



**Northwest
Compounds**

Product Guide

**COMPOUNDED FORMULATIONS
2026**

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Top Quality Compounding.

EXTRAORDINARY CUSTOMER SERVICE.

NORTHWEST COMPOUNDERS' MISSION

Since 2005, our pharmacy has accomplished an important mission: provide high-quality compounded medications and excellent customer service with care and speed.

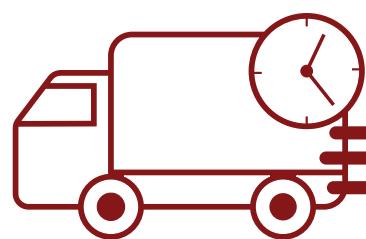
WE DELIVER CUSTOMIZED CARE SO YOU CAN FOCUS ON WHAT IS IMPORTANT, YOUR PATIENTS.



TOP QUALITY



STREAMLINED ORDERING



EXPEDIENT FULFILLMENT

WHAT IS COMPOUNDING?

Compounding is a pharmaceutical formulation process that produces unique, patient-specific medications for patients that cannot be treated with a commercially available product.

WHEN DO YOU NEED COMPOUNDING?

Here are some common scenarios where a compounded medication might be utilized:

- There are no viable commercial product options available to treat the patient's condition
- Using a compounded product will increase patient compliance due to difficulties taking a commercially available product
- The patient is allergic or intolerant to the inactive ingredients contained within a commercially available product
- The patient requires a specific dose that cannot be achieved by administering a commercially available product
- The patient's intended treatment regimen requires a route of delivery that is not commercially available

Our Services.

UNIQUE, CUSTOMIZED SOLUTIONS

- 25,000+ compounded formulations
- 12+ dosage forms
- Wide variety of flavors
- Hypoallergenic formulations for people with allergies or intolerances
- Unavailable, or temporarily backordered medications
- Bitter-free formulations for unpalatable drugs

SHIPPING OPTIONS FOR EVERY NEED

A variety of free and upgradeable shipping options for urgent or economical preferences

Same day prescription pick up

OUTSTANDING CUSTOMER SERVICE

- Our team is always available to help with orders and questions
- Charge accounts provided for clinics
- Convenient refill submission options via website, text or phone
- Two-way text support



DEDICATION TO QUALITY

Northwest Compounds is officially accredited by the Accreditation Commission for Health Care (ACHC) for sterile and non-sterile compounding under their PCAB (Pharmacy Compounding Accreditation Board) program. Why it matters:



Ensuring Quality: PCAB accreditation assures patients, healthcare providers, and regulatory bodies that Northwest Compounds adheres to the highest standards of quality in compounding.



Patient Safety: PCAB accreditation ensures that Northwest Compounds follows precise compounding techniques, uses high-quality ingredients, certified equipment and maintains a sanitary work environment, reducing the risk of contamination and maximizing product safety for each individual patient need.



Compliance with Regulators: PCAB accreditation aligns Northwest Compounds with industry regulations and guidelines, including those set forth by the U.S. Pharmacopeial Convention (USP) and the Food and Drug Administration (FDA).

OUR STANDARDS

- Each patient's prescription is made from scratch, using the best ingredients with the highest standards of quality
- Our products are tested by third-party laboratories to ensure they meet or exceed industry standards for purity, potency and sterility
- Our specialized compounding equipment is routinely calibrated and certified to maximize safety and accuracy in our products

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Dentistry and Periodontology

COMMONLY REQUESTED FORMULAS FOR BURNING MOUTH SYNDROME

Amitriptyline HCL 2%-Gabapentin 6%-Lidocaine HCL 0.5% Oral Rinse
Amitriptyline HCL 2%-Gabapentin 6%-Ketamine HCL 0.4%-Lidocaine HCL 0.5% Oral Rinse
Diphenhydramine 12.5mg/5mL-Dexamethasone 0.5mg/5mL-Lidocaine 2%-Antacid 1:1:1 Oral Rinse
Doxepin HCL 0.5% Oral Rinse

COMMONLY REQUESTED FORMULAS FOR CONSCIOUS SEDATION

Chloral Hydrate 100mg/mL Oral Suspension
Hydroxyzine (as Pamoate) 25mg/5mL Oral Suspension

