



WHEN COMMERCIAL EAR DROPS AREN'T ENOUGH

Some otitis externa cases don't respond to standard commercial products. Chronic infections, mixed bacterial-fungal presentations, culture-directed needs, and persistent inflammation often require more targeted therapy. Compounded otic formulations allow you to treat the underlying problem with the exact agents and concentrations needed.

Below are key options frequently used when first-line drops fall short.

Antibacterial & Anti-Inflammatory Solutions

- Levofloxacin 0.5% / Mupirocin 2% / Hydrocortisone 1% Otic Suspension (10 mL)
- Levofloxacin 0.5% / Mupirocin 2% Otic Suspension (10 mL)
Sig: 2–3 drops in affected ear(s) 2–3 times daily × 10 days.

Antifungal & Anti-Inflammatory Solutions

- Clotrimazole 2% Otic Solution (10 mL)
- Clotrimazole 1% / Hydrocortisone 1% Otic Solution (10mL)
Sig: 2–3 drops in affected ear(s) 2–3 times daily × 10 days.

Sterile Ophthalmic Preparations Used Otically (For tubes or perforated eardrums)

- Prednisolone Sodium Phosphate 1% / Moxifloxacin 0.5% Ophthalmic Solution (8 mL)
- Voriconazole 1% PF Ophthalmic Solution (8 mL)
Sig: 2–3 drops in affected ear(s) 2–3 times daily × 10 days.

High-Adherence Ear Powders

- Moxifloxacin 2% / Clotrimazole 2% / Hydrocortisone 1% Ear Powder
- Moxifloxacin 2% / Clotrimazole 2% Ear Powder

If you're ready to prescribe any of these formulations, download our OTIC Rx Blank for quick, easy ordering.