

QUESTIONS YOU *MUST* ASK YOUR HEALTHCARE TEAM!

Guide to Living with

Healthmonitor®

Migraine

Get the upper
hand on migraine!

- ✓ Track your headaches
- ✓ Tame your triggers
- ✓ Stop side effects

LEARN
ALL YOUR
TREATMENT
OPTIONS

*“I’ve finally
got my life
back!”*

Andrea found freedom
from migraine thanks to a
treatment breakthrough

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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.

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It's time to take your *life back!*

Don't live in fear of the next migraine. With today's breakthrough treatments, there's every reason to believe you can finally put a stop to the headaches—for good!



After struggling with infertility difficulties for three years, Johnene H. and her husband were beyond thrilled when she finally wound up pregnant with their first daughter.

"We had no luck after four rounds of IVF, and went on a brief vacation to take a break from everything and—poof!—wouldn't you know it, we wound up making it happen the old-fashioned way!" Johnene laughs. And while Baby Julie was a happy surprise—the increasingly frequent and severe headaches Johnene experienced over the course of her pregnancy were not.

Johnene assumed the headaches—as well as the nausea, sensitivity to smells and light and occasional dizziness—were all due to the pregnancy, but when they continued through the second and third trimester, and then worsened even after Julie was born, she knew they must be something more and visited her family doctor.

"I honestly was worried I had a brain tumor!" Johnene remembers. "Luckily I had been keeping track of my symptoms in my pregnancy journal, so I was able to present them to my doctor all at once. She calmed my cancer fears and said she suspected migraines were the culprit. She recommended a headache specialist who confirmed it, and prescribed me triptans."

For years—and through the birth of son, Noah—the triptans helped keep her migraines under control. But as she approached 40, suddenly she realized she was taking the medication twice a week or more.

"My neurologist explained that in some people migraine is a progressive condition. He suggested I try one of the new preventive

treatments, which had pretty good results in some of his patients."

Johnene received her first dose of the injectable treatment in the office that day, and was shown how to give subsequent injections at home.

"I was nervous to use a needle at first, but it was easy—and had an immediate effect. I was down to one migraine a week after the first dose!"

With her newfound freedom from migraine, Johnene has decided to go back to school to study nursing.

"The kids are grown, and I've had so many medical professionals come in and out of my life—from the fertility treatments to my migraines—that I wanted to give back and extend that same care to someone else. And now that my migraines are under control, I can!"

Understanding migraine

If, like Johnene, you have been diagnosed with migraine, don't be discouraged—by learning about the condition you can take the first step toward taking back control.

Migraines are 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 (which is why migraines may hit during hormonal changes, as in Johnene's case) causes blood vessels in the brain to dilate, releasing pain-triggering compounds, including a peptide called "substance P" and calcitonin gene-related peptides (CGRPs).

Migraines have also been 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 doesn't guarantee you will also have migraines. ▶

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

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

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 or infections.

The phases of migraine

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

- **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.
- **Aura:** This phase occurs if you experience visual or other sensory disturbances about an hour before the headache starts.
- **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; blurred vision; and fainting.
- **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 pulsing 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 headache pain; temporary vision loss or double vision; numbness or muscle weakness on one side of the body; neuropathy; difficulty speaking; and confusion.
- 3 Migraine with typical aura (aka “migraine without headache”):** Characterized by the same symptoms as migraine with aura, but without any head pain, fever and dizziness.
- 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; neuropathy; 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 acetaminophen), 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 antiepileptics (which stabilize nerve cells in the brain), antidepressants (which can help regulate brain hormones), beta-blockers (which can help regulate stress hormones), onabotulinumtoxinA (injections that can quiet nerve cells) and the newest option, 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 time to work before giving up and moving on to the next.

The bottom line?

If you're one of the nearly 38 million Americans suffering from migraine, now is your time to take back control. Read on to learn even more about migraines, how to track them and how to manage your triggers. You can also gain inspiration from others living with the condition, like Andrea on p. 8, who refused to give up until she found a treatment that worked, or Natalie on p. 17, who is spreading her message of hope after a headache specialist was able to help her learn more about and better cope with her migraine headaches.

And take heart—like the patients in this guide, you'll 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 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.

“For the first time, I am completely present in my life!”

Today, Andrea says she feels “in control.” It’s a dramatic change from the decades when Chronic Migraine ruled her days. The active wife, mom and health writer credits a breakthrough therapy. —BY AMY CAETTA

On a typical day, Andrea Pesate Belozercovsky can be found either keeping up with her two children, Alan and Alexandra, writing articles about her personal health journey, or going out with her husband, Carlos, and their friends. And the 34-year-old from Miami, FL, couldn’t be more grateful for her busy days and nights—it’s a dramatic departure from the last 20 years, most of which were ruled by Chronic Migraine.

