

Presentation developed by Prescient in collaboration with the EMHA

European Migraine Treatment Access Report



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This deck highlights where patients face the greatest barriers to migraine treatment availability and affordability

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Why this project matters

This project aims to shed light on the availability & affordability burden faced by migraine patients across Europe



Migraine is common, but access to effective treatment is not

Across Europe, people living with migraine face major hurdles (specialist prescriptions, treatment failure requirements, limited reimbursement) in getting the care they need

Availability to the most effective treatments (triptans, gepants, CGRP-targeting therapies) remains deeply unequal both between and within countries



Diagnosis and treatment are delayed

The average patient waits **5 years** for a **diagnosis**, then another **3 years** to **receive adequate treatment**



EMHA is taking action

We have leveraged **country-level inputs from patient associations** to evaluate and compare the **availability and affordability** of migraine treatments across **12 European countries**

Executive summary (1/2)

While commonly used pain medications are widely accessible, access to migraine-specific treatments remains limited and uneven across countries

Commonly used drug classes (analgesics, anti-inflammatories, ergotamine derivatives, antiepileptics, calcium channel blockers and beta blockers) are **widely available as low-cost generics** across countries, available through prescription or OTC

This analysis focuses on **products specifically developed for migraine treatment**, distinguishing two key groups:



Innovative only

CGRP-targeting therapies: Erenumab, Fremanezumab, Galcanezumab, Eptinezumab

Gepants: Rimegepant, Atogepant



Migraine-specific established therapies

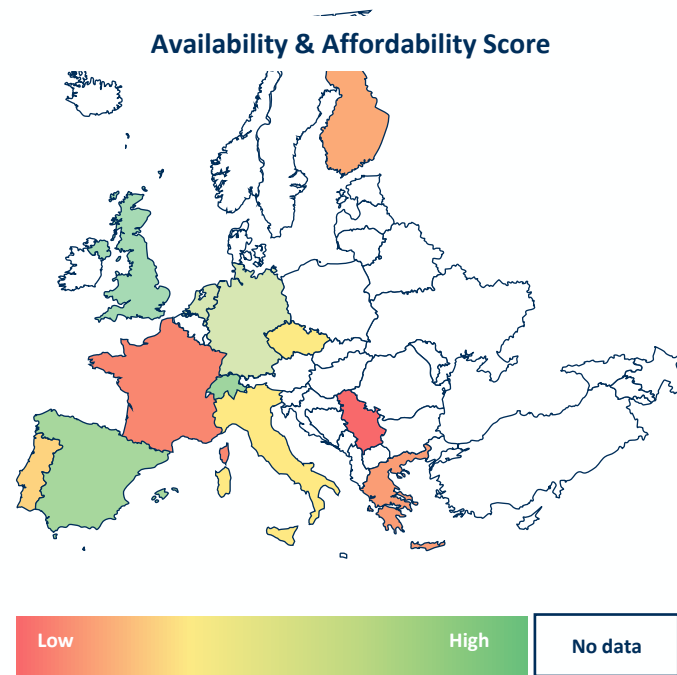
Oral triptans, Injectable triptans, Ditans, Botulinum toxin A

Executive summary (2/2)

There is a need for action to ensure equitable care for all migraine patients

We looked at how easy it is for people to get and afford migraine treatments in 12 European countries

- **Getting the right treatment is not always easy**
 - In many countries, people face barriers, from the treatment not being available, to having to meet strict conditions (like getting a prescription from a specialist or trying other medications first)
- **Paying for treatment is a hidden challenge**
 - In two out of three countries, at least one migraine treatment has to be paid for entirely by the patient
 - This is true in about one in three countries for innovative treatments (gepants, CGRP-targeting), and in one in five countries even for migraine-specific treatments (oral triptans, injectable triptans, ditans, Botulinum toxin A)
- **The people who need help the most often face the most obstacles**
 - Those with more severe migraine symptoms cannot access innovative treatments unless they have tried and failed with other options first, and in 50% of countries getting these innovative treatments reimbursed comes with additional requirements
- **What the patient pays depends on the treatment they receive**
 - Generic pain medications are low or no cost
 - Innovative migraine treatments can cost patients up to €340 each month in some countries



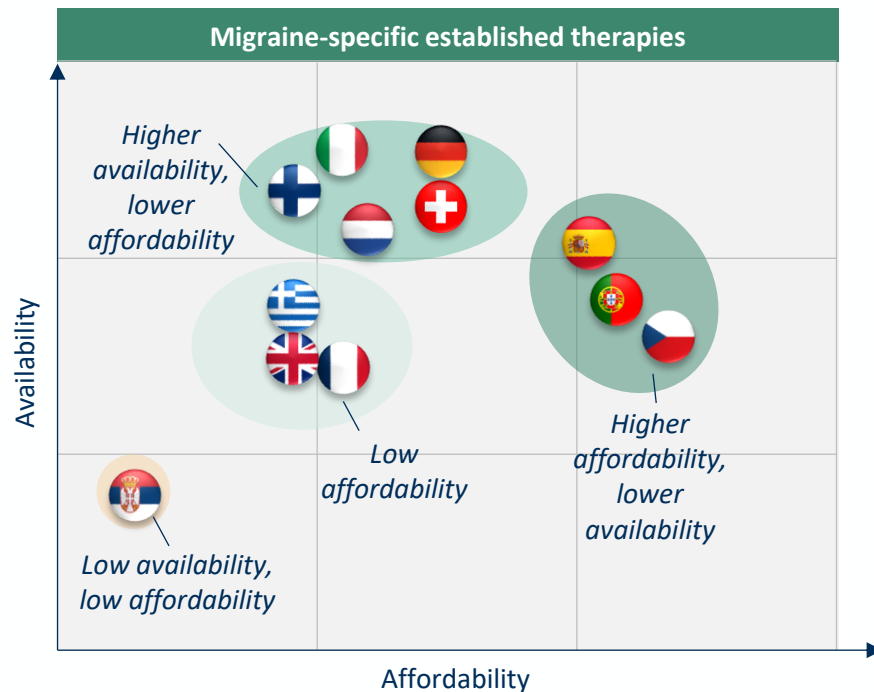
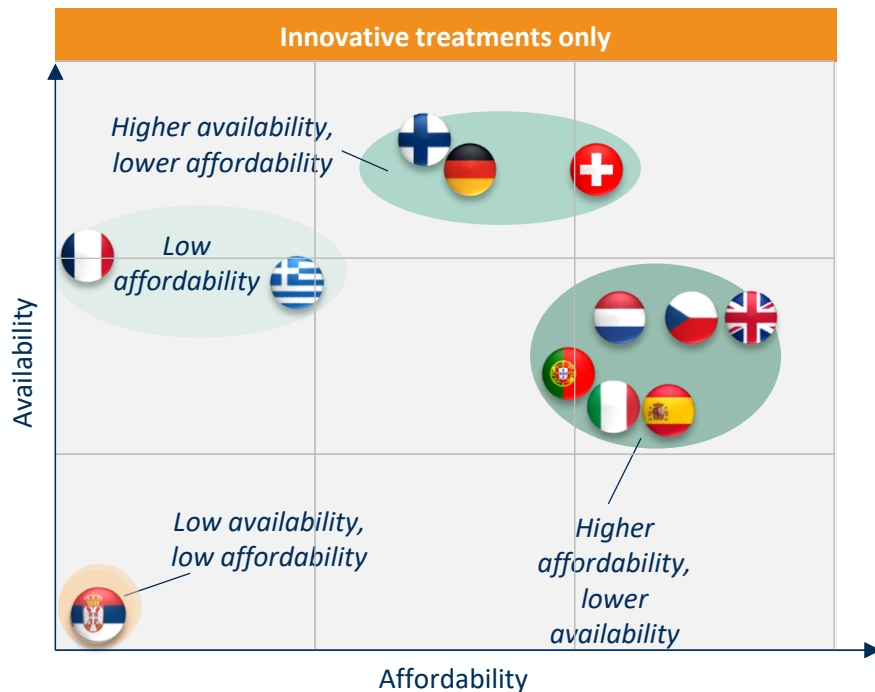
Availability and affordability matrix

We assessed these dimensions across migraine treatments to identify gaps in care and patient equity across Europe



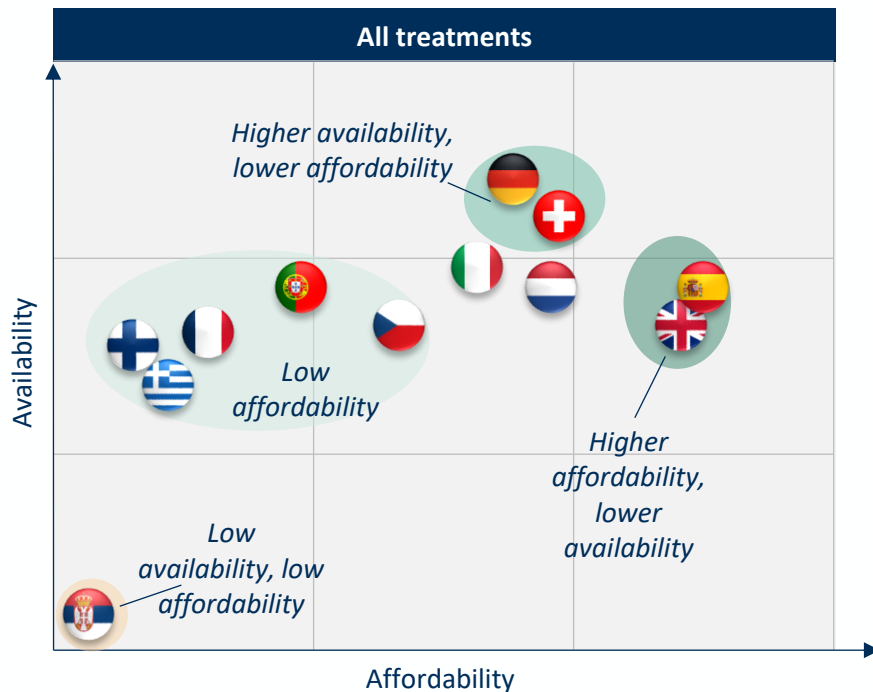
Availability and affordability matrix

Finland, Germany, and Switzerland lead on both availability and affordability, while Serbia consistently ranks lowest, with limited availability and high OOP costs



Availability and affordability matrix

Germany, Switzerland, Spain, and the UK emerge as overall leaders in both availability and affordability, while Serbia remains the most limited across availability and affordability



How we measured

We collaborated with 12 national patient associations to complete a standardized data collection template, covering 16 migraine treatments...

12 Patient Associations



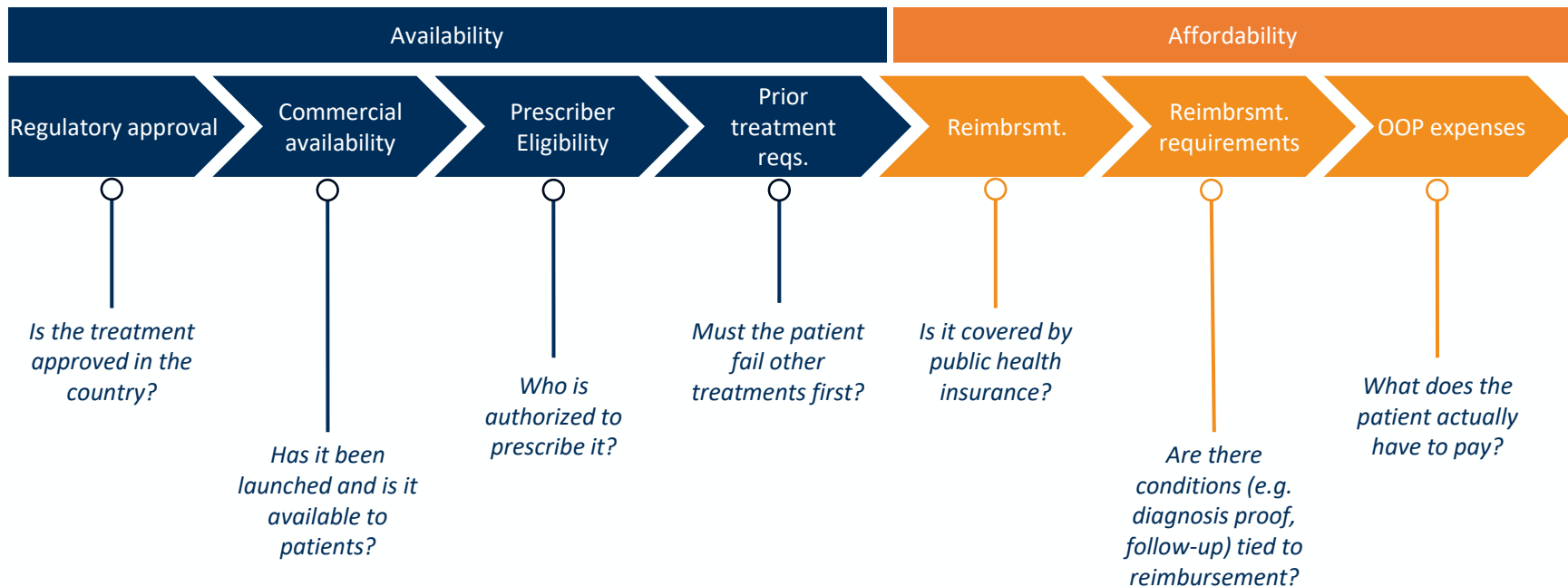
Completed a standardized template assessing 7 dimensions

Across 16 treatments¹

Analgesics (e.g., paracetamol)
 NSAIDs (e.g., ibuprofen, aspirin)
 Triptans (e.g., sumatriptan)
 Injectable triptans
 Ditans (e.g., lasmiditan)
 Ergot derivatives
 Beta-blockers (e.g., propranolol)
 Botulinum toxin A
 Calcium channel blockers
 Anti-epileptic drugs
 CGRPs – Erenumab, Fremanezumab, Galcanezumab, Eptinezumab
 Gepants – Rimegepant, Atogepant

What we measured

...across 7 dimensions of availability and affordability



What we analysed

To map treatment inequities across Europe, we examined all treatments, and then did a deep-dive into innovative (CGRP-targeting, Gepants) and migraine-specific treatments



Innovative only¹

CGRP-targeting therapies: Erenumab, Fremanezumab, Galcanezumab, Eptinezumab

Gepants: Rimegepant, Atogepant



Migraine-specific established therapies

Oral triptans, Injectable triptans, Ditans, Botulinum toxin A



All treatments

Analgesics, NSAIDs, Triptans, Injectable triptans, Ditans, Ergot derivatives, Beta-blockers, Botulinum toxin A, Calcium channel blockers, Anti-epileptic drugs, CGRPs, Gepants

See Appendix

Glossary of Migraine Treatments



Innovative treatments can be divided into monoclonal antibodies (CGRPs) and small-molecule receptor antagonists (Gepants)

CGRP monoclonal antibodies (for prevention)

Molecule	Brand Name
Erenumab	Aimovig
Fremanezumab	Ajovy
Galcanezumab	Emgality
Eptinezumab	Vyepti

