

*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**

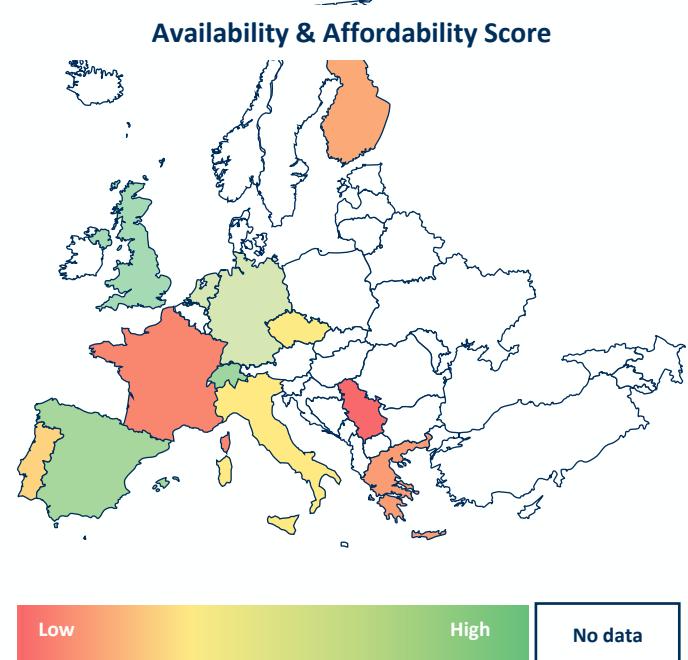
Oral triptans, Injectable triptans, Ditans, Botulinum toxin A

# 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

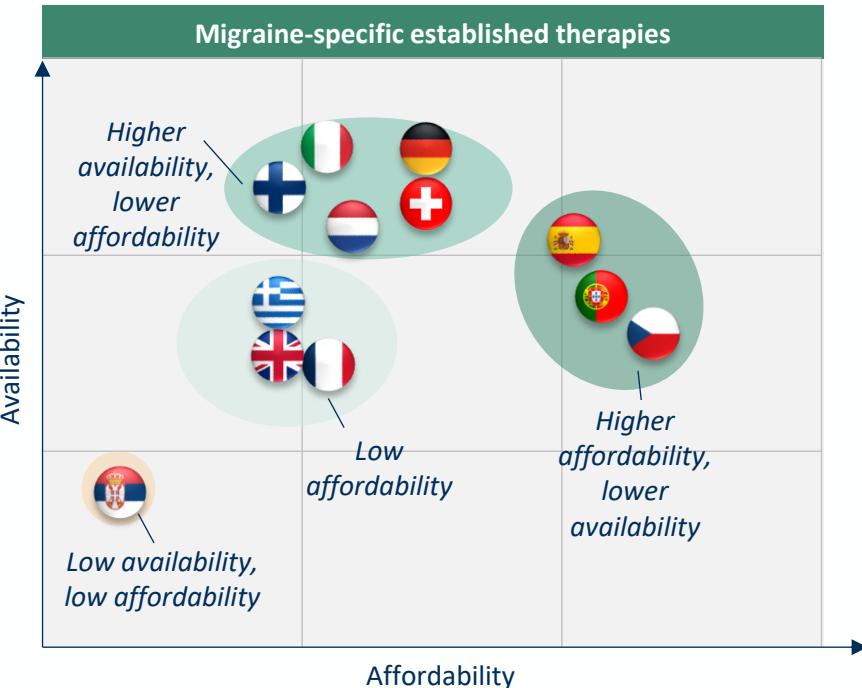
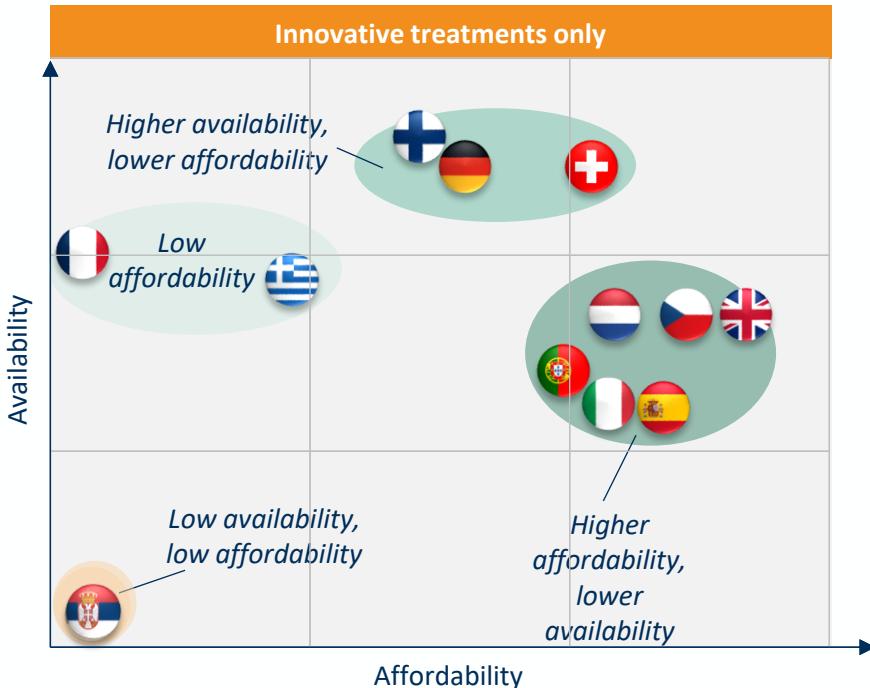


**Availability**  
The ability of a patient to obtain a treatment, based on regulatory approval, commercialization, prescriber rules, and treatment requirements

**Affordability**  
The financial burden placed on the patient to receive the treatment (e.g., co-pays or full patient payment)

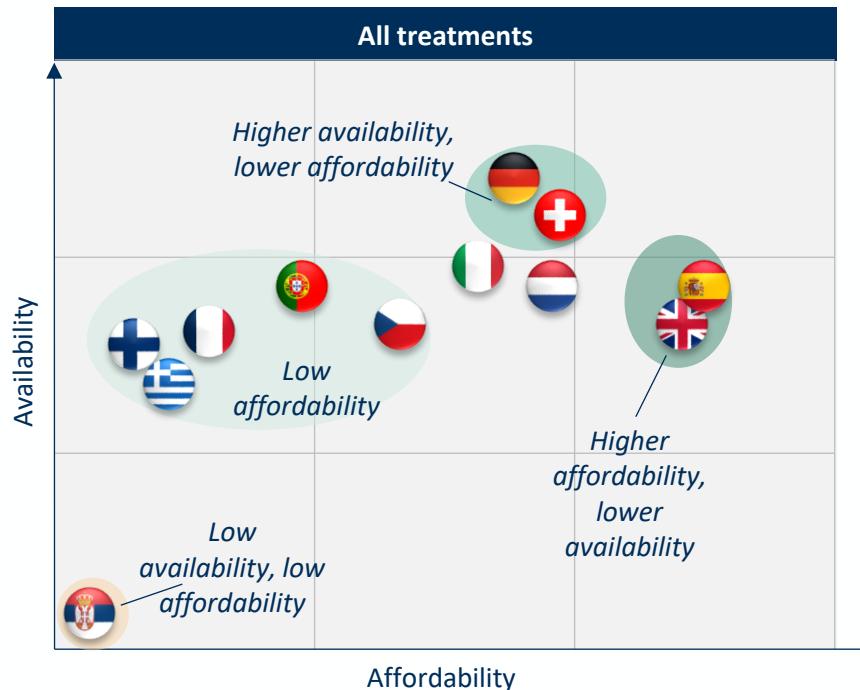
# Availability and affordability matrix

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



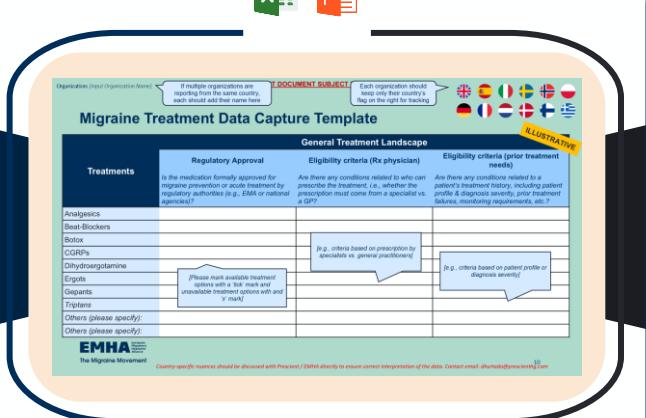
# How we measured

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



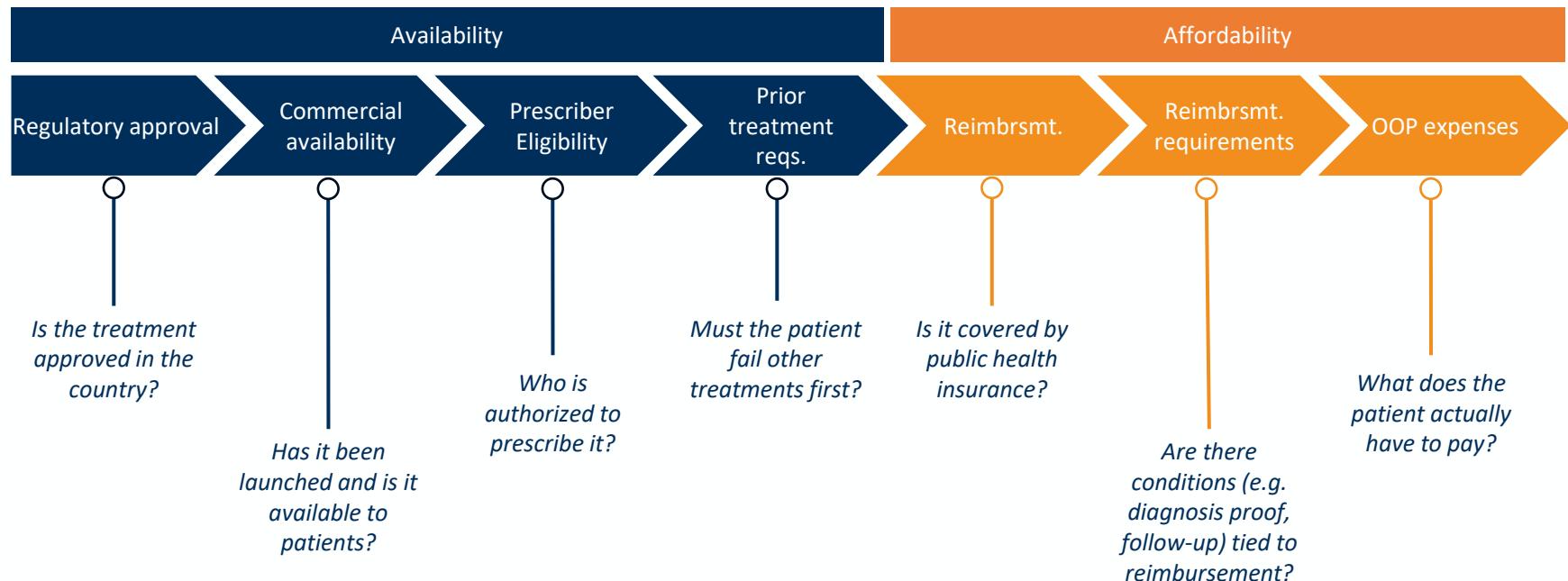
The screenshot shows a Microsoft Excel spreadsheet titled 'Migraine Treatment Data Capture Template'. The table has 7 columns and 10 rows. The columns are: Treatments, Regulatory Approval, Eligibility criteria (Rx physician), Eligibility criteria (prior treatment needs), General Treatment Landscape, Illustrations, and Notes. The rows are: Analgesics, Botox, CGRP, Ergots, Gepants, Triptans, Others (please specify), and Others (please specify). The 'Notes' column contains several callout boxes with text such as: 'If multiple organizations are reporting from the same country, mark the flag on the right for tracking', 'Each organization should mark the flag on the right for tracking', 'Are there any conditions related to who can prescribe the treatment? (e.g., whether the prescription must come from a specialist vs. a GP)', 'Are there any conditions related to a patient's treatment history, including patient profile & diagnosis severity, prior treatment failure, monitoring requirements, etc.?', '(Please mark available treatment categories that are unavailable treatment options with a 'X')', '(e.g., criteria based on prescription by specialist vs. general practitioner)', and '(e.g., criteria based on patient profile or diagnosis severity)'.

