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We customize individual prescriptions for the specific needs of our patients.

PRESCRIPTION COMPOUNDING FOR DENTAL MEDICINE

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BURNING MOUTH SYNDROME

The following study found that the novel protocol of combined topical and systemic clonazepam administration provides an effective BMS management tool - "Combined topical and systemic clonazepam therapy for the management of burning mouth syndrome: a retrospective pilot study" (J Orofac Pain. 2011 Spring;25(2):125-30).

AIMS: To evaluate retrospectively the efficacy of administering an anticonvulsant medication, clonazepam, by dissolving tablets slowly orally before swallowing, for the management of burning mouth syndrome (BMS).

METHODS: A retrospective clinical records audit was performed of patients diagnosed with BMS between January 2006 and June 2009. Patients were prescribed 0.5 mg clonazepam three times daily, and changes were made to this regimen based on their individual response. Patients were asked to dissolve the tablet orally before swallowing and were reviewed over a 6-month period. Pain was assessed by patients on an 11-point numerical scale (0 to 10). A nonparametric (Spearman) two-tailed correlation matrix and a two-tailed Mann-Whitney test were performed.

RESULTS: A total of 36 patients (27 women, 9 men) met the criteria for inclusion. The mean (± SEM) pain score reduction between pretreatment and final appointment was 4.7 ± 0.4 points. A large percentage (80%) of patients obtained more than a 50% reduction in pain over the treatment period. One patient reported no reduction in pain symptoms, and one third of the patients had complete pain resolution. Approximately one third of patients experienced side effects that were transient and mild.

CONCLUSION: This pilot study provides preliminary evidence that the novel protocol of combined topical and systemic clonazepam administration provides an effective BMS management tool. PMID: 21528119

An example of how you might prescribe follows:

**COMPOUNDED MEDICATION**

Clonazepam 0.5mg/5ml
Mouthwash
450ml
Swish & expectorate 5ml TID

We have the ability to compound clonazepam as a mouthwash.
ORAL MUCOSITIS

The following study concludes that topical application of 100 mg vitamin "E" twice daily is an effective measure for the treatment of chemotherapy-induced oral mucositis - "The effectiveness of vitamin "E" in the treatment of oral mucositis in children receiving chemotherapy" (J Clin Pediatr Dent. 2007 Spring;31(3):167-70).

ABSTRACT: “The aim of this study was to study the effect of vitamin "E" in the treatment of oral mucositis. 80 patients with oral mucositis were randomly distributed into 2 groups: group A, topically applied vitamin "E" and group B, vitamin "E" was given systemically. The 2 groups were evaluated for 5 days. Results showed that in group A grades of oral mucositis improved significantly, while in group B no significant improvement was noticed. It is concluded that topical application of 100 mg vitamin "E" twice daily is an effective measure for the treatment of chemotherapy-induced oral mucositis.” PMID: 17550040

The results of the following study suggest that vitamin E may be an effective therapy in patients with chemotherapy-induced mucositis - “Vitamin E in the treatment of chemotherapy-induced mucositis" (Am J Med. 1992 May;92(5):481-4).

PURPOSE: To determine the efficacy of vitamin E in the treatment of chemotherapy-induced mucositis in patients with malignancy.

PATIENTS AND METHODS: A randomized, double-blind, placebo-controlled study was performed to evaluate the efficacy of topical vitamin E in the treatment of oral mucositis in patients receiving chemotherapy for various types of malignancy. A total of 18 patients, 17 of whom had solid tumors and one with acute leukemia, were included in this study. Lesions were observed daily prior to and 5 days after topical application of either vitamin E or placebo oil.

RESULTS: Six of nine patients receiving vitamin E had complete resolution of their oral lesions. In eight of nine patients who received placebo, complete resolution of their oral lesions was not observed. This difference is statistically significant (p = 0.025 by Fisher's exact test). No toxicity was observed in this study.

CONCLUSION: These results suggest that vitamin E may be an effective therapy in patients with chemotherapy-induced mucositis. PMID: 1580295

With our state of the art compounding laboratory and pharmaceutical experience we have the ability to compound Vitamin E into a mouthwash in a variety of strengths.

Vitamin E 100mg/5ml
Mouthwash
300ml
Swish & expectorate 5ml BID

An example of how you might prescribe follows:
XEROSTOMIA

The following study found that cevimeline was generally well tolerated over a period of 52 weeks in subjects with xerostomia - “Open-label, long-term safety study of cevimeline in the treatment of postirradiation xerostomia” (Int J Radiat Oncol Biol Phys. 2007 Dec 1;69(5):1369-76).

PURPOSE: To assess the safety of long-term cevimeline treatment of radiation-induced xerostomia in patients with head-and-neck cancer; and to assess the efficacy of cevimeline in these patients.

METHODS AND MATERIALS: A total of 255 adults with head-and-neck cancer who had received more than 40 Gy of radiation 4 months or more before entry and had clinically significant salivary gland dysfunction received cevimeline hydrochloride 45 mg t.i.d. orally for 52 weeks. Adverse events (AEs), their severity, and their relationship to the study medication were assessed by each investigator. The efficacy assessment was based on subjects’ global evaluation of oral dryness on a scale of 0 (none) to 3 (severe).

RESULTS: Overall, 175 subjects (68.6%) experienced expected treatment-related AEs, most mild to moderate. The most frequent was increased sweating (47.5%), followed by dyspepsia (9.4%), nausea (8.2%), and diarrhea (6.3%). Fifteen subjects (5.9%) experienced Grade 3 treatment-related AEs, of which the most frequent was increased sweating. Eighteen subjects (7.1%) reported at least one serious AE, and 45 subjects (17.6%) discontinued study medication because of an AE. The global efficacy evaluation at the last study visit showed that cevimeline improved dry mouth in most subjects (59.2%). Significant improvement was seen at each study visit in the mean change from baseline of the numeric global evaluation score (p < 0.0001).

CONCLUSIONS: Cevimeline 45 mg t.i.d. was generally well tolerated over a period of 52 weeks in subjects with xerostomia secondary to radiotherapy for cancer in the head-and-neck region. PMID: 17855005

We have the ability to compound cevimeline as a mouthwash. This form of delivery may be an excellent alternative for patients who are not able to take or tolerate the manufactured oral formulation.

An example of how you might prescribe follows:

<table>
<thead>
<tr>
<th>COMPOUNDED MEDICATION</th>
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<tr>
<td>Cevimeline 15mg/5ml</td>
</tr>
<tr>
<td>Mouthwash</td>
</tr>
<tr>
<td>450ml</td>
</tr>
<tr>
<td>Swish and expectorate 5ml TID or as directed</td>
</tr>
</tbody>
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Directions

Burning Mouth Syndrome
[ ] Clonazepam 0.5mg/5ml Mouthwash
Quantity 450ml Directions: Swish & expectorate 5ml TID

Oral Mucositis
[ ] Vitamin E 100mg/5ml Mouthwash
Quantity 300ml Directions: Swish & expectorate 5ml BID

Xerostomia
[ ] Cevimeline 15mg/5ml Mouthwash
Quantity 450ml Directions: Swish & expectorate 5ml TID or as directed

Directions

Prescriber's Signature ____________________________ Refills: 1 2 3 4 5 6 7 8 9 10 11 12 NR

All topical compound %s are per 1 ml or 1 gm unless otherwise noted

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