Useful Medications for Oral Conditions*

DISCLAIMER: Drug information is constantly changing and is often subject to interpretation. While care has been taken to ensure the accuracy of the information presented, the American Academy of Pediatric Dentistry is not responsible for the continued currency of the information, errors, omissions, or consequences resulting from the use of these medications. Decisions about drug therapy must be based upon the independent judgment of the clinician, changing drug information, and evolving healthcare practices.
Note: Doses are formulation dependent; doses provided are specific to orally and topically administered medications.

* *Pediatric dosage should not exceed adult dosage.*

Analgesics

Mild/Moderate Pain[1]

Acetaminophen (APAP)

Important: Both acute and chronic doses of acetaminophen are associated with hepatotoxicity. Consider all sources of acetaminophen when evaluating maximum daily dose.

Forms: Liquid, tablet, oral disintegrating tablet, caplet

Usual oral dosage:[2-5]

Children <12 years: 10-15 mg/kg/dose every 4-6 hours as needed (maximum daily dose 75 mg/kg/day not to exceed 1625 mg/day). Do not exceed 5 doses in 24 hours.

OR

ALTERNATIVE DOSING BASED ON AGE OF CHILD[3]

Age	Weight		Dose mg
	lbs	kg	
0-3 months	6-11	2.7-5.3	40
4-11 months	12-17	5.4-8.1	80
1-2 years	18-23	8.2-10.8	120
2-3 years	24-35	10.9-16.3	160
4-5 years	36-47	16.4-21.7	240
6-8 years	48-59	21.8-27.2	320-325
9-10 years	60-71	27.3-32.6	325-400
11 years	72-95	32.7-43.2	480-500

Children ≥12 years, adolescents, and adults: 325-650 mg every 4-6 hours

OR 1000 mg 3-4 times daily as needed (maximum daily dose 3250 mg/day)

Ibuprofen

Forms: Liquid, tablet

Usual oral dosage:[2-5]

Infants ≥6 months and children <12 years: 4-10 mg/kg/dose every 6-8 hours as needed (maximum daily dose 40 mg/kg/day or 2400 mg/day)

OR

ALTERNATIVE DOSING BASED ON AGE OF CHILD[3]

Age	Weight		Dose mg
	lbs	kg	
6-11 months	12-17	5.4-8.1	50
12-23 months	18-23	8.2-10.8	75-80
2-3 years	24-35	10.9-16.3	100
4-5 years	36-47	16.4-21.7	150
6-8 years	48-59	21.8-27.2	200
9-10 years	60-71	27.3-32.6	200-250
11 years	72-95	32.7-43.2	300

Children ≥12 years and adolescents: 200-400 mg every 4-6 hours as needed (maximum daily dose 40 mg/kg/day or 2400 mg/day)

Adults: 200-400 mg every 4-6 hours as needed

OR 600-800 mg every 6-8 hours as needed (maximum daily dose 3200 mg/day)

Medications continued on the next page.

Naproxen

Important: Dosage expressed as 200 mg naproxen base is equivalent to 220 mg naproxen sodium. For acute pain, naproxen sodium may be preferred because of increased solubility leading to faster onset, higher peak concentration, and decreased adverse drug events.[4]

Forms: Suspension, tablet

Usual dosage:[2-5]

Children and adolescents: 5-7 mg/kg/dose every 8-12 hours as needed (maximum over-the-counter daily dose 600 mg/day unless provider recommended and then maximum daily dose is 1000 mg/day)

Adults: Initial dose of 500 mg, then 250-500 mg every 12 hours
OR 250 mg every 6-8 hours as needed (maximum daily dose 1250 mg/day on day 1, then 1000 mg/day thereafter)

Moderate/Severe Pain

Important: The use of codeine and its alternatives, oxycodone, hydrocodone, morphine, and tramadol, for children as an analgesic is not recommended as first-line pharmacological therapy for pain management.[6] *An overview of the benefits and risks of analgesic medications for the management of acute dental pain has been summarized.*[7] *Alternating acetaminophen and ibuprofen or naproxen for pain control is acceptable, but it may be confusing to caregiver and result in dosing errors. Detailed caregiver education, guidance, and/or structured medication planning (eg, written dosing schedules) are recommended to reduce these risks.*

Systemic Antibiotics

Amoxicillin

Important: For individuals who are allergic to penicillin, see alternative regimens under azithromycin and metronidazole.

