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Ray, II(10) **Patent No.:** **US 11,213,500 B2**
(45) **Date of Patent:** ***Jan. 4, 2022**(54) **COMPOSITION AND METHOD FOR COMPOUNDED THERAPY**

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A61K 9/00 (2006.01)(52) **U.S. Cl.**CPC **A61K 31/195** (2013.01); **A61K 9/0014** (2013.01); **A61K 9/06** (2013.01); **A61K 31/12** (2013.01); **A61K 31/135** (2013.01); **A61K 31/167** (2013.01); **A61K 47/20** (2013.01)(58) **Field of Classification Search**CPC **A61K 31/12**; **A61K 31/135**; **A61K 31/167**; **A61K 31/195**; **A61K 9/06**; **A61K 47/20**
See application file for complete search history.(56) **References Cited**

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A compounded transdermal cream for topical administration of a compounded therapy includes a nerve depressant such as gabapentin in an amount between approximately 5% and 15% by weight of the transdermal cream, an NSAID (Non-Steroidal Anti-Inflammatory Drug) such as nabumetone in an amount between approximately 5% and approximately 25% by weight of the transdermal cream, a tricyclic anti-depressant such as amitriptyline in an amount between approximately 0.5% and approximately 4% by weight of the transdermal cream, a local anesthetic such as lidocaine and prilocaine in an amount between approximately 1% and approximately 7% by weight of the transdermal cream, and dimethyl sulfoxide (DMSO).

14 Claims, 2 Drawing Sheets

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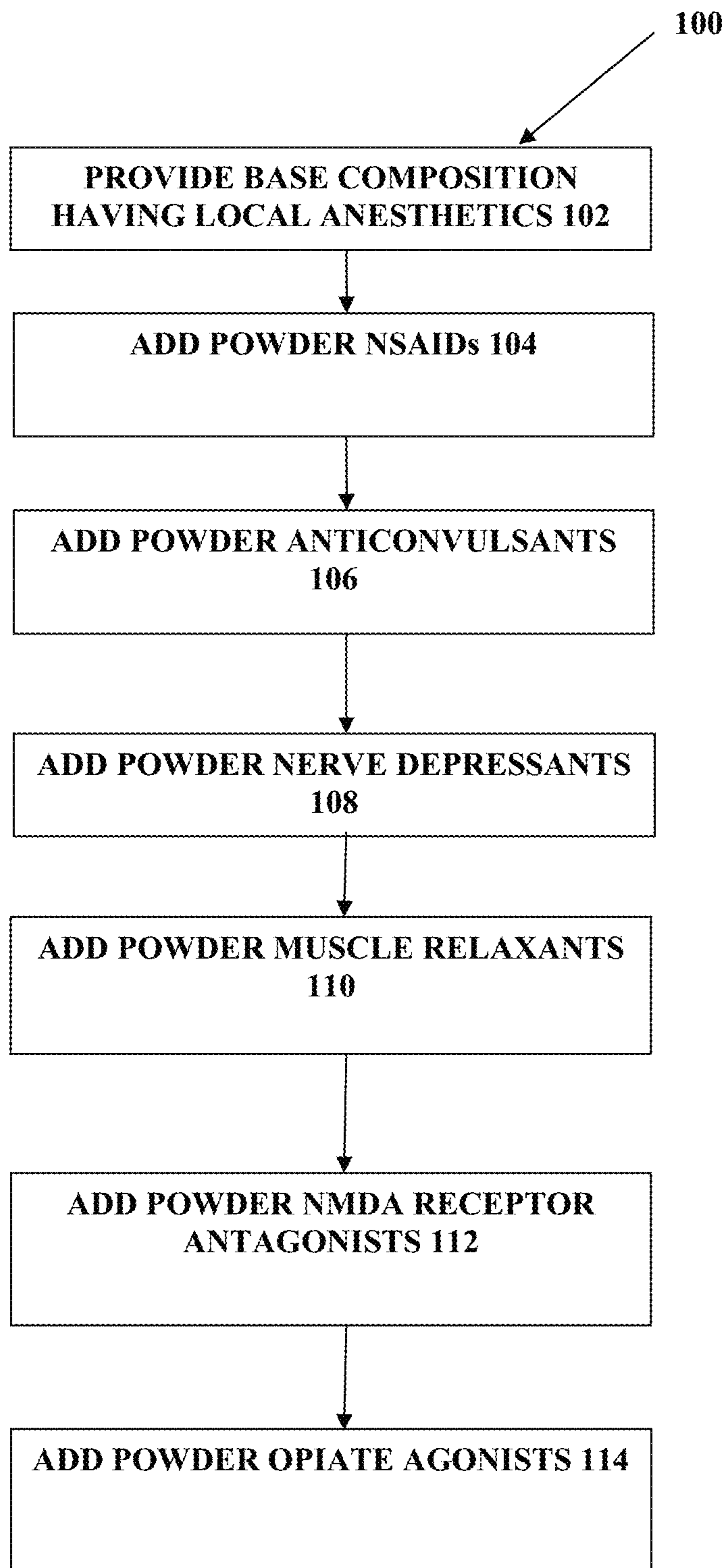


