

Teva Migraine Pregnancy Registry

There are currently only limited clinical data on the risk associated with the use of migraine medications in pregnant women. Since migraine is prevalent in women of childbearing potential¹ and approximately half of all pregnancies are unplanned,² women may inadvertently be exposed to migraine medications during pregnancy. Monitoring and evaluating these pregnant women can help in assessing the impact of migraine medication exposure on pregnancy outcomes. The Teva Migraine Pregnancy Registry is a voluntary registry enrolling patients within the US.

The aim of the Teva Migraine Pregnancy Registry is to compare the maternal, fetal, and infant outcomes in the following groups of women:

- Women with migraine who are exposed to CGRP pathway monoclonal antibody preventive treatments for migraine
- Women with migraine who are exposed to non-CGRP pathway targeting preventive migraine medications

Data will be collected from patients and/or healthcare providers via telephone interview conducted by registry staff, online questionnaire, paper-based case report forms (CRFs), or a combination of these methods.

Key eligibility criteria for the Teva Migraine Pregnancy Registry

The Teva Migraine Pregnancy Registry is a voluntary pregnancy registry and may be initiated by the pregnant patient or by her healthcare professional. Inclusion criteria are pregnant women with migraine aged 18 to 45 years, who provide consent to participate in the registry and meet one of the following criteria:

- Women exposed to at least 1 dose of CGRP pathway monoclonal antibody at any time during pregnancy or within the 5 months prior to LMP*
- Women exposed to preventive migraine medications other than CGRP-pathway targeting medication at any time during pregnancy or within 5 half-lives prior to LMP*

For more information or to enroll a patient, visit
www.TevaMigrainePregnancyRegistry.com or contact:

Teva Migraine Pregnancy Registry: 833-927-2605

Teva Migraine Pregnancy Registry (Fax): 800-800-1052

TevaMigrainePregnancyRegistry@syneoshealth.com

*LMP = last menstrual period

References

1. Lipton RB, Bigal ME. Migraine: epidemiology, impact, and risk factors for progression. *Headache*. 2005;45(Suppl 1):S3-13. doi: 10.1111/j.1526-4610.2005.4501001.x. 2. Bearak J, Popinchalk A, Alkema L, Sedgh G. Global, regional, and subregional trends in unintended pregnancy and its outcomes from 1990 to 2014: estimates from a Bayesian hierarchical model. *Lancet Glob Health*. 2018 Apr;6(4):e380-e389. doi: 10.1016/S2214-109X(18)30029-9.

