UBRELVY® COMPLETE

HEALTH INSURANCE: UNDERSTANDING MAKES A DIFFERENCE

UBRELVY®
(ubrogepant) tablets 50mg 100mg

Please see Use and Important Safety Information on page 12.
Please see full Prescribing Information, including Patient Information, and discuss with your doctor.

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Use the links below to find the specific information you're looking for.

INSURANCE OVERVIEW

MAKING SENSE OF HEALTH INSURANCE

Navigating health insurance can sometimes feel overwhelming. Taking time to understand your benefits and how commercial insurance works can help in staying on track with your prescribed treatment plan.

This brochure can help you better understand:

- Medical and prescription drug coverage
- How to verify your coverage
- Understanding out-of-pocket costs
- Dealing with interruptions
- Commonly used insurance terms

Personalized support is here for you

This brochure focuses mainly on commercial insurance. If you have questions about Medicare or other coverage, chat with us **24/7** on **UBRELVY.com** or call **1.844.4.UBRELVY (1.844.482.7358)**.*

*Help is available via the UBRELVY Complete Contact Center Monday through Friday, from 8 AM to 8 PM ET, except for holidays.

Sign up for UBRELVY Complete

Enroll today to get support and resources to help you start and stay on track with your prescribed treatment plan.

INSURANCE OVERVIEW (CONT'D)

WHAT IS HEALTH INSURANCE?

Health insurance helps cover what you spend to maintain your health and wellness.

TYPES OF COVERAGE

Medical Benefits

This refers to doctor and hospital visits, surgery, lab tests, mental health services, plus preventive care.

Pharmacy Benefits

This refers to coverage that helps pay for the cost of a patient's prescription medications that may be separate from medical benefit coverage.

TYPES OF HEALTH INSURANCE

There are 2 major health insurance providers:

COMMERCIAL (PRIVATE)

Insurance offered by privately owned companies:

- Insurance you buy on your own
- Insurance provided by your employer
- An insurance plan you buy through "The Health Insurance Marketplace" provided by the Affordable Care Act (ACA)

GOVERNMENT

Insurance programs offered by the government:

- Medicare for people over 65
  - Medicare Part B - Medical benefits
  - Medicare Part D - Prescription drug benefits
- Medicaid for people in financial need
- Veterans Affairs benefits for military veterans

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INSURANCE OVERVIEW (CONT'D)

COMMERCIAL INSURANCE

WHICH TYPE OF INSURANCE DO YOU HAVE?

Usually the type of plan you have can be found on the front of your insurance card.

WHAT DOES INSURANCE TYPE MEAN TO YOU?

Each insurance plan has different rules around the healthcare providers, hospitals, and services you can use. It's a good idea to follow up with your insurance company to find out what options are available under your plan. Some plans limit you to using their network of doctors, hospitals, and other medical service providers. Others give you the option to use providers outside of the plan's network and may pay a share of the outside provider's costs.

TYPE OF PLAN	TYPE OF NETWORK	OPTION TO GO OUT OF NETWORK?
Health Maintenance Organization (HMO)	Your doctors, hospitals, and healthcare services are all kept within one network.	No.
Preferred Provider Organization (PPO)	You choose from a list of "preferred providers" who are considered "in network." Doctors not on the preferred list are considered "out of network."	Varies by plan.
High-Deductible Health Plan (HDHP)	Higher annual deductible and lower premiums than a typical health insurance plan.	Varies by plan.
Point-of-Service Plan	You can choose either a preferred provider or an outside provider.	You will need a referral from an in-network doctor and likely have to pay more.
Fee-for-Service Plan/ Indemnity Policies	There is no network.	You can choose whichever doctor you want, but you pay more.

INSURANCE OVERVIEW (CONT'D)

INSURANCE COSTS: 2 THINGS TO KNOW

1. MONTHLY PREMIUM

How much you pay each month for your insurance policy.
This payment is like your mortgage or phone bill.

2. OUT-OF-POCKET COSTS

What you'll pay in healthcare costs throughout the policy year.

Out-of-pocket costs can include:

Your Deductible

What you owe before your insurance starts paying.
Example: If your healthcare deductible is $1,500, that's how much you have to spend before your insurance begins to pay for healthcare costs.

Your Co-Pay/Co-Insurance

The cost you pay for each prescription and/or medical service.
Example: A co-pay is a flat amount; you might pay $25 for an antibiotic. Co-insurance is a percentage of the costs; for example, you might pay 20% of the cost.

Out-of-Pocket Maximum

The most you'll pay in medical expenses in a year before you're fully covered.
Example: If your yearly maximum is $3,900, once you have spent that amount, the insurance may pay 100% of your healthcare costs.

High-deductible health plans (HDHP) can be a balancing act.

You may pay a lower monthly premium but higher out-of-pocket costs. Depending on your medical needs, you may end up spending more out-of-pocket on healthcare costs before meeting your deductible, which is when your insurance company starts paying its share. Combining an HDHP with a Health Savings Account (HSA) may help with these costs. An HSA allows you to set aside pre-taxed money to pay for certain healthcare expenses.

