

**QULIPTA**<sup>®</sup>  
(atogepant) tablets

**UBRELVY**<sup>®</sup>  
(ubrogepant) tablets <sup>50mg</sup>/<sub>100mg</sub>

**≥97% OF NATIONALLY COMMERCIALY  
INSURED LIVES ARE NOW COVERED<sup>1\*</sup>**

**53%**

of commercially insured lives are now covered for  
QULIPTA<sup>®</sup> with zero steps<sup>1†</sup>

**56%**

of commercially insured lives are unrestricted or  
require 0 or 1 prior therapy to access UBRELVY<sup>®1‡</sup>

# Your Guide to Prior Authorization (PA)

**Did you know?**

**Over 76% of ePAs for QULIPTA and UBRELVY are approved,  
and most submissions get a result in under 24 hours<sup>1</sup>**

**LEARN HOW TO HELP PATIENTS GET ACCESS TO THEIR MEDICATION**

\*Managed Markets Insight & Technology, LLC<sup>™</sup>, a trademark of MMIT. Data as of [December 2025] and subject to change.

**Data are not a guarantee of coverage, or partial or full payment, by any payers listed. Actual benefits are determined by respective plan administrators. Insurer plans, coverage criteria, and formularies are subject to change without notice. Check each patient's coverage with applicable insurer. AbbVie does not endorse any individual plans. Formulary coverage does not imply efficacy or safety.**

<sup>1</sup>Zero-step coverage includes no need for trial or failure of previous therapy.

<sup>‡</sup>Unrestricted implies no step edit.

ePAs=electronic prior authorizations.

**QULIPTA INDICATION:**

QULIPTA<sup>®</sup> (atogepant) is indicated for the preventive treatment of migraine in adults.

**UBRELVY INDICATION:**

UBRELVY<sup>®</sup> (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.

**Please see Important Safety Information on pages 10-11. For full Prescribing Information, please visit [rxabbvie.com/pdf/QULIPTA\\_pi.pdf](https://rxabbvie.com/pdf/QULIPTA_pi.pdf) and [rxabbvie.com/pdf/UBRELVY\\_pi.pdf](https://rxabbvie.com/pdf/UBRELVY_pi.pdf).**

# LET'S GET STARTED! HELPING PATIENTS GET ACCESS WITH AN IMPROVED PROCESS

## Section 1 Fill in the relevant information for your patient's PA

**QULIPTA**  
(atogepant) tablets

### MEDICAL INFORMATION

**Medication Name:** QULIPTA® (atogepant)

**Indication:** Preventive treatment of migraine in adults<sup>2</sup>

**Strength(s):** QULIPTA is available in 10 mg, 30 mg, and 60 mg tablets<sup>2</sup>

**Dosing:** One pill taken by mouth once a day<sup>2</sup>

**Initial Approval or Continuation of Therapy**

**Designation:** If the patient has already received QULIPTA, then request "Continuation of therapy." Clearly define the patient's response to therapy

### CLINICAL INFORMATION

**Diagnosis:** List the number of headache days the patient experiences monthly

- Episodic migraine: 4 to 14 headache days per month<sup>3</sup>
- Chronic migraine: 15+ headache days per month<sup>3</sup>

**ICD-10/ICD-11 Code(s):** See page 6. Physicians should select the appropriate disease-specific code(s) based on the patient's diagnosis

**Prior Medication:** See common migraine medications table on page 4. List all therapies the patient has tried for the preventive treatment of migraine

**UBRELVY**  
(ubrogepant) tablets<sup>100%</sup>

### MEDICAL INFORMATION

**Medication Name:** UBRELVY® (ubrogepant)

**Indication:** Acute treatment of migraine with or without aura in adults<sup>4</sup>

**Strength(s):** UBRELVY is available in a 50 mg and a 100 mg tablet<sup>4</sup>

**Dosing:** One pill taken as needed. A second dose may be administered at least 2 hours after the initial dose if symptoms persist<sup>4</sup>

**Initial Approval or Continuation of Therapy**

**Designation:** If the patient has already received UBRELVY, then request "Continuation of therapy." Clearly define the patient's response to therapy

### CLINICAL INFORMATION

**Diagnosis:** Migraine with or without aura

**ICD-10/ICD-11 Code(s):** See page 6. Physicians should select the appropriate disease-specific code(s) based on the patient's diagnosis

**Prior Medication:** See common migraine medications table on page 5. List all therapies the patient has tried for the acute treatment of migraine

53%

of commercially insured lives are now covered for QULIPTA with zero steps\*

\*Zero-step coverage includes no need for trial or failure of previous therapy.