Her first memories of dealing with near constant head pain go back to her mid-teens. Her doctor diagnosed her with migraines, but the only preventive options at the time were prescription drugs designed for other illnesses. “One med was for epilepsy and another one was for cardiovascular issues—and the side effects from them were terrible,” recalls Andrea. A few of the adverse reactions included numbness in her face and hands, dry mouth, body tremors, thyroid complications and hair loss. “I felt that the side effects outweighed the benefits, so when I was in my mid-20s, I decided to stop taking them.”

“I couldn’t function for days”

Over the next eight years, Andrea gave birth

to two children, and when the migraines hit, she’d try her best to manage them with rescue medications. But as the years went on, the migraines came on stronger and more frequently. “My menstrual migraines were the worst—I’d need to be in bed with no lights, no sounds, not even my kids’ voices. I couldn’t function for days.” Luckily, her parents lived nearby, and they helped out with the children.

It wasn’t uncommon for her to suddenly head home due to a migraine (“Then I’d need to rest for two hours”) or to avoid fun activities with the kids since the conditions would be “too hot” or “too loud.” “The migraines really limited my family’s life,” she admits.

Then in 2015, when she and Carlos moved the family to Miami—and away from her parents—she renewed her efforts to find lasting migraine relief.

“I resigned myself to living as best I could with the pain!”

Working with a neurologist, she tried new prescription meds, which brought on new side effects. “I felt like I was drugged,” says Andrea. She was so “off” that she was involved



“I can’t always control the chaos in my life,” says Andrea, enjoying some “Zen time” with kids Alan and Alexandra. “But at least now I can control my migraines!”

in a small car accident. “The crash was upsetting, but nothing compared to not being able to speak,” she continues. “I couldn’t put words together, so I stopped taking meds—again.”

Now suffering from daily migraines (at a pain level between six and eight out of 10), in early 2018 Andrea underwent a seven-hour migraine surgery that involved surgical decompression of the sensory nerves in the head and neck known to trigger migraine. Unfortunately, it offered minimal relief. Despite the poor outcome, Andrea says, “I

decided I had a choice—to be depressed or to be positive. So I chose to be happy, to continue taking OTC meds and drinking caffeine, and to try to function as best I could.”

“Now I feel almost cured!”

Andrea’s hopes rose when she read about a new FDA-approved medication designed to prevent migraine. It works by blocking the pathway of the CGRP (calcitonin gene-related peptide) receptor, which has been shown to play a significant role in

migraines. She called her doctor immediately and said she wanted to give it a try.

Andrea experienced some improvements during the first two months. “When you suddenly go three days without a migraine, your expectations become more real,” she adds. After the third month, her health drastically improved.

“It’s been life-changing—I feel almost cured!” she says. “I’m down to four or five migraines a month that are much less intense and can be treated with acetaminophen. If someone would have told me six months

ago that I’d be able to have the TV on during a migraine, I would have laughed!”

“I can be there for my kids”

Andrea wants other migraine sufferers to know hope exists. “What I love the most today is being able to take care of my children and to be present in every moment,” she concludes. “My son used to say to me, ‘Mommy, you always need to go to bed and I can’t talk to you.’ But now my kids won’t always have these memories of me—and that’s the most rewarding.”

“You can live your best life, too!”

Here, Andrea shares more of the strategies that continue to help her be active, engaged and upbeat. Maybe they can work for you, too!

1 Partner with a specialist. Andrea is thankful to have found a neurologist who treats numerous patients with Chronic Migraine. “She’s wonderful because she’s open to the newest treatments,” she adds. “Plus, she listens to all my concerns and understands that I will come to the office with questions about the latest research.”

2 Try essential oils. “Shortly before I started on the injectable drug, I noticed some improvement from using essential oils,” she explains. In fact, Andrea’s doctor suggested she continue with essential oil therapy, which has been shown to relieve symptoms related to migraine (including head pain, nausea and vomiting) in a percentage of patients. Her favorite: M-Grain Essential Oil by Young Living, which is a mixture of various oils, such as basil, lavender and peppermint.

3 Keep track of your triggers. While Andrea has learned that a few uncontrollable risk factors can lead to migraine (such as the weather and hormonal fluctuations), she’s also realized that other personal triggers can usually be avoided, including loud noises and super-crowded surroundings, as well as certain foods—with wine



and soy topping the list. “I’ve stopped eating red meat and cheese on a regular basis and only indulge on special occasions,” she says. “And I’ve found that popcorn, cooked onions and some fermented foods give me migraines, too.”

