

## Specific Dispensary Directions for Skin and Appendages

### **Topical steroids in order of increasing potency:**

Desonide (0.05% cream/ointment) Apply to affected site two times a day as needed

Triamcinolone (0.1% cream/ointment) Apply to affected site two times a day avoiding axillae, groin and face

Fluocinonide (0.5% cream/ointment) Apply to affected site two times a day avoiding axillae, groin and face

Clobetasol (0.05% cream/ointment) Apply to affected site two times a day avoiding axillae, groin and face for 14 days only

### **Topical Calcineurin inhibitors:**

Tacrolimus (0.03%, 0.1% cream/ointment): Apply to affected area two times a day. Consider 0.03% strength in pediatric patients only.

Pimecrolimus (1% cream): Apply to affected area two times a day.

### **Antipruritic agents:**

Hydrocortisone acetate (1.0% or 2.5%)/Pramoxine HCL (1.0% lotion/cream/ointment): Apply to pruritic areas two times a day.

Pramoxine HCL (1.0% cream/liquid/lotion/ointment): Apply two times a day to pruritic areas

## Specific Dispensary Directions for Mouth and Oral Cavity

Fluocinonide (0.05% gel): Areas must be dried first and medication is applied to the affected site two or three times daily; no food or drink for 30 minutes afterward. Medicine must not be applied to the vermillion border of the lip.

Clobetasol (0.05% gel), Betamethasone dipropionate (0.05% gel): Directions as per Fluocinonide above.

Dexamethasone 0.5 mg/5 mL (alcohol free elixir/solution): Swish 5 ml for 4-6 minutes and spit out 3 -6 times a day; no food or drink for 30 minutes afterwards.

Prednisolone (15 mg/5mL), Triamcinolone (0.1% aqueous solution). Directions as per Dexamethasone above.

Viscous Lidocaine (2% solution) mixed with Kaolin/Pectin or Maalox-Benadryl (1:1:1): Swish and spit 5 mL as needed.

Tacrolimus (0.1% ointment). Area must be dried first and medication is applied to the affected site two to three times daily; no food or drink for 30 minutes afterward. Ointments (vaseline-based) are generally less effective than gels (alcohol-based) when used in the mouth.

Prevident 5000: Apply with toothbrush after normal oral hygiene regimen at night. Do not rinse. Do not eat or drink for 30 min after use.

Cevimeline (30mg oral capsules): 30 mg orally three times daily

Pilocarpine (5 mg tablets): 5-10 mg orally 3 times daily.

Cyclosporine (100 mg/mL oral solution): Swish 5 ml for 4-6 minutes and spit out 3 times a day; no food or drink for 30 minutes afterwards.

Azathioprine (oral rinses) need to be compounded in a bland elixir base at strengths of 5 mg/mL (treatment as per Dexamethasone above).

## **Specific Dispensary Directions for Eyes**

Cyclosporine (ophthalmic emulsion 0.05%): Apply one drop in both eyes twice a day.

Prednisolone (1.0% ophthalmic solution, e.g. Pred Forte®) one drop in both eyes 2-4 times a day.

Fluorometholone (0.1/0.25% ophthalmic suspension) one drop in both eyes 2-4 times a day.

Loteprednol etabonate (0.5% ophthalmic suspension) 1-2 drops in both eyes 4 times a day.

Hydroxypropyl cellulose (i.e. Lacrisert® 5 mg ophthalmic insert). Place into the cul-de-sac of the eye daily.

Cevimeline (30mg oral capsules): 30 mg orally three times daily

Pilocarpine (5 mg tablets): 5-10 mg orally 3 times daily.

Doxycycline (20 mg tablet/capsule): 20mg orally twice a day

Preservative-free artificial tears and ointment: Preservative-free artificial tears (individual packets instead of bottles) are the most gentle for the ocular surface. Those patients who depend on the use of artificial tears more than 4 times a day should use preservative-free artificial tears. Examples of some available brands are Refresh®, Refresh Endure®, Refresh Plus®, Systane®, Bion Tears®, TheraTears®, GenTeal PF®. The preservative-free artificial tears may be used as often as every 30 minutes, if needed. Patients should be counseled that one brand may work better than others for them. Thicker formulations of such as Celluvisc®, and Genteal Gel ® may be recommended for patients who may need frequent use of artificial tears. Artificial tears ointment, such as Lacrilube®, Hypotears® ointment may be recommended at bedtime.

## **Specific Dispensary Directions for Vulva and Vagina**

Betamethasone dipropionate (augmented 0.05% gel or ointment): Apply topically to the vulva and/or 1gm intravaginally (using vaginal estrogen cream calibrated applicator) every 12-24 hours for up to 12 weeks. Gynecological evaluation should be performed at two, six and twelve week intervals during treatment, or sooner if new or worsening symptoms.

Tacrolimus (0.1% ointment). Topical application to severe vulvar lesions should be under the direction of a gynecologist with experience in managing chronic GVHD or lichen planus.

