

# Nordic Health Report

*Regional usage of biologics (CGRP) in the treatment of chronic migraine*

*Q2 2021*

# In the Nordics, CGRP class has been marketed since 2018, first usage observed in Norway

## Prevalence and treatment of migraine in the Nordics

- Chronic migraine is defined in accordance with the International Classification of Headache Disorders as at least 15 headache days per month, of which at least 8 with migraine.<sup>1</sup> About **1–2% of the general population is estimated to have chronic migraine.**<sup>2</sup>
- CGRP is 3rd line treatment or later** and is offered to patients with chronic migraine who have experienced treatment failure in previous prophylactic treatments with antihypertensive and antiepileptic drugs.
- There are currently **three CGRP treatments in the market:** Aimovig, Ajovy, and Emgality.

DDD usage of CGRP in thousands (2020)<sup>3 4</sup>



Sources: <sup>3</sup>IQVIA sales data Sweden, Finland, Norway (2020), <sup>4</sup>Danmarks Statistik, Sundhedsdatastyrelsen, Amgros, IQVIA OneKey, and IQVIA calculations/algorithms (2020), <sup>5</sup>See appendix for sources, DDD as per WHO definition

Pharmacy selling list price (EUR)<sup>5</sup> per day

Country	Aimovig 70/140 mg	Ajovy 225 mg	Emgality 120 mg
Sweden	13,32	13,14	13,51
Denmark	20,19	21,48	20,16
Finland	16,83	18,28	17,86
Norway	18,95	17,94	18,03

Consumption data shows that usage of CGRP biologic treatments differ greatly across countries. While the growth in usage has strongly accelerated in Norway since early 2020, the trend in the other three countries is a more stagnant development.

- Though Sweden was the last country with observed sales of CGRP, **Denmark has been the country with the slowest growth rate**, due to much more limited usage than its Nordic neighbours.
- Norway and Finland have a higher consumption of CGRP than the Nordic average**, while Sweden and Denmark are falling behind in terms of biologics usage.
- Only **minor price differences are observed across brands** within each country. However, the cross country prices deviate as much as 67% for the same product.

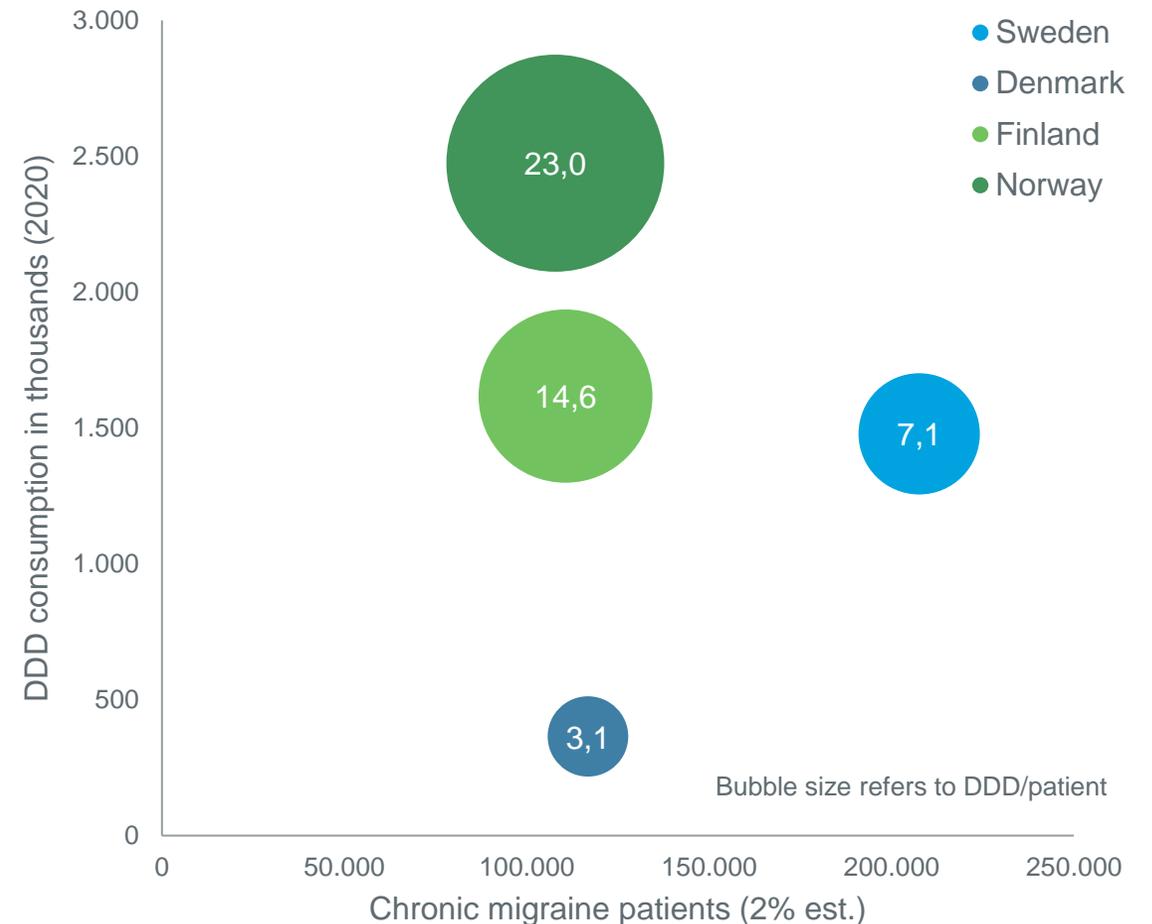
# The national differences in usage of CGRP are large. Norway shows highest DDD per patient population

## National differences in CGRP usage in the Nordics

- Norway has by far the highest DDD consumption of CGRP per chronic migraine patient in the Nordics, indicating that **patient access to CGRP treatment in Norway is significantly better** here than in the other Nordic countries.
- **Less restrictive treatment guidelines in Norway and Finland pave the way for more extended usage of CGRP**, thus helping a larger share of migraine patients.
- In these countries both **patients suffering from chronic- and episodic migraine are offered CGRP treatment**, whereas it is restricted to those with chronic migraine in Sweden and Denmark.

