Optimum Internal Medicine & Pediatrics

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Board certified Internal Medicine and Pediatrics

10044 Hwy 46, Bon Aqua, TN 37025 | 931-996-4247

MIGRAINE ACTION PLAN

Patient: _____ DOB: _____ Age: ____ Weight: ____ kg

Allergies / important conditions: _____

Use only medicines selected for you. Reference checkboxes are NOT patient orders.

GREEN ZONE | Between attacks - prevention

Headaches are absent or minimal. Continue your selected prevention.
Abortive / rescue medicine: _____

Use preventive medicines EVERY DAY or as directed

Controller / strength / route: _____

Dose / titration / schedule: _____

Keep regular sleep, meals, fluids and activity.
Track headache days and days of acute-medicine use.

YELLOW ZONE | Your usual migraine - check RED signs first

A familiar migraine begins or interferes with school, work or daily activities.

Rest in a dark, quiet room. Sip fluids if able.

Use **only** medicines and combinations written here. Call the clinic if rescue is needed more than 2 days/week.

Continue prevention. Treat the usual attack early.

1. Abortive / strength / route: _____

Dose / when: _____

Repeat after: _____ Max / 24 h: _____

Maximum acute-treatment days / month: _____

2. Backup order / when allowed: _____

Repeat / daily max / monthly limit: _____

3. Nausea order / repeat / max: _____

Call **931-996-4247** if treatment fails by 24 hours; earlier if worsening or vomiting prevents fluids.

RED ZONE | New danger signs - emergency care now

Sudden, severe headache; new weakness, numbness, speech or vision change; confusion, seizure or fainting.

Do not assume a new symptom is your usual migraine.

Call 911 for these danger signs. Seek emergency care for headache with fever/stiff neck or severe/worsening headache after injury.

During pregnancy or after delivery, severe, persistent or unusual headache needs immediate medical care.
Do not try a migraine drug first or drive yourself in an emergency.

Clinician signature: _____ Date: _____

Review date: _____ Patient / caregiver taught plan: _____

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MIGRAINE ACUTE DOSE REFERENCE

CLINICIAN ONLY | Adult doses unless pediatric box says otherwise; not a medication ladder.
Review contraindications/interactions, then copy only selected drugs and limits to page 1.

☐ Naproxen immediate-release tablets

500 mg PO initially, then 250 mg every 6-8 h as needed; max 1,250 mg/24 h. Labeled acute-pain dosing used for migraine. Not naproxen sodium or ER. Review GI/renal/CV and pregnancy risks; avoid duplicate NSAIDs. [N]

☐ Sumatriptan tablets - adults

25, 50 or 100 mg PO at onset. Repeat only after some first-dose response, at least 2 h later; **max 200 mg/24 h.** Mild-moderate hepatic impairment: max single dose 50 mg; severe impairment contraindicated. See triptan screen below. [S]

☐ Rizatriptan tablets - adults

5 or 10 mg PO; if headache returns, may repeat after at least 2 h; **max 30 mg/24 h.** With propranolol: **5 mg/dose, max 15 mg/24 h.** Pediatric rules differ; see separate box below. [R]

☐ Ubrogepant - adults

50 or 100 mg PO; repeat at least 2 h later; max 200 mg/24 h. Strong CYP3A4 inhibitors contraindicated. Moderate inhibitor: 50 mg, no repeat/24 h. Severe renal/hepatic impairment: 50 mg/dose; avoid ESRD. Safety beyond 8 treated attacks/30 days unestablished. [U]

☐ Rimegepant ODT - adults

75 mg PO as needed; max 75 mg/24 h. No second same-day dose. CYP3A4/P-gp interactions may require 48-hour spacing or avoidance. Avoid severe hepatic impairment or ESRD. Safety beyond 18 doses/30 days unestablished. [G]

☐ Zavegepant nasal - adults

One 10-mg spray in one nostril; max one dose/24 h. Avoid CrCl below 30 mL/min or severe hepatic impairment; check transporter interactions. Safety beyond 8 treated attacks/30 days unestablished. [Z]

Pediatric rizatriptan, ages 6-17: below 40 kg, 5 mg once; at least 40 kg, 10 mg once. More than one dose/24 h has unestablished safety/efficacy. With propranolol: at least 40 kg, only 5 mg once/24 h; below 40 kg, do not use this combination. Adult gepant doses do not apply to children. [R]

Safety screen: no different triptan or ergot within 24 h. Review vascular disease, stroke/TIA, uncontrolled hypertension, MAO/serotonergic interactions and other triptan contraindications. Gepants require hypersensitivity, BP/Raynaud, renal/hepatic and interaction review. Do not combine agents unless explicitly prescribed.