Gepants

Molecule	Brand Name(s)	Notes
Rimegepant	Vydura (EU), Nurtec (US)	Used for acute and preventive treatment
Atogepant	Aquipta (EU), Qulipta (US)	Preventive only

Innovative treatment data has been covered down to the molecular level (i.e., we have considered availability and affordability for each of erenumab, fremanezumab, ..., separately), unlike migraine-specific treatments, where we have compiled data by groups (see next page)

Glossary of Migraine Treatments



Migraine-specific treatments are specific for acute or preventive migraine management

Oral triptans

Molecule	Brand Name
Sumatriptan	Imigran, Sumavel
Rizatriptan	Maxalt
Zolmitriptan	Zomig
Eletriptan	Relpax
Frovatriptan	Frova
Almotriptan	Almogran
Naratriptan	Naramig

Triptans (injectable)

Molecule	Brand Name
Sumatriptan (injection)	Imigran (injection)

Ditans

Molecule	Brand Name
Lasmiditan	Reyvow

Botulinum toxin A

Molecule	Brand Name
Botulinum toxin A	Botox

For this analysis, we have compiled data on availability and affordability as aggregate in these 4 migraine-specific treatment groups i.e., not at the molecular level

What we analysed – Innovative treatments

The upcoming slides display data for the most recent 6 innovative therapies: gepants and CGRP-targeting therapies



Innovative only¹

CGRP-targeting therapies: Erenumab, Fremanezumab, Galcanezumab, Eptinezumab

Gepants: Rimegepant, Atogepant



Migraine-specific established therapies

Oral triptans, Injectable triptans, Ditans, Botulinum toxin A



All treatments

Analgesics, NSAIDs, Triptans, Injectable triptans, Ditans, Ergot derivatives, Beta-blockers, Botulinum toxin A, Calcium channel blockers, Anti-epileptic drugs, CGRPs, Gepants

See Appendix

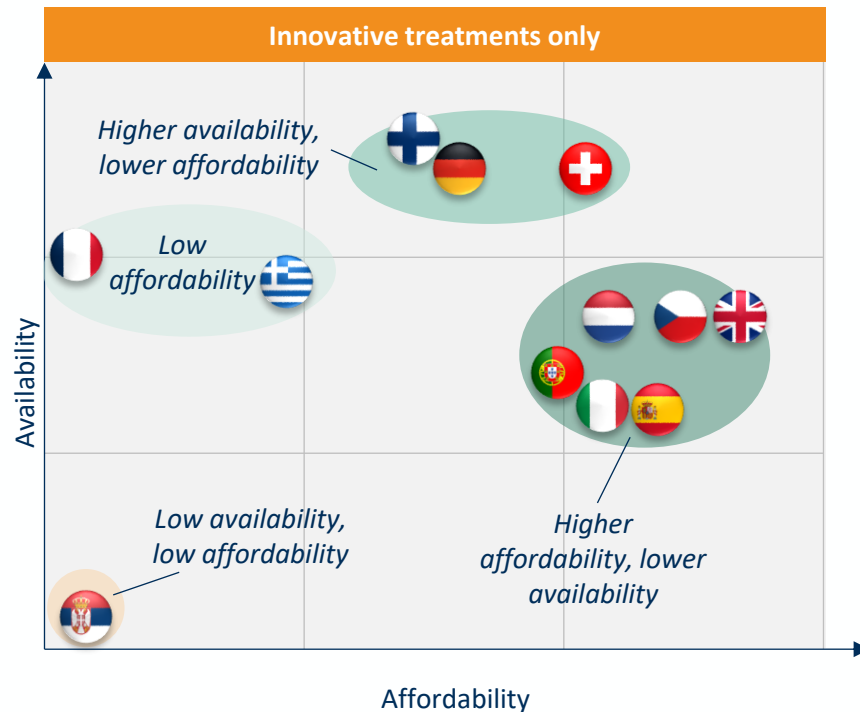


Key conclusions on availability and affordability

Availability and affordability for Gepants and CGRP-targeting therapies vary significantly across European countries

Key conclusions

- **Availability leaders** like Finland, Germany, and Switzerland combine broad availability with moderate-to-high affordability
- **Affordability leaders**, such as Portugal, Spain, the Netherlands, and the UK, provide low or no-cost availability for patients, although availability is sometimes constrained by prescription or dispensing models
 - In Italy and Spain, availability to Gepants and CGRP therapies requires a specialist prescription, prior treatment failure, and dispensing is limited to hospital pharmacies, which restricts availability in outpatient settings
 - In Portugal, this model applies to CGRPs, but not to Gepants, which are more widely available
- **France and Greece** offer high availability but limited affordability, with patients often facing OOP costs
 - >50% of treatments require full private payment, with costs ranging from 200-340€ in Germany, Serbia, and France
- **Serbia** is the most underserved country, lacking both treatment availability and reimbursement pathways
 - All treatments require full private payment, and 50% of treatments are not approved

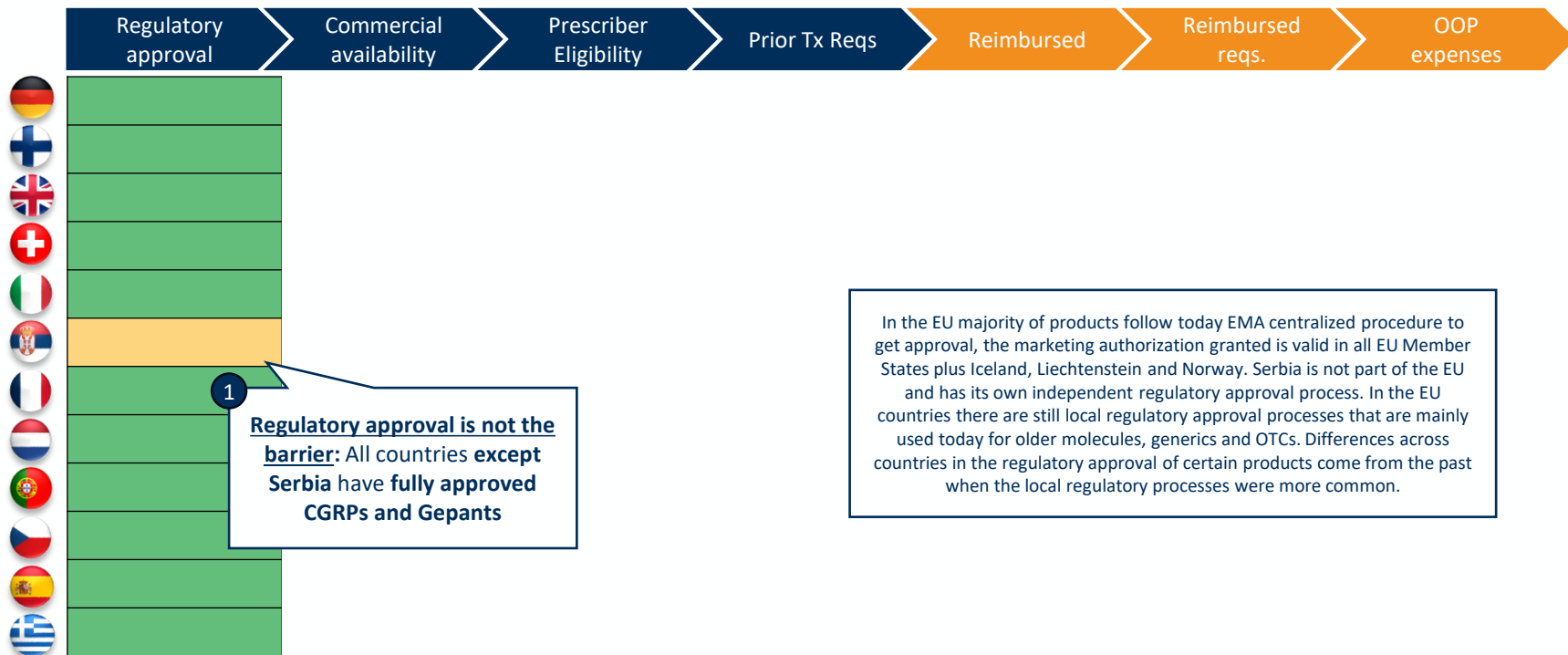




Innovative treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Regulatory approval is not the main barrier for patients to access innovative treatments

