

Dapsone:

Class: Antibiotic.

Indications:

Treatment of leprosy (due to susceptible strains of *Mycobacterium leprae*) and dermatitis herpetiformis. Prophylaxis of toxoplasmosis in severely-immunocompromised patients; alternative agent for *Pneumocystis jirovecii* pneumonia (PCP) prophylaxis (monotherapy) .

Available dosage form in the hospital: 50MG TAB.

Trade Names:

Dosage:

- Leprosy: Oral: 100 mg daily, in combination with other antileprosy agents; duration of therapy is variable
- Dermatitis herpetiformis: Oral: Start at 50 mg daily, increase to 300 mg daily, or higher to achieve full control, reduce dosage to minimum level as soon as possible
- Aphthous ulcers, severe (unlabeled use): Oral:
 - Initial: 25 mg daily for 3 days; increase dose in increments of 25 mg daily every 3 days up to 100 mg daily for 3 days, then increase by 25 mg daily every 7 days up to 150 mg daily. Administer in 2 divided doses (75 mg dose is administered in 3 divided doses).
 - Maintenance: 100-150 mg daily in 2 divided doses with or without concomitant colchicine (Rogers, 1982; Lynde 2009)
- Bullous systemic lupus erythematosus (unlabeled use): Oral: 100 mg once daily with or without prednisone (Fabbri, 2003).
- Pemphigus vulgaris (unlabeled use): Oral: 25 mg daily for 7 days, then increase dose in increments of 25 mg daily every 7 days up to 100 mg daily for 7 days (4 weeks total therapy) with concomitant prednisone. Administer in 2 divided doses (a 75 mg dose is administered in 3 divided doses) (Azizi, 2008). **Note:** If patient becomes lesion free, taper and discontinue gradually by decreasing dose 25 mg daily over 7 days. If no new lesions are seen, gradual taper is continued. If lesions recur, dose is increased by 25 mg daily at 7-day intervals until the patient develops no new lesions. Taper is usually ~4 weeks total.
- Pneumocystis jirovecii* pneumonia, alternative therapy (unlabeled use): Oral:
 - Prophylaxis (primary or secondary):* 100 mg daily once daily or in 2 divided doses as monotherapy or 50 mg daily in combination with weekly pyrimethamine and

leucovorin **or** 200 mg weekly in combination with weekly pyrimethamine and leucovorin (DHHS, 2013)

-*Treatment (mild-to-moderate disease)*: 100 mg daily once daily in combination with trimethoprim for 21 days (DHHS, 2013)

-Toxoplasmosis in severely-immunocompromised patients (alternative treatment) (unlabeled use): *Prophylaxis*: Oral: 50 mg daily, in combination with pyrimethamine and leucovorin or 200 mg weekly in combination with pyrimethamine and leucovorin. (DHHS, 2013).

Renal Impairment :

No guidelines are available.

Common side effect: Reticulocyte increase , hemolysis ,hemoglobin decrease, methemoglobinemia , Tachycardia, Fever, headache, phototoxicity, Abdominal pain, nausea, pancreatitis, vomiting.

Pregnancy Risk Factor: C