

**PEDIATRIC DRUG-DOSING RULES:
*ARE WE PRACTICING WHAT WE PREACH?***

By

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This is to certify that the Master's thesis of
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Abstract

Pediatric medication dosing is a complex process with many unique considerations not seen in other healthcare populations. Vendor-supplied dosing rule databases are commercially available for integration within many electronic health records order systems. The accuracy of these rules has not been evaluated in the informatics literature. Inaccurate or absent dosing rules in electronic order entry systems can lead to high numbers of false alerts and potentially compromises patient safety in an already vulnerable population.

Quantitative analysis of 7 months of medication orders and alerts from a large pediatric hospital was performed. Thirty medications were selected for study across 5 age ranges and 5 dosing parameters. The resulting 750 dosing rules from a commercial system formed the study corpus and were examined for accuracy against a gold standard created from traditional clinical resources.

Overall accuracy of the rules in the study corpus was 55.1% when the rules were transformed to fit *a priori* age ranges. Over a pediatric lifetime, the dosing rules were accurate an average of 57.6% of the days. Dosing rules pertaining to the newborn age range were as accurate as other age ranges on average, but exhibited more variability in accuracy when evaluated by medication type. Daily frequency dosing parameters showed more accuracy than total daily dose, single daily dose minimum, or single daily dose maximum.

This study demonstrates that the accuracy of a vendor-supplied dosing rules database is suboptimal when compared with traditional dosing sources, exposing a gap between formal dosing rules in commercial products and actual prescribing practices by pediatric care providers. More research on vendor-supplied databases is required in order to understand the effects of these products on safe prescribing in children.

Introduction

Clinical decision support (CDS) for medication dosing often relies upon vendor-supplied rule databases integrated within the electronic health record (EHR), specifically within computerized provider order entry (CPOE) systems. These databases are comprised of electronic rules (eRules) with pre-specified dosing parameter thresholds that will initiate the presentation of system alerts to users when the rule has been violated. eRules with thresholds inconsistent with common dosing practices (or the absence of eRules altogether) can create a scenario of over-alerting and alert fatigue, which minimize the CDS opportunities that other system alerts may offer [1, 2]. An absence of eRules can lead to false alerting and undetected prescribing errors. Accurate drug dosing CDS is particularly important in pediatric settings as children are susceptible to increased dosing errors for many reasons that are unique to this population [3].

To date, no study has examined the accuracy and congruency of vendor-supplied eRules with respect to traditional pediatric dosing guidelines and rules found in commonly-used sources such as authoritative textbooks and online references. These longstanding sources are accepted as the gold standard for pediatric dosing and reflect everyday prescribing behaviors. Discordance between the vendor-supplied eRules and these sources for standard dosing practices will generate more false alerts, lead to alert fatigue, and increase the likelihood of adverse drug events.

Background

High numbers of medication-related errors and adverse drug events (ADEs) are known to occur in both inpatient and outpatient settings [4-8]. In one adult study, most preventable adverse drug events occurred at the ordering stage and the most common error was related to medication dosing [9]. In another large comprehensive study, 6% of all medication orders had errors. Serious medication errors occurred in 10 out of 100 admissions, over half of which were dosing or frequency errors [4]. Incorrect dosing is also the most common cause of death in the Federal Drug Administration's Adverse Event Reporting System [10].

Children seem to be especially vulnerable to dosing-related ADEs. Folli et al found that the majority of medication errors in their study related to dosing and the most at-risk populations of patients were children <2 years of age and ICU patients [11]. Overall rates of ADEs have also been noted to be higher in children (when compared to adults) in one study in a New York hospital [12].

Electronic health records (EHRs) with computerized provider order entry (CPOE) and effective clinical decision support (CDS) have shown the potential to reduce the risk of drug-related harm [4, 13-20]. The use of alerts is one common form of CDS that is used to assist with dosing guidance in CPOE systems. However, the drug-dosing rules used in electronic medication decision support systems generally originate from databases that are not necessarily tailored for pediatric use. As a result, EHR systems may inundate users with high numbers of false alerts. Due to the number and lack of accuracy of the alerts, the CDS is then largely ignored and

rendered useless through a human factors phenomenon called alert fatigue [1, 2, 21, 22]. Alert fatigue has the potential to undermine useful CDS because it may lead users to ignore accurate alerts as well as the inaccurate alerts.

