

YOUR PHARMACY'S GUIDE TO SAVINGS AND SUPPORT FOR QULIPTA™ PATIENTS

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
throughout and accompanying
full **Prescribing Information** or visit
rxabbvie.com/pdf/QULIPTA_pi.pdf.

**QULIPTA**™
(atogepant) tablets

QUICK AND CONTINUOUS MIGRAINE PREVENTIVE POWER

HOW TO PROCESS THE QULIPTA COMPLETE SAVINGS CARD

QULIPTA™, the only once-daily oral preventive CGRP receptor antagonist¹

Across a 12-week clinical trial (QULIPTA 60 mg)*:

- > Significant 54% migraine day reduction (4.2 mean MMD reduction from 7.8 baseline)[†] vs 33% (2.5 mean MMD reduction from 7.5 baseline) with placebo^{1‡§}
- > With the majority of impact observed within Weeks 1-4^{1,2}
- > Over 60% of patients cut their migraine days by at least half* vs 29% for placebo^{1‡§}

¹Data from the Phase 3 ADVANCE Trial.
[†]QULIPTA 60 mg (n=222).
[‡]Placebo (n=214).
[§]P<0.001.

MMD=Monthly Migraine Day

Phase 2b/3 Dose-finding Study Results

QULIPTA 60 mg: -3.6 monthly migraine days across 12 weeks (baseline MMD was 7.7) (n=177) (P=0.039).
Placebo: -2.8 monthly migraine days across 12 weeks (baseline MMD was 7.8) (n=178).¹

Study Design

Two randomized, double-blind, placebo-controlled, parallel-group studies that evaluated the efficacy and safety of QULIPTA for 12 weeks in patients who were experiencing 4 to 14 migraine days per month. Patients in trials were 88% female, 80% White, 17% Black, and 12% Hispanic or Latino ethnicity and the mean age at study entry was 41 years (range 18-74 years).¹

Savings and Support Made Simple

Help your eligible patients start on QULIPTA for as little as \$0[¶] by enrolling and retrieving a savings card:



Text ENROLL to 785478[¶]

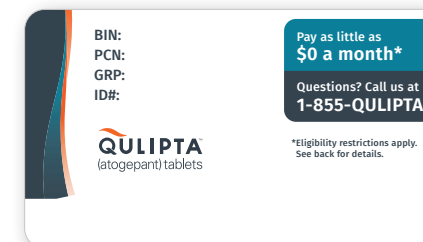


Visit Qulipta.com/savings



Scan here for savings and support information

- > Submit the claim to the primary Third-Party Payer first, then submit the balance due to IQVIA using BIN #601341 as a Secondary Payer COB with patient responsibility amount and a valid Other Coverage Code 08



- > If you receive a rejection due to PA, NDC block, or Product Not Covered, submit Other Coverage Code 03 (secondary claim). Patients can pay as little as \$0. Reimbursement will be received from IQVIA. For any questions, call IQVIA at 1-800-364-4767. Help is available to navigate the QULIPTA Complete Savings Card redemption process, including processing in case of PA, NDC block, Product Not Covered, and pharmacy-specific coupon processing questions

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.

[¶]By texting ENROLL to 785478, message and data rates may apply. You are not required to consent as a condition of purchase. 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 Terms and Conditions and Privacy Policy.

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QULIPTA[™]
(atogepant) tablets

ONE PILL, ONCE A DAY
NO TITRATION NEEDED¹

QULIPTA[™]
(atogepant) tablets

THREE DOSES AVAILABLE¹

QULIPTA[™]
60 mg

NDC:
0074-7094-30



QULIPTA
30 mg

NDC:
0074-7096-30



QULIPTA
10 mg

NDC:
0074-7095-30



To order QULIPTA: Call your wholesaler or AbbVie at **1-800-255-5162**

References: 1. QULIPTA (atogepant). Package insert. Allergan USA, Inc; 2021. 2. Data on file. Allergan USA, Inc.

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.

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