## Across 16 treatments<sup>1</sup>

- 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 – Rimegeptant, Atogepant

# What we measured

...across 7 dimensions of availability and affordability



Sources: Patient Associations Input

Abbreviations: Reqs. (requirements), Reimbursemt. (Reimbursement), OOP (Out-of-pocket)

# 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 only<sup>1</sup>**

**CGRP-targeting therapies:** Erenumab, Fremanezumab, Galcanezumab, Eptinezumab  
**Gepants:** Rimegepant, Atogepant



**Migraine-specific established therapies**

Oral triptans, Injectable triptans, Ditans, Botulinum toxin A



**All treatments**

*See Appendix*

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

# 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 only<sup>1</sup>**

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

**Gepants:** Rimegepant, Atogepant



**Migraine-specific established therapies**

Oral triptans, Injectable triptans, Ditans, Botulinum toxin A



**All treatments**

*See Appendix*

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

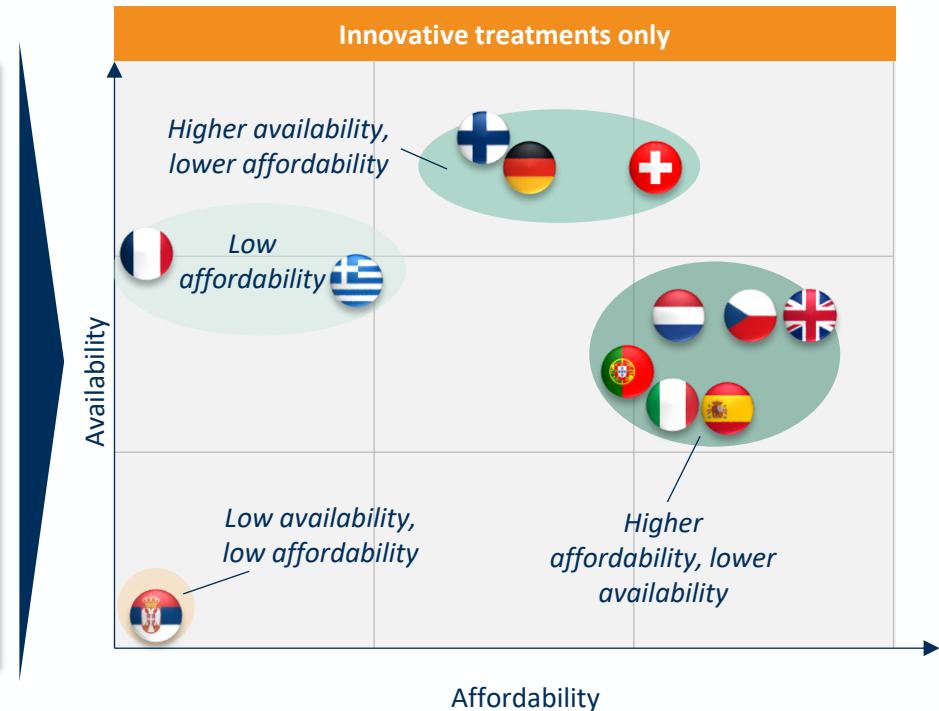


# Key conclusions on availability and affordability

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

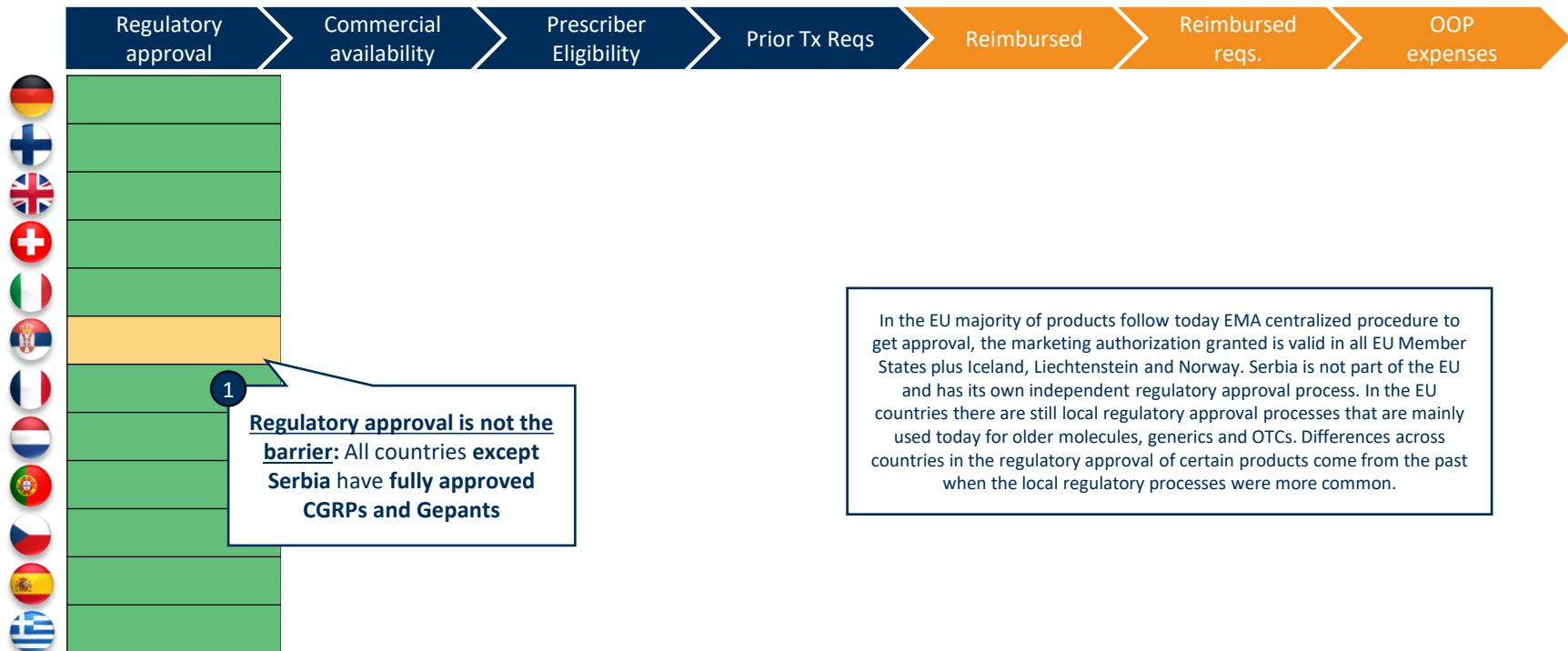




# Innovative treatments

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

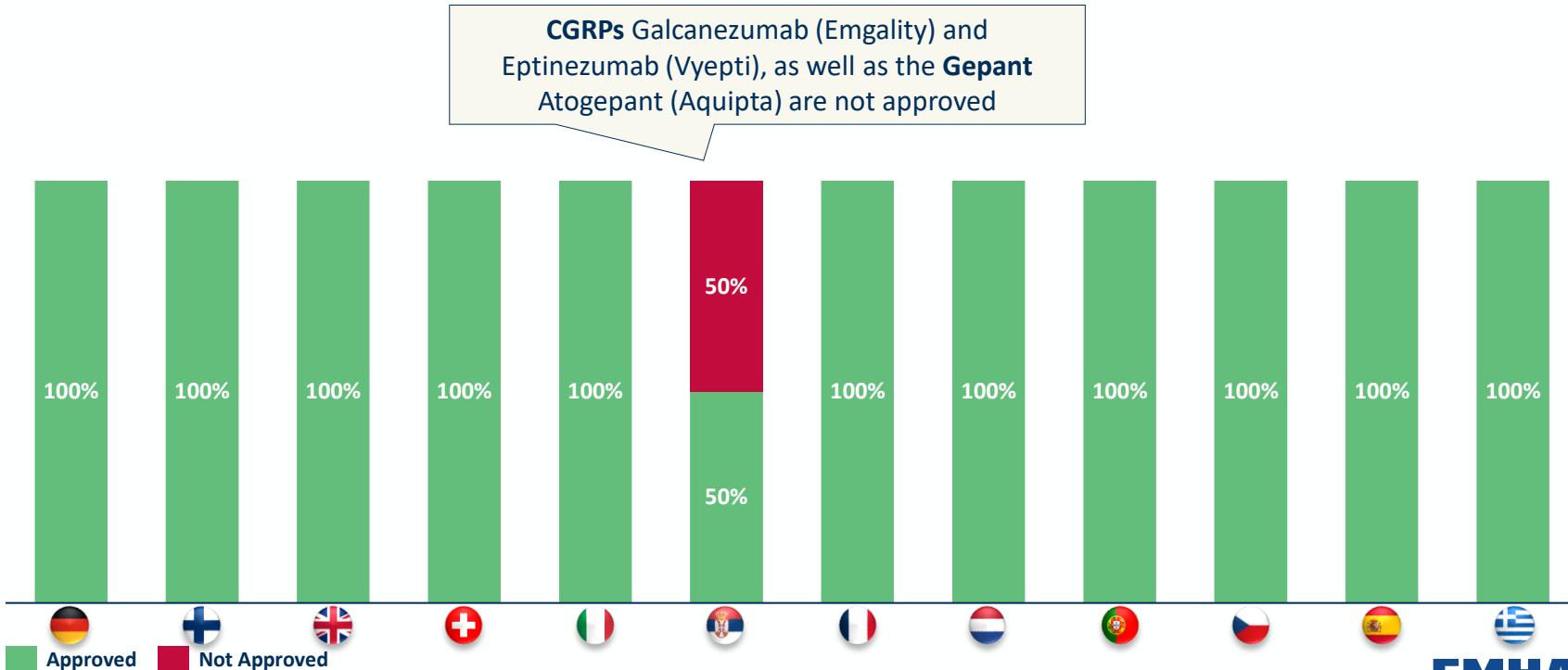




# Innovative treatments - Regulatory approval

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

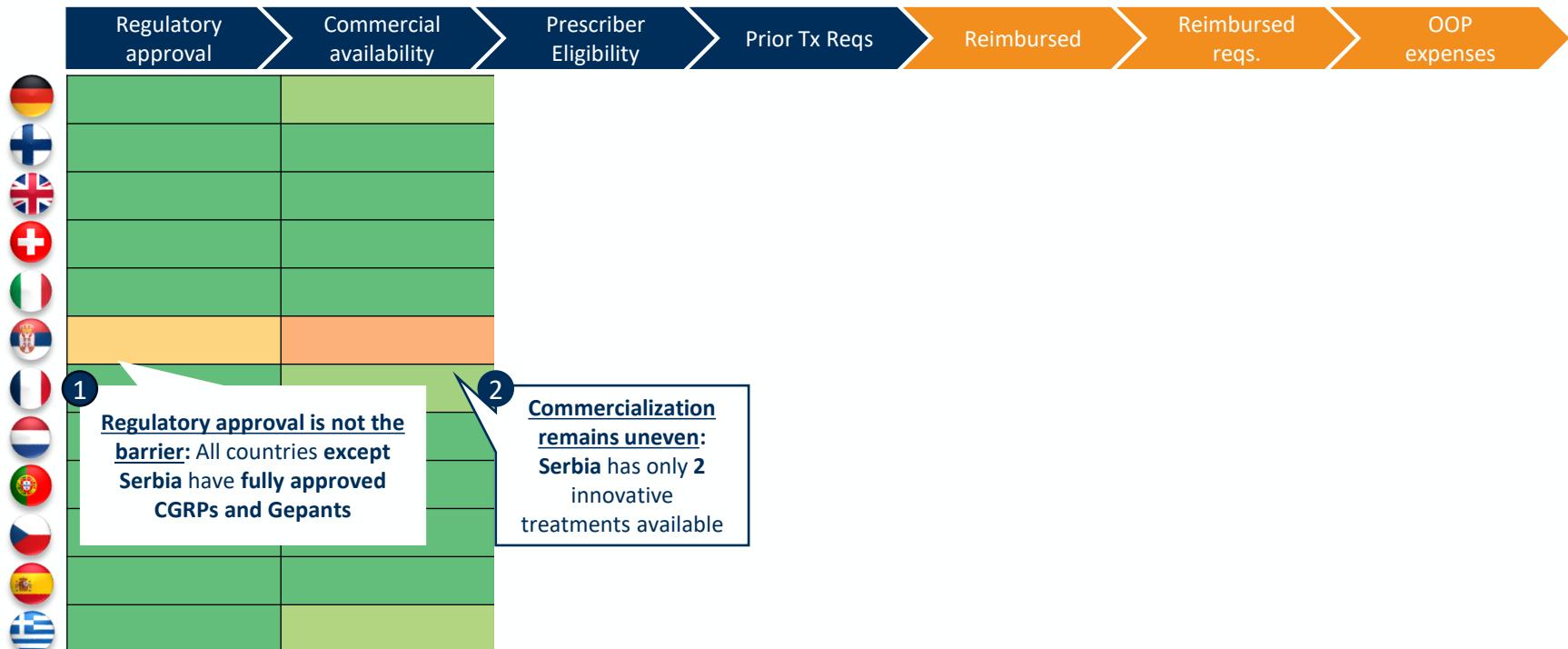




# Innovative treatments

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



Sources: Patient Associations Input; Abbreviations: Tx Reqs (treatment requirements), OOP (out-of-pocket), CGRP (Calcitonin gene-related peptide)  
Innovative treatments includes CGRPs: Erenumab, Fremanezumab, Galcanezumab, Eptinezumab and Gepants: Rimegepant, Atogepant

