

New York State Oral Pharmaceuticals Course *Prescription Considerations (Part 2)*

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- ◆ Ancient symbol associated with healing
- ◆ Contraction of Latin verb
recipe: take thou or you take

Prescription

◆ Prescription:

- Verbal, written, or electronic order for a drug issued by a licensed, authorized health care provider
- Prescription pad, paper, writing material
- Legend drugs

◆ Prescription vs nonprescription (OTC)

Blank Prescription

SW CNYR PadMA/28578 P. Pad 3 of 5 11/8/2005 N 3

OFFICIAL NEW YORK STATE PRESCRIPTION

Penelope Practitioner, NP
356 Main Street
Anytown, NY 12345
(518) 222-1234
LIC. 456789

PRACTITIONER DEA NUMBER

Patient Name _____ Date _____

Address _____

City _____ State _____ Zip _____ Age _____ Sex ☐ M ☐ F

Superscript R_x

Inscription

- Drug
- Concentration
- Formulation

Subscription

- Quantity/Size
- Direction to pharmacist

Signature (Sig)

- Pt Directions
- How to use

Prescriber Signature _____

Refills ☐ None Refills: _____

Generic vs Brand ☐ **30**

PHARMACIST TEST AREA: _____

Dispense As Written

MAXIMUM DAILY DOSE (controlled substances only)

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES 'dow' IN BOX BELOW

NYCNYRPHWBA020006 P. Page 1 of 10 5/10/2013 N

OFFICIAL NEW YORK STATE PRESCRIPTION
L I PED OPHTHALMOLOGY & STRABISMUS PC

Rx

Rest

☐ LEP - Limited English Proficiency

PRACTITIONER DEA NUMBER

Patient Name _____ Date _____

Address **In**

City _____ State _____ Zip _____ Age _____ Sex ☒ M ☐ F

Rx

Place

☐ LEP - Limited English Proficiency

Prescriber Signature **X**

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER WRITES "brand" IN THE BOX BELOW

REFILLS ☐ None ☐ Refill: _____

PHARMACIST TEST AREA: _____

Dispense As Written

0SSKKH 38

WARNING: DAILY DOSE (controlled substances only)

Mandatory Electronic Prescribing Effective Date Extended to March 27, 2016

On March 13, 2015, Governor Andrew M. Cuomo and the New York State Legislature amended the Public Health Law and the Education Law to extend the implementation date for mandatory electronic prescribing to March 27, 2016.



ANDREW M. CUOMO
Governor

Department
of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

November 2015

Dear Prescriber:

Effective March 27, 2016, electronic prescribing for both controlled and non-controlled substances will be required in New York State. This mandate does not apply to veterinarians. Electronic prescribing of both controlled and non-controlled substances is currently permissible in New York.

In order to process electronic prescriptions for controlled substances (EPCS), a prescriber must select and use a certified electronic prescribing computer application that meets all federal requirements. Each unique certified computer application used to electronically prescribe controlled substances must first be registered by the practitioner with the New York State Department of Health (DOH), Bureau of Narcotic Enforcement (BNE).

Please be aware that implementation timelines for EPCS software and systems

Electronic Prescriptions

- ◆ Computer based electronic generation and transmission of medical prescription
- ◆ Must have secure (encrypted) system for electronic transmission
- ◆ Contain electronic signature of prescriber

Electronic Prescriptions

◆ Benefits

- Improved patient safety and quality of care
- Fewer medication errors
- Increased convenience and compliance
- Improved drug surveillance

R/ Datum. 23/11/90
 (Prescribed)
 do. No 20
 1/2 bottle per 24h
 but no 0.12m
 10/11/90

Selected Prescription

Keflex 500 mg capsule

Quantity: 20 Capsule,

Sig: 1 Capsule every 12 hours by mouth Take with or without food. Take medication around same times each day.

Write Prescription

Allergy Warnings

Interactions

Strength

500 mg

Form

capsule

Route

oral

Quantity

20

Unit

Capsule

Dosage

1

Frequency

every 12 hours

Days

10

Instructions

po - by mouth

☐ Dispensed Meds In Ofc (internal use)
☐ Brand Medically Necessary
☐ RX - Outside (internal use)
☐ OTC (internal use)
☐ Print DEA # (internal use)

Refills

0

Start Date

Sep 29, 2020

End Date

☐ Lock ☐ Open

Oct 09, 2020

Add To Favorites

Patient Weight (81.6 KG)

180 lbs

Minimum: 500.0MG
1.0 capsule

Maximum: 4000.0MG
8.0 capsule

Print Rx

Preview

HP LJ300-4M
color M351-M

Send

Preview

Patient Education

Patient Education

Provider

Dr. System Admin

Location

Provider's Default L

Usage Notes

Pharmacy Notes

Take with or without food. Take medication around same times each day.

New

Advanced Schedule

Standard Prescription

Sig Characters Remaining: 30

Electronic Prescribing

◆ Exceptions in NY:

- Compounded drugs
- Nursing homes/residential health care facilities
- Prescribing with long or complicated directions
- Prescribing under research protocol

Oral Prescription Language Considerations

Abbreviation	Latin	English Meaning
a.c.	Ante cibum	Before meals
p.c.	Post cibum	After meals
p.o.	Per os	By mouth
caps	Capsula	Capsule
susp.		Suspension
tab.	Tabella	Tablet
tbsp.		Tablespoonful
tsp		Teaspoonful

Oral Prescription Language Considerations

◆ Auxiliary information:

- Take medication until gone
- Take with food
- Avoid alcohol
- Take on an empty stomach
- Take every ____ hours around the clock
- Take 1 hour before or 2 hours after a meal

LINE #1

Drug ||| Strength/Formulation/Concentration

Rx

Date: _____

Patient name: _____ DOB: _____

Prednisone 10 mg tablets
40 mg days 1-5
20 mg days 6-10
10 mg days 11-15
Disp# 35 (thirty-five)

Signature: _____ NPI: _____
Refills: _____ DEA: _____
☐ no generics

LINE #3

Quantity to dispense

LINE(S) #2

Dose/Volume ||| Route |||
Frequency ||| Tx length

LINE #1

Drug ||| Strength/Formulation/Concentration

Rx

Date: _____

Patient name: _____ DOB: _____

Amoxicillin-clavulanate 875 mg/125 mg
One tab by mouth twice daily for 10 days
Disp# 20 (twenty)