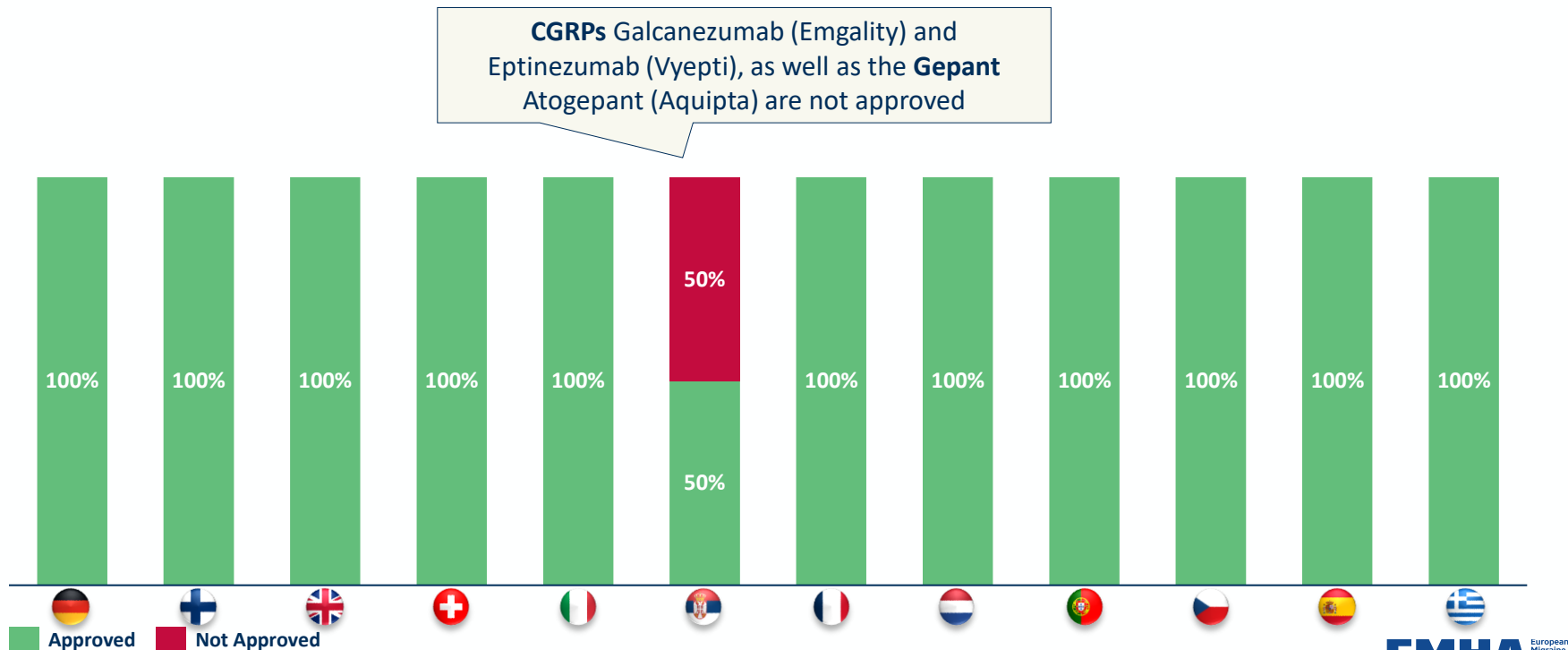




Innovative treatments - Regulatory approval

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

100% of innovative treatments are approved across all countries, except Serbia

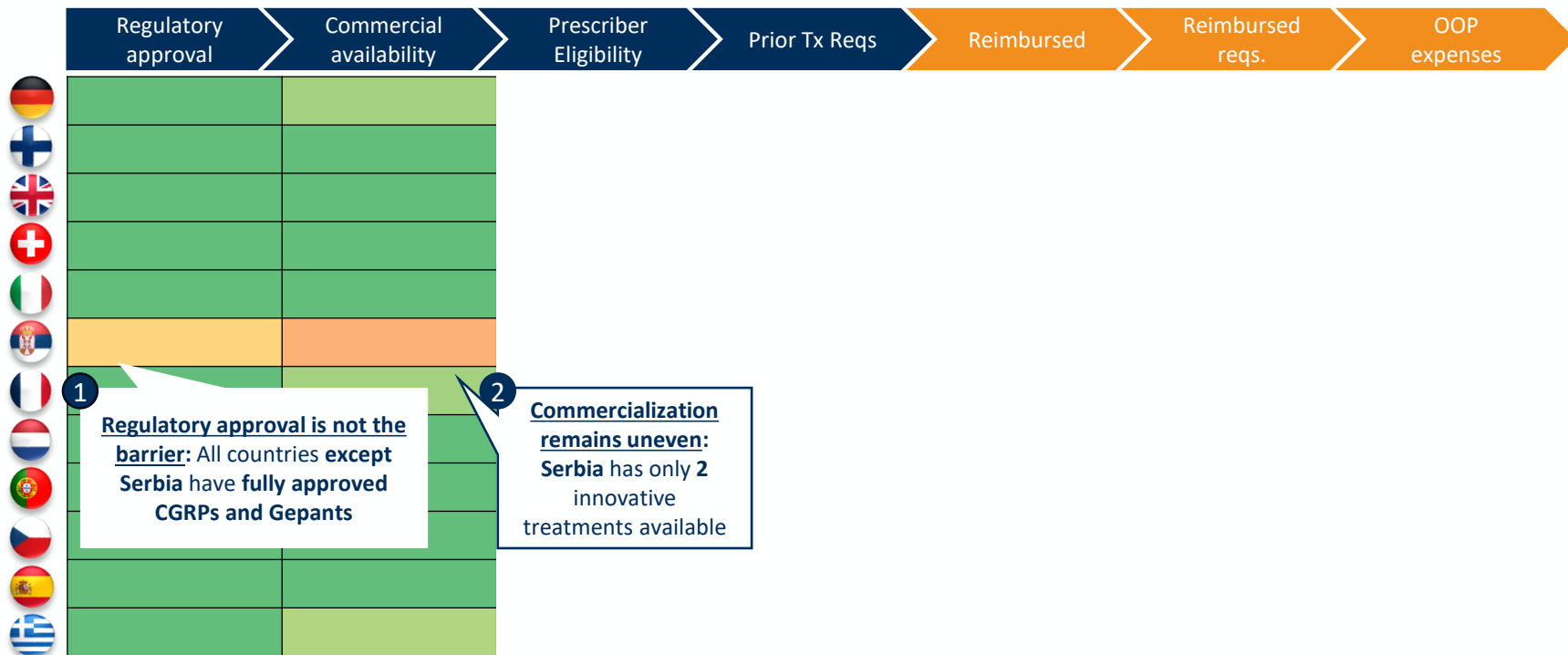




Innovative treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

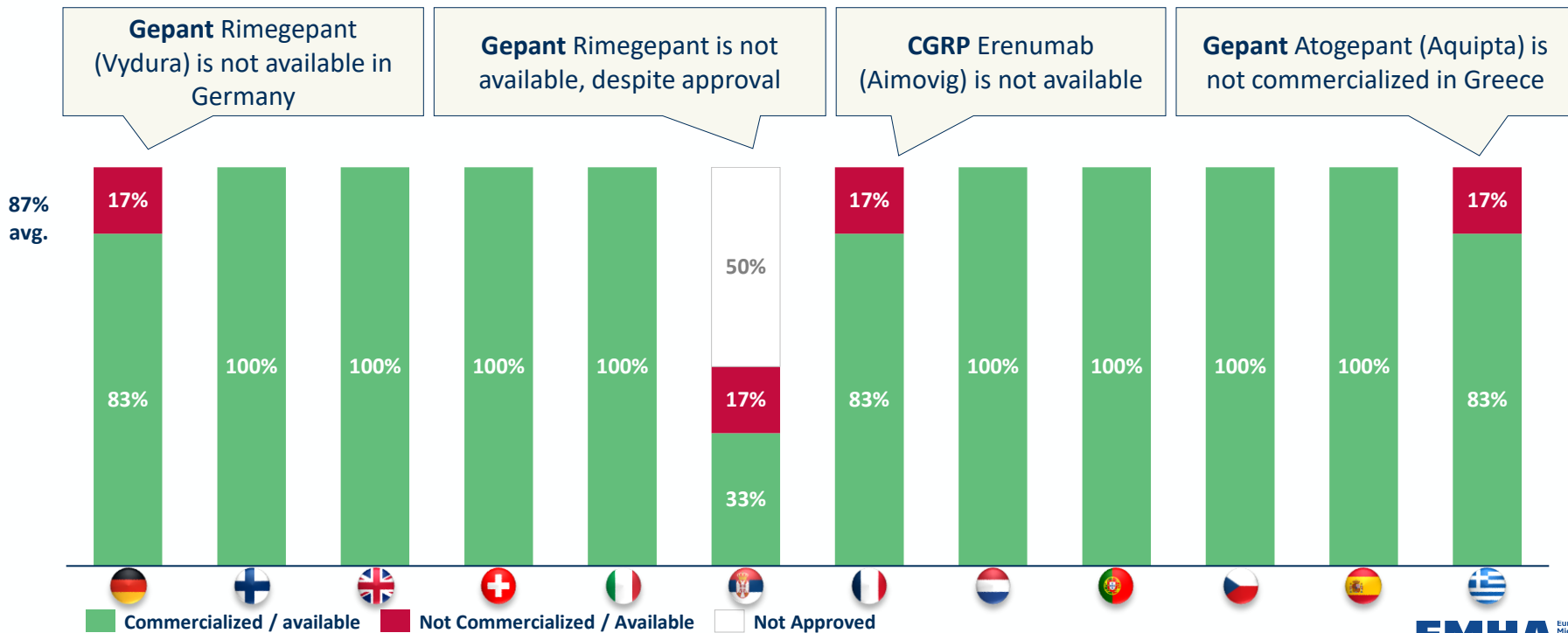
We start to see equity gaps at the commercialization stage



Innovative treatments - Commercialization

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Finland, UK, Switzerland, Italy, Netherlands, Spain, Portugal, and Czech Republic report 100% commercialization for CGRPs/gepants

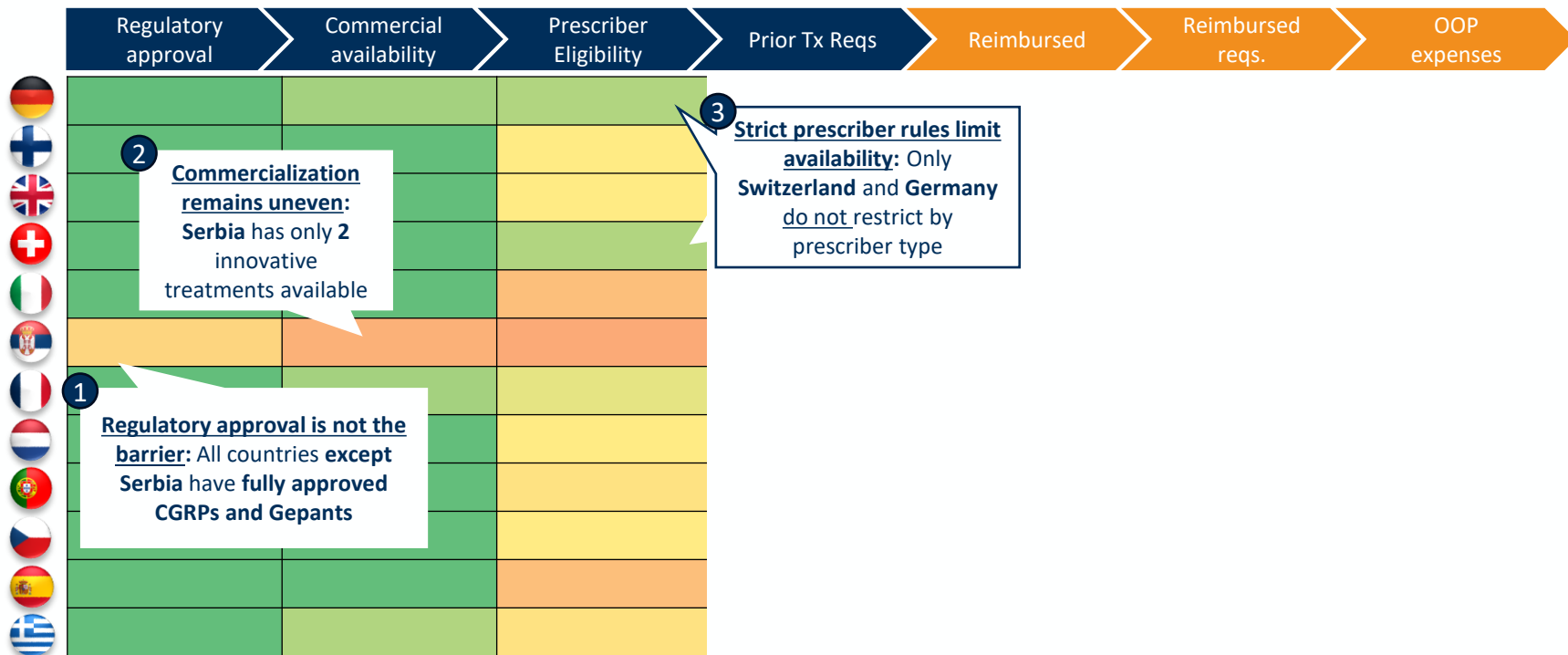




Innovative treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Availability without prescription is non-existent



Innovative treatments - Prescriber eligibility

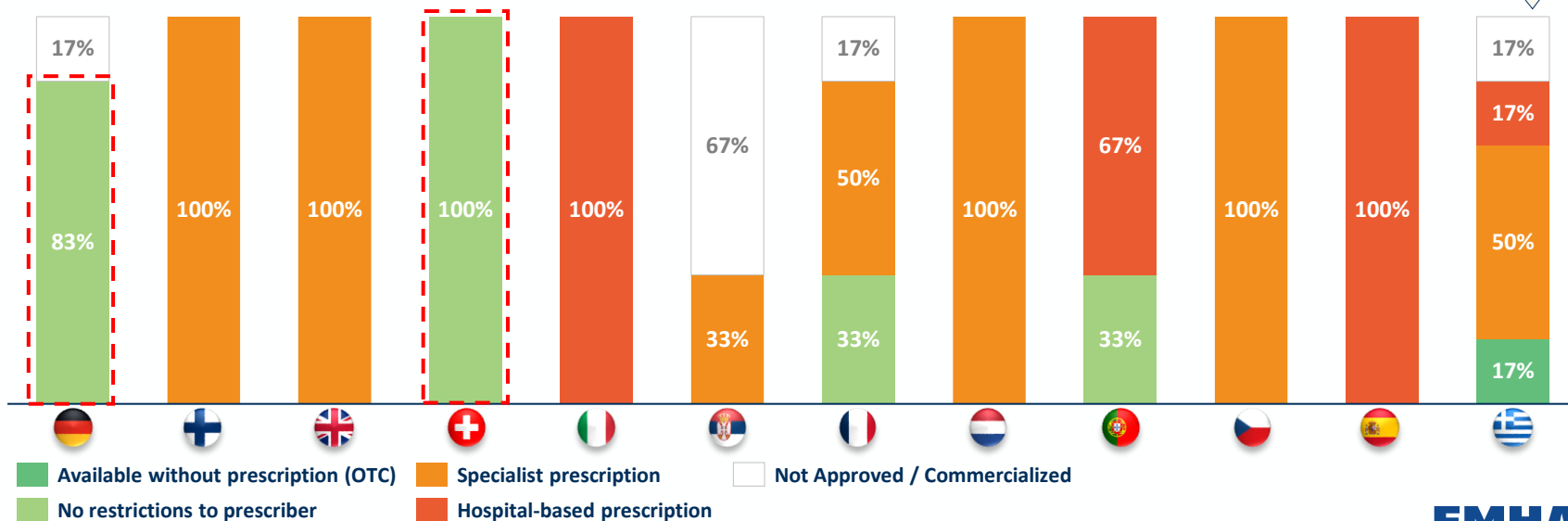
Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

France (40%) and Portugal (40%) allow some treatments to be prescribed without restrictions to the prescriber

>50% of countries require specialist prescription for CGRPs, while **Italy, Portugal and Spain** require **hospital-based prescription**

>40% of countries require specialist prescription for Gepants, while **Italy and Spain** require **hospital-based prescription**

Rimegepant (Vydura) is available OTC

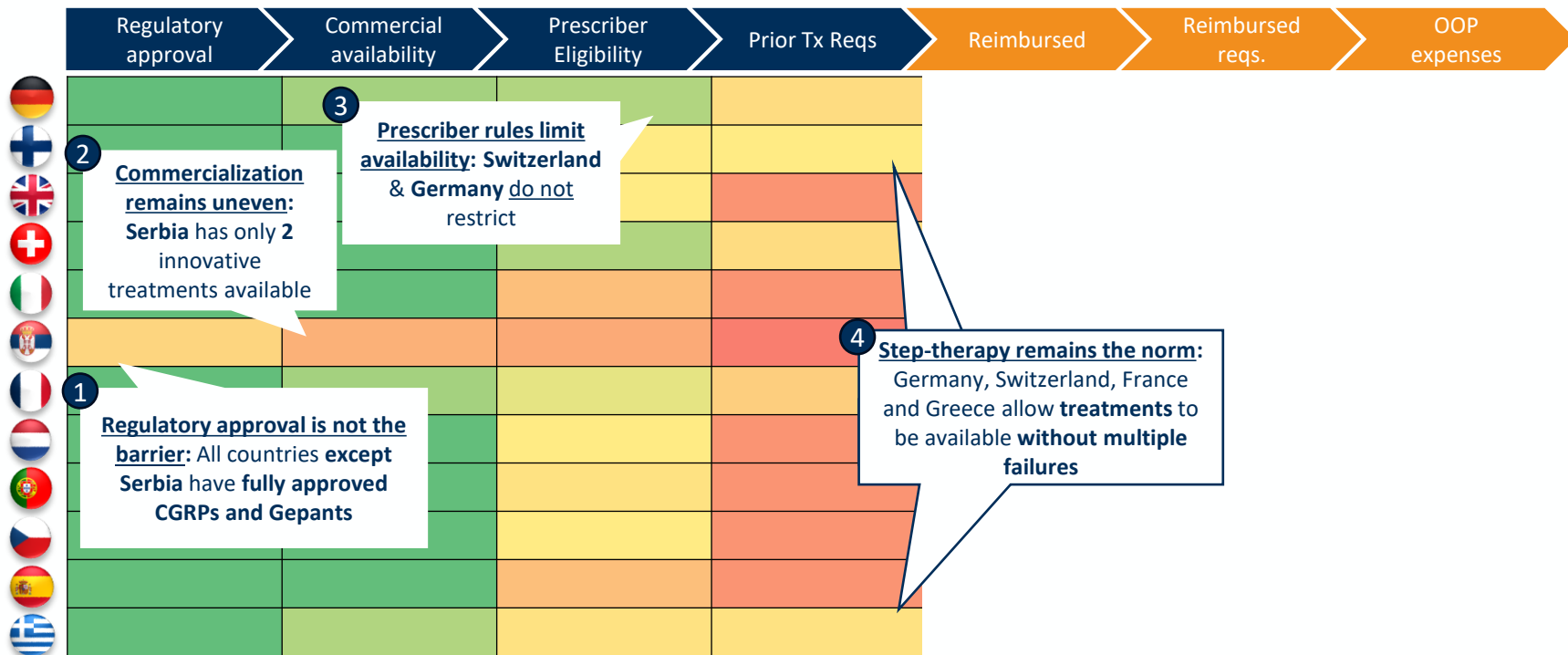




Innovative treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

UK, Italy, Serbia, Netherlands, Portugal, Czech Republic and Spain demand multiple treatment failures for all CGRPs/Gepants





Innovative treatments - Prior treatment req.