COMMONLY REQUESTED FORMULAS FOR MOUTH ULCERS OR MUCOSITIS

Dexamethasone 0.5mg/5mL SF Oral Rinse
Dexamethasone 0.5mg/mL-Lidocaine 2% Oral Rinse
Doxepin HCL 0.5% Oral Rinse
Misoprostol 0.0024%-Diphenhydramine HCL 0.1%-Lidocaine HCL 1% Oral Rinse

COMMONLY REQUESTED FORMULAS FOR ORAL CANDIDA

Amphotericin B 100mg/mL Oral Suspension
Nystatin 100,000 U/mL-Triamcinolone Acetonide 0.2% Oral Rinse

COMMONLY REQUESTED FORMULAS FOR PATIENTS WHO NEED TOPICAL ANESTHETICS

Lidocaine HCL 10%-Prilocaine HCL 10%-Tetracaine HCL 4% Dental Gel
Lidocaine HCL 20%-Tetracaine HCL 4%-Phenylephrine HCL 2% Dental Gel
Lidocaine HCL 10%-Phenylephrine HCL 2%-Prilocaine HCL 10%-Tetracaine HCL 4% Dental Gel



Dermatology

COMMONLY REQUESTED FORMULAS FOR ACNE

Azelaic Acid 15% Topical Cream
Azelaic Acid 15% Topical Anhydrous Gel
Azelaic Acid 5%-Clindamycin 2% Topical Cream
Azelaic Acid 5%-Clindamycin 2% Topical Anhydrous Gel
Clindamycin 1%-Niacinamide 4%-Tretinoin 0.025% Topical Gel Anhydrous
Tretinoin 0.025%-Niacinamide 2% Topical Cream or Topical Anhydrous Gel
Tretinoin 0.05%-Niacinamide 2% Topical Cream or Topical Anhydrous Gel
Tretinoin 0.1%-Niacinamide 2% Topical Cream or Topical Anhydrous Gel
Tretinoin 0.025%-Niacinamide 2%-Azelaic Acid 5% Topical Cream or Topical Anhydrous Gel
Tretinoin 0.05%-Niacinamide 2%-Azelaic Acid 5% Topical Cream or Topical Anhydrous Gel
Tretinoin 0.1%-Niacinamide 2%-Azelaic Acid 5% Topical Cream or Topical Anhydrous Gel

COMMONLY REQUESTED FORMULAS FOR ACTINIC KERATOSIS

Fluorouracil 0.5%-Salicylic Acid 10% Topical Cream or Topical Anhydrous Gel
Fluorouracil 0.5%-Diclofenac Sodium 3%-Niacinamide 1% Topical Anhydrous Gel

COMMONLY REQUESTED FORMULAS FOR PSORIASIS AND ECZEMA

Ketotifen 0.05% Topical Cream
Ketotifen 0.05%-Naltrexone HCL 1% Topical Cream or Topical Anhydrous Gel
Ketotifen 0.05%-Cyanocobalamin 0.07% Topical Cream or Topical Anhydrous Gel
Zinc Pyrithione 0.2%-Clobetasol Propionate 0.05%-Cyanocobalamin 0.07% Topical Cream

COMMONLY REQUESTED FORMULAS FOR ROSACEA

Azelaic Acid 15%-Ketotifen 0.05%-Oxymetazoline HCL 1% Topical Anhydrous Gel
Azelaic Acid 15%-Metronidazole 1.2% Topical Anhydrous Gel
Azelaic Acid 15%-Niacinamide 2% Topical Cream or Topical Anhydrous Gel
Ketotifen 0.05% Topical Cream
Metronidazole 0.75%-Ketotifen 0.05% Topical Cream or Topical Anhydrous Gel
Metronidazole 1%-Niacinamide 4% Topical Cream or Topical Anhydrous Gel



Dermatology

COMMONLY REQUESTED FORMULAS FOR SCAR HEALING

Aloe Vera 0.5% in PracaSil®-Plus Topical Gel
Niacinamide 2% in PracaSil®-Plus Topical Gel
Tretinoin 0.1% in PracaSil®-Plus Topical Gel

COMMONLY REQUESTED FORMULAS FOR SHINGLES PAIN

Acyclovir 5%-Amitriptyline HCL 2%-Bupivacaine HCL 1%-Gabapentin 6%-Ketoprofen 5% Topical Anhydrous Gel
Acyclovir 2%-Amitriptyline HCL 2%-Gabapentin 10%-Ketoprofen 5%-Tetracaine 1% Topical Anhydrous Gel
Gabapentin 6%-Ketamine 6%-Lidocaine 6% Topical Anhydrous Gel

