MIGRAINE FOUNDATION
Aotearoa New Zealand

SURVEY ON TRIPTAN USE FOR MIGRAINE IN AOTEAROA NEW ZEALAND

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WHO IS MIGRAINE FOUNDATION AOTEAROA NEW ZEALAND?

Migraine Foundation Aotearoa New Zealand (**MFANZ**) is New Zealand's only migraine charity, with the aim of raising awareness of the impact of migraine disease and supporting people living with migraine in NZ. Key areas of work are advocating for improved access to migraine medications in NZ and undertaking research to explore and expose issues and gaps relating to health care and services in NZ.

ACKNOWLEDGEMENTS

Many thanks to all who took the time to complete this survey.

Thanks also to Pharmacy Today for publishing an article about the survey and the state of triptans in NZ.

SUMMARY

Migraine Foundation Aotearoa New Zealand (MFANZ) undertook an online survey of people with migraine in NZ during June and July 2025, to find out more about the use of triptans and the need for more acute treatment options.

Compared to most other OECD countries, people with migraine in NZ have limited access to migraine treatment options. As of August 2025, none of the new migraine-specific preventive medications are funded and none of the new migraine-specific acute treatments are available in NZ. Even for the old migraine-specific acute treatments, the triptans, which were developed in the 1990s, only two are available in NZ, compared to seven available worldwide.

From the 611 survey respondents, most had used one or other of the two available triptans (rizatriptan and sumatriptan) but use of the injectable version of sumatriptan was low, despite this being recommended for people with migraine who have nausea and vomiting or don't respond well to oral triptans.

The most common reasons people had stopped using triptans were that they didn't work or had stopped working or due to side effects. Nearly one in ten respondents hadn't been offered or prescribed triptans by a health professional, despite these being first line migraine treatments. Two thirds wanted to try at least one other type of triptan, particularly a nasal spray option, which could work for those with nausea and vomiting, and a triptan that could be effective in treating menstrual migraine.

Respondents identified a need not only for more triptans in NZ but a wider range of effective and funded acute and preventive migraine medication. Without these options, and without greater awareness amongst health professionals and people with migraine about available treatments, migraine will continue to cause preventable pain and suffering, loss of quality of life and lost productivity to NZ society.

TRIPTANS

What are triptans?

Triptans are the only migraine-specific acute medications available in NZ. Acute medications are taken at the time of a migraine attack to reduce or eliminate the head pain and other symptoms. Other acute medications include non-steroidal anti-inflammatory drugs (NSAIDs), paracetamol and anti-nausea drugs.

Acute medications are different from preventive medications, which are taken regularly (e.g. daily tablets such as betablockers, amitriptyline, topiramate, candesartan, Aquipta; or the new monthly injections such as Emgality), to reduce the number and severity of migraine attacks.

What are the issues with triptans and migraine-specific acute medications in NZ?

We have very limited access to migraine-specific acute medications in NZ. Only **two** triptans are available and funded in NZ. These are rizatriptan (Maxalt, Rizamelt), available as a tablet that dissolves in the mouth and sumatriptan, available both as a tablet (Imigran, Imitrex, Sumagran, Apo-Sumatriptan) and an injection (Imigran, Imitrex, Clustran) that can be self-administered. These are obtained by prescription from a health professional. Sumatriptan tablets can also be purchased from pharmacies.

However, there are **seven** triptans available worldwide (sumatriptan, rizatriptan, zolmitriptan, naratriptan, eletriptan, almotriptan, frovatriptan). Rizatriptan is the only triptan approved by the FDA for use in children aged 6-17 years but almotriptan has been approved for use in adolescents (12-17 years), as has zolmitriptan nasal spray and sumatriptan in combination with naproxen.[1]

Naratriptan and frovatriptan are longer acting than the other triptans, which means they may take longer to reduce migraine pain but have lower rates of recurrence or rebound pain. Frovatriptan, zolmitriptan and naratriptan can be used to prevent menstrual migraine attacks, which tend to be more prolonged than other attacks.[2]

Zolmitriptan is available as a nasal spray as well as a tablet. Nasal sprays can work well when people have nausea and vomiting with their migraine attacks, as the medicine doesn't have to be absorbed through the stomach.

Triptans are recognised as the most effective acute migraine treatment options when compared to simple pain relieving drugs such as NSAIDs and paracetamol. From a recent systematic review, eletriptan, rizatriptan, sumatriptan and zolmitriptan were rated most highly for effectiveness and tolerability out of all the acute migraine medications available.[3]

International guidelines for migraine management recommend trying several triptans and formulations, if the first one or two don't work, because all of the triptans have slightly different properties, as well as different routes of administration, and how they act for any individual is unpredictable.[4–6] People with migraine in NZ have limited options when one or the other of the available triptans aren't effective.

We've had other triptans in NZ previously, including naratriptan and zolmitriptan, but these weren't funded and aren't available, even for private sale. An application for funding naratriptan was made in 1997. Twenty-four years later, in March 2021, Pharmac declined this application. Naratriptan hasn't been available since September 2021.

