

TELEPHONE: 514-905-5096 FAX: 514-905-5097 technicalservices@medisca.net

7/20/2007; page 1

| Suggested Formula | Hydroxyprogesterone Caproate 250 mg/mL Intramuscular Injection (Solution, 100 mL) | FIN | F 000 989v2 |
|----------------------|---|-----|-------------|
|----------------------|---|-----|-------------|

SUGGESTED FORMULATION

| Ingredient Listing | Qty. | Unit | NDC# | Supplier | Lot Number | Expiry Date |
|-----------------------------------|---------------|------|------|----------|---------------|----------------|
| Hydroxyprogesterone Caproate, USP | 25.000 | g | | | | |
| Benzyl Alcohol, NF | 2.0 | mL | | | | |
| Benzyl Benzoate, USP | 46.0 | mL | | 8 | | |
| Cottonseed Oil, NF | q.s. to 100.0 | mL | | | | |

DISCLAIMER: MEDISCA NETWORK INC. & RÉSEAU MEDISCA NETWORK INC., HEREBY REFERRED TO AS 'THE NETWORK', HAVE PROVIDED THE FORMULA AND INSTRUCTIONS ABOVE AS A MODEL FOR EDUCATIONAL PURPOSES ONLY ON THE BASIS OF THE RECOGNIZED COMPENDIA AND TEXTS REFERENCED AT THE END OF THIS DOCUMENT. THE NETWORK TAKES NO RESPONSIBILITY FOR THE VALIDITY OR ACCURACY OF THIS INFORMATION OR FOR ITS SAFETY OR EFFECTIVENESS, NOR FOR ANY USE THEREOF. WHICH IS AT THE SOLE RISK OF THE LICENSED PHARMACIST. THE PHARMACIST IS ADVISED THAT THE SUGGESTED FORMULA IS PRESENTED AT A SPECIFIED STRENGTH AND QUANTITY, AND THAT ADJUSTMENTS MAY BE NEEDED TO MEET SPECIFIC PATIENT NEEDS AND IN ACCORDANCE WITH A LICENSED PRESCRIBER'S PRESCRIPTION. FURTHER, THE FORMULA SHOULD ONLY BE PROVIDED UPON THE REQUEST AND AUTHORIZATION OF A LICENSED PRESCRIBER. PHARMACISTS USING THIS SUGGESTED FORMULA ARE ADVISED THAT ITS USE AS A MEANS OF THERAPEUTIC INTERVENTION IS BASED ON THE PRESCRIBER'S INDEPENDENT CLINICAL JUDGEMENT AND THE PROFESSIONAL EXPERTISE OF THE PHARMACIST. THE PHARMACIST MUST EMPLOY APPROPRIATE TESTS TO DETERMINE THE PRECISE STABILITY OF THIS SUGGESTED FORMULA. NO CLAIMS ARE BEING MADE AS TO THE SAFETY OR CLINICAL EFFICACY OF THIS SUGGESTED FORMULA. THE NETWORK CANNOT BE HELD LIABLE TO ANY PERSON OR ENTITY CONCERNING CLAIMS, LOSS, OR DAMAGE CAUSED BY, OR ALLEGED TO BE CAUSED BY, DIRECTLY OR INDIRECTLY, THE USE OR MISUSE OF THE INFORMATION CONTAINED IN THIS SUGGESTED FORMULA. FURTHERMORE, THE NETWORK, TAKES NO RESPONSIBILITY AND MAKES NO RECOMMENDATIONS IN DISPENSING THIS PRODUCT. IN ALL CASES IT IS THE RESPONSIBILITY OF THE LICENSED PHARMACIST TO KNOW THE LAW, TO COMPOUND ANY FINISHED PRODUCT AND TO DISPENSE THESE PRODUCTS IN ACCORDANCE WITH FEDERAL AND STATE LAW.