## **Dispensary directions for GI and Liver**

Ursodeoxycholic acid (300 mg capsules, 250 mg tablets or 25 mg/mL suspension compounded by pharmacy.) Adults: 250-300 mg orally 3-4 times daily, Children: 10-15 mg/kg daily divided three times a day

## **Specific Dispensary Directions for Lung**

Albuterol (multiple formulations of inhalation aerosols and solutions): Adults: 1-2 puffs every 4-6 hr as needed or nebulized 2.5 mg 3-4 times daily, Children: 4 years and older, 1-2 puffs every 4-6 hr.

Age 2 to 12 years, nebulized 1.25 or 0.63 mg 3-4 times daily

Beclomethasone (multiple formulations of inhalation aerosols and solutions): Adults (12 years and older): Oral inhalation, 2 puffs (42 mcg each) 3-4 times daily or double strength 2 puffs (84 mcg each) twice daily; maximum 840 mcg/day. Pediatric: Safety and efficacy not established in children under age 5 or 168 mcg twice daily; maximum 420 mcg/day.

Fluticasone (multiple formulations and combinations, Flovent® used here as an example): Adults (12 years and older): Oral inhalation using aerochamber, 2 puffs (110-220 mcg each) twice daily

## Specific Dispensary Directions for Neurologic System

Amitriptyline (10,25,50,75,100,150 mg tablets) Adults: start at 25 mg orally at bedtime and increase dose by 25mg weekly to effect or maximum of 150 mg daily.

Paroxetine ( Oral Suspension: 10 mg/5 ml , Oral Tablet: 10, 20, 30, 40 mg) : Adults start at 10 mg orally daily and increase by 10 mg weekly to effect or maximum dose of 50 mg daily.

Gabapentin (Oral Capsule:100, 300, 400 mg, Oral Solution: 250 mg/5 ml , Oral Tablet: 100, 300, 400, 600, 800 mg ) Adults or children > 12 years, initiate therapy with 300 mg orally daily on day 1 then 300 mg orally twice a day on day 2 and then 300 mg orally 3 times daily on day 3. Then titrate dose up to effect or maximum daily dose of 3600 mg.

## Specific Dispensary Directions for Infectious Disease

### ***PCP prophylaxis:***

TMP/SMX (single or double strength tablets) : Adults: a minimum of 6 single-strength equivalents per week, which can be administered in a variety of ways, e.g.: one double strength tablet twice daily for 2 days per week, one double-strength tablet daily three days per week or one single strength tablet every day of the week.

Children: For children < 20 kg, oral suspension, 5 mg/kg/day TMP component in 2 divided doses for two days per week. For children 20-40 kg, 1 single-strength tablet twice daily 2 days per week. For children > 40 kg follow adult dosing.

Dapsone (25/100 mg oral tablets): Adults: 50 mg orally twice daily if G6PD status known.

Children: 1 mg/kg/day orally in 2 divided doses (up to 100 mg/day)

Pentamidine (300 mg inhalation powder for solution): Adults and children > 5 years: 300 mg inhaled every 4 weeks.

Atovaquone (Oral Suspension: 750 mg/5 ML Oral Tablet: 250 mg): Adults and children  $\geq$  13 years: 1500 mg daily.

### ***Encapsulated Organism prophylaxis:***

TMP/SMX: The following regimen covers both PCP and encapsulated organisms.

Adults: 1 double strength tablet orally daily.

Children: For patients < 20 kg, oral suspension, 2.5 mg/kg/day TMP component once a day. For patients  $\geq$  20 kg, 1 single-strength tablet orally daily.

Penicillin VK: Adults: 750 mg orally twice daily (weight > 60 kg), 500 mg orally twice daily (weight  $\leq$  60 kg). Children: 250 mg orally twice daily (weight 20-40 kg), 125 mg orally twice daily (weight < 20 kg)

***VZV prophylaxis:***

Acyclovir: (200 mg oral capsule, 200 mg/5 ml oral suspension, 400, 800 mg oral tablet): Adults  $\geq$  40 kg: 800 mg orally twice daily, children and adults < 40 kg: 600 mg/m<sup>2</sup> orally twice daily.

Valacyclovir (500 mg and 1 g oral tablets): Adults  $\geq$  40 kg: 500 mg orally twice daily. Children and adults < 40 kg: 250 mg orally twice daily

**Specific Dispensary Directions for Musculoskeletal System**

Calcium replacement (multiple formulations): 1000-1500 mg of elemental calcium orally daily.

Vitamin D replacement (25000 IU oral capsule, 50000 IU oral capsule, liquid filled, 8000 IU/ml oral liquid, 400 IU, 50000 IU oral tablet): 400-800 IU orally daily.

Biphosphonates: (e.g. alendronate 5, 10, 35, 40, 70 mg oral tablets and 70 mg/75ml oral solution) *Treatment of osteoporosis*= 10 mg orally daily (in corticosteroid-induced osteoporosis, post-menopausal women), 5 mg orally daily (in corticosteroid-induced osteoporosis, males) or 70 mg orally weekly. *Prevention of osteoporosis*= 35 mg orally weekly.

Raloxifene (60 mg oral tablet) 60 mg orally daily.

Calcitonin (200 IU/ml injection solution and 200 IU/actuation nasal spray): 100 IU intramuscular/subcutaneous daily or 200 IU intranasally daily.