Dosing-related alert fatigue is especially prevalent in pediatrics because of many age and size-specific considerations that add to the complexity of prescribing medications to this population. Pediatric drug dosing is more complex than adult dosing due to many factors including weight-based dosing, varying drug metabolism and physiology during development, and the increased off-label use of medications in children [7, 8]. Table 1 lists some of the more common factors that increase the complexity of prescribing medications to children.

The purpose of this study was to explore and characterize the inaccuracies that may exist within a common vendor-supplied dosing rules database, when compared to accepted dosing rules from traditional sources. The specific aims of the study were to:

- Determine match/fit characteristics between vendor-based dosing rules and dosing rules from traditional sources
- Determine which medications, age groups, and dosing parameter combinations most closely match traditional dosing guidelines
- Identify types of medications, age groups, and dosing parameter combinations that do not closely match traditional dosing guidelines

Table 1: Factors That Increase the Complexity of Prescribing Medications to a Pediatric Population [3, 7, 8, 23-26]

PRESCRIBING FACTOR	NOTES
Weight-based dosing	Children are usually dosed in milligrams of drug/kilogram weight (10 mg/kg) as opposed to “fixed” absolute dosing in adults, i.e. 100 mg.
Varying drug metabolism & physiology	As children develop, their physiologic properties change, which affects the pharmacokinetics and pharmacodynamics of drug metabolism.
Increase off-label use	50-75% of medications are labeled as having insufficient info for pediatric use
Accurate/changing weight in growing children	Weight often changes rapidly in children, which affects weight-based dosing.
Conversion of pounds to kilos	Most parents relate their children’s weight in the English system of weights (lbs. and ounces). Many prescribers and pharmacists must then convert that weight to the metric system (kilograms and grams). This conversion can create calculation errors.
Many formulations, preparations, concentrations	Medications often come in many different formulations with differing strengths. Oral forms often have several concentrations to consider.
Total daily dose divided into multiple doses	Pediatric dosing recommendations are often stated in total daily dosing, divided by a frequency of administration. This introduces chances of calculation errors.
Tenfold errors can occur easily	Pharmacists are less likely to recognize these errors due to familiarity with adult doses
Providers must know pediatric and adult dosing	Older and/or larger children may need to be prescribed an adult-like absolute dose if the calculated weight-based dose exceeds a maximum amount.

To demonstrate the characteristics of one vendor-supplied eRule database, a corpus was constructed of study medications using retrospective order and alert data from an established EHR system in a large quaternary pediatric institution. A comparison of these dosing rules with traditional dosing references was then performed.

Materials and Methods

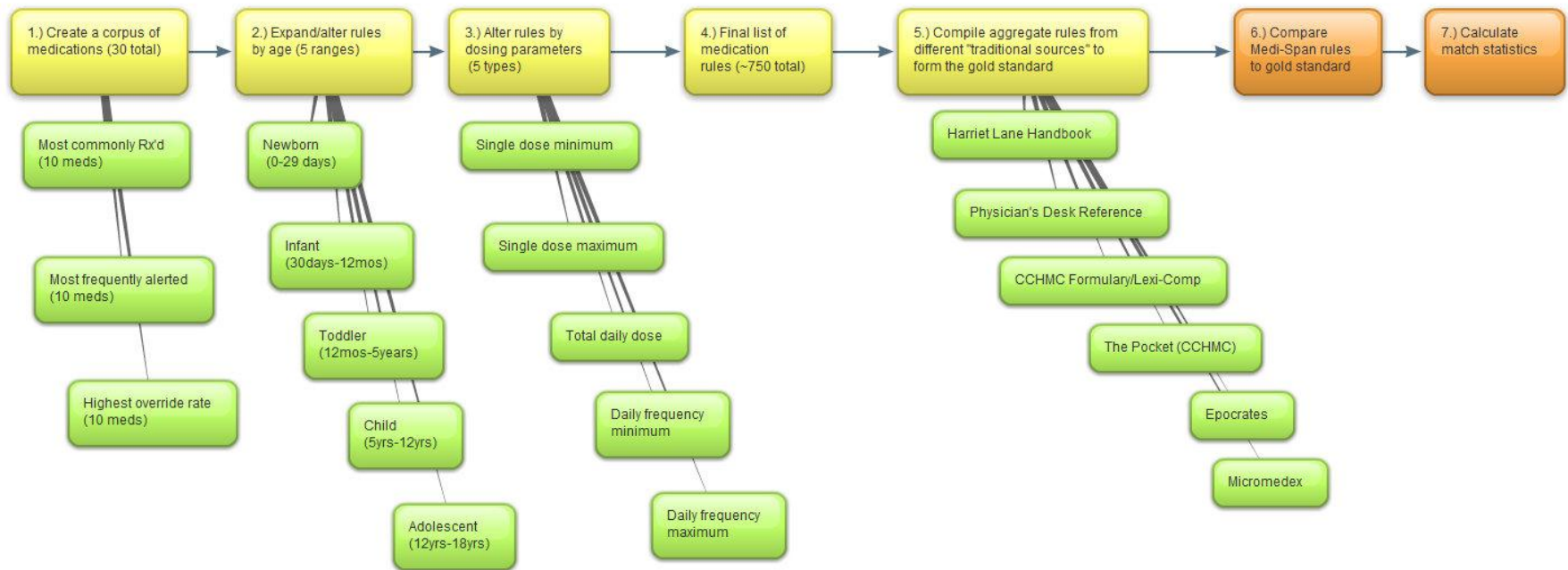
Cincinnati Children's Hospital Medical Center (CCHMC) is a large (523 bed) quaternary care pediatric center in the U.S. Midwest with over 1,000,000 patient encounters per year. CCHMC has one of the largest Emergency Departments in the country as well as having over a dozen satellite care centers. The average daily inpatient census is 360-400 patients. CCHMC has a fully implemented electronic health record (EpicCare®; Epic Systems Corporation, Verona, WI) with computerized provider order entry that generates roughly 300,000 drug alerts per month. Fifty percent of those alerts are in the drug-dosing category. Medication order alerts are triggered by the CPOE system referencing eRules supplied by Medi-Span® (Wolters Kluwer Health, Indianapolis, IN).