TELEPHONE: 514-905-5096 FAX: 514-905-5097 technicalservices@medisca.net

7/20/2007; page 2

Suggested Formula Hydroxyprogesterone Caproate 250 mg/mL Intramuscular Injection (Solution, 100 mL) FIN F 000 989v2

SPECIAL PREPARATORY CONSIDERATIONS

| ECIAL PREPARATORY CONSIDERATIONS | | | | | | | |
|--|--|--|--|--|--|--|--|
| Ingredient-Specific Information | | | | | | | |
| Light sensitive (protect from lig | ght whenever possible): | Hydroxyprogesterone Caproate, Benzyl Alcohol, Benzyl Benzoate, Cottonseed Oil | | | | | |
| Suggested Preparatory Guidelines | | | | | | | |
| Non-Sterile Preparat | Non-Sterile Preparation Sterile Preparation | | | | | | |
| Processing Error / Testing Considerations: | | sterility and endotoxin testing considerations during asure an additional 5 to 9% of the required quantities | | | | | |
| Special Instruction: | environmental conditions, follow | ithin the appropriate facilities under adequate ing the necessary guidelines and procedures as stated d qualified personnel must prepare this formula. | | | | | |
| | All heat stable, reusable materials by dry heat sterilization at 250°C | s and equipment must be sterilized and depyrogenated for 2 hours prior to use. | | | | | |
| | Every batch of final product comendotoxin tested before being dis | pounded using this procedure must be sterility and pensed. | | | | | |
| | | le gown, sterile gloves, shoe covers, head cap, always be worn. In addition, proper personnel stering the buffer or clean area. | | | | | |
| | | by performing a filter stress test. If the test be defective, the solution must be discarded and | | | | | |
| \ | | f very small quantities of ingredients. All calculations be verified before dispensing the final product. | | | | | |

DISCLAIMER: MEDISCA NETWORK INC. & RÉSEAU MEDISCA NETWORK INC., HEREBY REFERRED TO AS 'THE NETWORK', HAVE PROVIDED THE FORMULA AND INSTRUCTIONS ABOVE AS A MODEL FOR EDUCATIONAL PURPOSES ONLY ON THE BASIS OF THE RECOGNIZED COMPENDIA AND TEXTS REFERENCED AT THE END OF THIS DOCUMENT. THE NETWORK TAKES NO RESPONSIBILITY FOR THE VALIDITY OR ACCURACY OF THIS INFORMATION OR FOR ITS SAFETY OR EFFECTIVENESS, NOR FOR ANY USE THEREOF, WHICH IS AT THE SOLE RISK OF THE LICENSED PHARMACIST. THE PHARMACIST IS ADVISED THAT THE SUGGESTED FORMULA IS PRESENTED AT A SPECIFIED STRENGTH AND QUANTITY, AND THAT ADJUSTMENTS MAY BE NEEDED TO MEET SPECIFIC PATIENT NEEDS AND IN ACCORDANCE WITH A LICENSED PRESCRIBER'S PRESCRIPTION. FURTHER, THE FORMULA SHOULD ONLY BE PROVIDED UPON THE REQUEST AND AUTHORIZATION OF A LICENSED PRESCRIBER. PHARMACISTS USING THIS SUGGESTED FORMULA ARE ADVISED THAT ITS USE AS A MEANS OF THERAPEUTIC INTERVENTION IS BASED ON THE PRESCRIBER'S INDEPENDENT CLINICAL JUDGEMENT AND THE PROFESSIONAL EXPERTISE OF THE PHARMACIST. THE PHARMACIST MUST EMPLOY APPROPRIATE TESTS TO DETERMINE THE PRECISE STABILITY OF THIS SUGGESTED FORMULA. NO CLAIMS ARE BEING MADE AS TO THE SAFETY OR CLINICAL EFFICACY OF THIS SUGGESTED FORMULA. THE NETWORK CANNOT BE HELD LIABLE TO ANY PERSON OR ENTITY CONCERNING CLAIMS, LOSS, OR DAMAGE CAUSED BY, OR ALLEGED TO BE CAUSED BY, DIRECTLY OR INDIRECTLY, THE USE OR MISUSE OF THE INFORMATION CONTAINED IN THIS SUGGESTED FORMULA. FURTHERMORE, THE NETWORK, TAKES NO RESPONSIBILITY AND MAKES NO RECOMMENDATIONS IN DISPENSING THIS PRODUCT. IN ALL CASES IT IS THE RESPONSIBILITY OF THE LICENSED PHARMACIST TO KNOW THE LAW, TO COMPOUND ANY FINISHED PRODUCT AND TO DISPENSE THESE PRODUCTS IN ACCORDANCE WITH FEDERAL AND STATE LAW.