FIGURE 1

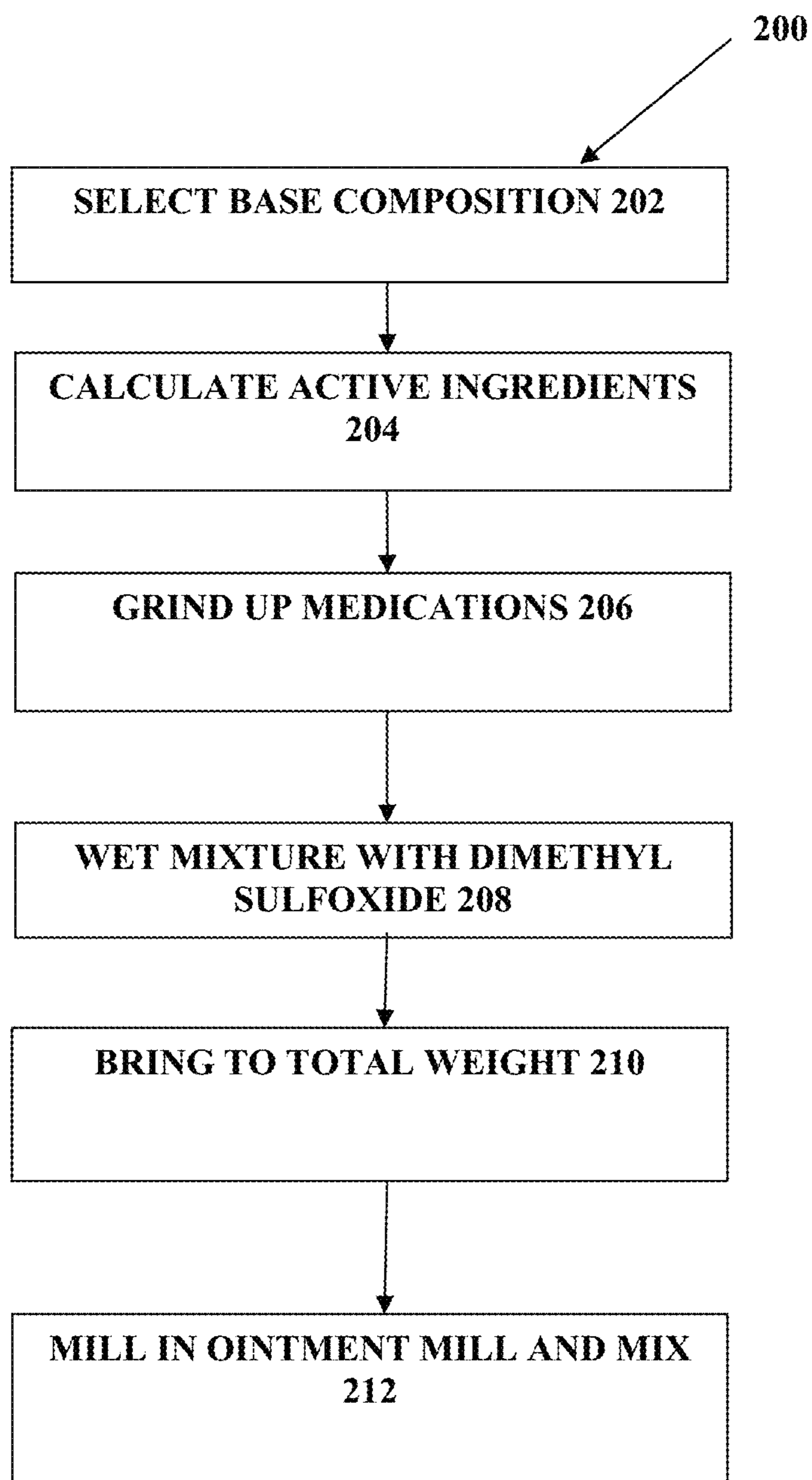


FIGURE 2

COMPOSITION AND METHOD FOR COMPOUNDED THERAPY

CROSS-REFERENCE TO RELATED APPLICATIONS

This patent application is a continuation in-part of U.S. patent application Ser. No. 13/448,088, entitled Composition and Method for Compounded Therapy, filed Apr. 16, 2012, which is a continuation of U.S. patent application Ser. No. 13/409,738, entitled Composition and Method for Compounded Therapy, filed Mar. 1, 2012, now abandoned, which is a continuation-in-part of U.S. patent application Ser. No. 13/337,598, entitled Composition and Method for Compounded Therapy, filed Dec. 27, 2011, now abandoned.

FIELD OF THE INVENTION

The present application relates to compounded therapies. In particular, the present application relates to compositions for compounded therapy and methods of compounding medications.

BACKGROUND

Transdermal creams are employed to deliver medication to the skin of a patient. Conventional compositions intended for topical administration include EMLA cream, a eutectic mixture of lidocaine and prilocaine in an emulsified topical cream, such as disclosed by U.S. Pat. Nos. 6,299,902 and 4,562,060, which are incorporated herein by reference in their entireties. However, conventional transdermal creams may include various drawbacks, such as addressing limited medical conditions, creating adverse side effects, and/or having limited shelf lives. Additionally, conventional methods of manufacturing transdermal creams may be inefficient and/or lack precision with the amount of active ingredients, or have other drawbacks.

SUMMARY

The present embodiments may relate to topically delivered compounded medications for treatment of various ailments, such as pain, osteoarthritis, epilepsy, inflammation, muscle fatigue, spasms, and/or other ailments. In one aspect, a transdermal cream for the effective administration of multiple medications simultaneously for one or more ailments may be provided. The transdermal cream may include low concentrations of lidocaine, prilocaine, meloxicam, and lamotrigine and/or topiramate. Alternatively, the transdermal cream may include a base having lidocaine and prilocaine to which is added a fine powder of one or more medications. The medication in powder form may be generated from grinding up tablets of NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), nerve depressants, anticonvulsants, antidepressants, muscle relaxants, anesthetics, and/or other active ingredients. The present embodiments also relate to methods of making the compositions discussed herein.

In one aspect, a compounded transdermal cream for topical administration of a compounded therapy includes a nerve depressant such as gabapentin in an amount between approximately 5% and 15% by weight of the transdermal cream. The compounded transdermal cream may also include an NSAID (Non-Steroidal Anti-Inflammatory Drug) such as nabumetone in an amount between approximately 5% and approximately 25% by weight of the transdermal

cream. The compounded transdermal cream may also include a tricyclic antidepressant such as amitriptyline in an amount between approximately 0.5% and approximately 4% by weight of the transdermal cream. The compounded transdermal cream may also include a local anesthetic such as lidocaine and prilocaine in an amount between approximately 1% and approximately 7% by weight of the transdermal cream. The compounded transdermal cream may also include dimethyl sulfoxide (DMSO).

In one formulation, the gabapentin may be present in an amount approximately 6% by weight of the transdermal cream, the nabumetone may be present in an amount approximately 10% by weight of the transdermal cream, the amitriptyline may be present in an amount approximately 2% by weight of the transdermal cream, and the lidocaine and prilocaine may each be present in an amount approximately 1.5% by weight of the transdermal cream. The DMSO may be present in an amount approximately 20% by weight of the transdermal cream. A thickening agent may also be present in an amount approximately 2% by weight of the transdermal cream.

In another aspect, a compounded transdermal cream includes gabapentin in an amount approximately 6% by weight of the transdermal cream, nabumetone in an amount approximately 10% by weight of the transdermal cream, amitriptyline in an amount approximately 2% by weight of the transdermal cream, lidocaine and prilocaine cream (2.5%/2.5%) in an amount approximately 60% by weight of the transdermal cream such that the transdermal cream comprises lidocaine in an amount approximately 1.5% by weight of the transdermal cream and prilocaine in an amount approximately 1.5% by weight of the transdermal cream, dimethyl sulfoxide (DMSO) in an amount approximately 20% by weight of the transdermal cream, and a thickening agent in an amount approximately 2% by weight of the transdermal cream.

In yet another aspect, a method of compounding a transdermal cream includes wetting a plurality of dry powder active agents with dimethyl sulfoxide (DMSO) and mixing the wetted dry powder active agents with a lidocaine and prilocaine cream (2.5%/2.5%). The dry powder active agents may include gabapentin, nabumetone, and amitriptyline. The gabapentin may be present in the transdermal cream in an amount between approximately 5.0% and 15.0% by weight of the transdermal cream. The nabumetone may be present in an amount of between approximately 5.0% and approximately 25% by weight of the transdermal cream. The amitriptyline may be present in an amount between approximately 0.5% and approximately 4.0% by weight of the transdermal cream.

In one formulation, the gabapentin may be present in an amount approximately 6% by weight of the transdermal cream, the nabumetone may be present in an amount approximately 10% by weight of the transdermal cream, the amitriptyline may be present in an amount approximately 3% by weight of the transdermal cream, and the lidocaine and prilocaine may each be present in an amount approximately 1.5% by weight of the transdermal cream. The DMSO may be present in an amount approximately 20% by weight of the transdermal cream. The method may further include adding a thickening agent to the lidocaine and prilocaine cream (2.5%/2.5%) before or after mixing the wetted dry powder active ingredients with the lidocaine and prilocaine cream (2.5%/2.5%). The thickening agent may be present in an amount approximately 2% by weight of the transdermal cream.

The above-described and other features and advantages of the present disclosure will be appreciated and understood by those skilled in the art from the following detailed description, drawings, and appended claims.

BRIEF DESCRIPTION OF THE DRAWINGS

There is shown in the drawings embodiments which are presently preferred, it being understood, however, that the invention can be embodied in other forms without departing from the spirit or essential attributes thereof.

FIG. 1 depicts an exemplary method of compounding; and

FIG. 2 depicts another exemplary method of compounding.