Zolmitriptan was assessed for funding by Pharmac in 2007 and initially declined, but was reconsidered in 2008 after additional information was supplied. It was placed on the 'cost saving or cost neutral' priority funding list in 2013. This means that Pharmac would be willing to fund zolmitriptan if it could be supplied at the same or lower cost than a comparable medication – in this case, sumatriptan. No progress was made towards funding this and in 2023, Pharmac proposed removing zolmitriptan from this list. MFANZ submitted against this proposal and zolmitriptan remains on this list, but hasn't progressed any further towards being made available and funded.

Another application to Pharmac for funding additional triptans was declined by Pharmac in March 2022, after being on Pharmac's prioritisation list since 2013. This application appears to have been declined because it was 'inactive' rather than any updated assessment of the current need for more triptans in NZ. MFANZ wasn't in existence at the time this application was declined and we didn't have the opportunity to provide input into this decision.

Other migraine-specific acute medications include gepants (rimegepant, ubrogepant and zavegepant) and lasmiditan. None of these are available in NZ. These have the advantage of being safe to use for people who can't take triptans because of cardiovascular risk factors. In addition, the gepants don't cause medication overuse headache, which can happen with overuse of triptans when taken for more than nine days a month for three months or more.

WHAT DID WE DO?

In view of these issues with triptans in New Zealand, MFANZ undertook an online survey of people with migraine in NZ to gather more information about the use of triptans in NZ and the need for a wider range of acute migraine medications.

We created a short survey using Qualtrics, which was online from 24 June 2025 to 31 July 2025. The survey was designed and tested by members of the MFANZ team. Questions focused on current and past use of triptans, the effectiveness of triptans, reasons for not using or discontinuing triptans and interest in other types of triptans not available in NZ.

We included open-ended questions for people to record other reasons for not using triptans and to provide other comments and feedback about triptans and acute medications in NZ. Respondents were also asked about average headache days per month, average use per month of acute migraine medications and demographics.

The survey invited participation from adults (18 years and over) with migraine who live in NZ and had been diagnosed with migraine or had symptoms consistent with migraine. Responses were anonymous with no identifying information collected. Information about the survey was provided upfront along with contact details for more information and consent was implied by respondents continuing onto the survey.

The survey was promoted through MFANZ's monthly newsletter, social media channels and website.

WHAT DID WE FIND?

SURVEY RESPONDENTS

From an initial 660 responses, 49 were removed due to incomplete response (no questions about triptan use were answered), leaving 611 for analysis.

The majority (89%) of respondents were female (11% male, <1% non-binary/third gender/prefer not to say). Around half were aged between 35–54 years (Figure 1) and most were NZ European (Figure 2).

On average, respondents reported having a headache on 11 days a month. Around a third of respondents had headache on 15 or more days a month, which is consistent with chronic migraine if this level of headache frequency continues for three months or more.

Figure 1: Age distribution of survey respondents

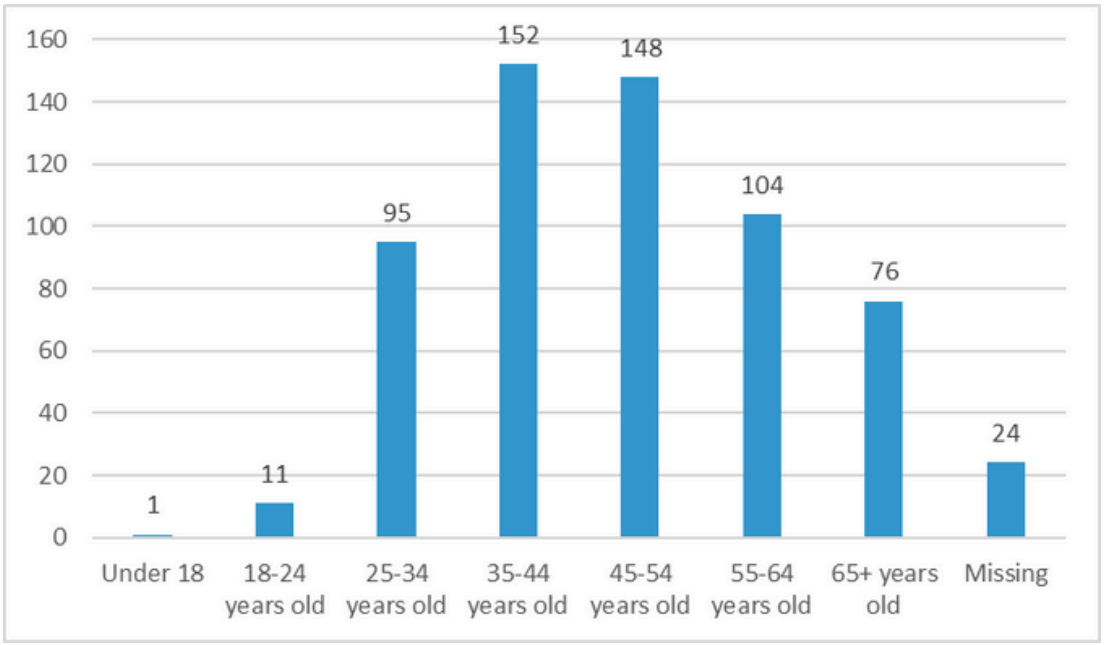
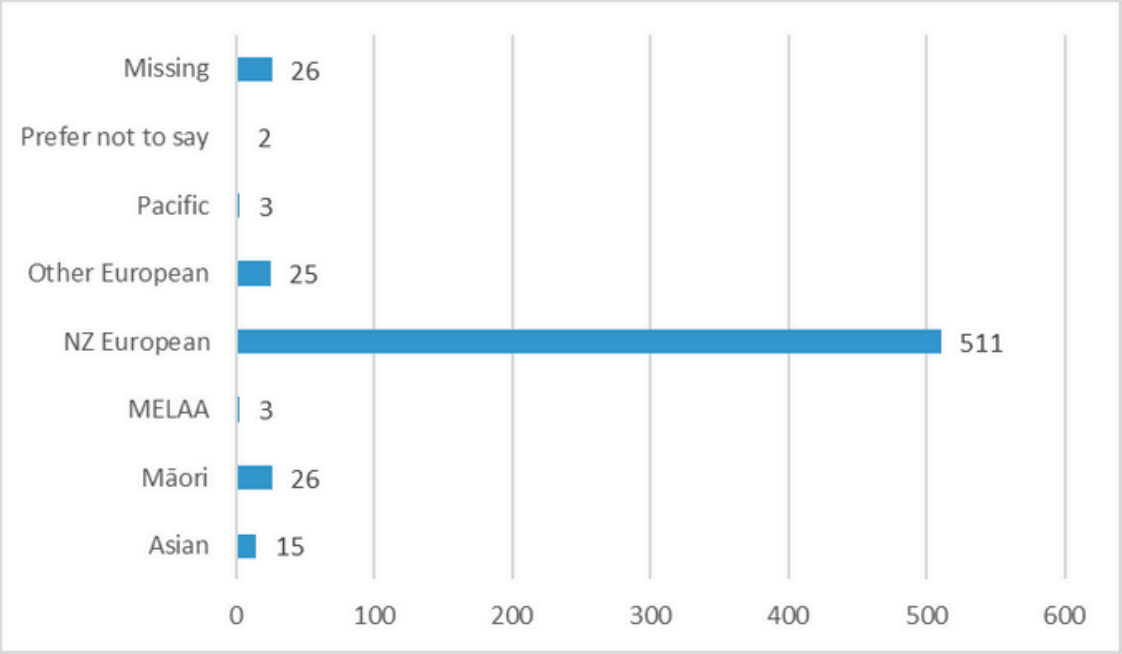


