

Guide to living with

Health**monitor**

# Migraine

## GET THE UPPER HAND ON MIGRAINE

- Learn your treatment options
- Work more closely with your care team
- Track your triggers

“I’m living a  
life I *never* could  
have imagined!”

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For 25 years, Grace Gold tried everything to find relief from chronic migraines. Then hope, perseverance and a new treatment led to the miracle she never dreamed possible

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NATIONAL  
HEADACHE  
FOUNDATION 

# Guide to living with Migraine



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MRF raises money to fund research to discover the causes, improve the treatments, and find a cure for migraine.



The NHF aims to raise awareness of headache; support research; and educate the public about it.

The editorial content of this publication has been reviewed for accuracy by the National Headache Foundation (NHF) and the Migraine Research Foundation (MRF). This review does not constitute an endorsement or expression of opinion by NHF, MRF or the reviewing healthcare provider(s) regarding any advertised product or service or point of view mentioned or advertised.

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# Yes, you *can* take control!

More and more new migraine treatments are coming out all time time—meaning you have every reason to believe you can finally put the brakes on head pain and take your life back!

Christina T. says there's no time like the present to start a whole new life.

"It's incredible that just a year ago I was staying home all the time because of chronic migraine," the Edenton, NC, resident says. "Now I'm home because of self-quarantine, but thanks to a new treatment, I'm pain free and making the most of it!"

Christina's migraines, which started when she was a kid and progressively got worse as she got older, had made her unable to work for the past five years.

"I was literally living with a constant migraine, like 24/7," Christina says. "I couldn't look at a computer screen, or go outside on a sunny day. Migraines were a prison. And no treatment seemed to really help much."

## Taking back control

Things changed for Christina last year when she finally made an appointment with a migraine specialist neurologist.

"People in my migraine Facebook

group insisted a migraine specialist was essential, and they were right," Christina says. "As soon as I met with her she mentioned a new class of preventive drugs I could try. I agreed right away, what did I have to lose?"

After just the first dose—injected right in her doctor's office—Christina noticed a difference.

"The migraine I had lessened after a few hours, and I woke up the next day pain free for the first time in what felt like years. I actually cried!"

In time, Christina has gone from daily migraines to maybe one or two a month. Even better, her drug now comes with an auto-injector, so she can safely take it while staying home.

## A new beginning

"Now that I'm not in pain all the time, I've been able to try to live my life again," Christina rejoices. That means social-distance walks on their local beach—even on sunny days!—with husband Connor and even trying to restart her career as an interior designer ("I've been doing

consultations over Zoom for clients from home!").

"I'm just so grateful to have my life back—other people with migraine need to know to not give up hope and keep trying like I did!"

## Understanding migraine

If, like Christina, you have been struggling with migraine, don't be discouraged—by learning about the condition, you can get the upper hand on your condition.

While it's true that migraines are still not fully understood and scientists have still not uncovered a cause, research is expanding all the

time—as are the treatment options.

What we do know is migraines are considered a neurovascular disorder, which means they occur when something goes wrong with the nerves and blood vessels in the brain. Evidence suggests an imbalance of hormones may release pain-triggering compounds, including a peptide called "substance P" and calcitonin gene-related peptides (CGRPs).

Researchers have also been studying if migraines may be linked to certain genes, although it's believed that most migraines are caused by a combo of genetic and

environmental factors, so having a genetic link wouldn't guarantee you would also have migraines.

## Diagnosing migraine

There are dozens of different headache types, the most common being tension-type, sinus, rebound, migraine and cluster—and knowing which type you have is essential to making sure you treat your headache properly. Problem is, it's not always easy to tell. Consider that up to 90% of self-diagnosed "sinus headaches" actually turn out to be migraines, according to the American Headache Society. So how do you know you're

actually having a migraine? Look for these symptoms:

- Blurred vision or losing vision in one eye
- Dizziness
- Fatigue/sleepiness
- Nausea/vomiting
- Sensitivity to light
- Sensitivity to sound
- Sensitivity to odors
- Inability to concentrate
- Light-headedness/feeling faint
- Unexplained sweating/cold hands
- Numbness or tingling in extremities

*Continued on next page* ▶



**YOU'RE NOT ALONE!**  
More than 38 million people in the U.S. have been diagnosed with migraine!

Migraine headaches also typically start as a dull ache that grows to a throbbing or pulsing pain, often near one or both temples.

The easiest way to help a doctor diagnose you is to keep a journal detailing the frequency, duration and severity of your headaches, and note any other symptoms you experience right before, during or immediately after the headache. While there's no test that can confirm you're having migraines, your doctor will also likely do a physical exam to rule out other causes, and ask for your family medical history (since migraines can be genetically linked). They may also order blood tests, an MRI, a CAT scan or a spinal tap to eliminate blood vessel problems, tumors or infections.