TELEPHONE: 514-905-5096 FAX: 514-905-5097 technicalservices@medisca.net

7/20/2007; page 3

| Suggested Formula | Hydroxyprogesterone Caproate 250 mg/mL Intramuscular Injection (Solution, 100 mL) | FIN | F 000 989v2 |
|----------------------|---|-----|-------------|
|----------------------|---|-----|-------------|

SUGGESTED PREPARATION (for 100 mL)

Weigh and / or measure the following ingredients when appropriate:

| Ingredient Listing | Qty. | Unit | Multiplication factor (*): | Processing Error | Qty. to measure |
|-------------------------------------|---------------|------|----------------------------|---------------------|-----------------|
| Hydroxyprogesterone Caproate, USP § | 25.000 | g | | | |
| Benzyl Alcohol, NF § | 2.0 | mL | (S) | | |
| Benzyl Benzoate, USP § | 46.0 | mL | | | |
| Cottonseed Oil, NF § | q.s. to 100.0 | mL | | | |

- * Takes into account increased batch size conversions and density conversions, if required.
- § Weigh / measure just prior to use.

| | Preparatory Instruction |
|----|--|
| | IMPORTANT: All preparatory procedures must be performed using proper Aseptic Technique |
| 1. | Equipment sterilization: |
| | Following the manufacturer's specifications, sterilize and depyrogenate all heat stable, reusable materials and equipment, then return to ambient temperature. |
| 2. | Powder preparation: |
| | A. Triturate the following ingredient: |
| | - Hydroxyprogesterone Caproate |
| | End result: Fine homogeneous powder. |
| 3. | Liquid preparation: |
| | A. Combine and mix the following ingredients together: |
| | - Benzyl Alcohol |
| | - BenzylBenzoate |
| | End result: Homogeneous liquid-like solution. |

DISCLAIMER: MEDISCA NETWORK INC. & RÉSEAU MEDISCA NETWORK INC., HEREBY REFERRED TO AS 'THE NETWORK', HAVE PROVIDED THE FORMULA AND INSTRUCTIONS ABOVE AS A MODEL FOR EDUCATIONAL PURPOSES ONLY ON THE BASIS OF THE RECOGNIZED COMPENDIA AND TEXTS REFERENCED AT THE END OF THIS DOCUMENT. THE NETWORK TAKES NO RESPONSIBILITY FOR THE VALIDITY OR ACCURACY OF THIS INFORMATION OR FOR ITS SAFETY OR EFFECTIVENESS, NOR FOR ANY USE THEREOF, WHICH IS AT THE SOLE RISK OF THE LICENSED PHARMACIST. THE PHARMACIST IS ADVISED THAT THE SUGGESTED FORMULA IS PRESENTED AT A SPECIFIED STRENGTH AND QUANTITY, AND THAT ADJUSTMENTS MAY BE NEEDED TO MEET SPECIFIC PATIENT NEEDS AND IN ACCORDANCE WITH A LICENSED PRESCRIBER'S PRESCRIPTION. FURTHER, THE FORMULA SHOULD ONLY BE PROVIDED UPON THE REQUEST AND AUTHORIZATION OF A LICENSED PRESCRIBER. PHARMACISTS USING THIS SUGGESTED FORMULA ARE ADVISED THAT ITS USE AS A MEANS OF THERAPEUTIC INTERVENTION IS BASED ON THE PRESCRIBER'S INDEPENDENT CLINICAL JUDGEMENT AND THE PROFESSIONAL EXPERTISE OF THE PHARMACIST. THE PHARMACIST MUST EMPLOY APPROPRIATE TESTS TO DETERMINE THE PRECISE STABILITY OF THIS SUGGESTED FORMULA. NO CLAIMS ARE BEING MADE AS TO THE SAFETY OR CLINICAL EFFICACY OF THIS SUGGESTED FORMULA. THE NETWORK CANNOT BE HELD LIABLE TO ANY PERSON OR ENTITY CONCERNING CLAIMS, LOSS, OR DAMAGE CAUSED BY, OR ALLEGED TO BE CAUSED BY, DIRECTLY OR INDIRECTLY, THE USE OR MISUSE OF THE INFORMATION CONTAINED IN THIS SUGGESTED FORMULA. FURTHERMORE, THE NETWORK, TAKES NO RESPONSIBILITY AND MAKES NO RECOMMENDATIONS IN DISPENSING THIS PRODUCT. IN ALL CASES IT IS THE RESPONSIBILITY OF THE LICENSED PHARMACIST TO KNOW THE LAW, TO COMPOUND ANY FINISHED PRODUCT AND TO DISPENSE THESE PRODUCTS IN ACCORDANCE WITH FEDERAL AND STATE LAW.