Figure 2: Ethnicity of survey respondents



ACUTE MEDICATION USE

The most commonly used acute migraine medications were NSAIDs, triptans and paracetamol (Table 1), which were each used by at least two thirds of respondents. Opioids (e.g. codeine, tramadol, oxycodone) aren't recommended for migraine but were used by nearly a quarter of respondents.

Table 1: Use of acute migraine medications by survey respondents in the last month

Acute migraine medication	n	Average number of days used in last month
Triptan	420	7
NSAIDs	424	9
Paracetamol	411	10
Opioids	147	6
Anti-nausea drugs	231	7

RISK OF MEDICATION OVERUSE HEADACHE

From the frequency of acute medication use, we could estimate the proportion of people at risk of medication overuse headache. This is a chronic daily headache that develops in some people with migraine when they frequently take acute medication for three months or more. The recommended limit for triptans and opioids is no more than nine days a month and for NSAIDs and paracetamol is no more than 14 days a month.

Of those taking these medications, 33% were taking triptans and 22% were taking opioids on more than nine days in the last month; 20% were taking NSAIDs and 25% were taking paracetamol on more than 14 days in the last month. Out of all survey respondents, 240 were overusing at least one acute migraine medication (39%).

Since we didn't ask about medication use for the last three months or more, this doesn't indicate that all of these people have medication overuse headache, but it does suggest that nearly two out of five respondents may be at risk of developing medication overuse headache, if they continue to take acute medication at this level.

USE OF TRIPTANS

Effectiveness

Q: How would you rate the effectiveness of the triptans, now or when you used to take them?

Respondents rated the triptans they were currently or had previously used for effectiveness, on a scale of 0 (never effective) to 10 (always effective).

On average, sumatriptan tablets were rated at 4 for effectiveness (from 398 respondents), sumatriptan injection at 7 (from 79 respondents) and rizatriptan tablets at 6 (from 276 respondents).

Current, previous and non-use of triptans

Q: Which of the three triptans available in NZ, if any, have you used?