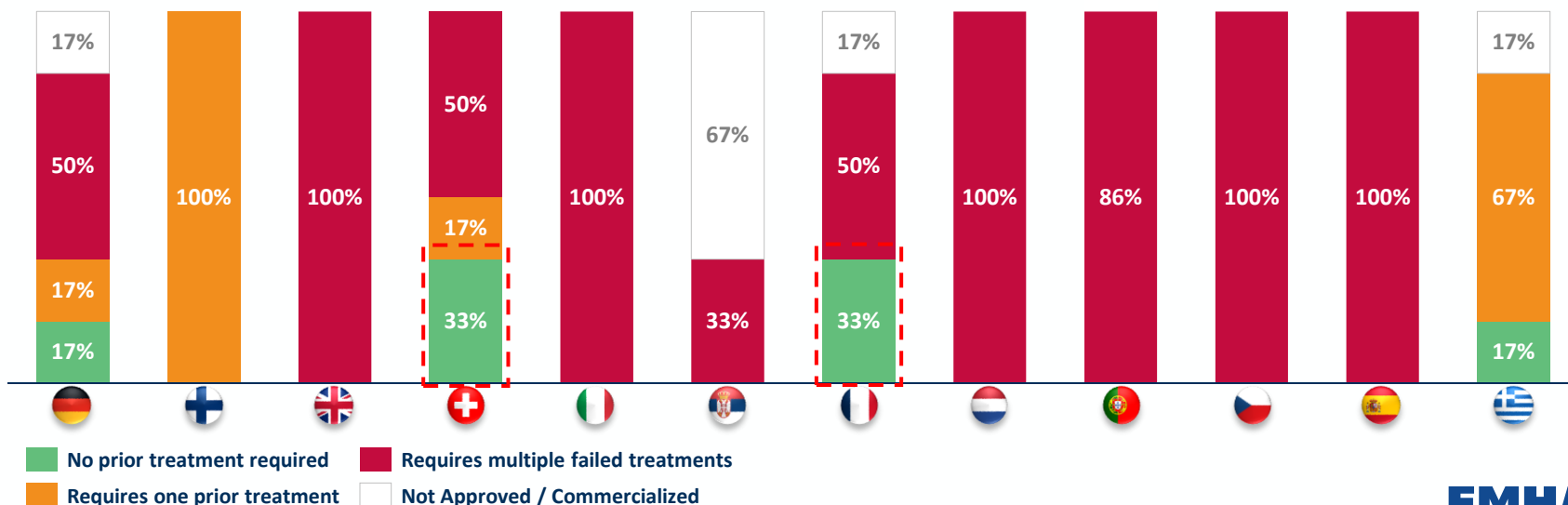
Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Germany, Switzerland, France and Greece allow all treatments without the need for multiple prior treatment failures

Certain **Gepants** do not require prior treatment in Germany, Switzerland, France and Greece

CGRP Erenumab (Aimovig) is available after one prior line

CGRPs Fremanezumab (Ajovy), Galzanezumab, and Eptinezumab (Vyepiti) are available after one prior line



Legend:
■ No prior treatment required
■ Requires one prior treatment
■ Requires multiple failed treatments
■ Not Approved / Commercialized

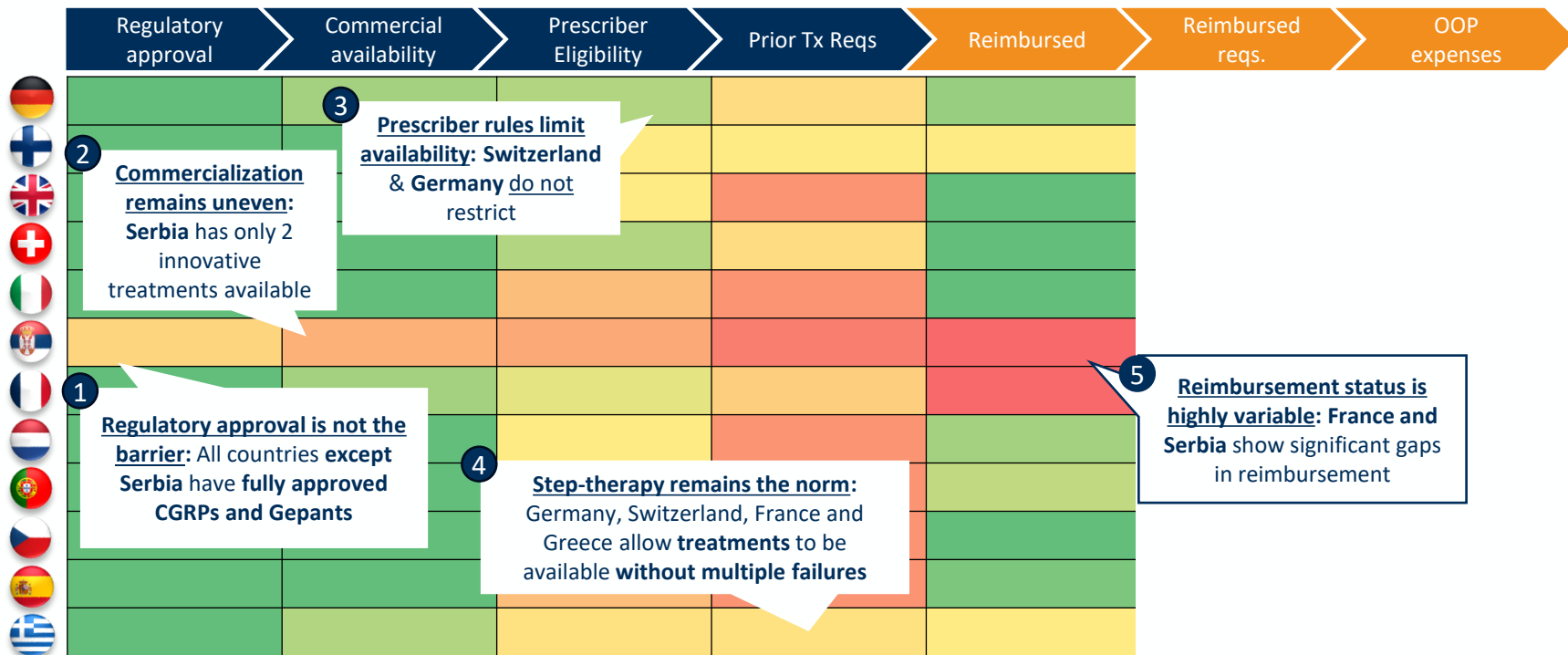
Notes: Graph Commercialized / Available therapies CGRP (calcitonin-gene related peptide) | Abbreviations: CGRPs (Calcitonin Gene-Related Peptide), req. (requirements) Innovative treatments includes CGRPs: Erenumab, Fremanezumab, Galcanezumab, Eptinezumab and Gepants: Rimegepant, Atogepant



Innovative treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

UK, Germany, Switzerland, Italy, and Czech Rep. provide 100% public coverage

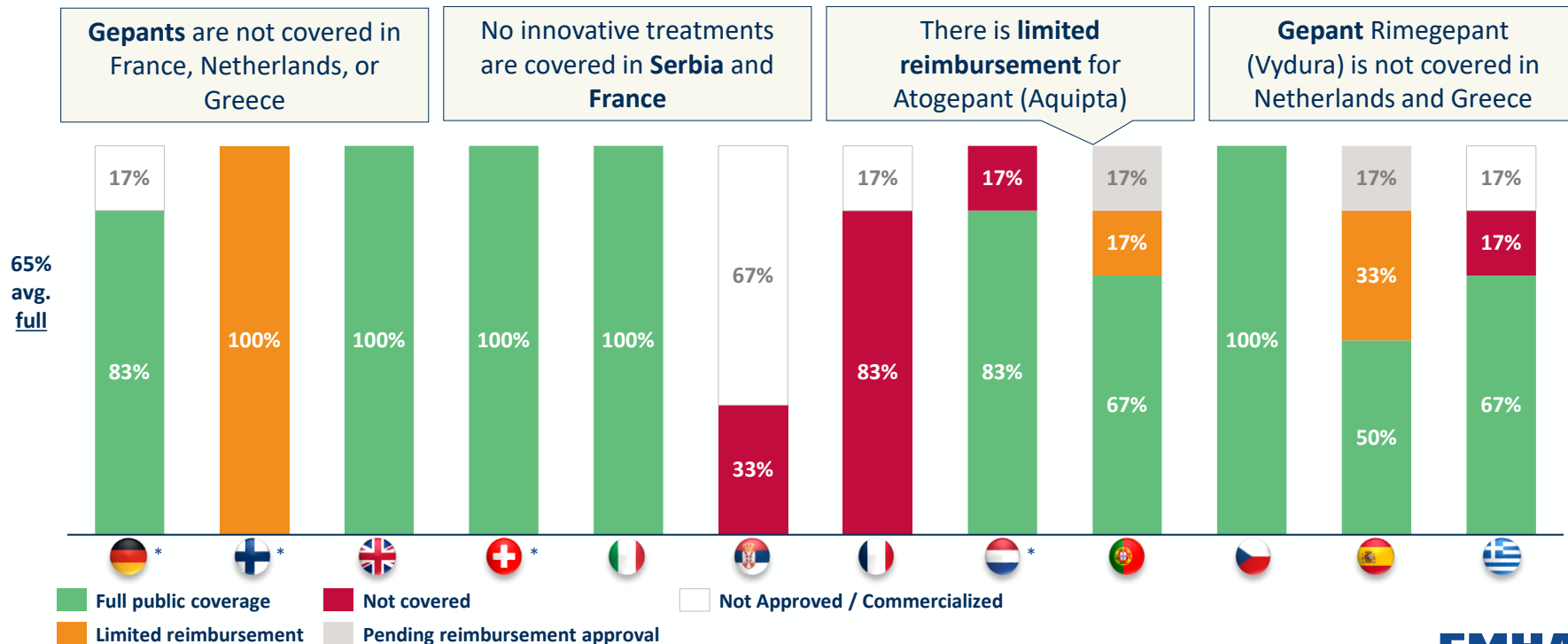




Innovative treatments - Reimbursement status

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

France and Serbia show significant gaps in reimbursement



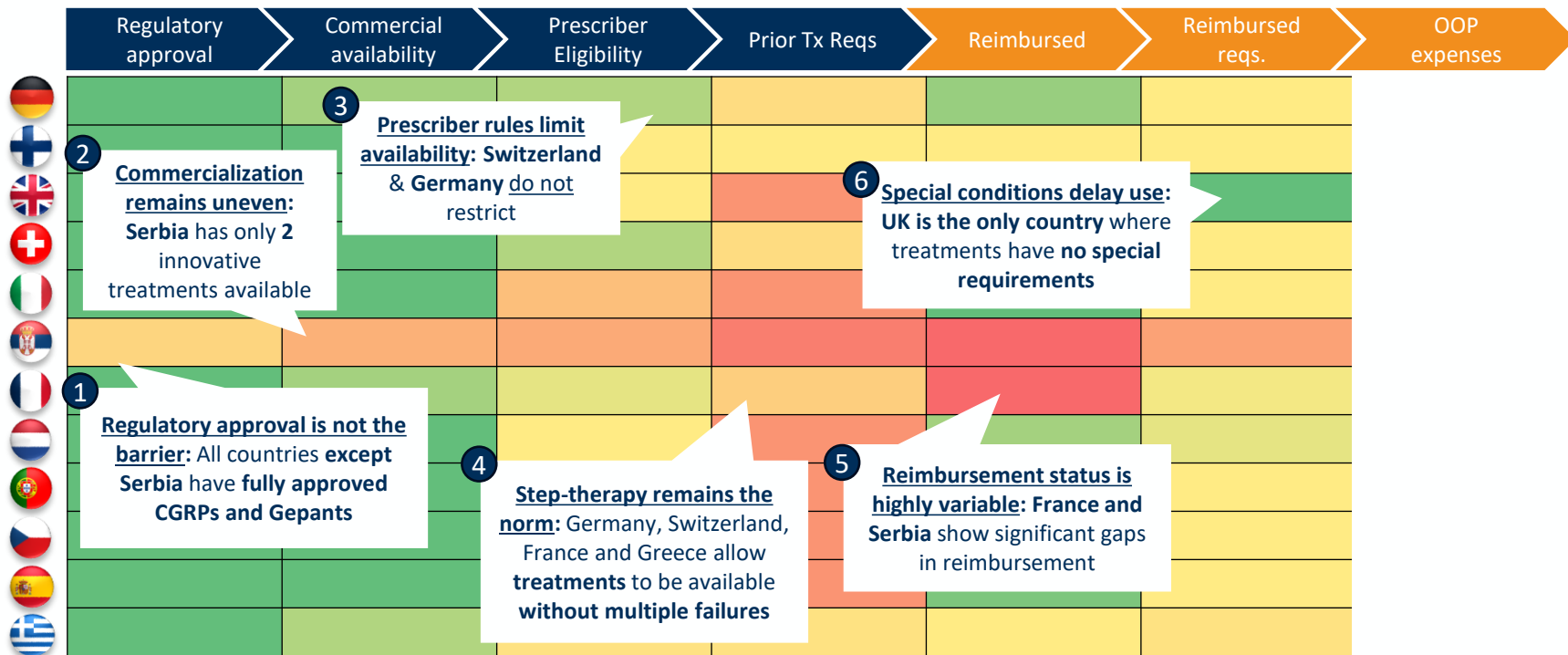
Notes: Full public coverage – The cost of the medication is fully reimbursed by the public healthcare system (may include copayment, as applicable according to country), Limited reimbursement is when reimbursement is associated to specific eligibility criteria or to a maximum cost limit per patient, Not covered is when treatment is available but is not reimbursed, Pending reimbursement approval is when treatment is under review for reimbursement; Sources: Patient Associations Input; Abbreviations: Tx Reqs (treatment requirements); Innovative treatments includes CGRPs: Erenumab, Fremanezumab, Galcanezumab, Eptinezumab and Gepants: Rimegepant, Atogepant



Innovative treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Most countries impose additional hurdles to reimbursement

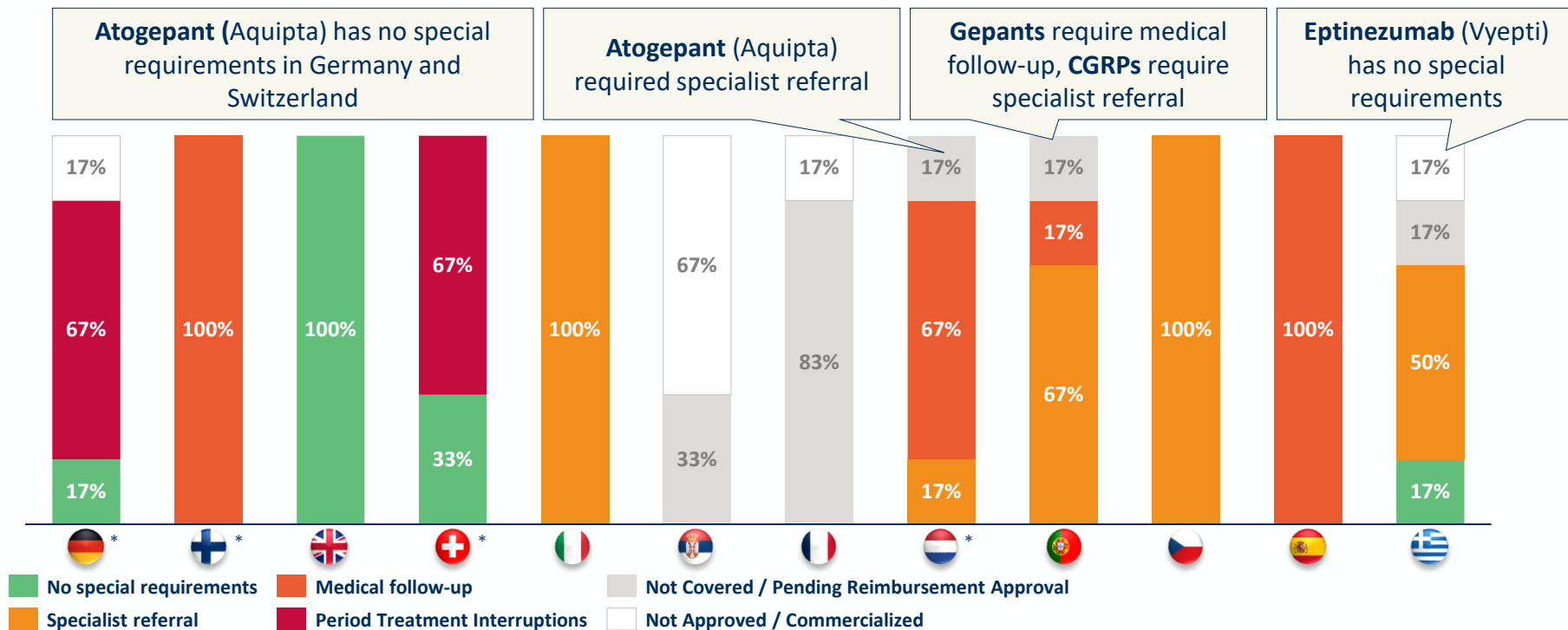




Innovative treatments - Special requirements

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

On average, only 17% of innovative treatments are reimbursed without special requirements

