

16 PACK



16 COUNT IS AVAILABLE FOR YOUR UBRELVY® PATIENTS





Prepare patients for unpredictable migraine attacks³

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 tablets¹

- Taken orally, with or without food¹
- Take 50 mg or 100 mg to treat a migraine attack¹
- A second dose can be taken at least 2 hours after the initial dose, if needed1
- The maximum daily dose is 200 mg¹
- Safety established in up to 8 migraines in a 30-day period¹

*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, Conditions, and Eligibility Criteria, visit UBRELVY.com/savings-terms. To learn about AbbVie's privacy practices and your privacy choices, visit https://privacy.abbvie.

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

Drug Interactions: UBRELVY is contraindicated with concomitant use of strong CYP3A4 inhibitors (eg, ketoconazole, itraconazole, clarithromycin).

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



Dosing considerations:

- UBRELVY® should not be used concomitantly with strong CYP3A4 inhibitors, such as ketoconazole, itraconazole, or clarithromycin, as they will cause an increase in UBRELVY exposure¹
- Strong CYP3A4 inducers should be avoided as concomitant use will result in reduction of UBRELVY exposure¹
- Patients on moderate or weak CYP3A4 inhibitors or inducers or BCRP and/or P-gp only inhibitors will require dose modifications. See Section 2.2 of the Prescribing Information¹
- Avoid use in patients with end-stage renal disease¹
- Dose adjustment is recommended with concomitant use of UBRELVY and moderate CYP3A4 inhibitors including cyclosporine, ciprofloxacin, fluconazole, fluvoxamine, and with grapefruit juice; avoid second dose within 24 hours¹
- Severe hepatic or severe renal impairment: recommended dose is 50 mg; if needed, a second 50 mg dose may be taken at least 2 hours after the initial dose¹
- The pivotal and long-term safety trials allowed for concomitant use of preventive therapies (anticonvulsants, beta blockers, antidepressants, and onabotulinumtoxinA).⁴ Preventive medications that work on the CGRP pathway were not included¹

IMPORTANT SAFETY INFORMATION (continued)

CONTRAINDICATIONS (continued)

Hypersensitivity Reactions: UBRELVY is contraindicated in patients with a history of serious hypersensitivity to ubrogepant or any ingredient of the product. 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.

ADVERSE REACTIONS

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

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

References: 1. UBRELVY. Package insert. AbbVie Inc; 2023. **2.** Retail weekly prescription data from IQVIA as of 01/23. **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.

