

Interpretation of Prescriptions Medication Orders

Reference text: Pharmaceutical Calculation by Stoklosa; Latest edition.

No	Lecture title
1.	Some fundamentals of measurements and calculations.
2.	Interpretation of prescription or medication orders.
3.	The metric system.
4.	Calculation of doses.
5.	Reducing and enlarging formulas.
6.	Density, specific gravity and specific volume.
7.	Percentage and ratio strength calculation.

Lecturer:

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Pharmaceutics

Interpretation of Prescriptions and Medication Orders

Common topics

- Demonstrate an understanding of the format and components of a typical prescription.
- Demonstrate an understanding of the format and components of a typical medication order.
- Interpret correctly standard abbreviations and symbols used on prescriptions and medication orders.
- Differentiate between patient compliance and noncompliance and apply calculations to determine compliancy.

Interpretation of Prescriptions and Medication Orders

Definitions

A prescription is an order for medication issued by a physician, dentist, or other properly licensed medical practitioner.

Compounding: the quantities of active and inactive components to use in the extemporaneous preparation of a pharmaceutical product, including the use of stock solutions and/or prefabricated dosage units in the process.

Pharmacy compounding involves the mixing, assembling, packaging, and labeling of a medication on receipt of a prescription order for a specific patient and FDA permit the advance preparation of very limited quantities of compounded products.

Chemical-physical factors including calculations to make solutions isotonic, iso-osmotic, equimolar, or buffered.

Pharmacoeconomics: including medication costs, cost-benefit analysis, cost-effectiveness analysis, alternative treatment plans, and medication pricing.

Interpretation of Prescriptions and Medication Orders

A prescription to be prepared by a pharmacist and administered to a particular patient

Components of a typical prescription

Parts labeled are as follows:

- (1) Prescriber information and signature
- (2) Patient information
- (3) Date prescription was written
- (4) symbol (the Superscription), meaning “take thou,” “you take,” or “recipe”
- (5) Medication prescribed (the Inscription)
- (6) Dispensing instructions to the pharmacist (the Subscription)
- (7) Directions to the patient (the Signa)
- (8) Special instructions. It is important to note that for any Medicaid or Medicare prescription and according to individual state laws, a handwritten language by the prescriber, such as “Brand necessary,” may be required to disallow generic substitution.

(1) John M. Brown, M.D.
100 Main Street
Libertyville, Maryland
Phone 123-4567

(2) Name Mary Smith Date Jan 9, 2014
Address 123 Broad Street

(4) R

(5) Lipitor 10 mg

(6) Tabs No. 30

(7) Sig: tab i every day

(8) Refill 6 times
Label: Yes No
Generic if available: Yes No

J.M. Brown, M.D.
DEA No. 1234563
State License No. 65432

A prescription may include the chemical (generic) name of the substance or the trademark name (manufacturer's brand)

Interpretation of Prescriptions and Medication Orders

Medication order for an infant, child, or an elderly person may also include the age, weight, and/or body surface area (BSA) of the patient

Example of a prescription for a pediatric

Mary M. Brown, M.D.
Pediatric Clinic
110 Main Street
Libertyville, Maryland
Phone 410-1234

Name Suzie Smith Age 5 Weight 39.4 lb
Address 123 Broad Street Date Jan 9, 20yy

R Omnicef Oral Suspension
125 mg/5 mL
Disp. 100 mL
Give 14 mg/kg/day x 10 days

sig: _____ tsp q 12 h

Fill 0 times
Label: Yes No
Generic if available: Yes No

Mary Brown, M.D.
DEA No. MB5555555
State License No. 23456

Interpretation of Prescriptions and Medication Orders

Example of a prescription written for a generic drug

John M. Brown, M.D.
100 Main Street
Libertyville, Maryland
Phone 123-4567

Name Brad Smith Date Jan 9, 20yy
Address 123 Broad Street
RX 1234576

R Amoxicillin 250 mg/5 mL
Disp. 100 mL
Sig: two tsp. every 12 hours
until gone

Refill 0 times
Label: Yes No
Generic if available: Yes No

JM Brown, M.D.
DEA No. CB1234563
State License No. 65432

John M. Brown, M.D.
100 Main Street
Libertyville, Maryland
Phone 123-4567

Name Neil Smith Date Jan 9, 20yy
Address 123 Broad Street

R Metoclopramide HCL 10 g
Methylparaben 50 mg
Propylparaben 20 mg
Sodium Chloride 800 mg
Purified Water, qs ad 100 mL

