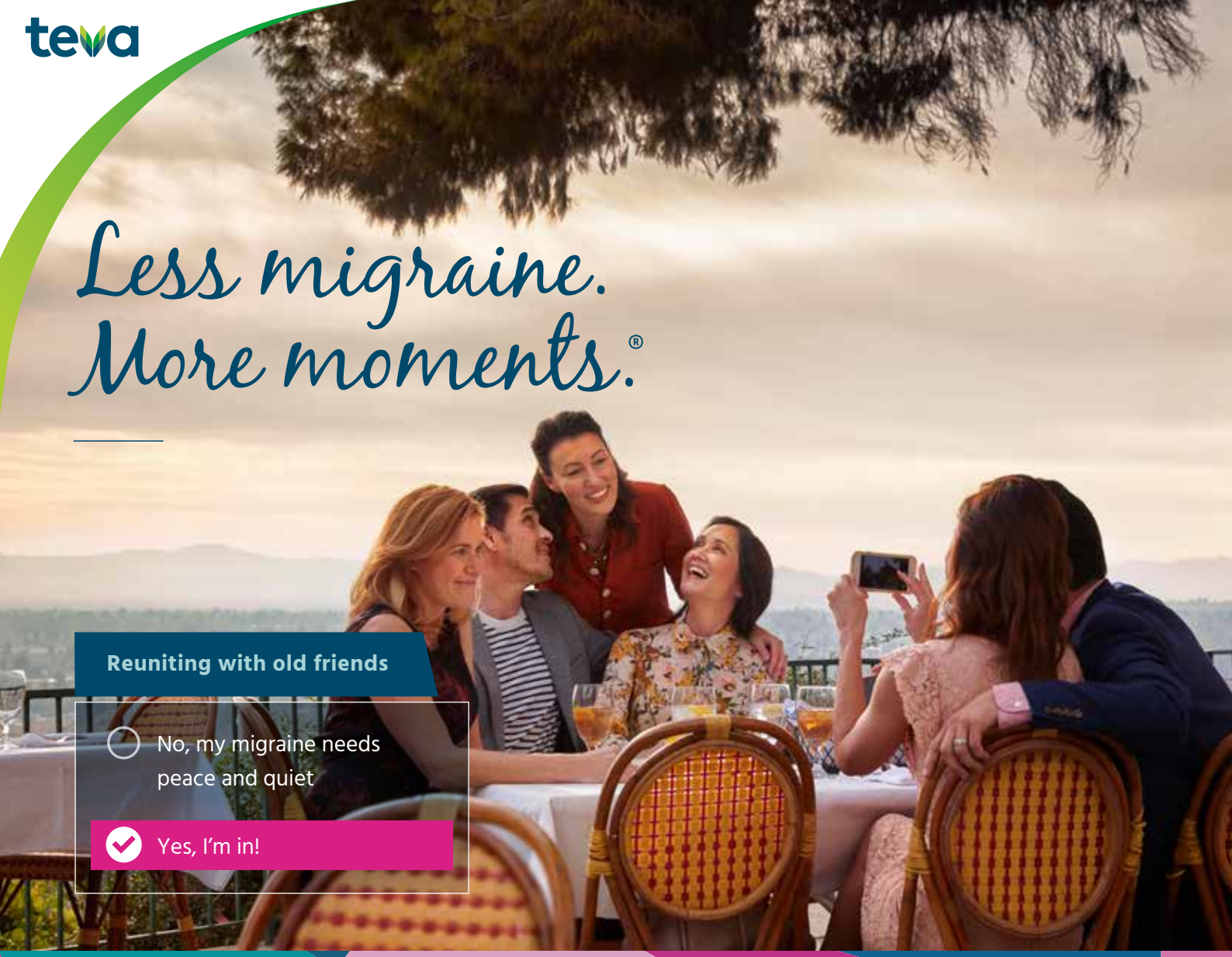
teva

Less migraine. More moments.®



AJOVY®▽ (fremanezumab)

The ***only*** licensed anti-CGRP to offer flexible **quarterly** and **monthly** dosing options[1]

