CONTRAINDICATIONS

Zolmitriptan is contraindicated in patients with:

- History of coronary artery disease (CAD) or coronary vasospasm (4)
- Severe uncontrolled hypertension (4)
- Known hypersensitivity to zolmitriptan (4)
- Known history of visual disorders (4)
- Known history of cardiovascular disorders (4)
- Known history of severe hepatic impairment (5.5)
- Known history of cardiogenic shock (5.2)
- Known history of serotonin syndrome (5.7)
- Known history of dependence with other 5-HT1 agonists (5.10)

Zolmitriptan is contraindicated in patients with conditions that unmask cerebrovascular insufficiency (e.g., patients with a history of stroke or TIA). Zolmitriptan is also contraindicated in patients with uncontrolled arterial hypertension. Because of the risk of coronary artery vasospasm, patients with a history of CAD are at risk of experiencing serious adverse events, including myocardial infarction, ischemia, or death. Patients with CAD should be treated with medications to reduce the risk of coronary artery vasospasm, such as aspirin or other antiplatelet agents. Patients with CAD should be warned to discontinue zolmitriptan if they experience chest pain.

Zolmitriptan is contraindicated in patients with conditions that unmask cerebrovascular insufficiency (e.g., patients with a history of stroke or TIA). Zolmitriptan is also contraindicated in patients with uncontrolled arterial hypertension. Because of the risk of coronary artery vasospasm, patients with a history of CAD are at risk of experiencing serious adverse events, including myocardial infarction, ischemia, or death. Patients with CAD should be treated with medications to reduce the risk of coronary artery vasospasm, such as aspirin or other antiplatelet agents. Patients with CAD should be warned to discontinue zolmitriptan if they experience chest pain.

Zolmitriptan is contraindicated in patients with conditions that unmask cerebrovascular insufficiency (e.g., patients with a history of stroke or TIA). Zolmitriptan is also contraindicated in patients with uncontrolled arterial hypertension. Because of the risk of coronary artery vasospasm, patients with a history of CAD are at risk of experiencing serious adverse events, including myocardial infarction, ischemia, or death. Patients with CAD should be treated with medications to reduce the risk of coronary artery vasospasm, such as aspirin or other antiplatelet agents. Patients with CAD should be warned to discontinue zolmitriptan if they experience chest pain.
During a moderate to severe migraine attack, mean AUC 0-4 and Cmax for zolmitriptan, dosed as a zolmitriptan tablet, and metabolite may contribute a substantial portion of the overall effect after zolmitriptan administration. The indole acetic acid and N-oxide metabolites of zolmitriptan were eliminated in the urine and feces, with 31% of the dose, followed by N-oxide (7%) and N-desmethyl (4%) metabolites. The indole acetic acid metabolite accounted for 8% of the dose was recovered in the urine as unchanged zolmitriptan. Indole acetic acid metabolite accounted for 8% of the dose. The pharmacokinetics of zolmitriptan in healthy elderly nonmigraineur volunteers (age 65 to 76 years) was similar to those in younger adults. The median half-life of zolmitriptan was similar across studies (3.9 hours to 6.0 hours). The pharmacokinetics of zolmitriptan was unaffected by age, time of day, food, and concomitant use of oral contraceptives.

During the initial time until 6 hours after zolmitriptan tablet dosing, a significant reduction in mean headache severity was observed. The percentage of patients who had headache response at 2 hours and those who had no response to the initial dose. The studies did not show any significant difference in the overall percentage of patients with headache response across treatment groups. The percentage of patients who had headache response at 2 hours was 89% for placebo, 91% for zolmitriptan 2.5 mg, 95% for zolmitriptan 5 mg, and 94% for zolmitriptan 10 mg, respectively. The studies did not show any significant difference in the overall percentage of patients with headache response across treatment groups. The percentage of patients who had headache response at 2 hours was 89% for placebo, 91% for zolmitriptan 2.5 mg, 95% for zolmitriptan 5 mg, and 94% for zolmitriptan 10 mg, respectively.

The most common side effects of zolmitriptan are:

- Headache
- Nausea
- Nervousness
- Sensitivity to light and sound
- Sensitivity to noise

If your headache comes back after your first dose, you may take a second dose anytime after 2 hours. If you have more than two headaches per month, you may take another dose of zolmitriptan tablets after the first dose failed to relieve your headache. If you take more than 10 mg of zolmitriptan tablets in 24 hours, your headache may become worse or it may not go away. If you take more than 10 mg of zolmitriptan tablets in 24 hours, your headache may become worse or it may not go away.

The most common side effects of zolmitriptan are:

- Headache
- Nausea
- Nervousness
- Sensitivity to light and sound
- Sensitivity to noise

If your headache comes back after your first dose, you may take a second dose anytime after 2 hours. If you have more than two headaches per month, you may take another dose of zolmitriptan tablets after the first dose failed to relieve your headache. If you take more than 10 mg of zolmitriptan tablets in 24 hours, your headache may become worse or it may not go away. If you take more than 10 mg of zolmitriptan tablets in 24 hours, your headache may become worse or it may not go away.

The most common side effects of zolmitriptan are:

- Headache
- Nausea
- Nervousness
- Sensitivity to light and sound
- Sensitivity to noise

If your headache comes back after your first dose, you may take a second dose anytime after 2 hours. If you have more than two headaches per month, you may take another dose of zolmitriptan tablets after the first dose failed to relieve your headache. If you take more than 10 mg of zolmitriptan tablets in 24 hours, your headache may become worse or it may not go away. If you take more than 10 mg of zolmitriptan tablets in 24 hours, your headache may become worse or it may not go away.

The most common side effects of zolmitriptan are:

- Headache
- Nausea
- Nervousness
- Sensitivity to light and sound
- Sensitivity to noise

If your headache comes back after your first dose, you may take a second dose anytime after 2 hours. If you have more than two headaches per month, you may take another dose of zolmitriptan tablets after the first dose failed to relieve your headache. If you take more than 10 mg of zolmitriptan tablets in 24 hours, your headache may become worse or it may not go away. If you take more than 10 mg of zolmitriptan tablets in 24 hours, your headache may become worse or it may not go away.

The most common side effects of zolmitriptan are:

- Headache
- Nausea
- Nervousness
- Sensitivity to light and sound
- Sensitivity to noise

If your headache comes back after your first dose, you may take a second dose anytime after 2 hours. If you have more than two headaches per month, you may take another dose of zolmitriptan tablets after the first dose failed to relieve your headache. If you take more than 10 mg of zolmitriptan tablets in 24 hours, your headache may become worse or it may not go away. If you take more than 10 mg of zolmitriptan tablets in 24 hours, your headache may become worse or it may not go away.