M. ft. nasal spray
Sig: Nasal spray for chemotherapy-
induced emesis. Use as directed.
Discard after 60 days.

Refill 0 times
Label: Yes No
Generic if available: Yes No

JM Brown, M.D.
DEA No. CB1234563
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Example of a prescription requiring compounding

Interpretation of Prescriptions and Medication Orders

Drug-specific forms may be used, as for heparin dosing, electrolyte infusions, and morphine sulfate in patient-controlled anesthesia

City Hospital Patient Controlled Anesthesia (PCA) Orders <u>MORPHINE SULFATE INJECTION, 1 mg/mL</u>		
Patient Information (Label)		
Physician:		
Date:		Time:
1. Mode (check)	<input type="checkbox"/> PCA <input type="checkbox"/> Continuous <input type="checkbox"/> PCA & Continuous	
		DOSING GUIDELINES
2. PCA Dose	= _____ mL (mg)	1 mL (1 mg)
3. Period between Injections	= _____ minutes	10 minutes
4. Basal (Continuous) Rate	= _____ mL (mg)/hr	1 mL (1 mg)/hr
5. One-Hour Limit	= _____ mL (mg)	7 mL (7 mg)
6. Initial Loading Dose	= _____ mL (mg)	2-5 mL (2-5 mg)
7. Additional Instructions:		
Physician's Signature _____		

Example of a hospital form for prescribing a specific drug treatment: Patient-Controlled Anesthesia

Interpretation of Prescriptions and Medication Orders

e-prescriptions

- In the inpatient or outpatient setting, a medication order, for a patient is entered into an automated data entry system as a personal computer (PC) or a handheld device loaded with ***e-prescribing software and sent to a pharmacy as an e-prescription.***
- ***When*** received, a pharmacist immediately reduces the order to a hard copy and/or stores it as a computer file.

Interpretation of Prescriptions and Medication Orders

Advantages cited for e-prescriptions over traditional paper prescriptions

- ✓ *Reduced* errors due to prescription legibility;
- ✓ Concurrent software screens for drug interactions;
- ✓ Reduced incidence of altered or forged prescriptions;
- ✓ Efficiency for both prescriber and pharmacist; and,
- ✓ Convenience to the patient, whose prescription would likely be ready for pick-up upon arrival at the pharmacy

Interpretation of Prescriptions and Medication Orders

Prescription and Medication Order Accuracy

It is the responsibility of the pharmacist to ensure that each prescription and medication order received is correct in its form and content; is appropriate for the patient being treated; and is subsequently filled, labeled, dispensed, and administered accurately.

In essence, each medication should be:

- Therapeutically appropriate for the patient;
- Prescribed at the correct dose;
- Dispensed in the correct strength and dosage form;
- Correctly labeled with complete instructions for the patient or caregiver; and
- For the patient in a hospital or other health care facility, each medication must be administered to the correct patient, at the correct time, and by the correct rate and route of administration.

Interpretation of Prescriptions and Medication Orders

Roman Numerals on Prescriptions

Roman numerals commonly are used in prescription writing to designate quantities

Letters of fixed value used in the Roman system

ss	=	$\frac{1}{2}$	L or l	=	50
I, i, or j	=	1	C or c	=	100
V or v	=	5	D or d	=	500
X or x	=	10	M or m	=	1000

Interpretation of Prescriptions and Medication Orders

Combining these letters are expressed as follows

- (1) Two or more letters express a quantity that is the sum of their values if they are successively equal or smaller in value:

ii = 2	xx = 20	ci = 101	dc = 600
iii = 3	xxii = 22	cv = 105	mi = 1001
vi = 6	xxxiii = 33	cx = 110	mv = 1005
vii = 7	li = 51	cl = 150	mx = 1010
viii = 8	lv = 55	cc = 200	ml = 1050
xi = 11	lx = 60	di = 501	mc = 1100
xii = 12	lxvi = 66	dv = 505	md = 1500
xiii = 13	lxxvii = 77	dx = 510	mdclxvi = 1666
xv = 15	lxxxviii = 88	dl = 550	mm = 2000