AJOVY® is indicated for prophylaxis of migraine in adults who have at least four migraine days *per* month[1]

Prescribing Information can be found on the back page

CGRP, calcitonin gene-related peptide

AJO-IE-00006
Date of Preparation: August 2020

Teva Pharmaceuticals Ireland.
Digital Office Centre Swords, Suite 101 - 103, Balheary Demense,
Balheary Road, Swords, Co Dublin, K67E5AO, Ireland
Telephone: 1800 201 7000 | www.teva.ie

AJOVY®
(fremanezumab)
injection 225 mg/1.5 mL

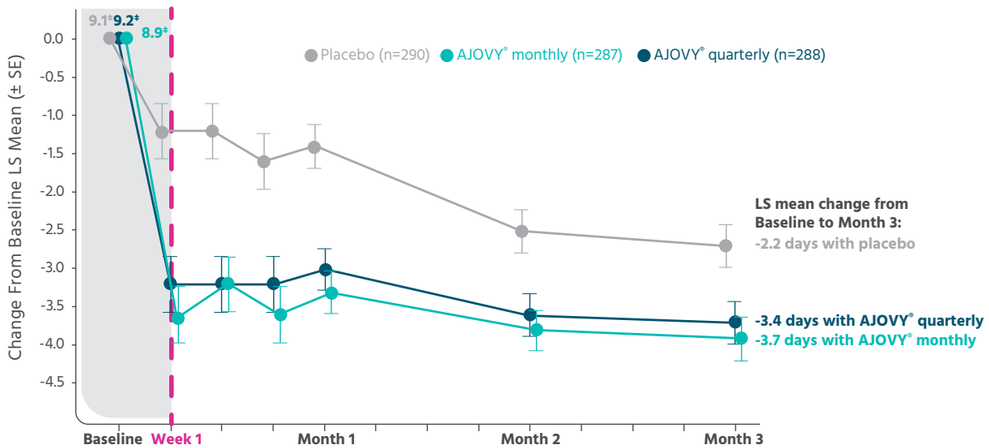
Significantly fewer affected days from Baseline with AJOVY® *versus* placebo[1–3]

In the 12-week HALO trials, the primary endpoints for both episodic* and chronic† migraine reached significance:

- Patients achieved **significant reductions** from Baseline in monthly migraine days/headache days of at least moderate severity *vs* placebo (p<0.001)[2,3]
- Reductions from Baseline were seen **as early as Week 1** (p<0.0001 *vs* placebo)[1]

EPISODIC MIGRAINE

Mean reduction from Baseline in average monthly migraine days (primary endpoint)



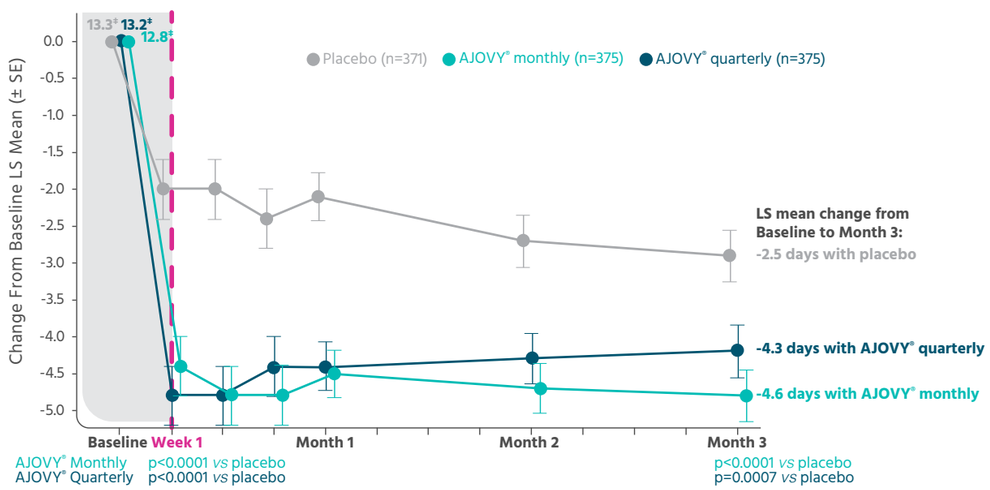
AJOVY® Monthly p<0.0001 *vs* placebo
AJOVY® Quarterly p<0.0001 *vs* placebo

p=0.0002 *vs* placebo
p=0.0013 *vs* placebo

Adapted from AJOVY® Summary of Product Characteristics; Dodick *et al.* 2018[1,2]