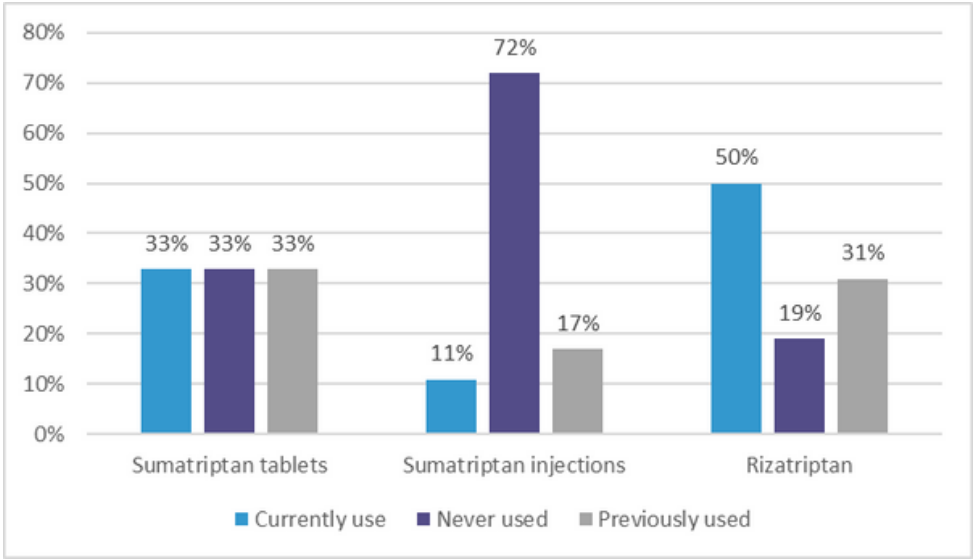
Half of respondents were **currently using** rizatriptan, a third were **currently using** sumatriptan tablets and 11% were **currently using** sumatriptan injections (Figure 3). Only 7% had **never used** either rizatriptan or sumatriptan tablets, which indicates a high use of triptans in this sample.

Similar proportions of respondents had **previously used** rizatriptan or sumatriptan tablets (31% and 33%) but only 17% had **previously used** sumatriptan injections, suggesting that this option is underutilised compared to the tablet formulations.

The sumatriptan injection was useful for migraine attacks that included vomiting:

> *Due to vomiting I needed one that I wouldn't throw up*
> (25-34 year old NZ European male)

Figure 3: Use of triptans in NZ (three options available)

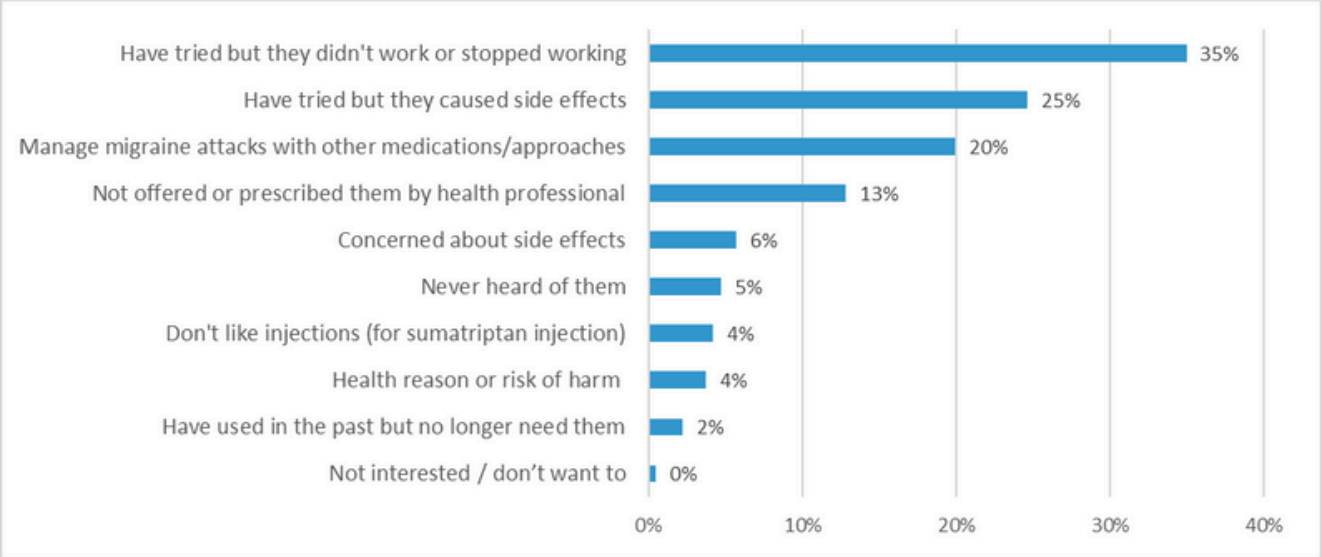


Reasons for not trying or discontinuing

Q: If you have never used a triptan or have previously used one but stopped, why is that?

Just over a third of respondents to this question (n=406) reported that they had tried at least one triptan but it didn't work or stopped working (Figure 4). Note that those who were currently using a triptan and hadn't previously used and stopped a different triptan would have skipped this question.

Figure 4: Reasons for not trying or stopping triptans



From the free text option on this question, people commented they had switched to a different triptan, which had been more effective (both switching from rizatriptan to sumatriptan and vice versa), or they combined the triptan with other treatments. Rebound and medication overuse headache were noted as issues that meant they had to stop or limit use, with rebound described as headache recurring after an initial response, whereas others were aware of the risk of chronic headache developing with regular use:

> *Rebound headache worse, comes in a backlash hours after dose halts attack*
>
> (65+ year old NZ European female)

> *Currently in week two of triptan detox due to medication overuse migraines!*
>
> (45–54 year old NZ European female)

A quarter of respondents stopped using triptans because of side effects. From the free text comments, a common problem with rizatriptan tablets was the taste, which was described as 'disgusting' and 'too sweet' and could make nausea worse.

> *Rizamelt was effective, but tasted foul, I couldn't continue taking it.*
>
> (35–44 year old NZ European female)

Several people mentioned being unable to use triptans because of pregnancy, after having an allergic reaction or because of a diagnosis of hemiplegic migraine, a rare type of migraine for which triptans aren't recommended.