DETAILED DESCRIPTION OF THE INVENTION

The present embodiments may relate to topically delivered compounded medications for treatment of various ailments, such as pain, osteoarthritis, epilepsy, inflammation, muscle fatigue, spasms, and/or other ailments. In one aspect, a transdermal cream for the effective administration of multiple medications simultaneously for one or more ailments may be provided. The transdermal cream may include low concentrations of lidocaine, prilocaine, meloxicam, lamotrigine and/or topiramate, and other active ingredients.

Alternatively, the transdermal cream may include a base having both lidocaine and prilocaine, and to which is added a fine powder of one or more medications. The medication in fine powder form may be generated from grinding up tablets of NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), anticonvulsants, nerve depressants, muscle relaxants, NMDA (N-Methyl-D-aspartate) receptor antagonists, opiate or opioid agonists, antidepressants, and/or other active agents. The fine powder may allow for precise amounts of the active ingredients to be added to the base. The transdermal cream may exhibit excellent storage characteristics, and avoid separation and/or degradation of the active ingredients from the base for substantial lengths of time.

In one aspect, a transdermal cream may include lidocaine in an amount between approximately 0.5% and approximately 7.0% by weight of the transdermal cream; prilocaine in an amount between approximately 0.5% and approximately 7.0% by weight of the transdermal cream; meloxicam in an amount between approximately 0.01% and approximately 5.0% by weight of the transdermal cream; and lamotrigine and/or topiramate in an amount between approximately 0.5% and approximately 5.0% by weight of the transdermal cream. As a result, the transdermal cream may allow for the topical administration of lidocaine, prilocaine, meloxicam, and lamotrigine and/or topiramate simultaneously during use. In one embodiment, the transdermal cream may comprise approximately 2.0% by weight lidocaine and prilocaine, respectively; approximately 0.09% by weight meloxicam; and approximately 2.5% by weight either lamotrigine or topiramate.

In another aspect, a method of compounding one or more medications with a transdermal cream for the topical administration of a compounded therapy may be provided. The method may include grinding up one or more tablets of a NSAID, an anticonvulsant, a nerve depressant, a muscle relaxant, a NMDA receptor antagonist, antidepressant, and/or an opiate or opioid agonist into a fine powder of medi-

cation. The method may also include adding the fine powder of medication to a transdermal cream containing both lidocaine and prilocaine, the transdermal cream including both lidocaine and prilocaine in an amount of between approximately 0.5% and approximately 7.0% by weight of the transdermal cream. The method may include adding the fine powder of medication to the transdermal cream in a sufficient amount such that the transdermal cream includes the medication that is ground up in an amount of between approximately 0.01% and approximately 5.0% by final weight of the transdermal cream.

The fine powder may be a fine powder of compounded medication that includes two or more active ingredients. For example, the active ingredients may comprise a NSAID, such as meloxicam, and a nerve depressant or an anticonvulsant, such as lamotrigine and/or topiramate. In one embodiment, an amount of ground up compounded medication is added to the base such that the final composition of the transdermal cream after the fine powder of compounded medication is added is approximately 2.0% by weight lidocaine, approximately 2.0% by weight prilocaine, approximately 0.09% by weight meloxicam, and approximately 2.5% by weight either lamotrigine or topiramate.

I. COMPOSITIONS FOR COMPOUNDED THERAPY

The present embodiments may relate to a compounded medication program. The compounded medication program may address several ailments simultaneously. In one aspect, the present embodiments may be intended to minimize skin damage or irritation caused by the topical administration of various medications. Administering low doses or applying transdermal creams or gels with low concentrations of one or more active ingredients may minimize adverse side effects, such as side effects that develop with prolonged usage.

For instance, Stevens-Johnson Syndrome (SJS) and toxic epidermal necrolysis (TEN) are two forms of life-threatening skin conditions. SJS is a potentially deadly skin disease that usually results from a drug reaction. Drugs that have been linked to SJS include, but are not limited to: NSAIDs, allopurinol, phenytoin, carbamazepine, barbiturates, anticonvulsants, and sulfa antibiotics. However, almost any drug (prescription or over-the-counter) could potentially cause SJS if a severe enough allergy is present.

The onset of severe symptoms in drug related SJS may not appear for 1-2 weeks after first taking the drug causing the allergic reaction. Initial non-specific symptoms such as coughing, aching, headaches, fevers, vomiting, and diarrhea are commonly seen. These symptoms are usually followed by a red rash across the face and trunk of the body, later followed by blisters, and in some situations the nails and hair begin to fall out.

SJS is a very serious and potentially deadly condition and should be treated accordingly. Discontinuation of the medication and treatment of the "new infection" with a suitable antibiotic is the first step. In some situations, a patient is treated in a burn unit if necessary. However, compounded therapies may administer lower doses of active agents topically, and thus the effect of any adverse skin reaction may be lowered due to the lower doses of agent that the patient is allergic to.

In view of the foregoing, the present embodiments may include providing, within a base composition, several medications that address different ailments. The medications may

be mixed in low concentrations to minimize any adverse reaction to the topical cream or gel containing the several medications.

The medications may be mixed with the base composition for topical administration to a patient. The medications may include one or more local anesthetics, such as lidocaine, prilocaine, or benzocaine; one or more NSAIDs, such as meloxicam; and one or more nerve depressants and/or anticonvulsants, such as gabapentin, topiramate, or lamotrigine. The medications may also include one or more muscle relaxants, such as baclofen or cyclobenzaprine; one or more NMDA receptor antagonists, such as ketamine; and/or one or opiate or opioid agonists, such as C2 or C3 opiate agonists, or tramadol.

II. MELOXICAM/LAMOTRIGINE/LIDOCAINE/ PRILOCAINE COMPOUNDED MEDICATION

In one aspect, a transdermal cream or gel may include lidocaine, prilocaine, meloxicam, and lamotrigine. Lidocaine and prilocaine are amide-type local anesthetic agents. They may come in commercially available creams.

The amount of lidocaine and prilocaine in the transdermal cream may be approximately the same. The amount of lidocaine and prilocaine may each be between approximately 0.5% and approximately 5.0% of the total weight of the transdermal cream. Alternatively, the amount of lidocaine and prilocaine may each be between approximately 1.0% and approximately 4.0% of the total weight of the transdermal cream, or between approximately 1.5% and approximately 3.0% of the total weight of the transdermal cream. In one preferred embodiment, the amount of lidocaine and prilocaine may each be approximately 2.0% of the total weight of the final transdermal cream or gel.

Meloxicam is a NSAID that may provide pain relief, such as pain relief for osteoarthritis or rheumatoid arthritis. In one aspect, the amount of meloxicam in the transdermal cream or gel may be less than that of the other active ingredients.

The amount of meloxicam in the transdermal cream may be between approximately 0.01% and approximately 5.0% of the total weight of the transdermal cream, or between approximately 0.03% and approximately 3.0% of the total weight of the transdermal cream. Preferably, the amount of meloxicam may be between approximately 0.05% and approximately 0.15% of the total weight of the transdermal cream. In one preferred embodiment, the amount of meloxicam may be approximately 0.09% of the total weight of the transdermal cream or gel.

Lamotrigine may be characterized as an anticonvulsant. It may be used as an antiepileptic drug to treat epilepsy or bi-polar disorders. In one aspect, the amount of lamotrigine in the transdermal cream or gel may be more than the other active ingredients, such as lidocaine, prilocaine, meloxicam, and/or other active ingredients.