A retrospective, quantitative, cross-sectional study was performed to determine the congruence of proprietary vendor-supplied dosing eRules to traditional dosing guidelines. The study approach is demonstrated in Figure 1 and described in detail in the following sections.

The Institutional Review Board of CCHMC deemed this project exempt from review as all data obtained was de-identified prior to viewing by study personnel.

Figure 1: Study Process Outline

Nodes 1-5 represent construction of the study corpus eRules and gold standard dosing rules. Sub-nodes branching nodes 1-5 are their constituents. Nodes 6 and 7 represent the analysis portion of the study.



Creation of the Dosing Rule Study Corpus

The first step of the protocol was to identify candidate medications for study and to create a study corpus of dosing rules for those medications. Vendor-supplied eRules and created gold standard dosing rules corresponding to the study corpus dosing rules would then be selected for comparison. Three different subgroups of medication alerts were used to guide in the medication selection process for the study corpus. The subgroups chosen, the rationale for inclusion, and the selection criteria are shown in Table 2.

The subgroup of commonly prescribed medications was chosen because of the potential impact on the user, since these medications will invoke CDS rules frequently. The most commonly alerted medications and medications with the highest alert override rates were chosen to examine potentially problematic groups of medications. In order to determine which medications belonged to each of these

Table 2: Study corpus subgroups

CORPUS SUBGROUP	RATIONALE FOR INCLUSION	CRITERIA FOR SELECTION
Most commonly prescribed medications	Users will require/interact with dosing rules for these drugs frequently	Highest counts of distinct drug orders over the study period
Most commonly alerted medications	Highly-alerted drugs may predict poor underlying dosing rules	Drugs with the highest counts of dosing-related alerts
Medications with high alert override rates	High override rates may indicate poor dosing rules; CDS presented to users did not change prescribing behavior/alerts were overridden	Drugs with the highest override rates (required to have been ordered ≥ 200 instances during the study period)

groups, medication alerts and orders from the CCHMC electronic health record (EHR) clinical data repository (CDR) were used to populate a database by the CCHMC Department of Biomedical Informatics. The database contained order and alert data from a 7 month time period from June 1st, 2011 to December 31st, 2011. During this time period, there were 1,276,156 unique orders and 1,819,028 unique alerts. All prescribed orders and alerts from the CDR were included irrespective of provider type, patient type, and location of administration, except as noted below. Medication order and alert data from all clinical areas including inpatient, outpatient/ambulatory, and the emergency department were included. A list of the most commonly prescribed medications, the most alerted medications, and the medications with the highest rates of overriding by users was generated through queries against the database using Oracle SQL Developer software (version 3.0.04, Oracle, Redwood Shores, CA).

