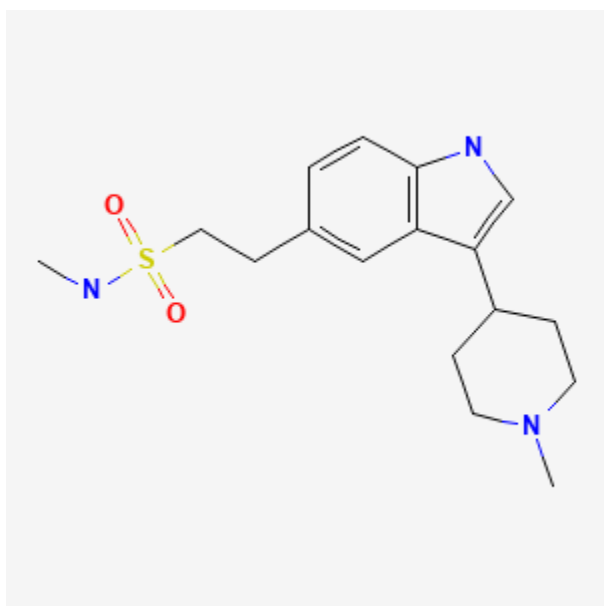




## Naratriptan

Revised: April 15, 2024.

CASRN: 121679-13-8



## Drug Levels and Effects

### Summary of Use during Lactation

There is minimal published experience with naratriptan during breastfeeding. If naratriptan is required by the mother of an older infant, it is not a reason to discontinue breastfeeding, but until more data become available, an alternate drug may be preferred, especially while nursing a newborn or preterm infant. Painful, burning nipples and breast pain have been reported after doses of sumatriptan and other triptans. This has occasionally been accompanied by a decrease in milk production.

**Disclaimer:** Information presented in this database is not meant as a substitute for professional judgment. You should consult your healthcare provider for breastfeeding advice related to your particular situation. The U.S. government does not warrant or assume any liability or responsibility for the accuracy or completeness of the information on this Site.

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## Drug Levels

*Maternal Levels.* One woman who was over 1 month postpartum using naratriptan to treat migraine provided one milk sample before the dose, then additional milk samples at 1, 2, 4, 8, 12 and 24 hours after a 2.5 mg dose. A peak milk level of 23.4 mcg/L occurred at 4 hours after the dose. The average milk level was 12.8 mcg/L and the half-life in milk was 6.5 hours. The infant's daily dosage of naratriptan was 1.9 mcg/kg and the weight-adjusted infant dosage was 5% of the maternal dose.[1]

*Infant Levels.* Relevant published information was not found as of the revision date.

## Effects in Breastfed Infants

Relevant published information was not found as of the revision date.

## Effects on Lactation and Breastmilk

A review of four European adverse reaction databases found 26 reported cases of, painful, burning nipples, painful breasts, breast engorgement and/or painful milk ejection in women who took a triptan while nursing. Pain was sometimes intense and occasionally led to decreased milk production. Pain generally subsided with time as the drug was eliminated. The authors proposed that triptans may cause vasoconstriction of the arteries in the breast, nipples, and the arteries surrounding the alveoli and milk ducts, causing a painful sensation and a painful milk ejection reflex.[2]

## Alternate Drugs to Consider

Eletriptan, Rizatriptan, Sumatriptan, Zolmitriptan

## References

1. Amundsen S, Nordeng H, Fuskevåg OM, et al. Transfer of triptans into human breast milk and estimation of infant drug exposure through breastfeeding. *Basic Clin Pharmacol Toxicol* 2021;128:795-804. PubMed PMID: 33730376.
2. Conijn M, Maas V, van Tuyl M, et al. Breastfeeding-related adverse drug reactions of triptans: A descriptive analysis using four pharmacovigilance databases. *Breastfeed Med* 2024. PubMed PMID: 38563407.

## Substance Identification

### Substance Name

Naratriptan

### CAS Registry Number

121679-13-8

### Drug Class

Breast Feeding

Lactation

Milk, Human

Serotonin Receptor Agonists

Serotonin 5-HT<sub>1</sub> Receptor Agonists

Triptans

Vasoconstrictor Agents