Forms: Suspension, chewable tablet, tablet, capsule (immediate-release formulations are required for oral infections and endocarditis prophylaxis)

Usual oral dosage:[2-5]

Infants >3 months, children, and adolescents <40 kg: 20-40 mg/kg/day in divided doses every 8 hours (maximum single dose 500 mg/dose)
OR 25-45 mg/kg/day in divided doses every 12 hours (maximum single dose 875 mg/dose)

Adolescents >40 kg and adults: 250-500 mg every 8 hours
OR 500-875 mg every 12 hours

Endocarditis prophylaxis:[3,4,8]

Infants, children, and adolescents: 50 mg/kg/dose (maximum single dose 2000 mg/dose) 30-60 minutes before procedure

Adults: 2000 mg 30-60 minutes before procedure

Periodontal disease treatment for select cases using oral regimen combination of amoxicillin and metronidazole:[9]

Children and adolescents: Amoxicillin: 25-35 mg/kg/day in divided doses every 8 hours for 7 days (maximum single dose 500 mg/dose)
AND Metronidazole: 10 mg/kg/dose every 8 hours for 7 days (maximum single dose 250 mg/dose)

Adults: Amoxicillin: 375-500 mg every 8 hours for 7 days
AND Metronidazole: 250 mg every 8 hours for 7 days

Amoxicillin clavulanate potassium

Important: Use the lowest dose of clavulanate combined with amoxicillin available to decrease gastrointestinal adverse drug events. The frequency of dosing is generally based on the ratio of amoxicillin to clavulanate.[4]

Forms: Suspension, chewable tablet, tablet (immediate-release formulations are required for oral infections)

Usual oral dosage:[2-5] (based on amoxicillin component):

Children >3 months of age up to 40 kg: 25-45 mg/kg/day in doses divided every 12 hours (maximum single dose 875 mg/dose; maximum daily dose 1750 mg/day) (prescribe suspension or chewable tablet due to clavulanic acid component)

Children >40 kg, adolescents, and adults: 500-875 mg every 12 hours (prescribe tablet)

Examples of formulations and dosing schedule:[3,4]

7:1 formulations are dosed 2 times daily (amoxicillin 200 mg/clavulanate 28.5 mg; amoxicillin 400 mg/clavulanate 57 mg; amoxicillin 875 mg/clavulanate 125 mg)†

4:1 formulations are dosed 2-3 times daily (amoxicillin 125 mg/clavulanate 31.25 mg; amoxicillin 250 mg/clavulanate 62.5 mg; amoxicillin 500 mg/clavulanate 125 mg)

† *Preferred dosing due to the lower clavulanate dose*.

Azithromycin

Important: Doses may vary for extended release suspension depending on the reason for prescribing the antibiotic. This drug is an option for patients with Type I allergy to penicillin and/or cephalosporin antibiotics. This drug can cause cardiac arrhythmias in patients with pre-existing cardiac conduction defects.[3,4]

Forms: Tablet, capsule, suspension, injectable

Usual oral dosage:[2-5]

Infants, children, and adolescents: 10-12 mg/kg/dose on day 1, single dose, (maximum single dose 500 mg/dose), followed by 5-6 mg/kg/dose (maximum single dose 250 mg/dose) once daily for remainder of treatment (2-5 days)

Adults: 500 mg on day 1, single dose, followed by 250 mg daily as a single dose for 2-5 days

Endocarditis prophylaxis:[3-5,8]

Infants, children, and adolescents: 15 mg/kg/dose (maximum single dose 500 mg/dose) 30-60 minutes before procedure

Adults: 500 mg 30-60 minutes before the procedures

Periodontal disease treatment for select cases using oral regimen of azithromycin only, when allergic to penicillin:[9]

Children and adolescents: 10-12 mg/kg/dose once daily for 3 days (maximum daily dose 500 mg/day)