Of concern was the number of people who had not been offered or prescribed a triptan by a health professional (52, or 9% of all survey respondents) or had never heard of them (19, or 3% of all respondents). This was despite respondents to this survey being much more likely to know about migraine treatments than most people with migraine, having been recruited primarily through contact with MFANZ.

A few of those not offered/prescribed a triptan did report current or previous triptan use, which could be because this had happened in the past and they had subsequently found another health professional to prescribe a triptan.

Despite the high awareness and use of triptans in the sample, some respondents had only tried one and weren't aware that there were other options.

> *I asked my Dr for Rizamelt after I saw someone take one. I don't know about the other triptans.*
> (45–54 year old NZ European female)

> *I was only ever offered Rizamelt – this drug never worked at all. I have never been offered any alternative – I have asked multiple times.*
> (18–24 year old NZ European male)

One respondent had never used any of the triptans but from her story, should have had the opportunity to try them:

> *Would manage headache with nurofen and panadol & often just rested/withdrew. Never pushed/was aware of better treatment. Even ended up in hospital from dehydration due to vomiting from migraine but not offered alternative treatment.*
> (65+ year old NZ European female)

Two respondents reported that they couldn't take triptans because they were on medications for depression (not specified) or nortriptyline (which can be used as an antidepressant but is also used as a migraine preventive). This is likely due to incorrect information given to health professionals about the risk of serotonin syndrome from combining a triptan and some types of antidepressant medication. A thorough and up-to-date review on this issue was published in NZ Doctor in 2024.[7] It concluded there was no need to rule out treatment with a triptan in people taking commonly used antidepressants.

Another respondent misunderstood or was given unclear information about how to use the triptan, meaning that she never actually tried it.

> *Was told I need to take them before the proper onset of the headache, but I don't get any warning signs – I just either have a headache / migraine or don't. Was prescribed but never tried for this reason.*
> (25-34 year old NZ European female)

The advice around use of triptans is to take them within the first hour of the migraine headache developing – the sooner the better. If taken early, if possible while the pain is still mild and before it becomes too severe, they're more likely to be effective and result in pain-freedom two hours later. Taking them during aura or before the headache starts isn't recommended as this may not be as effective.

Only 28% of all respondents had used or were using sumatriptan injections but several people remarked that these could be difficult to use during an attack or caused bruising or injection site reactions.

Interest in other options

Q: What best describes your experience and interest in zolmitriptan?

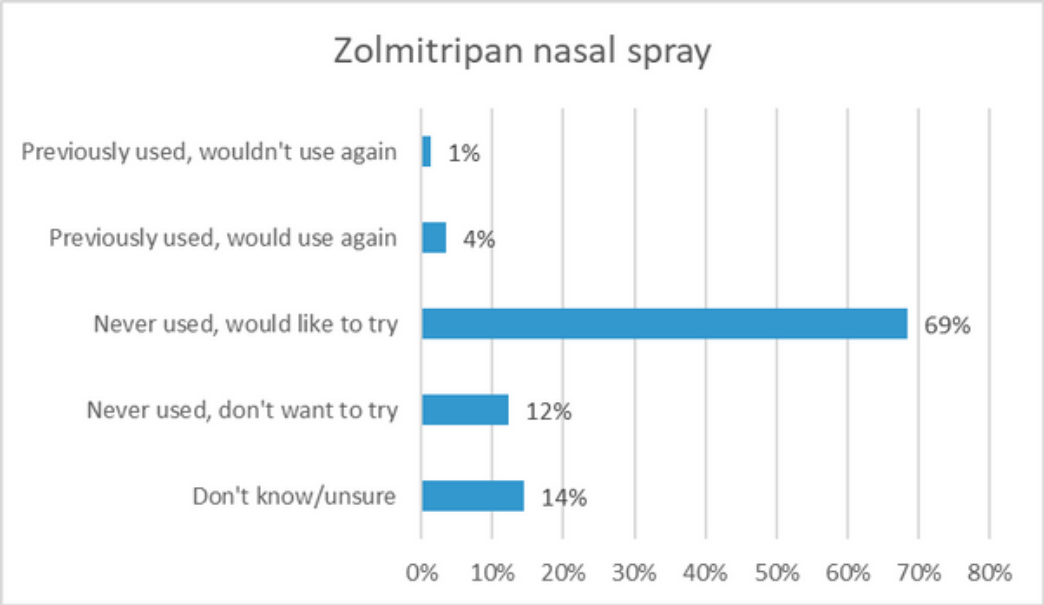
The survey question noted that zolmitriptan (Zomig) nasal spray had previously been available in New Zealand but not funded and that nasal sprays can work well when people have nausea and vomiting with their migraine attacks. Only a small proportion of people had previously used zolmitriptan nasal spray, but 72% of respondents would like to try or would use again (Figure 5).