Suggested

7.

8.

Filter integrity test:

Sterility testing:

solution must be discarded and remade.

MEDISCA® NETWORK INC. TECHNICAL SUPPORT SERVICES FORMULATION CHEMISTRY DEPARTMENT TOLL-FREE: 866-333-7811

TELEPHONE: 514-905-5096 FAX: 514-905-5097 technicalservices@medisca.net

7/20/2007; page 4

| | Hydroxyprogesterone Caproate 250 mg/mL Intramuscular Injection (Solution, 100 mL) FIN F 000 989v2 |
|----|--|
| 4. | Powder to liquid integration: |
| | A. Incrementally add the fine, homogeneous powder (Step 2A) to the following ingredient: |
| | - Homogeneous liquid-like solution (Step 3A) |
| | Specifications: Continuously mix until all solid particles have completely dissolved. |
| | End result: Homogeneous liquid-like solution. |
| 5. | Filling to volume: |
| | A. Add Cottonseed Oil to the mixture (Step 4A) to fill to the required batch size (100.0 mL <i>plus</i> processing error adjustments). |
| | Specifications: Continuously mix. |
| | End result: Homogeneous liquid-like solution. |
| 6. | Filtering and transferring: |
| | Aseptically filter the solution through a 0.22-µm sterile filter into the recommended dispensing container (see Packaging requirements). Transfer the remainder into a separate dispensing container. This is to be used as the Test sample for sterility and endotoxin testing. |

Validate the Test sample for sterility and endotoxins, in accordance to current USP 797 regulatory guidelines.

Validate filter integrity by performing a filter stress test. If the test demonstrates that the filter might be defective, the