The amount of lamotrigine in the transdermal cream may be between approximately 0.5% and approximately 5.0% of the total weight of the transdermal cream, or between approximately 1.5% and approximately 3.5% of the total weight of the transdermal cream. Preferably, the amount of lamotrigine may be between approximately 2.0% and approximately 3.0% of the total weight of the transdermal cream. In one preferred embodiment, the amount of lamotrigine may be approximately 2.5% of the total weight of the transdermal cream or gel.

III. MELOXICAM/TOPIRAMATE/LIDOCAINE/ PRILOCAINE COMPOUNDED MEDICATION

In one aspect, a transdermal cream or gel may include lidocaine, prilocaine, meloxicam, and topiramate. The

amounts of lidocaine, prilocaine, and meloxicam may be as stated above. Alternatively, other amounts of lidocaine, prilocaine, and meloxicam may be used.

Topiramate may be characterized as an antiepileptic drug used to treat epilepsy or migraines. In one aspect, the amount of topiramate in the transdermal cream or gel may be more than the other active ingredients, such as lidocaine, prilocaine, meloxicam, and/or other active ingredients.

The amount of topiramate in the transdermal cream may be between approximately 0.5% and approximately 5.0% of the total weight of the transdermal cream, or between approximately 1.5% and approximately 3.5% of the total weight of the transdermal cream. Preferably, the amount of topiramate may be between approximately 2.0% and approximately 3.0% of the total weight of the transdermal cream. In one preferred embodiment, the amount of topiramate may be approximately 2.5% of the total weight of the transdermal cream or gel.

IV. EXEMPLARY METHOD OF COMPOUNDING

FIG. 1 depicts an exemplary method of compounding one or more medications with a transdermal cream or gel **100**. The method **100** may include providing a base composition having one or more local anesthetics **102**; and adding to the base a fine powder of medication comprising: one or more NSAIDs **104**; one or more anticonvulsants **106**; one or more or nerve depressants **108**; one or more muscle relaxants **110**; one or more NMDA receptor antagonists **112**; and/or one or more opiate or opioid agonists **114**. The transdermal cream or gel may include additional, fewer, or alternate steps and/or ingredients.

The method **100** may comprise providing a base composition **102**. The base composition may comprise one or more local anesthetics **102**. Primary examples of local anesthetics that the transdermal creams and base composition disclosed herein may employ include, but are not limited to, lidocaine, prilocaine, benzocaine, and/or tetracaine. The local anesthetics may comprise between approximately 0.1% and approximately 5.0% by weight of the transdermal cream. Other amounts may be used, including those discussed elsewhere herein. The base composition may include additional, fewer, or alternate ingredients.

Preferably, the base composition may include lidocaine and/or prilocaine. In one embodiment, the base composition may comprise an equal amount of lidocaine and prilocaine, such as between approximately 2.0% and approximately 3.0% by weight of the transdermal cream. Other amounts may be used, including those discussed elsewhere herein.

The method **100** may comprise adding to the base composition a fine powder of medication that includes one or more NSAIDs **104**. NSAIDs may decrease inflammation, swelling, and pain. NSAIDs that may be added to the base composition may include: (1) oxicams—meloxicam and piroxicam; (2) salicylic acid derivatives—aspirin, diflunisal, salsalate, and trilisate; (3) propionic acids—flurbiprofen, ibuprofen, ketoprofen, naproxen, and oxaprozin; (4) acetic acids—diclofenac, etodolac, indomethacin, ketorolac, nabumetone, sulindac, and tolmetin; (5) fenamates—mefenamate; and/or (6) COX-2 inhibitors—celecoxib, rofecoxib, and valdecoxib. Preferably, the final transdermal cream may comprise a low concentration of an oxicam, such as meloxicam or piroxicam, in a low amount between approximately 0.01% and 5.0% by weight of the final transdermal cream. In one embodiment, the final transder-

mal cream may include approximately 0.09% meloxicam by weight. Other amounts may be used, including those discussed elsewhere herein.

The method **100** may comprise adding to the base composition a fine powder of medication that includes one or more anticonvulsants **106**. Anticonvulsants that may be added to the base composition may include lamotrigine and/or topiramate. The final transdermal cream may include an anticonvulsant in a low amount between approximately 0.1% and approximately 5.0% by weight of the final transdermal cream. Preferably, the final transdermal cream may comprise approximately 2.5% of either lamotrigine or topiramate by weight. Other amounts may be used, including those discussed elsewhere herein.

The method **100** may comprise adding to the base composition a fine powder of medication that includes one or more nerve depressants **108**. Nerve depressants that may be added to the base composition may include gabapentin and/or others. The low amount of nerve depressant in the transdermal cream may be between approximately 0.1% and approximately 5.0% of the total weight of the transdermal cream. Other amounts may be used.

The method **100** may comprise adding to the base composition a fine powder of medication that includes one or more muscle relaxants **110**. The active ingredients that may be added to the base compositions in form of fine powder may comprise baclofen, carisoprodol, chlorzoxazone, cyclobenzaprine, dantrolene, diazepam, metaxalone, methocarbamol, orphenadrine, quinine sulfate, tizanidine, and/or other muscle relaxants. The low amount of muscle relaxant in the transdermal cream may be between approximately 0.1% and approximately 5.0% of the total weight of the transdermal cream. Other amounts may be used.

The method **100** may comprise adding to the base composition a fine powder of medication that includes one or more NMDA receptor antagonists **112**, such as ketamine. Ketamine may be useful because of its NMDA receptor activity (antagonism). The low amount of NMDA receptor antagonist in the transdermal cream may be between approximately 0.1% and approximately 5.0% of the total weight of the transdermal cream. Other amounts may be used.

The method **100** may comprise adding to the base composition a fine powder of medication that includes one or more opiate or opioid agonists **114**. C2 opiate agonists may include oxycodone, morphine, methadone, hydromorphone, and fentanyl. C3 opiate agonists may include hydrocodone, codeine, propoxyphene, butalbital, and pentazocine. The active ingredients that may be added to the base composition in the form of fine powder may include the C2 and C3 opiate agonists named above and/or tramadol. The low amount of opiate or opioid agonist in the transdermal cream may be between approximately 0.1% and approximately 5.0% of the total weight of the transdermal cream. Other amounts may be used.

The method of compounding may also include addition of additional components such as solubility agents, emollients, emulsifiers, and penetrant enhancers. For example, a thickening agent may be added to increase a thickness or viscosity of the transdermal cream. In various embodiments, the thickening agent may include gelling agents for example. The thickening agent may include a polysaccharide or cellulose based thickening agent. The thickening agent may be present in an amount between approximately 0.5% and approximately 10% by weight of the transdermal cream. In one embodiment, the thickening agent is Krisigel 100.

V. ANOTHER EXEMPLARY METHOD OF COMPOUNDING

A method of compounding medications with a transdermal cream using a fine powder of medication is disclosed herein. In general, a base composition, such as a lidocaine/prilocaine cream, should be selected, such as lidocaine and prilocaine cream 2.5%/2.5%. The preparer, such as a pharmacist, should calculate the weight of powders needed. Then, the preparer should grind the medication in instances where powder medication is to be obtained not from bulk or pure compounding powders but from commercial tablets, such as tablets formulated for oral administration containing the medication, into fine powder and weigh the ingredients. The preparer should triturate the powders together and wet with dimethyl sulfoxide (DMSO) or Sterile Water for Irrigation. The preparer may generally work the wetted powder into a paste. The preparer should bring to total weight with the lidocaine/prilocaine cream and mix well. In one embodiment, the preparer may mix the paste and lidocaine/prilocaine cream in a mixing bowl for 15 minutes on low. The mixture should be milled in an ointment mill as necessary to acquire the desired consistency. The mill may be Exakt 120S-450 Three Roll Mill, front roller "1", rear roller "3". After which, the preparer should mix thoroughly, e.g., on low for 15 minutes or as otherwise needed, and package appropriately.

