

# Gepants for Acute Migraine Treatment: Indications, Dosages, Routes of Administration, and Contraindications

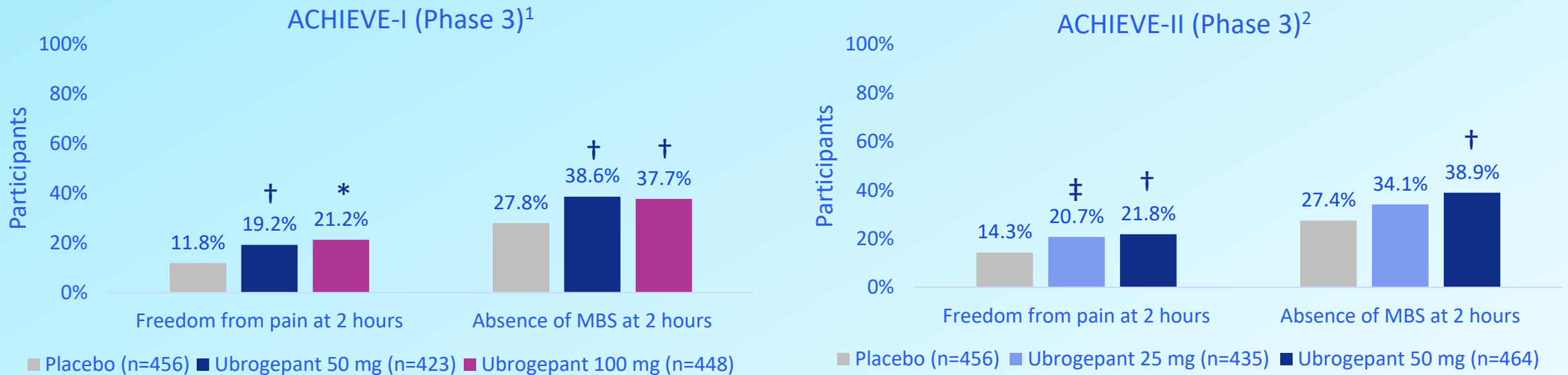
Medication	Indication	Dosage for acute treatment	Maximum dosage	Routes of administration	Contraindications
Rimegepant <sup>1</sup>	Acute and preventative migraine treatment	75 mg PRN	75 mg QOD	Orally disintegrating tablet	<ul style="list-style-type: none"> <li>History of hypersensitivity reactions</li> </ul>
Ubrogepant <sup>2</sup>	Acute migraine treatment	50 mg or 100 mg PRN	200 mg QD	Oral tablet	<ul style="list-style-type: none"> <li>Concomitant use with a strong CYP3A4 inhibitor</li> <li>History of hypersensitivity reactions</li> </ul>
Zavegepant <sup>3</sup>	Acute migraine treatment	10 mg PRN	10 mg QD	Nasal spray	<ul style="list-style-type: none"> <li>History of hypersensitivity reactions</li> </ul>

PRN, as needed; QD, once daily; QOD, every other day.

1. Nurtec ODT. Package insert. Pfizer Inc.; 2023; 2. Ubrelvy. Package insert. AbbVie Inc.; 2023; 3. Zavzpret. Package insert. Pfizer Inc.; 2023.

# Ubrogepant: Efficacy and Safety Data For Acute Migraine Attack Treatment

## Efficacy: Primary Endpoints



## Safety: Adverse Events

Study group	Adverse events reported in ≥2%
Treatment	Nausea, <sup>1,2</sup> somnolence, <sup>1</sup> dry mouth, <sup>1</sup> upper respiratory tract infection, <sup>1,2</sup> dizziness, <sup>2</sup> nasopharyngitis <sup>2</sup>
Placebo	Nausea <sup>1,2</sup>