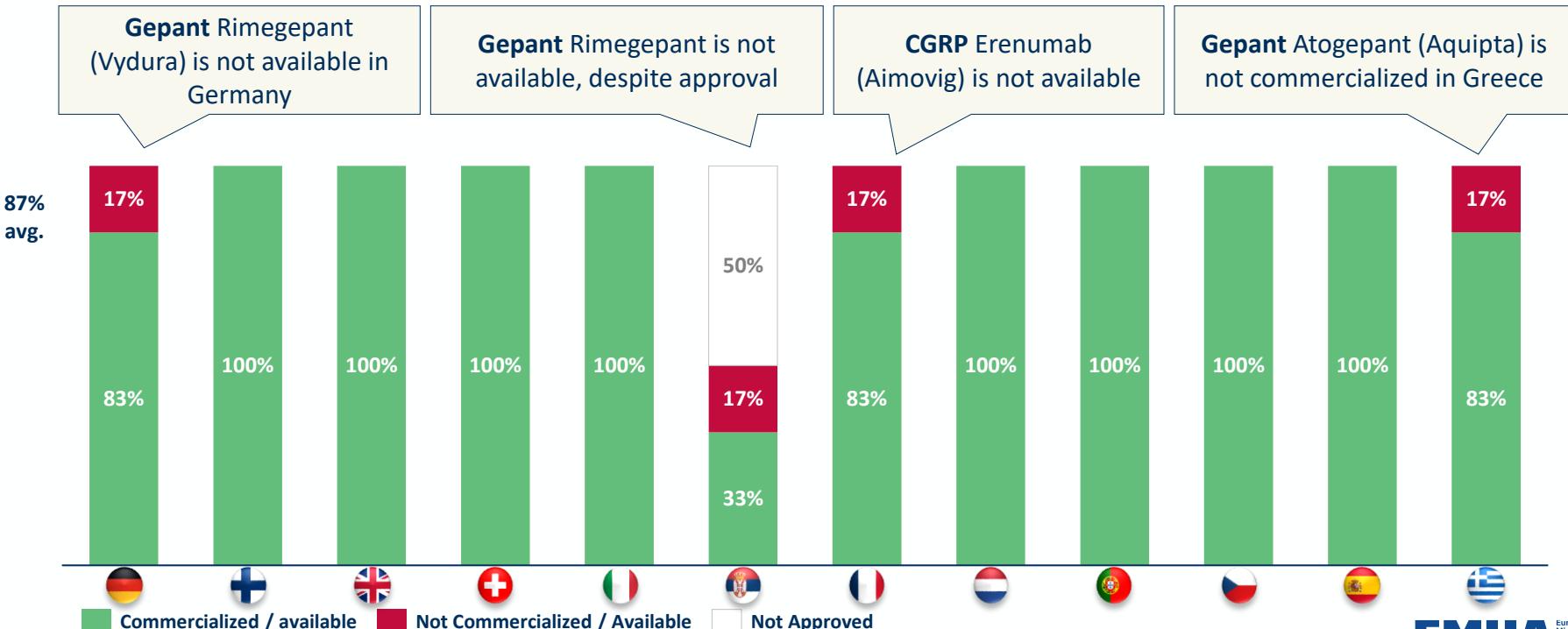
Low      High



# 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

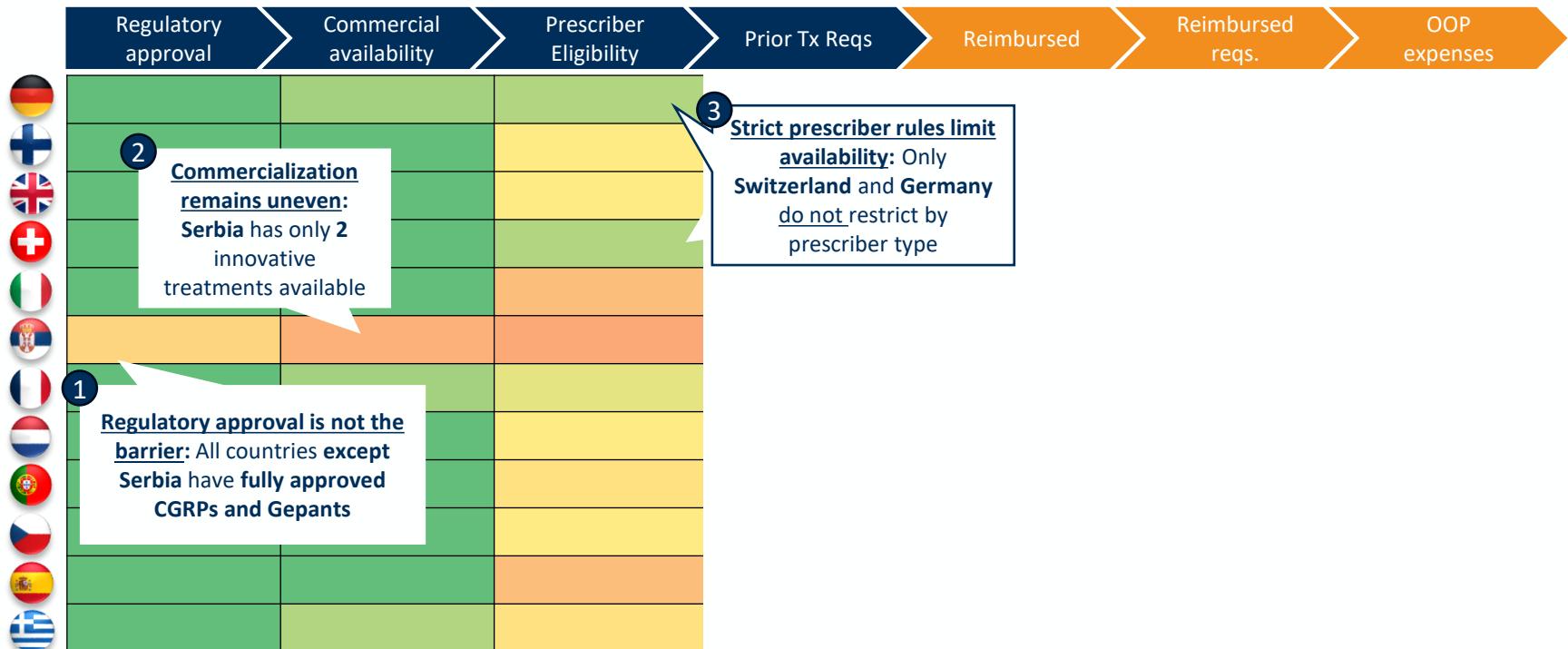




# Innovative treatments

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

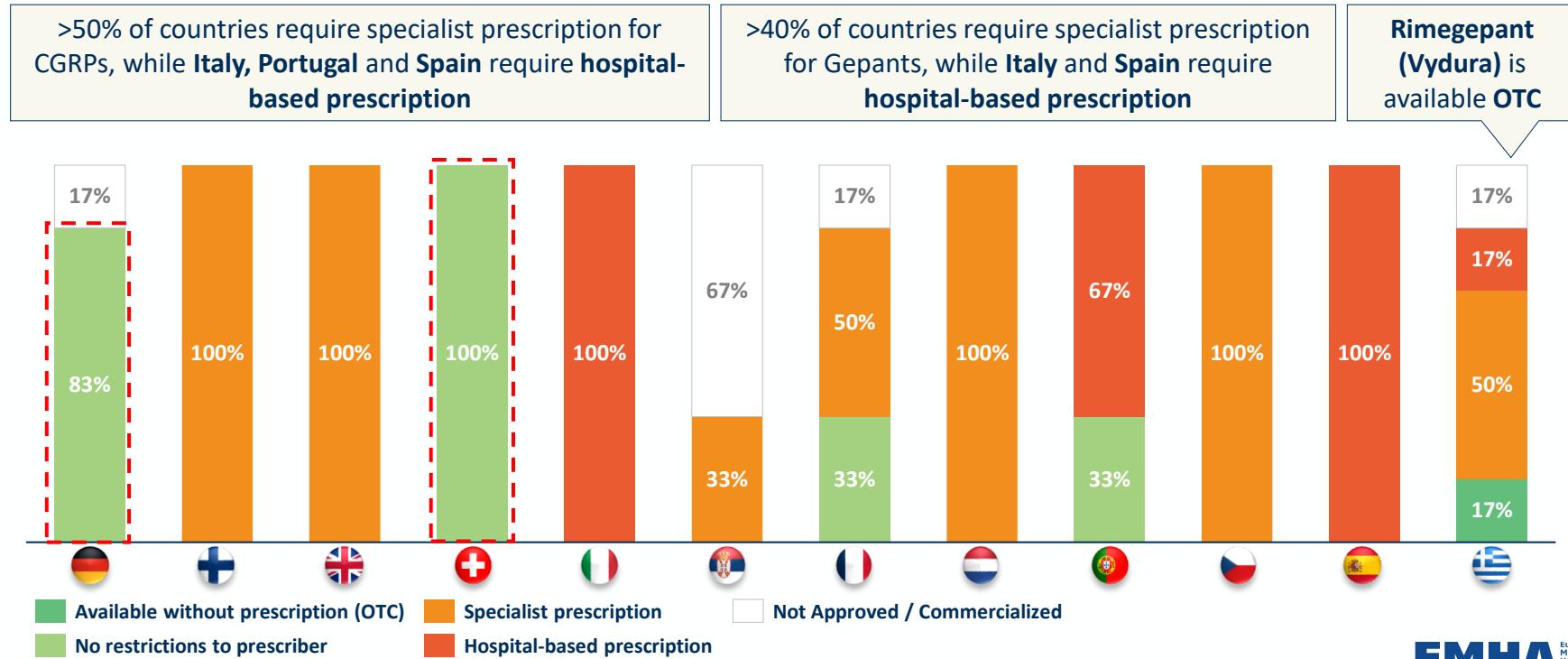




# Innovative treatments - Prescriber eligibility

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



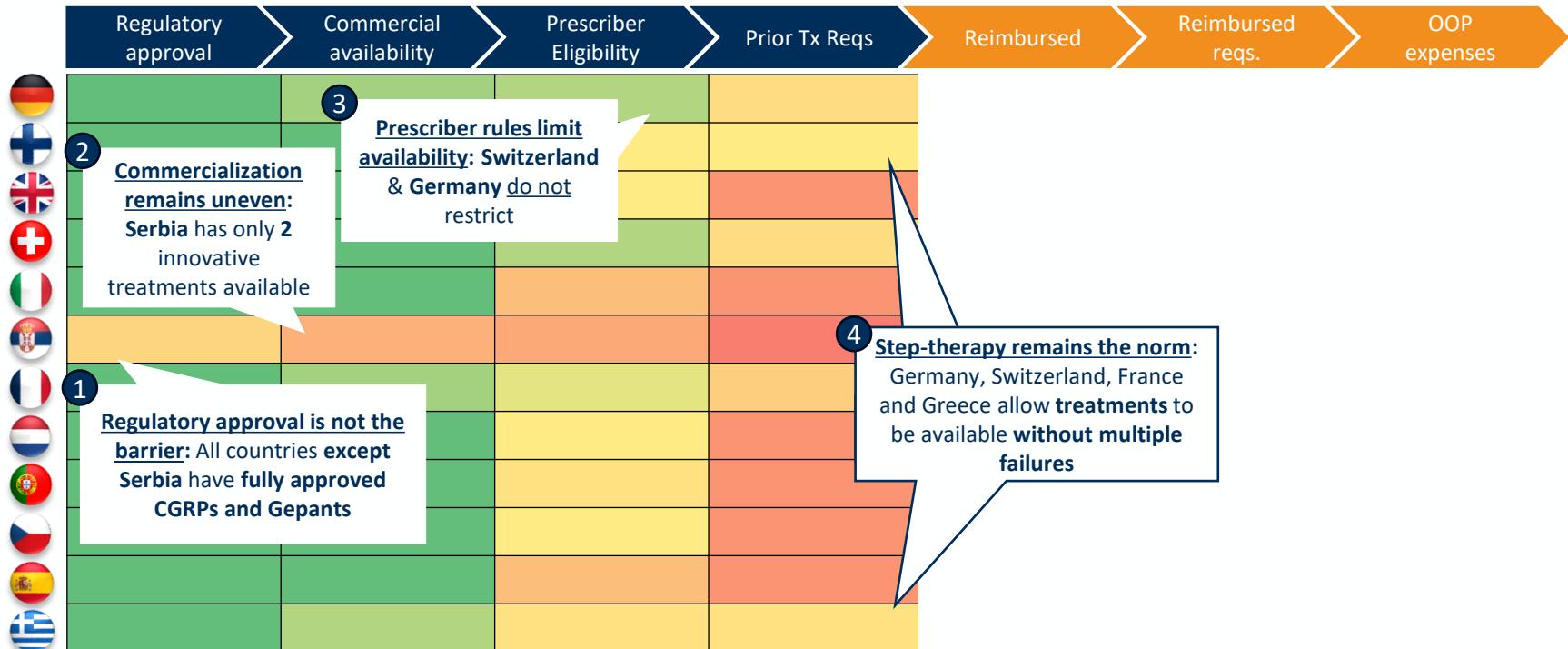
Notes: No restrictions to prescriber means the treatment can be prescribed by any licensed physician, while specialist prescription requires this to be a neurologist or headache specialist; pharmacist prescription means pharmacists can dispense these under certain conditions; Sources: Patient Associations Input; Abbreviations: OTC (over the counter), CGRP (calcitonin gene-related peptide); 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, Italy, Serbia, Netherlands, Portugal, Czech Republic and Spain demand multiple treatment failures for all CGRPs/Gepants





# Innovative treatments - Prior treatment req.

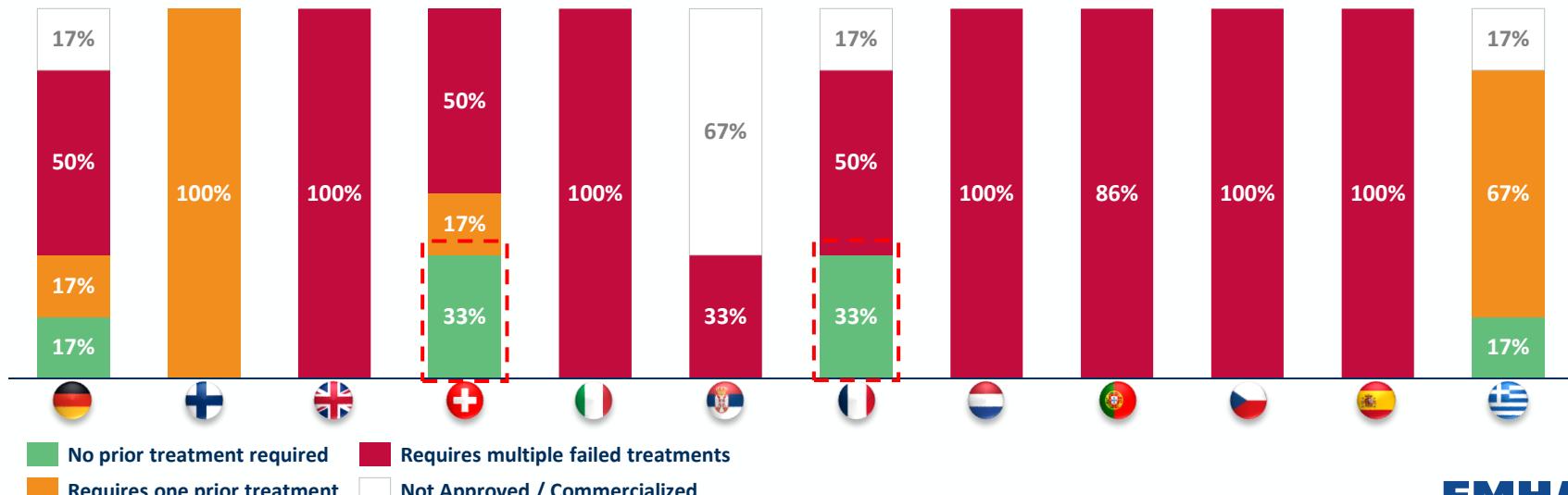
Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

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 (Vyepti) are available after one prior line