Adults: 500 mg once daily for 3 days

Cephalexin

Important: This antibiotic should not be used by an individual who has a history of anaphylaxis, angioedema, or urticaria with penicillin or ampicillin.[3-5]

Forms: Suspension, tablet, capsule

Usual oral dosage:[2-5]

Infants, children, and adolescents: Mild to moderate infections: 25-50 mg/kg/day divided every 6-12 hours (maximum daily dose 2000 mg/day)

Severe infections: 75-100 mg/kg/day divided every 6-8 hours (maximum daily dose 4000 mg/day)

OR 500 mg every 12 hours

Adults: 250-1000 mg every 6 hours (maximum daily dose 4000 mg/day)

Endocarditis prophylaxis:[3,4,8]

Infants, children, and adolescents: 50 mg/kg/dose (maximum single dose 2000 mg/dose) 30-60 minutes before procedure

Adults: 2000 mg 30-60 minutes before procedure

Clarithromycin

Important: This drug is an option for patients with Type I allergy to penicillin and/or cephalosporin antibiotics. This drug can cause cardiac arrhythmias in patients with pre-existing cardiac conduction defects.[3,4]

Forms: Suspension, tablet

Usual oral dosage:[2-5]

Infants, children, and adolescents: 7.5 mg/kg/dose every 12 hours (maximum single dose 500 mg/dose)

Adults: 500 mg every 12 hours

Endocarditis prophylaxis:[3,4,8]

Infants, children, and adolescents: 15 mg/kg/dose (maximum single dose 500 mg/dose) 30-60 minutes before procedure

Adults: 500 mg 30-60 minutes before procedure

Clindamycin

Important: This is an option for patients with Type I allergy to penicillin and/or cephalosporin antibiotics. This antibiotic is effective for infections (eg, abscesses) with gram-positive aerobic bacteria and gram-positive or gram-negative anaerobic bacteria. However, ***Clostridioides difficile*** *colitis is a serious adverse reaction with this antibiotic.*[3-5]

This antibiotic is no longer recommended for endocarditis prophylaxis for dental procedures.[8]

Forms: Suspension, capsule, injectable

Usual oral dosage for soft tissue infections:[2-5]

Infants, children, and adolescents: 20-30 mg/kg/day in divided doses every 8 hours (maximum single dose 450 mg/dose); higher doses of 30-40 mg/kg/day (maximum single dose 450 mg/dose) for Methicillin-resistant *Staphylococcus aureus* (MRSA) infections

Adults: 300-450 mg every 6-8 hours (maximum daily dose 1800 mg/daily)

Medications continued on the next page.

Doxycycline

Important: Tetracycline may cause permanent tooth discoloration, enamel hypoplasia in developing teeth, and hyperpigmentation of the soft tissues. Due to these side effects, this drug usually is not recommended for women who are pregnant and children <8 years old. However, short-term use of doxycycline (<21 days) is recommended by the American Academy of Pediatrics for specific infections when necessary because there is lack of clinical evidence that this form of tetracycline results in discoloration of developing teeth when used for <21 days.[3,4,10]

Forms: Suspension, tablet, delayed release tablet, capsule, injectable

Usual oral dosage:[2-5]

Children >8 years and adolescents: 2.2 mg/kg/dose every 12 hours (maximum single dose 100 mg/dose)

Adults: 100 to 200 mg/day once a day or divided 2 times daily every 12 hours

Endocarditis prophylaxis:[3,4,8]

Children <45 kg: 2.2 mg/kg/dose 30-60 minutes before procedure (maximum dose 100 mg/dose)

Children >45 kg and adults: 100 mg 30-60 minutes before procedure

Metronidazole

Important: Metronidazole is a useful addition to an antibiotic regimen when coverage of anaerobic bacteria is needed. Patients should avoid ingestion of alcohol as a beverage or ingredient in medications or propylene glycol-containing products while taking metronidazole. There is a warning with the drug because it has been shown to be carcinogenic in mice and rats.[3,4]

Forms: Tablet, extended release tablet, capsule, suspension, injectable. For young children or individuals who are unable to swallow pills, a metronidazole suspension (50 mg/mL) is available in a compounding kit.