### The phases of migraine

Another sign you may be having migraines is if your headaches occur in stages. Most migraines occur in four phases:

**1. Prodromal:** The “early warning” phase, which can take place 24 to 48 hours before the headache starts, and usually includes anxiety, restlessness, neck pain, irritability, feelings of euphoria, fatigue, food cravings and sensitivity to noise and smells.

**2. Aura:** This phase occurs if you experience visual or other sensory disturbances about an hour before the headache starts.

**3. Headache:** This phase can last for up to 72 hours and even longer

for some, and includes head pain; sensitivity to light, noise and sounds; nausea; vomiting; and blurred vision.

**4. Postdromal:** This phase takes place after the head pain subsides and can last up to 48 hours and includes foggy thinking, fatigue, confusion and irritability.

### The types of migraine

Migraines themselves are divided into seven distinct types, according to the International Headache Society—and knowing which type you have might be key in directing you toward the best treatment. The types are:

**1. Migraine without aura:** Characterized by moderate to severe often pulsating headache pain, typically on one side of the head; no advance warning before pain sets in; nausea; confusion; blurry vision; irritability; fatigue; and sensitivity to light, sounds or smells.

**2. Migraine with aura:** Characterized by visual disturbances (aura) that occur about 10 to 60 minutes before headache pain sets in; other typical migraine symptoms (such as nausea) occur before head-

ache pain; temporary vision loss or double vision; numbness; and difficulty speaking.

**3. Migraine with typical aura (aka “migraine without headache”):** Characterized by the same symptoms as migraine with aura, but without any head pain.

**4. Migraine with brainstem aura:** Mainly affects children and teens and is characterized by throbbing head pain felt on both sides/back of the head; temporary vision loss or double vision; dizziness/vertigo; poor muscle coordination; slurred speech; ringing in the ears; and fainting.

**5. Hemiplegic migraine:** Characterized by temporary paralysis on one side of the body; vertigo; and difficulty seeing, swallowing or speaking.

**6. Retinal migraine:** Characterized by vision loss or visual disturbances in one eye.

**7. Chronic migraine:** When you have had 15 or more headache days a month, each episode lasting four hours or more, for at least three months.

### What you can do

The good news is, today there are more options than ever to help you gain control of your migraines. Treatment options are often broken into two main categories—rescue (aka “abortive” or “acute”) and preventive medications.

The former, which are taken just at the start of a migraine to help stop or lessen its severity, include anti-nausea meds, dihydroergotamine (an injection or spray that

blocks pain signals and reduces inflammation), nonsteroidal anti-inflammatory drugs (NSAIDs, e.g., ibuprofen or naproxen), and triptans (a tablet, injection or spray that blocks pain signals and reduces inflammation).

Preventives are taken regularly, and their goal is to lessen the frequency and intensity of your migraines. These include some antiepileptics (which stabilize nerve cells in the brain), some antidepressants (which can help regulate brain hormones), some beta-blockers (which can help regulate stress hormones), onabotulinumtoxinA (injections that can quiet nerve cells) and the newest option, CGRP monoclonal antibodies (which can block proteins that are associated with migraine headaches).

The trick to finding the treatment that works for you? Being willing to try different options—and giving each one enough time to work before giving up.

### The bottom line?

If you're one of the nearly 38 million Americans suffering from migraine, don't suffer needlessly. Read on to learn even more about migraines and how to identify and manage your triggers. Explore the treatment options that make sense for you, and gain inspiration from others with the condition, like Grace (p. 8), who refused to give up until she found a treatment that worked, or Reyne (p. 17), who found hot baths and managing triggers like sugar and exercise helped tame hers.

And take heart—like the patients in this guide, you may find you're soon back to living the active, fulfilling life you deserve! 🎧

## THE PROS ON YOUR SIDE

*These medical professionals can help you manage your migraines.*

- **A neurologist** specializes in disorders of the brain and nervous system. Look for one who is board-certified in pain or headache medicine.
- **A board-certified headache specialist** is a neurologist who specializes in headache medicine and has experience in diagnosing and treating migraine.
- **A nurse practitioner (NP) or physician assistant (PA)** can diagnose and treat migraine.
- **A sleep disorder specialist** can diagnose sleeping conditions, such as sleep apnea, that may be contributing to or even causing your migraines.
- **A physical therapist** can teach exercises to reduce neck tension, which is common among migraine patients. They may also teach or recommend other physical activities, such as yoga, that have been proven to ease symptoms.
- **A psychologist or neuropsychologist** can help you learn to better manage stress, which often triggers migraine, and can teach you biofeedback methods. A psychologist can also help you cope with depression and/or anxiety.



# “I’m living a life I never could have imagined!”

For 25 years, I tried everything to find relief from chronic migraines. Then hope, perseverance and a new breakthrough class of drugs led me to the miracle I never dreamed possible! —BY GRACE GOLD

**T**hese days, I rise pain-free and think about all the things I want to do today—and then I go do them! It’s a freedom I hadn’t dare hoped for in the past. That’s because, for 25 years I would wake up every morning with a migraine, and then I would have to strategize how to get through the day’s demands.