- (2) Two or more letters express a quantity that is the sum of the values remaining after the value of each smaller letter has been subtracted from that of a following greater:

iv = 4	xxxix = 39	xcix = 99	cdxc = 490
ix = 9	xl = 40	cd = 400	cm = 900
xiv = 14	xli = 41	cdi = 401	cmxcix = 999
xix = 19	xliv = 44	cdxl = 440	MCDXCII = 1492
xxiv = 24	xc = 90	cdxliv = 444	MCMLXXXV = 1985

Interpretation of Prescriptions and Medication Orders

SELECTED ABBREVIATIONS, ACRONYMS, AND SYMBOLS USED IN PRESCRIPTIONS AND MEDICATION ORDERS^{a,b}

ABBREVIATION (LATIN ORIGIN ^c)	MEANING	ABBREVIATION (LATIN ORIGIN ^c)	MEANING
Prescription Filling Directions			
aa. or (ana)	of each	pt.	pint
ad (ad)	up to; to make	qt.	quart
disp. (dispensatur)	dispense	ss or ℥ (semissem)	one half
div. (dividatur)	divide	tbsp.	tablespoonful
d.t.d. (dentur tales doses)	give of such doses	tsp.	teaspoonful
ft (fiat)	make	Signa/Patient Instructions	
M. (mix)	mix	a.c. (ante cibos)	before meals
No. (numero)	number	ad lib. (ad libitum)	at pleasure, freely
non rep. or NR (non repetatur)	do not repeat	admin	administer
q.s. (quantum sufficit)	a sufficient quantity	A.M. (ante meridiem)	morning
q.s. ad (quantum sufficit ad)	a sufficient quantity to make	aq. (aqua)	water
Sig. (Signa)	write (directions on label)	ATC	around the clock
		b.i.d. (bis in die)	twice a day
		c or Ā (cum)	with
		d (die)	day
		dil. (dilutus)	dilute
		et	and

Quantities and Measurement

BSA	body surface area
cm ³	cubic centimeter or milliliter (mL)
f or fl (fluidus)	fluid
flʒ or fʒ	fluid dram (≈ teaspoonful, 5 mL)
flʒss or fʒss	half-fluidounce (≈ tablespoonful, 15 mL)
g	gram
gal	gallon
gtt (gutta)	drop
lb (libra)	pound
kg	kilogram
L	liter
m ² or M ²	square meter
mcg	microgram
mEq	milliequivalent
mg	milligram
mg/kg	milligrams (of drug) per kilogram (of body weight)
mg/m ²	milligrams (of drug) per square meter (of body surface area)
mL	milliliter
mL/h	milliliters (of drug administered) per hour (as through intravenous administration)
mOsm or mOsmol	milliosmoles
oz.	ounce

h. or hr. (hora)	hour
h.s. (hora somni)	at bedtime
I.c. (inter cibos)	between meals
min. (minutum)	minute
m&n	morning and night
N&V	nausea and vomiting
noct. (nocte)	night
NPO (non per os)	nothing by mouth
p.c. (post cibos)	after meals
P.M. (post meridiem)	afternoon; evening
p.o. (per os)	by mouth (orally)
p.r.n. (pro re nata)	as needed
q (quaque)	every
qAM	every morning
q4h, q8h, etc.	every ___ hours
q.i.d. (quarter in die)	four times a day
rep. (repetatur)	repeat
s (sine)	without
s.i.d. (somel in die)	once a day
s.o.s. (si opus sit)	if there is need; as needed
stat. (statim)	immediately
t.i.d. (ter in die)	three times a day
ut dict. (ut dictum)	as directed
wk.	week
Medications	
APAP	acetaminophen
ASA	aspirin
AZT	zidovudine

(continued)

Interpretation of Prescriptions and Medication Orders

(continued)