More specifically, FIG. 2 depicts an exemplary method of compounding medications with a transdermal cream **200**. The method **200** depicted in FIG. 2 may be used to manufacture the transdermal creams discussed herein, including those discussed in relation to FIG. 1 above. The method **200** may include selecting a base composition **202**; calculating an amount of active ingredients **204**; grinding up the tablets containing the active ingredients **206**; wetting the mixture with DMSO or Sterile Water for Irrigation **208**; bringing to total weight **210**; and milling in an ointment mill and mixing **212**. The method **200** may include additional, fewer, or alternate actions.

The method **200** may include selecting a base composition **202** for a transdermal cream or gel. The base composition may include one or more local anesthetics, such as lidocaine and/or prilocaine. The base may include approximately equal amounts of lidocaine and prilocaine. The base composition may be a transdermal cream and may originally have approximately 2.5% lidocaine and approximately 2.5% prilocaine by weight (lidocaine and prilocaine cream (2.5%/2.5%)). Other initial amounts of lidocaine and/or prilocaine may be used. In one embodiment, the base composition that includes lidocaine and/or prilocaine may be used in an amount of approximately 24,000 gm. Other amounts of base composition may be used.

The method **200** may include calculating an amount of active ingredients **204**. The active ingredients may come in various size tablets. Noted herein, one of the transdermal cream embodiments, includes meloxicam and lamotrigine. For that embodiment, the ingredients may include 15 mg tablets of meloxicam, and approximately 1,500 of the 15 mg tablets of meloxicam may be used. Tablets with other dosages of meloxicam may be used, and in different amounts. For instance, 7.5 mg or 30 mg tablets of meloxicam may be used.

The ingredients may also include 200 mg tablets of lamotrigine, and approximately 3,000 of the 200 mg tablets of lamotrigine may be used. Tablets with other dosages of

lamotrigine may be used, and in different amounts. For instance, lamotrigine tablets ranging from 2 to 200 mg may be used.

To manufacture the transdermal cream embodiment that includes meloxicam and lamotrigine, the following formulas may be used to identify the amount of tablet powder of meloxicam and lamotrigine needed:

a. Meloxicam:

$$\frac{\text{avg tab weight} \times \text{gm} \times \text{tablets needed}}{\text{tablet powder needed}} = \text{gm.}$$

b. Lamotrigine:

$$\frac{\text{avg tab weight} \times \text{gm} \times \text{tablets needed}}{\text{tablet powder needed}} = \text{gm.}$$

The foregoing formulas may be used with the numbers stated above. For instance, the composition may require 1,500 of the 15 mg tables of meloxicam, and 3,000 of the 200 mg tablets of lamotrigine. As a result, in one embodiment, 22.5 grams of meloxicam and 600 grams of lamotrigine may be mixed with other ingredients, such as 24,000 gm of lidocaine 2.5%/prilocaine 2.5% cream, as well as 2,550 gm of dimethyl sulfoxide (DMSO). Instead of or in addition to lamotrigine, the medications added may include topiramate or other active ingredients. Instead of DMSO, Sterile Water for Irrigation may be used.

The method 200 may comprise grinding up the tablets containing the active ingredients 206. In one aspect, an automatic grinder may be used to grind up tablets containing one or more active ingredients into fine powder of medication. For instance, a Grindomix Mill may be used having a 100 volt, 60 Hz motor and five liter plastic container. The mill may have a standard lid, knife, and scraper. A five liter stainless steel container may be used that includes a knife holder. A knife of stainless steel may be used, and be autoclavable. The mill may have a plastic cover that is transparent.

The grinding up of the active ingredients into fine powder may allow for more precise amounts of each active ingredient in the final transdermal cream. This may be especially important when adding low amounts of active ingredients such that the final transdermal cream has low concentrations of various medications, which may reduce adverse allergic reactions to prolonged usage.

The method may include wetting the mixture with DMSO or Sterile Water for Irrigation 208. The DMSO and/or Sterile Water for Irrigation may facilitate the active ingredients penetrating the skin. After the ingredients in fine powder form are weighed, the preparer may triturate the powders of each ingredient together and wet with DMSO. For the 24,000 gm amount of lidocaine/prilocaine cream noted above, DMSO may be used in an amount of approximately 2,550 gm. Other amounts of DMSO may be used.

Instead of DMSO, the method may include wetting the mixture with only or primarily Sterile Water for Irrigation. Sterile Water for Irrigation USP may be a sterile, hypotonic, nonpyrogenic irrigating fluid or pharmaceutical aid (solvent), and may be composed of Sterile Water for Injection USP. It may be prepared by distillation and may contain no antimicrobial or bacteriostatic agents or added buffers. The pH may be about 5.7, or between 5.0 and 7.0. Sterile Water for Irrigation may be intended for use only as a single-dose, and may be classified as a sterile irrigant, wash, rinse, diluent and pharmaceutical vehicle. Instead of or addition to Sterile Water for Irrigation, Sterile Water for Injection or purified water may be used.

The method may include bringing to total weight with the lidocaine/prilocaine cream and mixing well 210. As noted

elsewhere herein, after the fine powder of medication is mixed with the lidocaine/prilocaine base, the final transdermal cream may have approximately 2.0% by weight lidocaine, approximately 2.0% by weight prilocaine, approximately 0.09% by weight meloxicam, and approximately 2.5% by weight either lamotrigine or topiramate. The final transdermal cream may have other active ingredients as well, including those mentioned herein.

The method 200 may include milling the mixture in an ointment mill as necessary to acquire the desired consistency 212. After which, the preparer may mix the milled mixture thoroughly and package it in appropriate containers.

VI. EXEMPLARY STORAGE CHARACTERISTICS

The transdermal creams discussed herein that are made using fine powder of medication may exhibit excellent storage characteristics, and avoid separation and/or degradation of the active ingredients from a base composition for substantial lengths of time, such as six months or greater. For example, Table I below depicts the results of a 198 day potency test for a transdermal cream including meloxicam, lamotrigine, lidocaine, and prilocaine. As shown, there is little degradation of the active ingredients. The sample was stored in approximately 20° C. to 25° C. (68° F. to 77° F.) conditions, and contained one large white tube with cream in a clear bag.

TABLE I

198 Day Potency Test					
Analyte/Specifications	Expected Amount	Units	Results	% of EXP.	Test Method
Lamotrigine Specifications = N/A	2.5	%	2.463	98.5%	HPLC
Lidocaine Specifications = N/A	2.0	%	1.927	96.4%	HPLC
Meloxicam Specifications = N/A	0.09	%	0.0962	106.9%	HPLC
Prilocaine Specifications = N/A	2.0	%	2.118	105.9%	HPLC

Table II below depicts the results of a 100 day potency test for a transdermal cream including meloxicam, topiramate, lidocaine, and prilocaine. As shown, there is little degradation of the active ingredients. The sample was stored in approximately 20° C. to 25° C. (68° F. to 77° F.) conditions, and contained one large white tube with cream in a clear bag.