Orders for intravenous (IV) fluids and vaccines were excluded from consideration in the final corpus because the architecture of our CPOE system aggregates these orders into a high-level grouping which does not permit deft analysis. For example, the CPOE system has one order for IV fluids which can be modified with different constituents to meet the needs of patient care (such as ordering Normal Saline, Lactated Ringer's solution, etc.) All IV fluid orders are stored and counted as equal. With this underlying heterogeneity in mind, the decision was made to exclude IV fluids and vaccines from the study. Medications with less than 200 orders during the study period were also excluded to remove infrequently ordered medications from consideration.

The 10 most frequent medication formulations from each category were initially selected for study. Some medication formulations were found to belong to multiple subgroups of the corpus (such as prednisolone 15 mg/5 ml PO solution, which belonged to all 3 subgroups). To ensure that equal numbers of medications from each category were studied and that the total number of unique medication formulations studied was 30, the next most frequent medications from the different groups were selected in a rotational manner (e.g. the 11th most common drug was added to the corpus, followed by the 11th most alerted drug, 11th most overridden, 12th most common, etc.) The final list was comprised of the top 14 most commonly prescribed medications, the top 13 most alerted medications, and the top 13 most overridden medications. The medications selected for inclusion in the study are shown in Table 3. Formulation types include oral suspensions, injectable solutions, tablets, nebulized aerosols, inhalers, an otic suspension, a nasal spray, topical creams, an oral powder, ophthalmic drops, a topical applicator, oral capsules, oral syrup, and chewable tablets.

The 30 medications were then expanded by both dosing parameters and age groups to generate medication/dosing parameter/age group triads. Five medication dosing parameters were assigned to each of the 30 medications (2nd node in Figure 1).

Table 3: List of Study Corpus Medications by Subgroup

* denotes medication belongs to more than 1 subgroup

	COMMONLY PRESCRIBED MEDICATIONS	MOST ALERTED MEDICATIONS	HIGHEST OVERRIDDEN MEDICATIONS
1.)	Acetaminophen* 80 mg/0.8ml PO suspension	Acetaminophen* 80 mg/0.8ml PO suspension	Paricalcitol IV solution 5 mcg/ml
2.)	Fentanyl citrate* 0.05 mg/ml injectable solution	Oxymetazoline HCl* 0.05 % solution	Ipratropium bromide* 0.02 % in solution
3.)	Ibuprofen* 100 mg/5ml PO suspension	Acetaminophen* 325 mg PO tablets	Prednisolone Sodium* Phosphate 15 mg/5ml PO solution
4.)	Morphine sulfate 1 mg/ml injectable solution	Fentanyl citrate* 0.05 mg/ml injectable solution	Pentobarbital sodium injection 50 mg/ml
5.)	Acetaminophen* 325 mg PO tablets	Lidocaine cream 4%	Epoetin alfa 2000 unit/ml injection solution
6.)	Oxymetazoline HCl* 0.05 % solution	Polyethylene glycol 3350 oral powder	Antihemophilic factor-vwf 1000-2000 unit IV solution
7.)	Albuterol sulfate (2.5 mg/3ml) 0.083% Nebulization	Ondansetron HCl* 4 mg/2ml injectable solution	Fluoxetine HCl 20 mg PO capsules
8.)	Albuterol sulfate HFA 108 mcg/act in aerosol	Prednisolone Sodium* Phosphate 15 mg/5ml PO solution	Oxybutynin chloride 5 mg/5ml PO syrup
9.)	Ondansetron HCl* 4 mg/2ml injectable solution	Ciprofloxacin HCl 0.3 % ophthalmic solution	Infliximab IV injection 100 mg
10.)	Bupivacaine HCl 0.25 % injectable solution	Ibuprofen* 100 mg/5ml PO suspension	Meropenem IV for solution 500 mg
11.)	Ibuprofen* 200 mg po tabs	Ibuprofen* 200 mg po tabs	Rocuronium bromide IV solution 10 mg/ml
12.)	Ciprofloxacin-dexamethasone 0.3-0.1 % otic suspension	Silver nitrate-potassium nitrate applicator 75-25%	Aspirin chew tablet 81 mg
13.)	Prednisolone Sodium* Phosphate 15 mg/5ml PO solution	Ipratropium bromide* 0.02 % in solution	Metronidazole tablet 500 mg
14.)	Cefazolin 100 /ml injectable solution		

The dosing parameters used were:

- total daily dose
- single dose minimum
- single dose maximum
- daily frequency minimum
- daily frequency maximum

