migraineurmagazine.com

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Migraineur

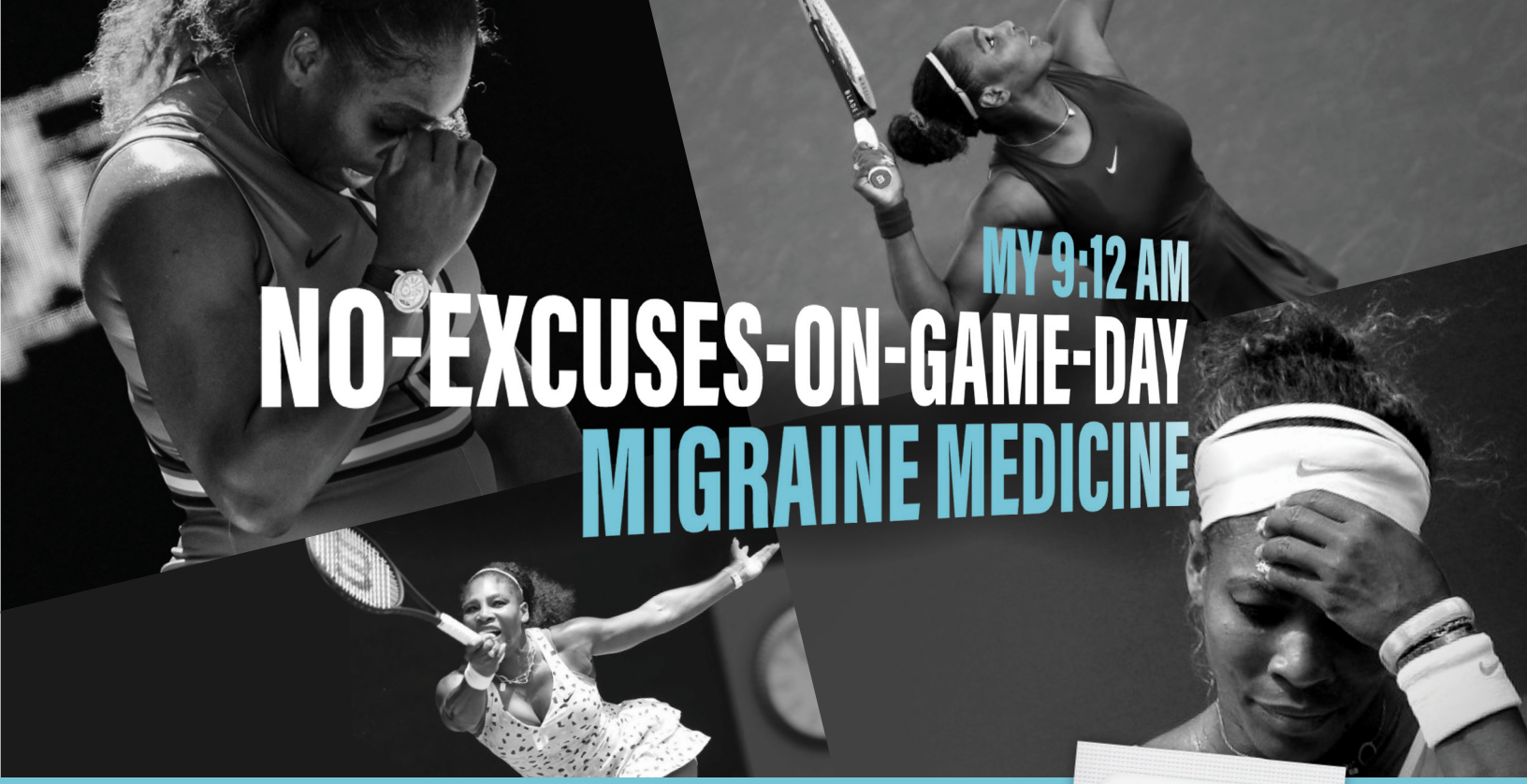
For those who strive to live well despite migraine

OPTIMAL PHARMACOLOGIC TREATMENT OF ACUTE MIGRAINE HEADACHE:

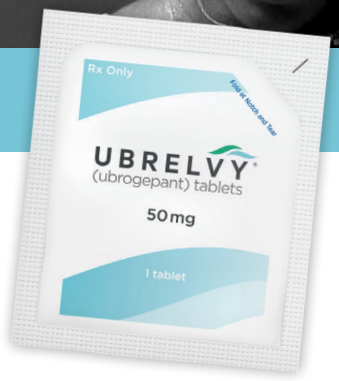
Matching medication to headache intensity

MIGRAINE TREATMENTS OF THE MONTH:

A root, a spray and an infusion



UBRELVY CAN QUICKLY STOP MIGRAINE IN ITS TRACKS.