CHRONIC MIGRAINE

Mean reduction from Baseline in average monthly headache days of at least moderate severity (primary endpoint)



AJOVY® Monthly p<0.0001 *vs* placebo
AJOVY® Quarterly p<0.0001 *vs* placebo

p<0.0001 *vs* placebo
p=0.0007 *vs* placebo

Adapted from AJOVY® Summary of Product Characteristics; Silberstein *et al.* 2017[1,3]

*Episodic migraine was defined as <15 headache days *per* month †Chronic migraine was defined as ≥15 headache days *per* month[2,3]
‡Measured during the 28-day pre-intervention period[2,3] LS, least squares; SE, standard error

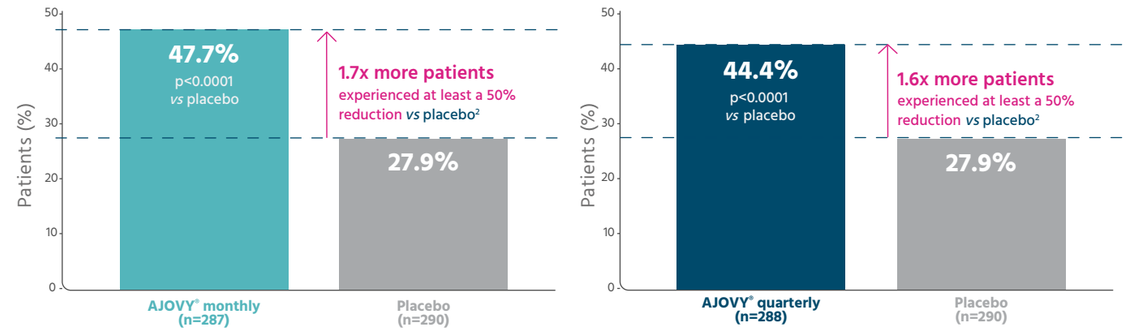
Give patients the chance to cut affected days by half or more with AJOVY®[1–3]

EPISODIC MIGRAINE

Patients achieving ≥50% reductions from Baseline in monthly average migraine days (p<0.0001 *vs* placebo)[1]

47.7% of patients treated with **AJOVY® monthly**

44.4% of patients treated with **AJOVY® quarterly**



Created using data from AJOVY® Summary of Product Characteristics[1]

A 75% reduction from Baseline in monthly average migraine days was observed in:

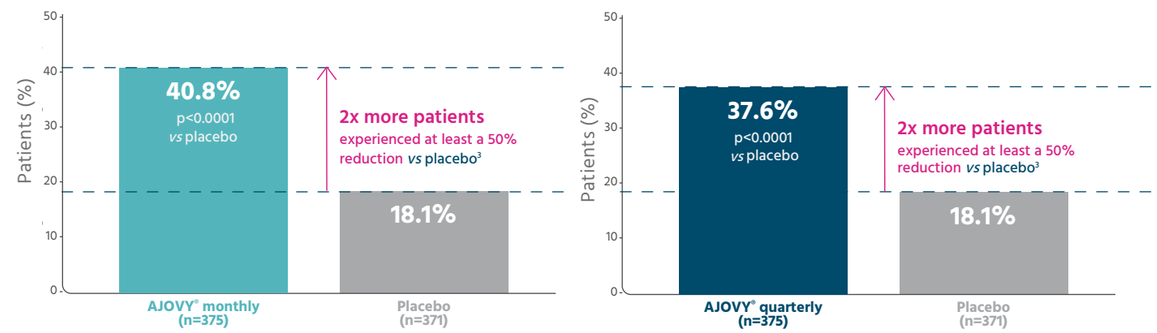
- **18.5%** of episodic migraine patients with **AJOVY® monthly** (*vs* 9.7% with placebo, p=0.0023)[1]
- **18.4%** of episodic migraine patients with **AJOVY® quarterly** (*vs* 9.7% with placebo, p=0.0025)[1]