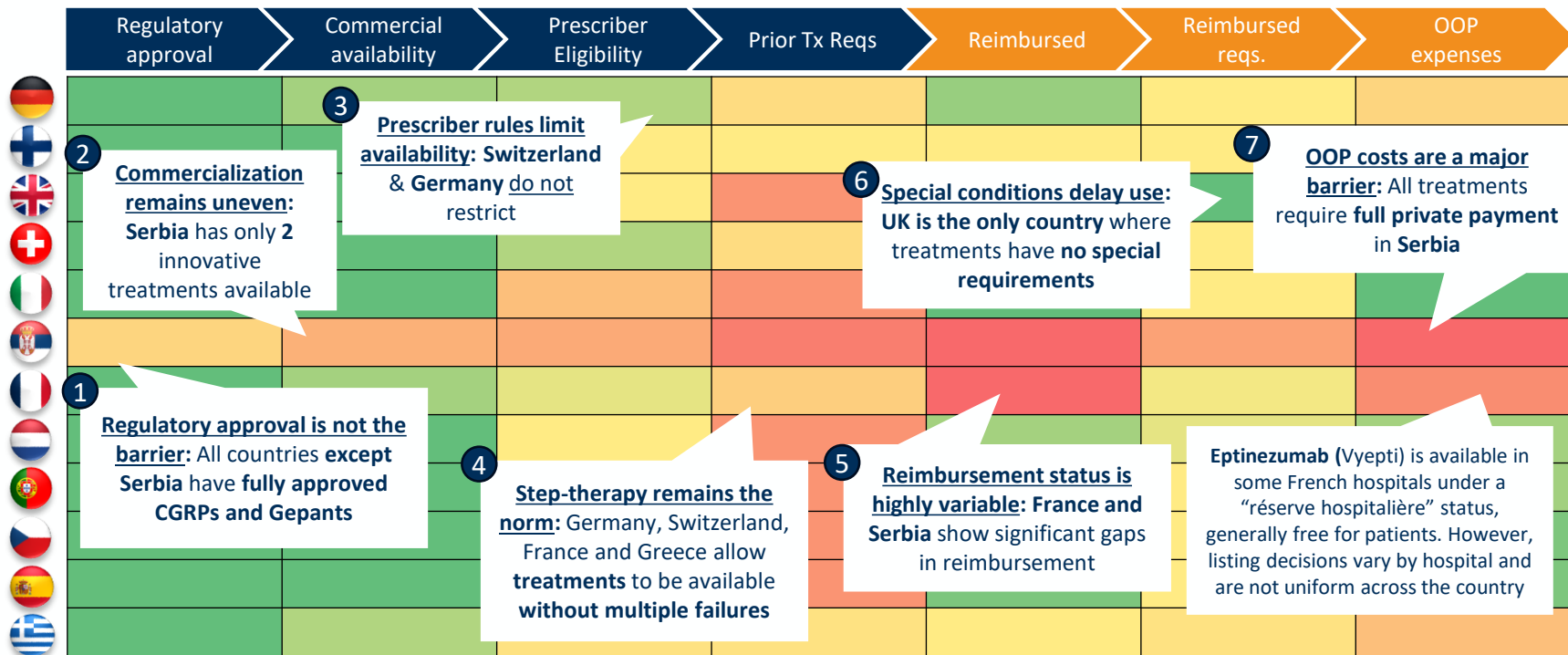




Innovative treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

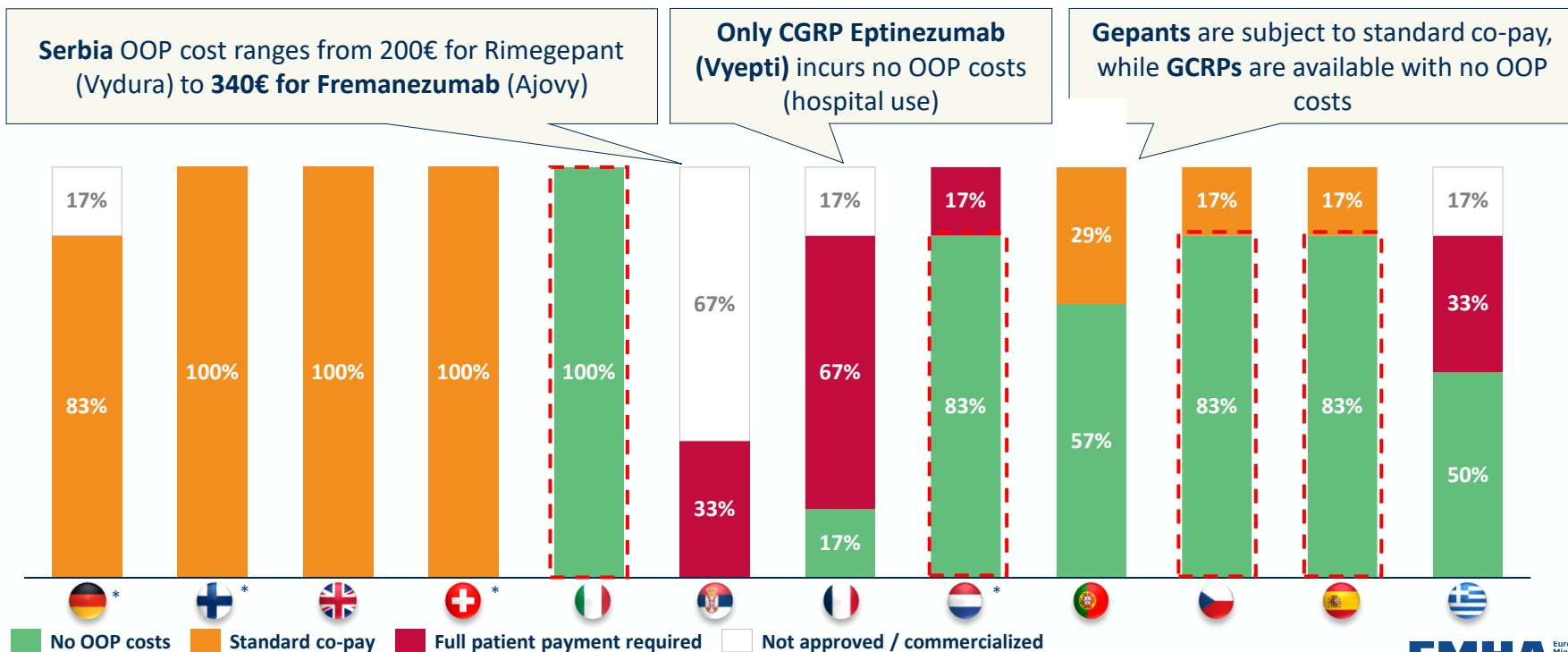
Only Italy offers full coverage with zero OOP cost



Innovative treatments - OOP expenses

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.













There is a high reliance on standard co-pays in Germany, Finland, UK, and Switzerland



Innovative treatments - OOP Costs (€)

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Full private payment costs for innovative treatments range from 200-340€

	CGRP-targeting				Gepants	
	Erenumab (Aimovig) 140mg	Fremanezumab (Ajovy) 225mg	Galcanezumab (Emgality) 120mg	Eptinezumab (Vyepiti) 100mg	Rimegepant (Vydura) 75mg (8 tb)	Atogepant (Aquipta) 60mg (28 tablets)
	273.00	445.00	1466.00	770.00	241.63	290.00
	428.58	462.93	455.05	1171.77	214.09	427.50
	528.01	614.73	614.81	1844.43	12.40	248.45
	291.53	475.34	1565.92	822.48	268.78	309.77
	333.03	701.43	266.35	646.85	530.80	88.35
	250.00	340.00	Not commercialized	Not commercialized	200.00	Not commercialized
	250.00	270.00	245.00	560.00	300.00	224.00
	421.00	506.05	485.56	No data	No data for 75mg	No data for 28 tablets
	No data	No data	No data	129.00	64.42	255.42
	270.06	270.11	270.07	270.07	205.31	341.51
	515.75	570.87	520.95	1600.47	457.84	570.87
	No data	No data	No data	No data	No data	No commercialized













 No OOP costs  Standard co-pay  patient payment required

Abbreviations: tb (tablets); Sources: Patient Associations Input; Abbreviations: CGRP (calcitonin-gene related peptide) | Innovative treatments includes CGRPs: Erenumab, Fremanezumab, Galcanezumab, Eptinezumab and Gepants: Rimegepant, Atogepant

Innovative treatments - Summary

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Countries like UK and Germany are leaders in availability and affordability, while Serbia and France present equity gaps

	Regulatory approval	Commercial availability	Prescriber Eligibility	Prior Tx Reqs	Reimbursed	Reimbursed reqs.	OOP expenses
	Green	Green	Green	Yellow	Green	Yellow	Yellow
	Green	Green	Yellow	Yellow	Yellow	Yellow	Yellow
	Green	Green	Yellow	Red	Green	Green	Yellow
	Green	Green	Green	Yellow	Green	Yellow	Yellow
	Green	Green	Orange	Red	Green	Yellow	Green
	Yellow	Orange	Orange	Red	Red	Orange	Red
	Green	Green	Yellow	Yellow	Red	Yellow	Orange
	Green	Green	Yellow	Red	Green	Yellow	Green
	Green	Green	Yellow	Red	Green	Yellow	Green
	Green	Green	Yellow	Red	Green	Yellow	Green
	Green	Green	Orange	Red	Green	Yellow	Green
	Green	Green	Yellow	Yellow	Yellow	Yellow	Orange

What we analysed – Migraine-specific

The upcoming slides display data for all 4 migraine-specific treatments



Innovative only¹

CGRP-targeting therapies: Erenumab, Fremanezumab, Galcanezumab, Eptinezumab

Gepants: Rimegepant, Atogepant



Migraine-specific established therapies

Oral triptans, Injectable triptans, Ditans, Botulinum toxin A



All treatments

Analgesics, NSAIDs, Triptans, Injectable triptans, Ditans, Ergot derivatives, Beta-blockers, Botulinum toxin A, Calcium channel blockers, Anti-epileptic drugs, CGRPs, Gepants

See Appendix

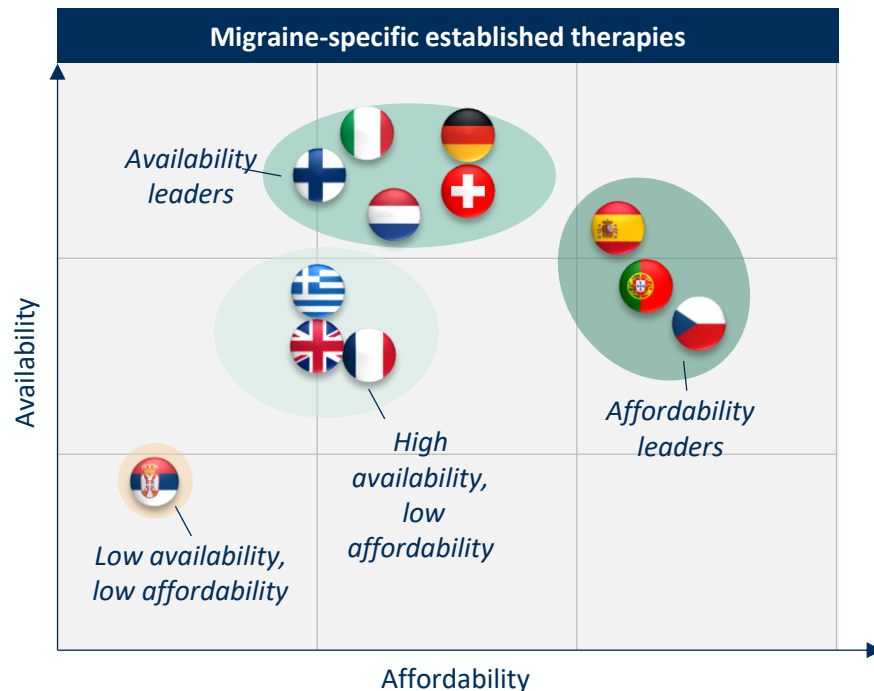


Key conclusions on availability and affordability

migraine therapies is generally broader across Europe, but significant variation remains in how available and affordable these treatments are to patients in practice

Key conclusions

- **Availability leaders** such as Germany, Switzerland, Finland, France, and the Netherlands combine high levels of commercial availability with minimal prescriber or reimbursement restrictions, allowing broad and consistent established treatments
- **Affordability leaders**, including Portugal, Spain, and the Czech Republic, offer low or no OOP costs for patients, often through public reimbursement systems or co-payment
- **Serbia** remains the most underserved country, with low scores in both availability and affordability
 - Only 50% of treatments are approved, and most are unavailable commercially or require OOP costs, indicating structural availability challenges for patients

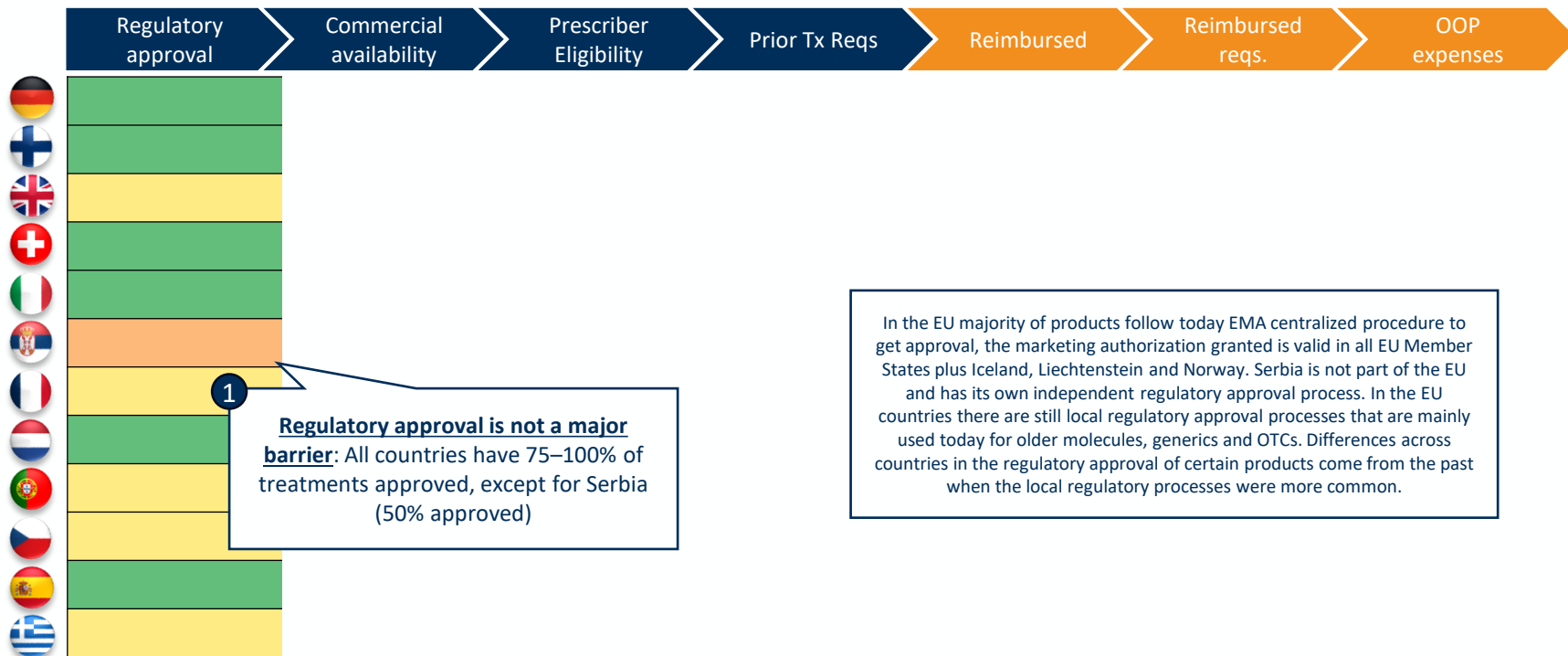




Migraine-specific treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Regulatory approval is not the main barrier for patients to access migraine-specific treatments, except in Serbia