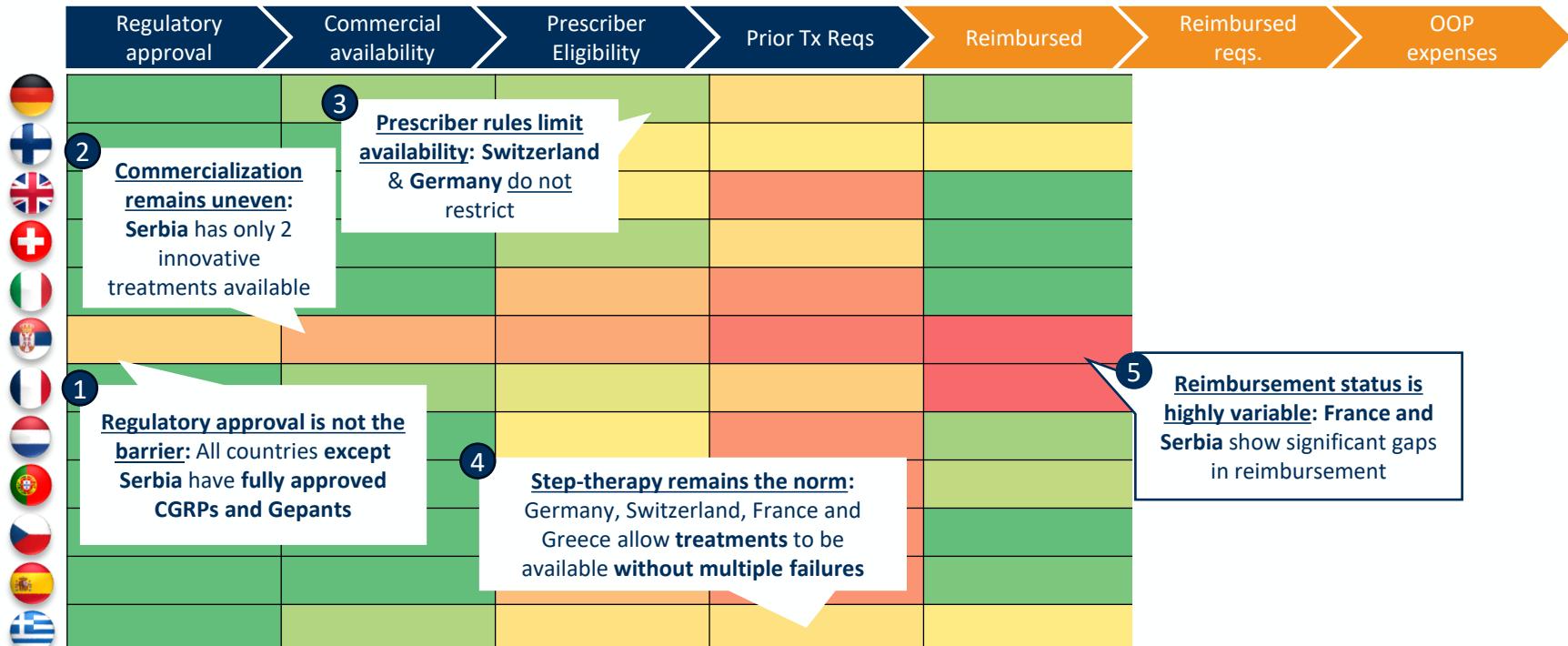
Notes: Graph Commercialized / Available therapies CGRP (calcitonin-gene related peptide) | Abbreviations: CGRPs (Calcitonin Gene-Related Peptide), req. (requirements)  
Innovative treatments includes CGRPs: Erenumab, Fremanezumab, Galcanezumab, Eptinezumab and Gepants: Rimegepant, Atogepant



# 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

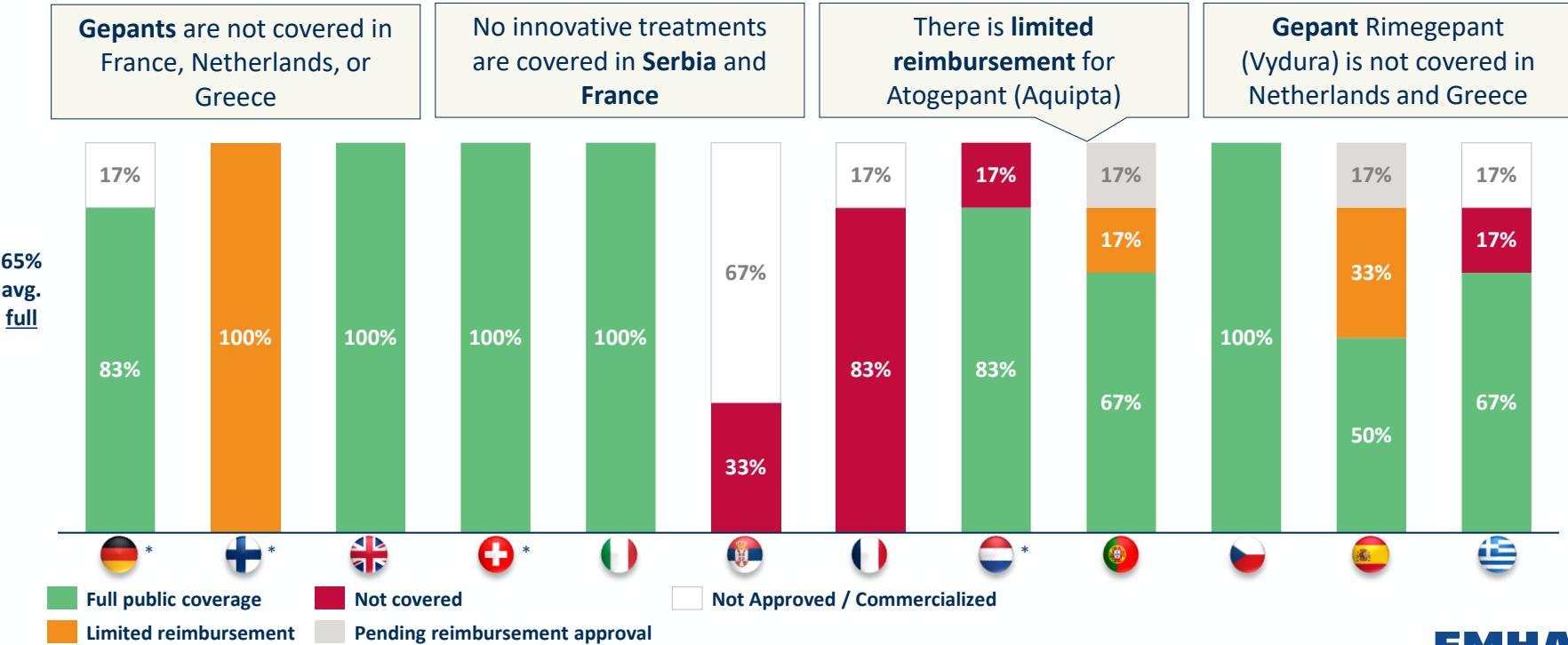




# Innovative treatments - Reimbursement status

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

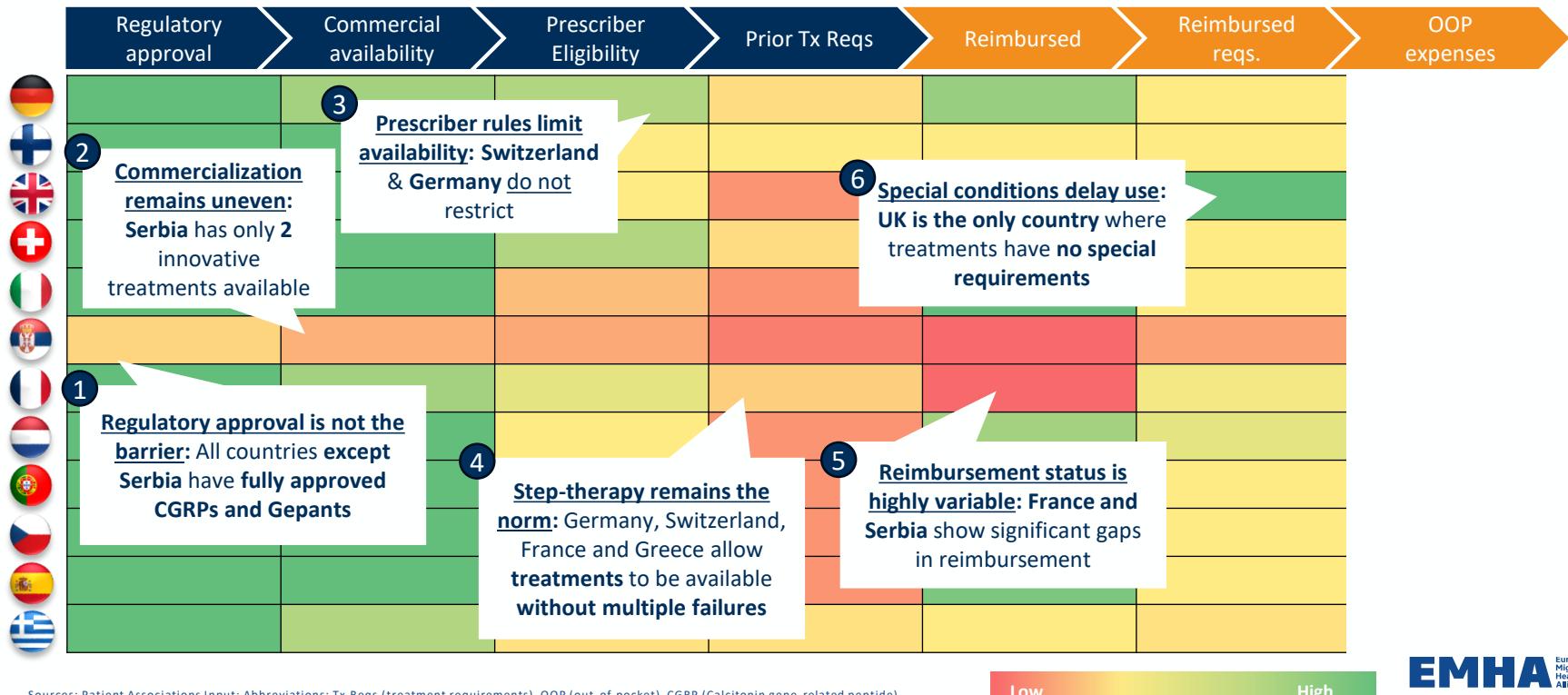




# Innovative treatments

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

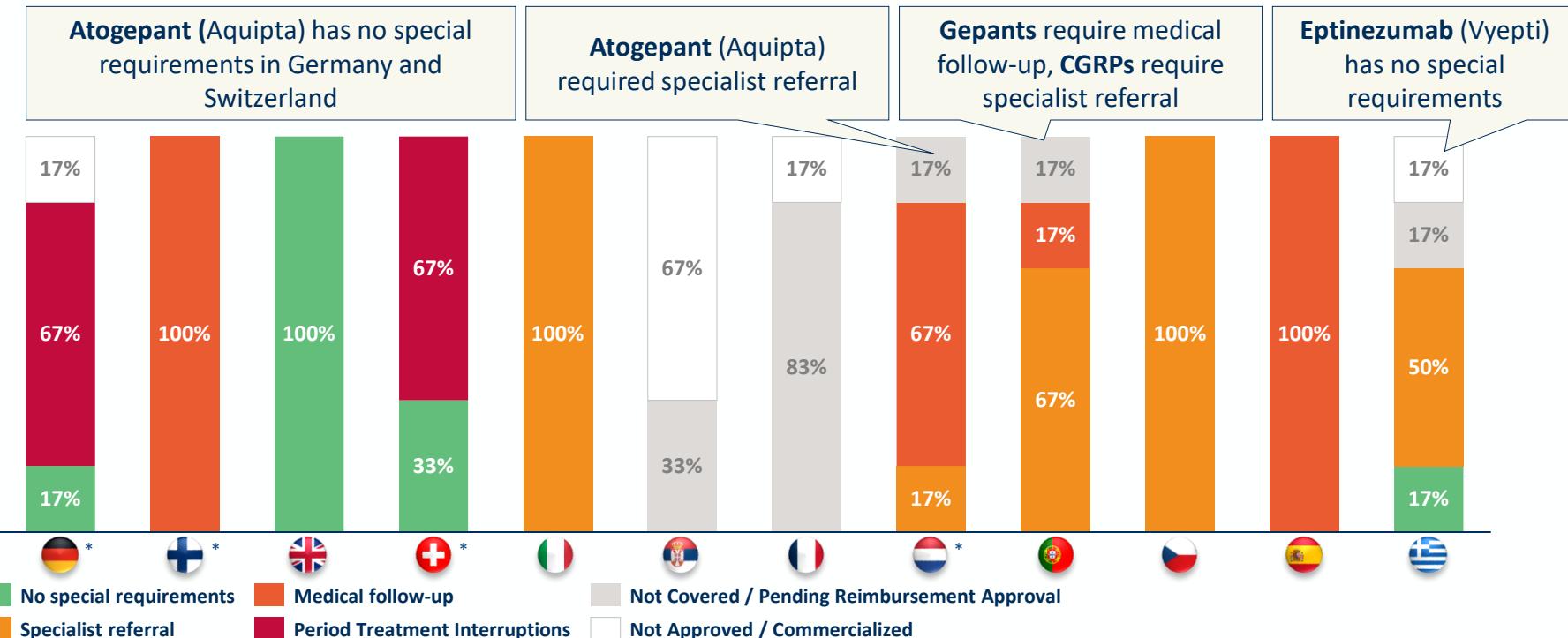




# Innovative treatments - Special requirements

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



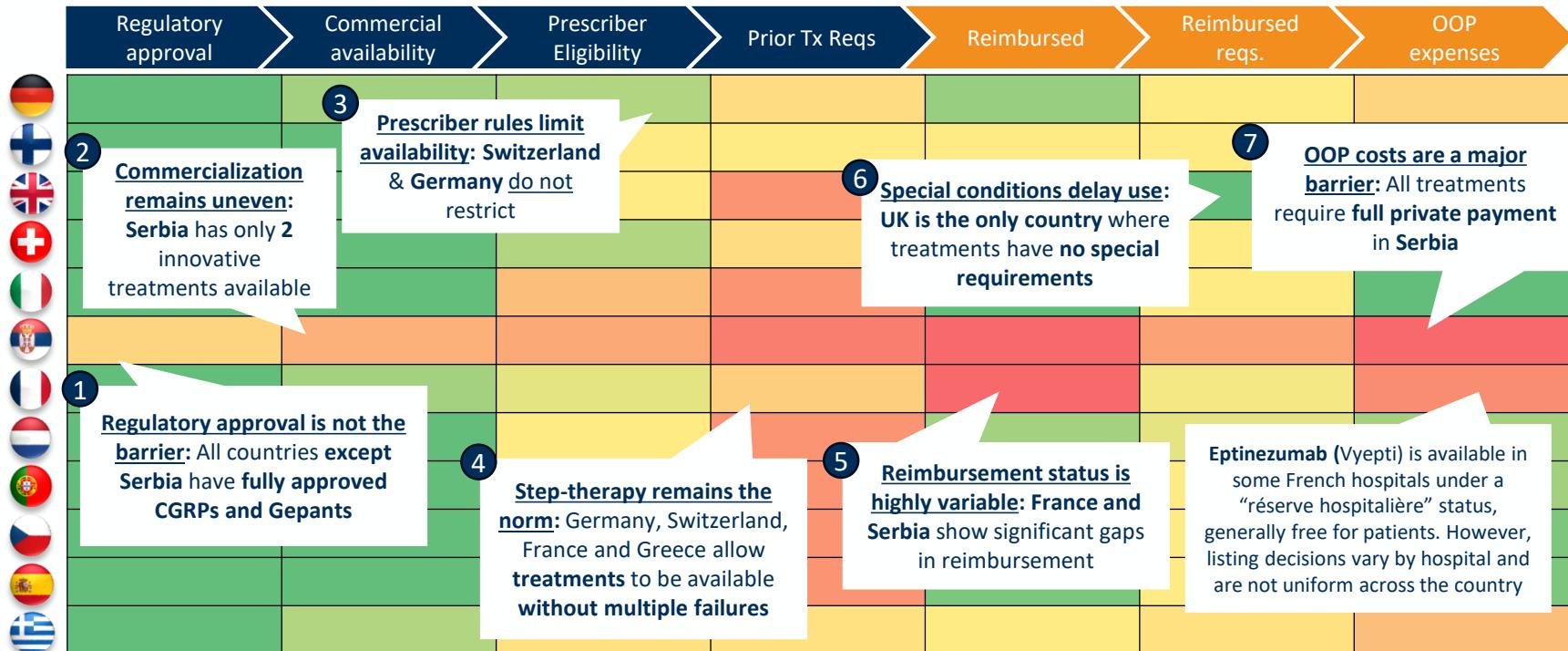
Notes: Prior authorization means a formal approval process is needed for reimbursement, while proof of diagnosis means patients must provide documentation of migraine diagnosis; specialist referral means treatment must be prescribed by a specialist for reimbursement; medical follow-up requires periodic 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; Abbreviations: CGRPs: calcitonin gene-related peptide' | 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.

