

ACIDOSIS

BICARBONATE ▶K ♀C D? \$ Full Rx: See Cardiac Arrest (p. 76).

TROMETHAMINE (*Tham*) ▶K ♀C D? +\$\$\$\$ ADULT: When base deficit known: mL of 0.3 M solution = $1.1 \times [\text{weight (kg)} \times \text{base deficit (mEq/L)}]$. If base deficit not known: 3–6 mL/kg/dose. PEDS: Same dose as for adults.

ACNE

ACANYA (clindamycin + benzoyl peroxide) ▶K ♀C D+ \$\$\$\$ ADULT: Acne: Apply daily. PEDS: Not approved in children 12 yo or younger. FORMS: Trade only: Gel (clindamycin 1.2% + benzoyl peroxide 2.5%) 50 g.

ADAPALENE (*Differin*) ▶Bile ♀C D? \$\$\$\$ ADULT: Acne: Apply qhs. PEDS: Not approved in children. FORMS: Generic/Trade: Gel 0.1%. Cream 0.1% (45 g). Trade only: Gel 0.3% (45 g). Soln 0.1% (30 mL). Swabs 0.1% (60 ea).

AZELAIC ACID (*Azelex, Finacea, Finevin*) ▶K ♀B D? \$\$\$\$ ADULT: Acne (Azelex, Finevin): Apply bid. Rosacea (Finacea): Apply bid. PEDS: Not approved in children. FORMS: Trade only: Cream 20%, 30, 50 g (Azelex). Gel 15% 50 g (Finacea).

BENZAFLIN (clindamycin + benzoyl peroxide) ▶K ♀C D+ \$\$\$\$ ADULT: Acne: Apply bid. PEDS: Not approved in children. FORMS: Generic/Trade: Gel (clindamycin 1% + benzoyl peroxide 5%) 50 g (jar). Trade only: 25, 35 g (jar) and 50 g (pump).

BENZAMYCIN (erythromycin base + benzoyl peroxide) ▶LK ♀C D? \$\$\$ ADULT: Acne: Apply bid. PEDS: Not approved in children. FORMS: Generic/Trade: Gel (erythromycin 3% + benzoyl peroxide 5%) 23.3, 46.6 g. Trade only: Benzamycin Pak, #60 gel pouches.

BENZOYL PEROXIDE (*Benzac, Benzagel 10%, Desquam, Clearasil, Solugel, Benoxyl*) ▶LK ♀C D? \$ ADULT: Acne: Cleansers: Wash daily to bid. Creams/gels/lotion: Apply daily initially, gradually increase to bid to tid if needed. PEDS: Not approved in children. FORMS: OTC and Rx Generic: Liquid 2.5, 5, 10%. Bar 5, 10%. Mask 5%. Lotion 4, 5, 8, 10%. Cream 5, 10%. Gel 2.5, 4, 5, 6, 10, 20%. Pad 3, 4, 6, 8, 9%. Other strengths available.

CLINDAMYCIN—TOPICAL (*Cleocin T, Clindagel, ClindaMax, Evoclin, Dalacin T*) ▶L ♀B D—\$ ADULT: Acne: Apply daily (Evoclin) or bid (Cleocin T). PEDS: Not approved in children. FORMS: Generic/Trade: Gel 1% 30, 60 g. Lotion 1% 60 mL. Soln 1% 30, 60 mL. Trade only: Foam 1% 50, 100 g (Evoclin). Gel 1% 40, 75 mL (Clindagel).

DAPSONE (*Aczone*) ▶LK ♀C D—\$ Full Rx: See Bacterial Infection (p. 49).

DUAC (clindamycin + benzoyl peroxide, + *Clindoxyl*) ▶K ♀C D+ \$\$\$\$ ADULT: Acne: Apply qhs. PEDS: Not approved in children. FORMS: Trade only: Gel (clindamycin 1% + benzoyl peroxide 5%) 45 g.

