Complete from any third-party payers. Offer subject to change or discontinuance without notice. Restrictions, including monthly maximums, may apply. This assistance offer is not health insurance. By redeeming this card, you acknowledge that you are an eligible patient and that you understand and agree to comply with the terms and conditions of this offer. To learn about AbbVie's privacy practices and your privacy choices, visit [www.abbvie.com/privacy.html](http://www.abbvie.com/privacy.html)

#### QULIPTA Complete Prescription Terms & Conditions

**Eligibility criteria:** Available to patients aged 63 or younger with commercial insurance coverage. Patients must have a valid prescription for QULIPTA for an FDA approved indication and a denial of insurance coverage based on a prior authorization request on file along with a confirmation of appeal. Continued eligibility for the program requires the submission of an appeal of the coverage denial every 180 days. Program provides QULIPTA at no charge to patients for up to two years or until they receive insurance coverage approval, whichever occurs earlier, and is not contingent on purchase requirements of any kind. Program is not available to patients whose medications are reimbursed in whole or in part by Medicare, Medicaid, TRICARE, or any other federal or state program. Offer subject to change or discontinuance without notice. This is not health insurance and program does not guarantee insurance coverage. No claims for payment may be submitted to any third party for product dispensed by program. Limitations may apply.

Please see full [Prescribing Information](#).