Only Italy offers full coverage with zero OOP cost





# Innovative treatments - OOP expenses

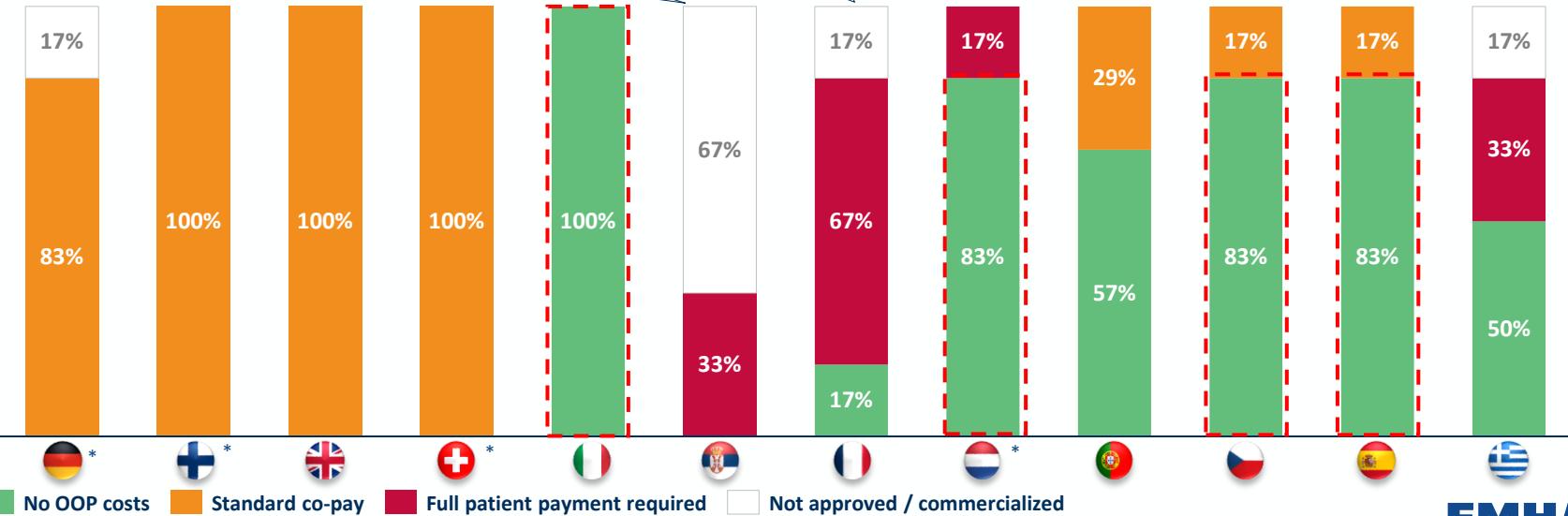
Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

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

**Serbia** OOP cost ranges from 200€ for Rimegepant (Vydura) to **340€ for Fremanezumab (Ajovy)**

**Only CGRP Eptinezumab (Vyepti) incurs no OOP costs (hospital use)**

**Gepants are subject to standard co-pay, while GCRPs are available with no OOP costs**



Notes: No OOP costs means patients pay 0% of the cost, standard co-pay means patients pay a part of the cost, as per the public insurance conditions, despite it being reimbursed. \*Slide notes for Germany, Finland, Switzerland, and Netherlands; Sources: Patient Associations Input; Abbreviations: CGRP (calcitonin-gene related peptide), OOP (out-of-pocket) Innovative treatments includes CGRPs: Erenumab, Fremanezumab, Galcanezumab, Eptinezumab and Gepants: Rimegepant, Atogepant



# 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 (Aquiapta) 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

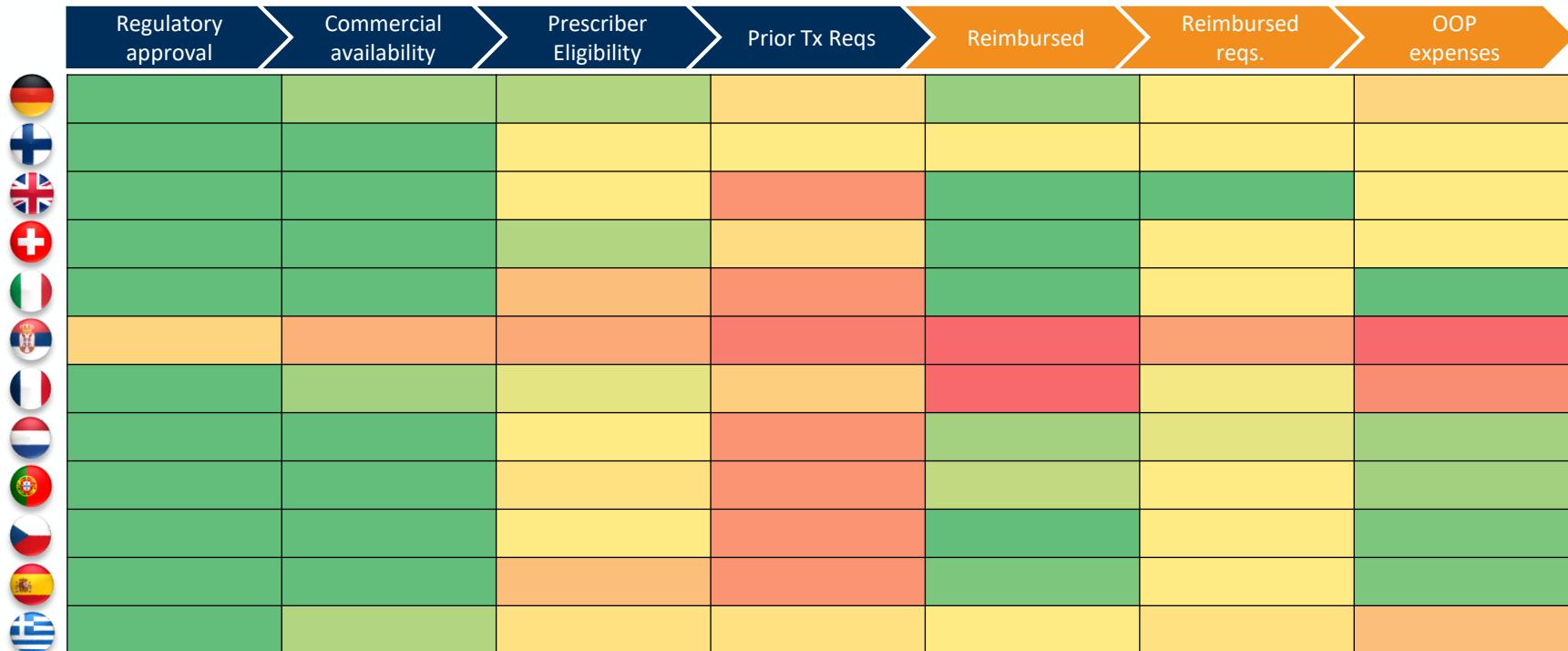
Abbreviations: tb (tablets); Sources: Patient Associations Input; Abbreviations: CGRP (calcitonin-gene related peptide) | Innovative treatments includes CGRPs: Erenumab, Fremanezumab, Galcanezumab, Eptinezumab and Gepants: Rimegepant, Atogepant



# 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





# What we analysed – Migraine-specific

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



**Innovative only<sup>1</sup>**

**CGRP-targeting therapies:** Erenumab, Fremanezumab, Galcanezumab, Eptinezumab  
**Gepants:** Rimegepant, Atogepant



**Migraine-specific established therapies**

Oral triptans, Injectable triptans, Ditans, Botulinum toxin A



**All treatments**

*See Appendix*

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

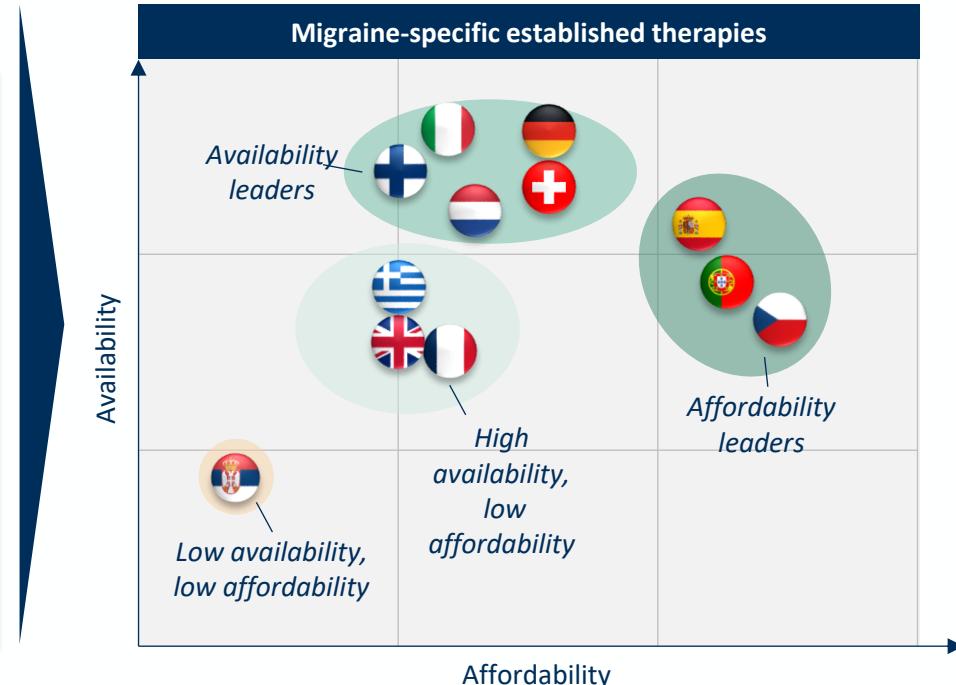


# Key conclusions on availability and affordability

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

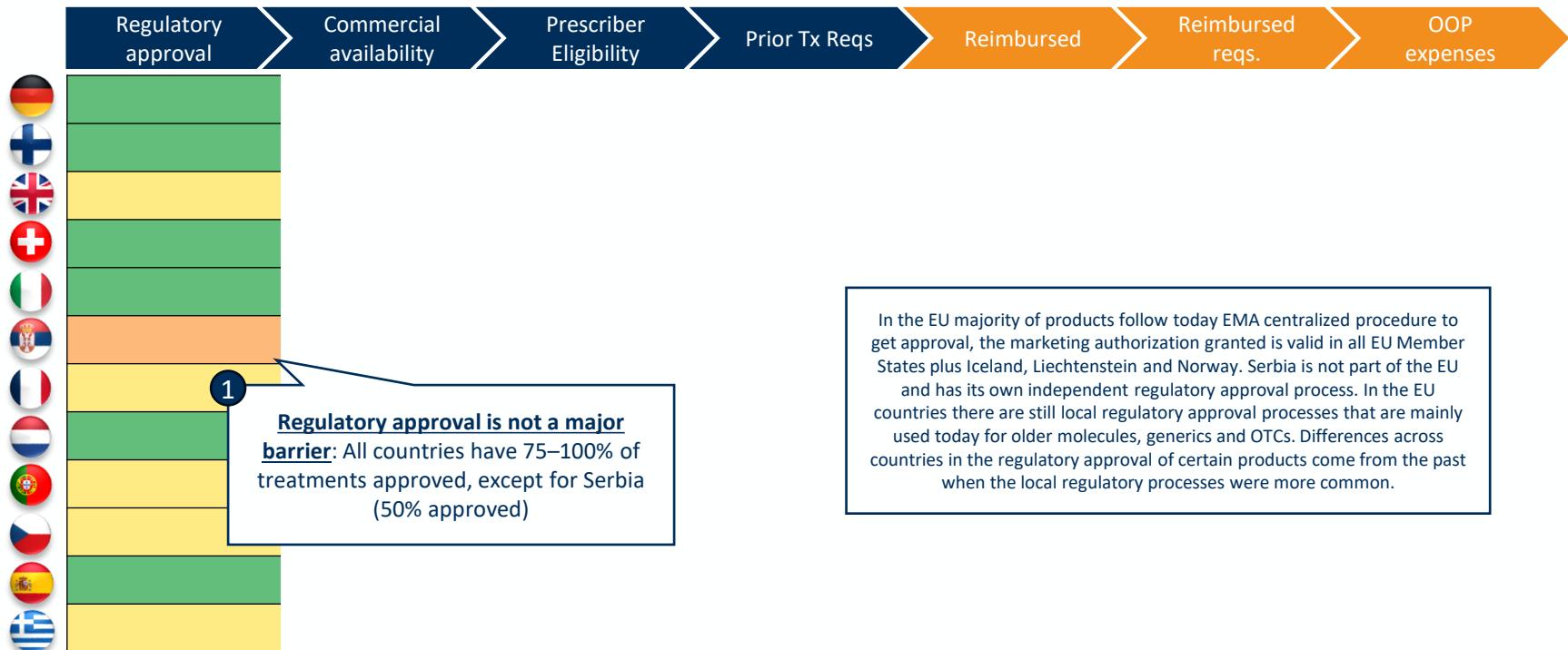




# Migraine-specific treatments

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



**1**  
**Regulatory approval is not a major barrier:** All countries have 75–100% of treatments approved, except for Serbia (50% approved)