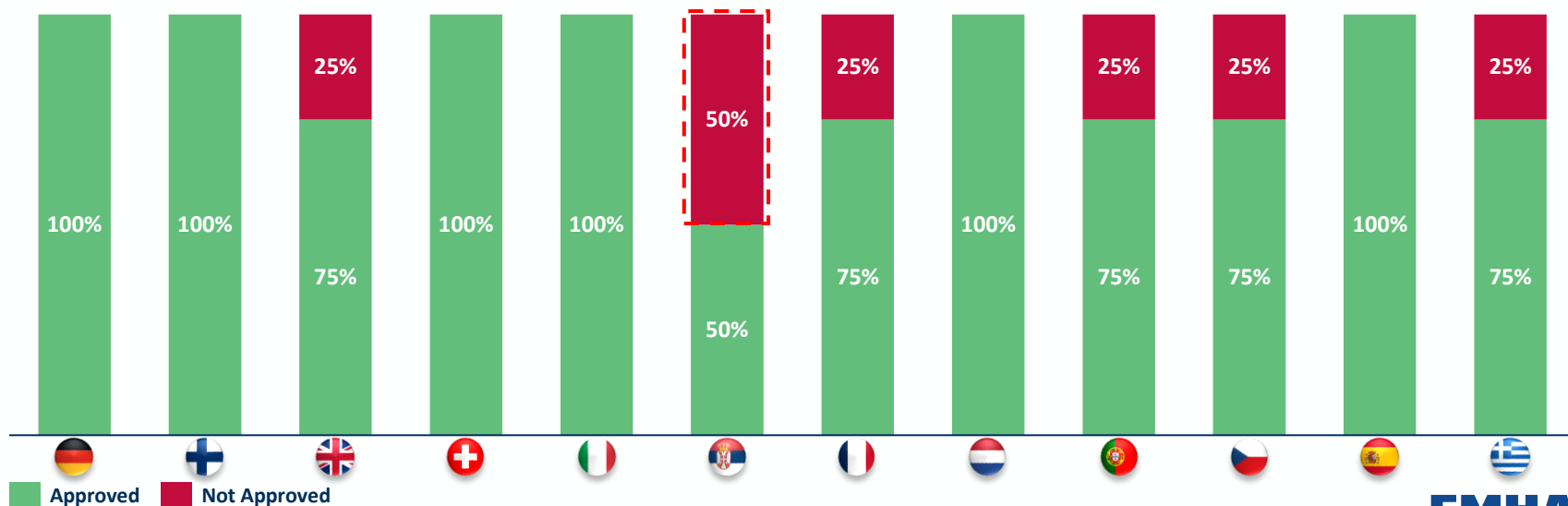
Migraine-specific - Regulatory approval

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

100% of migraine-specific treatments are approved in Germany, Finland, Switzerland, Italy, Netherlands and Spain

Ditans are not approved in UK, Serbia, France, Portugal, Czech Rep. and Greece

Neither **Ditans** nor **Injectable triptans** are approved in Serbia

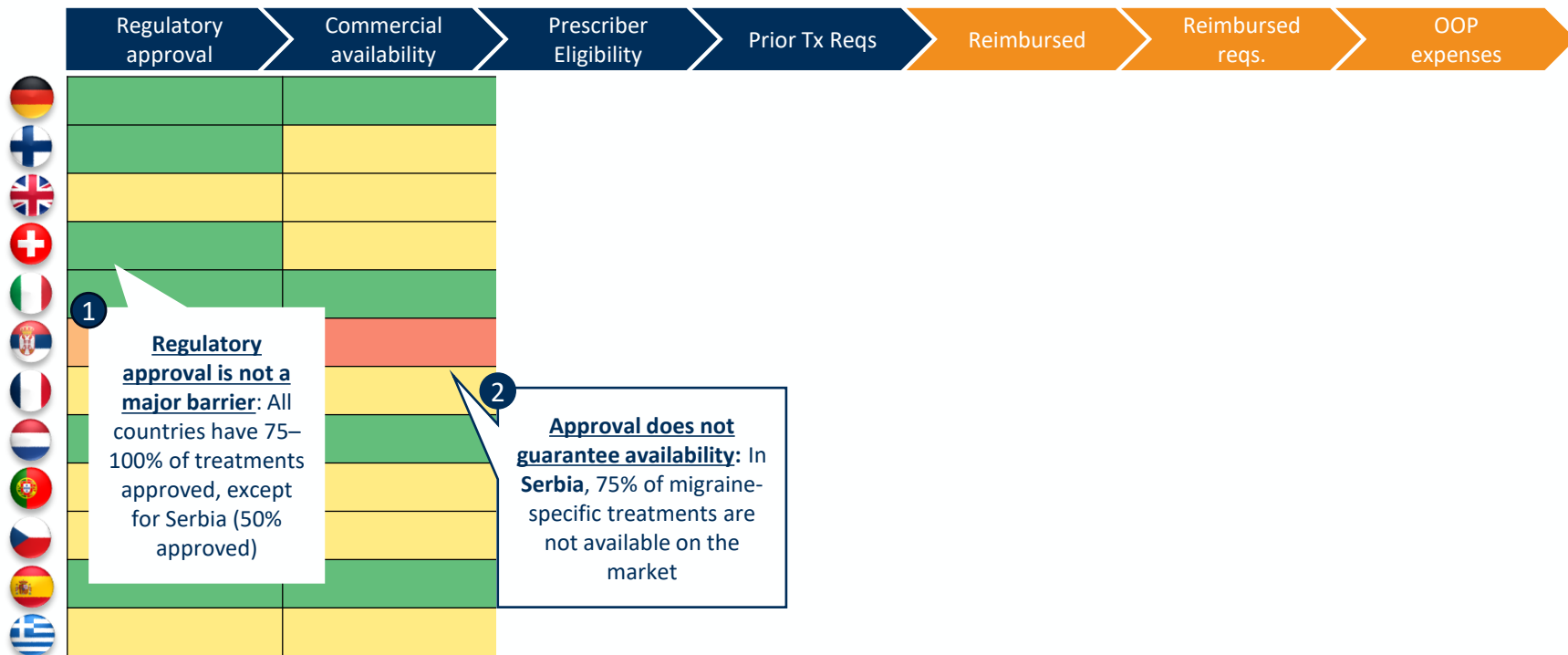




Migraine-specific treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

We start to see equity gaps at the commercialization stage

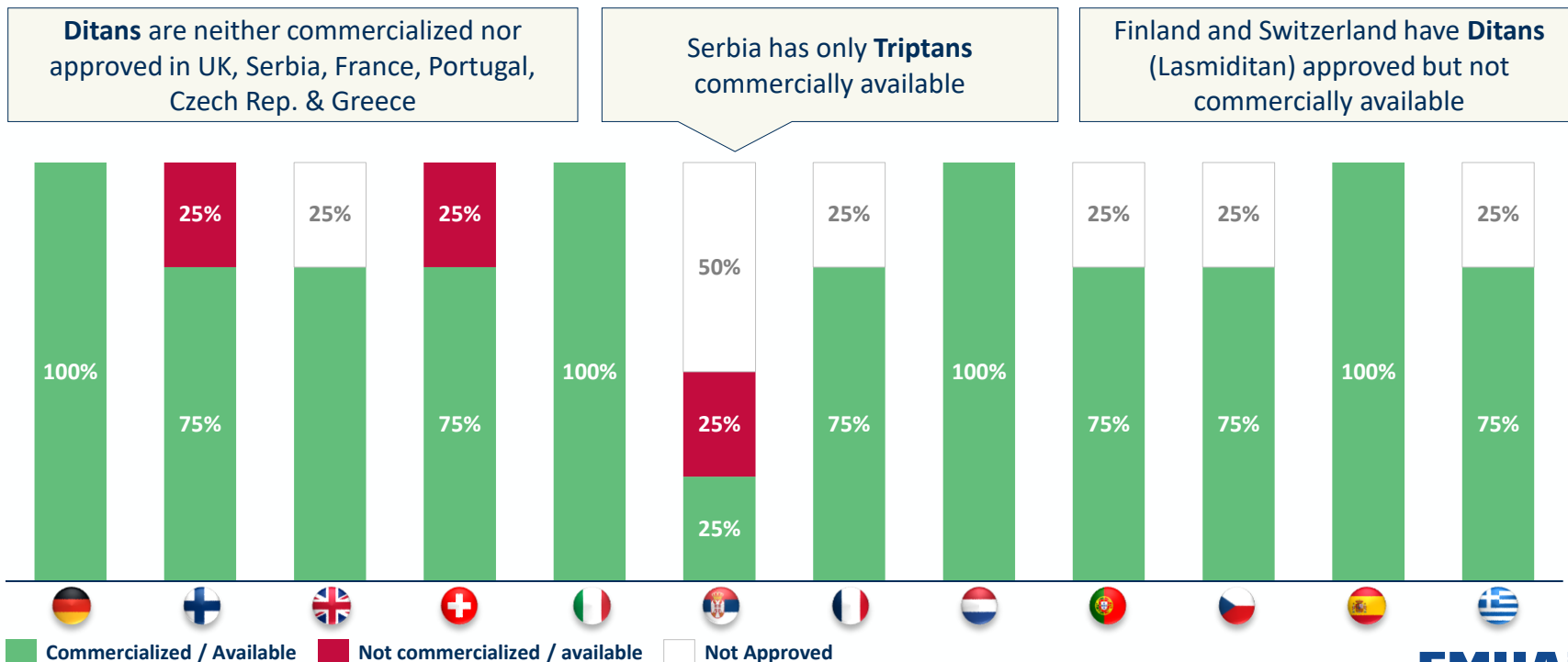




Migraine-specific - Commercialization

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Although 50% of the countries have all treatments approved, only Germany, Italy, Netherlands, and Spain have all of them commercially available

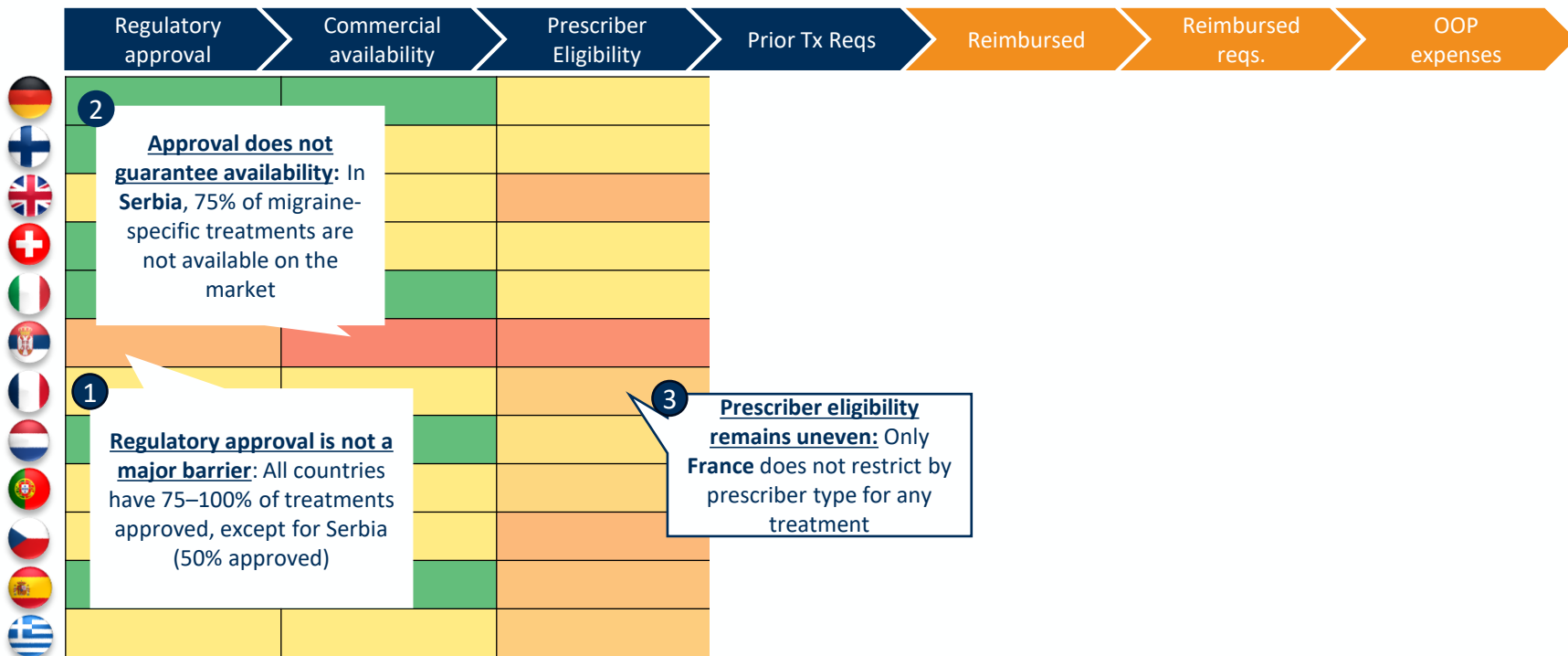




Migraine-specific treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Availability without prescription is non-existent





