**Compounded Rxs for MCAS**

**Guest Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex** M or F

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ph #**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medical Conditions** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEDICATION** | **STRENGTH** | **DOSAGE FORM** | **DIRECTIONS** | **QTY** | **REFILLS** |
| Loratadine | 13.5 mg | Veggie Cap  | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Diphenhydramine **SR**(lactose free)\* | 60 mg | Veggie Cap | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Brompheniramine **SR** | 7 mg | Veggie Cap | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| ­­­­Chlorpheniramine **SR** | 10 mg | Veggie Cap | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Hydroxyzine(corn/lactose free) | 10 mg | Capsule | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Hydroxyzine **SR**(corn/lactose free) | 60 mg | Capsule | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Ketotifen(lactose free) | **Circle one:**0.5 mg1 mg | Capsule | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Famotidine | 18 mg | VeggieCapsule | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Progesterone SR\*\* | \_­­\_\_\_\_ mg | Capsule | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Larazotide | **Circle one:**0.25 mg0.5 mg | Capsule | Take \_\_\_ capsule(s) by mouth \_\_\_\_\_\_ daily on an empty stomach |  |  |
| Salicylic Acid(Burning Mouth Syndrome) | 0.3% | Mouthwash | Gently rinse 5ml daily in mouth for 1-2 minutes then spit out, once to twice daily as directed | **Circle one:**150 ml300 ml |  |
| Low DoseNaltrexone (LDN) | \_\_\_\_\_ mg | Capsule | **Initial Titration Dose:**Take 1 cap PO QD for \_\_\_ days, increase by 1 cap every \_\_\_ days until \_\_\_ caps are reached |  |  |
| Low DoseNaltrexone (LDN) | \_\_\_\_\_ mg | Capsule | **Maintenance Dose:**Take 1 cap PO QD |  |  |
| Mupirocin/Itraconazole/EDTA | 0.2%/0.08%/0.5% | Nasal Spray | Use 1-2 sprays in each nostril daily as directed (alternate nostrils) | 16 ml |  |
| **BEG-I:**Mupirocin/EDTA/**Gentamicin**/Itraconazole | 0.2%/0.5%/**0.5%**/1% | Nasal Spray | Use 1 spray in each nostril 3 times daily as directed (alternate nostrils) | 24 ml |  |
| Sirolimus | 5 mg | Capsule | Take 1 cap PO once weekly |  |  |
| Cromolyn | 200 mg | Capsule | Take 1 cap PO 30 mins prior to each meal and before bedtime |  |  |
| Amlexanox | 40mg | Capsule | Take 1 capsule PO QD |  |  |

**Clinical Reason for Use:** \* Decrease side effects; Patient needs higher dose than available / \*\* Better symptom control; decrease side effects

**Physician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date Written \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The contents of this fax message and any attachments are intended solely for the addressee(s) named in this message. This communication is intended to be and to remain confidential. If you are not the intended recipient of this message, or if this message has been addressed to you in error, please immediately alert the sender and then destroy this message and its attachments. Do not deliver, distribute or copy this message and/or any attachments and if you are not the intended recipient, do not disclose the contents or take any action in reliance upon the information contained in this communication or any attachments.