> *I have used the nasal triptan when I was younger and found that amazing. As I tend to vomit and the sumatriptan just doesn't work as it doesn't absorb.*
> (35-44 year old NZ European male)

Of the 73 respondents who didn't want to try zolmitriptan nasal spray, 47 (64%) were currently using one of the other triptans available in NZ, which could indicate that these were working adequately and the respondents saw no need to switch to a different medication. This respondent provided another explanation for why she didn't want to try:

> *The only reason I wouldn't want to try is because I don't need to right now. If things change, I'd like all options to be available.*
> (45–54 year old Other European female)

Figure 5: Interest in zolmitriptan nasal spray



Very few people had previously used zolmitriptan tablets but more than half (59%) would like to try these (Figure 6). A higher proportion were unsure (26%) compared to the nasal spray, probably because of even lower awareness and knowledge about zolmitriptan tablets, since this medication has never been available in NZ.

> *Zoloft tablets were so much more useful for my migraines and I was really frustrated to find I can't get them in NZ. Having been back in the country for just under a year, my migraines have become more frequent and led to more time off work since moving home and losing access to Zomig.*
>
> (35–44 year old NZ European female)

Q: What best describes your experience and interest in naratriptan?

The survey question about naratriptan noted that naratriptan (Naramig) tablets had previously been available in NZ but not funded and that naratriptan is longer-acting than sumatriptan or rizatriptan and can be used to prevent menstrual migraine as well as treat other migraine attacks.

As for zolmitriptan nasal spray, only a few people had previously tried naratriptan and a high proportion of respondents (70%) would like to try it or would use again (Figure 7).

> *I have tried all triptans in this survey and now travel to Australia to get Naramig. Previous to Naramig most migranes were initially treated with injection sumatriptan and then treated in hospital with IV chlorpromazine. Naramig is excellent if taken within 30 mins or so of onset. As of last year I can no longer access it from NZ.*

This is now a huge expense moving forward but don't want to go back to hospital treatment of migraines.

My heart breaks for all the people that cannot access this medication, cannot afford to travel to Australia and have no quality of life.

Really hope there is hope for more access to more triptans and that funding doesn't continue to be a barrier for the people that need it most!
(35–44 year old NZ European female)

Figure 6: Interest in zolmitriptan tablets

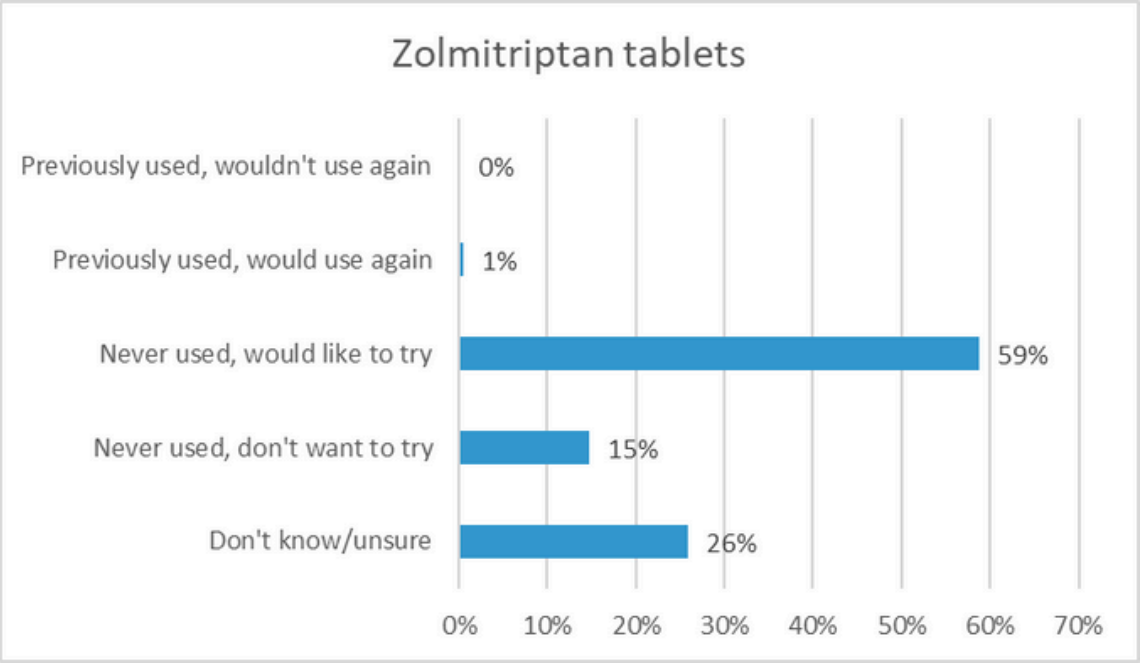
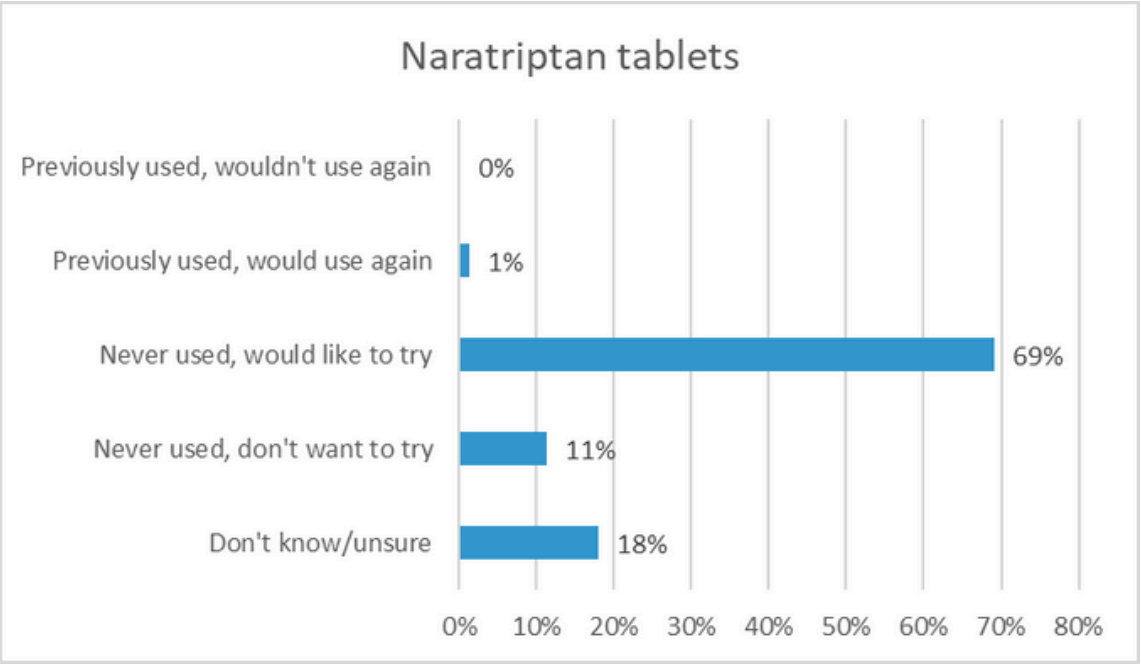


