CGRP = calcitonin gene-related peptide

Reference: 1. QULIPTA (atogepant). Package insert. AbbVie Inc; 2025.

PLEASE JOIN US FOR AN UPCOMING EXPERT LED DISCUSSION FEATURING AN EXTENSIVE OVERVIEW OF QULIPTA'S CLINICAL DATA

PRESENTED BY:

Paige Harris, NP
Neurology
Paige Harris
Millbrook AL

Tuesday, August 12, 2025 at 6:00 PM CT

Ravello Ristorante
36 Commerce Street, Montgomery, AL

Please RSVP using the link or QR code at left:
https://migrainelive.com/register/224586

Contact your AbbVie Representative with questions
Betsy Atkins Phone:
Email: betsy.atkins@abbvie.com

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

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 see accompanying full Prescribing Information or visit https://www.rxabbvie.com/pdf/qulipta_pi.pdf.

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.

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 https://www.rxabbvie.com/pdf/ubrelvy_pi.pdf.

The Phase 3 studies for UBRELVY and QULIPTA that supported product approval had no patients on concomitant medication that acted on the CGRP pathway.

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