

Ophthalmologic Drug Guide

Ophthalmologic Drug Guide

Douglas J. Rhee, MD

Assistant Professor, Harvard Medical School, Massachusetts Eye & Ear Infirmary, Boston, Massachusetts, USA

Kathryn A. Colby, MD, PhD

Assistant Professor, Harvard Medical School, Director, Joint Clinical Research Center, Massachusetts Eye & Ear Infirmary, Boston, Massachusetts, USA

Christopher J. Rapuano, MD

Professor, Jefferson Medical College, Co-Director, Cornea Service, Wills Eye Hospital, Philadelphia, Pennsylvania, USA

Lucia Sobrin, MD

Instructor, Harvard Medical School, Massachusetts Eye & Ear Infirmary, Boston, Massachusetts, USA

Douglas J. Rhee, MD
Assistant Professor
Harvard Medical School
Massachusetts Eye & Ear Infirmary
Boston, MA 02114
USA

Christopher J. Rapuano, MD
Professor
Jefferson Medical College
Co-Director, Cornea Service
Wills Eye Hospital
Philadelphia, PA 19107
USA

Kathryn A. Colby, MD, PhD
Assistant Professor
Harvard Medical School
Director, Joint Clinical Research Center
Massachusetts Eye & Ear Infirmary
Boston, MA 02114
USA

Lucia Sobrin, MD
Instructor
Harvard Medical School
Massachusetts Eye & Ear Infirmary
Boston, MA 02114
USA

Library of Congress Control Number: 2006930104

ISBN-10: 0-387-33251-0 Printed on acid-free paper.
ISBN-13: 978-0387-33251-2

© 2007 Springer Science+Business Media, LLC

All rights reserved. This work may not be translated or copied in whole or in part without the written permission of the publisher (Springer Science+Business Media, LLC, 233 Spring Street, New York, NY 10013, USA), except for brief excerpts in connection with reviews or scholarly analysis. Use in connection with any form of information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed is forbidden.

The use in this publication of trade names, trademarks, service marks, and similar terms, even if they are not identified as such, is not to be taken as an expression of opinion as to whether or not they are subject to proprietary rights.

While the advice and information in this book are believed to be true and accurate at the date of going to press, neither the authors nor the editors nor the publisher can accept any legal responsibility for any errors or omissions that may be made. The publisher makes no warranty, express or implied, with respect to the material contained herein.

9 8 7 6 5 4 3 2 1

springer.com

*To my lovely wife Tina, for your continual patience and encouragement.
To my father and mother, Dennis and Serena Rhee, for your support and
guidance.*

*To Susan Rhee for your understanding, and
To all my families – Rhee, Chang, Kim, and Chomakos.*

Douglas J. Rhee

To my daughters, Amelia and Lillian, who fill my life with joy.

Kathryn A. Colby

To my wonderful wife and best friend, Sara, and

To my terrific children, Michael, Patrick, Daniel and Megan.

You keep me sane and constantly remind me of what is important in life.

Christopher J. Rapuano

To my husband and my parents.

Lucia Sobrin

Preface

This pocket reference is designed to assist the eye care professional by providing current information on the ever-increasing number of ocular pharmacotherapeutics. Many different classes of medications are listed, oftentimes with pertinent facts. This book presents the usual recommended dose for the medications listed. Clinical judgment should always be used, as all therapy should be tailored to the individual patient. The intent of this manual is to provide therapeutic suggestions once the diagnosis is known. We recommend its use in conjunction with an ophthalmologic reference text, such as the *Massachusetts Eye & Ear Infirmary Illustrated Manual of Ophthalmology* (Saunders) or the *The Wills Eye Manual: Office and Emergency Room Diagnosis and Treatment of Eye Disease* (Lippincott Williams & Wilkins). A more complete listing of all mechanisms, side effects, and drug interactions can be found in the product insert, the *Physicians' Desk Reference*, and the *Physicians' Desk Reference for Ophthalmology*, and these should be consulted.

*Douglas J. Rhee, MD
Kathryn A. Colby, MD, PhD
Christopher J. Rapuano, MD
Lucia Sobrin, MD*

Contents

Preface	vii
Abbreviations	xi
1 Antibacterial Agents	1
2 Antifungal Agents	33
3 Antiviral Agents	41
4 Antiparasitic Agents	47
5 Antiglaucoma Agents	55
6 Neuro-Ophthalmology	69
7 Anti-Inflammatory Agents	73
8 Mydriatics, Cycloplegics, and Reversal Agents	81
9 Lubricants and Viscoelastics	85
10 Miscellaneous Conditions	93
11 Anti-Angiogenesis Agents	105
12 Contact Lens	107
 Appendices	
Appendix 1: Topical Antibacterial Spectrum	121
Appendix 2: Preparing Fortified Topical Antibiotics and Oral Acetazolamide Solution	123
Appendix 3: Antifungal Activity Spectrum	124
Appendix 4: Acyclovir Dosing in Renal Failure	125
Appendix 5: Glaucoma Medication Preservatives	130
Appendix 6: Titrating Topical Drops for Children	132
Appendix 7: Dosing Protocol for Verteporfin (VISUDYNE)	133
 Product Index	135
Subject Index	141