## “I spent days in bed as a kid”

I was always prone to headaches as a child, but migraine officially arrived at the age of 12.

I was at my confirmation ceremony at church and had just received the communion wafer and wine; the head pressure began forming minutes later while I was still in the pew. By the time we had arrived at the family dinner to celebrate a couple of hours later, it had transformed into pounding pain on the left side of my head, along with nausea, sensitivity to light and sound and crippling fatigue. The attack went on for three days, and I spent most of it in bed or the bathroom. This would spark the migraine pattern that would follow me for years—and gradually get worse.

## “I felt like migraines were defining my life!”

The attacks became weekly in high school and progressed to three times a week by the time I was a college student at NYU. As I was trying to make it in my first jobs in my 20s, I was suffering through 15 migraines a month.

I managed to push through during the days, but I was always counting down the minutes to a hot bath, pain meds and bed. I decided to become a full-time freelance writer so that I could work from home on my own schedule and manage the migraines while still supporting myself—so migraines actually dictated my career path.

All this time I saw multiple neurologists and tried several different preventive medications and triptans to quell my symptoms. The treatments allowed me to lead a kind of half-life. I still missed major events like graduation festivities, I rarely traveled or went to social gatherings, and I skipped important networking coffees and cocktail events that could have benefited my career. I felt like migraines were defining my life!

## “My life truly transformed!”

After years of searching, I finally found the right headache specialist who I felt listened to me. I started on a plan of acute medications, supplements and preventive injections.

At the same time, I started keeping a headache diary, which helped me identify personal triggers like certain foods and drinks, not sleeping enough, dehydration, too much sun, certain smells and travel. That helped me figure out what to avoid.

This new approach reduced the migraines by about 60%—I thought that was as good as it could get.

Little did I know my life would truly transform when the first CGRP [calcitonin gene-related peptide] inhibitor preventive came to market. Although the botulinum toxin shots I was trying were helping, my doctor said I might have an even better response to the new medications, which work by blocking a protein associated with migraines. I started on a CGRP immediately and within a few months, my migraines were reduced 95%! Instead of waking up in pain, I was in disbelief that I could feel so normal!

## “Now I’m back to planning my future!”

Today I’m able to work, travel and socialize without the fear of an attack shattering my day. In an odd way, I see chronic migraine as a gift of perspective: I feel like any day that starts without pain is a day I’ve already won. I’m confident in my resilience to conquer other challenges because I’ve already climbed the steepest mountain.

I carry with me deep gratitude for life’s simplest pleasures that I couldn’t always enjoy before, things like delighting in a walk on a sunny day, or laughing over dinner with a loved one. I wanted to share my story to help others on this journey. To let them know to have hope because there have never been so many advancements in migraine as there are now. The solution is out there, like mine was, you just need to persist and believe!

See Grace’s tips on the next page ▶



# How I tamed my migraines



These tips helped Grace get her migraines under control—ask your healthcare provider if they could help you, too!

### Find the right specialist.

“I got on a waiting list to visit Dr. Brian Grosberg, now director of the Hartford Healthcare Headache Center. It was worth it! Finally seeing an expert who specializes in treating headaches was a game-changer. He was able to spend more than the standard 15 minutes doctors had previously spent, and prescribe medications and treatments in a way that finally made a difference for me. I continue to see him every few months, as the state of migraine treatment is always evolving, as do my personal challenges.”

### Keep a migraine diary.

“I knew about well-known migraine food triggers like red wine, chocolate and aged cheeses, but after keeping a diary [use ours on the next page and p. 22] I found so many more triggers, including onions and garlic; nitrates found in hot dogs and bacon; tyramine that’s in cured meats; MSG; fruit juice and certain fruits like apples, oranges, and overripe bananas; nuts like pecans and walnuts; and fake sugars like aspartame. I also found eating gluten and dairy made me more sensitive to triggers.”

### Incorporate lifestyle changes.

“I take daily supplements like vitamin B2 and turmeric that help lessen inflammation. I also do daily yoga stretching to relieve tension, as well as work out or walk most days to release endorphins, which help my body feel good. I also continue to work for myself so I can manage my own schedule, and I’m not afraid to say no when I know something can put me at risk for a migraine.”

# Your migraine journal

Migraines can either be chronic or episodic—and knowing which type you have is important, because it helps your healthcare provider zero in on the best treatment. The easiest way to tell? Keep track of the frequency and duration of your migraines with this tracker, then share it at your next exam!