For instance, the medication Morphine sulfate was combined with each dosing parameter to create 5 new medication/dosing parameter dyads (Morphine sulfate/total daily dose, Morphine sulfate/single dose minimum, Morphine sulfate/single dose maximum, etc.). The medication/dosing parameter dyads were further divided by assigning each combination to five *a priori* age ranges (3rd node in Figure 1), creating medication/dosing parameter/age group triads. The five age groups correlate to ages that are similar physiologically and developmentally, and are accepted as standard age groupings in pediatrics:

- Newborns: 0-29 days
- Infants: 30-364 days
- Toddlers/Pre-school: 365-1824 days (1-5 years)
- School-Age Children: 1825-4379 days (5-12 years)
- Adolescents: 4380-6570 days (12-18 years)

Included in the study, then were 750 medication/dosing parameter/age group triads (30 medications x 5 dosing parameters x 5 age ranges = 750 combinations).

Table 4 shows an example of these triads for the medication Morphine sulfate.

Table 4: Study medication/dosing parameter/age group triads for Morphine sulfate

MEDICATION	DOSING PARAMETER	AGE GROUP
Morphine sulfate 1 mg/ml solution	Total daily dose	Newborns
		Infants
		Toddlers/Pre-School
		School-Age Children
		Adolescents
	Single dose minimum	Newborns
		Infants
		Toddlers/Pre-School
		School-Age Children
		Adolescents
	Single dose maximum	Newborns
		Infants
		Toddlers/Pre-School
		School-Age Children
		Adolescents
	Daily frequency minimum	Newborns
		Infants
		Toddlers/Pre-School
		School-Age Children
		Adolescents
Daily frequency maximum	Newborns	
	Infants	
	Toddlers/Pre-School	
	School-Age Children	
	Adolescents	

The eRules corresponding to each medication triad were then imported to a spreadsheet from the vendor-supplied commercial database. At times, the age groups in the eRules did not match the *a priori* age ranges. When needed, additional rows were added to match the specificity of the eRule. For instance, when the

meropenem IV solution total daily dose eRule had dosing ranges from 0-7 days and 8-29 days, the dosing rule for the medication triad "meropenem total daily dose for newborns" was replaced by two rows representing the two separate age groups in the eRule. Frequently, however, eRule dosing age ranges were large and spanned several of the *a priori* age ranges, e.g. a dosing rule that spanned 0-364 days and overlapped both newborn and infant ranges. Indications for dosing (diagnosis-related) and creatinine clearance-modified rules were not considered *per se*, although the widest possible dosing ranges from all rules available were recorded. In addition, only vendor-supplied rules were used; custom and locally-developed rules were ignored as they were not part of the original vendor product.

Creation of the Gold Standard

The next step in the protocol was to develop a gold standard for analysis of the accuracy of the eRules. Five traditional and respected sources were selected for constructing the gold standard medication-dosing guidelines :

- Harriet Lane Handbook, 19th edition [27]
- PDR.net®, Physician's Desk Reference, www.PDR.net [28]
- Epocrates® Online, www.online.epocrates.com [29]
- Micromedex® 2.0, <http://www.thomsonhc.com/micromedex2/librarian> [30]
- Lexi-Comp® Online (CCHMC formulary), <http://www.lexi.com/institutions/products/online> [31]

If the traditional source had dosing information available, that information was captured. If no rule was available in the traditional source, it was noted as "no rule"

available. Once information was entered from each source, it was aggregated into a gold standard rule by finding the most common doses and units amongst the traditional guidelines. For example, if acetaminophen dosing for medication triad was 75 mg/kg from 2 sources and 90 mg/kg from 3 sources, then 90 mg/kg was selected as the gold standard since it was the most common recommendation from the 5 traditional dosing sources. Two exceptions to this rule were allowed, as follows;

- 1) If dosing rules were available in any of the traditional sources, then those values were used as the gold standard even if the majority of the sources had no rule available.
- 2) If, after comparing the gold standard rule to the eRules, it was found that the dosing unit did not match (e.g. eRule dosing unit in mg/kg, gold standard rule unit in mg), the gold standard rule was changed to the most common traditional guideline scenario where the units were comparable. This exception was carried out to allow comparison and minimize bias.