Figure 7: Interest in naratriptan tablets



WHAT NEEDS TO BE DONE?

The survey respondents had the option to tell us what they'd like to see done in New Zealand to help improve access to more acute migraine medications:

> *For those of us who experience migraines that last 3-4 days or more to avoid having to take so many triptans and painkillers just to function as they wear off before the migraine ends. This leads to overuse migraines and we are in a constant cycle of pain, unable to work, look after our children, and certainly not thrive. We want to be healthy, contributing members of society. And this would help so many. Please, help us!*
>
> (35–44 year old NZ European female)

> *The treatments for migraines in NZ are extremely limited and the ones that are not funded are VERY expensive, and inaccessible for people who are unable to work, or are students, etc. This is extremely unfair and upsetting. Myself and others should not be forced to "live/deal" with unbearable pain that affects our/my day to day life and every aspect of it.*
>
> (18–24 year old NZ European male)

> *It would be life changing (saving) if there were a) more options, b) they were accessible to the majority (financial constraints are wild) and c) timely. The migraines are excruciating but the systemic and chronic dismissal is horrific.*
>
> (35–44 year old NZ European female)

MORE TRIPTANS ARE NEEDED

Respondents clearly articulated the need for more triptans in NZ for the following reasons:

1. **People vary in how they respond to each triptan, so as many options as possible will maximise the chance that someone will find a triptan that works for them.**

> *Having a variety of options would be amazing as medication efficacy can change over time.*
>
> (35–44 year old NZ European female)

I am fortunate that the 2 triptans we have in NZ work pretty well for me, but they don't work for my son, and it would be great for him to be able to try some other triptans.

(55–64 year old NZ European female)

My husband finds triptans essential and highly effective when he has a migraine. That's not my experience but it does underline the importance of having a range of options available for people when they have migraines.

(45–54 year old Asian female)

My experience using the Rizatriptan is hit and miss but I don't really have a lot of other options.

(35–44 year old NZ European male)

2. **Different routes of administration provide better options for people who are strongly affected by nausea and vomiting as part of a migraine attack, have difficulty swallowing tablets or who don't respond adequately to the tablet versions.[5] Triptans delivered by injection and nasal sprays are recommended in these circumstances.**

When I get a vestibular migraine the nasal spray sounds like it would be ideal as I vomit repeatedly and wouldn't manage an injection with the intense vertigo.

(55–64 year old NZ European female)

The taste of the rizatriptan melts and sumatriptan makes me want to vomit more when I'm usually already on my way to vomiting. This is the reason I'd be very interested in a nasal spray as an option.

(35–44 year old NZ European female)

3. **Menstrual migraine can be difficult to treat, prolonged and debilitating, and rebound headache with menstrual migraine is common, where the headache returns even after initially responding to treatment. People with menstrual migraine want the option of trying other triptans that can be effective for short-term prevention and treatment.**

I suffer menstrual migraine (as well as other migraine) and have not been able to get relief through other triptans for this.

(45–54 year old NZ European female)

I hadn't heard of naratriptan but would be interested as my menstrual migraines can last for 3 days.

(45–54 year old NZ European female)

I was previously in chronic migraine (over 15 headache days per month) but am now on atogepant which has greatly reduced my headache days to 3-4 p/m. I would like to see gepants being prioritised for funding (obviously) as these CGRP blockers seem to have the greatest potential to really improve life for migraine sufferers and be cost effective in terms of fewer sick days on the economy.

(65+ year old NZ European female)

Treatments such as Botox and Emgality for example, which have far less contraindications, as well as high rates of success need to be funded/subsidised/made available to migraineurs. I'm 34 years old, and I have spent most of the past two decades in pain, in bed. If I get offered Botox or Emgality, I'd be able to live – to engage meaningfully with life – and contribute to society.