CHRONIC MIGRAINE

Patients achieving ≥50% reductions from Baseline in monthly average headache days of at least moderate severity (p<0.0001 *vs* placebo)[1]

40.8% of patients treated with **AJOVY® monthly**

37.6% of patients treated with **AJOVY® quarterly**



Created using data from AJOVY® Summary of Product Characteristics[1]

A 75% reduction from Baseline in monthly average headache days of at least moderate severity was observed in:

- **15.2%** of chronic migraine patients with **AJOVY® monthly** (*vs* 7.0% with placebo, p=0.0003)[1]
- **14.7%** of chronic migraine patients with **AJOVY® quarterly** (*vs* 7.0% with placebo, p=0.0008)[1]

Phase III trials in episodic and chronic migraine[2,3]

The efficacy and safety of AJOVY® are supported by two Phase III, 12-week, randomised, double-blind, placebo-controlled, parallel-group trials[2,3]

HALO episodic migraine (EM) N=875[2]
(defined as <15 headache days *per* month)

HALO chronic migraine (CM) N=1130[3]
(defined as ≥15 headache days *per* month)

AJOVY® quarterly	AJOVY® monthly		Placebo
EM and CM: Single dose of 675mg at Week 0 (three injections of 225mg), followed by placebo at Weeks 4 and 8 (one injection at each visit)[2,3]	EM: 225mg at Week 0 (one injection of 225mg and two injections of placebo), and 225mg at Weeks 4 and 8 (one injection of 225mg at each visit)[2]	CM: 675 mg dose at Week 0 (three injections of 225mg) and 225mg at Weeks 4 and 8 (one injection of 225mg at each visit)*[3]	EM and CM: Three injections at Week 0 and one injection at Weeks 4 and 8[2,3]

Follow up through Week 12

EM primary endpoint:[2]

Mean change from Baseline in the average number of monthly **migraine days**†

Key secondary endpoints:[2]

Proportion of patients reaching ≥50% reduction in monthly average migraine days† from Baseline to Week 12.

Mean change from Baseline in MIDAS disability score at four weeks after administration of the last dose.

Mean change from Baseline to Week 12 in the monthly average number of days of acute headache medication use.

CM primary endpoint:[3]

Mean change from Baseline in the average number of monthly **headache days** of at least moderate severity‡

Key secondary endpoints:[3]

Proportion of patients reaching ≥50% reduction in monthly average headache days of at least moderate severity‡ from Baseline to Week 12.

Mean change from Baseline in HIT-6 disability score at four weeks after administration of the last dose.

Mean change from Baseline to Week 12 in the monthly average number of days of acute headache medication use.

Adapted from Dodick D *et al.* 2018; Silberstein SD *et al.* 2017[2,3]

***The licensed starting dose for monthly treatment for chronic migraine is 225mg**

†**Migraine days** were defined as a calendar day in which a patient reported either a headache that lasted at least two consecutive hours and met criteria for migraine (with or without aura) or probable migraine (subtype in which only one migraine criterion is absent), or a day when a headache of any duration was treated with migraine-specific medications (triptans or ergots)[2]

‡**Headache days** were defined as a calendar day in which headache pain lasted at least four consecutive hours and had a peak severity of at least a moderate level, or a day in which acute migraine–specific medication (triptans or ergots) was used to treat a headache of any severity or duration[3]

CM, chronic migraine; EM, episodic migraine; HIT-6, six-item headache impact test; MIDAS, migraine disability assessment

Flexibility to help you meet your patients' needs[1]

DOSED

QUARTERLY or MONTHLY

AJOVY® is the *only* anti-CGRP to offer a choice between quarterly and monthly dosing, with the option to switch between the two[1]

STUDIED

ALONE and IN COMBINATION

In Phase III trials, more than 20% of enrolled patients were taking one oral concomitant preventive medication[1]