COMMONLY REQUESTED FORMULAS FOR PATIENTS NEEDING A TOPICAL ANESTHETIC

Benzocaine 20%-Lidocaine 6%-Tetracaine 4%-DMSO 10% Topical Cream
Benzocaine 20%-Lidocaine 6%-Tetracaine 4% Topical Cream
Benzocaine 20%-Lidocaine 6%-Tetracaine 4% Topical Ointment
Benzocaine 10%-Lidocaine 5%-Tetracaine 2% Topical Cream
Benzocaine 10%-Lidocaine 5%-Tetracaine 2% Topical Ointment

COMMONLY REQUESTED FORMULAS FOR WARTS

Fluorouracil 5%-Salicylic Acid 17%-Cimetidine 5% Topical Anhydrous Cream*
Fluorouracil 2.5%-Glycolic Acid 25% Topical Cream or Topical Anhydrous Cream
Fluorouracil 5%-Glycolic Acid 25% Topical Cream or Topical Anhydrous Cream

*Most Popular



Ear, Nose and Throat

COMMONLY REQUESTED FORMULAS FOR BURNING MOUTH SYNDROME

Amitriptyline HCL 2%-Gabapentin 6%-Lidocaine HCL 0.5% Oral Rinse
Amitriptyline HCL 2%-Gabapentin 6%-Ketamine HCL 0.4%-Lidocaine HCL 0.5% Oral Rinse
Diphenhydramine 12.5mg/5mL-Dexamethasone 0.5mg/5mL-Lidocaine 2%-Antacid 1:1:1 Oral Rinse
Doxepin HCL 0.5% Oral Rinse

COMMONLY REQUESTED FORMULAS FOR MOUTH ULCERS OR MUCOSITIS

Dexamethasone 0.5mg/5mL SF Oral Rinse
Dexamethasone 0.5mg/mL-Lidocaine 2% Oral Rinse
Doxepin HCL 0.5% Oral Rinse
Misoprostol 0.0024%-Diphenhydramine HCL 0.1%-Lidocaine HCL 1% Oral Rinse

COMMONLY REQUESTED FORMULAS FOR ORAL THRUSH

Amphotericin B 100mg/mL Oral Suspension
Nystatin 100,000 U/mL-Triamcinolone Acetonide 0.2% Oral Rinse

COMMONLY REQUESTED FORMULAS FOR OTITIS EXTERNA

Chloramphenicol 0.5% Otic Solution
Ciprofloxacin 0.3%-Hydrocortisone 1% Otic Solution
Gentamicin 1.7mg/mL-Polymyxin B 10,000 U/mL-Neomycin 3.5mg/mL-Hydrocortisone 1% Otic Solution
Ketoconazole 2%-Ciprofloxacin 2%-Triamcinolone 0.5% Otic Gel

COMMONLY REQUESTED FORMULAS FOR SINUSITIS

THE FOLLOWING FORMULAS ARE INTENDED FOR USE IN A NASAL NEBULIZATION DEVICE

Acetylcysteine 100mg Capsule (for nasal nebulization)
Levofloxacin 100mg-Mometasone Furoate 0.6mg Capsule (for nasal nebulization)
Tobramycin 125mg-Budesonide 0.6mg Capsule (for nasal nebulization)
Tobramycin 125mg-Budesonide 0.6mg-Amphotericin B 5mg Capsule (for nasal nebulization)
Tobramycin 100mg-Betamethasone 0.5mg-Amphotericin B 5mg Capsule (for nasal nebulization)
Tobramycin 100mg-Vancomycin 200mg-Betamethasone 0.5mg Capsule (for nasal nebulization)
Vancomycin 200mg-Betamethasone 0.5mg Capsule (for nasal nebulization)
Vancomycin 200mg-Betamethasone 0.5mg-Ampotericin B 5mg Capsule (for nasal nebulization)