When I took UBRELVY for the first time, I forgot I even had a migraine.
—Serena Williams

One dose of UBRELVY works fast. In clinical studies, many people had pain relief and some even had pain freedom within 2 hours. Unlike older medicines, UBRELVY directly blocks CGRP protein, which is believed to be a cause of migraine.

UBRELVY. The migraine medicine for anytime, anywhere migraine strikes, without worrying if it's too late to take it or where you happen to be.*

*People took UBRELVY within 4 hours of a migraine attack.

Eligible patients may pay as little as $0 a month†

ASK YOUR HEALTHCARE PROVIDER ABOUT UBRELVY.

LEARN MORE AT **UBRELVY.COM**.

What is UBRELVY® (ubrogepant)?
UBRELVY is a prescription medicine used for the acute treatment of migraine attacks with or without aura in adults. UBRELVY is not used to prevent migraine headaches.

IMPORTANT SAFETY INFORMATION

Who should not take UBRELVY (ubrogepant)?
Do not take UBRELVY if you are taking medicines known as strong CYP3A4 inhibitors, such as ketoconazole, clarithromycin, itraconazole.

What should I tell my healthcare provider before taking UBRELVY?
Tell your healthcare provider about all your medical conditions, including if you:
- Have liver problems
- Have kidney problems
- Are pregnant or plan to become pregnant
- Are breastfeeding or plan to breastfeed

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Your healthcare provider can tell you if it is safe to take UBRELVY with other medicines.

What are the most common side effects of UBRELVY?
The most common side effects are nausea (4%) and sleepiness (3%). These are not all of the possible side effects of UBRELVY.

You may report side effects to the FDA at 1-800-FDA-1088.

Please see full Patient Information on the following page.

†Patient out-of-pocket costs may vary. Terms and Conditions apply. This offer is only valid for commercially insured patients. Offer not valid for patients enrolled in Medicare, Medicaid, or other federal or state healthcare programs. Please see full Program Terms, Conditions, and Eligibility Criteria at UBRELVY.com.

UBRELVY® (ubrogepant) tablets

THE ANYTIME, ANYWHERE MIGRAINE MEDICINE

Migraineur

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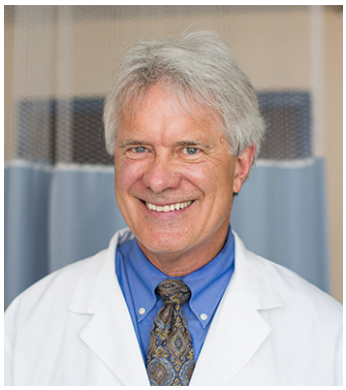
Special Features

In Every Issue

Editor's Note

Dr. Rothrock is director of neurology advanced practice provider training and professor of neurology at Inova Health and the University of Virginia School of Medicine.



Just slightly less than 30 years ago, in December 1992, injectable sumatriptan (Imitrex) was approved by the FDA for the treatment of acute migraine headache.

It was a truly transformational event. Along with empowering millions of migraineurs to effectively treat their most severe headaches without the need for a visit to their provider's office, an urgent care center or an ER, this groundbreaking "designer drug" set the stage for an unprecedented scientific effort to better understand and treat migraine…an effort that has persisted up to the present.

It was transformational for me personally as well. For years my clinical and research interests had been focused primarily on stroke, but by serendipity I joined with a handful of other clinical investigators to assist in the development of what became Imitrex. For me that experience was a revelation. I learned both that migraine is a biologic disorder and also that, given the right key, the lock to treating migraine could be opened.

Over the years since I've been a member of an ever-expanding national and international coalition of clinical investigators who have joined in the effort to construct an arsenal of evidence-based therapies to treat migraine. That effort has been a tremendous success. The number and types of options available now for migraine treatment were unimaginable when I first entered the field, and the experience of helping to develop these new therapies and then watching as patients in general clinical practice respond positively to what was until recently an object of research has been immensely satisfying.

In this issue we highlight three very different therapies: the extract of a root (Petadolex), an old standby now available in promising new delivery system (Trudhesa) and a relative newcomer to the migraine prevention neighborhood that offers both high tolerability and the tantalizing promise of an exceptionally rapid therapeutic response to a sizable portion of those migraineur patients receiving it (Vyepti)

Three more options. Not bad. How nice it is to have options.

John F. Rothrock

John F. Rothrock, MD, Editor in Chief
edoffice@migraineurmagazine.com

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