Signature: _____ NPI: _____
Refills: _____ DEA: _____
☐ no generics

LINE #3

Quantity to dispense

LINE #2

Dose/Volume ||| Route |||
Frequency ||| Tx length

Richard Smith, OD
123 Main Street
Every town, Massachusetts 12345
212-123-4567

Name: Jennifer Jones
Address: 56 West End Terrace, Boston, MA

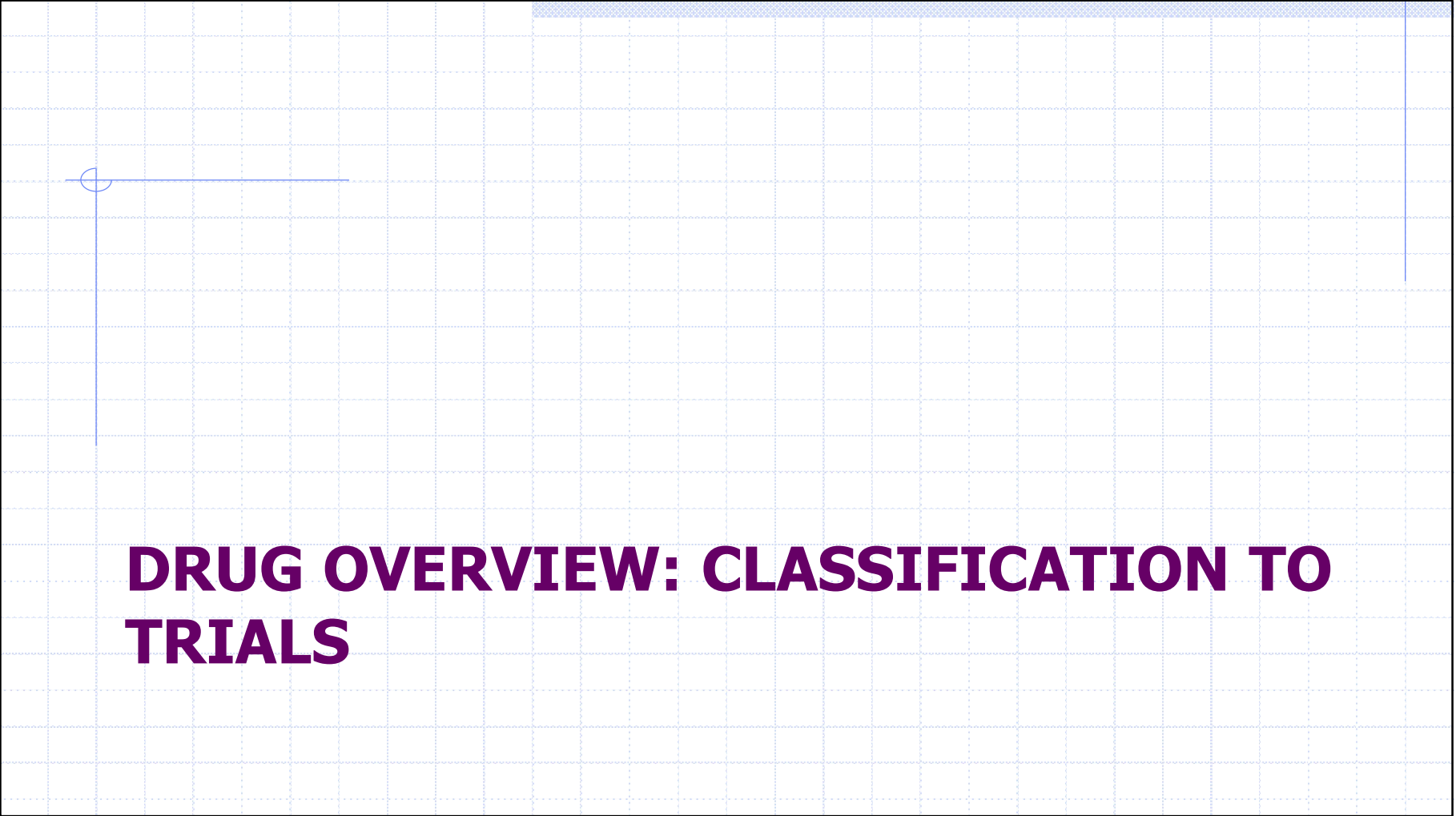
Date: September 7, 2021
Age: 35

R_x

Valacyclovir 500 mg
One tab po QD
Disp # 31 (Thirtyone)

Refills: 5
DAW:____

Signature: (Sign)
License Number: 098765



DRUG OVERVIEW: CLASSIFICATION TO TRIALS

Clinical Trials

◆ Preclinical trials:

- Drug synthesis and
- Animal testing

◆ Clinical Trials

- Increase number of patients, over years

◆ FDA approval

◆ Post market surveillance



HEALTH

U.S. Food and Drug Administration [Add Topic +](#)

Animal testing no longer required for drug approval. But high-tech substitutes aren't ready.

Late last year, Congress lifted the requirement that all new drugs be tested on animals. The law marks a triumph for animal rights activists, but what will replace mice, rabbits and primates?



Karen Weintraub
USA TODAY

Published 6:00 a.m. ET Jan. 15, 2023

The FDA Modernization Act 2.0 removes the requirement that all new drugs must be tested in two species – usually mice and a "higher order" mammal like rabbits or primates – before being tried in people. *Handout*

Passed Senate (09/29/2022)
FDA Modernization Act 2.0

This bill authorizes the use of certain alternatives to animal testing, including cell-based assays and computer models, to obtain an exemption from the Food and Drug Administration to investigate the safety and effectiveness of a drug.

The bill also removes a requirement to use animal studies as part of the process to obtain a license for a biological product that is biosimilar or interchangeable with another biological product.