TABLE II

100 Day Potency Test					
Analyte/Specifications	Expected Amount	Units	Results	% of EXP.	Test Method
Lidocaine Specifications = N/A	2.0	%	1.700	85.0%	HPLC
Meloxicam Specifications = N/A	0.09	%	0.0945	105.0%	HPLC
Prilocaine Specifications = N/A	2.0	%	1.899	95.0%	HPLC
Topiramate Specifications = N/A	2.5	%	2.368	94.7%	HPLC

VII. EXEMPLARY METHODS OF COMPOUNDING USING FINE POWDER

An exemplary method of compounding may include grinding up tablets of one or more active ingredients into a

fine powder, and then adding those ingredients in powder form to a transdermal cream or gel. The active ingredients that are ground up into a fine powder of medication may include one or more NSAIDs, anticonvulsants, nerve depressants, muscle relaxants, antidepressants, NMDA receptor antagonists, opioid or opiate agonists, local anesthetics, and/or other active agents. The transdermal cream or gel may or may not have one or more pre-existing ingredients prior to the addition of the fine powder of medication, such as one or more pre-existing local anesthetics.

The method may include grinding up tablets of one or more local anesthetics into a fine powder. The local anesthetics ground up into powder form may include lidocaine and/or prilocaine, or other agents. An amount of lidocaine and/or prilocaine powder may be added to the transdermal cream such that lidocaine comprises between approximately 0.5% and approximately 7.0% by weight of the transdermal cream, and that prilocaine comprises between approximately 0.5% and approximately 7.0% by weight of the transdermal cream. Other amounts may be used, including those discussed elsewhere herein.

The method may include grinding up tablets of one or more NSAIDs into a fine powder of medication. The NSAIDs that are ground up may include meloxicam, flurbiprofen, nabumetone, and/or other NSAIDs. The amount of NSAIDs may be between approximately 0.05% and 25.0% by weight of the transdermal cream. For instance, the transdermal cream may include meloxicam in a low amount of between approximately 0.05% and approximately 0.15% by weight of the transdermal cream, and/or flurbiprofen or nabumetone in an amount between approximately 5.0% and approximately 25.0% of the transdermal cream by weight. Other amounts may be used, including those discussed elsewhere herein.

The method may include grinding up tablets of one or more anticonvulsants into the fine powder of medication. The anticonvulsants that are ground up may include lamotrigine, topiramate, and/or other anticonvulsants. The transdermal cream may include an amount of anticonvulsant of between approximately 1.0% and approximately 5.0% by weight of the transdermal cream. Other amounts may be used, including those discussed elsewhere herein.

The method may include grinding up tablets of one or more muscle relaxants into a fine powder of medication. The muscle relaxants that are ground up may include baclofen, cyclobenzaprine, and/or other muscle relaxants. The transdermal cream may include an amount of muscle relaxant of between approximately 1.0% and approximately 5.0% by weight of the transdermal cream. Other amounts may be used, including those discussed elsewhere herein.

The method may include grinding up tablets of one or more opioid or opiate agonists into a fine powder of medication. The opioid or opiate agonists that are ground up may include C2 or C3 opiate agonists, tramadol, and/or others. The transdermal cream may include an amount of opioid or opiate agonist of between approximately 1.0% and approximately 5.0% by weight of the transdermal cream. Other amounts may be used, including those discussed elsewhere herein.

The method may include grinding up tablets of one or more NMDA receptor antagonists into a fine powder of medication. The NMDA receptor antagonists that are ground up may be ketamine and/or other antagonists. The transdermal cream may include an amount of NMDA receptor antagonist of between approximately 1.0% and approxi-

mately 40.0% by weight of the transdermal cream. Other amounts may be used, including those discussed elsewhere herein.

The method may include grinding up tablets of one or more nerve depressants into a fine powder of medication. The nerve depressants that are ground up may include gabapentin and/or other nerve depressants. The transdermal cream may include an amount of nerve depressant of between approximately 1.0% and approximately 15.0% by weight of the transdermal cream. Other amounts may be used, including those discussed elsewhere herein.

The method may include grinding up tablets of one or more tricyclic antidepressants or other antidepressants into a fine powder of medication. The tricyclic antidepressants that are ground up may include amitriptyline and/or other antidepressants. The transdermal cream may include an amount of antidepressant of between approximately 1.0% and approximately 15.0% by weight of the transdermal cream. Other amounts may be used, including those discussed elsewhere herein.

The fine powder of each active ingredient that is ground up may be added to a transdermal cream or gel separately or collectively. The medications may comprise approximately 20%, approximately 30%, or approximately 40% or more of a transdermal cream by weight. Other amounts may be used, including those discussed elsewhere herein. Alternatively, administering low doses or applying transdermal creams or gels with low concentrations of one or more active ingredients may minimize adverse side effects, such as adverse skin conditions that may develop with usage. Therefore, the method may include adding several medications in fine powder form to a transdermal cream or gel to alleviate the magnitude of any adverse skin conditions that may arise, while simultaneously providing a compounded therapy.

In specific embodiments, the two or more medications that are ground up into a fine powder may include (1) a NSAID (such as meloxicam) and an anticonvulsant (such as lamotrigine and/or topiramate); (2) a NSAID (such as flurbiprofen or nabumetone), a nerve depressant (such as gabapentin), and a muscle relaxant (such as baclofen or cyclobenzaprine); or (3) a NSAID (such as flurbiprofen or nabumetone), a nerve depressant (such as gabapentin), and an antidepressant (such as amitriptyline). Other combinations of medications may be used.

In one aspect, an amount of fine powder of several medications may be ground up and then added to a transdermal cream or gel. The several medications may include: (1) at least one local anesthetic, such as lidocaine and/or prilocaine, in an amount between approximately 1.0% and approximately 7.0% of the transdermal cream by weight; (2) at least one nerve depressant, such as gabapentin, in an amount between approximately 5.0% and approximately 15.0% of the transdermal cream by weight; (3) at least one NSAID, such as flurbiprofen or nabumetone, in an amount between approximately 5.0% and approximately 25.0% of the transdermal cream by weight; and/or (4) at least one muscle relaxant, such as cyclobenzaprine, in an amount between approximately 0.5% and approximately 4.0% of the transdermal cream by weight such that multiple ailments may be addressed simultaneously. In one embodiment, the transdermal cream may comprise, by weight of the transdermal cream, approximately 2.0% lidocaine, approximately 2.0% prilocaine, approximately 6.0% gabapentin, approximately 1.0% cyclobenzaprine, and approximately 10.0% flurbiprofen or approximately 20% nabumetone. The several medications may also include an opioid or opiate agonist, a tricyclic or other antidepressant, a NMDA recep-

tor antagonist, and/or other active ingredients. In one embodiment, the transdermal cream includes the NSAID nabumetone present in an amount approximately 10% by weight of the transdermal cream, the nerve depressant gabapentin present in an amount approximately 6% by weight of the transdermal cream, and lidocaine and prilocaine each present in an amount approximately 1.5% by weight of the transdermal cream. The transdermal cream may also include DMSO in an amount approximately 24% by weight of the transdermal cream. The lidocaine and prilocaine may be included in a base composition having a higher percent composition of lidocaine and prilocaine by weight than after formulation into the transdermal cream with the additional components. For example, a 100 gram batch of the compounded transdermal may include 60 grams of lidocaine and prilocaine cream (2.5%/2.5%) yielding approximately 1.5% of each lidocaine and prilocaine by weight of the transdermal cream. In another embodiment, the compounded transdermal cream includes lidocaine and prilocaine each present in an amount approximately 1.5% by weight of the transdermal cream, the tricyclic antidepressant amitriptyline in an amount approximately 3% by weight of the transdermal cream, and the nerve depressant gabapentin present in an amount approximately 10% by weight of the transdermal cream. The transdermal cream may also include DMSO in an amount approximately 22% by weight of the transdermal cream. The transdermal cream may further include a thickening agent present in an amount between approximately 0.5% and approximately 10% (e.g., 5%) by weight of the transdermal cream. In one such embodiment, the thickening agent is Krisgel 100 and is present in an amount approximately 5% by weight of the transdermal cream. The lidocaine and prilocaine may be included in a base composition having a higher percent composition of lidocaine and prilocaine by weight than after formulation into the transdermal cream with the additional components. For example, a 100 gram batch of the compounded transdermal may include 60 grams of lidocaine and prilocaine cream (2.5%/2.5%) yielding approximately 1.5% of each lidocaine and prilocaine by weight of the transdermal cream.