56%

of commercially insured lives are unrestricted or require 0 or 1 prior therapy to access UBRELVY\*

\*Unrestricted implies no step edit.

### IMPORTANT SAFETY INFORMATION FOR QULIPTA®

#### CONTRAINDICATIONS

QULIPTA is contraindicated in patients with a history of hypersensitivity to atogepant or any of the components of QULIPTA.

Please see Important Safety Information on pages 10-11. For full Prescribing Information, please visit [rxabbvie.com/pdf/QULIPTA\\_pi.pdf](http://rxabbvie.com/pdf/QULIPTA_pi.pdf) and [rxabbvie.com/pdf/UBRELVY\\_pi.pdf](http://rxabbvie.com/pdf/UBRELVY_pi.pdf).

### IMPORTANT SAFETY INFORMATION FOR UBRELVY®

#### 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 Important Safety Information on pages 10-11. For full Prescribing Information, please visit [rxabbvie.com/pdf/QULIPTA\\_pi.pdf](http://rxabbvie.com/pdf/QULIPTA_pi.pdf) and [rxabbvie.com/pdf/UBRELVY\\_pi.pdf](http://rxabbvie.com/pdf/UBRELVY_pi.pdf).

# COMMON TREATMENTS FOR MIGRAINE



## Common medications for **preventive** treatment

MEDICATION TYPE	EXAMPLES
<b>CGRP receptor antagonists/CGRP antagonists</b>	<ul style="list-style-type: none"> <li>AIMOVIG® (erenumab-aooe)</li> <li>AJOVY® (fremanezumab-vfrm)</li> <li>EMGALITY® (galcanezumab-gnlm)</li> <li>NURTEC® (rimegepant)</li> <li>VYEPTI® (eptinezumab-jjmr)</li> </ul>
<b>Antidepressants</b>	<ul style="list-style-type: none"> <li>Amitriptyline</li> <li>EFFEXOR/EFFEXOR XR® (venlafaxine)</li> </ul>
<b>Antiepileptics/Anticonvulsants</b>	<ul style="list-style-type: none"> <li>Divalproex sodium</li> <li>Topiramate (eg, TOPAMAX®)</li> </ul>
<b>Beta blockers</b>	<ul style="list-style-type: none"> <li>Timolol</li> <li>Propranolol</li> </ul>
<b>Calcium channel blockers</b>	<ul style="list-style-type: none"> <li>Verapamil</li> <li>Nifedipine</li> <li>Diltiazem</li> </ul>
<b>ACE inhibitors/ARBs</b>	<ul style="list-style-type: none"> <li>Lisinopril</li> <li>Losartan</li> </ul>

Some medications listed above are not approved for the preventive treatment of migraine.

### IMPORTANT SAFETY INFORMATION FOR QULIPTA® (cont'd)

#### WARNINGS AND PRECAUTIONS

**Hypersensitivity Reactions:** Cases, including anaphylaxis, dyspnea, rash, pruritus, urticaria, and facial edema, have been reported with use of QULIPTA. Hypersensitivity reactions can occur days after administration. If a hypersensitivity reaction occurs, discontinue QULIPTA and institute appropriate therapy.

**Hypertension (HTN):** Development or worsening of pre-existing HTN has been reported following the use of CGRP antagonists, including QULIPTA. 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. QULIPTA was discontinued in many of the cases. Monitor patients for new-onset or worsening of pre-existing HTN, and consider whether discontinuation of QULIPTA is warranted if evaluation fails to establish an alternative etiology or blood pressure is inadequately controlled.