Generics

- ◆ Waxman-Hatch Act of 1984 (Drug Price Competition and Patent Term Restoration Act)
 - Facilitates generic version of brand name drugs
 - ◆ Abbreviated New Drug Application (ANDA)
 - Expedited review and approval process for generics
 - Repeated of clinical trials not required
 - Motivated by cost consideration with quality issues
 - ◆ Addressed bio and therapeutic equivalency

Generics

Waxman-Hatch Act of 1984 (Drug Price Competition and Patent Term Restoration Act). Generics must meet:

1. Same active ingredient as brand
2. Bioequivalency/availability
3. Same pharmaceutical and therapeutic activity
4. Meet FDA standards (stability, purity, strength, quality)
5. Same labeling

As a copy of the brand-name drug FDA originally reviewed, a generic drug application submitted to FDA for approval must show that:

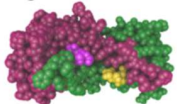
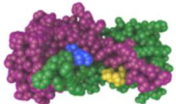
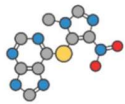
- The generic drug is "pharmaceutically equivalent" to the brand. ▼
- The manufacturer is capable of making the drug correctly. ▼
- The manufacturer is capable of making the drug consistently. ▼
- The "active ingredient" is the same as that of the brand. ▼
- The right amount of the active ingredient gets to the place in the body where it has effect. ▼
- The "inactive" ingredients of the drug are safe. ▼
- The drug does not break down over time. ▼
- The container in which the drug will be shipped and sold is appropriate. ▼
- The label is the same as the brand-name drug's label. ▼
- Relevant patents or legal exclusivities are expired. ▼



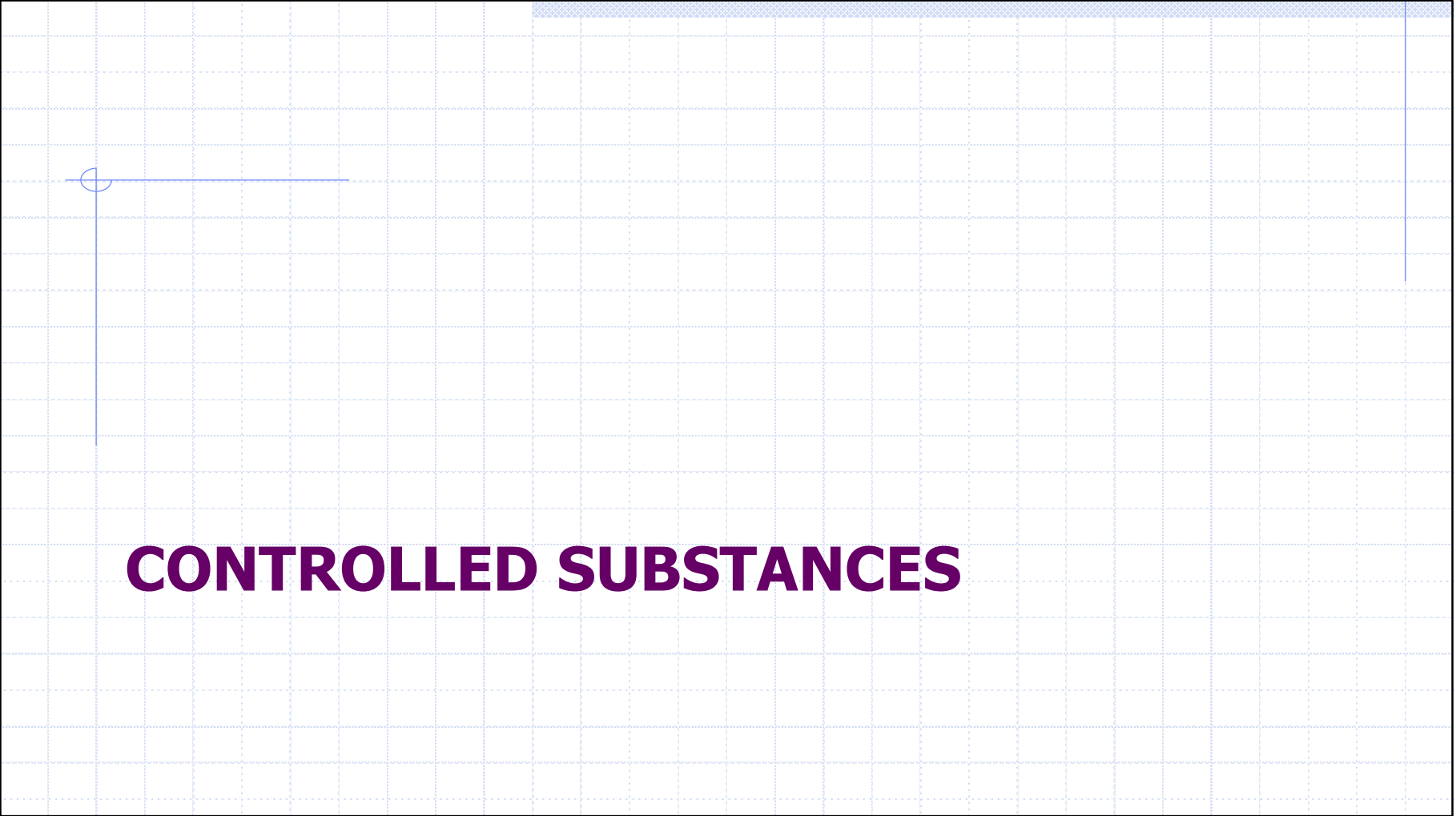
In the United States, 9 out of 10 prescriptions filled are for generic drugs. Increasing the availability of generic drugs helps to create competition in the marketplace, which then helps to make treatment more affordable and increases access to healthcare for more patients. *Learn more about the [FDA Drug Competition Action Plan](#).*

<https://www.fda.gov/drugs/buying-using-medicine-safely/generic-drugs> (accessed 1-22-22)
[What Is the Approval Process for Generic Drugs? | FDA](#) (accessed 1-22-23)

Biologics vs Biosimilars vs Chemical/Generic Drugs

	Biologic	Biosimilar	Generic
			
Clinical Trial Phases and Outcome Focus	Phase I-III Safety, efficacy, potency, purity	Phase III Safety, efficacy, potency, purity	Bioequivalence
Post-Marketing	Phase IV, pharmacovigilance	Phase IV, pharmacovigilance	Pharmacovigilance
Characteristics	Mechanism of action, route of administration, dosage, strength, adverse event profile	Same as biologic	N/A
Stability	Sensitive to changes	Sensitive to changes	Mostly stable
Immunogenicity	+++	+++	+/-
Naming	Core name	Core name-xxxx	Non-proprietary name
Source	Living cells	Similar to biologic	Same chemical as brand name drug; Chemical production
Cost of Development	+++++	+++	-
Size	+++++	+++++	-
Cost to Patient	Patient-specific multifactorial variability		

	
Biosimilars	Generics
Generally made from living sources	Generally made from chemicals
Require a specialized process to produce	Have a simpler process to copy
Very similar, but not identical, to original biologics	Copy of brand-name drugs
Faster development process using public information from original biologic approval	Faster development process using public information from brand-name drug approval
Usually less expensive than original biologics	Usually less expensive than brand-name drugs
SOURCE: FDA.gov	



