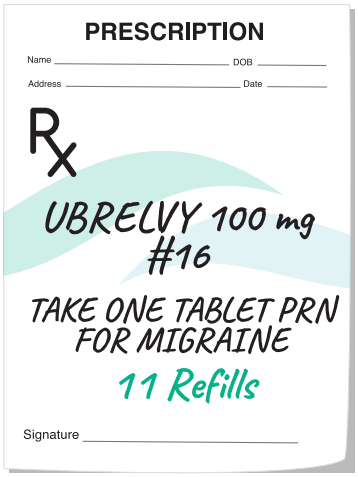
UBRELVY®
(ubrogepant) tablets 50mg 100mg

#1 PRESCRIBED BRANDED TREATMENT FOR MIGRAINE ATTACKS

As of 01/25.[1,2]

16 COUNT IS AVAILABLE FOR YOUR UBRELVY® PATIENTS

16 100 mg PACK



Prepare patients for unpredictable migraine attacks[3]

UBRELVY 100 mg tablets are available in a 16-count package, allowing your UBRELVY patients to have pills on hand when they need them most.

ELIGIBLE COMMERCIALLY INSURED PATIENTS MAY **PAY AS LITTLE AS $0***

UBRELVY is available in 50 mg and 100 mg tablets[1]

- Taken orally, with or without food[1]
- Take 50 mg or 100 mg to treat a migraine attack[1]
- A second dose can be taken at least 2 hours after the initial dose, if needed[1]
- The maximum daily dose is 200 mg[1]
- Safety established in up to 8 migraines in a 30-day period[1]

***Eligibility:** Available to patients with commercial insurance coverage for UBRELVY who meet eligibility criteria. This copay assistance program is not available to 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. Offer subject to change or termination without notice. Restrictions, including monthly and annual maximums, may apply. This is not health insurance. **For full Terms and Conditions, visit UBRELVY.com/savings-terms or call 1-844-577-6239 for additional information.** To learn about AbbVie's privacy practices and your privacy choices, visit **https://abbv.ie/corpprivacy**.

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

CONTRAINDICATIONS

UBRELVY is contraindicated:

- With concomitant use of strong CYP3A4 inhibitors (eg, ketoconazole, itraconazole, clarithromycin).
- In patients with a history of serious hypersensitivity to ubrogepant or any ingredient of the product.

Please see additional Important Safety Information on back and accompanying full Prescribing Information, or visit rxabbvie.com/pdf/ubrelvy_pi.pdf.

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IMPORTANT SAFETY INFORMATION (cont'd)

WARNINGS AND PRECAUTIONS

Hypersensitivity Reactions: Cases, including anaphylaxis, dyspnea, facial or throat edema, rash, urticaria, and pruritus, have been reported. Hypersensitivity reactions can occur minutes, hours, or days after administration. Most reactions were not serious, and some led to discontinuation. If a serious or severe reaction occurs, discontinue UBRELVY and institute appropriate therapy.

Hypertension (HTN): Development or worsening of pre-existing HTN has been reported following the use of CGRP antagonists, including UBRELVY. Some patients who developed new-onset HTN had risk factors. There were cases requiring initiation of HTN treatment and, in some cases, hospitalization. HTN may occur at any time but was most frequently reported within 7 days of initiation. The CGRP antagonist was discontinued in many of the cases. Monitor patients for new-onset or worsening of pre-existing HTN and consider whether discontinuation of UBRELVY is warranted if evaluation fails to establish an alternative etiology or blood pressure is inadequately controlled.

Raynaud's phenomenon (RP): Development, recurrence, or worsening of pre-existing RP has been reported following the use of CGRP antagonists, including UBRELVY. In cases with small molecule CGRP antagonists, symptom onset occurred a median of 1.5 days following dosing. Many of the cases reported serious outcomes, including hospitalizations and disability, generally related to debilitating pain. In most cases, discontinuation of the CGRP antagonist resulted in resolution of symptoms. UBRELVY should be discontinued if signs or symptoms of RP develop, and patients should be evaluated by a healthcare provider if symptoms do not resolve. Patients with a history of RP should be monitored for, and informed about the possibility of, worsening or recurrence of signs and symptoms.

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 accompanying full Prescribing Information, or visit rxabbvie.com/pdf/ubrelvy_pi.pdf.

References: 1. UBRELVY [package insert]. North Chicago, IL: AbbVie Inc.; 2025. **2.** Retail weekly prescription data from IQVIA as of 01/25. **3.** Serrano D, Lipton RB, Scher AI, et al. Fluctuations in episodic and chronic migraine status over the course of 1 year: implications for diagnosis, treatment and clinical trial design. *J Headache Pain*. 2017;18:101. **4.** Blumenfeld AM, Knievel K, Adams AM, et al. Ubrogepant is safe and efficacious in participants taking concomitant preventive medication for migraine: a pooled analysis of phase 3 trials. *Adv Ther*. 2022;39(1):692-705.

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