Dosing Rule Matching

Once the gold standard dosing rules were created and the vendor-supplied dosing eRules were imported, analysis was performed by comparison of each eRule against its gold standard. The appendix demonstrates this comparison and represents the product of node 6 of Figure 1. Comparisons were deemed to either match or not match (mismatch). Matches were instances where the gold standard and the eRule had exactly the same values and units (“rule match”, analogous to a true positive

diagnostic test), or where no rule existed for either (“no rules available”, true negatives). Several situations would create a mismatch. Mismatches consisted of situations where dosing rule units were identical but values were not (“rule mismatch”), when units of the eRules and gold standard dosing rules were not equivalent and comparisons could not be made (“unit mismatch”), when a gold standard rule could not be constructed but an eRule was present (“eRule only”, false positive), or when no eRules were available but a gold standard rule existed (“absent eRule”, false negative). Mismatches where units were similar but values were not were further subdivided by their tendency to over-alert or under-alert. All statistics of matching were calculated as proportions and percentages.

Primary Analysis

To evaluate the congruency of eRules and gold standard dosing rules in a clinically relevant manner, matching was first analyzed by investigating the quality of matching across the 5 *a priori* age ranges (newborns, infants, toddlers/pre-school, school-age children, and adolescents). Analysis in this fashion allowed the investigator to determine if eRules were a better fit for one or more standard age ranges when compared to the other ranges.

The first step of the primary analysis was to map the matched/mismatched corpus dosing rules to the *a priori* age ranges. Any of our generated corpus rules that had an overlapping age range with the *a priori* age range of interest was assigned to, and considered part of the *a priori* age group. For instance, cefazolin 100mg/ml injectable solution had 2 rules that overlapped the newborn period (rule 1 for 0-7

days, rule 2 for 8-364 days); both rules had to match exactly for the dosing rule to be considered a match across the newborn period. If either one or both rules did not match, the eRule for that age range was considered a mismatch. In effect, this procedure transformed the dosing rules created in earlier steps into rules that fit the *a priori* age ranges. Matching statistics by age range were calculated for the corpus by age range, by dosing parameter, by combinations of medication subgroups and age range, and by combinations of subgroups and dosing parameters.

Secondary Analysis

For the secondary analysis, the proportion of rule matching across the entire typical pediatric age range was analyzed, without considering the *a priori* age ranges used in the primary analysis. In this analysis, the proportion of the pediatric lifetime that a given eRule would match the gold standard was calculated, that is, the proportion of the first 6570 days of life (0-18 years) that an eRule would match traditional dosing rules. This analysis was performed to give a sense of how frequently a match between eRules and gold standard rules would occur on any given day of a patient's first 18 years of life, irrespective of *a priori* age ranges (i.e. the rules were not transformed as was executed in the primary analysis). Rule matching across all corpus rules, by dosing parameter, and by subgroups was calculated.

Results

Primary Analysis

Seven hundred and fifty pairs of dosing rules (for each medication/dosing parameter/age range triads) were available for comparison. Table 5 displays the aggregate number of matches and proportion of rules that matched for age range and dosing parameter. Each age range and dosing parameter grouping consisted of 150 rules after transformation of the original rules to fit the *a priori* age ranges. Table 5a demonstrates a similar proportion of matching across all 5 age categories (range: 52-57.3%). The range of matching percent when analyzing by dosing parameter is wider, spanning from 46% to 70% (Table 5b). Of the dosing

Table 5: *A priori* age range dosing rule match percentage by a. age range and b. dosing parameter

a. AGE RANGE	# MATCHES	RULES	PERCENT
Newborns (0-29 days)	81	150	54.0%
Infants (30-364 days)	78	150	52.0%
Toddlers/Pre-school (365-1824 days)	83	150	55.3%
School-Age Children (1825-4379 days)	86	150	57.3%
Adolescents (4380-6570 days)	85	150	56.7%
Total	413	750	55.1%

b. DOSING PARAMETER	# MATCHES	RULES	PERCENT
Total Daily Dose	71	150	47.3%
Single Dose Minimum	69	150	46.0%
Single Dose Maximum	70	150	46.7%
Daily Frequency Minimum	105	150	70.0%
Daily Frequency Maximum	98	150	65.3%
Total	413	750	55.1%

parameters, daily frequency minimum and daily frequency maximum had the best fit. The mean match of all *a priori*-adjusted dosing rules was 55.1%. Dosing rule match percentage was then examined in a more granular manner by examining the dosing rule fit when the rules were subdivided into age range and medication subgroup. Table 6 shows that common medications had a higher match percentage (66.3%) than the most alerted subgroup (61.2%), as well as the medications with the highest override rates (46.5%). The high override rate subgroup also had the