CONTROLLED SUBSTANCES

Controlled substances

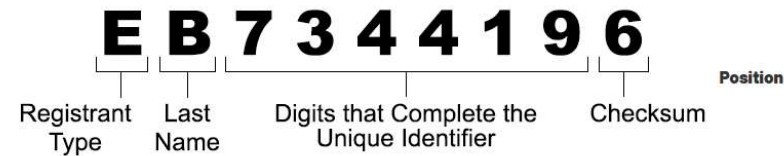
- ◆ Comprehensive Drug Abuse Prevention and Control Act (1970)
 - Regulates use of drugs that act on CNS and possess abuse potential, and dependency
- ◆ Drug Enforcement Administration (DEA) number
 - Practitioners licensed to prescribe controlled substance must have a DEA number

Drug Enforcement Agency

- ◆ US Department of Justice law enforcement agency
 - Task: enforcing Controlled Substances Act of 1970
- ◆ DEA number: assigned to health care provider allowing to write prescriptions for controlled substances
 - Consists of:
 - ◆ 2 letters, 6 numbers, 1 check digit
 - ◆ 1st letter identifies type of registrant
 - ◆ 2nd letter is first letter of registrant's last name
 - ◆ 7th digit is checksum (calculated number)
 - Do not pre-print DEA number on Rx forms

What does a DEA number mean?

DEA numbers are constructed so that pharmacists can recognize a poorly forged prescription. On the PTCE, you'll be tested on what DEA numbers mean and how to validate them.



One: Registrant Type The first letter indicates what type of entity registered for the DEA number. They're coded as follows:

- B = Hospital/Clinic
- C = Practitioner (i.e., a physician, dentist, veterinarian)
- D = Teaching Institution
- E = Manufacturer
- F = Distributor
- G = Researcher
- H = Analytical Lab
- J = Importer
- K = Exporter
- L = Reverse Distributor (an entity that collects expired or unwanted drugs for disposal)
- M = Mid-Level Practitioner (i.e., nurse practitioners, physician's assistants)
- P, R, S, T, U = Narcotic Treatment Program
- X = Suboxone/Subutex Prescribing Program
- A = used by some older entities, last issued in 1985

One: Registrant Type The first letter indicates what type of entity registered for the DEA number.

They're coded as follows:

Position Two: Registrant's Last Name

If the registrant is an individual, the second position is the first letter of the registrant's last name.

If the registrant is using a business address instead, the second position is a "9" and not a letter.

Positions Three to Eight: 6 Digits that Complete the Unique Identifier The next six positions are the digits that complete the registrant's unique identifier.

Position Nine: a "Checksum" or Check Digit The last digit of the DEA number acts as a validation method—more on this later.

Dashed Suffix: Supervisee Identifier Under certain circumstances, multiple individuals can use one DEA number. A common example is hospital interns who administer, dispense, or prescribe controlled substances under another doctor's supervision.

[https://www.meditec.com/blog/dea-numbers-what-do-they-mean#:~:text=C%20%3D%20Practitioner%20\(i.e.%2C%20a,F%20%3D%20Distributor](https://www.meditec.com/blog/dea-numbers-what-do-they-mean#:~:text=C%20%3D%20Practitioner%20(i.e.%2C%20a,F%20%3D%20Distributor)

Controlled Substance Schedule	
Schedule	Description
I	Significant abuse&dependency potential Not commercially available (exception*)
II	Accepted for medical use High abuse & dependence potential Strict limitations Written Rx only No refills
III	Significant but less abuse & dependency potential Refilled up to 5x q6mos May be verbal Rx
IV	Relatively low abuse potential May be verbal Rx Refilled up to 5x q6mos
V	Lower abuse potential (None common for ophthalmic use)

Controlled Substance Schedule		
Schedule	Description	Drugs
I	Significant abuse&dependency potential Not commercially available (exception*)	Heroin, LSD, Mescaline Marijuana (medicinal use)*
II	Accepted for medical use High abuse & dependence potential Strict limitations Written Rx only No refills	Morphine, hydromorphone, codeine, oxycodone, methadone, amphetamine, barbiturates, cocaine Oxycodone+acetaminophen (Percocet) Oxycodone+aspirin (Percodan-brand d/c) Hydrocodone+acetaminophen
III	Significant but less abuse & dependency potential Refilled up to 5x q6mos May be verbal Rx	Limited narcotic in combination Codeine+acetaminophen (Tylenol #3=brand d/c) (Popular for ocular use) Hydrocodone+acetaminophen (Vicodin)
IV	Relatively low abuse potential May be verbal Rx Refilled up to 5x q6mos	Propoxyphene (Darvon) (no longer available) Propoxyphene+acetaminophen (Darvocet) (no longer available) Tramadol
V	Lower abuse potential (None common for ophthalmic use)	Cough suppressant: codeine/guaifenesin (Robitussin AC=brand d/c) Diarrhea: Diphenoxylate/atropine (Lomotil)

Controlled substances

◆ Schedule I:

- Not commercially available
 - ◆ Note legal changes to marijuana and FDA considering reclassification
- No accepted or approved medical use
- Significant potential for abuse, dependency
- Heroin, LSD, mescaline

Marijuana meets criteria for reclassification as lower-risk drug, FDA scientific review finds

By Katherine Dillinger, CNN

3 minute read · Published 9:28 PM EST, Fri January 12, 2024



(CNN) — Marijuana has a lower potential for abuse than other drugs that are subjected to the same restrictions, with scientific support for its use as a medical treatment, researchers from the US Food and Drug Administration say in documents supporting its reclassification as a Schedule III substance.