Please see Important Safety Information on pages 10-11. For full Prescribing Information, please visit [rxabbvie.com/pdf/QULIPTA\\_pi.pdf](https://rxabbvie.com/pdf/QULIPTA_pi.pdf) and [rxabbvie.com/pdf/UBRELVY\\_pi.pdf](https://rxabbvie.com/pdf/UBRELVY_pi.pdf).



## Common medications for **acute** treatment

MEDICATION TYPE	EXAMPLES
<b>CGRP receptor antagonists</b>	<ul style="list-style-type: none"> <li>NURTEC® (rimegepant)</li> <li>ZAVZPRET™ (zavegepant)</li> </ul>
<b>Triptans</b>	<ul style="list-style-type: none"> <li>AMERGE® (naratriptan)</li> <li>AXERT® (almotriptan)</li> <li>FROVA® (frovatriptan)</li> <li>IMITREX® (sumatriptan)</li> <li>MAXALT® (rizatriptan)</li> <li>RELPAK® (eletriptan)</li> <li>ZOMIG® (zolmitriptan)</li> </ul>
<b>NSAIDs</b>	<ul style="list-style-type: none"> <li>Diclofenac (eg, CAMBIA®)</li> <li>Ibuprofen (eg, MOTRIN®, ADVIL® Migraine)</li> </ul>
<b>Ergotamines</b>	<ul style="list-style-type: none"> <li>Dihydroergotamine (eg, MIGRANAL®)</li> <li>Ergotamine (eg, ERGOMAR®)</li> </ul>
<b>Combination therapies</b>	<ul style="list-style-type: none"> <li>EXCEDRIN® Migraine (acetaminophen, aspirin, and caffeine)</li> <li>TREXIMET® (sumatriptan and naproxen sodium)</li> </ul>

### IMPORTANT SAFETY INFORMATION FOR UBRELVY® (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.

Please see Important Safety Information on pages 10-11. For full Prescribing Information, please visit [rxabbvie.com/pdf/QULIPTA\\_pi.pdf](https://rxabbvie.com/pdf/QULIPTA_pi.pdf) and [rxabbvie.com/pdf/UBRELVY\\_pi.pdf](https://rxabbvie.com/pdf/UBRELVY_pi.pdf).

**Section 2** Choose the appropriate diagnostic code for your patient

All coding decisions should be made by the healthcare provider based on an independent review of the patient's condition. Below are codes you may find helpful when billing payers. Please note that payer policies regarding coverage vary; check each patient's coverage with the applicable insurer.

ICD-10-CM CODE*	DESCRIPTION	ICD-11 CODE*	DESCRIPTION
G43.001	Migraine without aura, not intractable, with status migrainosus	8A80.0	Migraine without aura
G43.009	Migraine without aura, not intractable, without status migrainosus	8A80.Y	Other specified migraine
G43.011	Migraine without aura, intractable, with status migrainosus	8A80.Z	Migraine, unspecified
G43.019	Migraine without aura, intractable, without status migrainosus	8A80.1	Migraine with aura
G43.111	Migraine with aura, intractable, with status migrainosus	8A80.1Y	Other specified migraine with aura
G43.101	Migraine with aura, not intractable, with status migrainosus	8A80.1Z	Migraine with aura, unspecified
G43.109	Migraine with aura, not intractable, without status migrainosus	8A80.30	Status migrainosus
G43.119	Migraine with aura, intractable, without status migrainosus	<p>As of January 1, 2022, ICD-11 coding went into effect, though not all systems have transitioned to the new codes.</p> <p><b>Definitions</b>  <b>Aura:</b> sensory disturbances, such as flashes of light, blind spots, or other vision changes, occurring shortly before a migraine.  <b>Chronic migraine:</b> 15+ headache days per month.  <b>Intractable:</b> a relentless, treatment-resistant headache.  <b>Status migrainosus:</b> a headache that does not respond to usual treatment OR lasts longer than 72 hours.</p> <p>ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; ICD-11, International Classification of Diseases, Eleventh Revision.</p>	
G43.701	Chronic migraine without aura, not intractable, with status migrainosus		
G43.709	Chronic migraine without aura, not intractable, without status migrainosus		
G43.711	Chronic migraine without aura, intractable, with status migrainosus		
G43.719	Chronic migraine without aura, intractable, without status migrainosus		
G43.809	Other migraine, not intractable, without status migrainosus		
G43.90	Migraine, unspecified, not intractable		
G43.901	Migraine, unspecified, not intractable, with status migrainosus		
G43.909	Migraine, unspecified, not intractable, without status migrainosus		
G43.91	Migraine, unspecified, intractable		
G43.911	Migraine, unspecified, intractable, with status migrainosus		
G43.919	Migraine, unspecified, intractable, without status migrainosus		