COMMONLY REQUESTED FORMULAS FOR XEROSTOMIA

Pilocarpine HCL 10mg/mL Oral Liquid



Men's Health

COMMONLY REQUESTED FORMULAS FOR RESTORING HORMONAL BALANCE IN MEN

Enclomiphene Citrate 6.25mg, 12.5mg, 25mg Capsule
 Testosterone 0.5% to 20% Topical Gel
 Testosterone 5% to 20% Topical Cream or Topical Anhydrous Cream
 Testosterone 0.5mg to 200mg Oral Troche
 Testosterone 5%-Anastrozole 0.05% Topical Cream or Topical Anhydrous Cream

COMMONLY REQUESTED FORMULAS FOR HEMORRHOIDS AND ANAL FISSURES

HEMORRHOIDS
 Hydrocortisone 1%-Lidocaine 2% Rectal Suppository

ANAL FISSURES
 Diltiazem 1% in Petrolatum Ointment
 Diltiazem 2% in Petrolatum Ointment
 Diltiazem 1%-Lidocaine 5% in Petrolatum Ointment
 Diltiazem 2%-Lidocaine 5% in Petrolatum Ointment
 Nifedipine 0.2% in Lanolin/Petrolatum Ointment
 Nifedipine 0.3% in Lanolin/Petrolatum Ointment
 Nifedipine 0.5% in Lanolin/Petrolatum Ointment
 Nifedipine 0.2%-Lidocaine 5% in Lanolin/Petrolatum Ointment
 Nifedipine 0.3%-Lidocaine 5% in Lanolin/Petrolatum Ointment
 Nifedipine 0.5%-Lidocaine 5% in Lanolin/Petrolatum Ointment

COMMONLY REQUESTED FORMULAS FOR THYROID REPLACEMENT

T3 Liothyronine SR (0.1mcg to 100mcg) Capsule
 T3-T4 Liothyronine-Levothyroxine SR (0.1mcg to 100mcg and 10mcg to 250mcg) Capsule

COMMONLY REQUESTED FORMULAS FOR PAIN AND INFLAMMATION

ARTHRITIS/JOINT PAIN/INFLAMMATION
 Ibuprofen 20% Topical Cream or Topical Anhydrous Cream
 Ibuprofen 20%-Piroxicam 1% Topical Cream or Topical Anhydrous Cream
 Ketoprofen 10% Topical Cream or Topical Anhydrous Cream
 Ketoprofen 10%-Cyclobenzaprine HCL 2% Topical Cream or Topical Anhydrous Cream
 Piroxicam 5% Topical Cream or Topical Anhydrous Cream
 Naltrexone 1.5mg Capsule
 Naltrexone 3mg Capsule
 Naltrexone 4.5mg Capsule

NEUROPATHIC PAIN
COMBINATION PAIN CREAMS: PRESCRIBERS TYPICALLY REQUEST THE COMBINATION OF 1 TO 6 OF THE FOLLOWING INGREDIENTS/CONCENTRATIONS INTO A COMPATIBLE TOPICAL CREAM BASE
 Amitriptyline HCL 2% to 5%
 Baclofen 1% to 3%
 Bupivacaine 2%
 Clonidine 0.1%-0.2%
 Cyclobenzaprine 2%
 Diclofenac 1% to 10%
 Gabapentin 5% to 10%
 Ibuprofen 5% to 20%
 Ketamine 1% to 10%
 Ketoprofen 1% to 10%
 Lidocaine 1% to 5%
 Prilocaine 1% to 5%
 Tetracaine 1% to 5%



Naturopathic Medicine

COMMONLY REQUESTED FORMULAS FOR BIOIDENTICAL HORMONE REPLACEMENT THERAPY

HORMONE AGENTS

Estrone (E1)

Estradiol (E2)

Estriol (E3)