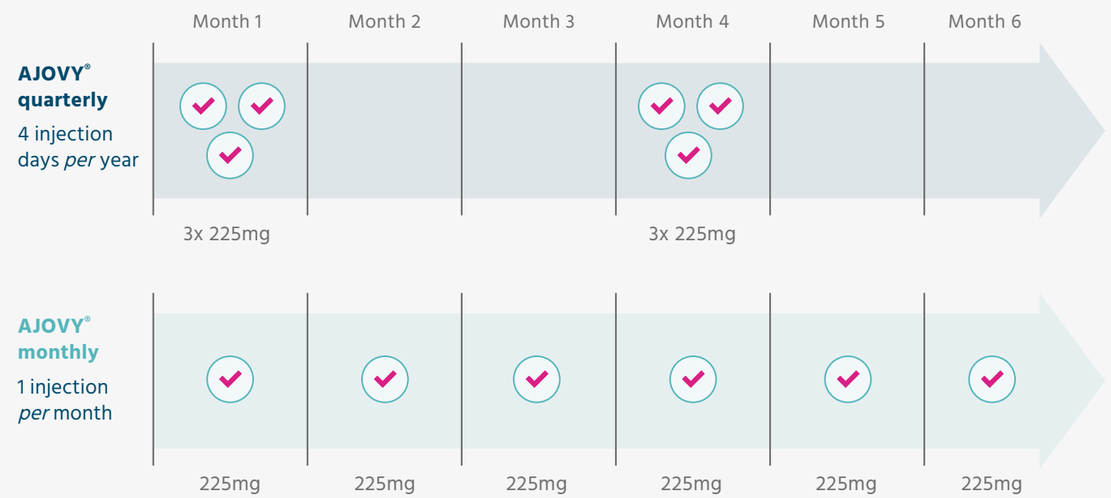
ADMINISTERED

AJOVY® MAY BE SELF ADMINISTERED

Patients may self-administer AJOVY® if instructed in subcutaneous self-injection technique by a healthcare professional[1]

Quarterly or monthly dosing:[1]

One dose = 225mg AJOVY®, administered subcutaneously



Flexibility to switch dosing regimens to suit your patients' needs

When switching dosing regimens, the first dose of the new regimen should be administered on the next scheduled dosing date of the prior regimen[1]

The treatment benefit should be assessed within three months after initiation of treatment
Evaluation of the need to continue treatment is recommended regularly thereafter[1]

CGRP, calcitonin gene-related peptide

Safety profile of AJOVY®[2,3]

The safety profile of AJOVY® has been assessed in **>2,500** patients[1]

>1,400 patients were treated with AJOVY® for at least 12 months[1]

Patients with pre-existing myocardial infarction, cerebrovascular accident, and thromboembolic events were excluded. No safety data are available in these patients.[1]

Commonly reported adverse reactions were:[1]

- Injection site pain (24%)
- Injection site induration (17%)
- Injection site erythema (16%)
- Injection site pruritis (2%)

In the 12-week Phase III trials:

- ≤2% of patients treated with AJOVY® discontinued due to adverse events[2,3]
- 0.4% of patients developed antibodies to fremanezumab[1]
- <1% of patients treated with AJOVY® reported constipation[4]

Hypersensitivity reactions such as rash, pruritus, urticaria and swelling have been reported uncommonly with fremanezumab. Most reactions were reported from within hours to one month after administration and were mild to moderate, but some led to discontinuation or required corticosteroid treatment. If a hypersensitivity reaction occurs, discontinuation of fremanezumab administration should be considered and appropriate therapy should be initiated.[1]

Help your patients say 'yes' to more moments with AJOVY®[1-3,5]

More migraine-free days from Baseline *vs* placebo:

- Reductions from Baseline that were seen **as early as Week 1**[1–3,5]

Flexible quarterly or monthly dosing:

- The **only** anti-CGRP to offer a choice between quarterly and monthly dosing[1]
- Studied alongside one concomitant oral preventive medication in ≥20% of patients in Phase III trials[1]

A generally well-tolerated treatment choice:

- Discontinuation rate due to AEs was ≤2%[2,3]
- The most commonly reported AEs were injection site reactions[1]

AE, adverse event; CGRP, calcitonin gene-related peptide

Please refer to the Summary of Product Characteristics (SmPC) for full details of Prescribing Information.