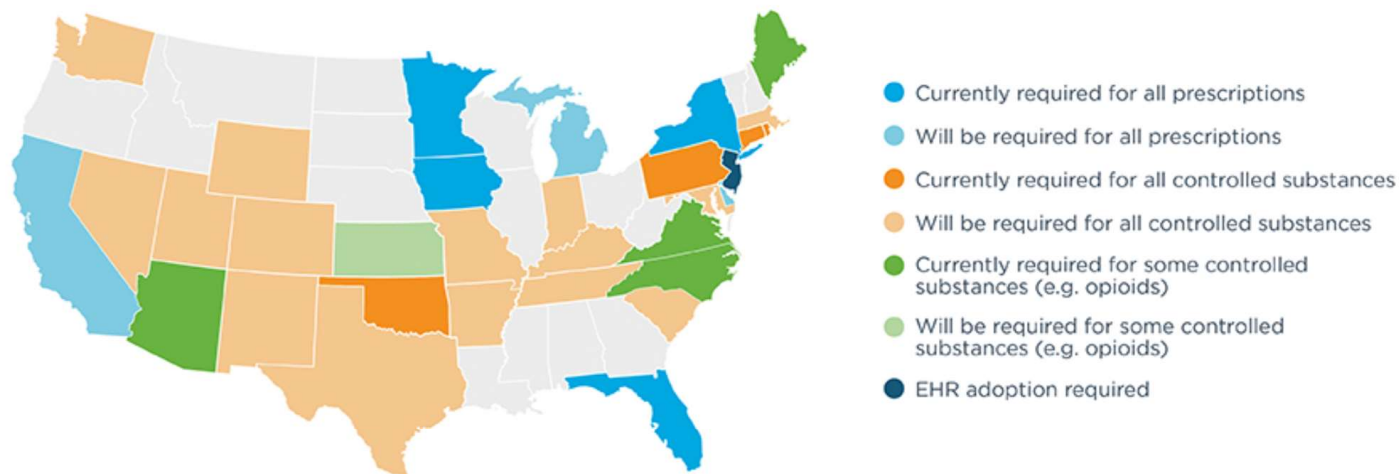
Electronic Prescribing for Controlled Substances (EPCS)

Key EPCS Milestones:

- 2001: Surescripts is founded (for healthcare prescribing)
- 2004: 4% of prescribers e-prescribing
- 2007: e-prescribing (not EPCS) becomes legal in all 50 states
- 2010: DEA allows prescribers and pharmacies to engage in EPCS
- 2011: 1st EPCS is sent across Surescripts network
- 2015: EPCS becomes legal nationwide.
- 2021: Centers for Medicare & Medicaid Services (CMS) requires Part D providers to use EPCS.
 - 74% of all prescribers are enabled for EPCS.
- 2022: 35 states mandate EPCS (representing 75% of the U.S. population).

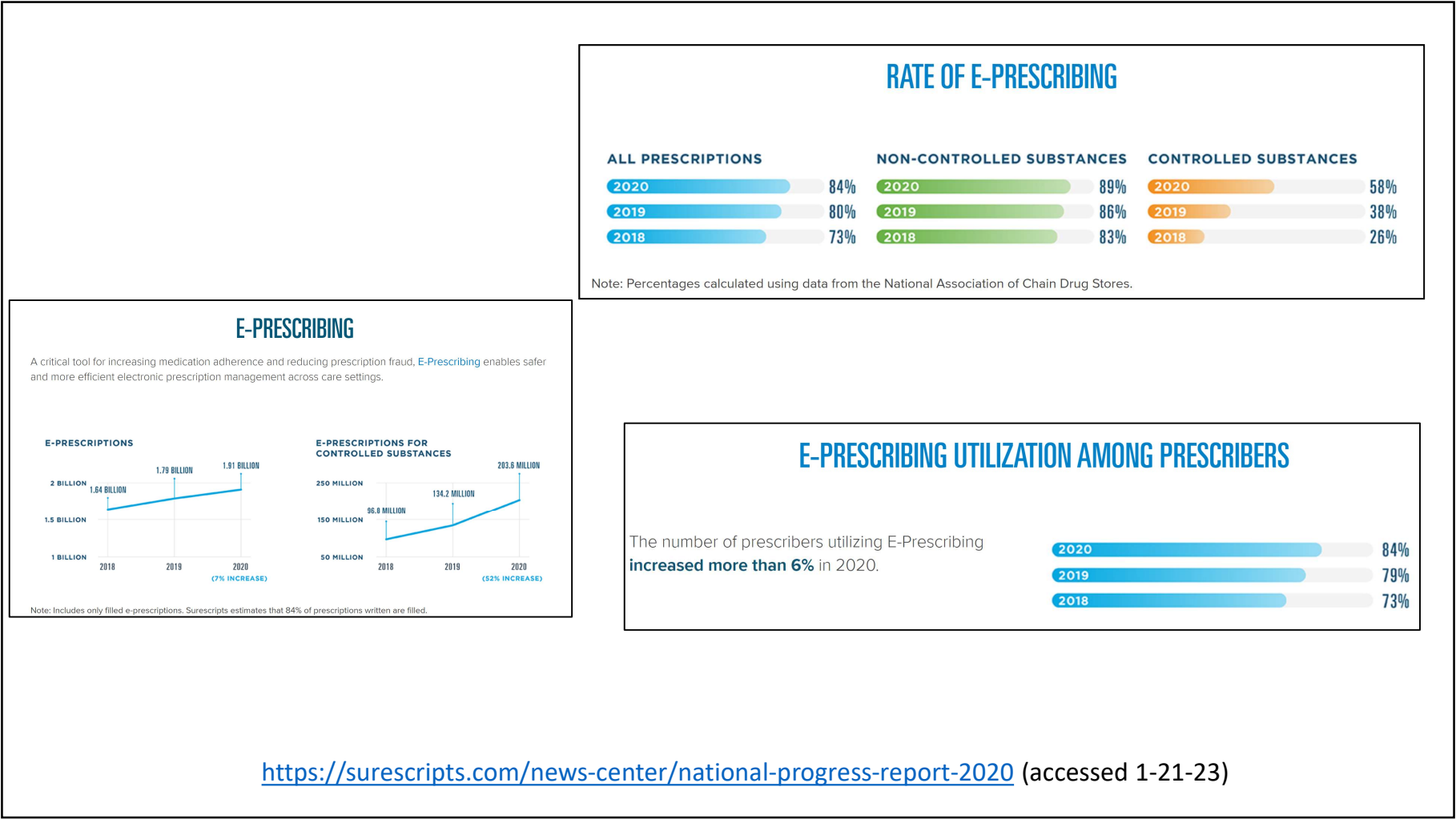
<https://surescripts.com/news-center/intelligence-in-action/opioids/electronic-prescribing-for-controlled-substances-20-years-of-persistence-and-progress> (accessed 1-21-23)

WHERE IS E-PRESCRIBING REQUIRED BY LAW?



Note: New Jersey has introduced legislation that would require e-prescribing for all prescriptions. Arizona's requirement has been waived until further notice due to the COVID-19 pandemic, while Massachusetts has introduced legislation that would repeal its pending e-prescribing requirement.