DHEA

Pregnenolone

Progesterone

Testosterone

AVAILABLE DOSAGE FORMS

Capsule

Cream

Ointment

Suppository

Troche

OTHER COMMONLY REQUESTED FORMULAS

Naltrexone 1.5mg Lactose-Free Capsule

Naltrexone 3mg Lactose-Free Capsule

Naltrexone 4.5mg Lactose-Free Capsule

Lactose-Free, Dye-Free, Gluten-Free, Allergen-Free, Excipient-Free Formulations

Plant-Sourced Pharmaceutical Ingredients

Podiatry and Sports Medicine

COMMONLY REQUESTED FORMULAS FOR ARTHRITIS/JOINT PAIN/INFLAMMATION

Ibuprofen 20% Topical Cream or Topical Anhydrous Cream

Ibuprofen 20%-Piroxicam 1% Topical Cream or Topical Anhydrous Cream

Ketoprofen 10% Topical Cream or Topical Anhydrous Cream

Ketoprofen 10%-Cyclobenzaprine HCL 2% Topical Cream or Topical Anhydrous Cream

Piroxicam 5% Topical Cream or Topical Anhydrous Cream

Naltrexone 1.5mg Capsule

Naltrexone 3mg Capsule

Naltrexone 4.5mg Capsule

COMMONLY REQUESTED FORMULAS FOR BURNING FOOT SYNDROME

Amitriptyline HCL 2%-Baclofen 2% Topical Cream or Topical Anhydrous Cream

Amitriptyline HCL 2%-Baclofen 2%-Ketamine 5%-Ketoprofen 5% Topical Cream or Topical Anhydrous Cream

Amitriptyline HCL 1%-Flurbiprofen 10%-Gabapentin 6%-Lidocaine 2%-Prilocaine 2% Topical Cream or Topical Anhydrous Cream

Baclofen 1%-Gabapentin 10%-Clonidine HCL 0.2% Topical Cream or Topical Anhydrous Cream

Baclofen 2%-Gabapentin 6%-Ketamine 5%-Tizanidine HCL 0.2% Topical Cream or Topical Anhydrous Cream

Clonidine HCL 0.2%-Gabapentin 6%-Ketamine 10%-Nifedipine 2% Topical Cream or Topical Anhydrous Cream

COMMONLY REQUESTED FORMULAS FOR DIABETIC NEUROPATHY

Amitriptyline HCL 2%-Baclofen 2% Topical Cream or Topical Anhydrous Cream

Amitriptyline HCL 2%-Baclofen 2%-Ketamine 5%-Ketoprofen 10% Topical Cream or Topical Anhydrous Cream

Amitriptyline HCL 2%-Ketoprofen 2%-Carbamazepine 2% Topical Cream or Topical Anhydrous Cream

Gabapentin 6%-Ketamine HCL 10%-Lidocaine 3%-Nifedipine 10%-Pentoxifylline 5%-Prilocaine 3% Topical Cream or Topical Anhydrous Cream

Gabapentin 6%-Ketamine HCL 10%-Nifedipine 2%-Tizanidine HCL 0.2% Topical Cream or Topical Anhydrous Cream

COMMONLY REQUESTED FORMULAS FOR DIABETIC TOES

Nifedipine 4% Topical Cream or Topical Anhydrous Cream

Pentoxifylline 5% Topical Cream or Topical Anhydrous Cream

Nifedipine 3%-Pentoxifylline 3% Topical Cream or Topical Anhydrous Cream

Nifedipine 2%-Pentoxifylline 5% Topical Cream or Topical Anhydrous Cream

Ketamine 10%-Gabapentin 6%-Clonidine 0.2%-Nifedipine 2% Topical Cream or Topical Anhydrous Cream



Podiatry and Sports Medicine

COMMONLY REQUESTED FORMULAS FOR IONTOPHORESIS

Dexamethasone 0.4% Iontophoresis Solution PF
 Dexamethasone 0.4%-Lidocaine HCL 4% Iontophoresis Solution PF
 Gabapentin 6% Iontophoresis Solution PF
 Ketoprofen 0.4% Iontophoresis Solution PF
 Ketoprofen 10% Iontophoresis Solution PF
 Ketoprofen 30% Iontophoresis Solution PF
 Lidocaine HCL 4% Iontophoresis Solution PF

COMMONLY REQUESTED FORMULAS FOR NEUROPATHIC PAIN

COMBINATION PAIN CREAMS: PRESCRIBERS TYPICALLY REQUEST THE COMBINATION OF 1 TO 6 OF THE FOLLOWING INGREDIENTS/CONCENTRATIONS INTO A COMPATIBLE TOPICAL CREAM BASE

Amitriptyline HCL 2% to 5%
 Baclofen 1% to 3%
 Bupivacaine 2%
 Clonidine 0.1%-0.2%
 Cyclobenzaprine 2%
 Diclofenac 1% to 10%
 Gabapentin 5% to 10%
 Ibuprofen 5% to 20%
 Ketamine 1% to 10%
 Ketoprofen 1% to 10%
 Lidocaine 1% to 5%
 Prilocaine 1% to 5%
 Tetracaine 1% to 5%