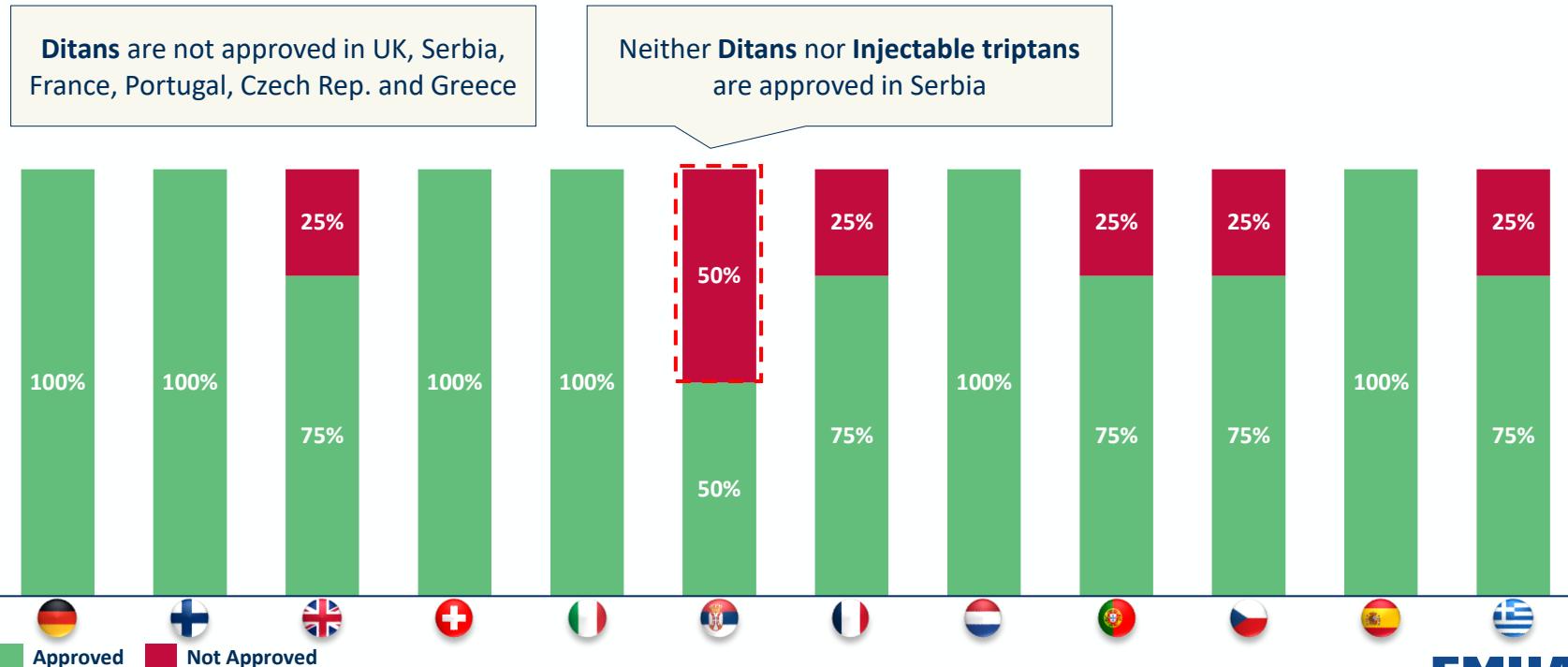
In the EU majority of products follow today EMA centralized procedure to get approval, the marketing authorization granted is valid in all EU Member States plus Iceland, Liechtenstein and Norway. Serbia is not part of the EU and has its own independent regulatory approval process. In the EU countries there are still local regulatory approval processes that are mainly used today for older molecules, generics and OTCs. Differences across countries in the regulatory approval of certain products come from the past when the local regulatory processes were more common.



# 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

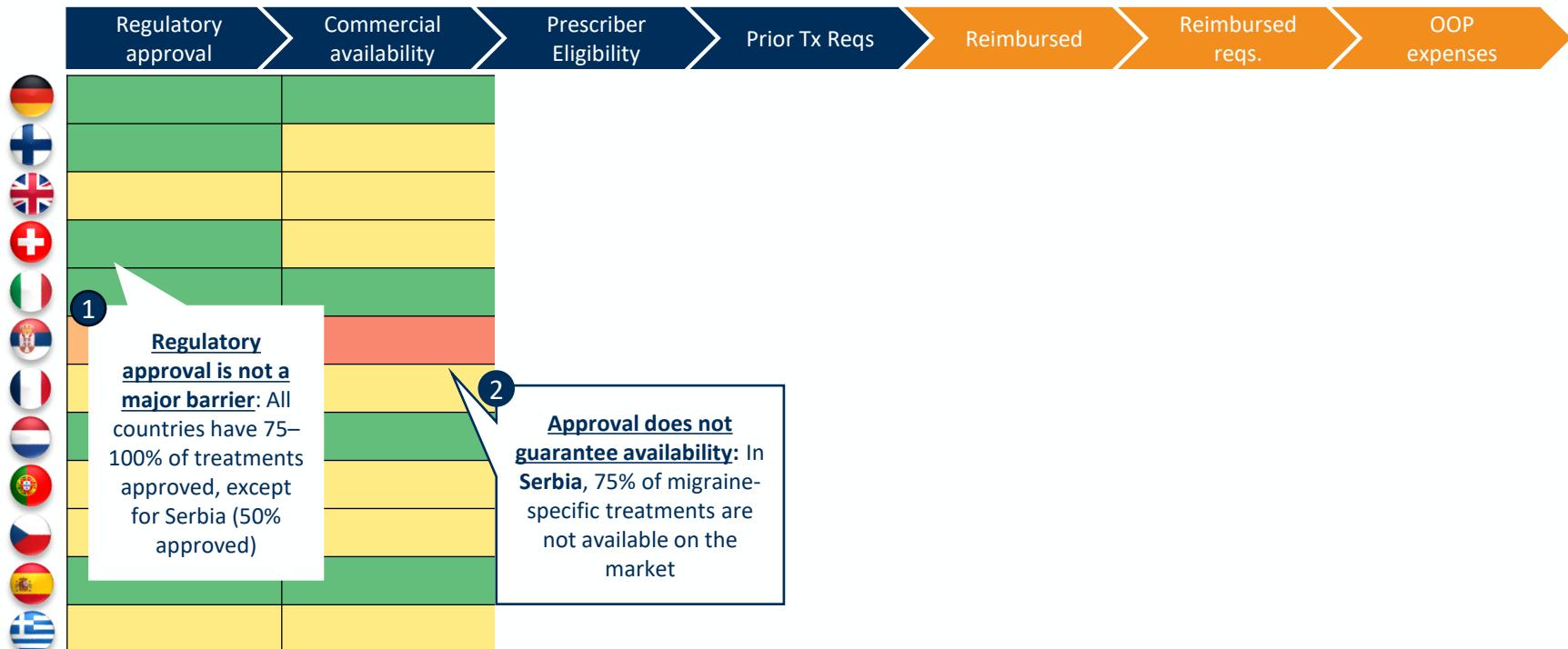




# Migraine-specific treatments

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We start to see equity gaps at the commercialization stage

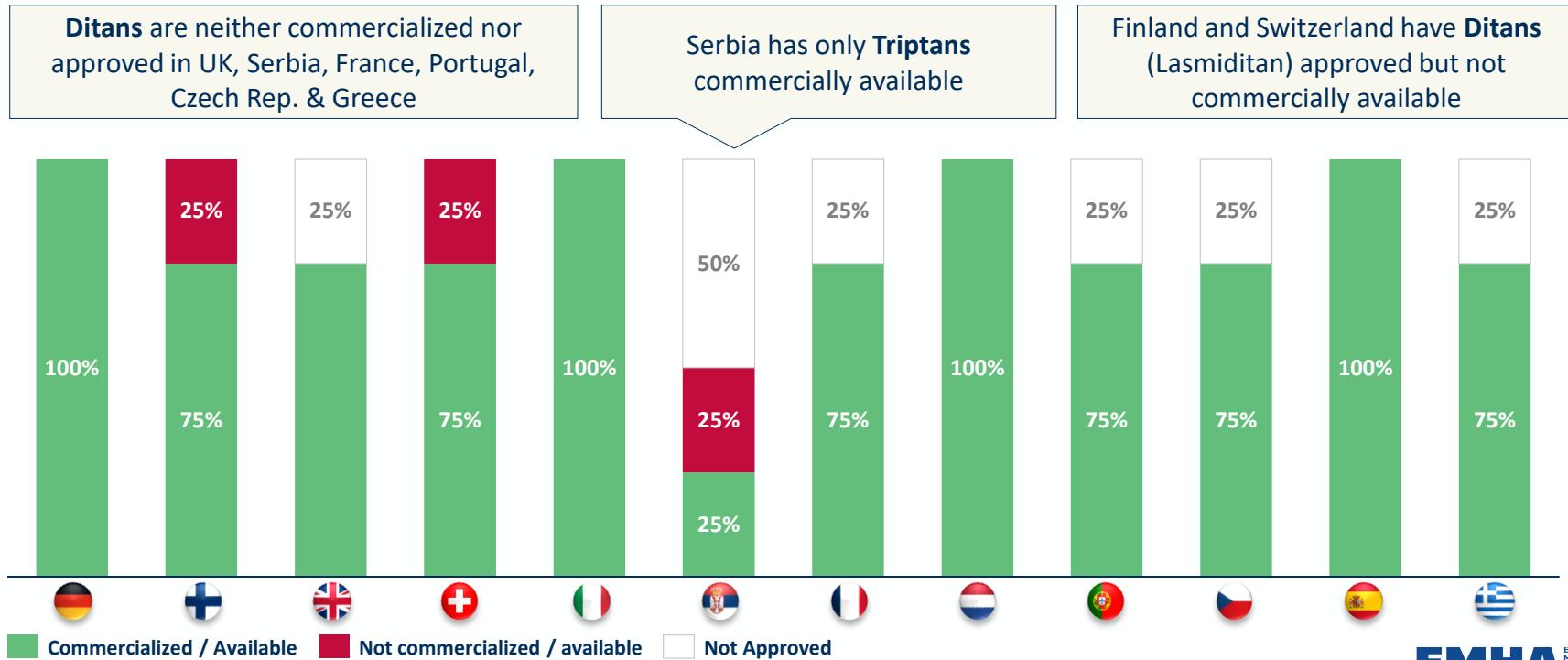




# Migraine-specific - Commercialization

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

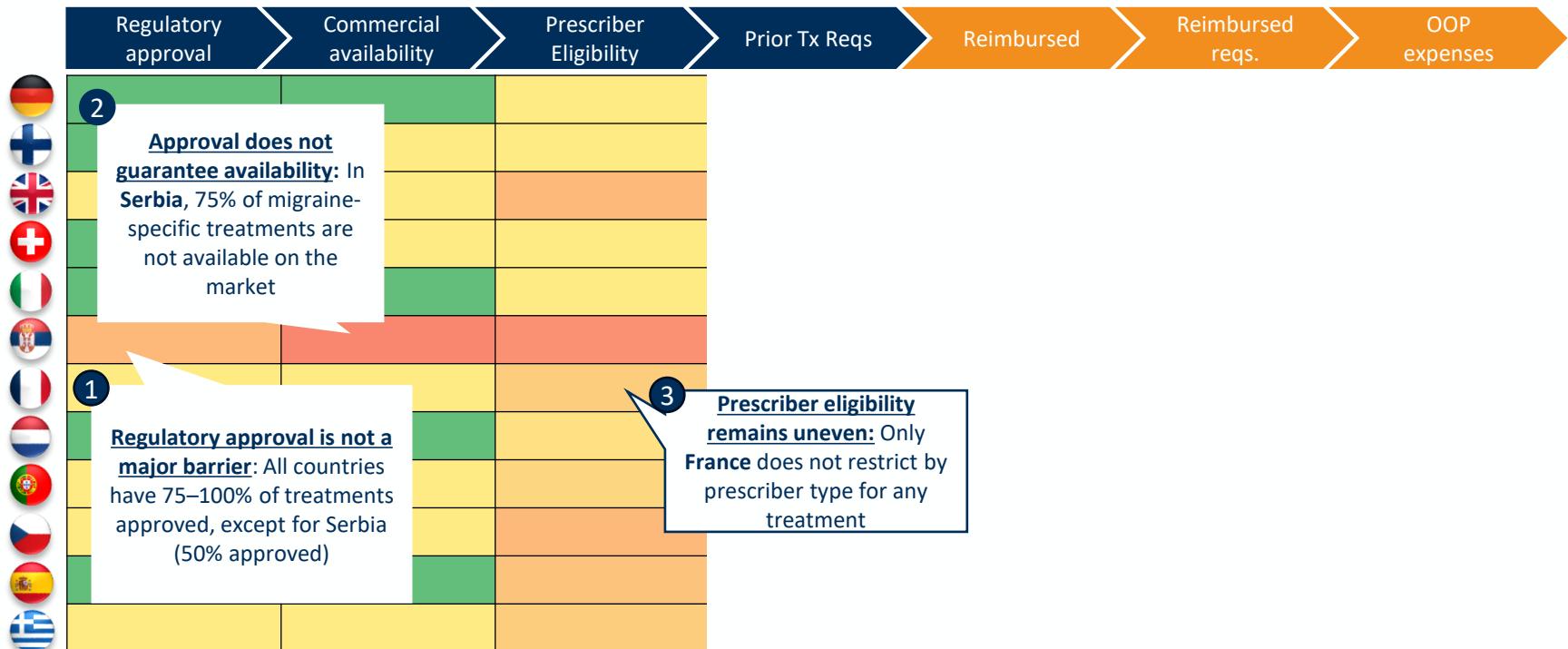




# Migraine-specific treatments

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





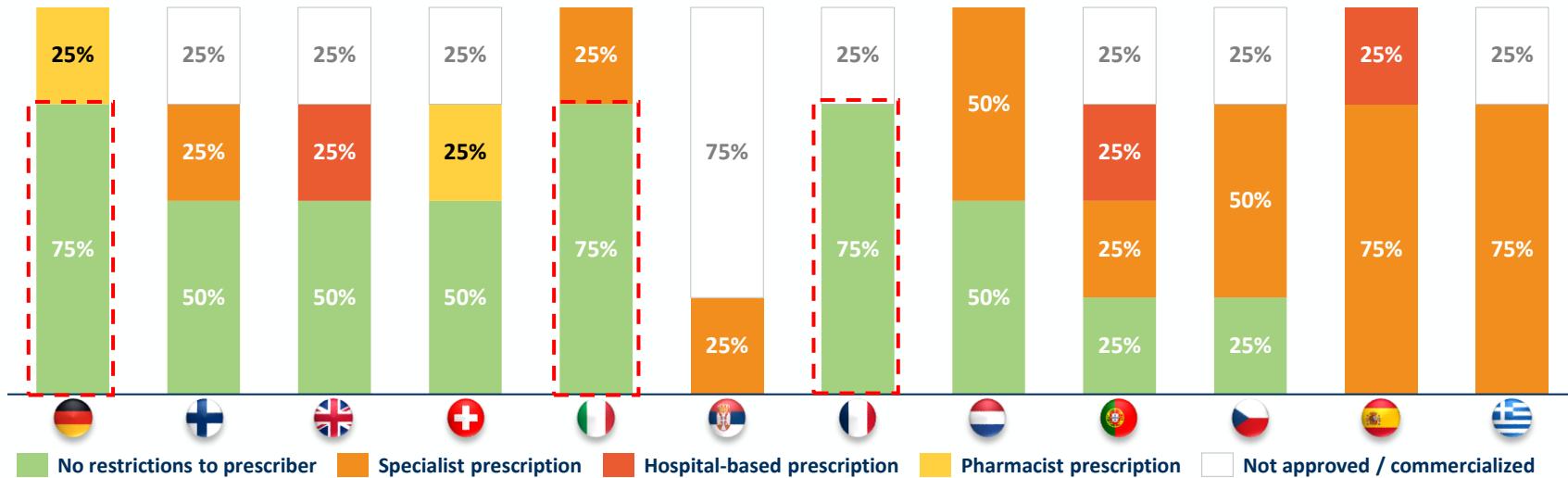
# Migraine-specific - Prescriber eligibility