Date and time headache began:  
\_\_\_\_\_

Date and time headache ended:  
\_\_\_\_\_

Symptoms before headache started: \_\_\_\_\_

Symptoms during the headache:  
\_\_\_\_\_

Symptoms that lingered after (indicate for how long, as well):  
\_\_\_\_\_

Did you take anything to treat the headache?  Yes  No

If yes, when did you take it:  
 Before the headache hit  
 Soon after the headache started  
 A few hours after the headache started  
 A few days after the headache started

Did the medication help?  
 Yes  No

Rate the pain from your headache on a scale from 1-10, with 1 being little pain and 10 being extreme:  
 \_\_\_\_\_

How often are you taking two or more doses of your rescue medication within a week?  
 Never  Rarely  Once or twice a month  Nearly every week

Date and time headache began:  
\_\_\_\_\_

Date and time headache ended:  
\_\_\_\_\_

Symptoms before headache started: \_\_\_\_\_

Symptoms during the headache:  
\_\_\_\_\_

Symptoms that lingered after (indicate for how long, as well):  
\_\_\_\_\_

Did you take anything to treat the headache?  Yes  No

If yes, when did you take it:  
 Before the headache hit  
 Soon after the headache started  
 A few hours after the headache started  
 A few days after the headache started

Did the medication help?  
 Yes  No

Rate the pain from your headache on a scale from 1-10, with 1 being little pain and 10 being extreme:  
 \_\_\_\_\_

Date and time headache began:  
\_\_\_\_\_

Date and time headache ended:  
\_\_\_\_\_

Symptoms before headache started: \_\_\_\_\_

Symptoms during the headache:  
\_\_\_\_\_

Symptoms that lingered after (indicate for how long, as well):  
\_\_\_\_\_

Did you take anything to treat the headache?  Yes  No

If yes, when did you take it:  
 Before the headache hit  
 Soon after the headache started  
 A few hours after the headache started  
 A few days after the headache started

Did the medication help?  
 Yes  No

Rate the pain from your headache on a scale from 1-10, with 1 being little pain and 10 being extreme:  
 \_\_\_\_\_



# Q&A



## QUALIFYING FOR PREVENTIVES

**Q** How can I know if my migraines are bad enough to qualify me to take a preventive medication?

**A** Migraine patients that can be candidates for migraine preventive therapy include the following:

- Those who have frequent or long-lasting migraine episodes, usually three or more migraine days per month.
- Migraine attacks that cause significant disability or diminished quality of life, even when using appropriate acute migraine therapies.
- Patients who don't respond to acute migraine therapies or have contraindication to acute therapies. This would include patients with uncontrolled high blood pressure, stroke, or heart disease that cannot take drugs that constrict blood vessels, such as triptans or ergotamines.
- Patients who cannot tolerate or have severe side effects to acute migraine therapies.
- Patients who are overusing acute medications and have developed medication overuse headache (rebound headache).
- Patients with menstrual migraine, which can include migraines during the week leading up to menses as well as up to three days after the period has been complete. This can cause a lot of distress for patients, as it can encompass up to two weeks out the month.
- Preventive therapy should also be considered in patients

## EXPERT INSIGHT FOR MANAGING YOUR MIGRAINES

with hemiplegic migraine, in which patients exhibit stroke-like symptoms with their migraine episodes

The goals of migraine preventive therapy include reducing migraine frequency, severity and duration, but also to improve function and reduce disability. Migraine preventive therapy can also help to prevent the progression of episodic to chronic migraine.

—George Nissan, DO, Clinical Research Medical Director, North Texas Institute of Neurology and Headache, Plano, TX

### AM I HIGHER RISK?

**Q** Does having migraine put me at a higher risk for any other conditions? Do any of the treatments for migraine compromise the immune system in any way?

**A** Having migraine with aura [see more on p. 6] does put one at a slightly higher risk of stroke than the general public. People with migraine with aura should let their doctors know so they can take this into account when making decisions prescribing medications that can further increase stroke risk, like hormonal birth control. As with everyone, those with migraine with aura are recommended not to smoke and to maintain a healthy diet, and if the person is diabetic, to maintain careful blood sugar control to reduce their overall risk of stroke.

For those without aura, having migraine does not put you at risk of other medical conditions.

As for your immune system, the truth is it's a complicated thing, and different medications can affect the immune system in various ways. There are many different treatment options for migraine. Some of these treatments at times may have impact on the immune system, either directly or indirectly, and in some cases due to rare side effects. It is always good to confer with your doctor about all your medical conditions, and any concerns or possible side effects before taking medications. And people with migraine can protect themselves from getting sick the same way as everyone else—by washing their hands properly and avoiding social interaction with potentially sick people. 🙅

—Rachel Colman, MD, Center for Headache and Pain Medicine; Director, Low-Pressure Headache Program; Assistant Professor of Neurology, Icahn School of Medicine at Mount Sinai

**AJOVY**<sup>®</sup>  
(fremanezumab-vfrm)  
injection 225 mg/1.5 mL



## YOU'RE BALANCING A LOT ALREADY

Wouldn't you rather do it with less migraine?

Visit [AJOVY.com](https://www.ajovy.com) to learn more.

### APPROVED USE

AJOVY is a prescription medicine used for the preventive treatment of migraine in adults.

### IMPORTANT SAFETY INFORMATION

Do not use AJOVY if you are allergic to AJOVY or any of the ingredients in AJOVY.