COMMONLY REQUESTED FORMULAS FOR PLANTAR FASCIITIS

Amitriptyline HCL 2%-Carbamazepine 2%-Ketoprofen 10% Topical Cream or Topical Anhydrous Cream
 Baclofen 2%-Gabapentin 5%-Ketoprofen 10%-Lidocaine 5% Topical Cream or Topical Anhydrous Cream
 Cyclobenzaprine HCL 2%-Ketoprofen 10% Topical Cream
 Cyclobenzaprine HCL 1%-Flurbiprofen 10%-Gabapentin 6%-Lidocaine 2%-Prilocaine HCL 2% Topical Cream
 Cyclobenzaprine HCL 1%-Ibuprofen 20%-Piroxicam 1% Topical Cream or Topical Anhydrous Cream
 Cyclobenzaprine HCL 2%- Baclofen 2%-Diclofenac Sodium 3%-Lidocaine 2% Topical Cream or Topical Anhydrous Cream
 Cyclobenzaprine HCL 2%-Baclofen 2%-Bupivacaine 1%-Diclofenac 8%-Gabapentin 6%-Ketamine 10% Topical Cream or Topical Anhydrous Cream
 Flurbiprofen 5%-Capsaicin 0.025%-Menthol 0.5%-Camphor 0.5% Topical Cream or Topical Anhydrous Cream

COMMONLY REQUESTED FORMULAS FOR WARTS

Fluorouracil 5%-Salicylic Acid 17%-Cimetidine 5% Topical Anhydrous Cream*
 Fluorouracil 2.5%-Glycolic Acid 25% Topical Cream or Topical Anhydrous Cream
 Fluorouracil 5%-Glycolic Acid 25% Topical Cream or Topical Anhydrous Cream

*Most Popular



Women's Health

COMMONLY REQUESTED FORMULAS FOR BACTERIAL VAGINOSIS

Boric Acid 600mg Capsule (for vaginal insertion)
 Boric Acid 600mg Vaginal Suppository
 Clindamycin 100mg-Vitamin E 200 IU Vaginal Suppository
 Metronidazole 125mg/mL-Nystatin 25,000 U/mL Vaginal Cream

COMMONLY REQUESTED FORMULAS FOR BIOIDENTICAL HORMONE REPLACEMENT THERAPY

HORMONE AGENTS
 Estrone (E1)
 Estradiol (E2)
 Estriol (E3)
 DHEA
 Pregnenolone
 Progesterone
 Testosterone

AVAILABLE DOSAGE FORMS

Capsule
 Cream
 Ointment
 Suppository
 Troche

COMMONLY REQUESTED FORMULAS FOR BREAST AND NIPPLE CARE FOR BREASTFEEDING MOTHERS

Mupirocin 2%-Betamethasone 0.1% 1:1 with Miconazole 2% Topical Ointment
 Mupirocin 2%-Betamethasone 0.1%-Nystatin 100,000U/gm 1:1:1 Topical Ointment
 Mupirocin 2%-Betamethasone 0.1% 1:1 Topical Ointment

COMMONLY REQUESTED FORMULAS FOR HEMORRHOIDS AND ANAL FISSURES

HEMORRHOIDS
 Hydrocortisone 1%-Lidocaine 2% Rectal Suppository
 ANAL FISSURES
 Diltiazem 1% in Petrolatum Ointment
 Diltiazem 2% in Petrolatum Ointment
 Diltiazem 1%-Lidocaine 5% in Petrolatum Ointment
 Diltiazem 2%-Lidocaine 5% in Petrolatum Ointment
 Nifedipine 0.2% in Lanolin/Petrolatum Ointment
 Nifedipine 0.3% in Lanolin/Petrolatum Ointment
 Nifedipine 0.5% in Lanolin/Petrolatum Ointment
 Nifedipine 0.2%-Lidocaine 5% in Lanolin/Petrolatum Ointment
 Nifedipine 0.3%-Lidocaine 5% in Lanolin/Petrolatum Ointment
 Nifedipine 0.5%-Lidocaine 5% in Lanolin/Petrolatum Ointment

COMMONLY REQUESTED FORMULAS FOR THYROID REPLACEMENT

T3 Liothyronine SR (0.1mcg to 100mcg) Capsule
 T3-T4 Liothyronine-Levothyroxine SR (0.1mcg to 100mcg and 10mcg to 250mcg) Capsule