ABBREVIATION (LATIN ORIGIN ^a)	MEANING	ABBREVIATION (LATIN ORIGIN ^a)	MEANING	ABBREVIATION	MEANING	ABBREVIATION	MEANING
EES	erythromycin ethylsuccinate	D5NS	dextrose 5% in normal saline (0.9% sodium chloride)	HBP	high blood pressure	susp.	suspension
HC	hydrocortisone	D5W	dextrose 5% in water	HRT	hormone replacement therapy	syr. (syrupus)	syrup
HCTZ	hydrochlorothiazide	D10W	dextrose 10% in water	HT or HTN	hypertension	tab. (tableta)	tablet
MTX	methotrexate	elix.	elixir	IOP	intraocular pressure	Routes of Administration	
NTG	nitroglycerin	inj.	injection	MI	myocardial ischemia/ infarction	CIVI	continuous (24 hour) intravenous infusion
Clinical		NS	normal saline	OA	osteoarthritis	ID	intraocular
BM	bowel movement	1/2NS	half-strength normal saline	PT	patient	IM	intramuscular
BP	blood pressure	oint. or ungt. (unguentum)	ointment	SOB	shortness of breath	IT	intrathecal
BS	blood sugar	pulv. (pulvis)	powder	TPN	total parenteral nutrition	IV	intravenous
CHD	coronary heart disease	RL, R/L or LR	Ringer's Lactate or Lactated Ringer's	URI	upper respiratory infection	IVB	intravenous bolus
CHF	congestive heart failure	sol. (solutio)	solution	UTI	urinary tract infection	IV Drip	intravenous infusion
GERD	gastrointestinal reflux disease	supp. (suppositorium)	suppository	Dosage Forms/Vehicles		IVP	intravenous push
GI	gastrointestinal			amp.	ampul	IVPB	intravenous piggy back
GFR	glomerular filtration rate			cap.	capsule	NGT	nasogastric tube
GU	genitourinary			D5LR	dextrose 5% in lactated Ringer's	p.o. or PO (per os)	by mouth
HA	headache					rect.	rectal or rectum
						SL	sublingual
						SubQ	subcutaneously
						Top.	topically
						V or PV	vaginally

^a The abbreviations set in **boldface type** are considered most likely to appear on prescriptions. It is suggested that these be learned first.

^b In practice, periods and/or capital letters may or may not be used with the abbreviations. Some abbreviations, acronyms, and symbols have medication-error risks associated with their use. Therefore, the Institute for Safe Medication Practices (ISMP) and the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) have issued a list of items prohibited from use and others considered for prohibition (see text).⁶ These designated items are not included in Table 4.2, with the exception of *hs*, *subQ*, *AZT*, and *HCTZ*, which are included for instructional purpose due to their remaining use in practice.

⁶ Muldoon HC. *Pharmaceutical Latin*. 4th Ed. New York: John Wiley & Sons, 1952.

Interpretation of Prescriptions and Medication Orders

The correct interpretation of these abbreviations and prescription notations plays an important part in pharmaceutical calculations and thus in the accurate filling and dispensing of medication

Examples of prescription directions to the pharmacist:

- (a) *M. ft. ung.*
Mix and make an ointment.
- (b) *Ft. sup. no xii*
Make 12 suppositories.
- (c) *M. ft. cap. d.t.d. no. xxiv*
Mix and make capsules. Give 24 such doses.

Examples of prescription directions to the patient:

- (a) *Caps. i. q.i.d. p.c. et h.s.*
Take one (1) capsule four (4) times a day after each meal and at bedtime.
- (b) *gtt. ii rt. eye every a.m.*
Instill two (2) drops in the right eye every morning.
- (c) *tab. ii stat tab. 1 q. 6 h. × 7 d.*
Take two (2) tablets immediately, then take one (1) tablet every 6 hours for 7 days.

Interpretation of Prescriptions and Medication Orders

CASE IN POINT 4.1: A pharmacist received the following prescription, which requires the correct interpretation of abbreviations prior to engaging in calculations, compounding, labeling, and dispensing.

Rx

Lisinopril	
Hydrochlorothiazide aa.	10 mg
Calcium Phosphate	40 mg
Lactose q.s. ad	300 mg
M.ft. cap. i D.T.D. # 30	
Sig: cap. i AM a.c.	

- How many milligrams each of lisinopril and hydrochlorothiazide are required to fill the prescription?
- What is the weight of lactose required?
- Translate the label directions to the patient.