In another aspect, an amount of fine powder of several medications may be ground up and then added to a transdermal cream or gel. The several medications may include: (1) at least one local anesthetic, such as lidocaine and/or prilocaine, in an amount between approximately 1.0% and approximately 7.0% of the transdermal cream by weight; (2) at least one nerve depressant, such as gabapentin, in an amount between approximately 5.0% and approximately 15.0% of the transdermal cream by weight; (3) at least one NSAID, such as flurbiprofen or nabumetone, in an amount between approximately 5.0% and approximately 25.0% of the transdermal cream by weight; and/or (4) at least one tricyclic antidepressant, such as amitriptyline, in an amount between approximately 0.5% and approximately 4.0% of the transdermal cream by weight. In one embodiment, the transdermal cream may comprise, by weight of the transdermal cream, approximately 2.0% lidocaine, approximately 2.0% prilocaine, approximately 6.0% gabapentin, approximately 1.0% amitriptyline, and approximately 10.0% flurbiprofen or approximately 20.0% nabumetone. The several medications may also include an opioid or opiate agonist, a muscle relaxant, a NMDA receptor antagonist, and/or other active ingredients.

In one embodiment, the lidocaine and prilocaine may each be present in an amount of approximately 1.5% by weight of the transdermal cream. The nerve depressant may be gabapentin present in an amount approximately 6% by

weight of the transdermal cream. The NSAID may be nabumetone present in an amount approximately 10% by weight of the transdermal cream. The tricyclic antidepressant may be amitriptyline present in an amount approximately 2% by weight of the transdermal cream. The transdermal cream may also include DMSO in an amount approximately 20% by weight of the transdermal cream. The transdermal cream may further include a thickening agent present in an amount between approximately 0.5% and approximately 10% (e.g., 2%) by weight of the transdermal cream. In one such embodiment, the thickening agent is Krisgel 100 and is present in an amount approximately 2% by weight of the transdermal cream. The lidocaine and prilocaine may be included in a base composition having a higher percent composition of lidocaine and prilocaine by weight than after formulation into the transdermal cream with the additional components. For example, a 100 gram batch of the compounded transdermal may include 60 grams of lidocaine and prilocaine cream (2.5%/2.5%) yielding approximately 1.5% of each lidocaine and prilocaine by weight of the transdermal cream.

In another aspect, an amount of fine powder of several medications may be ground up and then added to a transdermal cream or gel. The transdermal cream may include lidocaine in an amount between approximately 0.5% and approximately 7.0% by weight of the transdermal cream; prilocaine in an amount between approximately 0.5% and approximately 7.0% by weight of the transdermal cream; meloxicam in an amount between approximately 0.01% and approximately 5.0% by weight of the transdermal cream; and lamotrigine and/or topiramate in an amount between approximately 0.5% and approximately 5.0% by weight of the transdermal cream. In one embodiment, the transdermal cream may comprise approximately 2.0% by weight of both lidocaine and prilocaine, approximately 0.09% by weight meloxicam, and approximately 2.5% by weight lamotrigine and/or topiramate. As a result, the transdermal cream or gel may allow for the topical administration of lidocaine, prilocaine, meloxicam, and lamotrigine and/or topiramate simultaneously during use. The several medications may also include an opioid or opiate agonist, a muscle relaxant, a NMDA receptor antagonist, a nerve depressant, other NSAIDs, other anticonvulsants, and/or other active agents, including those discussed elsewhere herein.

VIII. ADDITIONAL EXEMPLARY EMBODIMENTS

The present embodiments may include the presence of DMSO and/or Sterile Water for Irrigation, such as DMSO or Sterile Water for Irrigation in a sufficient quantity to allow for the topical delivery of the active ingredients mentioned herein. The transdermal cream of the present embodiments may be compounded to have no bulk ingredients in it. For instance, during the methods discussed herein, the DMSO may be removed and replaced with Sterile Water for Irrigation. The transdermal cream may be DMSO-free.

In one aspect, compounded meloxicam, topiramate (and/or lamotrigine), lidocaine, and prilocaine cream may contain strictly commercially available medications. DMSO, which may be in some cream embodiments disclosed herein, may be replaced with Sterile Water for Irrigation. Sterile Water for Irrigation may act as a primary or sole penetration enhancer in some embodiments.

Although experimentation and investigation continues, it is believed that some detriments may develop from a transition to a DMSO-free compounded transdermal cream. It is

believed that the removal of DMSO from certain compounds may decrease the effectiveness of the compound given that the primary penetrant is no longer present. Also, patients that have received the previous compounded version containing DMSO may experience lower efficacy rates. It is also

believed that the transition of the formula may, at best, give the same efficacy that the patients previously had experienced, and, at worst, decrease efficacy due to the absence of DMSO.

On the other hand, the use of Sterile Water for Irrigation instead of DMSO may be cheaper and involve an easier method of manufacture. Also, Sterile Water for Irrigation is an FDA-approved commercially available medication.

In one aspect, a transdermal cream that permits the simultaneous administration of multiple medications in low concentrations may be provided. The transdermal cream may include lidocaine in an amount between approximately 0.5% and approximately 7.0% by weight of the transdermal cream; prilocaine in an amount between approximately 0.5% and approximately 7.0% by weight of the transdermal cream; meloxicam in an amount between approximately 0.01% and approximately 5.0% by weight of the transdermal cream; and lamotrigine in an amount between approximately 0.5% and approximately 5.0% by weight of the transdermal cream. In one embodiment, the transdermal cream may comprise approximately 2.0% by weight of both lidocaine and prilocaine, approximately 0.09% by weight meloxicam, and approximately 2.5% by weight lamotrigine. As a result, the transdermal cream may allow for the topical administration of lidocaine, prilocaine, meloxicam, and lamotrigine simultaneously during use. The transdermal cream may further include only or primarily Sterile Water for Irrigation as a penetration enhancer or other component, and be devoid of DMSO or DMSO-free.

In another aspect, a transdermal cream that permits the simultaneous administration of multiple medications in low concentrations may be provided. The transdermal cream may include lidocaine in an amount between approximately 0.5% and approximately 7.0% by weight of the transdermal cream; prilocaine in an amount between approximately 0.5% and approximately 7.0% by weight of the transdermal cream; meloxicam in an amount between approximately 0.01% and approximately 5.0% by weight of the transdermal cream; and topiramate in an amount between approximately 0.5% and approximately 5.0% by weight of the transdermal cream. In one embodiment, the transdermal cream may comprise approximately 2.0% by weight of both lidocaine and prilocaine, approximately 0.09% by weight meloxicam, and approximately 2.5% by weight topiramate. As a result, the transdermal cream may allow for the topical administration of lidocaine, prilocaine, meloxicam, and topiramate simultaneously during use. The transdermal cream may further include only or primarily Sterile Water for Irrigation for penetration enhancement or as a wetting component, and/or be devoid of DMSO or DMSO-free.

