NOW APPROVED FOR CHRONIC MIGRAINE

QULIPTA® (atogepant) tablets

The only oral CGRP treatment proven to prevent both EPISODIC AND CHRONIC MIGRAINE[1]

CGRP PREVENTIVES TREATMENT LANDSCAPE[1-6]

		QULIPTA® (atogepant)	NURTEC® ODT (rimegepant)	AIMOVIG® (erenumab-aooe)*	AJOVY® (fremanezumab-vfrm)*	EMGALITY® (galcanezumab-gnlm)*	VYEPTI® (eptinezumab-jjmr)†
FDA APPROVED	EPISODIC MIGRAINE	✓	✓	✓	✓	✓	✓
FDA APPROVED	CHRONIC MIGRAINE	✓		✓	✓	✓	✓
	ORAL ADMINISTRATION	✓	✓				

The branded products presented (QULIPTA®, NURTEC® ODT, AIMOVIG®, AJOVY®, EMGALITY®, and VYEPTI®) are not interchangeable and differ with respect to indications, active and inactive ingredients, route of administration, dosing, clinical efficacy, and clinical safety. No conclusions regarding comparative safety or efficacy can be drawn from this information. Individual prescribing decisions should be made at the discretion of the healthcare provider.

*Administered by subcutaneous injection.
†Administered by injection for intravenous infusion.
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INDICATION

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

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

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

WARNINGS AND PRECAUTIONS

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.

ADVERSE REACTIONS

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

DRUG INTERACTIONS

Dose modifications are recommended when using the following:
- Episodic migraine: Strong CYP3A4 inhibitors; CYP3A4 inducers; or OATP inhibitors
- Chronic migraine: OATP inhibitors

In chronic migraine, avoid use with strong CYP3A4 inhibitors or with CYP3A4 inducers.

USE IN SPECIFIC POPULATIONS

Severe renal impairment or end-stage renal disease: In episodic migraine, 10 mg once daily. In chronic migraine, avoid use. Avoid use in patients with severe hepatic impairment.

The power of QULIPTA®

Across 12 weeks with QULIPTA:

POWERFUL REDUCTIONS

Proven efficacy in both episodic and chronic migraine[1]

- **EM primary endpoint:** Significant -4.2 migraine day reduction from 7.8 baseline MMD with QULIPTA 60 mg (n=222; *P*<0.001) vs -2.5 migraine day reduction from 7.5 baseline MMD with placebo (n=214)[1‡]
  - QULIPTA 30 mg: -3.9 days from baseline MMD 7.9 (n=223; *P*<0.001)[1]
  - QULIPTA 10 mg: -3.7 days from baseline MMD 7.5 (n=214; *P*<0.001)[1]
- **CM primary endpoint:** Significant -6.9 migraine day reduction from 19.2 baseline MMD with QULIPTA 60 mg (n=256; *P*<0.001) vs -5.1 migraine day reduction from 18.9 baseline MMD with placebo (n=246)[1§]

Majority of EM patients (61%) achieved a 50% to 100% reduction in MMD vs 29% with placebo

QULIPTA 60 mg (n=222; *P*<0.001); placebo (n=214)[1‡]

Similar percentages were seen with other doses:
- 59% with QULIPTA 30 mg (n=223; *P*<0.001)[1]
- 56% with QULIPTA 10 mg (n=214; *P*<0.001)[1]

SAFE AND WELL TOLERATED

Established safety[‡§]

- The most common adverse reactions (at least 4% and greater than placebo) are nausea, constipation, and fatigue/somnolence[1]

Phase 2b/3 dose-finding study results:
Primary endpoints:
QULIPTA 60 mg: -3.6 MMD across 12 weeks (baseline MMD was 7.7) (n=177) (*P*=0.039).[1] QULIPTA 30 mg: -3.8 MMD across 12 weeks (baseline MMD was 7.6) (n=182) (*P*=0.039).[1] QULIPTA 10 mg: -4.0 MMD across 12 weeks (baseline MMD was 7.6) (n=92) (*P*=0.024).[1] Placebo: -2.8 MMD across 12 weeks (baseline MMD was 7.8) (n=178).[1]

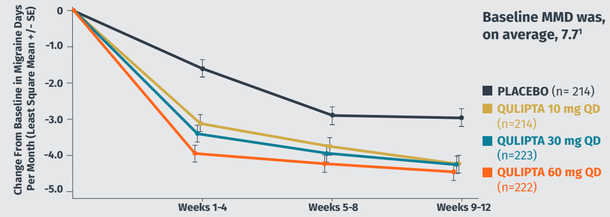
EM Study design:
Two randomized, double-blind, placebo-controlled, parallel-group studies that evaluated the efficacy and safety of QULIPTA for 12 weeks in patients who were experiencing 4 to 14 migraine days per month.[1]

CM Study design:
A randomized, double-blind, placebo-controlled, parallel-group study that evaluated the efficacy and safety of QULIPTA for 12 weeks in patients who were experiencing 15 or more migraine days per month.[1]

‡Data from Phase 3 ADVANCE EM pivotal study.
§Data from Phase 3 PROGRESS CM pivotal study.
CGRP=calcitonin gene-related peptide; CM=chronic migraine; EM=episodic migraine; MMD=Monthly Migraine Days.

CONTINUOUS CONTROL

Reductions observed across 12 weeks[1‡]



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

Learn more at QULIPTAhcp.com

¶Eligibility: Available to patients with commercial insurance coverage for QULIPTA® (atogepant) 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. For additional information, call 1-855-QULIPTA (1-855-785-4782).** To learn about AbbVie's privacy practices and your privacy choices, visit https://privacy.abbvie.

Please see Important Safety Information throughout and accompanying full Prescribing Information or visit rxabbvie.com/pdf/QULIPTA_pi.pdf.

References: 1. QULIPTA (atogepant). Package insert. AbbVie Inc; 2023. **2.** Nurtec ODT. Package insert. Pfizer Inc; 2023. **3.** Aimovig. Package insert. Amgen Inc; 2022. **4.** Ajovy. Package insert. Teva Pharmaceuticals USA, Inc; 2022. **5.** Emgality. Package insert. Eli Lilly and Company; 2021. **6.** Vyepti. Package insert. Lundbeck Seattle BioPharmaceuticals, Inc; 2022.

US-QLP-230090 04/23

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