COMMONLY REQUESTED FORMULAS FOR LOW LIBIDO

Aminophylline 3%-Arginine 6% Vaginal Cream
 Aminophylline 3%-Arginine 6%-Sildenafil (as Citrate) 2% Vaginal Cream
 Arginine 6%-Papaverine HCL 0.1% Vaginal Cream
 Testosterone 0.2% Vaginal Gel



Women's Health

COMMONLY REQUESTED FORMULAS FOR PAIN AND INFLAMMATION

ARTHRITIS/JOINT PAIN/INFLAMMATION

Ibuprofen 20% Topical Cream or Topical Anhydrous Cream

Ibuprofen 20%-Piroxicam 1% Topical Cream or Topical Anhydrous Cream

Ketoprofen 10% Topical Cream or Topical Anhydrous Cream

Ketoprofen 10%-Cyclobenzaprine HCL 2% Topical Cream or Topical Anhydrous Cream

Piroxicam 5% Topical Cream or Topical Anhydrous Cream

Naltrexone 1.5mg Capsule

Naltrexone 3mg Capsule

Naltrexone 4.5mg Capsule

NEUROPATHIC PAIN

COMBINATION PAIN CREAMS: PRESCRIBERS TYPICALLY REQUEST THE COMBINATION OF 1 TO 6 OF THE FOLLOWING INGREDIENTS/CONCENTRATIONS INTO A COMPATIBLE TOPICAL CREAM BASE

Amitriptyline HCL 2% to 5%

Baclofen 1% to 3%

Bupivacaine 2%

Clonidine 0.1%-0.2%

Cyclobenzaprine 2%

Diclofenac 1% to 10%

Gabapentin 5% to 10%

Ibuprofen 5% to 20%

Ketamine 1% to 10%

Ketoprofen 1% to 10%

Lidocaine 1% to 5%

Prilocaine 1% to 5%

Tetracaine 1% to 5%

COMMONLY REQUESTED FORMULAS FOR VAGINAL ATROPHY OR DRYNESS

Estradiol (E2) 0.01% Topical/Vaginal Cream (for patients with allergies or intolerances to Estrace®)

Estradiol (E2)-Estriol (E3) 50:50 0.5mg/0.5gm Vaginal Cream

Estradiol (E2)-Estriol (E3) 50:50 0.5mg/0.5gm Vaginal Gel

Estriol (E3) 0.025% to 1% Topical/Vaginal Cream

Estriol (E3) 0.05% Vaginal Gel

Estriol (E3) 1mg Vaginal Suppository

Estriol (E3) 0.1%-Progesterone 3% Vaginal Gel

Estriol (E3) 1mg-Progesterone 30mg Vaginal Suppository

Estriol (E3) 0.1%-Testosterone 0.1% Vaginal Gel

Estriol (E3) 0.025%-Testosterone 0.025% Vaginal Cream

COMMONLY REQUESTED FORMULAS FOR VULVODYNIA

Amitriptyline HCL 0.25% to 5% Vaginal Cream

Amitriptyline HCL 2%-Baclofen 2% Vaginal Gel

Amitriptyline HCL 2%-Gabapentin 6%-Lidocaine HCL 2% Vaginal Cream

Baclofen 2%-Diazepam 1%-Ketamine HCL 0.5% Vaginal Gel

Diazepam 1mg to 50mg Vaginal Suppository

Gabapentin 6% Vaginal Gel



Knowing Our Topical Bases

DID YOU KNOW?

- Most of our formulas can be interchanged with the cream, gel and ointment bases listed below
- Each base has its own characteristics that impact price, default beyond-use date and patient experience

AQUEOUS BASES (CONTAINS WATER)