DISCLAIMER: MEDISCA NETWORK INC. & RÉSEAU MEDISCA NETWORK INC., HEREBY REFERRED TO AS 'THE NETWORK', HAVE PROVIDED THE FORMULA AND INSTRUCTIONS ABOVE AS A MODEL FOR EDUCATIONAL PURPOSES ONLY ON THE BASIS OF THE RECOGNIZED COMPENDIA AND TEXTS REFERENCED AT THE END OF THIS DOCUMENT. THE NETWORK TAKES NO RESPONSIBILITY FOR THE VALIDITY OR ACCURACY OF THIS INFORMATION OR FOR ITS SAFETY OR EFFECTIVENESS, NOR FOR ANY USE THEREOF, WHICH IS AT THE SOLE RISK OF THE LICENSED PHARMACIST. THE PHARMACIST IS ADVISED THAT THE SUGGESTED FORMULA IS PRESENTED AT A SPECIFIED STRENGTH AND QUANTITY, AND THAT ADJUSTMENTS MAY BE NEEDED TO MEET SPECIFIC PATIENT NEEDS AND IN ACCORDANCE WITH A LICENSED PRESCRIBER'S PRESCRIPTION. FURTHER, THE FORMULA SHOULD ONLY BE PROVIDED UPON THE REQUEST AND AUTHORIZATION OF A LICENSED PRESCRIBER. PHARMACISTS USING THIS SUGGESTED FORMULA ARE ADVISED THAT ITS USE AS A MEANS OF THERAPEUTIC INTERVENTION IS BASED ON THE PRESCRIBER'S INDEPENDENT CLINICAL JUDGEMENT AND THE PROFESSIONAL EXPERTISE OF THE PHARMACIST. THE PHARMACIST MUST EMPLOY APPROPRIATE TESTS TO DETERMINE THE PRECISE STABILITY OF THIS SUGGESTED FORMULA. NO CLAIMS ARE BEING MADE AS TO THE SAFETY OR CLINICAL EFFICACY OF THIS SUGGESTED FORMULA. THE NETWORK CANNOT BE HELD LIABLE TO ANY PERSON OR ENTITY CONCERNING CLAIMS, LOSS, OR DAMAGE CAUSED BY, OR ALLEGED TO BE CAUSED BY, DIRECTLY OR INDIRECTLY, THE USE OR MISUSE OF THE INFORMATION CONTAINED IN THIS SUGGESTED FORMULA. FURTHERMORE, THE NETWORK, TAKES NO RESPONSIBILITY AND MAKES NO RECOMMENDATIONS IN DISPENSING THIS PRODUCT. IN ALL CASES IT IS THE RESPONSIBILITY OF THE LICENSED PHARMACIST TO KNOW THE LAW, TO COMPOUND ANY FINISHED PRODUCT AND TO DISPENSE THESE PRODUCTS IN ACCORDANCE WITH FEDERAL AND STATE LAW.



TELEPHONE: 514-905-5096 FAX: 514-905-5097 technicalservices@medisca.net

7/20/2007; page 5

| Suggested Formula | Hydroxyprogesterone Caproate 250 mg/mL Intramuscular Injection (Solution, 100 mL) | FIN | F 000 989v2 |
|----------------------|---|-----|-------------|
|----------------------|---|-----|-------------|

SUGGESTED PRESENTATION

| JGGESTED PR | LUL | MIATION | | | |
|----------------------------|--|---|-------------------|----|--|
| Estimate Beyond-Use Dat | | 30 days. BUD based on a successful sterility and endotoxin test result. | Packa Requiren | | Sterile, light-resistant injection vials. |
| | 1 | Use as directed. Do not exceed dose. | d prescribed | 6 | Equilibrate to room temperature before use. |
| | 2 | Keep out of reach of children. | | 7 | Protect from light. |
| Auxiliary | 3 | Keep cool but do not refrigerate. | | 8 | Discard container after use. |
| Labels | 4 | Equilibrate to room temperature before use. | | | Do not use if discolored. |
| | 5 | Discard in the presence of matter. | particulate | 10 | Consult your health care practitioner if any other prescription or over-the-counter medications are currently being used or are prescribed for future use. |
| Pharmacist Instructions | Add any auxiliary labels specific to the API to the dispensing container as deemed necessary | | | | |
| Patient Instructions | L Contact voiir pharmacist in the event of adverse reactions | | | | |