Interpretation of Prescriptions and Medication Orders

Case in Point 4.1

- (a) Since aa. means “of each,” 10 mg lisinopril and 10 mg hydrochlorothiazide are needed for each capsule. And since D.T.D. means “give of such doses,” 30 capsules are to be prepared. Thus,
- $$10 \text{ mg lisinopril} \times 30 \text{ (capsules)} = 300 \text{ mg lisinopril}$$
- and
- $$10 \text{ mg hydrochlorothiazide} \times 30 \text{ (capsules)} = 300 \text{ mg hydrochlorothiazide}$$
- are needed to fill the prescription.
- (b) Since q.s. ad means “a sufficient quantity to make,” the total in each capsule is 300 mg. The amount of lactose per capsule would equal 300 mg *less* the quantity of the other ingredients (10 mg + 10 mg + 40 mg), or 240 mg. Thus,
- $$240 \text{ mg lactose/capsule} \times 30 \text{ (capsules)} = 7200 \text{ mg} = 7.2 \text{ g lactose.}$$
- (c) Take one (1) capsule in the morning before breakfast.

Interpretation of Prescriptions and Medication Orders

Medication Scheduling and Patient Compliance

Medication scheduling may be defined as the frequency (i.e., times per day) and duration (i.e., length of treatment) of a drug's prescribed or recommended use.

Some medications, because of their physical, chemical, or biological characteristics or their dosage formulations, may be taken just once daily for optimum benefit, whereas other drug products must be taken two, three, four, or more times daily for the desired effect.

Interpretation of Prescriptions and Medication Orders

Patient compliance with prescribed and nonprescribed medications is defined as patient understanding and adherence to the directions for use.

The compliant patient follows the label directions for taking the medication properly and adheres to any special instructions provided by the prescriber and/or pharmacist.

Some of the different types of problems relating to patient compliance with medication are exemplified by the following examples.

Examples:

Rx Hydrochlorothiazide 50 mg
No. XC
Sig. i q AM for HBP

If the prescription was filled initially on April 15, on about what date should the patient return to have the prescription refilled?

Interpretation of Prescriptions and Medication Orders

Answer: 90 tablets, taken 1 per day, should last 90 days, or approximately 3 months, and the patient should return to the pharmacy on or shortly before July 15 of the same year.

Interpretation of Prescriptions and Medication Orders

℞ Penicillin V Potassium Oral Solution 125 mg/5 mL
Disp. _____ mL
Sig. 5 mL q 6h ATC × 10 d

How many milliliters of medicine should be dispensed?

Interpretation of Prescriptions and Medication Orders

Answer: 5 mL times 4 (doses per day) equals 20 mL times 10 (days) equals 200 mL.

A pharmacist may calculate a patient's percent compliance rate as follows:

$$\% \text{ Compliance rate} = \frac{\text{Number of days supply of medication}}{\text{Number of days since last Rx refill}} \times 100$$

Interpretation of Prescriptions and Medication Orders

Example:

What is the percent compliance rate if a patient received a 30-day supply of medicine and returned in 45 days for a refill?

$$\% \text{ Compliance rate} = \frac{30 \text{ days}}{45 \text{ days}} \times 100 = 66.6\%, \text{ answer.}$$

In determining the patient's actual (rather than apparent) compliance rate, it is important to determine if the patient had available and used extra days' dosage from some previous filling of the prescription.

Interpretation of Prescriptions and Medication Orders

Patient noncompliance is the failure to comply with a practitioner's or labeled direction in the self-administration of any medication.

Noncompliance may involve underdosage or overdosage, inconsistent or sporadic dosing, incorrect duration of treatment, and drug abuse or misadventuring with medications.

Patient noncompliance may result from a number of factors, including

- unclear or misunderstood directions,
- undesired side effects of the drug that discourage use,
- lack of patient confidence in the drug and/or prescriber,
- discontinued use because the patient feels better or worse,
- economic reasons based on the cost of the medication,
- absence of patient counseling and understanding of the need for and means of compliance,
- confusion over taking multiple medications, and other factors.
- frequently, patients forget whether they have taken their medications.