Abbreviations

Abbreviation	Meaning
Dosing	
Q _x	Every x hours
QOD	Every other day
QD	Once per day
BID	Twice per day
TID	Three times per day
qid	Four times per day
IV	Intravenous Administration
PO	Take by mouth
Weights and Measures	
mg	Milligram
gm	Gram
kg	Kilogram
m ²	Meters mathematically squared (refers to body surface area)
ml	Milliliter
U	International unit
Formulation	
Soln	Solution
Susp	Suspension
Oint	Ointment
Tab	Tablet

1. Antibacterial Agents

A. TOPICAL ANTIBIOTICS¹

Drug	Trade	Preparation	Dose	Notes
bacitracin	N/A AK-Tracin	Soln, 10,000 U/ml Oint, 500 U/gm	Q1hr QD-QID	Fortified ² BC
cefazolin	Ancef	Soln, 5%	Q1 hr	Fortified ²
chloramphenicol	Chloromycetin, Chloroptic, Ocu-Chlor	Soln, 0.5%	Q3–6 hr	BS, except BC against <i>H. influenzae</i> , <i>N meningitidis</i> , <i>N. gonorrhoea</i> , <i>C. trachomatis</i> . Has been reported to be associated with aplastic anemia.
ciprofloxacin	Ciloxan	Oint, 1%	QHS-Q3 hr	Fluoroquinolone-BC; active against <i>P. Aeruginosa</i> and <i>Neisseria</i> species
erythromycin	AK-mycin, Ilotycin	Soln, 0.3% Oint, 0.5%	QID-Q1/2 hr QHS-QID QD-QID	BS; active against <i>N. gonorrhoea</i> and <i>C. trachomatis</i>
gatifloxacin	Zymar	Soln, 0.3% Soln, 0.3%	QID-Q1 hr Q1–6 hr	Fluoroquinolone-BC
gentamicin	Garamycin, Genoptic, Gentacidin, Gentak, Ocu-mycin	Garamycin, Genoptic, Gentacidin, Gentak, Ocu-mycin	QD-TID	Aminoglycoside-BC; active against <i>P. Aeruginosa</i> and <i>N. gonorrhoea</i>
	N/A	Soln, 1.5%	Q1 hr	Fortified ²

levofloxacin	Quixin	Soln, 0.5%	QID-QI/2 hr	Fluoroquinolone-BC; active against <i>P. Aeruginosa</i> and <i>Neisseria</i> species
metronidazole	MetroGel	Gel, 0.75%	BID	Periodic use for rosacea Not for use in the eye
moxifloxacin	Vigamox	Soln, 0.5%	TID-QI hr	Fluoroquinolone-BC; self-preserved; pH 6.8
neomycin	only available in combination medications (see below)	Soln, 0.3% Soln, 0.3%	QID-QI hr QID-QI hr	Fluoroquinolone-BC Fluoroquinolone-BC ; active against <i>P. Aeruginosa</i> and <i>Neisseria</i> species;
norfloxacin ofloxacin	Chibroxin Ocuflox	AK-tetra, Terramycin, Terak AK-poly-bac, Polysporin, Polytracin	Oint, 0.5%/10,000 U Oint, 10,000 U/ml/ 500 U/ml	BC
oxytetracycline/ polymyxin B	AK-trol, Statrol	Soln, 16,250 U/ml/ 0.35%	QID	BC
polymyxin B/ bacitracin	AK-trol, Statrol	Oint, 10,000 U/ml/ 0.35%	QD-QID	
polymyxin B/ neomycin	AK-trol, Statrol	Oint, 5,000 U/ml/ 0.5%/400 U/ml	QD-QID	
polymyxin B /neomycin/ bacitracin	Neotal AK-spor, Neosporin, Ocu-spor B	Oint, 10,000 U/ml/ 0.35%/400 U	QD-QID	

(continued)

A. TOPICAL ANTIBIOTICS (continued)

Drug	Trade	Preparation	Dose	Notes
polymyxin B/ neomycin/ gramicidin	AK-Spore, Neosporin, Ocu-spor G, Polymycin Polytrim	Soln, 10,000 U/ml/ 0.35%/ 0.025%	QID	BC, gramicidin makes cell membrane more permeable
polymyxin B/ trimethoprim	AK-sulf, Bleph-10,	Soln, 10,000 U/ml/ 0.1%	QID	BC
sulfacetamide	Ophthacet, Ocusulf, Sulf-10	Soln, 10%	QID-Q1 hr	BS
sulfacetamide/ phenylephrine	AK-sulf Vasosulf	Oint, 10% Soln, 15%/0.125%	QD-QID QD-QID	BS; antibiotic with an alpha agonist
sulfisoxazole	Gantrisin Gantrisin	Soln, 4% Oint, 4%	QID-Q1 hr QD-QID	BS
tetracycline	Achromycin	Soln, 1%	QID-Q1/2 hr	BS
tobramycin	AKTOB, Defy, Tobrex AKTOB, Defy, Tobrex	Soln, 0.3% Oint, 0.3% Soln, 1.5% Soln, 5%	QID-Q1 hr QD-TID Q1 hr Q1 hr	Aminoglycoside, BC; active against <i>P.</i> <i>Aeruginosa</i> and <i>N. gonorrhoea</i>
vancomycin				Fortified ² BS, fortified ² not for Gram negative coverage; reserve use for PCN- allergic patients and resistant organisms

¹For antibiotic spectrum of topical agents, refer to Appendix 1.

