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Name(s)

• Generic: ubrogepant (ue BROE je pant) | Brand: Ubrelvy

Therapeutic Category

• Anti-Migraine Agent | Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist

Indication(s)

1. Migraine: Approved for use in adults in treating (not preventing) <u>acute</u> migraines w/ or w/o aura.

Dosage Form / Strength / Dosing

- Dosage Form
 - Tablet: 50 mg, 100 mg
 - Dosage for Treating Acute Migraines in Adults
 - O Initiate dosing between 50 − 100 mg po for one dose. Patient may repeat if needed for one dose after ≥2 hours since the initial dose. The max dose in a 24 hour period is 200 mg. This medication should not be used to treat more than 8 migraines per month
 - Geriatric dosing is kept at the lower end of dose range (50 mg dose)

Special Populations / Considerations

- Dose adjustments should be considered in patients with <u>hepatic</u> and/or <u>renal</u> impairment
 - o An 115% increase in the drug exposure may be seen in patients with hepatic impairment
 - Up to a 2-fold increase in drug exposure may be seen in patients with **renal impairment**
- Contraindicated if used with strong CYP3A4 inhibitors

Mechanism of Action & Pharmacology

- Ubrelvy works by antagonizes (blocking) the calcitonin gene related peptide (CGRP) receptor.
- Absorption: High-fat meals delay absorption by 2 hours | Metabolism: Hepatically through the CYP3A4 pathway | Excretion: Both fecal and urine. Fecal w/ 42% as the unchanged drug and through the urine w/ 6% as the unchanged drug. | Time to Peak: around 1.5 hours. | Half-Life Elimination: approximately 5-7 hours | Protein Binding: 87%

Side Effects

• Main: Drowsiness, nausea, and xerostomia

Drug Interactions

- Do not use Ubrelvy with drugs that make you drowsy such as alcohol and marijuana
- Ciprofloxacin and fluvoxamine (among others) can increase serum concentrations of the drug
- St John's Wort can decrease serum concentrations of the drug
- CYP3A4 inducers may decrease the drug's concentrations



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• CYP3A4 inhibitors my increase the drug's concentrations. If pt is on strong inhibitors (ketoconazole, clarithromycin) the drug should be avoided. If on weak inhibitors if a second dose is needed (2 hours after the first) limit to a 50 mg dose

Monitoring Parameters

• Nothing major of note, but watch for the need for dose adjustment in patients with renal and hepatic impairment

Patient Counseling Information

- Used to treat migraines
- Administer w/ or w/o food
- Notify healthcare providers if pregnant/planning or breastfeeding

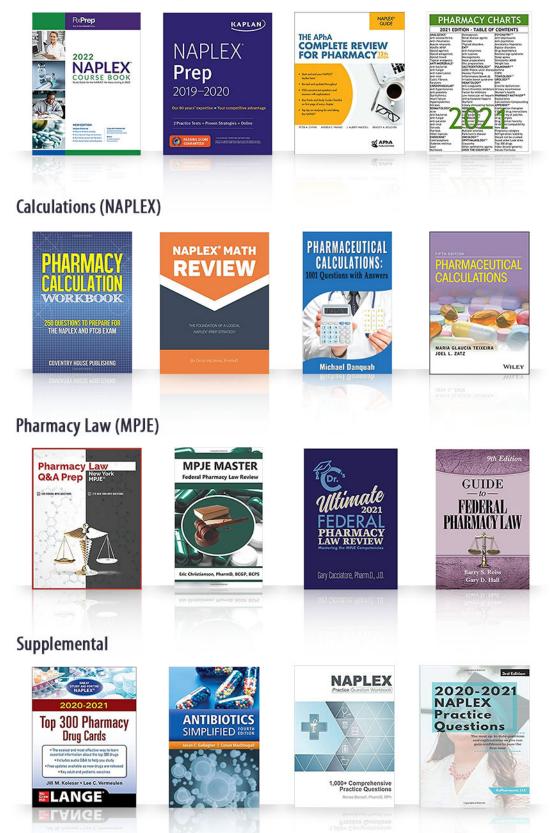
Reference(s)

- https://www.webmd.com/drugs/2/drug-178546/ubrelvy-oral/details
- <u>https://www.drugs.com/ppa/ubrogepant.html</u>
- <u>https://www.ubrelvy.com/</u>
- https://media.allergan.com/products/Ubrelvy_pi.pdf#page=14



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Monday at 7 am EST (6 am CST, 4 am PST)

HEY NEW GRAD!

So you landed that perfect job offer or got the perfect match for your PGY1 and now the <u>ONLY</u> thing standing in your way is passing the NAPLEX and MPJE.

Here are some NAPLEX & MPJE prep recommendations to help you do everything you can to **pass the first time!**

HEY STUDENT!

When I was P1 one of the best pieces of advice I got from those before me was to use a NAPLEX Prep book while learning each topic.

This helps focus your learning and the repetition helps to retain info and indirectly prepare you for the NAPLEX