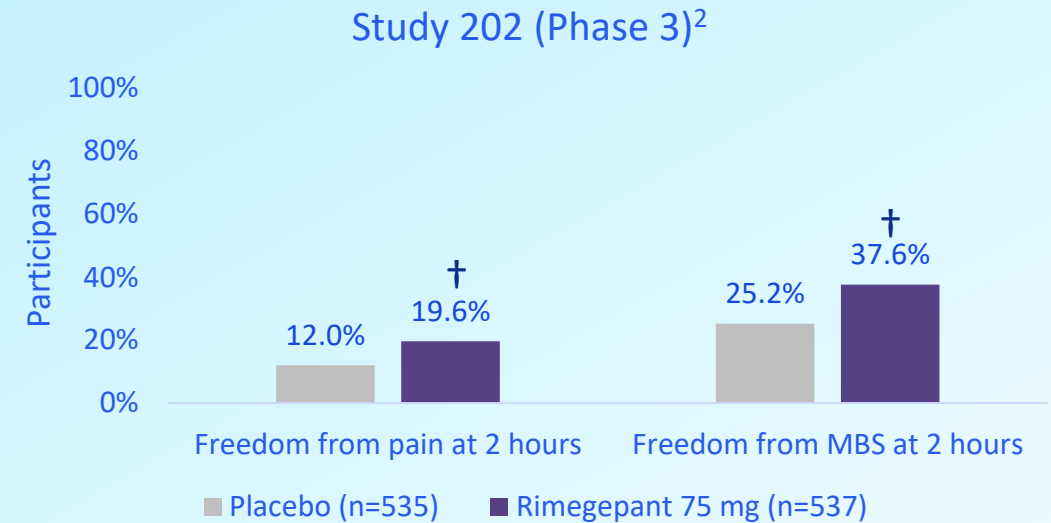
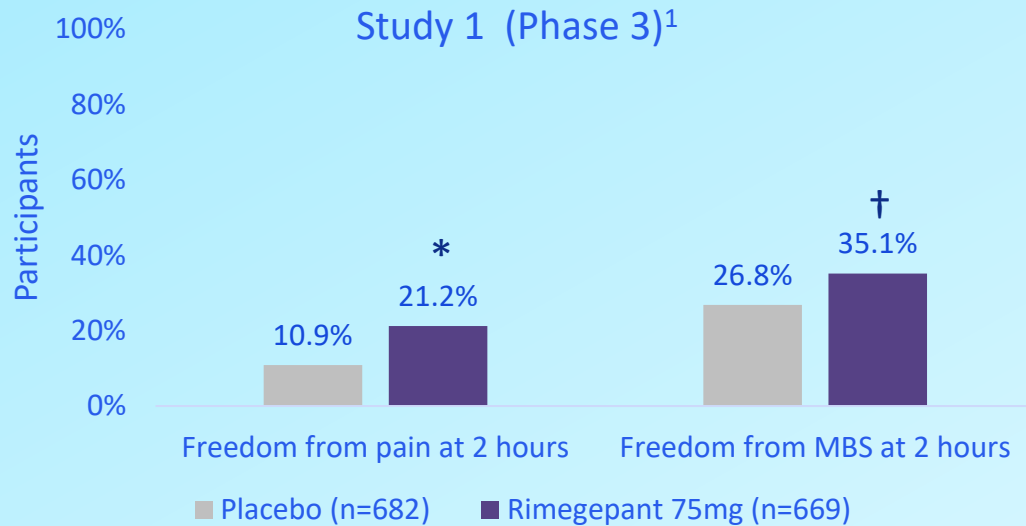
\* $P < 0.001$ ;  $†P \leq 0.01$ ;  $‡P < 0.05$  vs placebo.

MBS, most bothersome symptom.

