

YOU PRESCRIBE. WE PROVIDE SUPPORT. QULIPTA COMPLETE CAN HELP YOUR PATIENTS START AND STAY ON TRACK WITH 3 EASY STEPS

1

PRESCRIBE AND ENROLL NOW



- Complete the **1-page prescription enrollment** form with your patient online, or fax the form to **1-866-933-4805**
- Give your patient their welcome sheet and tell them to **expect a call soon to get started**

2

START SAVING



- **Savings Card:** Your patients can start on QULIPTA for as little as **\$0****
- **Home Delivery:** While coverage is being determined, patients can receive QULIPTA **delivered to their home for \$0***

*Eligible patients with commercial insurance.

3

GET SUPPORT



- QULIPTA Complete Access Specialists will help you and your patients **identify next steps to getting their prescribed treatment, including PA support**
- QULIPTA Complete Support Specialists can answer your patients' questions about QULIPTA and **help them establish a daily routine to work toward their personal goals⁵**

QULIPTA Complete Savings Card Terms & Conditions

[†]Terms and Conditions apply. This benefit covers QULIPTA™ (atogepant). Eligible patients will receive copay assistance through one or more forms, such as a savings or copay card, and enrollment requirements may vary. Eligibility: Available to patients with commercial prescription insurance coverage for QULIPTA who meet eligibility criteria. The eligibility criteria varies by the form of copay assistance provided and will be made available to you as part of the enrollment process for the form or forms that you apply to receive. 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, the patient will no longer be able to use the QULIPTA Complete Savings Card, and the patient must call 1.855.QULIPTA to stop participation. Patients may be eligible to receive up to twelve 30-day fills at no charge where coverage is not available until the insurer has established a coverage review process. Under this program, once an insurer has established a review process for coverage requests, eligible patients 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 to enroll in the QULIPTA™ (atogepant) Copay Assistance Program is subject to change, reduction in amount of monetary assistance, or discontinuance without notice. Restrictions, including duration of the QULIPTA™ (atogepant) Copay Assistance program, available form(s) of copay assistance, and monthly maximums, may apply. Call 1.855.QULIPTA for more information. 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.

To Pharmacists: For further information, please contact 800-364-4767.

[‡]Eligible patients must have commercial insurance, a valid prescription for QULIPTA for an FDA-approved indication, a denial of insurance coverage based on a prior authorization request 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 2 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.

[§]QULIPTA Complete Support Specialists are provided by AbbVie and do not work under the direction of healthcare professionals (HCPs) or give medical advice. They are trained to direct patients to their HCP for treatment-related advice, including further referrals.

ENROLL WITH YOUR PATIENTS TODAY!

Ask your sales representative or visit Quliptahcp.com to access the enrollment form.

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.

Please see additional Important Safety Information on next page and accompanying full [Prescribing Information](#) or visit rxabbvie.com/pdf/QULIPTA_pi.pdf.

QULIPTA™
(atogepant) tablets

EXAMPLES OF ICD-10 CODES FOR MIGRAINE

G43	Migraine
G43.0	Migraine without aura
G43.1	Migraine with aura
G43.9	Migraine unspecified

Disclaimer: Not a complete list. The codes shown above are only suggestions and correct coding is the responsibility of the healthcare provider. The most recent complete list of ICD-10 codes and coding information is available at [cms.gov](https://www.cms.gov). This information is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Providers are encouraged to contact third-party payers for specific information about their coverage policies. For additional guidance on coding, please refer to the Department of Health and Human Services Evaluation and Management Services Guide available at [cms.gov](https://www.cms.gov).



Questions?

**Call 1-855-QULIPTA
(1-855-785-4782)**

Monday-Friday, 8 AM to 8 PM ET for answers

IMPORTANT SAFETY INFORMATION (cont'd)

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.

Please see additional Important Safety Information on previous page and accompanying full [Prescribing Information](#) or visit [rxabbvie.com/pdf/QULIPTA_pi.pdf](https://www.rxabbvie.com/pdf/QULIPTA_pi.pdf).

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