Usual oral dosage:

For anaerobic odontogenic infections (off-label use):[3-5]

Children: No disease-specific dosing, however, general dosing for children 30 mg/kg/day divided every 8 hours (maximum single dose is 250 mg/dose; maximum daily dose 2250 mg/day)

Adolescents and adults: 500 mg every 8 hours with penicillin or a second or third generation cephalosporin, if allergic to penicillin

For periodontal disease, including necrotizing gingivitis:[4,5,9]

Children and adolescents who are allergic to penicillin: 10 mg/kg/dose every 8 hours for 7 days (maximum single dose 250 mg/dose)

Adults who are allergic to penicillin: 250-500 mg every 8 hours for 7 days (maximum daily dose 2250 mg/day)

See amoxicillin and azithromycin above for other periodontal treatment approaches. In addition, concurrent periodontal debridement is important for disease management.

Penicillin V Potassium

Important: Anaphylactic reactions have been demonstrated in patients receiving penicillin, most notably those with a history of beta-lactam hypersensitivity, sensitivity to multiple allergens, or prior IgE-mediated reactions (eg, angioedema, urticaria, anaphylaxis).[3]

Forms: Liquid, tablet

Usual oral dosage:[2-5]

Children and adolescents: 25-50 mg/kg/day in divided doses every 6 hours (maximum daily dose 2000 mg/day)

Adults: 250-500 mg every 6-8 hours

Antimicrobial Agents

Chlorhexidine gluconate

Important: Although most brands contain alcohol, an alcohol-free chlorhexidine solution is indicated for children in case the rinse is ingested. If children or individuals cannot rinse and expectorate, then a small amount of liquid can be applied by a soft toothbrush, foam brush, or cotton-tipped applicator to the affected areas under supervision. Extrinsic staining of teeth and tongue, mucosal sloughing, chemical burns, taste alterations, and allergic reactions are potential side effects.

Forms: Dental solution 0.12% (118 mL, 473 mL)

Usual dosage for gingivitis/periodontitis and stomatitis (off label use for stomatitis):[2-5]

Children ≥8 years, adolescents, and adults: Rinse with 15 mL 2 times daily (after breakfast and before bed) for 30 seconds and expectorate.

Mupirocin

Important: For external use only; not for use in patients <2 months of age.

Forms: Ointment 2%; cream 2%

Usual dosage for localized impetigo or skin infection:[2-5]

Infants, children, adolescents, and adults: Apply a small amount of ointment to the affected area 3 times daily for 5-10 days. If no clinical response after 5 days, then reevaluate.

Antifungal Agents for Candidiasis

Systemic antifungal agent for oral candidiasis

Fluconazole

Important: Prescribe with caution for patients taking other medications metabolized by cytochrome P450 enzymes because fluconazole is a hepatic enzyme inhibitor.[3,4] Pediatric dosage may exceed adult dosage due to the pharmacokinetic properties in children.

Forms: Suspension, tablet, injectable.

Usual dosage for oropharyngeal candidiasis:[2-5]

Infants, children, and adolescents: 6 mg/kg as a single dose on day 1 followed by 3-6 mg/kg once daily for 7-14 days (maximum single dose is 200 mg/dose).

Adults: Single dose of 200 mg on day 1, then 100-200 mg/dose once daily for 7-14 days

Topical or transmucosal agents for oral candidiasis

Clotrimazole

Important: This drug is not for use in patients <3 years of age.

Form: Lozenge 10 mg

Usual dosage:[2-5]

Children >3 years, adolescents, and adults: Dissolve 1 (one) 10 mg troche 5 times daily for 7-14 days. Do not eat or drink for 30 minutes after lozenge dissolves. Treatment may extend beyond clinical resolution.

Miconazole

Important: This dosage form contains milk protein concentrate.

Form: Buccal tablet 50 mg

Usual dosage:[3,4]

Adolescents >13 years and adults: 1 (one) 50 mg buccal tablet daily for 14 days; apply to the gum region, just above the upper lateral incisor.