Table 6: Dosing rule match percentage by age range and medication subgroup

MEDICATION SUBGROUP/ AGE RANGE	# MATCHES	# RULES	PERCENT
COMMON MEDICATIONS			
Newborns (0-29 days)	55	70	78.6%
Infants (30-364 days)	48	70	68.6%
Toddlers/Pre-school (365-1824 days)	43	70	61.4%
School-Age Children (1825-4379 days)	44	70	62.9%
Adolescents (4380-6570 days)	42	70	60.0%
Total	232	350	66.3%
MOST ALERTED MEDICATIONS			
Newborns (0-29 days)	40	65	61.5%
Infants (30-364 days)	35	65	53.9%
Toddlers/Pre-school (365-1824 days)	38	65	58.5%
School-Age Children (1825-4379 days)	43	65	66.2%
Adolescents (4380-6570 days)	43	65	66.2%
Total	199	325	61.2%
MEDICATIONS WITH HIGHEST OVERRIDE RATE			
Newborns (0-29 days)	21	65	32.3%
Infants (30-364 days)	27	65	41.5%
Toddlers/Pre-school (365-1824 days)	36	65	55.4%
School-Age Children (1825-4379 days)	33	65	50.8%
Adolescents (4380-6570 days)	34	65	52.3%
Total	151	325	46.5%

highest range, spanning from 32.3-55.4% (23.1%). Newborn common medication dosing rules had the best fit of all age ranges (78.6%), but had the worst fit in the highest overridden medications subgroup (32.3%).

Table 7 displays the results for the match percentages for dosing rules when grouped by dosing parameter and medication subgroup. In each medication subgroup the frequency dosing parameters had a higher match percentage than total daily dose, single dose minimum, and single dose maximum.

Table 7: Dosing rule match percentage by dosing parameter and medication subgroup

SUBGROUP/ DOSING PARAMETER	# MATCHES	RULES	PERCENT
COMMON MEDICATIONS			
Total Daily Dose	45	70	64.3%
Single Dose Minimum	32	70	45.7%
Single Dose Maximum	40	70	57.1%
Daily Freq Minimum	55	70	78.6%
Daily Freq Maximum	60	70	85.7%
Total	232	350	66.3%
MOST ALERTED MEDICATIONS			
Total Daily Dose	32	65	49.2%
Single Dose Minimum	36	65	55.4%
Single Dose Maximum	37	65	56.9%
Daily Freq Minimum	50	65	76.9%
Daily Freq Maximum	44	65	67.7%
Total	199	325	61.2%
MEDICATIONS WITH HIGHEST OVERRIDE RATE			
Total Daily Dose	24	65	36.9%
Single Dose Minimum	31	65	47.7%
Single Dose Maximum	23	65	35.4%
Daily Freq Minimum	39	65	60.0%
Daily Freq Maximum	34	65	52.3%
Total	151	325	46.5%

Secondary Analysis

Dosing rule match statistics were calculated for the number of days eRules matched the gold standard rules over the course of a pediatric lifetime (0-18 years or 6570 days). This data is presented in Tables 8 and 9. In Table 8, the daily frequency parameters had higher match rates (82.1 and 69.1%) than total daily dose, single dose minimum and single dose maximum rules (50.0%, 45.2%, 49.4% respectively).

Table 8: Dosing rule match over the pediatric lifetime (0-18 years) by dosing parameter

DOSING PARAMETER	NUMBER OF MATCHING DAYS	MATCH %
Total Daily Dose	3283/6570	50.0%
Single Dose Minimum	2972/6570	45.2%
Single Dose Maximum	3248/6570	49.4%
Daily Frequency Minimum	5393/6570	82.1%
Daily Frequency Maximum	4541/6570	69.1%

The average number of days and the match percentage of dosing rules grouped by medication rules subgroup and dosing parameter are shown in Table 9. The average number of matching days for a commonly prescribed medication, when the rule pertains to total daily dose, is 62.2%. In other words, 62.2% of the time the total daily dosing eRule for one of these drugs will match the gold standard and the most common traditional dosing guidelines. This translates to 4600 days of the course of a patient's pediatric lifetime (6570 days) that an eRule would be accurate.

