

Closing the gap in access to care and treatment

POSITION PAPER | OCTOBER 2026

Migraine must be a national health priority

Brain Foundation, through its Migraine & Headache Australia division, together with the organisations supporting this position paper, calls on the Australian Government to recognise the scale and burden of migraine and work with patients, clinicians and other stakeholders to improve access to care and treatment.

OUR THREE RECOMMENDATIONS

1

Modernise PBS access criteria

Enable earlier access to migraine-specific preventive therapies where clinically appropriate, without requiring patients to fail multiple older treatments first. Recognise meaningful benefit when deciding whether treatment can continue.

2

Improve affordable treatment choice

Create clearer, workable pathways for more evidence-based migraine treatments to reach the Pharmaceutical Benefits Scheme. Use current evidence and consider patient need, equity and the wider burden of migraine.

3

Strengthen primary-care capability

Sustain national migraine education for GPs and other primary-care professionals. Build confidence in diagnosis, treatment, monitoring and referral, including access to specialist advice.

A patient-led call for better access

ENDORSED BY LEADING AUSTRALIAN PATIENT ORGANISATIONS



Migraine & Headache Australia is a division of the Brain Foundation.

The scale and burden of migraine

Around

4 million

Australians live with migraine¹

Earlier estimates substantially understated how many Australians live with migraine. Government should now reassess whether policy, services and treatment access reflect the scale of need.

AIHW, September 2026

How many Australians live with migraine?

AIHW, September 2026

Current national estimate¹

4 million

AIHW, National Health Survey 2022

Self-reported long-term migraine²

1.7 million

These estimates use different definitions and data sources and do not show a trend over time. The updated figure is AIHW's best current estimate of migraine prevalence.

\$35.7 billion

Estimated annual economic cost of migraine³

Lost productivity: \$16.3 billion

Other economic costs

Deloitte Access Economics, 2018 estimates.

The effects reach across daily life



Concentration



Sleep



Work



Family responsibilities



Relationships



Mental health

Migraine can affect concentration, sleep, work, family responsibilities, relationships and mental health. Effects vary from person to person.

Women carry a disproportionate burden.

Migraine affects an estimated 18% of females in Australia, compared with 11% of males.¹ Research also indicates that women tend to experience longer and more painful attacks.¹



What our community told us

262 survey responses

MHA community members described treatment-access barriers and their effects on everyday life, January to April 2026.⁴



Areas of life affected by access issues



Percentage of all 262 respondents. Multiple selections were allowed.

 "Each time I take this treatment, I have to decide whether the migraine is bad enough to spend \$31 on reducing its severity. No one should have to make this choice." Amy Roberts <i>Paying privately: approximately \$31 per tablet at the time of her response.</i>	 "My entire life has changed. I am taking less time off work, exercising again and cancelling less often on friends and family. I have gone from just living to work, to really living." Brittany Stuart <i>After gaining PBS-funded access to a migraine preventive treatment.</i>
 "Having to trial less effective medications first meant significant treatment delays and severely impacted my quality of life as well as my ability to do my job every day." Hayley W.	 "To see my neurologist for treatment I need to make a 400km round trip." William Grant Stanton

About the survey. Self-selected, self-reported community responses. These findings are not national estimates or proof of causation. Spending covers migraine treatment broadly, not only non-PBS medicines. Patient quotes are reproduced with written permission.

What better access would mean

THE ACCESS PROBLEM

“Fail-first” requirements delay effective treatment

Some patients must trial several older preventive medicines before qualifying for a prescribed PBS-funded treatment. With treatment trials, specialist waiting periods and repeat consultations, this pathway can take around a year and involve more than \$1,000 in consultation fees before Medicare rebates,⁵ while symptoms and disability continue.

Limited subsidy restricts treatment choice

Some migraine treatments are not subsidised through the PBS, leaving patients to pay privately or go without. Because no treatment works for everyone, people living with migraine need affordable access to a broader range of evidence-based options.

Gaps in primary care delay treatment

Uneven migraine capability in primary care, specialist waiting times and long travel distances can delay diagnosis, treatment and ongoing care, particularly outside major cities.



Earlier access to migraine-specific prevention, without mandatory failure of multiple older treatments where clinically appropriate.



More affordable treatment options through the PBS, with government and industry resolving funding barriers to access.



Stronger primary-care capability and practical access to specialist advice.

What we ask government to do next

This paper reflects multi-stakeholder views, including patients, carers, clinicians, patient organisations, industry sponsors and the Department of Health.

**We call on the Australian Government to recognise
migraine as a national health priority.**

We ask the Health Minister to request that the Department of Health work with patients, clinicians and industry to agree and progress near-term actions on the three recommendations in this paper.

MPs and senators can help by writing to the Health Minister in support of these recommendations and asking what pathway the Department will use to resolve them.

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SOURCES AND SURVEY CONTEXT

1. AIHW. Migraine and headache disorders in Australia, September 2026.
2. AIHW, based on ABS National Health Survey 2022, self-reported long-term migraine.
3. Deloitte Access Economics. Migraine in Australia Whitepaper, 2018.
4. MHA. Migraine Treatment Access Case Study Survey, January to April 2026.
5. Illustrative NSW private-neurology fees, September 2026. Actual fees, rebates and appointment requirements vary.

Survey note (source 4). Self-selected, self-reported community responses. These findings are not national estimates or proof of causation. Spending covers migraine treatment broadly, not only non-PBS medicines.

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