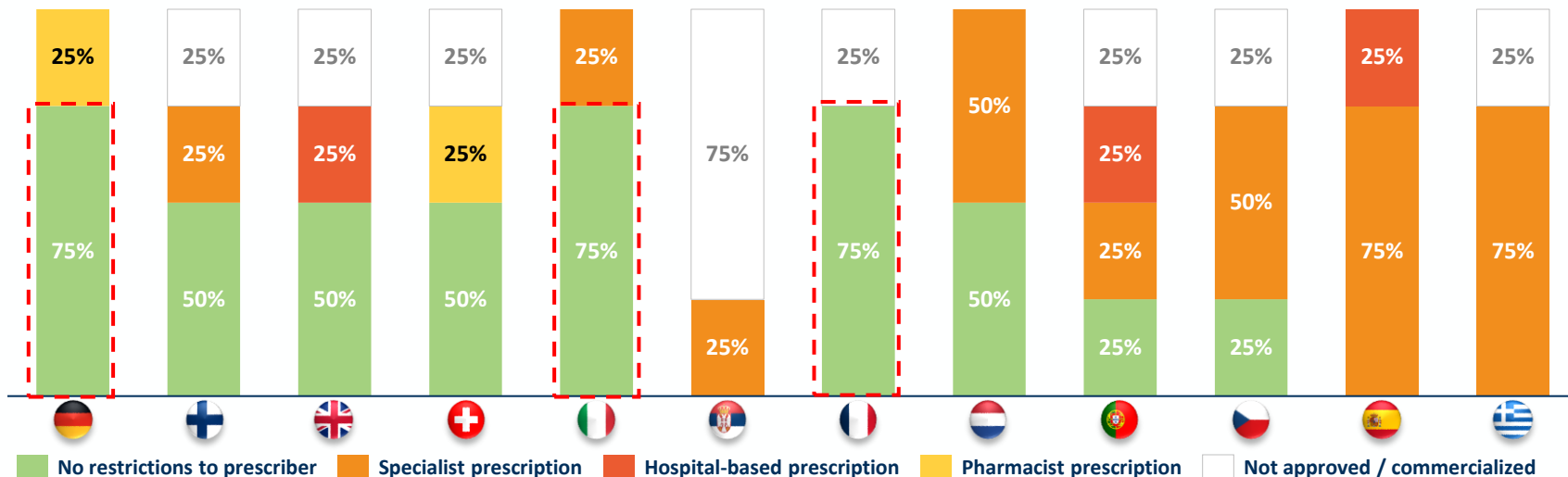
Migraine-specific - Prescriber eligibility

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Germany (75%), Italy (75%) and France (100%) allow treatments to be prescribed without restrictions to the prescriber

>65% of countries require specialist prescription, while **UK, Portugal and Spain** require **hospital-based prescription**

Germany and Switzerland require pharmacist prescription for **Triptans**

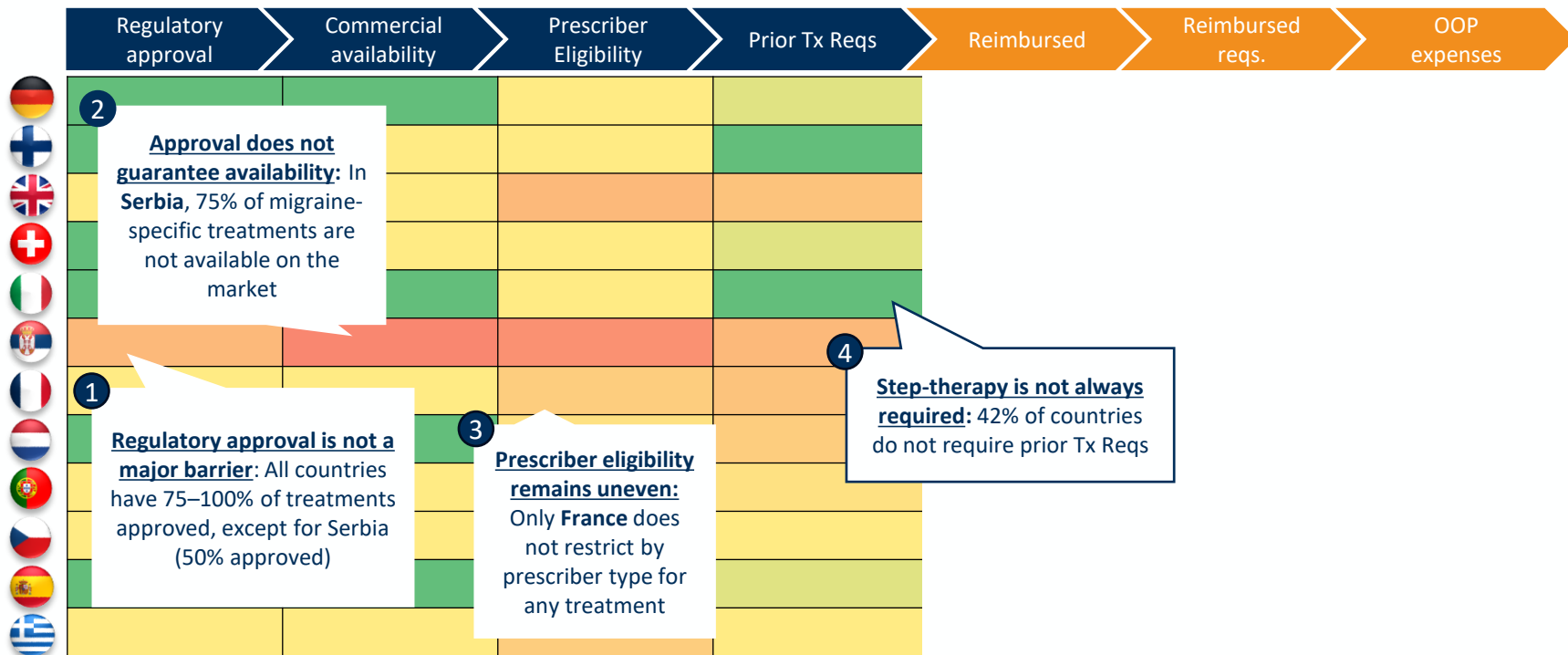




Migraine-specific treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

UK, Switzerland, France, Netherlands and Portugal demand multiple treatment failures for >30% of migraine-specific treatments



Migraine-specific - Prior treatment req.

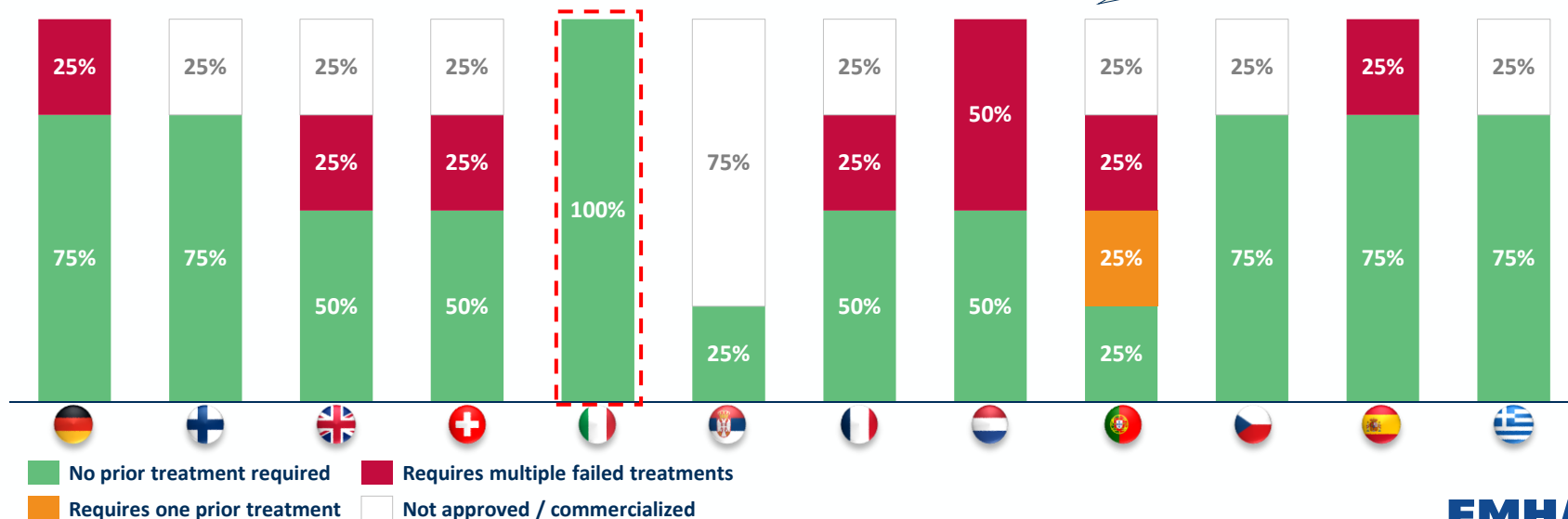
Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Finland, Italy, Serbia, Czech Rep. and Greece allow all approved / commercialized treatments without the need for prior treatment failures

Botulinum toxin A requires multiple treatment failure in >55% of countries

In Netherlands, Ditans require multiple treatment failure

25% of treatments in Portugal require prior treatment, and 25% require multiple treatment failures



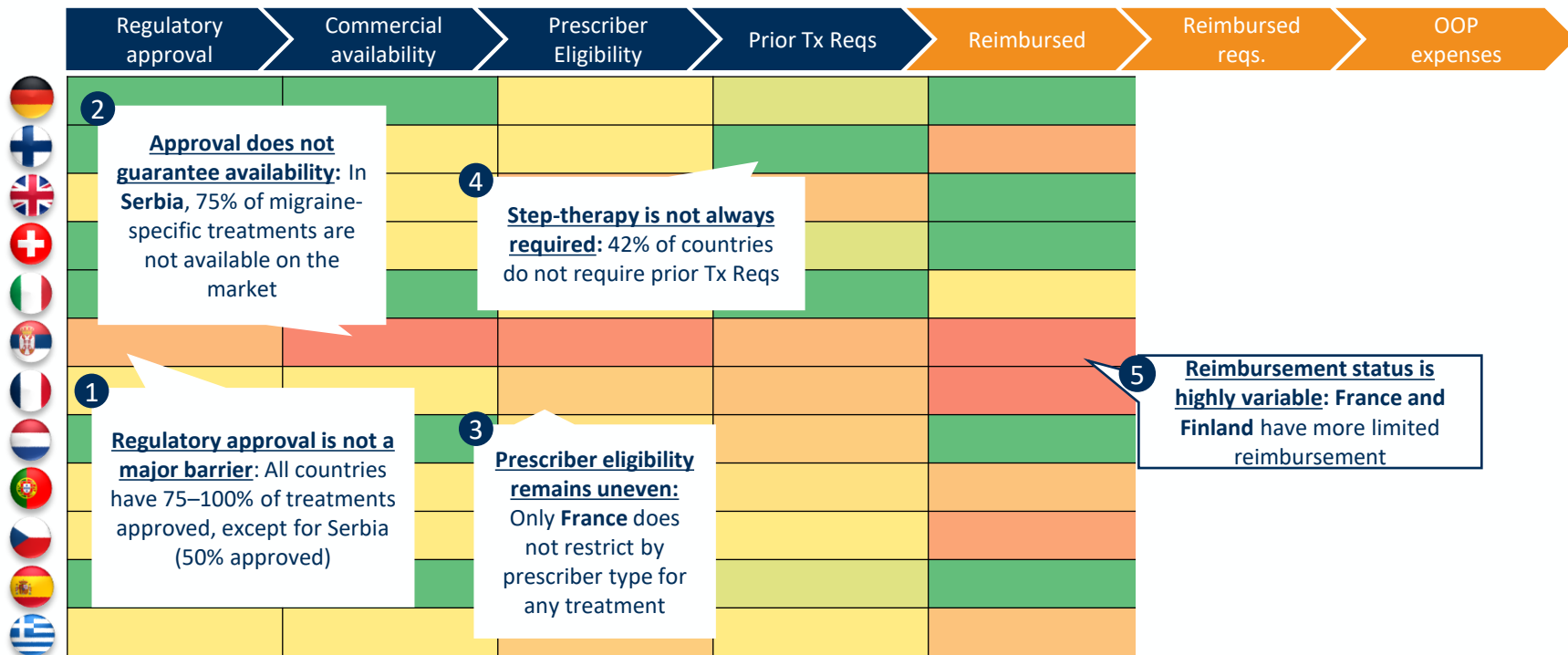
Notes: Graph Commercialized / Available therapies; Abbreviations: req. (requirements)
Migraine-specific treatments includes Oral triptans, Injectable triptans, Ditans, Botulinum toxin A



Migraine-specific treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Germany, UK, Switzerland, Serbia, Netherlands and Spain provide 100% public coverage

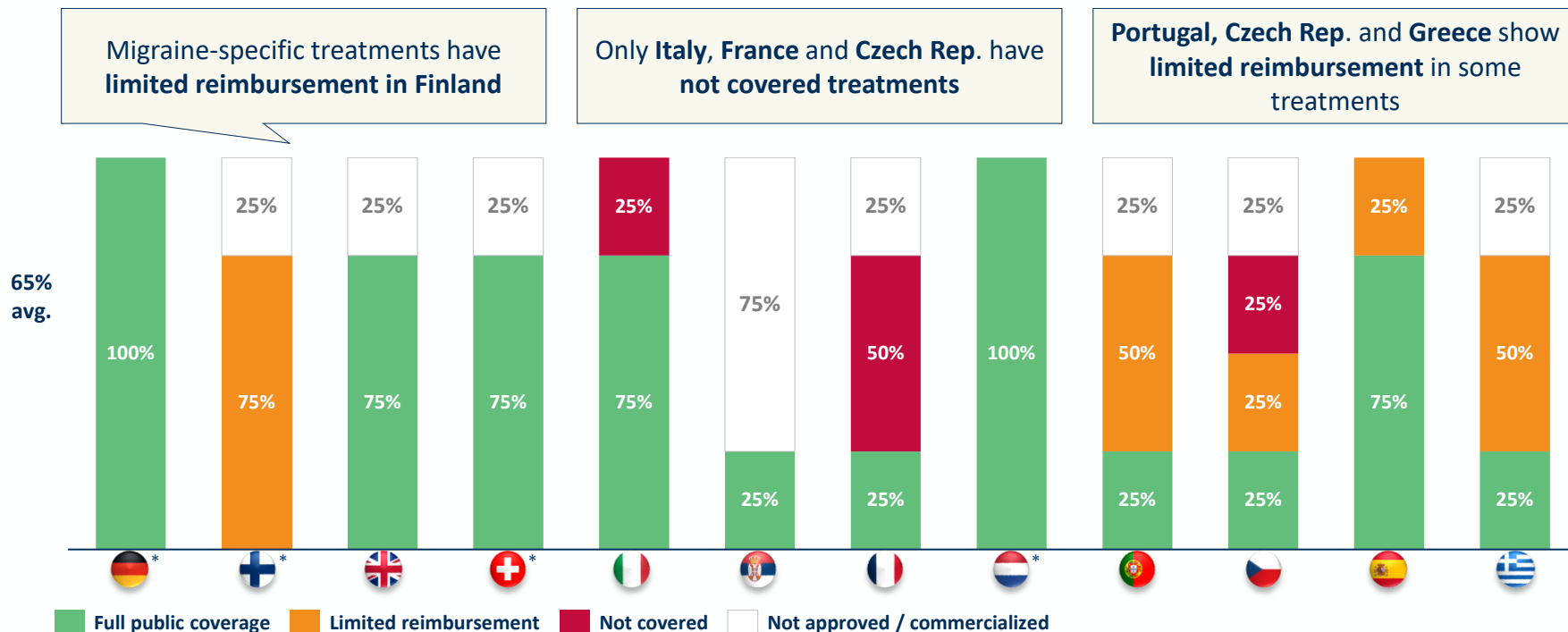




Migraine-specific - Reimbursement

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

50% of countries provide 100% public coverage for commercialized / approved treatments:
Germany, UK, Switzerland, Serbia, Netherlands and Spain