EPIDUO (adapalene + benzoyl peroxide) ▶Bile, K ♀C D? \$\$\$\$ ADULT: Acne: Apply daily. PEDS: Not approved in children. FORMS: Trade only: Gel (0.1% adapalene + benzoyl peroxide 2.5%) 45 g.

2 Acne

ERYTHROMYCIN—TOPICAL (*Eryderm, Erycette, Erygel, A/T/S, † Sans-Acne, Erysol*) ▶L ♀B ▶? \$ ADULT: Acne: Apply bid. PEDS: Not approved in children. FORMS: Generic/Trade: Soln 2% 60 mL. Pads 2%. Gel 2% 30, 60 g. Ointment 2% 25 g. Generic only: Soln 1.5% 60 mL.

ISOTRETINOIN (*Amnesteem, Claravis, Sotret, † Clarus*) ▶LK ♀X ▶— \$\$\$\$ ■ ADULT: Severe, recalcitrant cystic acne: 0.5 to 2 mg/kg/day PO divided bid for 15 to 20 weeks. Typical target dose is 1 mg/kg/day. May repeat 2nd course of therapy after at least 2 months off therapy. PEDS: 12 to 17 years of age: 0.5 to 1 mg/kg/day PO divided bid for 15 to 20 weeks. Not approved for children under 12. FORMS: Generic: Caps 10, 20, 40 mg. Generic only (Sotret and Claravis): Caps 30 mg.

ROSULA (sulfacetamide + sulfur) ▶K ♀C ▶? \$\$\$\$ ADULT: Acne, rosacea, seborrheic dermatitis: Apply cream/gel/aqueous cleanser daily to tid, foaming wash daily to bid. PEDS: Not approved in children. FORMS: Trade only: Gel (sodium sulfacetamide 10%/sulfur 5%) 45 g. Aqueous cleanser (sodium sulfacetamide 10%/sulfur 5%) 355 mL. Soap (sodium sulfacetamide 10%/sulfur 4%) 473 mL.

SALICYLIC ACID (*Akurza, Clearasil Cleanser, Stridex Pads*) ▶Not absorbed ♀? ▶? \$ ADULT: Acne (OTC): Apply/wash area up to tid. Removal of excessive keratin in hyperkeratotic disorders (Rx): Apply to affected area qhs and cover. Hydrate skin before application. PEDS: Acne: Apply/wash area up to tid. FORMS: OTC Generic/Trade: Pads, Gel, Lotion, Liquid, Mask scrub, 0.5%, 1%, 2%. Rx Trade only (Akurza): Cream 6% 340 g. Lotion 6%, 355 mL.

SULFACET-R (sulfacetamide + sulfur) ▶K ♀C ▶? \$\$\$ ADULT: Acne, rosacea, seborrheic dermatitis: Apply cream/gel daily to tid, foaming wash daily to bid. PEDS: Not approved in children. FORMS: Generic/Trade: Lotion (sodium sulfacetamide 10%/sulfur 5%) 25 g.

SULFACETAMIDE—TOPICAL (*Klaron*) ▶K ♀C ▶? \$\$\$\$ ADULT: Acne: Apply bid. PEDS: Not approved in children. FORMS: Generic/Trade: Lotion 10% 118 mL (Klaron).

TAZAROTENE (*Avage, Tazorac*) ▶LK ♀C ▶? \$\$\$\$ ADULT: Acne: Apply every evening. PEDS (12 yo and older): Acne: Apply every evening. FORMS: Trade only: Cream, Gel 0.05%, 0.1% 30, 60 g.

TRETINOIN—TOPICAL (*Retin-A, Retin-A Micro, Renova, Retisol-A, † Stieva-A, Rejuva-A, Vitamin A Acid Cream*) ▶LK ♀C ▶? \$\$\$ ADULT: Acne (Retin A, Retin-A Micro): Apply qhs. Wrinkles, hyperpigmentation, tactile roughness (Renova): Apply qhs. PEDS: Not approved in children. FORMS: Generic/Trade: Cream 0.025% 20, 45 g, 0.05% 20, 45 g, 0.1% 20, 45 g. Gel 0.025% 15, 45 g, 0.1% 15, 45 g. Trade only: Renova cream 0.02% 40, 60 g. Retin-A Micro gel 0.04%, 0.1% 20, 45, 50 g.