4 Find a happy medium. Even though Andrea does her best to keep her migraines at bay, she also refuses to give up life’s little pleasures. “I’m a young person and I don’t want to live in a bubble,” she states. “Every now and then, I will eat the ‘bad’ foods or have a few cocktails knowing that I will probably spend some time in bed the next day. But it’s okay—doing so allows me to create memories with my kids and unforgettable moments with my husband and our friends. It’s my choice, and now that I can control how many migraines I have, I feel like I have control over my life.”

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!

Make copies to keep handy!



Date and time headache began: _____	Date and time headache began: _____	Date and time headache began: _____
Date and time headache ended: _____	Date and time headache ended: _____	Date and time headache ended: _____
Symptoms before headache started: _____	Symptoms before headache started: _____	Symptoms before headache started: _____
Symptoms during the headache: _____	Symptoms during the headache: _____	Symptoms during the headache: _____
Symptoms that lingered after (indicate for how long, as well): _____	Symptoms that lingered after (indicate for how long, as well): _____	Symptoms that lingered after (indicate for how long, as well): _____
Did you take anything to treat the headache? ☐ Yes ☐ No	Did you take anything to treat the headache? ☐ Yes ☐ No	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	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	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	Did the medication help? ☐ Yes ☐ No	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: _____	Rate the pain from your headache on a scale from 1-10, with 1 being little pain and 10 being extreme: _____	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		

Q&A



WHAT ARE MY OPTIONS?

Q My doctor tells me I can try a preventive medication for my Chronic Migraine. I'm worried it won't work since nothing else has. How long do I need to try one to see if it will work?

A Chronic Migraine is notoriously difficult to treat. OnabotulinumtoxinA was, for several years, the only agent approved by the FDA to treat the problem. I tell my patients to let me treat them with it on at least three occasions 12 weeks apart. If there is no effect, we might try something else, but it often takes more than one session for people to see a difference.

More recently, three types of CGRP monoclonal antibodies have been approved to treat Chronic Migraine. If the first one you try doesn't work, you can always switch to another! It's not clear yet if a different CGRP will work if the first one you try doesn't, but it's always worth trying.

IS MY TREATMENT STRONG ENOUGH?

Q I was diagnosed with episodic migraine last year and have been taking a prescribed triptan when they hit. The triptan helps, but my migraines seem to be coming on more and more often and getting tougher to fend off. Do I need to switch medications?

A It is commonly the case that migraines get worse over time, often peaking in intensity in your early 40s. So it is not surprising that they are getting tougher to treat! Most adults with migraines these days use triptans

EXPERT INSIGHT FOR MANAGING YOUR MIGRAINES

(several types of these are available), unless there is a medical reason not to. These often work well, especially when taken at the first sign of an attack. However, if you have a lot of migraine attacks and frequently treat them with acute medications, you run the risk of developing "medication overuse headache." In general, if you have six or more headache days monthly or you use acute medications more than twice a week, you may benefit from preventive medication.

DOES BIOFEEDBACK WORK?

Q A few folks in my migraine support group have recommended biofeedback, but I'm skeptical. How does it even work?

A EMG (electromyogram) biofeedback teaches you to reduce muscle tension, GSR (galvanic skin response) biofeedback reduces stress (it's similar to what is used in a lie detector), and skin temperature biofeedback is used to warm hands, indirectly changing blood flow. All of these can help people with migraine—most of the time in conjunction with taking medication—and can be taught by either a physical therapist or a psychologist. Look for one who specializes in the procedure. 



OUR EXPERT: Mark W. Green MD, FAAN, Director of Headache and Pain Medicine, Professor of Neurology, Anesthesiology, and Rehabilitation Medicine, Vice Chair of Neurology for Continuing Professional Development and Alumni Relations, Icahn School of Medicine at Mount Sinai, NY



AJOVY[®]
(fremanezumab-vfrm)
injection 225 mg/1.5 mL



With less migraine,
find more moments.

- ▶ AJOVY is a preventive treatment option for adults that has been shown to reduce the average number of days people experience migraine.
- ▶ AJOVY is the only FDA-approved anti-CGRP* that has the flexibility of 2 dosing options.

Quarterly

225 mg x 3 SQ (subcutaneous)
Only 4 injection days per year

or

Monthly

225 mg SQ (subcutaneous)
Only 1 injection per month

If you're losing precious moments to migraine, ask your doctor about AJOVY and visit [AJOVY.com](https://www.ajovy.com) to learn more today.