AJOVY may cause allergic reactions, including itching, rash, and hives that can happen within hours and up to 1 month after receiving AJOVY.

Please read Important Safety Information throughout and Important Facts About AJOVY on the last page of this ad.

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**IN CLINICAL TRIALS, AJOVY WAS  
PROVEN TO REDUCE MONTHLY  
MIGRAINE DAYS BY**

**50%  
OR MORE**

AJOVY reduced migraine days by an average of 5 days a month (vs 3.2 days for placebo) in patients with chronic migraine ( $\geq 15$  headache days a month) and reduced migraine days by an average of 3.5 days a month (vs 2.2 days for placebo) in patients with episodic migraine ( $< 15$  headache days a month) when taken quarterly or monthly over a 12-week period.

Additionally, 32% of patients with chronic migraine (vs 20% on placebo) and 46% of patients with episodic migraine (vs 28% on placebo) had their monthly migraine days reduced by at least 50% when taking either quarterly or monthly dosing regimens of AJOVY over a 12-week period.

Ask your healthcare provider if **AJOVY** may be right for you.

### IMPORTANT SAFETY INFORMATION (CONTINUED)

Call your healthcare provider or get emergency medical help right away if you have any symptoms of an allergic reaction: swelling of your face, mouth, tongue, throat, or if you have trouble breathing. Talk to your doctor about stopping AJOVY if you have an allergic reaction.

Tell your healthcare provider about all the medicines you take, and if you are pregnant, planning to become pregnant, or are breastfeeding.

Please read Important Safety Information throughout and Important Facts About AJOVY on the last page of this ad.

**AJOVY IS LONG-ACTING, SO YOU  
CAN TAKE IT JUST**

**4X  
per year**

Or, you have the option to take AJOVY once a month.\*†

\*"Long-acting" defined as efficacy measured over a 12-week period following a 675 mg (225 mg x 3) SC dose.

†Quarterly dosing is 675 mg administered as three 225 mg SC injections every 3 months. Monthly dosing is one 225 mg SC injection each month.

SC: subcutaneous

You could save on your prescription. Learn more at [AJOVY.com/savings](https://www.teva.com/savings).

### IMPORTANT SAFETY INFORMATION (CONTINUED)

Common side effects of AJOVY include injection site reactions.

Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of AJOVY. For more information, ask your healthcare provider or pharmacist.

Call your doctor for medical advice about side effects. You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](https://www.fda.gov/medwatch), or call 1-800-FDA-1088.

Please read Important Safety Information throughout and Important Facts About AJOVY on the last page of this ad.



**Important Facts About AJOVY® (a-JO-vee) (fremanezumab-vfrm) injection, for subcutaneous use**

This information does not take the place of talking to your doctor about your medical condition or your treatment.

**What is AJOVY?**  
AJOVY is a prescription medicine used for the preventive treatment of migraine in adults. It is not known if AJOVY is safe and effective in children.

**Who should not use AJOVY?**  
Do not use AJOVY if you are allergic to fremanezumab-vfrm or any of the ingredients in AJOVY. See the end of this leaflet for a complete list of the ingredients in AJOVY.

**Before you use AJOVY, tell your healthcare provider if you:**  
• are pregnant or plan to become pregnant. It is not known if AJOVY will harm your unborn baby.  
• are breastfeeding or plan to breastfeed. It is not known if AJOVY passes into your breast milk. Talk to your healthcare provider about the best way to feed your baby while using AJOVY.

**Tell your healthcare provider about all the medicines you take,** including prescription and over-the-counter medicines, vitamins, and herbal supplements. Know the medicines you take. Keep a list of your medicines with you to show your healthcare provider and pharmacist when you get a new medicine.

- How should I use AJOVY?**
- See the detailed "Instructions for Use" for information on how to prepare and inject a dose of AJOVY.
  - Use AJOVY exactly as your healthcare provider tells you to use it.
  - AJOVY is given by injection under your skin (subcutaneously).
  - Your healthcare provider should show you or your caregiver how to prepare and inject your dose of AJOVY before you or your caregiver give your AJOVY the first time.
  - Your healthcare provider will tell you how much AJOVY to use and when to use it.
    - Your healthcare provider will tell you if you should use AJOVY 225 mg one time every month or AJOVY 675 mg one time every 3 months.
    - If your prescribed dose is AJOVY 675 mg every 3 months, you must use 3 separate autoinjectors or 3 separate syringes. You will give 3 separate injections one time every 3 months.
  - If you are giving 3 injections of AJOVY for your prescribed dose, you may use the same injection area for all 3 injections, but not the same spot.
  - **Do not** inject AJOVY in the same injection site that you inject other medicine.
  - If you are switching from using AJOVY one time every month to one time every 3 months or if you are switching from using AJOVY one time every 3 months to one time every month, give the first dose of AJOVY on the day it was due to be given on your old schedule.
  - If you miss a dose of AJOVY, take it as soon as possible. If you need to take the dose late, you will need to change your schedule: if you take 225 mg of AJOVY, inject your next dose 1 month after the late dose. If you take 675 mg of AJOVY, inject your next dose 3 months after the late dose. If you have questions about your schedule, ask your healthcare provider.