Nystatin

Important: This suspension has a high sucrose content of 30%-50%. A sugar-free formula can be compounded.

Form: Suspension

Usual oral dosage:[3,4,10]

Infants: 200,000 units (2 mL) 4 times daily; ½ of dose placed in each side of mouth. Use for 7-14 days.

Children, adolescents, and adults: Swish 400,000-600,000 units (4-6 mL) 4 times daily for several minutes and swallow; continue at least 48 hours after symptoms resolve. Use for 7-14 days. Do not eat or drink for 30 minutes after use.

Topical agents for angular cheilitis

Clotrimazole

Form: Cream 1%

Usual dosage:[4,11]

All ages: Apply a thin layer to the corners of the mouth 2-4 times daily for 7-14 days or until complete healing.

Miconazole nitrate

Forms: Ointment 2%; cream 2%

Usual dosage:[4,11]

Children >2 years, adolescents, and adults: Apply a thin layer to the corners of the mouth 2-4 times daily for 7-14 days or until complete healing.

Nystatin

Forms: Ointment, cream

Usual dosage:[2,4,11]

For all ages: Apply a thin layer to corners of mouth 2-4 times daily for 7-14 days or until complete healing.

Nystatin, triamcinolone acetonide (not US Food and Drug Administration [FDA]-approved for this use)

Forms: Ointment, cream 100,000 units nystatin/g and 0.1% triamcinolone acetonide

Usual dosage:[4,11]

All ages >2 months: Apply a thin layer to the corners of the mouth 2 times daily for no longer than 2 weeks. Should be used for the shortest period of time in children (3-5 days).

Medications continued on the next page.

Antiviral Agents

Systemic agents for primary herpetic gingivostomatitis

(Initiate treatment at first signs or symptoms of infection)

Acyclovir (not FDA-approved for this use)

Forms: Suspension

Usual oral dosage:[10,12,13]

Infants, children, and adolescents: 20 mg/kg/dose 4 times daily for 5-7 days (maximum single dose 800 mg/dose)

Immunocompromized children: 20 mg/kg/dose 4 times daily for 7-10 days

Immunocompromized adolescents: 400 mg 3 times daily for 5-10 days or until resolution

Adults: 400 mg 3 times daily for 5-10 days

Valacyclovir (not FDA-approved for this use)

Forms: Suspension may be compounded by pharmacist; tablets

Usual oral dosage:[3-5]

Infants ≥3 months and children <12 years: 20 mg/kg/dose every 12 hours for 5-7 days (maximum single dose 1000 mg/dose)

Immunocompromised children and adolescents: 20 mg/kg/dose 2 times daily for 10-14 days

Adults: 1000 mg 2 times daily for 7-10 days

Systemic agents for herpes labialis

(Initiate treatment at first signs or symptoms of infection)

Acyclovir (not FDA-approved for this use)

Forms: Suspension; tablet; capsule

Usual oral dosage:[2-5]

Infants and children: 20 mg/kg/dose 4 times daily for 7-10 days or until clinical resolution (maximum single dose 400 mg/dose)

Immunocompromised children: 20 mg/kg/dose 4 times daily for 7-10 days or until clinical resolution

Adolescents and adults: 400 mg 3 times daily for 5-10 days or until clinical resolution

Valacyclovir

Form: Tablet

Usual oral dosage:[2-5]

Children ≥3 years and <12 years (not FDA-approved for this age group): 20 mg/kg/dose every 12 hours for 5-7 days (maximum 1,000 mg/dose)

Children ≥12 years, adolescents, and adults: 2000 mg every 12 hours for 1 day (maximum 2 doses only)

Immunocompromised adolescents and adults: 1000 mg every 12 hours for 5-10 days

Topical agents for herpes labialis

(Initiate treatment at first signs or symptoms of infection)

Docosanol (over-the-counter)

Form: Cream 10%

Usual dosage:[2-5]

Children ≥12 years, adolescents, and adults: Apply a thin layer on the lesion 5 times daily for up to 10 days.

Acyclovir

Form: Cream 5%

Usual dosage:[3-5]

Children ≥12 years, adolescents, and adults: Apply a thin layer on the lesion 5 times daily for 4 days.