\*Disclaimer: The coding information above is gathered from third-party publicly available sources and is intended for quick reference only; it is not a complete list. The most recent list of ICD-10 codes and coding information, as well as the Department of Health and Human Services Evaluation and Management Services Guide, are available at [www.cms.gov](http://www.cms.gov). Decisions regarding coding, medical necessity, and any documentation to support coverage are the responsibility of the healthcare provider and must be made considering the clinical facts, circumstances, and applicable coding rules, including the requirement to code to the highest level of specificity.

**Section 3** Review general PA requirements



	Indicated for the preventive treatment of migraine in adults	Indicated for the acute treatment of migraine with or without aura in adults
<b>PRIOR AUTHORIZATION REQUIREMENTS</b>	<p>Payers may have varying requirements for patients, which may include:</p> <ul style="list-style-type: none"> <li>• Being 18 years of age or older</li> <li>• Experiencing a certain number of headache days per month                             <ul style="list-style-type: none"> <li>– For episodic migraine, 4 to 14 headache days per month, with at least 4 of these being migraine days</li> <li>– For chronic migraine, at least 15 headache days per month, with at least 8 of those being migraine days</li> </ul> </li> <li>• Receiving a certain dose strength                             <ul style="list-style-type: none"> <li>– For episodic migraine: 10 mg, 30 mg, or 60 mg taken once daily</li> <li>– For chronic migraine: 60 mg taken once daily</li> </ul> </li> </ul>	<p>Payers may have varying requirements for patients, which may include:</p> <ul style="list-style-type: none"> <li>• Being 18 years of age or older</li> <li>• Having a diagnosis of migraine</li> </ul>
<b>STEP THERAPY REQUIREMENTS*</b>	<p>Treatment trial, contraindication, or intolerance of 1 to 2 different classes of preventive drugs, such as:</p> <ul style="list-style-type: none"> <li>• Antiepileptic drugs (eg, topiramate or gabapentin)</li> <li>• Blood pressure drugs/beta blockers (eg, propranolol, atenolol, or metoprolol)</li> <li>• Antidepressants (eg, amitriptyline or nortriptyline)</li> </ul>	<p>Treatment trial, contraindication, or intolerance of 1 to 2 triptans, such as:</p> <ul style="list-style-type: none"> <li>• IMITREX® (sumatriptan)</li> <li>• RELPAX® (eletriptan)</li> <li>• MAXALT® (rizatriptan)</li> <li>• ZOMIG® (zolmitriptan)</li> </ul>
<b>UTILIZATION MANAGEMENT</b>	<p>Some payers may have <b>quantity limits for QULIPTA®</b>, allowing only a set number of tablets to be prescribed over a predefined time period.</p> <p>Upon PA approval, reauthorization may be required after 12 months.</p>	<p>Some payers may have <b>quantity limits for UBRELVY®</b>, allowing only a set number of tablets to be prescribed over a predefined time period.</p> <p>Upon PA approval, reauthorization may be required after 12 months.</p>

\*The examples in this section do not represent a complete list of medications that may be required for step therapy by plan administrators. Further, some medications listed above are not approved for the treatment of migraine and have been included per the American Headache Society Consensus Statement.<sup>5</sup> Many payers do not require additional clinical tests to support PA criteria.

**QULIPTA® AND UBRELVY® IMPORTANT SAFETY INFORMATION (cont'd)**

**QULIPTA ADVERSE REACTIONS**

The most common adverse reactions (at least 4% and greater than placebo) are nausea, constipation, and fatigue/somnolence.