(35–44 year old Other European)

MORE AWARENESS AMONG HEALTH PROFESSIONALS ABOUT TREATMENT OPTIONS

The experience of not being offered migraine-specific treatment or preventive treatment by health professionals was shared by a range of people, even when the diagnosis of migraine wasn't in doubt.

It took YEARS for my GP to suggest a preventer or triptan...I'd never heard of them :(
(45–54 year old NZ European female)

It took my GP about ten years of trying things before I was even offered a triptan.
(35–44 year old NZ European female)

Most people with migraine can be appropriately managed in primary care and reliable information about treatment options is widely available from a variety of sources.[8] Underuse of both acute and preventive medication not only represents poor management and fails to mitigate the disability and suffering of patients but can contribute to the development of chronic migraine.[9]

Underuse of triptans is reported throughout the world even though triptans have been available since the 1990s and are recognised as a first line treatment for migraine attacks.[9] They are the most effective acute treatment we have in NZ. From national dispensing data in 2020,[10] nearly 63,000 people were dispensed a triptan, equivalent to around 10% of people with migraine, suggesting significant undertreatment. Greater awareness and a broader range of options could help increase the uptake and use of triptans by more people who would benefit from them.

MORE TREATMENT OPTIONS NEEDED – ACUTE & PREVENTIVE

It's clear that more triptans are needed and also a range of other more effective acute and preventive treatments. This includes gepants such as ubrogepant (Ubrelvy) for acute treatment and funded access to the preventive medications such as galcanezumab (Emgality), atogepant (Aquipta), erenumab (Aimovig) and even Botox, which isn't easily available through the public health system in NZ.

People noted how access to effective preventive treatment would reduce migraine attacks and reduce the need for acute medications.

> *When I lived in the States, I used Ubrelvy (which worked perfectly!), it would be awesome if this could be available here.*
>
> (35–44 year old Māori female)

> *I have moved to Australia, and Emgality is fully funded there. It has been a remarkable success and has significantly reduced my headache days and migraine attacks. I have only taken a triptan once this month.*
>
> (25–34 year old NZ European male)

> *Two years ago my GP suggested Emgality monthly injections. They are not funded but I was so desperate I was willing to pay for them. They have been life changing. Some months I have no migraines.*
> *A bad month now is 4 migraines. When I have a migraine I still use sumatriptan. Unfortunately I am nearing retirement and I am wondering how I will continue to afford this life changing injection.*
> *Had I had it throughout my working life it would have saved me and my employer many sick days due to migraine.*
>
> (54–64 year old NZ European female)

> *We need more options to treat migraine in NZ. We deserve to have options. For me chronic migraine is very devastating and has changed my life for the worse.*
>
> (35–44 year old NZ European female)

I've had migraines since I was 12 and have only just been offered something more than paracetamol and ibuprofen at age 31. Just recently been prescribed rizamalt and aspirin as I am pregnant. Most medical professionals have brushed off my migraines, including an attack so bad that I thought I was having a stroke.
(35–34 year old NZ European female)

GPs need to be educated on migraine specific medication and use this as a first line of defence. I've previously been prescribed all sorts of analgesia for my migraines and it wasn't until I saw a neurologist that triptans were discussed. And as all migraine sufferers know, taking some paracetamol or nurofen doesn't help a migraine!!
(25–34 year old NZ European female)

I have never been offered these medications, ever. I have had migraines for over 20 years. I have been offered paracetamol and ibuprofen. I finally got to see a specialist who prescribed Topamax. This medication has been an absolute game changer for me. I've had about a 90% reduction in migraines. I feel like I have my life back. The effect this has had on me I simply cannot put into words. My only wish is that someone had put a little more effort into prescribing me something more than paracetamol and ibuprofen combo for all those years.
(35–44 year old NZ European female)

MORE AWARENESS AMONG PEOPLE WITH MIGRAINE ABOUT TREATMENT OPTIONS

We also need to make sure people with migraine know that there are migraine-specific treatments available, so they can seek and ask for the help that they need.

I feel silly saying this but I didn't realise there was support for migraines, I always just hopped into bed and suffered.
(35–44 year old NZ European female).

WHAT NEXT?

MFANZ will share the results of this survey with Pharmac and pharmaceutical companies who produce triptans and other migraine medications that aren't available in NZ. There's a clear need and desire for more options to treat and prevent migraine in NZ.

MFANZ will also continue work to raise awareness of migraine disease and existing best practice treatments amongst health professionals and those affected by migraine.

OTHER READING

Migraine Foundation submission to Pharmac Consumer Workshop 2024 on issues with Pharmac's processes for funding medications (available online https://migrainefoundation.org.nz/whats-new/submissions/)

Migraine Foundation article on Pharmac's proposal to decline zolmitriptan (available online https://migrainefoundation.org.nz/pharmac-proposes-to-decline-zolmitriptan-after-17-years-of-waiting/)

Migraine Foundation article on Pharmac declining application for wider range of triptans (available online https://migrainefoundation.org.nz/pharmac-declines-application-for-wider-range-of-triptans/)

Migraine Foundation article on NZ's poor access to modern medicine (available online https://migrainefoundation.org.nz/new-reports-again-highlight-poor-access-to-modern-medicines-in-new-zealand/)

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