*CGRP: calcitonin gene-related peptide

APPROVED USE

AJOVY[®] is a prescription medicine used to prevent 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. 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.

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

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AJOVY[®]
(fremanezumab-vfrm)
injection 225 mg/1.5 mL

If you experience 4 or more migraine days a month, it may be time to
find more days without migraine.

Chronic migraine (15 or more headache days per month)

4-5

FEWER
HEADACHE DAYS

QUARTERLY
& MONTHLY
DOSING

Over the course of 12 weeks, patients taking AJOVY experienced an average of 4-5 fewer headache days per month* with quarterly or monthly dosing[†] (vs 2-3 for placebo).

*Of at least moderate severity, compared to baseline.

[†]Quarterly dosing is three 225 mg subcutaneous (under the skin) injections given on one day every 3 months; monthly dosing is one 225 mg subcutaneous injection each month.

Episodic migraine (fewer than 15 headache days per month)

3-4

FEWER
MIGRAINE DAYS

QUARTERLY
& MONTHLY
DOSING

Over the course of 12 weeks, patients taking AJOVY experienced an average of 3-4 fewer migraine days per month* with quarterly or monthly dosing[§] (vs 2-3 for placebo).

*Compared to baseline.

[§]Quarterly dosing is three 225 mg subcutaneous (under the skin) injections given on one day every 3 months; monthly dosing is one 225 mg subcutaneous injection each month.

IMPORTANT SAFETY INFORMATION (CONTINUED)

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

Common side effects of AJOVY include injection site reactions.

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

teva



Find out if you can pay as little as

\$0 for AJOVY^{||}

Commercially insured patients can take the Savings Offer to the pharmacy and pay as little as \$0 for AJOVY until December 31, 2019. **Learn more at [AJOVY.com/savings](https://www.ajovy.com/savings).**

^{||}Out-of-pocket costs may vary based on insurance coverage. Limitations apply. Please note, this offer is not available for patients eligible for Medicare, Medicaid, or any other public payer coverage. See full Terms and Conditions at [AJOVY.com](https://www.ajovy.com) for eligibility and restrictions.

With less migraine, imagine what you could find.

IMPORTANT SAFETY INFORMATION (CONTINUED)

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 side effects to the FDA at 1-800-FDA-1088.

Please read Important Safety Information throughout and Important Facts About AJOVY on the following page.

teva

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 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 body site 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 adjust 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. Dispose of (throw away) AJOVY in a sharps disposal 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 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. The prefilled syringe cap is not made with natural rubber latex. For more information, go to 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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This Brief Summary is based on the Full Prescribing Information and Patient Information for AJOVY™ AJO-001/AJOPL-001.

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“We won’t let migraines slow us down!”

Natalie, Samantha and Danielle share the wellness strategies they have learned during their migraine journey. Ask your healthcare team if their suggestions could work for you, too! —BY AMY CAPETTA

“Stand up for yourself”

Natalie Sayre; New Orleans

Prepare for doctors’

appointments. Before heading to her physician’s office, Natalie jots down a list of questions she’d like to ask her medical team, along with a health update from her previous visit. “Dealing with Chronic Migraine has demanded that I become an informed and engaged patient, so I’ve learned that bringing summarized information to appointments helps set me up for more productive conversations with my doctors,” she explains.

Find the “right” physician.

Natalie stresses the importance of partnering with a doctor familiar with the current treatment options. “With a shortage of headache specialists in the country, it can be difficult to find physicians literate in headache medicine,” she continues. “However, every migraine patient deserves to work with a doctor who believes them, who will not give up on them, and who is committed to solutions and progress.”

Learn to give thanks. Developing a personal gratitude practice has helped Natalie find a sense of peace



during challenging times. “One of my favorite quotes is: *Gratitude is being happy with who and what you have in your life...it isn’t dismissing the hardships in life but rather choosing to shine a light on all the good things we have and making them matter more than the bad,*” she says. “Although the burden of migraine can be incredibly heavy, my gratitude practice has helped me foster an unshakeable commitment to love my life more than I hate my pain.”

Stay hopeful. Since there are various new treatments on the market today (with more likely to be approved in the near future), Natalie—who shares her wellness advice on Instagram at @mindfulmigraine—truly believes there has never been a “better” time to be a migraine patient. “As difficult as some days can be, maintaining the belief that I can and will achieve better management of my condition has been one of my most helpful coping strategies,” she states. ▶



"Staying hydrated and active help me conquer my migraine," says Samantha.

"Commit to a healthy lifestyle."