In another aspect, a method of compounding one or more medications with a transdermal cream for the topical administration of a compounded therapy may be provided. The method may include grinding up one or more tablets of a NSAID, an anticonvulsant, a nerve depressant, a muscle relaxant, a NMDA (N-Methyl-D-aspartate) receptor antagonist, an opiate or opioid agonist, and/or antidepressant into a fine powder of medication. The method may include wetting the fine powder of medication mixture with DMSO or Sterile Water for Irrigation. The method may also include adding the fine powder of medication to a transdermal cream or base composition containing both lidocaine and prilo-

caine, the transdermal cream including both lidocaine and prilocaine in an amount of between approximately 0.5% and approximately 7.0% by weight of the transdermal cream, respectively. The method may include adding the fine powder of compounded medication to the starting transdermal cream or base composition in a sufficient amount such that the final transdermal cream includes the compounded medication that is ground up in a low amount of between approximately 0.01% and approximately 5.0% by weight of the transdermal cream. In one embodiment, an amount of ground up medication is added to the base composition such that the final transdermal cream contains low concentrations of several active ingredients and is approximately 2.0% by weight lidocaine, approximately 2.0% by weight prilocaine, approximately 0.09% by weight meloxicam, and approximately 2.5% by weight either lamotrigine or topiramate. In one embodiment, the transdermal cream may further include only or primarily Sterile Water for Irrigation for penetration enhancement or as a wetting component, and/or be devoid of DMSO or DMSO-free.

In another aspect, a method of compounding medications with a transdermal cream for the topical administration of a compounded therapy may be provided. The method may include grinding up tablets of two or more medications into a fine powder of compounded medication. The two or more compounded medications to be ground up may be selected from a NSAID, an anticonvulsant, a nerve depressant, a muscle relaxant, a NMDA receptor antagonist, a local anesthetic, an antidepressant, and an opioid or opiate agonist. The method may include wetting the fine powder of compounded medication with DMSO or Sterile Water for Irrigation. The method may include then adding the fine powder of compounded medication to a transdermal cream or gel such that the transdermal cream or gel allows for topical delivery of the two or more compounded medications for simultaneous treatment of two or more ailments when the transdermal cream or gel is topically applied. The transdermal cream may further include only or primarily Sterile Water for Irrigation for penetration enhancement or as a wetting component, and/or be devoid of DMSO or other penetration enhancers.

The present invention may be embodied in other forms without departing from the spirit or essential attributes thereof and, accordingly, reference should be had to the following claims rather than the foregoing specification as indicating the scope of the invention. Further, the illustrations of arrangements described herein are intended to provide a general understanding of the various embodiments, and they are not intended to serve as a complete description. Many other arrangements will be apparent to those of skill in the art upon reviewing the above description. Other arrangements may be utilized and derived therefrom, such that logical substitutions and changes may be made without departing from the scope of this disclosure.

This disclosure is intended to cover any and all adaptations or variations of various embodiments and arrangements of the invention. Combinations of the above arrangements, and other arrangements not specifically described herein, will be apparent to those of skill in the art upon reviewing the above description. Therefore, it is intended that the disclosure not be limited to the particular arrangement(s) disclosed as the best mode contemplated for carrying out this invention, but that the invention will include all embodiments and arrangements falling within the scope of the appended claims.

What is claimed:

1. A method of compounding a transdermal cream, the method comprising: wetting a plurality of dry powder active agents with dimethyl sulfoxide (DMSO), wherein the dry powder active agents comprise gabapentin, nabumetone, and amitriptyline; and mixing the wetted dry powder active agents with lidocaine 2.5% and prilocaine 2.5% cream, wherein the gabapentin is present in the transdermal cream in an amount between 5.0% and 15.0% by weight of the transdermal cream, wherein nabumetone is present in the transdermal cream in an amount of between 5.0% and 25% by weight of the transdermal cream, and amitriptyline is present in an amount between 0.5% and 4.0% by weight of the transdermal cream, and the lidocaine 2.5% and prilocaine 2.5% cream is present in an amount 60% or more by weight of the transdermal cream, and wherein the DMSO is present in an amount 20% by weight of the transdermal cream.

2. The method of claim 1, wherein the dry powder active ingredients are gabapentin, nabumetone, and amitriptyline, and wherein the gabapentin is present in an amount 6% by weight of the transdermal cream, the nabumetone is present in an amount 10% by weight of the transdermal cream, the amitriptyline is present in an amount 2% by weight of the transdermal cream, and the lidocaine 2.5% and prilocaine 2.5% cream is present in an amount 60% by weight of the transdermal cream.

3. The method of claim 1, further comprising adding a thickening agent to the lidocaine 2.5% and prilocaine 2.5% cream before or after mixing the wetted dry powder active agents with the lidocaine 2.5% and prilocaine 2.5% cream, wherein the thickening agent is present in an amount 2% by weight of the transdermal cream.

4. The method of claim 1, wherein nabumetone is present in the transdermal cream in an amount of between 21% and 25% by weight of the transdermal cream.

5. The method of claim 4, wherein the transdermal cream does not include a short acting NSAID.

6. The method of claim 1, further comprises grinding one or more nabumetone tablets to generate a dry powder including nabumetone, and wherein wetting the plurality of dry powder active agents with DMSO includes wetting with DMSO the dry powder generated from the grinding of the one or more nabumetone tablets.

7. The method of claim 1, further comprises grinding one or more gabapentin tablets to generate a dry powder includ-

ing gabapentin, and wherein wetting the plurality of dry powder active agents with DMSO includes wetting with DMSO the dry powder generated from the grinding of the one or more gabapentin tablets.

8. The method of claim 1, further comprises grinding one or more amitriptyline tablets to generate a dry powder including amitriptyline, and wherein wetting the plurality of dry powder active agents with DMSO includes wetting with DMSO the dry powder generated from the grinding of the one or more amitriptyline tablets.

9. The method of claim 1, wherein the method further comprises:

grinding one or more nabumetone tablets to generate a dry powder including nabumetone;

grinding one or more gabapentin tablets to generate a dry powder including gabapentin; and

grinding one or more amitriptyline tablets to generate a dry powder including amitriptyline,

wherein wetting the plurality of dry powder active agents with DMSO includes wetting with DMSO the dry powders generated from the grinding of the one or more nabumetone tablets, one or more gabapentin tablets, and one or more amitriptyline tablets,

wherein the gabapentin is present in an amount 6% by weight of the transdermal cream, the nabumetone is present in an amount 10% by weight of the transdermal cream, the amitriptyline is present in an amount 2% by weight of the transdermal cream, the lidocaine 2.5% and prilocaine 2.5% cream is present in an amount 60% by weight of the transdermal cream, and the DMSO is present in an amount 20% by weight of the transdermal cream.

10. The method of claim 1, wherein the dry powder active ingredients further comprise trilisate.

11. The method of claim 1, wherein the dry powder active ingredients further include ketorolac.

12. The method of claim 1, wherein the dry powder active ingredients further include orphenadrine.

13. The method of claim 1, wherein the dry powder active ingredients further include quinine sulfate.

14. The method of claim 1, wherein the dry powder active ingredients further comprise one of orphenadrine or quinine sulfate and one of trilisate or ketorolac.

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