

Over two-thirds of migraine sufferers reported pain levels of 7 or greater on a 10-point scale.¹

Lisa, 41

“I usually get moderate or debilitating migraines around the time of my period.”

Occupation

- Stay-at-home mom with twin boys

Migraine history

- Recently started getting more severe migraines around the time of her period
- Misses her carpooling turn 1 or 2 days a month because of migraines
- Sometimes her migraines are so debilitating, she's forced to cancel plans with the family

Current migraine treatment

- Uses prescription drugs, but must redose to relieve her moderate-to-severe migraines



| NAME Lisa Jones | | | | | | |
|-----------------|--------|---------|-----------|----------|--------|----------|
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| | | | | | | |
| | | X | | X | | |
| | | | | | | |
| | | | | | X | |
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| | | | | | | |

Migraines around a woman's period are reported to occur with greater severity, persist longer, and may be more resistant to treatment.²⁻⁴

What is an appropriate treatment option for mild-to-severe migraines?

References: 1. Stewart WF, Lipton RB, Simon D. Work-related disability: results from the American migraine study. *Cephalalgia*. 1996;16(4):231-238. 2. Granella F, Sances G, Allais G, et al. Characteristics of menstrual and nonmenstrual attacks in women with menstrually related migraine referred to headache centres. *Cephalalgia*. 2004;24(9):707-716. 3. MacGregor EA, Hackshaw A. Prevalence of migraine on each day of the natural menstrual cycle. *Neurology*. 2004;63(2):351-353. 4. Couturier EGM, Bomhof MAM, Knuistingh Neven A, van Duijn NP. Menstrual migraine in a representative Dutch population sample: prevalence, disability and treatment. *Cephalalgia*. 2003;23(4):302-308.

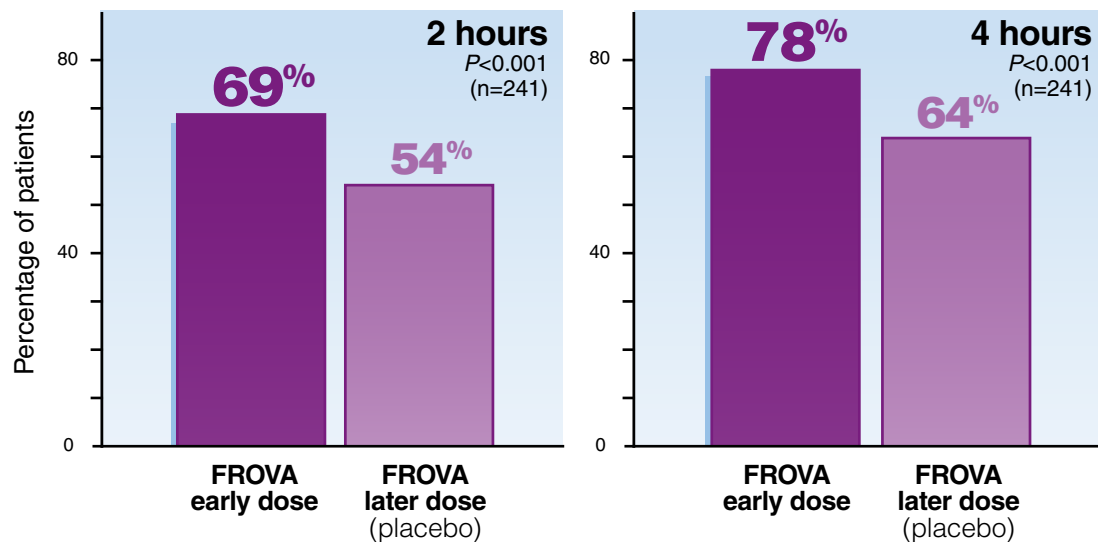
In a double-blind, placebo-controlled study^{1,a}

FROVA[®] demonstrated efficacy at 2 and 4 hours

Of the early-dose patients a proportion of responders were completely migraine free^{1,b}

- 28% at 2 hours (vs 20% placebo, $P=0.04$)
- 58% at 4 hours (vs 44% placebo, $P=0.003$)

Proportion of patients with mild or no headache at 2 hours and 4 hours postdose



Adapted from Cady et al. *Curr Med Res Opin.* 2004;20(9):1465-1472.

FROVA is indicated for the acute treatment of migraine attacks with or without aura in adults where a clear diagnosis of migraine has been established. FROVA is not intended for the prophylactic therapy of migraine or for use in the management of hemiplegic or basilar migraine.

The most common side effects associated with use of FROVA are dizziness, fatigue, paresthesia, flushing, headache, dry mouth, hot or cold sensation, skeletal pain, chest pain, and dyspepsia.

^a This was a multicenter, double-blind, placebo-controlled, 2-way crossover study to prospectively evaluate whether FROVA would provide greater relief if given early during a migraine attack. Patients recorded migraine severity at fixed time points postdose (at 1, 2, 3, 4, and 24 hours).¹

^b Completely migraine free was defined as IHS grade 0 (absence of headache).¹²

Important Safety Information

The safety and effectiveness of FROVA have not been established for cluster headache, which is present in an older, predominantly male population. FROVA should not be given to patients with cerebrovascular syndromes, peripheral vascular disease, uncontrolled hypertension, ischemic heart disease, or to patients who have symptoms or findings consistent with ischemic heart disease, coronary artery vasospasm, including Prinzmetal's variant angina or other significant underlying cardiovascular disease. FROVA should not be given to patients within whom unrecognized coronary artery disease is predicted by the presence of risk factors without a prior cardiovascular evaluation. The development of a potentially life-threatening serotonin syndrome may occur with triptans, including FROVA treatment, particularly during combined use with selective serotonin reuptake inhibitors (SSRIs) or serotonin norepinephrine reuptake inhibitors (SNRIs). If concomitant treatment with FROVA and an SSRI or SNRI is clinically warranted, careful observation of the patient is advised, particularly during treatment initiation and dose increases.

References: 1. Cady R, Elkind A, Goldstein J, Keywood C. Randomized, placebo-controlled comparison of early use of frovatriptan in a migraine attack versus dosing after the headache has become moderate or severe. *Curr Med Res Opin.* 2004;20(9):1465-1472. 2. International Headache Society Committee on Clinical Trials in Migraine. Guidelines for controlled trials of drugs in migraine. 1st ed. *Cephalalgia.* 1991;11(1):1-12.

Please see enclosed full Prescribing Information.

R_x only

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FROVA first
for female migraine sufferers



Frova[®]
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