²Fortified medications not commercially available; refer to Appendix 2 for preparation instructions.
BC = bacteriocidal; BS = bacteriostatic; N/A = not available.

B. ORAL ANTIBIOTICS

Drug	Trade	Dose	Notes
amoxicillin	Amoxil, Polymox	250–500 mg PO TID 25–50 mg/kg/day PO in 3 divided doses	Adult dose Pediatric dose
amoxicillin/clavulanate	Augmentin	250–500 mg PO TID or 875 mg PO BID 20–40 mg/kg/day PO in 3 divided doses	Adult dose Pediatric dose
azithromycin	Zithromax	500 mg PO day 1, then 250 mg QD × 4 days 20 mg/kg × 1 (pediatric dose) 1000 mg PO × 1 (adult dose)	Adult dose Dose for <i>Chlamydia</i> conjunctivitis ¹
cephalexin	Keflex	5–12 mg/kg/day PO in one dose for 5 days 250–500 mg PO QID 25–50 mg/kg/day PO in 4 divided doses	Pediatric dose Adult dose Pediatric dose
cefuroxime axetil	Ceftin	250–500 mg PO BID 20–30 mg/kg/day PO divided BID	Adult dose Pediatric dose
ciprofloxacin	Cipro	250–750 mg PO BID	Not for children or pregnancy Do not take with antacids; must modify dosage in renal failure
clarithromycin	Cipro XE Biaxin	500 mg PO QD 250–500 mg PO BID 15 mg/kg/day PO divided BID	Extended release formula Adult dose Pediatric dose

(continued)

B. ORAL ANTIBIOTICS (*continued*)

Drug	Trade	Dose	Notes
doxycycline	Vibramycin	100 mg BID	Can be used for ocular rosacea Not for children or pregnancy
erythromycin	E-mycin	250–500 mg PO QID 30–50 mg/kg/day in 3–4 divided doses	Adult dose Pediatric dose
gatifloxacin	Avelox	400 mg PO QD	Not for children or pregnancy
levofloxacin	Levaquin	500 mg PO QD	Not for children or pregnancy; must modify dosage in renal failure
minocycline	Minocin	100–200 mg PO BID	Not for children or pregnancy
ofloxacin	Floxin	200–400 mg PO BID	Not for children or pregnancy; must modify dosage in renal failure
Achromycin	Achromycin	250–500 mg PO QID	Can be used for ocular rosacea Not for children or pregnancy Do not take with food, milk products, or antacids

¹From Arch Ophthalmol 1998;116:1625–1628; Ophthalmology 1998;105:658–661.

C. ANTIBIOTICS FOR SUBCONJUNCTIVAL/INTRAVITREAL INJECTION

	Subconjunctival injection ¹	Intravitreal injection ²	Notes
(1) Aminoglycosides³			
amikacin	25mg	0.2–0.4 mg	
gentamicin	10–20 mg	0.2–0.4 mg	
kanamycin	30 mg	N/A	
neomycin	125–250 mg	N/A	Rarely used
tobramycin	10–20 mg	0.1–0.4 mg	
(2) Penicillins			
ampicillin	50–150 mg	0.5 mg	
carbenicillin	100 mg	0.25–2.0 mg	
methicillin	50–100 mg	1.0–2.0 mg	
penicillin G	0.5–1.0 million units	N/A	
ticarcillin	100 mg	N/A	
(3) Cephalosporins			
cefazolin	100 mg	2.0–2.25 mg	First generation, rarely used
ceftazidime	200 mg	2.25 mg	Third generation

(continued)

C. ANTIBIOTICS FOR SUBCONJUNCTIVAL/INTRAVITREAL INJECTION (*continued*)

	Subconjunctival injection ¹	Intravitreal injection ²	Notes
(4) Others			
bacitracin	5,000 U	N/A	
chloramphenicol	N/A	1.0mg	Rarely used
clindamycin	15–50 mg	1.0mg	
erythromycin	100 mg	0.5mg	almost never used
polymyxin B sulfate	100,000 U	N/A	almost never used
vancomycin	25 mg	1.0mg	almost never used

¹ Subconjunctival dose should be in a volume of 0.5 ml.

² Intravitreal dose should be in a volume of 0.1 ml.

³ All intravitreal injections of aminoglycosides have potential for macular necrosis.

N/A = not available

D. REGIMENS FOR SPECIFIC ORGANISMS

(1) Syphilis^{1,2}

Note: Both patient and sexual partners must be evaluated for other sexually transmitted diseases, including HIV.