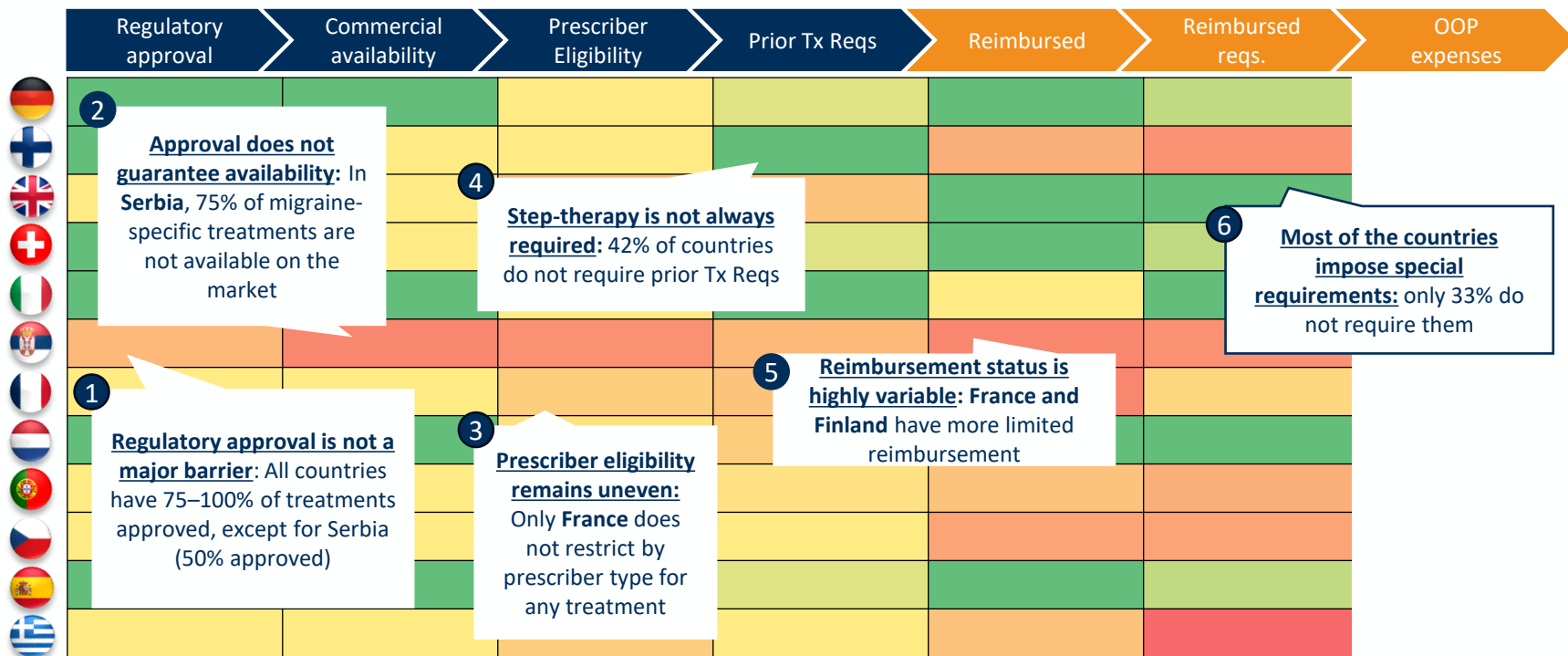
Notes: Full public coverage – The cost of the medication is fully reimbursed by the public healthcare system (may include copayment, as applicable according to country); Limited reimbursement is when reimbursement is associated to specific eligibility criteria or to a maximum cost limit per patient; Not covered is when treatment is available but is not reimbursed; Pending reimbursement approval is when treatment is under review for reimbursement; Sources: Patient Associations Input; Abbreviations: Tx Reqs (treatment requirements); Migraine-specific treatments includes Oral triptans, Injectable triptans, Ditans, Botulinum toxin A



Migraine-specific treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

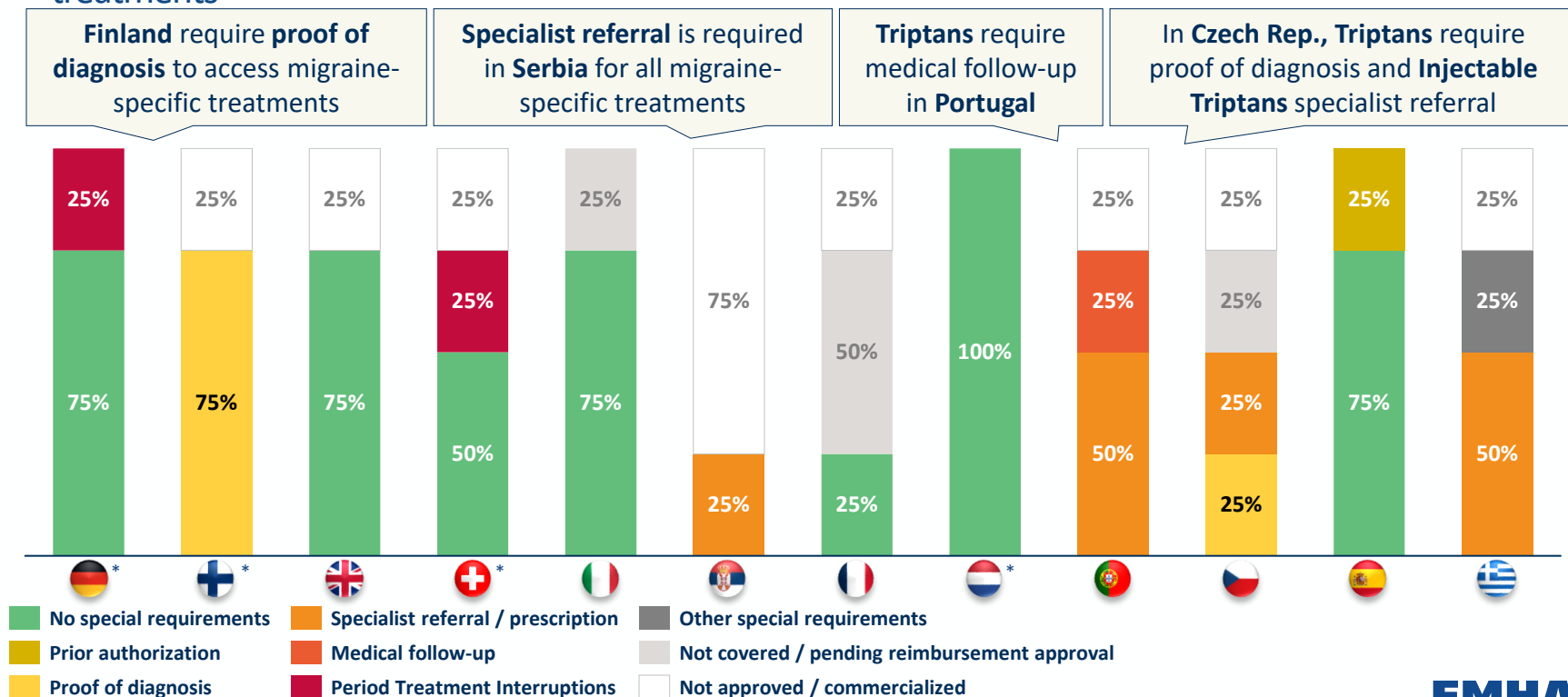
>65% of countries impose special requirements for reimbursement



Migraine-specific - Special requirements

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

UK, Italy, France and Netherlands do not impose additional requirements for reimbursed treatments



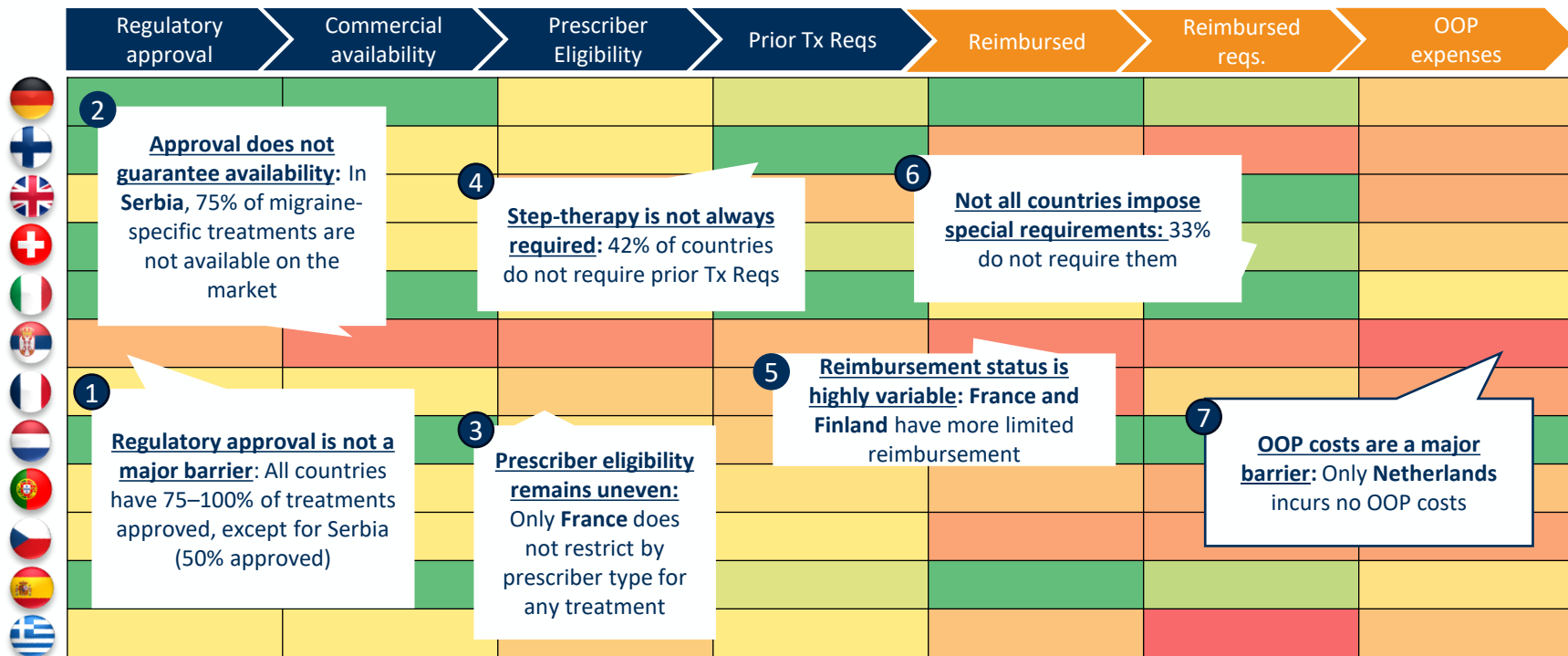
Notes: Prior authorization means a formal approval process is needed for reimbursement, while proof of diagnosis means patients must provide documentation of migraine diagnosis, specialist referral means treatment must be prescribed by a specialist for reimbursement, medical follow-up requires periodic check-ups / medical supervision and period treatment interruptions requires patients take mandatory treatment breaks to be eligible for reimbursement *Slide notes for Germany, Finland, Switzerland, and Netherlands; Sources: Patient Associations Input; Migraine-specific treatments includes Oral triptans, Injectable triptans, Ditans, Botulinum toxin A



Migraine-specific treatments

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

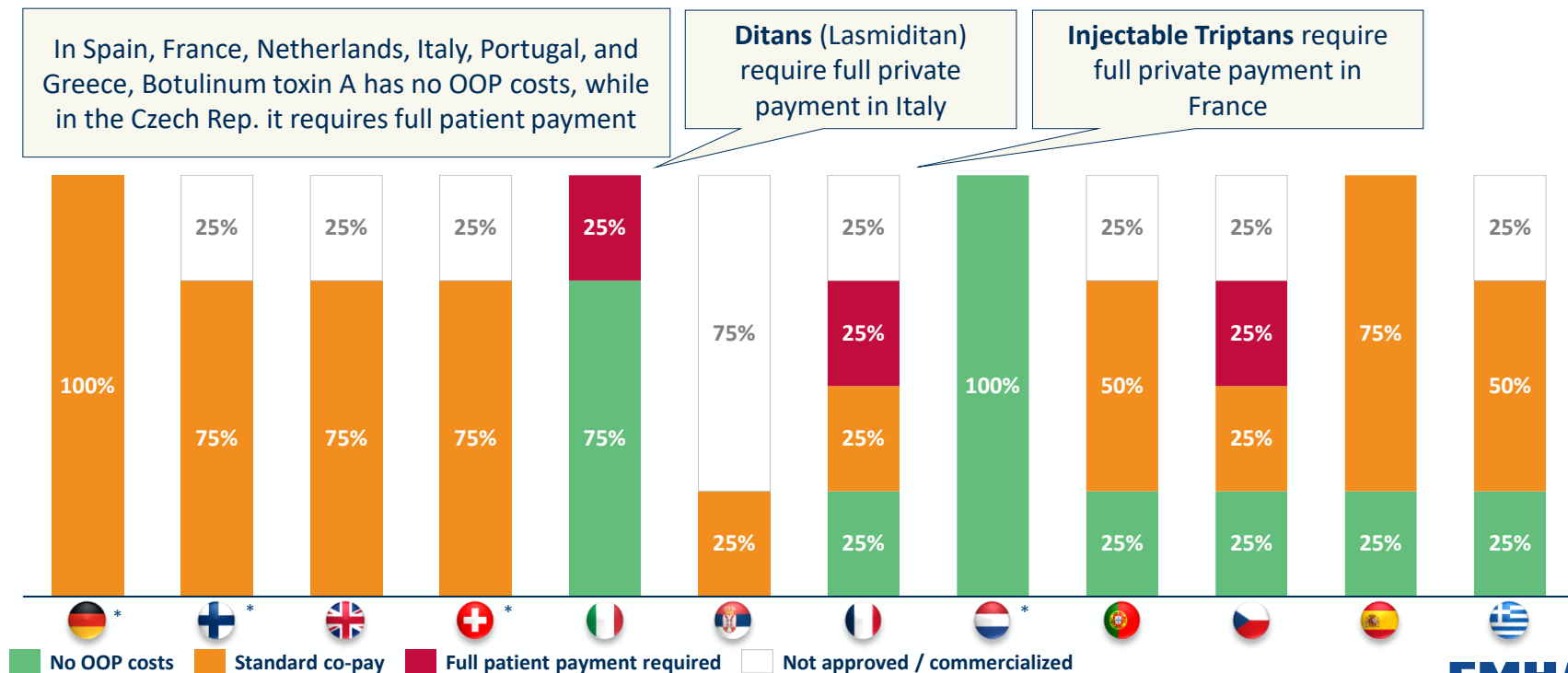
No OOP costs is the exception, not the rule



Migraine-specific - Common OOP expenses

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Germany, Finland, UK, Switzerland, and Serbia have standard co-pay for all migraine-specific treatments, while Netherlands incurs no OOP costs



Migraine-specific treatments - Summary

Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

Countries like Switzerland and Germany are leaders in availability and affordability, while Serbia present equity gaps

	Regulatory approval	Commercial availability	Prescriber Eligibility	Prior Tx Reqs	Reimbursed	Reimbursed reqs.	OOP expenses