1. Dodick DW, et al. *N Engl J Med*. 2019;381(230):2230-41; 2. Lipton RB, et al. *JAMA*. 2019;322(19):1887-98.

# Rimegepant: Efficacy and Safety Data For Acute Migraine Attack Treatment

## Efficacy: Primary Endpoints



## Safety: Adverse Events

Study group	Adverse events reported in ≥2%
Treatment	Nausea <sup>1</sup>
Placebo	None

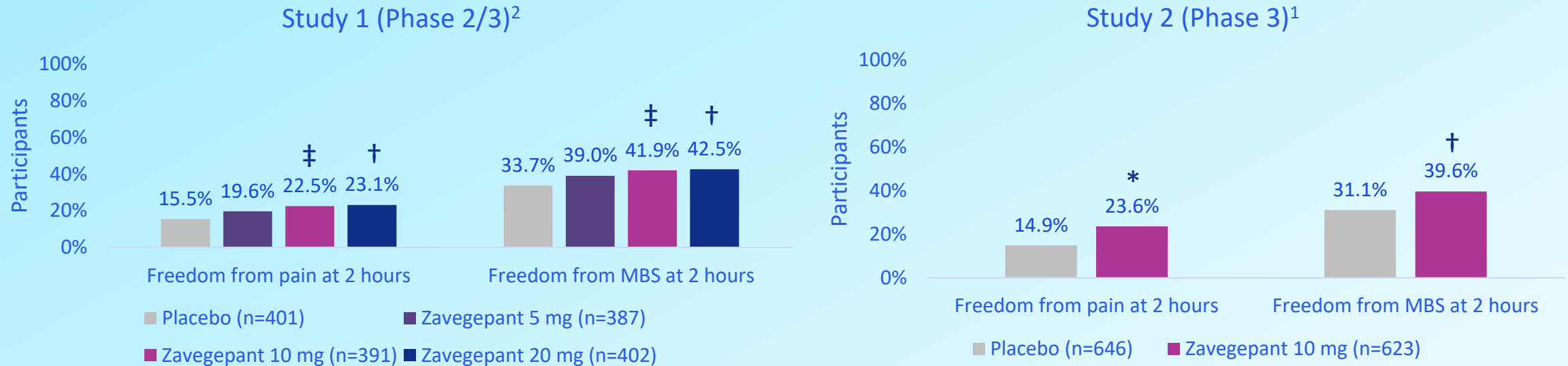
\* $P < 0.0001$ ; † $P < 0.001$  vs placebo.

MBS, most bothersome symptom.

1. Croop R, et al. *Lancet*. 2019;394(10200):737-45; 2. Lipton RB, et al. *N Engl J Med*. 2019;381(2):142-9.

# Zavegepant: Efficacy and Safety Data For Acute Migraine Attack Treatment

## Efficacy: Primary Endpoints



## Safety: Adverse Events

Study group	Adverse events reported in ≥2%
Treatment	Dysgeusia, <sup>1,2</sup> nausea, <sup>1,2</sup> nasal discomfort, <sup>1,2</sup> throat irritation, <sup>1</sup> nasal congestion <sup>1</sup>
Placebo	Dysgeusia <sup>1,2</sup>

\* $P < 0.0001$ ; † $P < 0.01$ ; ‡ $P < 0.05$  vs placebo.