AJOVY®▼ (fremanezumab) 225mg Solution for Injection in Pre-filled syringe and AJOVY® (fremanezumab) 225mg Solution for Injection in Pre-filled Pen. Abbreviated Prescribing Information.

Presentation: Fremanezumab 225mg solution for injection in pre-filled syringe. Fremanezumab 225mg solution for injection in pre-filled pen. **Indications:** For prophylaxis of migraine in adults who have at least 4 migraine days per month. **Dosage and administration:** The treatment should be initiated by a physician experienced in the diagnosis and treatment of migraine. Ajovy is for subcutaneous injection only and can be injected into areas of the abdomen, thigh, or upper arm that are not tender, bruised, red, or indurated. For multiple injections, injection sites should be alternated. Patients may self-inject if instructed in subcutaneous self-injection technique by a healthcare professional. **Adults:** Two dosing options are available: **Monthly dosing:** 225mg once monthly. **Quarterly dosing:** 675mg every three months. When switching dosing regimens, the first dose of the new regimen should be administered on the next scheduled dosing date of the prior regimen. The treatment benefit should be assessed within 3 months after initiation of treatment. Evaluation of the need to continue treatment is recommended regularly thereafter. **Missed dose:** The indicated dose should resume as soon as possible, a double dose must not be administered to make up for a missed dose. **Children:** No data are available. **Elderly:** Limited data available. Based on the results of population pharmacokinetic analysis, no dose adjustment is required. **Renal impairment:** No dose adjustment is required. No data in severe renal impairment. **Hepatic impairment:** No dose adjustment is required. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Precautions and warnings:** In order to improve the traceability of biological medicinal products, the name and the batch number of the administered product should be clearly recorded. If a hypersensitivity reaction occurs, discontinue administration and initiate appropriate therapy. No safety data are available in patients with certain major cardiovascular diseases. **Interactions:** No formal clinical drug interaction studies have been performed. **Pregnancy and lactation:** It is preferable to avoid the use of Ajovy during pregnancy as a precautionary measure. A risk to the breastfed child cannot be excluded. A decision must be made whether to continue Ajovy therapy while breast-feeding. **Effects on ability to drive and use machines:** No influence on the ability to drive and use machines. **Adverse reactions:** Hypersensitivity reactions such as rash, pruritus, urticaria and swelling. **Very Common:** Injection site pain, injection site induration and injection site erythema. **Common:** Injection site pruritus. Consult the Summary of Product Characteristics in relation to other side effects. **Overdose:** It is recommended that the patient be monitored for any signs or symptoms of adverse effects and given appropriate symptomatic treatment if necessary. **Legal category:** POM. **Marketing Authorisation Number:** EU/1/19/1358/001. **Marketing Authorisation Holder:** Teva GmbH, Graf-Arco-Str. 3, 89079 Ulm, Germany. **Job Code:** AJO-IE-00002. **Date of Preparation:** July 2020.

Adverse events should be reported.
Reporting forms and information can be found at www.hpra.ie. Adverse events should also be reported to Teva UK Limited on
0207 540 7117 or medinfo@tevauk.com

References
1. AJOVY® Summary of Product Characteristics
2. Dodick DW *et al. JAMA* 2018; 319(19): 1999–2008
3. Silberstein SD *et al. N Engl J Med.* 2017; 377(22): 2113–2122
4. Teva UK Limited. Data on File. Fremanezumab (DOF 191) 2019
5. Teva UK Limited. Data on File. Fremanezumab (DOF 196) 2019

AJO-IE-00006
Date of Preparation: August 2020

Teva Pharmaceuticals Ireland.
Digital Office Centre Swords, Suite 101 - 103, Balheary Demense,
Balheary Road, Swords, Co Dublin, K67E5AO, Ireland
Telephone: 1800 201 7000 | www.teva.ie