DISCLAIMER: MEDISCA NETWORK INC. & RÉSEAU MEDISCA NETWORK INC., HEREBY REFERRED TO AS 'THE NETWORK', HAVE PROVIDED THE FORMULA AND INSTRUCTIONS ABOVE AS A MODEL FOR EDUCATIONAL PURPOSES ONLY ON THE BASIS OF THE RECOGNIZED COMPENDIA AND TEXTS REFERENCED AT THE END OF THIS DOCUMENT. THE NETWORK TAKES NO RESPONSIBILITY FOR THE VALIDITY OR ACCURACY OF THIS INFORMATION OR FOR ITS SAFETY OR EFFECTIVENESS, NOR FOR ANY USE THEREOF. WHICH IS AT THE SOLE RISK OF THE LICENSED PHARMACIST. THE PHARMACIST IS ADVISED THAT THE SUGGESTED FORMULA IS PRESENTED AT A SPECIFIED STRENGTH AND QUANTITY, AND THAT ADJUSTMENTS MAY BE NEEDED TO MEET SPECIFIC PATIENT NEEDS AND IN ACCORDANCE WITH A LICENSED PRESCRIBER'S PRESCRIPTION. FURTHER, THE FORMULA SHOULD ONLY BE PROVIDED UPON THE REQUEST AND AUTHORIZATION OF A LICENSED PRESCRIBER. PHARMACISTS USING THIS SUGGESTED FORMULA ARE ADVISED THAT ITS USE AS A MEANS OF THERAPEUTIC INTERVENTION IS BASED ON THE PRESCRIBER'S INDEPENDENT CLINICAL JUDGEMENT AND THE PROFESSIONAL EXPERTISE OF THE PHARMACIST. THE PHARMACIST MUST EMPLOY APPROPRIATE TESTS TO DETERMINE THE PRECISE STABILITY OF THIS SUGGESTED FORMULA. NO CLAIMS ARE BEING MADE AS TO THE SAFETY OR CLINICAL EFFICACY OF THIS SUGGESTED FORMULA. THE NETWORK CANNOT BE HELD LIABLE TO ANY PERSON OR ENTITY CONCERNING CLAIMS, LOSS, OR DAMAGE CAUSED BY, OR ALLEGED TO BE CAUSED BY, DIRECTLY OR INDIRECTLY, THE USE OR MISUSE OF THE INFORMATION CONTAINED IN THIS SUGGESTED FORMULA. FURTHERMORE, THE NETWORK, TAKES NO RESPONSIBILITY AND MAKES NO RECOMMENDATIONS IN DISPENSING THIS PRODUCT. IN ALL CASES IT IS THE RESPONSIBILITY OF THE LICENSED PHARMACIST TO KNOW THE LAW, TO COMPOUND ANY FINISHED PRODUCT AND TO DISPENSE THESE PRODUCTS IN ACCORDANCE WITH FEDERAL AND STATE LAW.



TELEPHONE: 514-905-5096 FAX: 514-905-5097 technicalservices@medisca.net

7/20/2007; page 6

| Suggested Formula | Hydroxyprogesterone Caproate 250 mg/mL Intramuscular Injection (Solution, 100 mL) | FIN | F 000 989v2 |
|----------------------|---|-----|-------------|
|----------------------|---|-----|-------------|

REFERENCES

| 1. | USP <797> Pharmaceutical Compounding – Sterile Preparations. US Pharmacopeial Convention, Inc. <i>United States Pharmacopeia XXVIII / National Formulary 23</i> . Rockville, MD: US Pharmacopeial Convention, Inc; 2004: 2461. |
|----|--|
| 2. | Parenteral Preparations. In: Allen, LV, Jr. <i>The Art, Science and Technology of Pharmaceutical Compounding</i> . American Pharmaceutical Association; 1998: 251. |
| 3. | Benzyl Alcohol. In: Rowe RC. <i>Handbook of Pharmaceutical Excipients</i> , 4 th Edition. American Pharmaceutical Association; 2003:53. |
| 4. | Benzyl Benzoate. In: Rowe RC. <i>Handbook of Pharmaceutical Excipients</i> , 4 th Edition. American Pharmaceutical Association; 2003:56. |
| 5. | Cottonseed Oil. In: Rowe RC. <i>Handbook of Pharmaceutical Excipients</i> , 4 th <i>Edition</i> . American Pharmaceutical Association; 2003:176. |
| 6. | Hydroxyprogesterone Caproate. In: Sweetman SC, ed. <i>Martindale: The Complete Drug Reference</i> , 34 th Edition. London, England: The Pharmaceutical Press; 2005: 1556. |
| 7. | Hydroxyprogesterone Caproate (Monograph). In: O'Neil MJ. <i>The Merck Index 13th Edition</i> . Whitehouse Station, NJ: Merck & Co, Inc.; 2001: 867. |
| 8. | Hydroxyprogesterone Caproate (Monograph). US Pharmacopeial Convention, Inc. <i>United States Pharmacopeia XXVIII/ National Formulary 23.</i> Rockville, MD: US Pharmacopeial Convention, Inc; 2004: 978. |
| 9. | Hydroxyprogesterone Caproate Injection (Monograph). US Pharmacopeial Convention, Inc. <i>United States Pharmacopeia XXVIII / National Formulary 23</i> . Rockville, MD: US Pharmacopeial Convention, Inc; 2004: 978. |