**What are the possible side effects of AJOVY?**  
**AJOVY may cause serious side effects, including:**

- **Allergic reactions.** Allergic reactions, including itching, rash, and hives, can happen within hours and up to 1 month after receiving AJOVY. Call your healthcare provider or get emergency medical help right away if you have any of the following symptoms of an allergic reaction:
  - swelling of your face, mouth, tongue, or throat
  - trouble breathing

**The most common side effects of AJOVY include:**

- injection site reactions

Tell your healthcare provider if you have any side effect that bothers you or that does not go away. These are not all the possible side effects of AJOVY. For more information, ask your healthcare provider or pharmacist. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**How should I store AJOVY?**

- Store AJOVY in the refrigerator between 36°F to 46°F (2°C to 8°C).
- Keep AJOVY in the carton it comes in to protect from light.
- If needed, AJOVY may be stored at room temperature between 68°F to 77°F (20°C to 25°C) in the carton it comes in for up to 24 hours. Do not use AJOVY if it has been out of the refrigerator for 24 hours or longer. Throw away (dispose of) AJOVY in a sharps disposal or puncture-resistant container if it has been out of the refrigerator for 24 hours or longer.
- **Do not** freeze. If AJOVY freezes, throw it away in a sharps disposal container.
- Keep AJOVY out of extreme heat and direct sunlight.
- **Do not** shake AJOVY.

**Keep AJOVY prefilled autoinjector and prefilled syringe out of the reach of small children.**

**General information about the safe and effective use of AJOVY.** Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. Do not use AJOVY for a condition for which it was not prescribed. Do not give AJOVY to other people, even if they have the same symptoms that you have. It may harm them. You can ask your pharmacist or healthcare provider for information about AJOVY that is written for health professionals.

**What are the ingredients in AJOVY?**  
**Active ingredient:** fremanezumab-vfrm  
**Inactive ingredients:** disodium ethylenediaminetetraacetic acid dihydrate (EDTA), L-histidine, L-histidine hydrochloride monohydrate, polysorbate-80, sucrose, and Water for Injection. AJOVY prefilled syringe and prefilled autoinjector are not made with natural rubber latex.

For more information, go to [www.AJOVY.com](http://www.AJOVY.com) or call 1-888-483-8279.

This Patient Information has been approved by the U.S. Food and Drug Administration.

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Teva Pharmaceuticals USA, Inc.  
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US License No. 2016

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This Brief Summary is based on the full Prescribing Information and Patient Information for AJOVY AJO-004/AJOPL-003.

**teva**  
FRE-42209 February 2020

# “We’re keeping headaches in check—and you can, too!”

Looking for some simple ways to tame your triggers or ID your early-warning signs? Read on to see what works for lifelong migraine sufferers Reyne and Jennifer, and ask your healthcare team if their tips could work for you, too! —BY BETH SHAPOURI

**MIGRAINE CONQUEROR:**  
**Reyne Hirsch,**  
host of RideTv’s *Ridiculous Ranches* and blogger.

**HER KEY TO...**



<b>Avoiding triggers</b>	“I watch the weather looking for storm fronts that are coming into my area because the low pressure can bring a migraine on. I’ve found that if I do some light exercise to get my blood flowing a little and drink a lot of water, I can help offset the effect of the storm.”
<b>Identifying early warning signs</b>	“For me, my eyes start to feel puffy. I carry a travel-size [aromatherapy] migraine stick in my purse and begin applying that to my temples and forehead when the puffiness starts.”
<b>Conquering pain once it starts</b>	“I draw a hot bath with a few drops of peppermint essential oil, dim the lights and make sure my house is silent.”
<b>Keeping moving</b>	“Luckily, I live blocks away from a public park with a great jogging trail. But if the weather is too hot or too wet or when I’m stuck in my house, I have a few apps on my phone with cardio routines to get me moving in my living room.”
<b>Headache-free nutrition</b>	“I avoid sugar as much as possible and consume very little alcohol. If I have an after-hours cocktail or dessert, I make sure to drink a bottle of water and take my acute medication before going to bed.”



**MIGRAINE CONQUEROR:**  
**Jennifer Franklin,**  
 an Atlanta-based  
 journalist;  
 migraineur since age 8.

HER KEY TO...

Avoiding triggers	"I know eating a balanced diet of healthy food, staying hydrated and getting enough rest are important for me."
Identifying early warning signs	"I've trained myself to pay attention to any pain related to my head and neck and address it quickly, either by taking my acute medication or trying one of my go-to non-medication strategies like drinking water with added electrolytes, using a cold pack on my head or lying down."
Conquering pain once it starts	"If I can catch it early, I can ease the pain with a combination of an ice pack on my head and neck, a warm bath with cooling mint bath salts in low light and drinking as much of an electrolyte drink as I can."
Keeping moving	"As much as I enjoy a really intense hour-long spin class, that tends to be a trigger for me. I find that shorter HIIT [high-intensity interval training] sessions or longer less-intense cardio workouts suit me better. It's all about finding what works for you!"
Headache-free nutrition	"[To stay hydrated] I like to add some fresh lemon juice and a couple drops of liquid Stevia to a big bottle of water. It tastes like lemonade, and I can drink it all day."