Labels: [N] naproxen IR; [S] sumatriptan; [R] rizatriptan; [U] Ubrelvy; [G] Nurtec ODT; [Z] Zavzpret. Emergency guidance: AMF; CDC pregnancy/postpartum warnings.

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MIGRAINE PREVENTIVE DOSES

CLINICIAN ONLY | Select and individualize; these are not instructions to take all listed drugs.
Review pregnancy/planning/lactation, comorbidities and interactions before prescribing.

☐ Topiramate IR - age 12+

Week 1: 25 mg nightly.
Week 2: 25 mg twice daily.
Week 3: 25 mg AM / 50 mg PM.
Week 4: 50 mg twice daily (100 mg/day target). Slower titration if needed.
CrCl below 70: half usual adult dose. Review fetal-harm/contraceptive, cognitive, ocular, metabolic/stone risks; taper. Not ER. [T]

☐ Amitriptyline - adult, off-label

10 mg PO nightly; increase 10 mg weekly as tolerated. Usual 25-75 mg nightly; not a universal max. **Do not start at 75 mg.** Review sedation, anticholinergic/cardiac/QT risks, suicidality and interactions; taper. U.S. off-label migraine use. [A]

☐ Propranolol IR - adults

Label: **80 mg/day divided** (e.g., 40 mg twice daily); titrate. Usual effective range 160-240 mg/day divided; consider lower initiation. **Contraindicated in bronchial asthma, sinus bradycardia or greater than first-degree block.** Monitor BP/pulse; taper; adjust rizatriptan. Not ER. [B]

☐ Aimovig (erenumab) - adults

70 mg SC monthly; some benefit from **140 mg monthly.** No loading dose. See CGRP safety below. [E]

☐ Oral CGRP prevention - adults

Atogepant: episodic, 10, 30 or 60 mg PO daily; chronic, 60 mg daily. CYP3A4/OATP interactions change dose. CrCl below 30: episodic 10 mg/day; chronic not recommended. Avoid severe hepatic impairment. [Q]
Rimegepant ODT: 75 mg PO every other day for **episodic** prevention; max 75 mg/24 h across all uses. No extra dose on scheduled days. Check interactions, renal/hepatic limits and monthly exposure. Not chronic-prevention approval. [G]

☐ Ajovy (fremanezumab) - prevention

Adults: 225 mg SC monthly OR 675 mg every 3 months.
Ages 6-17, episodic migraine AND at least 45 kg: 225 mg SC monthly only. Not approved below 45 kg or for pediatric chronic migraine. See CGRP safety below. [F]

Other original options, adult U.S. off-label: Venlafaxine ER 37.5 mg daily with food for 4-7 days, then 75 mg daily; clinician may titrate toward 150 mg/day. Review BP, serotonergic/MAOI interactions, suicidality and renal/hepatic adjustments; taper. [V] Nifedipine ER is selective for comorbid untreated hypertension: 30-60 mg daily is the **hypertension-label start, not a standard migraine dose.** Titrate over 7-14 days; monitor BP, interactions/edema; avoid grapefruit; swallow whole. [H]

CGRP safety: review constipation (including serious complications with antibodies), hypersensitivity, BP/Raynaud and pregnancy. CGRP prevention may be first-line. Assess most preventive drugs after 8-12 weeks at a tolerated recommended dose.

Sources: [T] Topamax; [A] amitriptyline UK SmPC / U.S. label; [B] propranolol; [E] Aimovig; [Q] Qulipta; [G] Nurtec ODT; [F] Ajovy (2026); AAN/AHS 2026; AHS 2024; [V] venlafaxine ER / migraine trial; [H] nifedipine ER.