ZIANA (clindamycin + tretinoin) ▶LK ♀C ▶? \$\$\$\$ ADULT: Acne: Apply qhs. PEDS: Use adult dose for age 12 yo or older. FORMS: Trade only: Gel (clindamycin 1.2% + tretinoin 0.025%) 30, 60 g.

ACROMEGALY

BROMOCRIPTINE (*Cycloset, Parlodel*) ▶L ♀B ◀— \$\$\$\$\$ Full RX: See Diabetes (p. 110).

LANREOTIDE (*Somatuline Depot*) ▶LK ♀C ◀? \$\$\$\$\$ ADULT: Acromegaly when inadequate response or unable to treat with surgery and/or radiotherapy: Start 90 mg q 4 weeks via deep SC injection. Adjust dose based on GH and/or IGF-1 levels. Range 60–120 mg q 4 weeks. PEDS: Not approved in children. FORMS: Trade only: 60, 90, 120 mg single-use syringes.

OCTREOTIDE (*Sandostatin, Sandostatin LAR*) LK ♀B ◀? \$\$\$\$\$ Full RX: See Diarrhea (p. 118).

PEGVISOMANT (*Somavert*) ▶? ♀B ◀? \$\$\$\$\$ ADULT: Acromegaly unresponsive to other therapies: Load 40 mg SC on day 1, then maintenance 10 mg SC daily. Max 30 mg/day. PEDS: Not approved in children. FORMS: Trade only: 10, 15, 20 mg single-dose vials. Available only from manufacturer.

ACUTE CORONARY SYNDROME

ABCIXIMAB (*ReoPro*) ▶Plasma ♀C ◀? \$\$\$\$\$ ADULT: Platelet aggregation inhibition, prevention of acute cardiac ischemic events associated with percutaneous coronary intervention (PCI): 0.25 mg/kg IV bolus over 1 min via separate infusion line 10 to 60 min before procedure, then 0.125 mcg/kg/min up to 10 mcg/min infusion for 12 h. Unstable angina not responding to standard therapy when PCI is planned within 24 h: 0.25 mg/kg IV bolus over 1 min via separate infusion line, followed by 10 mcg/min IV infusion for 18 to 24 h, concluding 1 h after PCI. PEDS: Not approved in children.

ACETYSALICYLIC ACID (*Ecotrin, Empirin, Halfprin, Bayer, Anacin, Zorprin, Aspirin, Asaphen, Entrophen, Novasen*) ▶K ♀D ◀? \$ ADULT: Mild to moderate pain, fever: 325 to 650 mg PO/PR q 4 h prn. Acute rheumatic fever: 5 to 8 g/day, initially. RA/OA: 3.2 to 6 g/day in divided doses. Platelet aggregation inhibition: 81 to 325 mg PO daily. PEDS: Mild to moderate pain, fever: 10 to 15 mg/kg/dose PO q 4 to 6 h not to exceed 60 to 80 mg/kg/day. JRA: 60 to 100 mg/kg/day PO divided q 6 to 8 h. Acute rheumatic fever: 100 mg/kg/day PO/PR for 2 weeks, then 75 mg/kg/day for 4 to 6 weeks. Kawasaki disease: 80 to 100 mg/kg/day divided qid PO/PR until fever resolves, then 3 to 5 mg/kg/day PO qam for 7 weeks or longer if there is ECG evidence of coronary artery abnormalities. Platelet aggregation inhibition: 81 to 325 mg PO daily. FORMS: Generic/Trade (OTC): Tabs, 325, 500 mg; chewable 81 mg; enteric-coated 81, 162 mg (Halfprin), 81, 325, 500 mg (Ecotrin), 650, 975 mg. Trade only: Tabs, controlled-release 650, 800 mg (ZORprin, Rx). Generic only (OTC): Supps 60, 120, 200, 300, 600 mg.