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



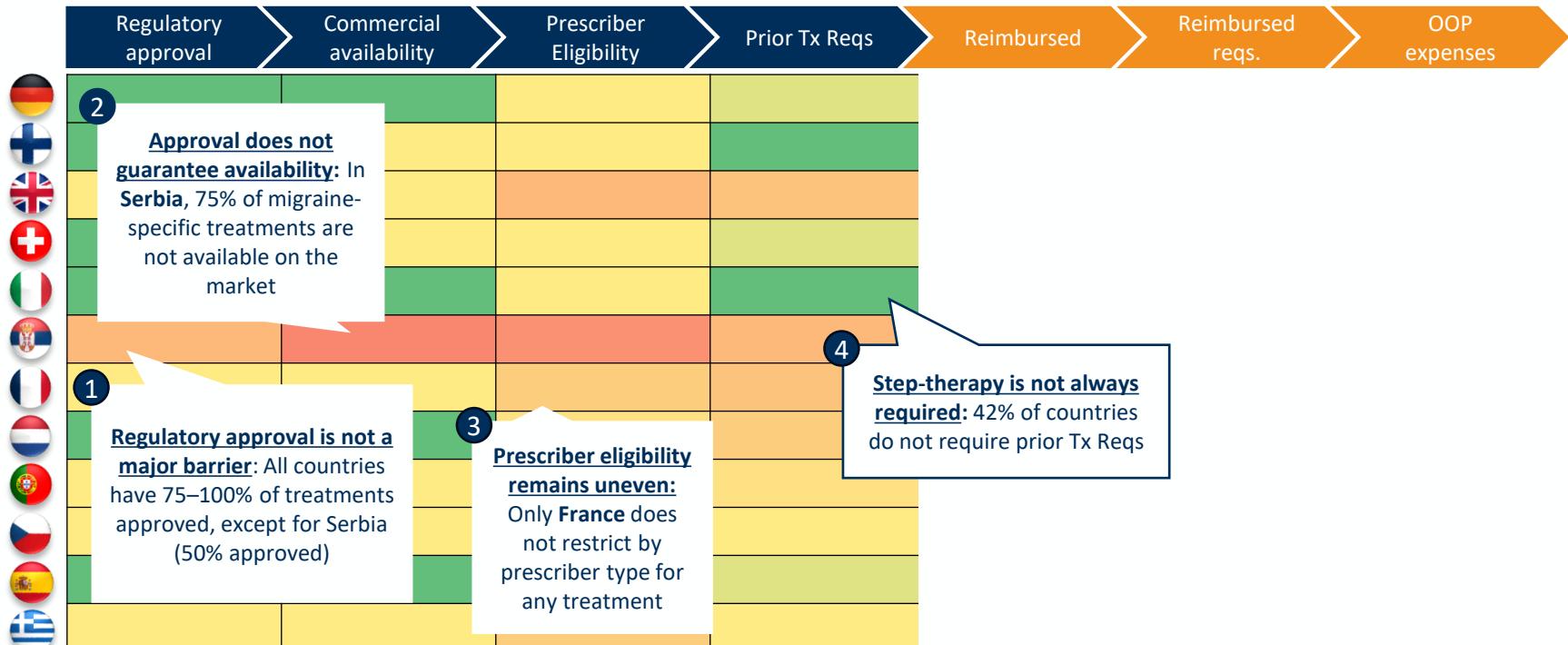
Notes: No restrictions to prescriber means the treatment can be prescribed by any licensed physician, while specialist prescription requires this be a neurologist or headache specialist; pharmacist prescription means pharmacists can dispense these under certain conditions; Migraine-specific treatments includes Oral triptans, Injectable triptans, Ditans, Botulinum toxin A; Sources: Patient Associations Input; Abbreviations: OTC (over the counter)



# 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.

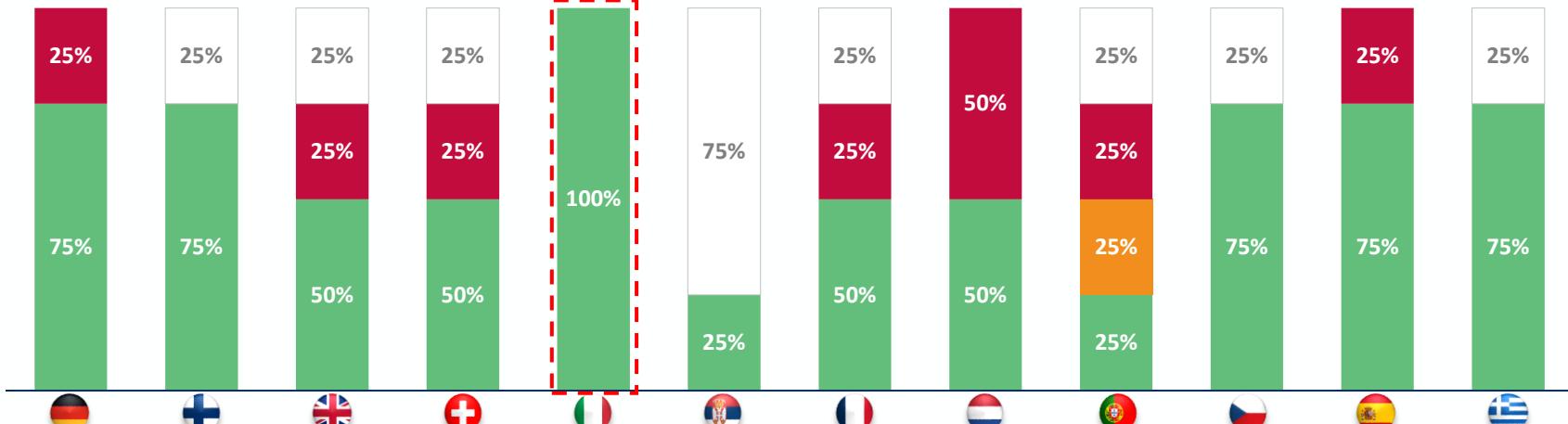
Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

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



■ No prior treatment required

■ Requires multiple failed treatments

■ Requires one prior treatment

■ Not approved / commercialized

Notes: Graph Commercialized / Available therapies; Abbreviations: req. (requirements)

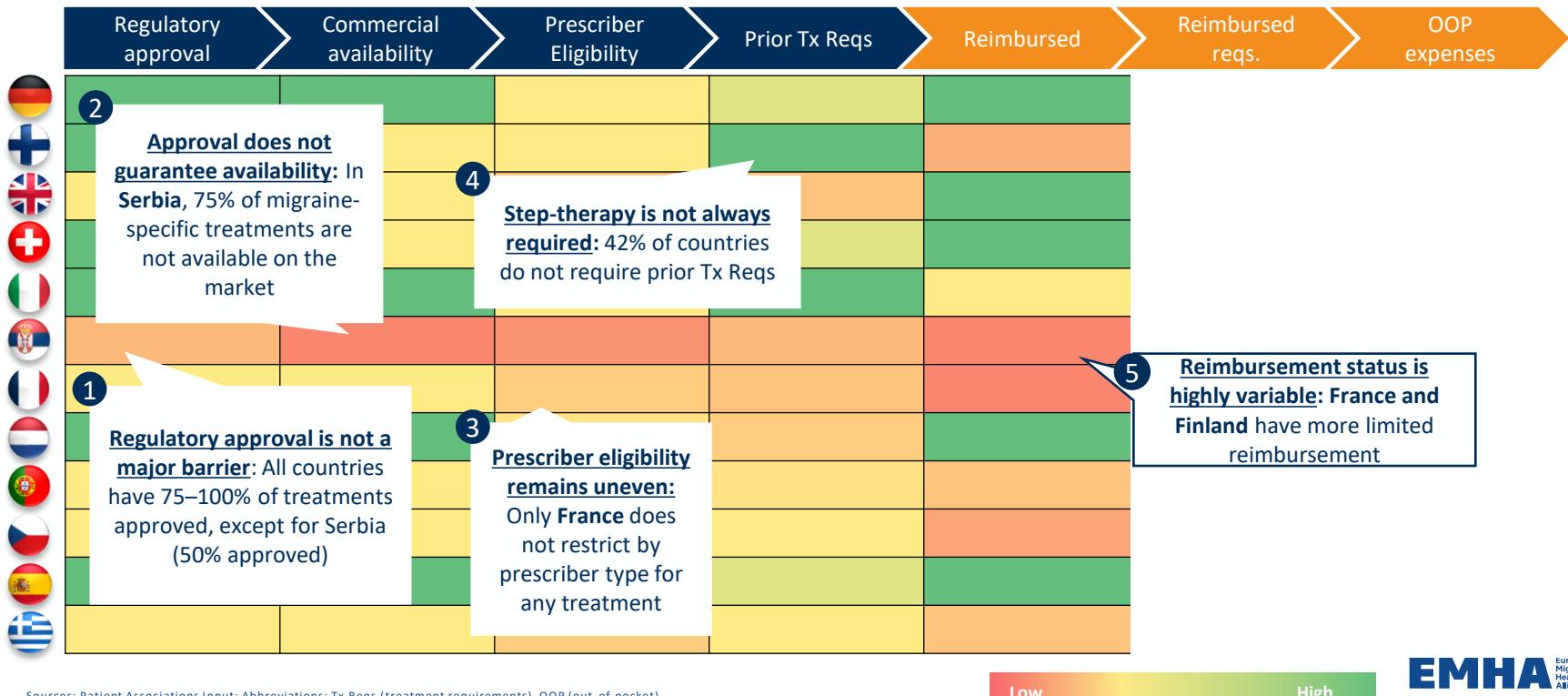
Migraine-specific treatments includes Oral triptans, Injectable triptans, Ditans, Botulinum toxin A



# 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

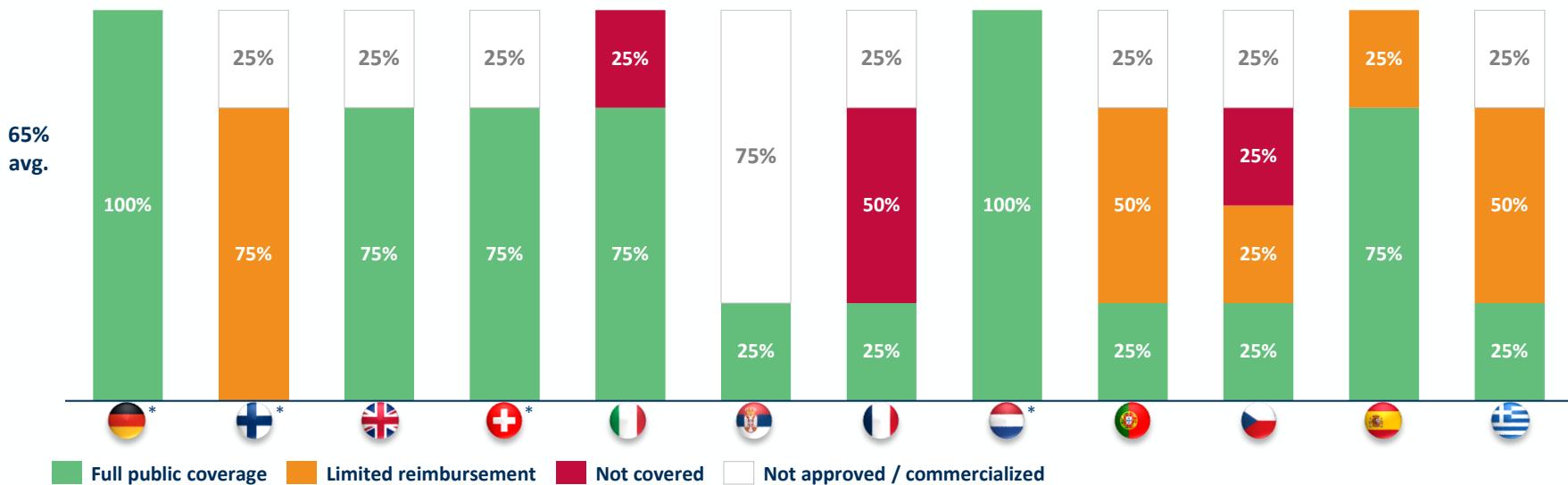
Appendix contains additional detail with country-specific data; Glossary (slides 12-13) provide details of drug classes and brand names covered.

