

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

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Suggested Formula	Chloroquine Phosphate 50 mg/mL Oral Liquid (Solution, 15 mL)	FIN	F 001 767v2
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Note: Chloroquine Phosphate 50 mg/mL is approximately equivalent to Chloroquine 30 mg/mL

SUGGESTED FORMULATION

Ingredient Listing	Qty.	Unit	NDC #	Supplier	Lot Number	Expiry Date
Chloroquine Phosphate, USP	0.750	g				
Chocolate Flavor	0.2	mL				
Medisca Oral Syrup (Flavored Vehicle)	12.0	mL				
Medisca Oral Syrup (Flavored Vehicle)	q.s. to 15.0	mL				

SPECIAL PREPARATORY CONSIDERATIONS

<u>Ingredient-Specific Information</u>		9,1
Hygroscopic (protect from moi	sture whenever possible):	Chloroquine Phosphate
Light Sensitive (protect from li	ght whenever possible):	Chloroquine Phosphate
Suggested Preparatory Guidelines		
Non-Sterile Preparat	ion	
Processing Error / Testing Considerations:		considerations during preparation, it is suggested to of the required quantities of ingredients.
Special Instruction:	Protective apparel, such as a lab of should always be worn.	coat, disposable gloves, eyewear and face-masks
	•	f very small quantities of ingredients. All calculations be verified before dispensing the final product.



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SUGGESTED PREPARATION (for 15 mL)

Weigh and / or measure the following ingredients when appropriate:

End result: Homogeneous liquid-like solution.

Ingredient Listing	Qty.	Unit	Multiplication factor (*):	Processing Error	Qty. to measure
Chloroquine Phosphate, USP §	0.750	g			
Chocolate Flavor	0.2	mL			
Medisca Oral Syrup (Flavored Vehicle)	12.0	mL			
Medisca Oral Syrup (Flavored Vehicle)	q.s. to 15.0	mL			

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

	Preparatory Instruction					
1.	Powder-liquid preparation:					
	A. Triturate the Chloroquine Phosphate to form a fine, homogeneous powder.					
	B. Levigate the fine, homogeneous powder (Step 1A) with the Chocolate Flavor.					
	End result: Homogeneous liquid-like dispersion.					
2.	Medium integration:					
	A. Incrementally add the homogeneous liquid-like dispersion (Step 1B) to the Oral Syrup (Flavored Vehicle) (12.0 mL <i>plus</i> processing error adjustments).					
	Specifications: Continuously mix until all solid particles have completely dissolved.					
	End result: Homogeneous liquid-like solution.					
3.	Filling to volume:					
	A. Add additional Oral Syrup (Flavored Vehicle) to the mixture (Step 2A) to fill to the required batch size (15.0 mL <i>plus</i> processing error adjustments).					
	Specifications: Continuously mix.					



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4. **Product transfer:**

Transfer the final product into the specified dispensing container (see "Packaging requirements").

SUGGESTED PRESENTATION

Estimated Beyond-Use Date		14 days, refrigerated, as per USP.	Packa Requirem		 Tightly closed, light-resistant dispensing bottle. To be administered with a metered dosemeasuring device.
	1	Use as directed. Do not exceed dose.	d prescribed	5	Cap tightly after use.
	2	Keep out of reach of children.	n of children.		May impair mental and/or physical ability. Use care when operating a car or machinery.
Auxiliary Labels	3	Consult your health care practit other prescription or over medications are currently being prescribed for future use.	-the-counter	7	Keep refrigerated. Do not freeze.
	Do not take with alcohol, sleep aids, tranquilizers or other CNS depressants.		8	Protect from light.	
Pharmacist Instructions	Ad	d any auxiliary labels specific to t	he active to the	ne disp	pensing container as deemed necessary.
Patient Instructions	Co	ntact your pharmacist in the event	of adverse re	actior	ns.



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