

COMPOUNDING FOR DENTAL & ORAL HEALTH NEEDS

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MOSS COMPOUNDING PHARMACY



MAGIC MOUTHWASH



MAGIC MOUTHWASH

- There's more than just 1 version
- Common uses:
 - Stomatitis
 - Mouth Irritation/ulceration
 - Thrush
 - Geographic tongue



MAGIC MOUTHWASH

- Currently we make over 80 versions of Magic Mouthwash
- Typical Ingredients:

Antibiotic:
Tetracycline
Penicillin (alternative)

Anesthetic:
Lidocaine Viscous
Tetracaine

Anti-histamine:
Diphenhydramine Elixir
(Inflammation/Mild Anesthetic)

Anti-fungal:
Nystatin Suspension

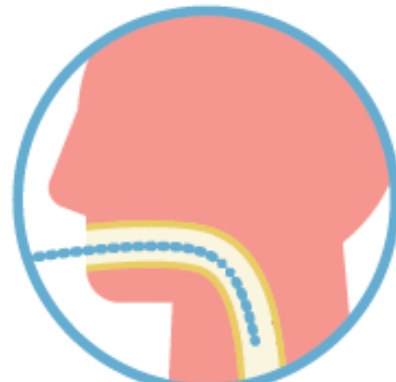
Corticosteroid:
Hydrocortisone
Dexamethasone

Other:
Maalox/Mylanta
Sucralfate
Misoprostol
Anti-virals



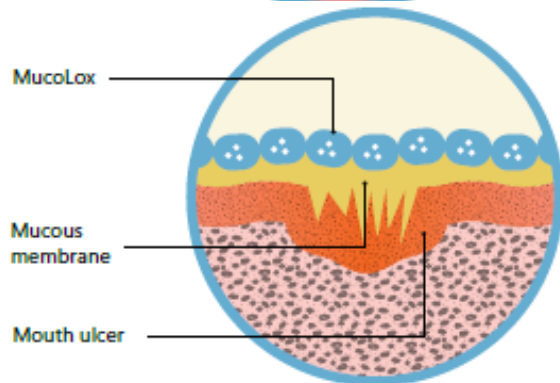
MAGIC MOUTHWASH – OTHER CONSIDERATIONS

- Swish & Spit OR Swallow
- Viscosity & Muco-adhesion effect



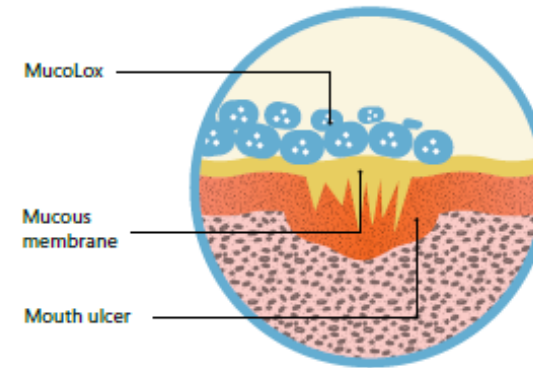
Oral Application

Swish and spit for oral or swallow for esophageal.



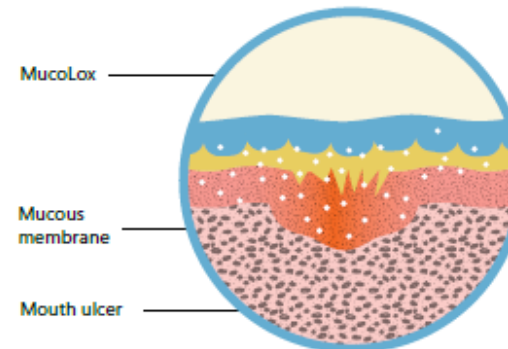
Stronger Adhesion

Bonds to mucous to create a powerful but lightweight coating effect.



Better Coverage

One-of-a-kind polymer network brings improved moisturization and protection, but won't easily wash away.



Better API Dispersal

Increased contact time delivers more medicine to affected areas.