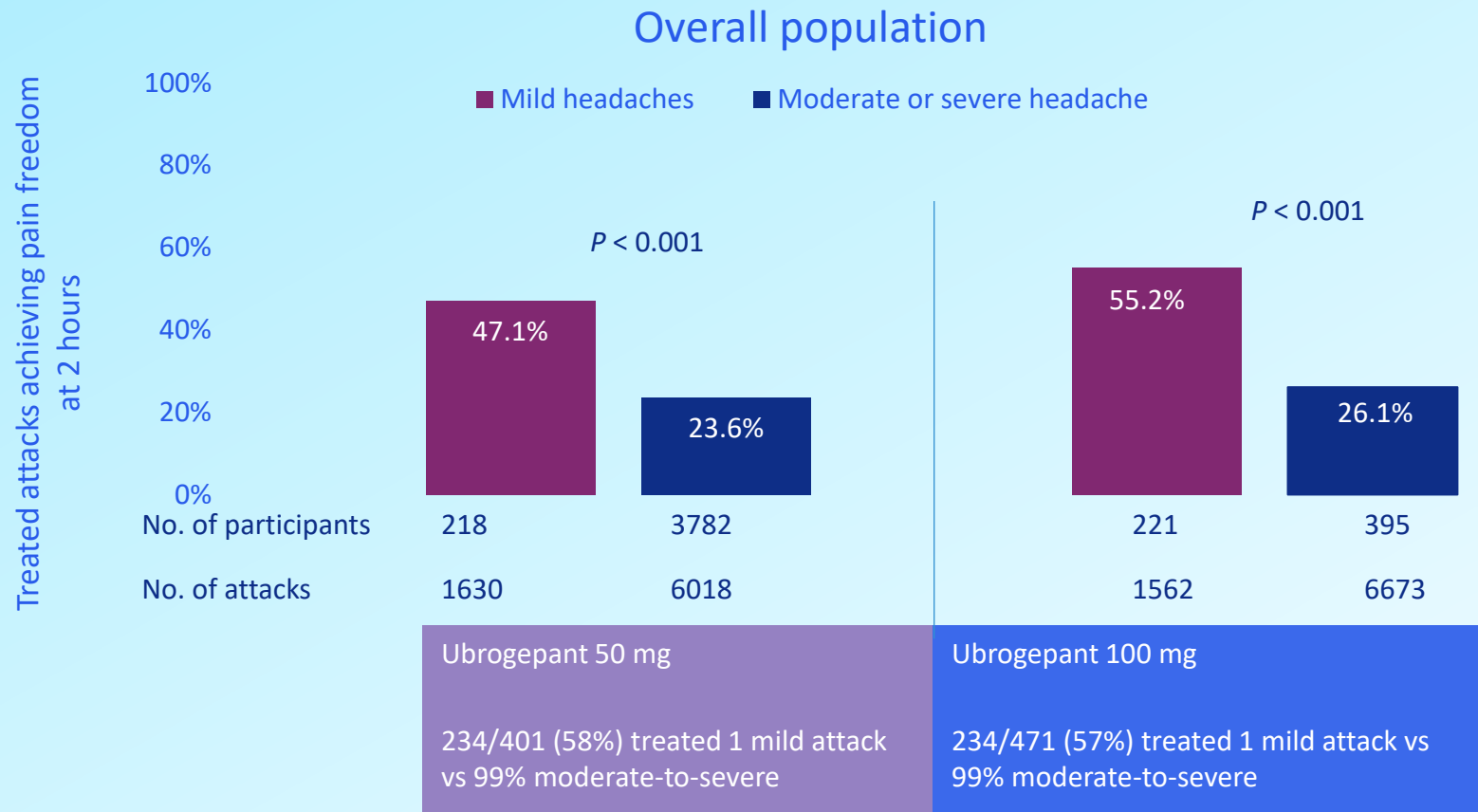
MBS, most bothersome symptom.

1. Croop R, et al. *Headache*. 2022;62(9):1153-63; 2. Lipton RB, et al. *Lancet Neurol*. 2023;22(3):209-17.

# Early Acute Treatment With Ubrogepant, When Pain Is Mild, Leads to Better Treatment Outcomes

## Study design

Phase 3, multicenter, randomized, open-label, 52-week, dose-blinded extension trial  
 Adults with migraine could treat up to 8 migraine attacks of mild, moderate, or severe pain intensity every 4 weeks for 1 year; optional second dose was permitted after 2 hours; maximum daily dose: 200 mg/day



- About twice as many patients achieved pain freedom at 2 hours when mild attacks were treated.
- Patients may wait to treat migraine attacks because of limited medication supply, medication cost, and risk of overuse headaches.