Acyclovir (minimal transmucosal absorption)

Important: This dosage form contains milk protein concentrate.

Form: Buccal tablet 50 mg

Usual dosage:[3-5]

Children ≥12 years, adolescents, and adults: Apply 1 (one) 50 mg buccal tablet 1 time to the upper gums in area of canine fossa.

Acyclovir with hydrocortisone

Form: Cream 5% acyclovir with 1% hydrocortisone

Usual dosage:[3-5]

Children ≥6 years, adolescents, and adults: Apply a thin layer on the lesion 5 times daily for 5 days.

Penciclovir

Form: Cream 1%

Usual dosage:[2-5]

Children ≥12 years, adolescents, and adults: Apply a thin layer on the lesion every 2 hours while awake for 4 days.

Topical Corticosteroids

Use for noninfectious ulcers and mucocutaneous lesions, including aphthous ulcers, localized contact allergic reactions, and symptomatic benign migratory glossitis.

Triamcinolone acetonide (medium potency corticosteroid)

Forms: Dental paste, ointment 0.1%

Usual dosage:[3,4,11]

Children, adolescents, and adults: Apply paste to ulcers 2-4 times daily, after meals and at bedtime; not to exceed 14 day course. Avoid eating or drinking for 30 minutes after application

Fluocinonide (high potency corticosteroid; not FDA-approved for oral application)

Forms: Gel, ointment 0.05%

Usual dosage:[4,11]

Adolescents and adults: Apply thin amount of gel or ointment to ulcers 2-4 times daily; not to exceed 14 day course.

Dexamethasone (high potency corticosteroid; not FDA-approved for oral application)

Forms: Elixir, solution 0.5 mg/5 mL (contains alcohol)

Usual dosage:[11]

Adolescents and adults: Rinse with 5 mL 2-4 times daily for 2 minutes and expectorate; not to exceed 14 day course.

Clobetasol (super-high potency corticosteroid; not FDA-approved for oral application)

Forms: Gel, ointment 0.05%

Usual dosage:[4,11]

Adolescents and adults: Apply thin amount of gel or ointment to ulcers 2-4 times daily, not to exceed 14 day course (maximum weekly dose 50 g/week).

Caries prevention/enamel remineralization agents[3,14]

Fluoride, topical

Important: Supervising use by all patients unable to expectorate and keeping prescription fluoride products out of reach of young children can prevent unintended ingestion which has acute (toxicity) as well as chronic (fluorosis) implications.

Forms: Gel, paste 0.5% (5000 ppm)

Usual dosage:

Children 6-16 years: Apply thin ribbon to toothbrush once daily, preferably at bedtime, in place of regular toothpaste. After brushing, expectorate and rinse with water. Avoid eating or drinking for 30 minutes after application.

Adolescents >16 years and adults: Apply thin ribbon to toothbrush once daily, preferably at bedtime, in place of regular toothpaste. Avoid rinsing, eating, or drinking for 30 minutes after application.

Form: Mouthrinse 0.09% (900 ppm)

Usual dosage:

Children ≥6 years, adolescents, and adults: Rinse with 10 mL once weekly, preferably at bedtime, for 1 minute and then expectorate. Avoid rinsing, eating, or drinking for 30 minutes afterwards.

Medications continued on the next page.

Fluoride, systemic

Important: These recommendations have not been revised since fluoride concentration in municipal water was standardized to 0.7 mg/L and use of fluoridated toothpaste for dentate infants was promulgated. All dietary sources of fluoride should be taken into consideration before recommending fluoride supplements for patients with community or well water that is established to be fluoride deficient.

Forms: Drops, chewable tablets

Usual dosage:

DIETARY FLUORIDE SUPPLEMENTATION SCHEDULE

Age	Fluoride ion level in drinking water (measured as parts per million)		
	<0.3	**0.3 to 0.6**	**>0.6**
Birth to 6 months	0	0	0
6 months to 3 years	0.25 mg	0	0
3 to 6 years	0.50 mg	0.25 mg	0
6 to at least 16 years	1.00 mg	0.50 mg	0

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