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

Migraine-specific treatments have limited reimbursement in Finland

Only Italy, France and Czech Rep. have not covered treatments

Portugal, Czech Rep. and Greece show limited reimbursement in some treatments



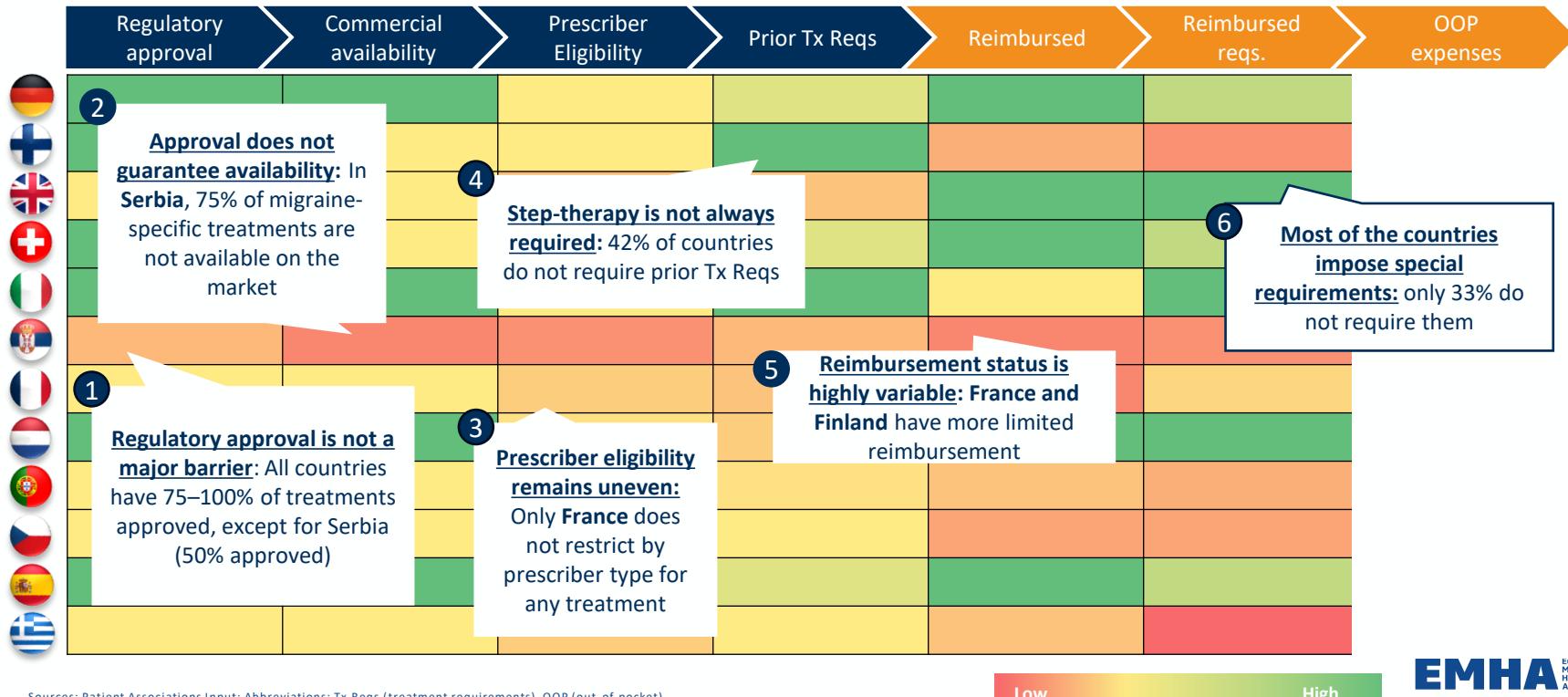
Notes: Full public coverage – The cost of the medication is fully reimbursed by the public healthcare system (may include copayment, as applicable according to country). Limited reimbursement is when reimbursement is associated to specific eligibility criteria or to a maximum cost limit per patient. 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 Rqrs (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

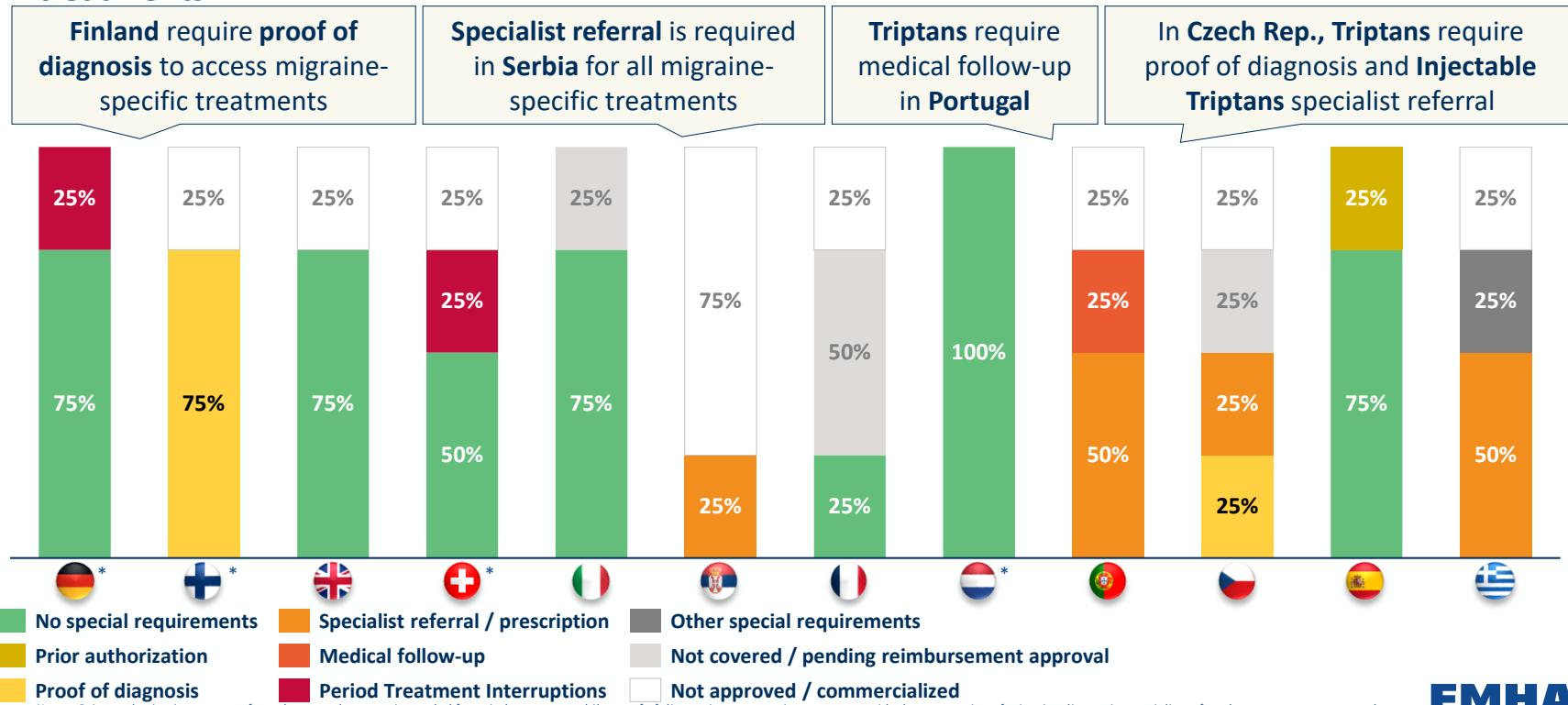




# Migraine-specific - Special requirements

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

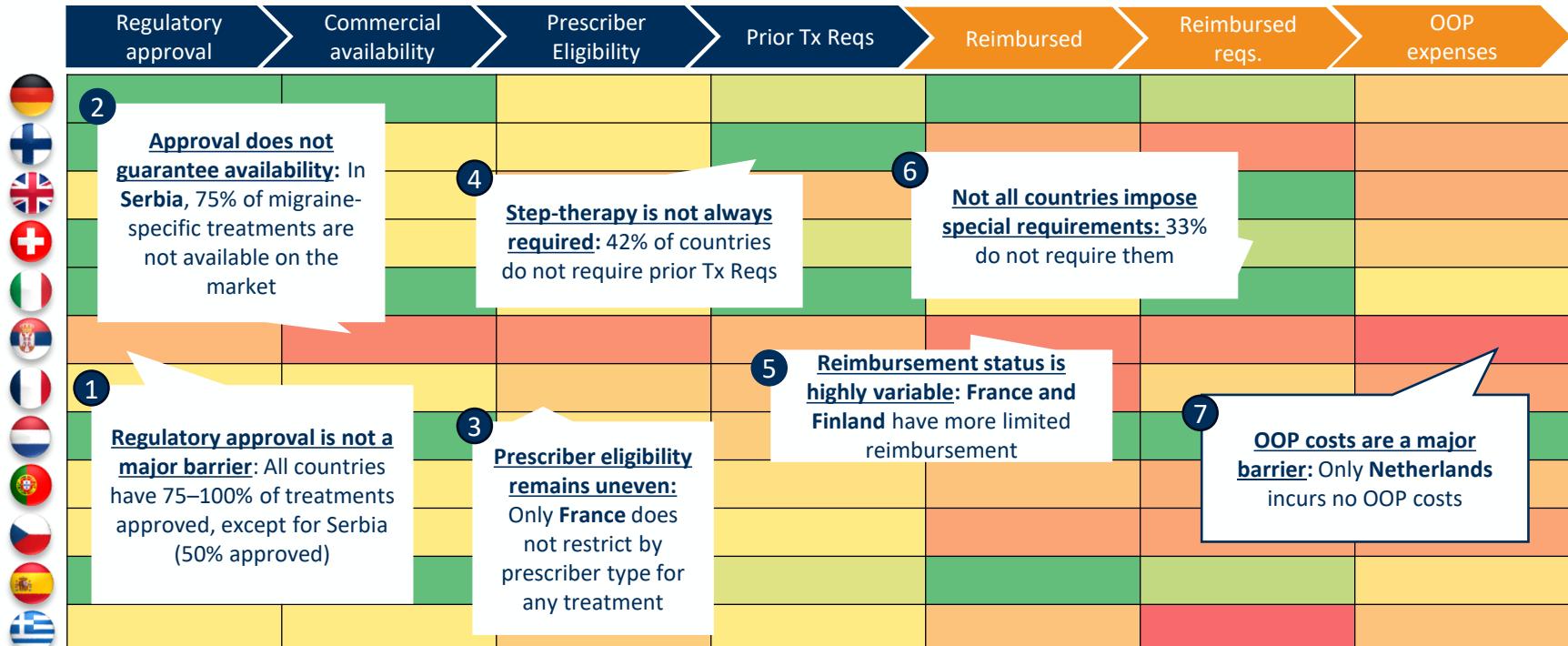




# Migraine-specific treatments

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

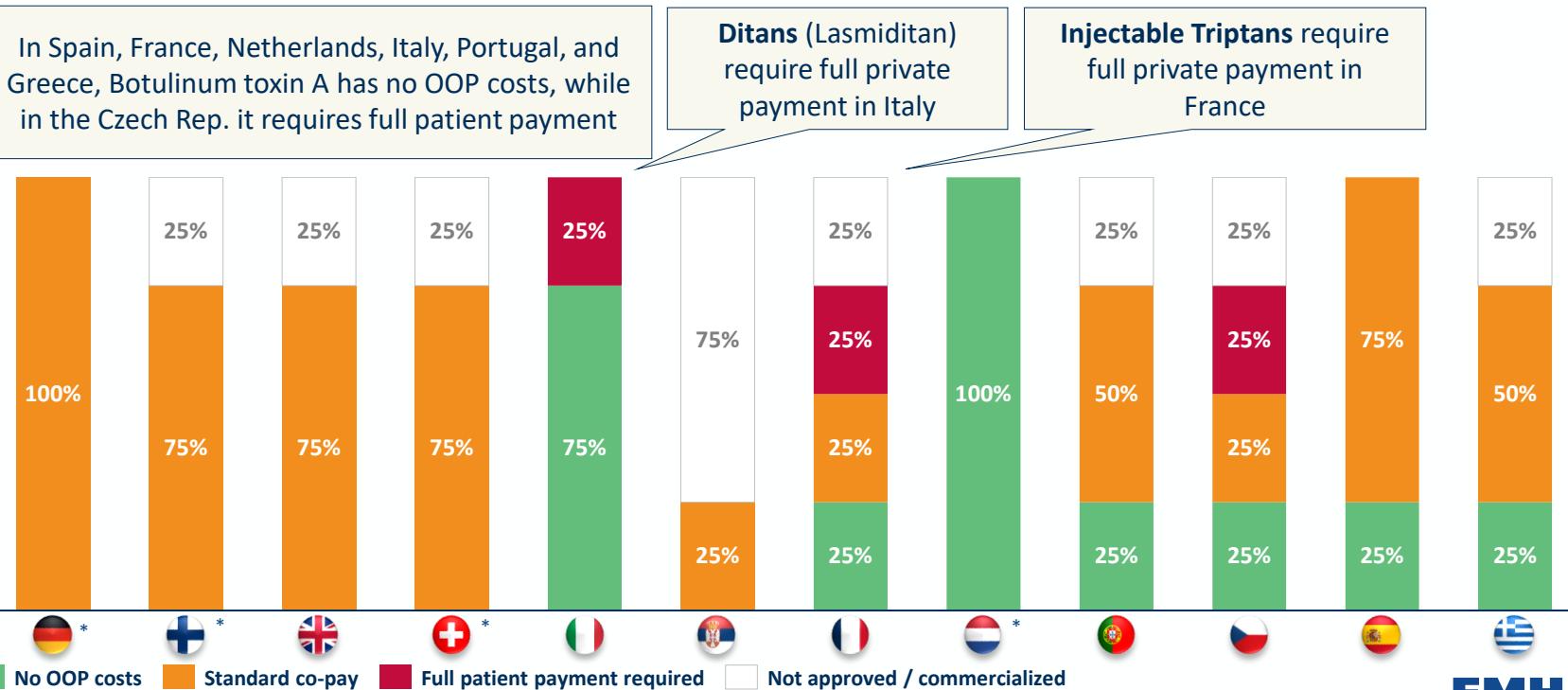




# Migraine-specific - Common OOP expenses

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



Notes: No OOP costs means patients pay 0% of the cost, standard co-pay means patients pay a part of the cost, as per the public insurance conditions, despite it being reimbursed. \*Slide notes for Germany, Finland, Switzerland, and Netherlands; Sources: Patient Associations Input; Abbreviations: OOP (out-of-pocket)  
Migraine-specific treatments includes Oral triptans, Injectable triptans, Ditans, Botulinum toxin A



# 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