MAGIC MOUTHWASH – COMMON FORMULAS

Thin

- Mary's Magic Mouthwash
 - 8oz: Hydrocortisone 30mg, Tetracycline 750mg, Nystatin Susp 30mL, Diphenhydramine Elixir QS to 240mL
- Duke's Magic Mouthwash
 - 8oz: Hydrocortisone 60mg, Nystatin Susp 60mL, Diphenhydramine Elixir QS to 240mL
- BML (aka BMX)
 - 8oz: Diphenhydramine Elixir, Maalox, Lidocaine Viscous (1:1:1)
- Miles Magic Mouthwash ★
 - 8oz: Hydrocortisone 30mg, Tetracycline 750mg, Nystatin Susp 30mL, Diphenhydramine Elixir 60mL (QS to 240mL with cellulose based gel)

Thick



LOLLIPOPS



LOLLIPOPS

- Tetracaine 0.5%
- SIG – Slowly suck on lollipop for 1-2 minutes every 2 hours as needed.
 - Providing numbing effect for up to 2 hours
- Typical order qty = 5
- Lollipop is multi use and lasts about 1.25 days.



ORAL LICHEN PLANUS



ORAL LICHEN PLANUS



ORAL LICHEN PLANUS – TREATMENT OPTIONS

- Corticosteroids
 - Topical mid-potency – Triamcinolone acetonide, Dexamethasone (anti-inflam)
 - Topical Super potency - Clobetasol
- Other Immunosuppressants/Immunomodulators
 - Calcineurin inhibitors
 - Cyclosporine
 - Tacrolimus
 - Pimecrolimus
 - Retinoids (Tretinoin) – reversal of white striae
 - Mycophenolate

Reference: J Oral Maxillofac Pathol. 2011 May-Aug; 15(2): 127–132.



ORAL LICHEN PLANUS

“The greatest challenge in treating oral lichen planus topically is the lack of adherence to the mucosa for a sufficient length of time”

Reference: J Oral Maxillofac Pathol. 2011 May-Aug; 15(2): 127–132.



ORAL LICHEN PLANUS

- Compounded Options/Ideas

- Tretinoin 0.1%/Clobetasol Propionate 0.05% Oral Rinse (Mucolox) - Swish 1-2 tsp po BID
- Tretinoin 0.1%/Clobetasol 0.05% Dental paste - Apply to affected area BID
- Dexamethasone Sod. Phos. 0.05% Dental paste - Apply to affected area BID - TID until healed.
- Tacrolimus oral 0.5mg/mL suspension
- Tacrolimus 0.03% oral rinse



DRY MOUTH



DRY MOUTH

Dry Mouth

Name	Active Ingredient(s) & Strength	Dosing Recommendations	Notes
Pilocarpine 2mg Troche	Pilocarpine HCl 2mg	BID – TID	
Pilocarpine Oral Spray	Pilocarpine HCl 10mg/MI	BID - TID	
Saline/Glycerin Oral Suspension	Normal Saline/ Glycerin	Use PRN	

Dry Mouth Rinse

Cellulose Gel/Glycerin

Use PRN



BURNING MOUTH SYNDROME



BURNING MOUTH SYNDROME

- Compounded Options/Ideas:
 - Clonazepam 0.5mg gelatin troche - up to BID-TID PRN
 - Clonazepam 0.1mg/mL oral suspension - Swish/Spit 1 tsp up to BID – TID PRN
 - Amitriptyline 2%/Gabapentin 6%/Lidocaine HCL 0.5% Oral Rinse – Swish/Spit 1 tsp QD – BID
 - Doxepin 0.5% Mouthwash – Swish/Spit 1 tsp QD-BID
 - Salicylic Acid 0.3% Mouthwash – Swish/Spit 1-2 tsp QD-BID
- OTC Recommendations:
 - Alpha Lipoic Acid 600-800mg po QD (single or divided doses)





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for new presentations

COMPOUNDING IDEAS FOR MEN'S HEALTH

TUESDAY, NOVEMBER 23 @ 6:30 – 7 PM



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QUESTIONS?

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