<https://surescripts.com/news-center/national-progress-report-2020> (accessed 1-21-23)



EPCS STATE RANKINGS

Each year, Surescripts ranks each state according to three criteria: pharmacy enablement, prescriber enablement and percent of controlled substances e-prescribed. The ranking is based on an average of each state's scores for the three criteria.

Show

50

 entries

Show

50

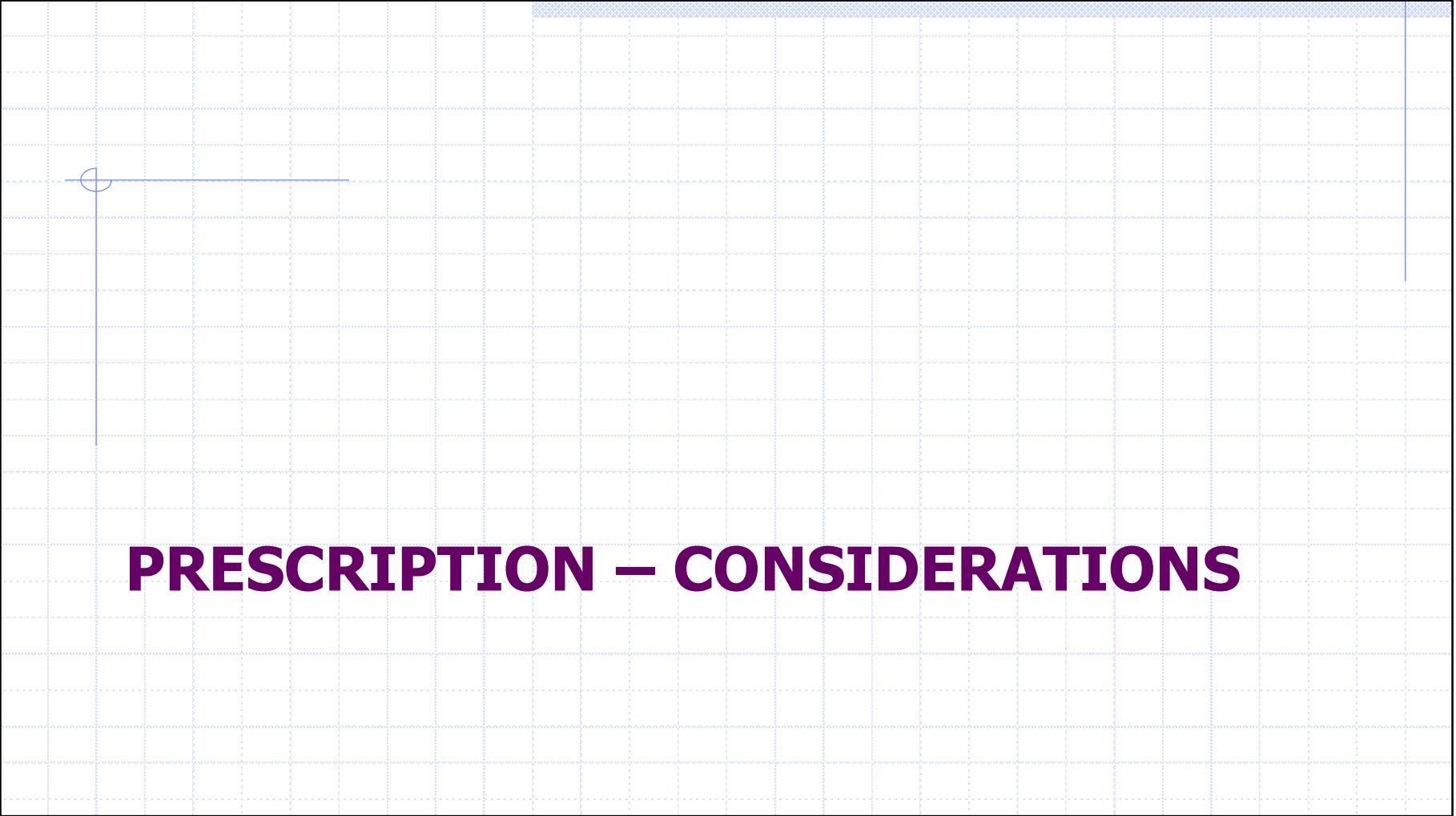
 entries

Search:

Search:

	2020 Rank ▲	2019 Rank ▼	State ▼	Pharmacy Enablement ▼	Prescriber Enablement ▼	Controlled Substances Prescribed Electronically* ▼
	1	1	NEW YORK	96.50%	82.40%	86.50%
	2	2	MAINE	99.60%	74.50%	90.30%
	3	6	NORTH CAROLINA	96.50%	82.70%	81.50%
	4	8	IOWA	97.60%	76.80%	86.20%
	5	4	ARIZONA	96.90%	76.70%	83.90%
	6	18	OKLAHOMA	98.60%	70.40%	84.80%
	7	17	RHODE ISLAND	98.80%	71.00%	81.10%
	8	3	CONNECTICUT	97.70%	66.70%	77.80%
	9	5	NORTH DAKOTA	98.20%	60.20%	81.30%
	10	7	MINNESOTA	97.00%	60.70%	80.60%
	46	43	NEW JERSEY	97.10%	34.60%	46.50%

<https://surescripts.com/news-center/national-progress-report-2020> (accessed 1-21-23)



PRESCRIPTION – CONSIDERATIONS

Patient Education

- ◆ Purpose
- ◆ Name of medication
- ◆ Directions for use
- ◆ Schedule for use
- ◆ Duration of treatment
- ◆ Side effects
- ◆ Drug interactions
- ◆ Storage
- ◆ Miscellaneous (refill, missed dose)
- ◆ Compliance issues

**DRUG LABELING AND
POPULATION CONSIDERATIONS:
PREGNANCY, LACTATION, FERTILITY,
PEDIATRIC, GERIATRIC**

Pregnancy Categories (Prior)

- ◆ Category A: no risk to fetus (Vitamin B6)
- ◆ Category B: no evidence of risk (Erythromycin, brimonidine)
- ◆ Category C: risk to fetus cannot be ruled out (latanoprost)
- ◆ Category D: risk to fetus, but benefit outweigh risk (tetracycline)
- ◆ Category X: definite fetal risk; avoid

Pregnancy and Lactation Prescription Drug and Biological Product Labeling

Subsections must include:

- Summary of the risks using drug during pregnancy and breastfeeding
- Discussion of the data supporting the summary
- Prescribing and counseling information to help health care provider make clinical considerations

◆ Updated labeling includes 3 subsections:

- Pregnancy
 - ◆ Summary of risk
 - ◆ Data supporting summary
 - ◆ Prescribing and counseling info (clinical considerations)
- Lactation
 - ◆ Summary of risk
 - ◆ Data supporting summary
 - ◆ Prescribing and counseling info (clinical considerations)
- Females and Males of Reproductive Potential
 - ◆ Summary of risk
 - ◆ Data supporting summary
 - ◆ Prescribing and counseling info (clinical considerations)

(Pediatric) Dosing Considerations

◆ Conversions

- 1kg=2.2 lb
- 1 tsp = 5 mL
- 1 tbsp = 15 mL
- 1 tbsp = 3 tsp
- 1 oz – 30 mL = 2 tbsp
- 1 cc = 1 mL

Pediatric Prescribing Considerations

Federal Food, Drug and Cosmetic Act defines pediatric persons age 21 and younger Neonates: birth to 28 days Infants: 29 days to <2 years Children: 2 years to <12 years Adolescents: 12-21 (up to but not including 22nd birthday) https://www.fda.gov/medical-devices/products-and-medical-procedures/pediatric-medical-devices	Pediatric cohorts Neonates -- birth to < 1 month Infants -- age 1 month to < 2 years Children -- ages 2 to < 12 years Adolescents -- ages 12 to < 17 years https://www.accessdata.fda.gov/scripts/cderworld/index.cfm?action=newdrugs:main&unit=4&lesson=1&topic=5	Pediatric Age Neonates: newborn to 1 month Infants: 1 month – 2 years Children: 2 years – 12 years Adolescents: 12 years – 16 years https://www.fda.gov/drugs/data-standards-manual-monographs/pediatric-exclusivity-study-age-group
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Pediatric Dosing Case Example:

A 56lb 10 year old female, 57 inches tall, (BSA = 1.05) is given amoxicillin/clavulanate for a preseptal cellulitis.
The adult dosage of amoxicillin/clavulanate is 875/125 mg BID.

amoxicillin/clavulanate
generic

Peds Dosing

Dosage forms: TAB: 250 mg/125 mg, 500 mg/125 mg, 875 mg/125 mg; ER TAB: 1000 mg/62.5 mg; CHEWABLE: 200 mg/28.5 mg, 400 mg/57 mg; SUSP: 125 mg/31.25 mg per 5 mL, 200 mg/28.5 mg per 5 mL, 250 mg/62.5 mg per 5 mL, 400 mg/57 mg per 5 mL, 600 mg/42.9 mg per 5 mL

infections, bacterial

[<3 mo, <40 kg]

Dose: 30 mg/kg/day PO divided q12h; Info: use 125 mg/31.25 mg/5 mL susp; dose based on amoxicillin component; give w/ food or milk

[3 mo and older, <40 kg]

Dose: 25-45 mg/kg/day PO divided q12h, use 200 mg/28.5 mg or 400 mg/57 mg forms; Alt: 20-40 mg/kg/day PO divided q8h, use 125/31.25 mg or 250 mg/62.5 mg forms; Info: dose based on amoxicillin component; give w/ food or milk

[3 mo and older, >40 kg]

see Adult Dosing

Preseptal Cellulitis (Children):

Amoxicillin/clavulanate:
25-45mg/kg/day in 2 divided
doses (q12h)

Available tablet: 250mg/125mg; 500mg/125mg; 875mg/125mg

Available Chewable: 200mg/28.5 or 400mg/57mg

Available Susp: 125mg/31.25mg/5mL susp ; 200mg/28.5mg per 5ml;
250mg/62.5mg per 5ml (more)

Formula Calculations Do Exist.....

Pediatric Dosing Considerations: Example

A 56lb (25.45kg) 10 year old female, 57 inches tall, (BSA = 1.05) is given amoxicillin/clavulanate for a preseptal cellulitis. *The adult dosage of amoxicillin/clavulanate is 875/125 mg BID.* (The drug comes in Chewable: 200mg/28.5 or 400mg/57mg OR Tab: 250/125mg, 500/125mg; 875/125mg). Following is the dosage based on various dosage formulas:

- Clark:
 - Adult dose x lb/150 (or kg/70)
 - 875mg x 56/150=133 mg >>>326mg>>>???BID
- Young:
 - Adult dose x Age (years)/Age+12
 - 875mg x 10/(10+12)=398mg>>>400mg/57mg BID chewable
- Based on BSA:
 - (Child’s BSA/1.7m²) X adult dose
 - (1.05/1.7) X 875 = 540 mg >>>???BID
- Based on calculation:

1. Convert pounds to kg	56 lb child = 25.4 kg
2. Calculate the total daily dose in mg	25.4kg x 30mg/kg/day = 762 mg/day
3. Divide the total daily dose by frequency (BID, TID, etc.)	762mg/2= 381mg dose BID
4. Calculate the dose in mL or tablets	400mg/57mg chewable BID

Weight Based Dosage Calculator

Input

Dosage

mg/kg

▼

Weight

kg

▼

Liquid Formulation (optional):

Med Amount

mg

▼

Per Volume

mL

▼

Results

Dose

mg

▼

Liquid Dose

mL

▼

Weight Based Divided Dose Calculator

Input

Dosage

mg/kg

▼

Weight

kg

▼

Liquid Formulation (optional):

Med Amount

mg

▼

Per Volume

mL

▼

Results

Dose

mg Daily

▼

Liquid Dose

mL Daily

▼

Decimal Precision

2

▼

amoxicillin/clavulanate

generic

Peds Dosing[Ⓢ]

Dosage forms:

TAB: 250 mg/125 mg, 500 mg/125 mg, 875 mg/125 mg; ER TAB: 1000 mg/62.5 mg; CHEWABLE: 200 mg/28.5 mg, 400 mg/57 mg; SUSP: 125 mg/31.25 mg per 5 mL, 200 mg/28.5 mg per 5 mL, 250 mg/62.5 mg per 5 mL, 400 mg/57 mg per 5 mL, 600 mg/42.9 mg per 5 mL

infections, bacterial

[<3 mo, <40 kg]

Dose: 30 mg/kg/day PO divided q12h; Info: use 125 mg/31.25 mg/5 mL susp; dose based on amoxicillin component; give w/ food or milk

[3 mo and older, <40 kg]