Samantha Monk;
Mount Airy, NC

Start journaling. Since being diagnosed with Chronic Migraine in 2001, Samantha has found that writing down her daily activities has helped her figure out possible triggers. "I keep a diary that tracks my sleep, food and exercise patterns, as well as treatments

(jotting down what has worked and what hasn't) and migraine episodes," she says.

Control your diet. Along with maintaining a healthy weight, Samantha follows a simple eating style: Consume fresh, whole foods, keep anything that's greasy, sugary or processed at bay, and cook at home as much as possible. "Also, do not skip meals, eat meals at the same time each day and stay hydrated," she adds.

Sweat it out. An avid runner, Samantha engages in some form of physical activity for at least 30 minutes each day. "Jog, swim, cycle, power walk or do yoga, and always make sure to warm up—and cool down—with five minutes of easy walking or stretching," she adds. "However, if you feel uncomfortable at any point, stop." In fact, an article written in the peer-reviewed journal *Current Pain and Headache Reports* points to evidence that suggests exercise activates neurotransmitter signals that may be effective in reducing migraine pain. *Note:* Talk to your doctor before trying any new exercise program.

Be your best advocate. For a number of years, Samantha didn't tell anyone outside her family that she had Chronic Migraine since many people tend to view this illness as "just a headache." But now she relies on a larger support system, including friends and her medical team. "Talk with your neurologist, and if something isn't working for you, let them know," she states.

"Turn to the community"

Danielle Newport Fancher; New York

Keep an open mind. Over the years, Danielle has tried an extensive number of therapies for Chronic Migraine—from intense in-house medical treatments to holistic medicine. "Although most treatments have been unsuccessful at alleviating my pain, I am proud of myself for continuing to try new remedies," she says.

Become your own motivational guru. "Self-coaching is a necessary part of my life," admits Danielle. For example, she "coaches" herself out of bed each morning, while heading to her office job, and at other times throughout the day. "These small bits of self-encouragement have made an enormous difference."

Set reminders. Danielle has devised a foolproof system for keeping her prescriptions organized. "To make sure I take my meds on time, I set silent alarms on my phone for my daily preventive medication," she states. "I'll also set calendar reminders when I need to schedule (or order) another round of medicine or treatment."

Network with others. As a writer and migraine advocate, Danielle stresses the significance of bonding with people who have also been diagnosed with this neurological condition. "While it was initially hard to share my migraine story, connecting with others facing a similar illness made me feel much



less alone," says the author of *10: A Memoir of Migraine Survival*. Over time, Danielle's Instagram, Twitter and Facebook accounts (@MigraineWriter) have turned into an online community of migraine and chronic pain sufferers. "Reaching out is the most important advice that I could give to other people battling migraine." 📧

JOIN THE FIGHT AGAINST HEADACHE

Headache Advocates receive great benefits from the NHF, including:

- Information about ongoing clinical trials
- Webinar updates
- Our newsletter, News to Know

Advocates show their support for individuals with chronic headache and migraine. You can make a difference.

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Become an Advocate Today!

Get on top of your triggers!

When a migraine comes on there's typically a reason why, but since those reasons can range from the food you ate and the weather outside to your sleeping habits and more, narrowing down your triggers can be tricky. Read on to learn the most common culprits, then use our tool on p. 22 to help you pinpoint yours. —BY ALLISON BOYD

TRIGGER:

Food/food additives

While food triggers tend to be unique for each individual, there are some that are more common, including chocolate, 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:

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 are 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 wakeup alarm at the same time whether it's a weekday or weekend.



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 hormonal 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.

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, one trick is to carry a medical mask you can put on if you encounter a triggering scent; or try carrying a small jar of coffee beans or another strongly scented item that you can open and breathe in when needed.



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 hopefully 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:

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 the triggering 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: 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 or theraspecs.com), as well as filters you can place directly on the screens of the devices themselves.

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

What's causing 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 causing your headaches!

1. What did you eat before your migraine (include everything you can remember from the past 24 hours):

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. You also may need water to take your medication.

2. A cold compress or pack, which can help your throbbing head.

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.



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**



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. What side effects can I expect? Are there any side effects I should alert you to immediately?
7. How long will it take before I start feeling the effects of the medication?
8. If my current treatment isn't working, what's my next step?
9. How can I figure out what's triggering my migraines?
10. Are there any lifestyle changes I should make to help lessen my migraines?
11. Do I need any further tests or scans? When should I make my next appointment with you?



Resources you need...

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



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



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

Additional resources for you:

American Academy of Neurology
www.aan.com

Association of Migraine Disorders
www.migrainedisorders.org

American Chronic Pain Association
www.theacpa.org

My Chronic Migraine
www.mychronicmigraine.com

Migraine Again
www.migraineagain.com