STANDARD OPERATING PROCEDURES
FOR STORAGE AND ADMINISTRATION OF
DISPERSIBLE FORMULATIONS OF
SECOND-LINE DRUGS FOR PHARMACY
PERSONNEL

Pharmacy Staff and Personnel
Draft 3.0, July 29, 2019
PRODUCT STORAGE

Ethionamide 125 mg scored, dispersible tablet: Store below 30°C in dry place. Protect from light. Store in original container.

Isoniazid 100mg scored, dispersible tablet: Do not store above 30°C. Store in a dry place, protect from light. Store in original container.

Levofloxacin 100mg scored, dispersible tablet: Do not store above 30°C. Store in a dry place, protect from light. Store in original container.

Linezolid 150mg scored, dispersible tablets. Storage conditions not yet specified.

Moxifloxacin 100mg scored, dispersible tablets: Do not store above 30°C. Store in a dry place, protect from light. Store in original container.

Pyrazinamide 150mg scored, dispersible tablets: Store below 30°C in dry place. Protect from light. Store in original container.

Ethambutol 100mg scored, dispersible tablets: Store below 30°C, in dry place protected from light. Store tablets in blisters in the provided carton.

Clofazimine 50mg or 100 mg tablet: Store below 30°C in a dry place. Protect from light. Store in original container.

PRODUCT PREPARATION AND DISPENSING

Product can be dispensed in whole tablet form for mixing on the wards or can be prepared in liquid in the pharmacy. However, if it is mixed in the pharmacy, it should ideally be given within 10 minutes to the child.

It is recommended that the tablets of each of the products listed above (ethambutol, ethionamide, isoniazid, levofloxacin, linezolid, moxifloxin, pyrazinamide) be dissolved in 50mL of water (or other liquids such as breast milk, porridge, yogurt, etc,) and then given to the child within 10 minutes. However, 50mL may be too much liquid for children, and it has been determined in field studies that as little as 5mL per tablet can be used to dissolve the tablet.

Potential dispensing containers include medicine cups, spoons, or syringes (with the plunger removed and a finger placed over the opening).

The liquid should first be placed in the dispensing container (minimum 5mL, maximum 50mL per tablet). The tablets should then be added to the liquid and the solution agitated until the tablet is completely dissolved. The child should be given the dissolved tablet mixture within 10 minutes of preparation. If the solution sits longer than 10 minutes then it should be re-shaken/stirred/agitated again until the dissolved tablet is completely mixed.

Another 5mL of liquid should be added to any remaining residue in the dispensing container, swirled to dissolve any remaining residue, and then administered to the child.

Any leftover liquid should be discarded according to standard operating procedures.
CLOFAZIMINE

There are finally tablets of clofazimine that are available for use in children. The tablets are available at strengths of 50mg or 100mg. They are technically not dispersible tablets, but they can be dissolved in water. However, the time they take to dissolve is anywhere from 2-5 minutes. It is recommended that they be prepared by dissolving them in 5mL to 10mL of water or another solution as described above, but that the tablet be given 5 minutes to dissolve prior to administration. Extra stirring prior to administration should also be performed.
SUSPENSION PREPARATION

For younger children or those whose weights are less than 4kg, a solution of the dispersible tablets should be made using water or breast milk or another appropriate liquid. This solution should be prepared with 10-15mL of liquid (see table below) to make a suspension. This should be prepared in a syringe or medicine cup and then immediately administered to the child to give the proper dose per weight.

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Quantity of Liquid for Suspension Preparation</th>
<th>Suspension concentration in mg/mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethambutol: 100mg tablet</td>
<td>10mL</td>
<td>10mg/mL</td>
</tr>
<tr>
<td>Ethionamide: 125mg tablet</td>
<td>12mL</td>
<td>10mg/mL</td>
</tr>
<tr>
<td>Isoniazid 100mg tablet</td>
<td>10mL</td>
<td>10mg/mL</td>
</tr>
<tr>
<td>Linezolid: 150mg tablet</td>
<td>15mL</td>
<td>10mg/mL</td>
</tr>
<tr>
<td>Levofloxacin: 100mg tablet</td>
<td>10mL</td>
<td>10mg/mL</td>
</tr>
<tr>
<td>Moxifloxacin: 100mg tablet</td>
<td>10mL</td>
<td>10mg/mL</td>
</tr>
<tr>
<td>Pyrazinamide: 150mg tablet</td>
<td>15mL</td>
<td>10mg/mL</td>
</tr>
<tr>
<td>Clofazimine: 50mg tablet</td>
<td>10mL</td>
<td>5mg/mL</td>
</tr>
</tbody>
</table>

PRODUCT STORAGE

Cycloserine 125mg capsule: Store below 25°C, in dry place protected from light. Store tablets in blisters in the provided carton. Do not use if capsules appear brittle or swollen.
PRODUCT PREPARATION AND DISPENSING

The cycloserine capsules can be administered and swallowed whole if possible.

If not, the capsule can be opened and its contents can be dissolved in 50mL of water (or other liquids such as breast milk, porridge, yogurt, etc.) and then given to the child within 10 minutes. However, 50mL may be too much liquid for children, and as little as 5mL per tablet can be used to dissolve the capsule’s contents.

Potential dispensing containers include medicine cups, spoons, or syringes (with the plunger removed and a finger placed over the opening).

The liquid should first be placed in the dispensing container (minimum 5mL/maximum 50mL per tablet). The capsule’s contents should then be added to the liquid and the solution agitated until the capsule’s contents are completely dissolved. The child should be given the dissolved mixture within 10 minutes of preparation. If the solution sits longer than 10 minutes then it should be re-shaken/stirred/agitated again until it is completely mixed.

Another 5mL of liquid should be added to any remaining residue in the dispensing container, swirled to dissolve any remaining residue, and then administered to the child.

Any leftover liquid should be discarded according to standard operating procedures.
SUSPENSION PREPARATION

For younger children or those whose weights are less than 6kg, a solution of the capsule's contents should be made using water or breast milk or another appropriate liquid. This solution should be prepared with 12mL of liquid to make a suspension. This should be prepared in a syringe or medicine cup and then immediately administered to the child to give the proper dose per weight.

<table>
<thead>
<tr>
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<th>Quantity of Liquid for Suspension Preparation</th>
<th>Suspension concentration in mg/mL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cycloserine: 125mg capsule</td>
<td>12mL</td>
<td>10mg/mL</td>
</tr>
</tbody>
</table>