The Migraine Research Foundation raises money to fund innovative research to discover the causes, improve the treatments, and find a cure for migraine.

**Help provide hope and healing to the 39 million American migraine sufferers**

*100% of all donations go directly to fund migraine research.*

To donate or get involved visit [MigraineResearchFoundation.org](http://MigraineResearchFoundation.org)

 [Facebook.com/MigraineResearch](https://www.facebook.com/MigraineResearch)  [@MigraineRF](https://twitter.com/MigraineRF)

# Help for managing your triggers

When a migraine comes on, there's typically a reason why, but since those reasons can range from your sleep habits and the weather to your stress levels and more, zeroing in on your triggers can be tricky. Read on to learn the most common culprits. —BY ALLISON BOYD

## TRIGGER

### Hunger or overeating

A sudden drop or spike in blood sugar can trigger migraines in some.

- **Tame it...** Try a trick that works for many people with diabetes: mini-meals! With this method, you eat smaller meals five or six times per day, rather than the typical three larger meals at breakfast, lunch and dinner that can lead to more extreme blood sugar swings.

## TRIGGER

### Changes in your sleep routine

Migraine sufferers can be especially sensitive to schedule changes, particularly sleeping too much or too little.

- **Tame it...** Set alarms on your phone to help remind you each night when you should start getting ready for bed, and keep your wake-up alarm at the same time whether it's a weekday or weekend.

## TRIGGER

### Odors

Perfume and/or scented beauty or cleaning products are also some of the most likely migraine triggers.

- **Tame it...** If scented bath and beauty products are triggers, look for perfume- and scent-free versions (the section for sensitive-skin products can have lots of options), and don't

forget to do the same with your laundry detergent. If cleaning products are an issue, try making your own cleansers using vinegar, baking soda or lemon juice.

Since it's not always possible to control the odors in your environment, wearing a medical mask (like the ones they recommend for preventing the spread of coronavirus) can help block the scent; or try carrying a small jar of coffee beans or another strongly scented item that you can open and breathe in.

## TRIGGER

### Light

Nearly 90% of all migraine sufferers are sensitive to light. In a study published in *Nature Neuroscience*, researchers discovered a pathway in the brain that links the visual system to that which produces head pain.

- **Tame it...** If the light from electronic screens (such as phones, computers and tablets) are the issue, you can purchase special glasses that filter out the troublesome type of light these devices emit (look for them on sites like [axonoptics.com](http://axonoptics.com) or [theraspecs.com](http://theraspecs.com)), as well as filters you can place directly on the screens of the devices themselves.



If fluorescent lights are an issue, consider switching them out for LED or incandescent bulbs where possible, or try wearing a visor or hat to block the glare.

## TRIGGER

### Hormone changes

Sixty percent of women who suffer from migraines do so when estrogen levels drop (such as just before menstruation starts or during perimenopause).

- **Tame it...** Ask your healthcare provider if hormone replacement therapy (or hormonal birth control) might

be an option for you, as this can help regulate hormone fluctuations. It may also help to track your hormone cycle and learn when your migraines are most likely to strike so you can use your rescue medications preemptively.

## TRIGGER

### Food/food additives

Food triggers are less common than originally thought. If eating something only causes a migraine sometimes, it's likely not a trigger. However, foods that may be problematic for some people include aged cheeses, processed meats,

monosodium glutamate (MSG), artificial sweeteners, onions, tree nuts and seeds.

- **Tame it...** Managing a food trigger is simple—just avoid that ingredient in your diet. With additives like MSG or artificial sweeteners, you may need to be extra cautious about processed foods or ordering foods while eating out—be sure to research the different names the additive may be listed as (MSG, for example, can be listed using more than two dozen different names!) and always read nutrition labels. For items like nuts or cheese, you may find you react to some types

but not others, so you may not need to give those foods up completely. Use an elimination diet to pinpoint which versions of those foods are potentially safe for you, and which are not.

## TRIGGER

### Weather changes

Changes in barometric pressure and cold or humid weather can alter your body's chemical balance. In the same vein, going from a cold air-conditioned room to hot outdoor temperatures in the summer, or a chilly winter day to a warm, stuffy room can spark a migraine.

- **Tame it...** While you can't control the weather, you can keep an eye on forecasts and predict when a weather shift might trigger an attack, and take your medication preemptively to help prevent or at least lessen the migraine's severity. If temperature changes are an issue, dress in layers all year round, so you can pull off or put on clothes as needed to keep your body temperature stable.