Interpretation of Prescriptions and Medication Orders

PRACTICE PROBLEMS

- Interpret each of the following *Subscriptions* (directions to the pharmacist) taken from prescriptions:
 - Disp. supp. rect. no. xii
 - M. ft. iso. sol. Disp. 120 mL.
 - M. et div. in pulv. no. xl
 - DTD vi. Non rep.
 - M. et ft. ungu. Disp. 10 g
 - M. et ft. caps. DTD xlvi
 - M. et ft. susp. 1 g/tbsp. Disp. 60 mL.
 - Ft. cap. #1. DTD no. xxxvi N.R.
 - M. et ft. pulv. DTD #C
 - M. et ft. I.V. inj.
 - Label: hydrocortisone, 20 mg tabs.
- Interpret each of the following *Signas* (directions to the patient) taken from prescriptions:
 - Gtt. ii each eye q. 4 h. p.r.n. pain.
 - Tbsp. i in $\frac{1}{3}$ gl. aq. q. 6 h.
 - Appl. a.m. & p.m. for pain prn.
 - Gtt. iv right ear m. & n.
 - Tsp. i ex aq. q. 4 or 5 h. p.r.n. pain.
 - Appl. ungu. left eye ad lib.
- Interpret each of the following taken from medication orders:
 - AMBIEN 10 mg p.o. qhs \times 5 d
 - 1000 mL D5W q. 8 h. IV c 20 mEq KCl to every third bottle.
 - Admin. Prochlorperazine 10 mg IM q. 3h. prn N&V
 - Caps i c aq. h.s. N.R.
 - Gtt. v each ear 3 \times d. s.o.s.
 - Tab. i sublingually, rep. p.r.n.
 - Instill gtt. ii each eye of neonate.
 - Dil. c = vol. aq. and use as gargle q. 5 h.
 - Cap. ii 1 h. prior to departure, then cap. i after 12 h.
 - Tab i p.r.n. SOB
 - Tab i qAM HBP
 - Tab ii q 6h ATC UTI
 - \mathfrak{z} ii 4 \times d p.c. & h.s.
 - \mathfrak{z} ss a.c. t.i.d.
 - Add crushed tablet to pet's food s.i.d.
 - Minocycline HCl susp. 1 tsp p.o. q.i.d. DC after 5 d.
 - Propranolol HCl 10 mg p.o. t.i.d. a.c. & h.s.
 - NPH U-100 insulin 40 Units subc every day A.M.
 - Cefamandole nafate 250 mg IM q. 12 h.
 - Potassium chloride 15 mEq p.o. b.i.d. p.c.
 - Vincristine sulfate 1 mg/m² pt. BSA.
 - Flurazepam 30 mg at HS prn sleep.
 - D5W + 20 mEq KCl/L at 84 mL/hour.
 - 2.5 g/kg/day amino acids TPN.
 - PROCRIT (epoetin alpha) stat. 150 units/kg subQ. 3 \times wk. \times 3–4 wks.

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4. (a) If a 10-mL vial of insulin contains 100 units of insulin per milliliter, and a patient is to administer 20 units daily, how many days will the product last the patient? (b) If the patient returned to the pharmacy in exactly 7 weeks for another vial of insulin, was the patient compliant as indicated by the percent compliance rate?
5. A prescription is to be taken as follows: 1 tablet q.i.d. the first day; 1 tablet t.i.d. the second day; 1 tablet b.i.d. \times 5 d; and 1 tablet q.d. thereafter. How many tablets should be dispensed to equal a 30-day supply?
6. In preparing the prescription in Figure 4.3, the pharmacist calculated and labeled the dose as "1 teaspoonful every 12 hours." Is this correct or in error?

7. Refer to Figure 4.1 and identify any errors or omissions in the following prescription label:

Patient: Mary Smith Dr: JM Brown
Date: Jan 9, 20yy
Take 1 capsule every day in the morning
Refills: 5

10. Refer to Figure 4.2 and identify any errors or omissions in a transcribed order for the first three drugs in the medication order.
 - (1) Propranolol, 40 mg orally every day
 - (2) Flutamide, 20 mg orally every morning
 - (3) Flurazepam, 30 mg at bedtime as needed for sleep

8. Refer to Figure 4.4 and identify any errors or omissions in the following prescription label:

Patient: Brad Smith Dr. JM Brown
Date: Jan 9, 20yy
Take two (2) teaspoonfuls every twelve (12) hours until all of the medicine is gone
Amoxicillin 250 mL/5 mL
Refills: 0

9. Refer to Figure 4.5 and identify any errors or omissions in the following prescription label:

Patient: Brad Smith Dr. JM Brown
Date: Jan 9, 20yy
Nasal spray for chemotherapy-induced emesis. Use as directed.
Discard after 60 days.
Metoclopramide HCl
10 g/100 mL Nasal Spray
Refills: 0