BIVALIRUDIN (*Angiomax*) ▶proteolysis/K ♀B ◀? \$\$\$\$\$ ADULT: Anti-coagulation in patients undergoing PCI (including patients with or at risk of heparin-induced thrombocytopenia or heparin-induced thrombocytopenia

4 Acute Coronary Syndrome

and thrombosis syndrome): 0.75 mg/kg IV bolus prior to intervention, then 1.75 mg/kg/h for duration of procedure (with provisional Gp IIb/IIIa inhibition) and optionally up to 4 h postprocedure. For CrCl < 30 mL/min, reduce infusion dose to 1 mg/kg/h after bolus. For patients on dialysis, reduce infusion dose to 0.25 mg/kg/h. Use with aspirin 300 to 325 mg PO daily. Additional bolus of 0.3 mg/kg if activated clotting time < 225 sec. Can additionally infuse 0.2 mg/kg/h for up to 20 h more. Acute coronary syndrome (with or without Gp IIb/IIIa inhibition): 0.1 mg/kg bolus followed by 0.25 mg/kg/h. If PCI, then additional bolus 0.5 mg/kg then 1.75 mg/kg/h. Use with aspirin. PEDS: Not approved in children.

CLOPIDOGREL (Plavix) ▶ LK ♀ B D ? \$\$\$\$\$ Full RX: See Myocardial Infarction (p. 206).

EPTIFIBATIDE (Integrilin) ▶ K ♀ B D ? \$\$\$\$\$ ADULT: Acute coronary syndrome (unstable angina/non-ST segment elevation MI): Load 180 mcg/kg IV bolus, then IV infusion 2 mcg/kg/min for up to 72 h. If percutaneous coronary intervention (PCI) occurs during the infusion, continue infusion for 18 to 24 h after procedure. PCI: Load 180 mcg/kg IV bolus just before procedure, followed by infusion 2 mcg/kg/min and a second 180 mcg/kg IV bolus 10 min after the first bolus. Continue infusion for up to 18 to 24 h (minimum 12 h) after the procedure. Renal impairment (CrCl < 50 mL/min): No change in bolus dose; decrease infusion to 1 mcg/kg/min. For obese patient (greater than 121 kg): max bolus dose 22.6 mg; max infusion rate 15 mg/h. Renal impairment and obese: max bolus dose 22.6 mg; max infusion rate 7.5 mg/h. PEDS: Not approved in children.

HEPARIN ▶ Reticuloendothelial system ♀C but + D+ \$\$ ■ ADULT: Venous thrombosis/pulmonary embolus treatment: Load 80 units/kg IV, then initiate infusion at 18 units/kg/h. Adjust based on coagulation testing (PTT). DVT prophylaxis: 5000 units SC q 8 to 12 h. Low-dose for prevention of thromboembolism in pregnancy: 5000 to 10,000 units SC q 12 h. Treatment of thromboembolism in pregnancy: 80 units/kg IV load, then infuse 18 units/kg/h with dose titrated to achieve full anticoagulation for at least 5 days. Then continue via SC route with at least 10,000 units SC q 8 to 12 h adjusted to achieve PTT of 1.5 to 2.5 × control. To avoid unwanted anticoagulation during delivery, stop SC heparin 24 h before elective induction of labor. PEDS: Venous thrombosis/pulmonary embolus treatment: Load 50 units/kg IV, then 25 units/kg/h infusion. FORMS: Generic only: 1000, 5000, 10,000, 20,000 units/mL in various vial and syringe sizes.

PRASUGREL (Effient) ▶ LK ♀ B D? \$\$\$\$\$ ADULT: Acute coronary syndrome: Loading dose: 60 mg with aspirin (162 to 325 mg), maintenance 10 mg daily with aspirin (75 to 325 mg). Consider 5 mg daily maintenance dose in patients < 60 kg. Reduction of thrombotic events, including stent thrombosis, after acute coronary syndrome managed with percutaneous coronary intervention (PCI): 60 mg loading dose, then 10 mg PO daily in combination with aspirin. Patients wt less than 60 kg consider lowering maintenance dose to 5 mg PO daily. PEDS: Not approved in children.

