rizatriptan (riz-a-trip-tan)
Maxalt, Maxalt-MLT

**Classification**
Therapeutic: vascular headache suppressants
Pharmacologic: 5-HT1 agonists

**Pregnancy Category C**

### Indications
Acute treatment of migraine with or without aura.

### Action
Acts as an agonist at specific 5-HT1 receptors in intracranial blood vessels and sensory trigeminal nerves.

### Therapeutic Effects:
Cranial vessel vasoconstriction with associated decrease in release of neuropeptides and resultant decrease in migraine headache.

### Pharmacokinetics

- **Absorption:** Completely absorbed after oral administration, but first-pass metabolism results in 45% bioavailability.
- **Distribution:** Unknown.
- **Metabolism and Excretion:** Primarily metabolized by monoamine oxidase-A (MAO-A); minor conversion to an active compound; 14% excreted unchanged in urine.
- **Half-life:** 2–3 hr.

### Contraindications/Precautions
Contraindicated in:
- Hypersensitivity; ischemic or vasospastic cardiovascular, cerebrovascular, or peripheral vascular syndromes; History of significant cardiovascular disease; Uncontrolled hypertension; Should not be used within 24 hr of other 5-HT1 agonists or ergot-type compounds (dihydroergotamine); Basilar or hemiplegic migraine; Concurrent MAO-A inhibitor therapy or within 2 wk of discontinuing MAO-A inhibitor therapy; Phenylketonuria (orally disintegrating tablet contains aspartame).

Use Cautiously in:
- Severe renal impairment, especially in patients on dialysis; Moderate hepatic impairment; OB, Lactation, Pedi: Pregnancy, lactation, or children 6 yr (safety not established).

### Adverse Reactions/Side Effects

- **CNS:** dizziness, drowsiness, weakness.
- **CV:** coronary artery vasospasm, MI, ventricular arrhythmias, chest pain, myocardial ischemia.
- **GI:** dry mouth, nausea.
- **Misc:** hypersensitivity reactions including angioedema, toxic epidermal necrolysis, pain.

### Interactions

- **Drug-Drug:** Concurrent use with MAO-A inhibitors may levels and adverse reactions (concurrent use or use within 2 wk of MAO inhibitor is contraindicated). Concurrent use with other 5-HT agonists or ergot-type compounds (dihydroergotamine) may result in vasomotor properties (avoid use within 24 hr of each other). Propranolol levels and risk of adverse reactions (dose of rizatriptan not recommended in children <40 kg). Risk of serotonin syndrome when used with SNRI or SNI antidepresants.

### Route/Dosage

- **PO (Adults):** 5–10 mg (use 5-mg dose in patients receiving propranolol); may be repeated in 2 hr (not to exceed 3 doses/24 hr).
- **PO (Children 6–17 yr):** 40 kg—10 mg single dose (use 5–mg dose in patients receiving propranolol); 40 kg—5 mg single dose (do NOT use in patients receiving propranolol).

### Nursing Implications

#### Assessment
- Assess pain location, character, intensity, and duration and associated symptoms (photophobia, phonophobia, nausea, vomiting) during migraine attack.

#### Contraindications
- Use only if cardiovascular status has been evaluated and determined to be safe and first dose is administered under supervision.

#### Adverse Reactions/Side Effects

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**TIME/ACTION PROFILE**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>30 min</td>
<td>1–1.5 hr</td>
<td>unknown</td>
</tr>
</tbody>
</table>

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Use Cautiously in:
- Severe renal impairment, especially in patients on dialysis; Moderate hepatic impairment; OB, Lactation, Pedi: Pregnancy, lactation, or children 6 yr (safety not established).

Exercise Extreme Caution in:
- Cardiovascular risk factors (hypertension, hypercholesterolemia, cigarette smoking, obesity, diabetes, strong family history, uninsured women or men >60 yr); use only if cardiovascular status has been evaluated and determined to be safe and first dose is administered under supervision.

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Potential Nursing Diagnoses

Acute pain (indications)

Implementation

PO: Tablets should be swallowed whole with liquid. Orally disintegrating tablets should be left in the package until use. Remove from the blister pack. Do not push tablet through the blister; peel open the blister pack with dry hands and place tablet on tongue. Tablet will dissolve rapidly and be swallowed with saliva. No liquid is needed to take the orally disintegrating tablet.

Patient/Family Teaching

Inform patient that rizatriptan should be used only during a migraine attack. It is meant to be used for relief of migraine attacks but not to prevent or reduce the number of attacks.

- Instruct patient to administer rizatriptan as soon as symptoms of a migraine attack appear. It may be administered at any time during an attack. If migraine symptoms recur, a second dose may be used. Allow at least 2 hr between doses, and do not use more than 30 mg in any 24-hr period.

- If first dose does not relieve headache, additional rizatriptan doses are not likely to be effective; notify health care professional.

- Advise patient to notify health care professional if pain or tightness in the chest occurs during use. If pain is severe or does not subside, notify health care professional immediately. Feelings of tingling, heat, flushing, heabiness, pressure, dizziness, dizziness, numbness, or sickness developing, discontinue use with health care professional at next visit.

- If most common side effects are nausea, vomiting, diarrhea, notify health care professional immediately.

- Advise patient to avoid alcohol, which aggravates headaches, during rizatriptan use.

- Advise patient to notify health care professional if signs or symptoms of serotonin syndrome occur.

- Advise patient to avoid excessive use of rizatriptan, which can lead to withdrawal headache (migraine-like daily headache).

- Advise patient to notify health care professional immediately if characteristically chemical symptoms (myalgia) or headache occur.

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Evaluation/Desired Outcomes

- Relief of migraine attack.

Why was this drug prescribed for your patient?