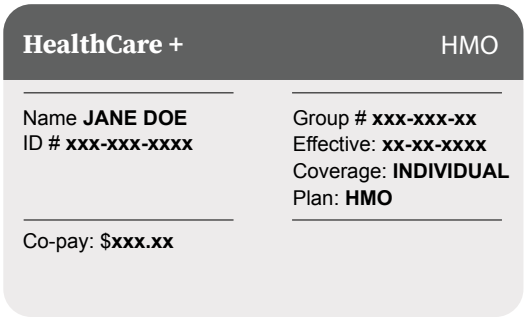
Because coverage varies by plan, call your insurance company to understand your UBRELVY coverage.

PRESCRIPTION DRUG COVERAGE

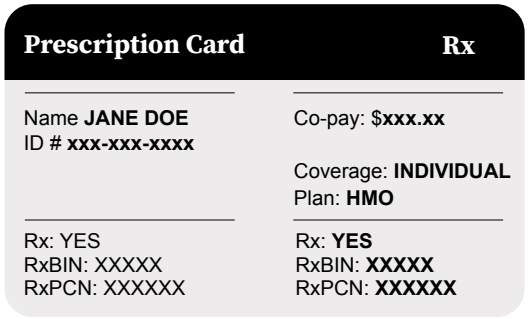
WHAT YOU SHOULD KNOW ABOUT PRESCRIPTION DRUG COVERAGE

Your insurance company may not be the company that handles your drug coverage. While your insurance plan may offer drug benefits, the coverage may be managed through a separate company called a "pharmacy benefit manager." This company helps set the costs and requirements for the drugs you take and can provide you with more information about your coverage.

You may have to carry 2 separate insurance cards:



From the company that provides your **medical benefits**.



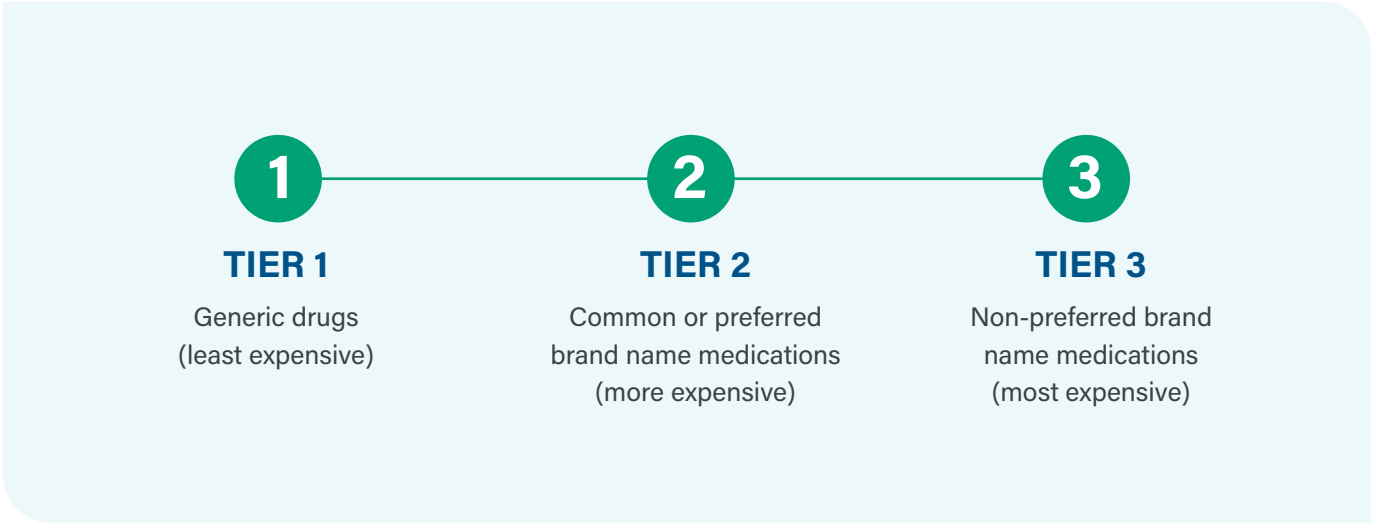
From the company that manages your **pharmacy benefits**.

Note: Some insurance companies may have the same card for both medical and pharmacy coverage.

PRESCRIPTION DRUG COVERAGE (CONT'D)

WHAT IS A FORMULARY?

A formulary is a list of medications that have been approved for coverage by an insurance plan. Within a formulary, there may be differences in your share of the cost (your co-pay or co-insurance) based on which "tier" your medication is in. Some plans have 4 or 5 tiers, but generally, the lower the tier, the lower the cost. Here's an example:



Your insurance plan may have special requirements before it will cover certain medicines, like a prior authorization (PA). For example, your doctor may have to prove that one drug didn't work for you before your insurance company will cover another medicine.