**UBRELVY ADVERSE REACTIONS**

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

Please see Important Safety Information on pages 10-11. For full Prescribing Information, please visit

[rxabbvie.com/pdf/QULIPTA\\_pi.pdf](http://rxabbvie.com/pdf/QULIPTA_pi.pdf) and [rxabbvie.com/pdf/UBRELVY\\_pi.pdf](http://rxabbvie.com/pdf/UBRELVY_pi.pdf).

# YOUR PATIENTS MAY SAVE MORE THAN YOU EXPECT

**QULIPTA<sup>®</sup> COMPLETE**

Encourage your patients to sign up for the QULIPTA<sup>®</sup> Complete Savings Card



Not actual card.

Eligible commercially insured patients may pay as little as \$0\* a month

Card savings are applied to patients' out-of-pocket costs.



Activating the Savings Card is simple!

Scan the QR code or text<sup>†</sup> ENROLL to 785478

Once activated, patients should download the card to their digital wallet. Patients MUST show their Savings Card EVERY TIME they fill their prescription to save.

94% of commercially insured patients pay \$0 using their QULIPTA Complete Savings Card<sup>1‡</sup>

**\*Eligibility:** Available to patients with commercial insurance coverage for QULIPTA 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 maximums, may apply. This is not health insurance. For full Terms and Conditions, visit [QULIPTASavingsCard.com](https://abbvie.com/qulipta-savings-card) or call 1-855-QULIPTA (1-855-785-4782) for additional information. To learn about AbbVie's privacy practices and your privacy choices, visit <https://abbvie.com/corpprivacy>.

<sup>†</sup>Message and data rates may apply. You are not required to consent as a condition of receiving goods or services. 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 Mobile Terms and Conditions at <https://abbvie.com/USMobileTerms> and Privacy Notice at <https://abbvie.com/corpprivacy>.

<sup>‡</sup>Data on file. AbbVie Inc. (Savings Card redemption data as of January 2025-December 2025 and subject to change.)

**UBRELVY<sup>®</sup> COMPLETE**

Encourage your patients to sign up for the UBRELVY<sup>®</sup> Complete Savings Card



Not actual card.

Eligible commercially insured patients may pay as little as \$0\* a month

Card savings are applied to patients' out-of-pocket costs.



Activating the Savings Card is simple!

Scan the QR code or text<sup>†</sup> UBRELVY to 48764

Once activated, patients should download the card to their digital wallet. Patients MUST show their Savings Card EVERY TIME they fill their prescription to save.

95% of commercially insured patients pay \$0 with their UBRELVY Complete Savings Card<sup>1‡</sup>

**\*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 maximums, may apply. This is not health insurance. For full Terms and Conditions, visit [ubrelvy.com/savings-terms](https://abbvie.com/ubrelvy-savings-terms) or call 1-844-482-7358 for additional information. To learn about AbbVie's privacy practices and your privacy choices, visit <https://abbvie.com/corpprivacy>.

<sup>†</sup>Message and data rates may apply. You are not required to consent as a condition of receiving goods or services. You can reply HELP for help. You can reply STOP to opt out at any time. By texting UBRELVY to 48764, you agree to AbbVie's Mobile Terms and Conditions at <https://abbvie.com/USMobileTerms> and Privacy Notice at <https://abbvie.com/corpprivacy>.

<sup>‡</sup>Data on file. AbbVie Inc. (Savings Card redemption data as of January 2025-December 2025 and subject to change.)

# BEST PRACTICES TO STREAMLINE THE PRIOR AUTHORIZATION PROCESS

## When you're submitting a PA, remember:

- ✓ Have your patient's medical and prescription history and required documentation readily available. Some may be from other providers
- ✓ Carefully review each diagnostic question, as they may vary between payers
- ✓ Ensure the selected ICD-10 or ICD-11 code is accurate and matches other details provided

### Most common reasons for PA denial<sup>1</sup>

- The patient hasn't stepped through the required medications
- Questions regarding necessity
- Administrative errors
- Incomplete information
- The requested drug isn't covered by the patient's formulary



If you have any questions about a denied PA, reach out to your sales representative to put you in contact with your Field Reimbursement Manager.