Product Name	Relative Cost	Default BUD *	Description
MucoLox™	\$\$\$\$	Up to 35 days	Clear gel. Inherent properties help improve API contact time with mucosal membranes. Good for oral cavity, nasal cavity, vaginal and rectal use.
Lipoderm® Cream	\$\$	Up to 35 days	Off white to beige color. Smooth and creamy texture. Absorbs quickly and non-sticky. Enhances skin permeation.
Clarifying™ Cream	\$\$	Up to 35 days	White color. Smooth and shiny cream texture. Noncomedogenic. Supports skin health with avocado extract.
VersaBase® Gel	\$\$	Up to 35 days	Transparent color. Smooth, silky and light texture. Absorbs easily. Good for topical, vaginal and rectal applications.
VersaBase® Cream	\$\$	Up to 35 days	Soft and silky texture. Rubs in quickly. Stimulates the natural moisturizing barrier of the skin. Good for topical, vaginal and dermatological applications.
XemaTop™ Cream	\$\$	Up to 35 days	Off white color. Smooth and creamy texture. Ideal for eczema, psoriasis and xerosis. Replenishes lipids within the skin and can improve the appearance of red, irritated skin.
HRT Gel Base	\$	Up to 35 days	Carbomer based silicone-in-water gel. Quick drying and rapid absorption properties. Odorless, non-irritating and paraben-free.
SaltStable LS™ Cream	\$	Up to 35 days	Smooth, silky and dry texture. Exhibits superior API carrying capacity (high loads) of multiple actives in one formulation.
VersaPro™ Cream	\$	Up to 35 days	White color. Smooth and versatile cream. Contains Vitamin E and Aloe Vera to promote moisturization.
HRT Cream Base	\$	Up to 35 days	White color. Smooth and creamy texture. Non-greasy, non-sticky and non-scented. Paraben and petrolatum-free. Ideal vehicle for hormones or works well as a standalone cosmetic moisturizer. Contains Vitamin E and Aloe Vera.
PLO Gel	\$	Up to 35 days	Pluronic lecithin organogels (PLOs) are used in compounding as a vehicle for enhanced permeability of pharmaceuticals. Sensitive to external conditions such as temperature and light.

* Some formulas using aqueous bases may have an extended beyond-use date (BUD) greater than 35 days if the literature provides a stability indicating assay

NON-AQUEOUS BASES (CONTAINS NO WATER)

Product Name	Relative Cost	Default BUD *	Description
PracaSil™-Plus	\$\$\$\$\$	Up to 180 days	Clear, opaque gel. Proprietary blend of silicones and Pracaxi Oil. Appropriate for new or old scars. Promotes skin nurturing and soothing. Rich in skin-friendly fatty acids and lipids. Gluten-free, casein-free, dye-free and paraben-free.
Anhydrous Lipoderm® Cream	\$\$\$	Up to 180 days	Off white to beige color. Rich and silky cream texture. Lack of water content leaves a slicker feel compared to water-based Lipoderm Cream. Soy-free, paraben-free. High fatty acid content.
PermE8® Anhydrous Gel	\$\$\$	Up to 180 days	White to off white color. Smooth and silky gel texture. Lack of water content leaves a slicker feel compared to water based creams and gels.
Anhydrous VersaBase® HRT	\$\$\$	Up to 180 days	Smooth and creamy texture. Rubs into the skin easily. Lack of water content leaves a slicker feel compared to VersaBase Cream. No greasy or tacky residue. Soy-free, preservative-free and gluten-free.
WO6® Anhydrous Gel	\$\$\$	Up to 180 days	White to off white color. Smooth and creamy gel texture. Offers patients a refined cosmetic feel without being greasy or tacky. Preservative-free.
Ellage® Anhydrous	\$\$\$	Up to 180 days	Off white color. Smooth and shiny cream texture. Designed to be gentle on vaginal tissue while releasing drugs and maintaining contact with the mucosa.
VersaPro™ Anhydrous Base	\$\$	Up to 180 days	Off white to pale amber translucent color. Soft, gel texture. Soy-free, preservative-free and petrolatum-free.
Petrolatum Ointment	\$	Up to 180 days	Clear, opaque color. Greasy texture. Petrolatum-based ointment. Promotes skin healing by creating a protective barrier.

* Although non-aqueous formulas may be assigned a default beyond-use date (BUD) of 180 days, it is often beneficial for product consistency and conformity to only dispense up to a 120 day supply at a time

APPLICATOR OPTIONS



UNODOSE™

The UnoDose™ applicator features a rotating "click" apparatus that dispenses 0.25mL of cream each click



PUMP

There are a variety of pump applicators that can dispense 0.25mL, 0.5mL, or 1mL with each pump depression



TOPI-CLICK PERL®

The Topi-CLICK Perl® applicator features a rotating "click" apparatus that dispenses 0.25mL each click (vaginal applicator included)



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