DISCLAIMER: MEDISCA NETWORK INC. & RÉSEAU MEDISCA NETWORK INC., HEREBY REFERRED TO AS 'THE NETWORK', HAVE PROVIDED THE FORMULA AND INSTRUCTIONS ABOVE AS A MODEL FOR EDUCATIONAL PURPOSES ONLY ON THE BASIS OF THE RECOGNIZED COMPENDIA AND TEXTS REFERENCED AT THE END OF THIS DOCUMENT. THE NETWORK TAKES NO RESPONSIBILITY FOR THE VALIDITY OR ACCURACY OF THIS INFORMATION OR FOR ITS SAFETY OR EFFECTIVENESS, NOR FOR ANY USE THEREOF. WHICH IS AT THE SOLE RISK OF THE LICENSED PHARMACIST. THE PHARMACIST IS ADVISED THAT THE SUGGESTED FORMULA IS PRESENTED AT A SPECIFIED STRENGTH AND QUANTITY, AND THAT ADJUSTMENTS MAY BE NEEDED TO MEET SPECIFIC PATIENT NEEDS AND IN ACCORDANCE WITH A LICENSED PRESCRIBER'S PRESCRIPTION. FURTHER, THE FORMULA SHOULD ONLY BE PROVIDED UPON THE REQUEST AND AUTHORIZATION OF A LICENSED PRESCRIBER. PHARMACISTS USING THIS SUGGESTED FORMULA ARE ADVISED THAT ITS USE AS A MEANS OF THERAPEUTIC INTERVENTION IS BASED ON THE PRESCRIBER'S INDEPENDENT CLINICAL JUDGEMENT AND THE PROFESSIONAL EXPERTISE OF THE PHARMACIST. THE PHARMACIST MUST EMPLOY APPROPRIATE TESTS TO DETERMINE THE PRECISE STABILITY OF THIS SUGGESTED FORMULA. NO CLAIMS ARE BEING MADE AS TO THE SAFETY OR CLINICAL EFFICACY OF THIS SUGGESTED FORMULA. THE NETWORK CANNOT BE HELD LIABLE TO ANY PERSON OR ENTITY CONCERNING CLAIMS, LOSS, OR DAMAGE CAUSED BY, OR ALLEGED TO BE CAUSED BY, DIRECTLY OR INDIRECTLY, THE USE OR MISUSE OF THE INFORMATION CONTAINED IN THIS SUGGESTED FORMULA. FURTHERMORE, THE NETWORK, TAKES NO RESPONSIBILITY AND MAKES NO RECOMMENDATIONS IN DISPENSING THIS PRODUCT. IN ALL CASES IT IS THE RESPONSIBILITY OF THE LICENSED PHARMACIST TO KNOW THE LAW, TO COMPOUND ANY FINISHED PRODUCT AND TO DISPENSE THESE PRODUCTS IN ACCORDANCE WITH FEDERAL AND STATE LAW.