## QULIPTA® INDICATION

QULIPTA® (atogepant) is indicated for the preventive treatment of migraine in adults.

## QULIPTA IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

QULIPTA is contraindicated in patients with a history of hypersensitivity to atogepant or any of the components of QULIPTA.

### WARNINGS AND PRECAUTIONS

**Hypersensitivity Reactions:** Cases, including anaphylaxis, dyspnea, rash, pruritus, urticaria, and facial edema, have been reported with use of QULIPTA. Hypersensitivity reactions can occur days after administration. If a hypersensitivity reaction occurs, discontinue QULIPTA and institute appropriate therapy.

**Hypertension (HTN):** Development or worsening of pre-existing HTN has been reported following the use of CGRP antagonists, including QULIPTA. 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. QULIPTA was discontinued in many of the cases. Monitor patients

for new-onset or worsening of pre-existing HTN, and consider whether discontinuation of QULIPTA 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 QULIPTA. 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. QULIPTA 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 (at least 4% and greater than placebo) are nausea, constipation, and fatigue/somnolence.

**Dosage form and strengths:** QULIPTA is available in 10 mg, 30 mg, and 60 mg tablets.

Please visit [rxabbvie.com/pdf/QULIPTA\\_pi.pdf](https://www.rxabbvie.com/pdf/QULIPTA_pi.pdf) for full Prescribing Information.

## UBRELVY® 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.

## UBRELVY 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.

### 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 visit [rxabbvie.com/pdf/UBRELVY\\_pi.pdf](https://www.rxabbvie.com/pdf/UBRELVY_pi.pdf) for full Prescribing Information.

# NOW COVERED FOR MORE PATIENTS THAN EVER BEFORE<sup>6\*</sup>



## Strong commercial coverage

≥97% of nationally commercially  
insured lives are covered for  
QULIPTA<sup>®</sup> and UBRELVY<sup>®\*</sup>



## PA process resources and education

Streamlined PA process with a >76%  
approval rate for ePAs submitted for  
QULIPTA and UBRELVY

Scan the QR codes below  
for formulary coverage in your area

**QULIPTA**<sup>®</sup>  
(atogepant) tablets



**UBRELVY**<sup>®</sup>  
(ubrogepant) tablets | 50mg | 100mg



If you have additional questions, connect with your representative  
to contact a Field Reimbursement Manager.



## More of your patients may save than you expect

≥94% of eligible commercially insured patients pay \$0 with their  
QULIPTA Complete and UBRELVY Complete Savings Cards<sup>†</sup>

\*Managed Markets Insight & Technology, LLC<sup>™</sup>, a trademark of MMIT. Data as of December 2025 and subject to change.

**Data are not a guarantee of coverage, or partial or full payment, by any payers listed. Actual benefits are determined by respective plan administrators. Insurer plans, coverage criteria, and formularies are subject to change without notice. Check each patient's coverage with applicable insurer. AbbVie does not endorse any individual plans. Formulary coverage does not imply efficacy or safety.**

<sup>†</sup>Data on file. AbbVie Inc. (Savings Card redemption data as of January 2025–December 2025 and subject to change.)

**References:** **1.** Data on file. AbbVie Inc. **2.** QULIPTA [package insert]. North Chicago, IL: AbbVie Inc.; 2025. **3.** Protocol for: Ailani J, Lipton RB, Goadsby PJ, et al; ADVANCE Study Group. Atogepant for the preventive treatment of migraine. *N Engl J Med.* 2021;385(8):695-706. doi:10.1056/NEJMoa2035908 **4.** UBRELVY [package insert]. North Chicago, IL: AbbVie Inc.; 2025. **5.** Charles AC, Digre KB, Goadsby PJ, Robbins MS, Hershey A; American Headache Society. Calcitonin gene-related peptide-targeting therapies are a first-line option for the prevention of migraine: an American Headache Society position statement update. *Headache.* 2024;64(4):333-341. doi:10.1111/head.14692 **6.** Data on file. AbbVie Inc. January 2020–October 2024.

© 2026 AbbVie. All rights reserved.

All trademarks are the property of their respective owners.

US-MULT-250134 05/26

abbvie