It's important to know your insurance company's requirements for your prescribed treatment plan. Call your insurance company to ask about coverage for UBRELVY and if a PA is needed.

HANDLING INTERRUPTIONS

LIFE DOESN'T ALWAYS GO EXACTLY AS PLANNED

Unexpected events can disrupt your ability to stay on track with your prescribed treatment plan. UBRELVY Complete has resources to help you navigate these disruptions, such as:

Loss of job

Losing your job usually means losing your employer-sponsored health plan. You may be eligible for COBRA coverage to temporarily keep your existing plan, or you might need to enroll in a new plan through the Health Insurance Marketplace to avoid a gap in coverage.

Open enrollment

This is the annual period, usually in November, when you can enroll in a new health plan or make changes to your current one for the following year. Unless you experience a Qualifying Life Event, this is your only time to switch plans or adjust your coverage.

Formulary changes

Your insurance company may review and change this list annually or sometimes midyear.

Need guidance during a life change?

Talk to a live representative who can help you navigate insurance challenges, life changes, and answer questions about your medication.

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INSURANCE TERMS

COMMONLY USED INSURANCE TERMS

Benefits Verification (BV): The process that confirms your benefits and eligibility or your insurance coverage for a prescription or medical service.

Cost-Sharing Methods:

- **Co-Insurance:** The percentage of the cost that you will have to pay for a prescription or a medical service.
- **Co-Pay:** Your share of the cost for a medical service or prescription that is a fixed amount.
- **Out-of-Pocket Maximum:** The most you have to pay for covered services in a plan year before you're fully covered.

Deductible: The amount you will have to pay for your healthcare costs before your insurance starts paying.

Explanation of Benefits (EOB): A statement from the insurance administrator that tells you what portion of the provider's charges are eligible for benefits under your insurance.

Formulary: The list of medicines that your health insurance plan will pay for or cover.

Health Insurance Benefits: The healthcare items or services covered under a health insurance plan.

Health Savings Account (HSA): A savings account that lets you set aside money, tax free, to pay for qualified medical expenses.

Insurance Plans:

- **Commercial Insurance:** Plans typically sold to consumers directly or to groups/employers.
- **Government Insurance:** Insurance programs paid for and operated by the federal and state governments (examples: Medicaid, Medicare, and Veterans Affairs insurance).

Medicaid: A government insurance plan that offers healthcare coverage and drug benefits to low-income individuals.

Medicare: A federal government insurance plan that provides healthcare coverage options and drug benefits for persons over 65 years old, or disabled persons under the age of 65.

INSURANCE TERMS (CONT'D)

COMMONLY USED INSURANCE TERMS

Open Enrollment: An annual period during which people can enroll in a group-sponsored health insurance plan.

Out-of-Pocket Costs: Your expenses for medical care that aren't reimbursed by insurance.

Pharmacy Benefit Manager (PBM): A third-party administrator hired by the insurance plan to manage prescription drug coverage/programs for its insured population.

Premium: The amount you pay for your health insurance every month.

Prescription Benefits: Covered prescription drugs, usually self-administered, such as oral, injectable, or taken in other ways outside the physician's office.

Prior Authorization (PA): The pre-approval process your insurance plan uses to ensure that your medicine is covered before your doctor orders it.

USE

What is UBRELVY® (ubrogepant)?

UBRELVY is a prescription medicine used for the acute treatment of migraine attacks with or without aura in adults. UBRELVY is not used to prevent migraine headaches.

IMPORTANT SAFETY INFORMATION

Do not take UBRELVY if you are taking medicines known as strong CYP3A4 inhibitors, such as ketoconazole, clarithromycin, or itraconazole, or if you are allergic to UBRELVY or any of its ingredients.

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

- Have high blood pressure
- Have circulation problems in your fingers and toes
- Have liver problems
- Have kidney problems
- Are pregnant or plan to become pregnant
- Are breastfeeding or plan to breastfeed

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Your healthcare provider can tell you if it is safe to take UBRELVY with other medicines.

UBRELVY may cause serious side effects, including:

- **Allergic reactions:** Most reactions happened within hours after taking UBRELVY and were not serious. Some reactions may occur days after taking UBRELVY. Call your healthcare provider or get emergency help right away if you have swelling of the face, mouth, tongue, or throat or trouble breathing.
- **High blood pressure:** New or worsening of high blood pressure can happen. Contact your healthcare provider if you have an increase in blood pressure.
- **Raynaud's phenomenon:** A type of circulation problem can worsen or happen. Raynaud's phenomenon can lead to your fingers or toes feeling numb, cool, or painful, or changing color from pale, to blue, to red. Contact your healthcare provider if these symptoms occur.

The most common side effects of UBRELVY are nausea (4%) and sleepiness (3%). These are not all of the possible side effects of UBRELVY.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit 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/PatientAccessSupport to learn more.

Please see full Prescribing Information, including Patient Information, and discuss with your doctor.

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