Country	Population <sup>6</sup>	CM patients (2% est.)	DDD usage 1.000s (2020) <sup>3 4</sup>	National avg. DDD/patient
Sweden	10.379.295	207.586	1.479	7,1
Denmark	5.840.045	116.801	365	3,1
Finland	5.533.793	110.676	1.617	14,6
Norway	5.391.369	107.827	2.475	23,0
Nordics	27.144.502	542.890	5.936	10,9

CGRP usage per country and CM patients<sup>3 4</sup>



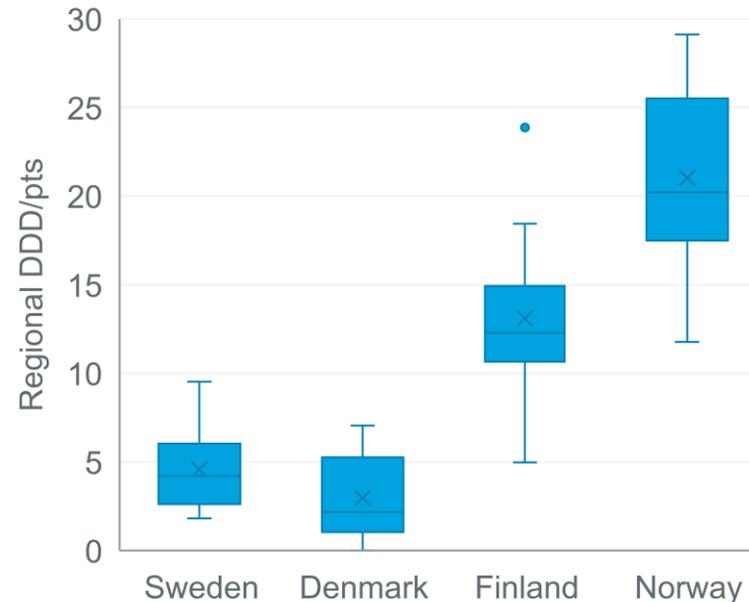
Sources: <sup>3</sup>IQVIA sales data Sweden, Finland, Norway (2020), <sup>4</sup>Danmarks Statistik, Sundhedsdatastyrelsen, Amgros, IQVIA OneKey, and IQVIA calculations/algorithms (2020)

# Chronic migraine patients have significantly higher usage of biologics treatment in Norway and Finland

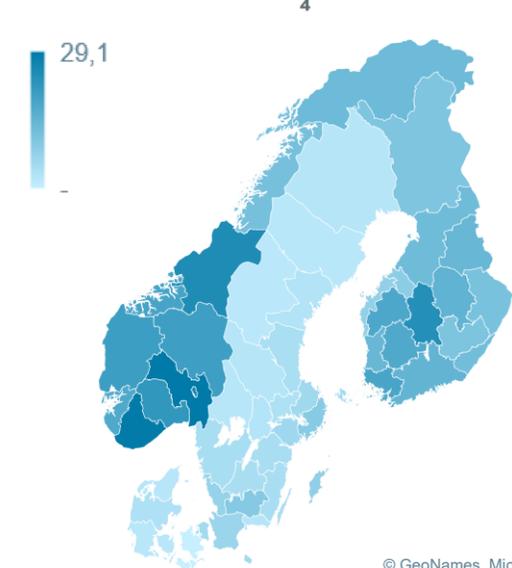
## Regional differences in CGRP usage in the Nordics

- Consumption data shows that **usage and thus patient access to the biologic treatments differ greatly across countries.**
- While all regions in Norway have a higher than Nordics average DDD per patient, neighboring countries **Sweden and Denmark show lower than Nordics average consumption across regions.**
- **Patient access to biologic treatments is thus more limited** in Sweden and Denmark.
- DDD consumption per chronic migraine patient is **generally higher around the larger cities**, hence there are signs of centralization of treatment

DDD range and quantiles of CGRP/pts (2020)<sup>3 4</sup>



Regional DDD consumption of CGRP/pts (2020)<sup>3 4</sup>



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Sources: <sup>3</sup>IQVIA sales data Sweden, Finland, Norway (2020); <sup>4</sup>Danmarks Statistik, Sundhedsdatastyrelsen, Amgros, IQVIA OneKey, and IQVIA calculations/algorithms (2020)

Regional differences are largest in Norway and Finland, where the ranges of DDD per CM patient are wider. This can be the result of either centralization of treatment offering or regional differences in patient access to CGRP treatments.

- In Sweden and Denmark the more narrow ranges can be translated into equally difficult patient access to CGRP treatments across regions.
- **Viken, Keski-Suomi, Kronobergs län, and Region Hovedstaden** are the regions per country with highest DDD per patient.

# Appendix

## Topics to address in potential next steps

- What reasons can explain differences in usage per country?
- What can Nordic countries learn from their treatment approaches?
- What is drug treatment persistence of CGRP?
- In which patient types has CGRP achieved desired outcomes?
- How can innovative payment contracts increase patient access?
- What is the patient perspective?

## References

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6. Statistikmyndigheten SCB (Q1 2021); Danmarks Statistik (Q4 2020); Statistics Finland (Q1 2021); and Statistisk sentralbyrå (Q1 2021)

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