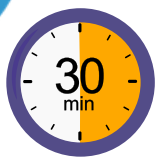
ACUTE MEDICATIONS FOR MIGRAINE

Reviewed by
Dr Rosamund Hill
September 2026

Acute medications can help to treat the symptoms of migraine when you have a migraine attack. Symptoms include head, face and neck pain, as well as nausea and vomiting.



It's best to take acute medications early, within the first 30 minutes of when the pain starts. Waiting to see if the pain gets "bad enough" can make medications less effective.

Types of acute medications

Some acute medications can be bought without a prescription over-the-counter from a pharmacy or grocery store. Others need a prescription from a health professional. Talk to your doctor or nurse practitioner about what acute medications are best for you.

Simple pain relief

These are available without a prescription. Paracetamol on its own is often not very effective for treating a migraine attack but can be of some benefit when added to other acute treatments. Paracetamol is safe to use during pregnancy. If pregnant, talk to your health professional about when to use other medications.

- **Paracetamol**
- **Paracetamol plus caffeine**



Short-acting non-steroidal anti-inflammatory medications (NSAIDs)

NSAIDs tablets can be bought without a prescription but are also available on prescription. You can also get diclofenac in a form that is given rectally (up the bottom). You'll need a prescription for this, but it can be useful if you're vomiting and unable to keep medications down.

Examples of NSAIDs used for migraine attacks include:

Ibuprofen	e.g. Brufen, Advil, Nurofen
Diclofenac	e.g. Voltaren
Naproxen	e.g. Naprosyn, Noflam, Naprogesic
Celecoxib	e.g. Celebrex
Soluble aspirin	e.g. Disprin, Dispersible Aspirin

If you've tried a regular dose of a NSAID, try a higher dose – talk to your health professional about what doses are appropriate for migraine.

If one NSAID at a high dose doesn't work, try a different one.

MIGRAINE FOUNDATION Aotearoa New Zealand

abbvie

This resource was independently developed by Migraine Foundation Aotearoa New Zealand with financial support from Abbvie.

Migraine-specific acute treatments – Triptans

Triptans are medications developed to treat migraine headache. Triptans are a good option when your pain is moderate or severe or when simple pain relief or NSAIDs haven't worked well enough. You can take a **triptan, NSAID and paracetamol together** if one alone only helps a bit.

Rizatriptan and sumatriptan are the 2 triptans available in Aotearoa New Zealand.

Both are prescription medications.



- **Rizatriptan** is a tablet that dissolves on your tongue.
- **Sumatriptan** is available as an oral tablet and a self-injection. You can buy 2 sumatriptan 50mg tablets from a pharmacy without a prescription after talking with a pharmacist. Sumatriptan injections bypass the stomach so can be a good option if you have severe nausea or are vomiting.

Rizatriptan

- The usual adult dose is 1 tablet.
- Don't take more than 3 tablets in 24 hours.

Sumatriptan



Sumatriptan oral tablets

- The usual adult oral dose is 50mg or 100mg.
- Don't take more than 300mg in 24 hours.

Sumatriptan injection

- The usual adult sumatriptan injection dose is 1 injection.
- Don't use more than 2 injections in 24 hours.



Both oral triptans work fast, usually within 30–60 minutes. Rizatriptan usually works faster than sumatriptan. Sumatriptan injection works within 10–15 minutes. If your pain improves but then comes back, you can take another dose after 2 hours. If the first dose didn't help, another one is unlikely to work.

If 1 triptan doesn't work after at least 2 tries, it's worth trying a different one.

Triptans aren't recommended if you have certain health conditions, such as ischemic heart disease, peripheral vascular disease or uncontrolled high blood pressure.

Talk to your health professional about which triptan is right for you.

MIGRAINE FOUNDATION Aotearoa New Zealand

abbvie

This resource was independently developed by Migraine Foundation Aotearoa New Zealand with financial support from Abbvie.

Medications for migraine-related nausea and vomiting

Anti-nausea medications treat nausea and vomiting.They also help the absorption of pain medications so they can work better. Anti-nausea medication on its own can also help relieve migraine pain, even if nausea isn't severe.

Anti-nausea medications include:

Metoclopramide
Domperidone
Prochlorperazine
– oral and buccal (dissolves in your mouth)
Ondansetron



You need a prescription for anti-nausea medications. Talk with your health professional about which anti-nausea medication is right for you. You may need an anti-nausea medication given as an injection by a health professional if you have severe and ongoing vomiting and pain.

Medication overuse headache





Medication overuse headache can develop if you take acute medication for 4–7 days a week, every week, for at least 3 months.

Headache caused by medication overuse tends to occur every day or most days, often in the morning or on waking (when acute medications have worn off during the night). It may feel like a dull pressure-type headache or migraine-like attack.

To minimise your risk, avoid opioids such as codeine and tramadol and limit your use of acute medications:

- Paracetamol and NSAIDs: **no more than 15 days per month**.
- Triptans (sumatriptan and rizatriptan): **no more than 10 days per month**.



Talk to your health professional about starting a preventive treatment if you're taking acute medications more than 2–3 days per week.

Opioids and migraine
Opioids such as codeine or tramadol aren't recommended to treat migraine attacks. They can make headaches and migraine worse, they have unpleasant side effects, they're not as effective as other migraine medications and can lead to dependence and addiction.

MIGRAINE FOUNDATION Aotearoa New Zealand
abbvie
This resource was independently developed by Migraine Foundation Aotearoa New Zealand with financial support from Abbvie.

Other treatment options

Occipital nerve blocks can treat an acute migraine attack and help prevent attacks over the short term. This involves injecting local anaesthetic, with or without cortisone, to the nerves at the back of your skull (the greater occipital nerves). Talk to your health professional about who could give this treatment to you.



Neuromodulation devices can help turn down brain activity in migraine pain and decrease the frequency of migraine attacks. Most neuromodulator devices can be used as both acute and preventive treatment. Neuromodulation devices can be difficult to access in New Zealand but can be bought overseas.

Severe or ongoing attacks
Emergency room and in-hospital treatment may be needed for severe or ongoing attacks or severe vomiting and dehydration. Treatment may include intravenous fluids (given through a vein), prochlorperazine, chlorpromazine and metoclopramide.



Caffeine and migraine



Caffeine can help treat a migraine attack but for some people caffeine might trigger one. Caffeine withdrawal can also cause a migraine-like headache.

Caffeine, which can be taken with paracetamol, can be used when other migraine medications don't work, if you can't take triptans or NSAIDs or if you're pregnant or breastfeeding.

- Limit regular caffeine to about 2–3 cups of coffee per day (less than 200mg/day).
- Keep your caffeine intake consistent. If you have coffee before or at work, do the same on your days off.

For more information about acute medications for migraine please visit the Migraine Foundation Aotearoa New Zealand website (migrainefoundation.org.nz).

MIGRAINE FOUNDATION Aotearoa New Zealand
abbvie
This resource was independently developed by Migraine Foundation Aotearoa New Zealand with financial support from Abbvie.