TICAGRELOR (*Brilinta*) ▶ LK ♀ C ▶? \$\$\$\$ ■ ADULT: Acute coronary syndrome: Loading dose 180 mg with aspirin (usually 325 mg), maintenance 90 mg bid with aspirin 75 to 100 mg. PEDS: Not approved in children. FORMS: Trade only: 90 mg tablet.

TIROFIBAN (*Aggrastat*) ▶K ♀B ▶? \$\$\$\$ ADULT: Acute coronary syndromes (unstable angina and non-Q-wave MI): Start 0.4 mcg/kg/min IV infusion for 30 min, then decrease to 0.1 mcg/kg/min for 48 to 108 h or until 12 to 24 h after coronary intervention. PEDS: Not approved in children.

ADDICTION

ACAMPROSATE (*Campra*) ▶K ♀C ▶? \$\$\$\$ ADULT: Maintenance of abstinence from alcohol: 666 mg (2 tabs) PO tid. Start after alcohol withdrawal and when patient is abstinent. PEDS: Not approved in children. FORMS: Trade only: Tabs delayed-release 333 mg.

BUPRENORPHINE (*Buprenex, Butrans, Subutex*) ▶L ♀C ▶- © III \$ IV, \$\$\$\$ SL Full RX: See Painful Condition (p. 226).

DISULFIRAM (*Antabuse*) ▶L ♀C ▶? \$\$\$ ■ ADULT: Maintenance of sobriety: 125 to 500 mg PO daily. PEDS: Not approved in children. FORMS: Trade only: Tabs 250, 500 mg.

METHADONE (*Diskets, Dolophine, Methadose, + Metadol*) ▶L ♀C ▶? © II \$ ■ ADULT: Severe pain in opioid-tolerant patients: 2.5 to 10 mg IM/SC/PO q 3 to 4 h prn. Opioid dependence: 20 to 100 mg PO daily. PEDS: Not approved in children. FORMS: Generic/Trade: Tabs 5, 10 mg. Dispersible tabs 40 mg (for opioid dependence only). Oral concentrate (Intensol): 10 mg/mL. Generic only: Oral soln 5, 10 mg/5 mL.

NALTREXONE (*ReVia, Depade, Vivitrol*) ▶LK ♀C ▶? \$\$\$\$ ■ ADULT: Alcohol dependence: 50 mg PO daily. Extended-release injectable susp: 380 mg IM q 4 weeks or monthly. Opioid dependence following detoxification: Start 25 mg PO daily, increase to 50 mg PO daily if no signs of withdrawal. Extended-release injectable susp: 380 mg IM q 4 weeks or monthly. PEDS: Not approved in children. FORMS: Generic/Trade: Tabs 50 mg. Trade only (Vivitrol): Extended-release injectable susp kits 380 mg.

SUBOXONE (buprenorphine + naloxone) ▶L ♀C ▶- © III \$\$\$\$ ADULT: Treatment of opioid dependence: Maintenance: 16 mg SL daily (dose based on buprenorphine). Can individualize to range of 4 to 24 mg SL daily (dose based on buprenorphine). PEDS: Not approved in children. FORMS: Trade only: SL tabs and film 2/0.5 mg and 8/2 mg buprenorphine/naloxone.

