

PROGRAM TERMS, CONDITIONS, AND ELIGIBILITY CRITERIA:

1. This offer is valid only for patients 18 years of age or older and is good for use only with a valid prescription for UBRELVY® (ubrogepant) tablets at the time the prescription is filled by the pharmacist and dispensed to the patient. 2. This offer is not valid for use by patients enrolled in Medicare, Medicaid, or other federal or state programs (including any state pharmaceutical assistance programs), or private indemnity or HMO insurance plans that reimburse you for the entire cost of your prescription drugs. Patients may not use this card if they are Medicare-eligible and enrolled in an employer-sponsored health plan or prescription drug benefit program for retirees. This offer is not valid for cash-paying patients. 3. Depending on your insurance coverage, most eligible patients may pay as little as \$0. Check with your pharmacist for your copay discount. Maximum savings limit may apply. Patient out-of-pocket expense may vary. 4. This offer is valid for up to 13 prescription fills. Offer applies only to prescriptions filled before the program expires on December 31, 2022. 5. AbbVie reserves the right to rescind, revoke, or amend this offer without notice. 6. Offer good only in the USA, including Puerto Rico, at participating retail pharmacies. 7. Void if prohibited by law, taxed, or restricted. 8. This card is not transferable. The selling, purchasing, trading, or counterfeiting of this card is prohibited by law. 9. This card has no cash value and may not be used in combination with any other discount, coupon, rebate, free trial, or similar offer for the specified prescription. 10. This offer is not health insurance. 11. This card expires December 31, 2022. 12. **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.**

For questions about the program, including savings on mail-order prescriptions, or to activate your card ID, please call 1-844-577-6239.

Pharmacist Instructions for a Patient with an Eligible Third-Party Payer: When you redeem this card, you certify that you have not submitted and will not submit a claim for reimbursement under any federal, state, or other government programs for this prescription. Submit the claim to the primary Third-Party Payer first, then submit the balance due to **CHANGE HEALTHCARE** using BIN #600426 as a Secondary Payer COB (coordination of benefits) with patient responsibility amount and a valid Other Coverage Code (eg, 8). If you receive a rejection due to PA, or NDC block, submit Other Coverage Code of 03 (secondary claim). Patients pay as little as \$0. Reimbursement will be received from CHANGE HEALTHCARE. For any questions regarding **CHANGE HEALTHCARE online processing**, call the **UBRELVY Claims Concierge at 1-800-761-5285**. Program managed by **ConnectiveRx** on behalf of AbbVie.

Reference: 1. American Academy of Neurology. Complete Practice Resources. ICD-9 to ICD-10 conversion: Commonly used neurologic diagnosis. 2013;1-21.

IMPORTANT SAFETY INFORMATION (continued)

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

Drug Interactions:

- Strong CYP3A4 Inducers: Should be avoided as concomitant use will result in reduction of ubrogepant exposure.
- Dose modifications are recommended when using the following:
 - Moderate or weak CYP3A4 inhibitors and inducers
 - BCRP and/or P-gp only inhibitors

Please see Important Safety Information throughout and accompanying full Prescribing Information.

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abbvie

FOR ELIGIBLE PATIENTS
**REGARDLESS OF
COVERAGE, WE
HAVE YOU COVERED**

AbbVie is committed to helping patients get the kind of migraine treatment they deserve with the

U DEMAND RELIEF SUITE

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.

IMPORTANT SAFETY INFORMATION

Contraindication: Concomitant use of strong CYP3A4 inhibitors (eg, ketoconazole, itraconazole, clarithromycin).

Please see Important Safety Information throughout and accompanying full Prescribing Information.

UBRELVY[®]
(ubrogepant) tablets | 50mg
100mg

WE PROVIDE ASSISTANCE WITH RESOURCES TO SUPPORT YOUR PATIENTS



Now introducing a NEW savings offer for eligible patients:

\$0 ALL PILLS, ALL FILLS
Eligible patients may pay as little as \$0 a month.*

DEDUCTIBLE SAVINGS
Covers a total of 13 fills. Savings may be applied toward deductible with each fill.†



Please see Terms and Conditions on back page. Offer valid for commercially insured patients only.

To activate or receive a savings card, patients can text‡ UBRELVY to 48764 or visit UBRELVY.COM/SAVINGS

*Patient out-of-pocket costs may vary. Terms and Conditions apply. This offer is only valid for commercially insured patients. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. Please see full Program Terms, Conditions, and Eligibility Criteria on back page.

†Inclusion of savings in deductible depends on your insurance carrier.

‡Message and data rates apply. Reply HELP for help; reply STOP to cancel. Message frequency depends on user. Consent not required to purchase goods/services. Terms: smsterms.copaysavingsprogram.com/ubrelvy. Privacy: smsprivacy.copaysavingsprogram.com/ubrelvyprivacy-policy.

Need help with a patient's PA?

Dedicated support through **covermymeds**®



- Streamlines the prior authorization (PA) process to help improve time to therapy and decrease Rx abandonment over time
- Keeps you informed on the status of specific PAs

Call center contact information 1-866-452-5017 | Email: help@covermymeds.com
M-F 8:00 AM-11:00 PM ET | Sat: 8:00 AM-6:00 PM ET

RESOLVING COMMON PA REQUIREMENTS FOR UBRELVY®

Top reasons for PA

The patient must try/fail on 1 or more generic triptans.

The patient's diagnosis is not consistent with the drug's indication.

How to resolve

Please list previous agents as appropriate with documented evidence of patient trial/failure on generic triptans. Failure may be due to lack of efficacy or intolerable side effects.

Below are examples of ICD-10 codes for migraine.

EXAMPLES OF ICD-10 CODES FOR MIGRAINE¹

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

Disclaimer: These codes are presented for informational purposes only. They represent no statement, promise, or guarantee by AbbVie, concerning coverage and/or levels of reimbursement, payment, or charge and are not intended to increase or maximize reimbursement by any payer. It is the responsibility of the healthcare provider to determine the appropriate code(s) for service provided to his or her patient. Laws, regulations, and policies concerning reimbursement are complex and updated frequently. Although we have made an effort to be current as of October 2021, the information may not be current or comprehensive when you view it. Please consult the applicable payer organization with regard to local or actual coverage, reimbursement policies, and determination processes.

U CONCIERGE

Please direct any questions regarding insurance coverage, cost, or general UBRELVY information to: **1-844-4-UBRELVY (844-482-7358)**, Mon-Fri 8 AM-8 PM ET

Please see Important Safety Information throughout and accompanying full Prescribing Information.