Dose: 25-45 mg/kg/day PO divided q12h, use 200 mg/28.5 mg or 400 mg/57 mg forms; Alt: 20-40 mg/kg/day PO divided q8h, use 125/31.25 mg or 250 mg/62.5 mg forms; Info: dose based on amoxicillin component; give w/ food or milk

[3 mo and older, >40 kg]

see Adult Dosing

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Weight Based Dose Calculator

Input

Dosage30mg/kg

Weight25.4kg

Liquid Formulation (optional):

Med Amount125mg

Per Volume5mL

Results

Dose762mg

Liquid Dose30.48mL

Decimal Precision2

Weight Based Divided Dose Calculator

Input

Dosage30mg/kg

Weight25.4kg

Liquid Formulation (optional):

Med Amount125mg

Per Volume5mL

Results

Dose381mg BID

Liquid Dose15.24mL BID

Decimal Precision2

Preseptal Cellulitis (Children): Amoxicillin/clavulanate: 25-45mg/kg/day in 2 divided doses (q12h)
Available Susp: 125mg/31.25mg/5mL susp;

-56 lb child = 25.4 kg>>>Rx: 30 mg/kg/day divided q12h
Rx: 30.48 mL (total per day)/2(BID)=15.24mL BID (=1 tablespoon BID) of 125mg/31.25mg/5mL susp
(15.24mL~3.1 teaspoon=1 tablespoon)

Product Information Sheets

HIGHLIGHTS OF PRESCRIBING INFORMATION
These highlights do not include all the information needed to use BEOVU safely and effectively. See full prescribing information for BEOVU.

BEOVU® (brolucizumab-dblb) injection, for intravitreal injection
Initial U.S. Approval: 2019

INDICATIONS AND USAGE
BEOVU is a human vascular endothelial growth factor (VEGF) inhibitor indicated for the treatment of Neovascular (Wet) Age-Related Macular Degeneration (AMD) (1).

DOSAGE AND ADMINISTRATION
BEOVU is administered by intravitreal injection. The recommended dose for BEOVU is 6 mg (0.05 mL of 120 mg/mL solution) monthly (approximately every 25-31 days) for the first three doses, followed by one dose of 6 mg (0.05 mL) every 8-12 weeks (2.2).

DOSAGE FORMS AND STRENGTHS
Injection: 6 mg/0.05 mL solution for intravitreal injection in a single-dose vial (3).

- CONTRAINDICATIONS**
- Ocular or periocular infections (4.1).
 - Active intraocular inflammation (4.2).
 - Hypersensitivity (4.3).

FULL PRESCRIBING INFORMATION: CONTENTS*

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2	DOSAGE AND ADMINISTRATION
2.1	General Dosing Information
2.2	Neovascular (Wet) Age-Related Macular Degeneration (AMD)
2.3	Preparation for Administration
2.4	Injection Procedure
3	DOSAGE FORMS AND STRENGTHS
4	CONTRAINDICATIONS
4.1	Ocular or Periocular Infections
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5	WARNINGS AND PRECAUTIONS
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- WARNINGS AND PRECAUTIONS**
- Endophthalmitis and retinal detachments may occur following intravitreal injections. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay (5.1).
 - Increases in intraocular pressure (IOP) have been seen within 30 minutes of an intravitreal injection (5.2).
 - There is a potential risk of arterial thromboembolic events (ATE) following intravitreal use of VEGF inhibitors (5.3).

ADVERSE REACTIONS
The most common adverse reactions (≥ 5%) reported in patients receiving BEOVU are vision blurred (10%), cataract (7%), conjunctival hemorrhage (6%), eye pain (5%), and vitreous floaters (5%) (6.1).

To report SUSPECTED ADVERSE REACTIONS, contact Novartis Pharmaceuticals Corporation at 1-888-669-6682 or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch.

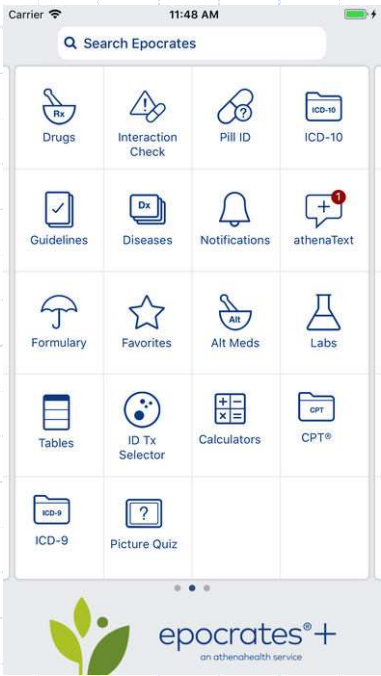
See 17 for PATIENT COUNSELING INFORMATION.

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Drug References



- ◆ Epocrates (epocrates.com)
- ◆ Physician Desk Reference (PDR.net)
- ◆ Drugs.com
- ◆ Product/Prescribing information

HIGHLIGHTS OF PRESCRIBING INFORMATION These highlights do not include all the information needed to use XIPERE™ safely and effectively. See full prescribing information for XIPERE™.	
XIPERE™ (triamcinolone acetonide injectable suspension), for suprachoroidal use Initial U.S. Approval: 1957	
INDICATIONS AND USAGE XIPERE™ is a corticosteroid indicated for the treatment of macular edema associated with uveitis. (1)	
DOSEAGE AND ADMINISTRATION The recommended dosage is 4 mg (0.1 mL) administered as a suprachoroidal injection. (2.1)	
DOSEAGE FORMS AND STRENGTHS Injectable suspension: triamcinolone acetonide 40 mg/mL in a single-dose vial. (3)	
CONTRAINDICATIONS • Ocular or periorbital infections (4.1) • Hypersensitivity to triamcinolone or any component of this product (4.2)	
WARNINGS AND PRECAUTIONS Potential Corticosteroid-Related Effects: Use of corticosteroids may produce cataracts, increased intraocular pressure, and glaucoma. (5.1)	
ADVERSE REACTIONS In controlled studies, the most common adverse reactions reported by ≥10% of patients and at a rate greater than control included elevated intraocular pressure and eye pain. (6.1)	
To report SUSPECTED ADVERSE REACTIONS, contact Clearside Biomedical, Inc. at 1-866-494-7373 (1-866-XIPERE) or FDA at 1-800-FDA-1088 or www.fda.gov/medwatch .	
See 17 for PATIENT COUNSELING INFORMATION	
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