ADHD

ADDERALL (dextroamphetamine + amphetamine, *Adderall XR*) ▶L ♀C ▶- © II \$\$\$\$ ■ ADULT: ADHD, extended-release caps (Adderall XR): 20 mg PO daily. PEDS: ADHD, standard-release tabs: Start 2.5 mg (3 to 5 yo) or 5 mg (age 6 yo or older) PO daily to bid, increase by 2.5 to 5 mg q week, max 40 mg/day. ADHD, extended-release caps (Adderall XR): If age 6 to 12 yo, then

6 ADHD

start 5 to 10 mg PO daily to a max of 30 mg/day. If 13 to 17 yo, then start 10 mg PO daily to a max of 20 mg/day. Not recommended age younger than 3 yo. **Narcolepsy**, standard-release: age 6 to 12 yo: Start 5 mg PO daily, increase by 5 mg q week. Age older than 12 yo: Start 10 mg PO qam, increase by 10 mg q week, maximum dose is 60 mg/day divided bid to tid at 4 to 6 h intervals. FORMS: Generic/Trade: Tabs 5, 7.5, 10, 12.5, 15, 20, 30 mg. Trade only: Caps, extended-release (Adderall XR) 5, 10, 15, 20, 25, 30 mg.

ATOMOXETINE (Strattera) LK ♀ C ▶? \$\$\$\$ ■ ADULT: ADHD: 40 mg/day PO; increase after a minimum of 3 days to a target dose of approximately 80 mg/day; max dosage of 100 mg/day may be considered after 2 to 4 additional weeks in patients who have not achieved adequate response on lower doses. PEDS: (6 yo and older) < 70 kg, 0.5 mg/kg/day orally; increase after a minimum of 3 days to a target dose of 1.2 mg/kg/day; max dosage is 1.4 mg/kg/day or 100 mg/day (whichever is less). > 70 kg 40 mg/day orally; increase after a minimum of 3 days to a target dose of approximately 80 mg/day; max dosage of 100 mg/day may be considered after 2 to 4 additional weeks in patients who have not achieved adequate response on lower doses. FORMS: Capsule: 10, 18, 25, 40, 60, 80, 100 mg.

DEXMETHYLPHENIDATE (Focalin, Focalin XR) ▶LK ♀ C ▶? ©II \$\$\$\$ ■ ADULT: ADHD, not already on stimulants: Start 10 mg PO q am (extended-release) or 2.5 mg PO bid (immediate-release). Max 20 mg/day for immediate release and 40 mg/day for extended-release. If taking racemic methylphenidate, use conversion of 2.5 mg for each 5 mg of methylphenidate. PEDS: ADHD, age 6 yo or older and not already on stimulants: Start 5 mg PO q am (extended-release) or 2.5 mg PO bid (immediate-release), max 20 mg/day (immediate-release) or 30 mg/day (extended-release). If already on racemic methylphenidate, use conversion of 2.5 mg for each 5 mg of methylphenidate. FORMS: Generic/Trade: Tabs, immediate-release 2.5, 5, 10 mg. Trade only: Extended-release caps (Focalin XR) 5, 10, 15, 20, 30 mg.

DEXTRAMPHETAMINE (Dexedrine, Dextrostat) ▶L ♀ C ▶- ©II \$\$\$\$ ■ Full RX: See Narcolepsy (p. 208).

GUANFACINE (Intuniv) ▶LK - ♀ B ▶? Full RX: See Hypertension (p. 171).

LISDEXAMFETAMINE (Vyvanse) ▶L ♀ C ▶- ©II \$\$\$\$ ■ ADULT: ADHD: Start 30 mg PO q am. May increase weekly by 10 to 20 mg/day to max 70 mg/day. PEDS: ADHD ages 6 to 12 yo: Start 30 mg PO q am. May increase weekly by 10 to 20 mg/day to max 70 mg/day. Adolescents use adult dosing. FORMS: Trade: Caps 20, 30, 40, 50, 60, 70 mg.

METHAMPHETAMINE (Desoxyn) ▶L ♀ C ▶- ©II \$\$\$\$ ■ Full RX: See Obesity (p. 217).

METHYLPHENIDATE (Ritalin, Ritalin LA, Ritalin SR, Methylin, Methylin ER, Metadate ER, Metadate CD, Concerta, Daytrana, + Biphentin) ▶LK ♀ C ▶? ©II \$\$ Full RX: See Narcolepsy (p. 208).