## TRIGGER

### Stress

One of the most common migraine triggers, both stress and the "let down" after a stressful event (like, say, the day after a big test) can result in a migraine for some.

- **Tame it...** While some stress is unavoidable, you can help limit your body's response to it by performing calming activities on a regular basis. These could be any activity you enjoy, such as reading or knitting, or an activity specifically designed to lower stress levels, such as meditation or deep-breathing. 🧘



# What's triggering my migraine?

Make copies of this tool to keep track of what you were doing and other conditions preceding and during your migraines. Over time you may see a pattern that could help you zero in on what's triggering your headaches!



**1.** Did you consume any caffeine in the past 24 hours and, if so, was it the same amount or more or less than usual? \_\_\_\_\_

**2.** Did you skip any meals within the past 24 hours or eat more than you typically do?  Yes  No

**3.** How much water/liquid have you consumed in the past 24 hours? \_\_\_\_ oz.

**4.** Did you participate in any activities that might have caused excessive sweating or do you take any medications that can cause dehydration?  Yes  No  
If yes, please explain: \_\_\_\_\_

**5.** How many hours did you sleep the night before?  
\_\_\_\_\_

**6.** Is the amount you slept the night before more, less or the same amount as you usually sleep?  
 More  Less  The same amount

**7.** Did you wake up or go to sleep earlier or later than you usually do?  Yes, earlier  Yes, later  No

**8.** Did you recently participate in any strenuous physical activity?  Yes  No  
If yes, please describe the activity and duration: \_\_\_\_\_

**9.** What was the weather like before your migraine hit? Include precipitation, temperature, humidity level and barometric pressure: \_\_\_\_\_

**10.** Did the temperature or pressure change significantly in the past 24 hours?  Yes  No  
If yes, please indicate the change: \_\_\_\_\_

**11.** Have you been changing temperature frequently by going from air conditioning to heated outdoors or heated indoors to cold outdoor temperatures?  
 Yes  No

**12.** When was the last time you used an electronic device (i.e., computer, tablet, phone)? How long did you use it for? \_\_\_\_\_

**13.** How recently were you exposed to fluorescent lights? \_\_\_\_\_

**14.** Did you do any intense reading before the migraine hit, or read anything with overly small print?  
 Yes  No

**15.** Did you encounter any strong odors before your migraine hit?  Yes  No  
If yes, please indicate what the odor was: \_\_\_\_\_

**16.** On a scale of 1-10, how stressed were you within 24 hours of when the migraine hit (with 0 being no stress and 10 being extreme stress): \_\_\_\_\_

**17.** If you are a woman, how many days prior to the start of your migraine was the start of your last period: \_\_\_\_\_

# Your anywhere, anytime tool kit

If you suffer from migraines, create a portable personalized migraine kit, which can come to your aid if a severe headache strikes unexpectedly. Here's an idea of what to include:

**1. A bottle of water**  
Dehydration can lead to headaches.

**2. A cold compress or pack,** which can ease pain.

**3. A small pillow,** which can come in handy for resting.



**4. Medication** to treat the headache ASAP.

**5. An eye mask** to shield your eyes from light.

**6. Ear plugs** to mute loud sounds.

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# Questions to ask at today's exam

Get the conversation with your healthcare provider started so you can be sure you're getting the best possible treatment for your migraines.

1. Are my headaches migraines? If so, which type? Do they meet the criteria for chronic migraine?
2. What types of medications could I take to treat my migraines when they've already started—i.e., acute or rescue medications?
3. What side effects can I expect? Are there any side effects I should alert you to immediately?
4. How long will it take before I start feeling the effects of the medication?
5. What types of preventive medications could I try to treat my migraines?
6. How long will it take before I start feeling the effects of the medication?
7. If my current treatment isn't working, what's my next step?
8. How can I figure out what's triggering my migraines?
9. Are there any lifestyle changes I should make to help lessen my migraines?
10. What if I'm having trouble affording my medication?
11. When should I make my appointment to see you next?

## RESOURCES YOU NEED NOW

Looking for more info on migraines? Hoping to connect with others who understand you? These organizations offer the answers you want and the support that can make all the difference.



**The Migraine Research Foundation** raises money to fund research to discover the causes, improve the treatments, and find a cure for migraine. [www.migraineresearchfoundation.org](http://www.migraineresearchfoundation.org)



**The National Headache Foundation** enhances the health of those with migraine by

providing education and informational resources, supporting headache research and advocating for the understanding of headache as a legitimate neurobiological disease. [www.headaches.org](http://www.headaches.org)

**Additional resources for you:**  
American Academy of Neurology  
[www.aan.com](http://www.aan.com)

Association of Migraine Disorders  
[www.migrainedisorders.org](http://www.migrainedisorders.org)

American Chronic Pain Association  
[www.theacpa.org](http://www.theacpa.org)

My Chronic Migraine  
[www.mychronicmigraine.com](http://www.mychronicmigraine.com)

Migraine Again  
[www.migraineagain.com](http://www.migraineagain.com)