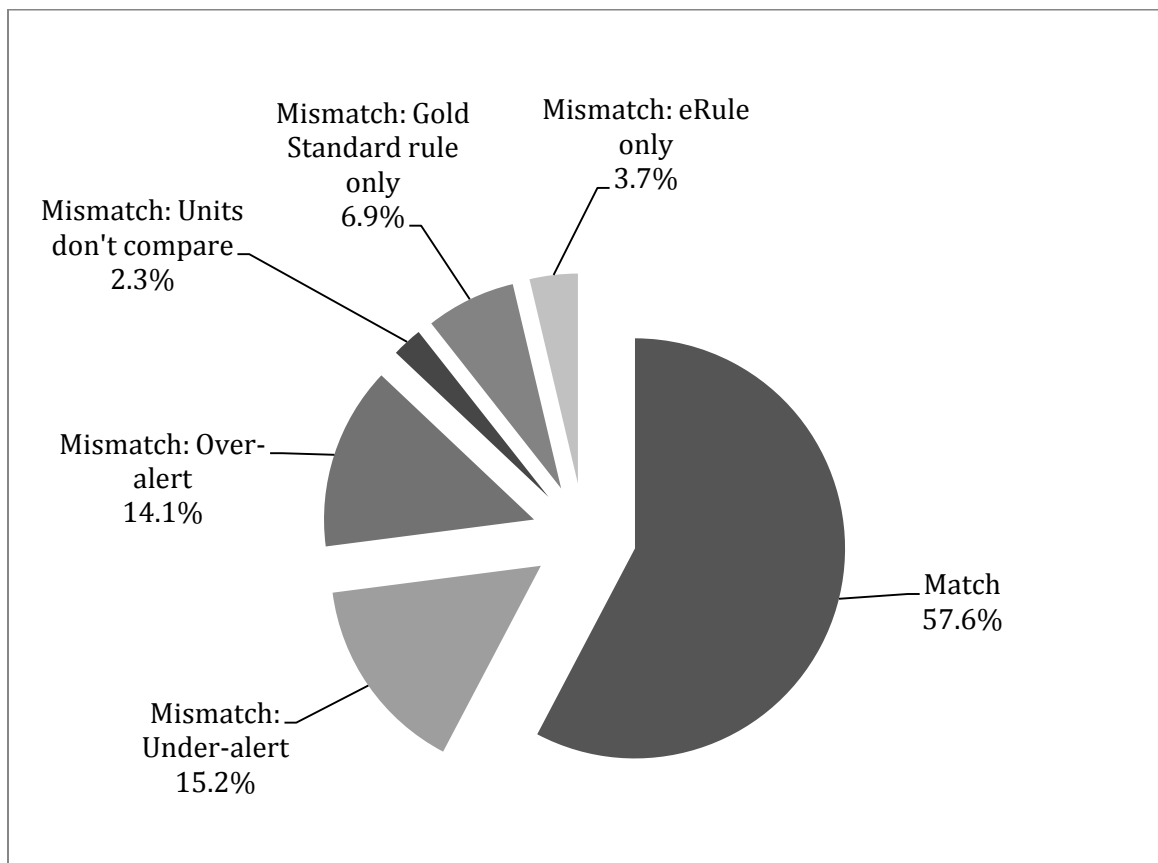
Table 9: Dosing rule match over the pediatric lifetime (0-18 years) by medication subgroup

RULES SUBGROUP/DOSING PARAMETER	AVERAGE NUMBER OF MATCHING DAYS	MATCH %
COMMONLY PRESCRIBED MEDICATIONS		
Total Daily Dose	4600/6570	62.2%
Single Dose Minimum	2460/6570	37.5%
Single Dose Maximum	3600/6570	54.8%
Daily Frequency Minimum	5184/6570	78.9%
Daily Frequency Maximum	5482/6570	83.4%
Mean Match % of Common Medications Rules		63.4%
MOST ALERTED MEDICATIONS		
Total Daily Dose	3176/6570	48.4%
Single Dose Minimum	3002/6570	45.7%
Single Dose Maximum	3568/6570	54.3%
Daily Frequency Minimum	5039/6570	76.7%
Daily Frequency Maximum	4600/6570	70.0%
Mean Match % of Most Alerted Medications Rules		59.0%
HIGHEST OVERRIDDEN MEDICATIONS		
Total Daily Dose	2738/6570	41.7%
Single Dose Minimum	3229/6570	49.2%
Single Dose Maximum	2421/6570	36.9%
Daily Frequency Minimum	4648/6570	70.8%
Daily Frequency Maximum	3543/6570	53.9%
Mean Match % of Highest Overridden Medications Rules		50.5%
Mean Match % of all Subgroups combined		57.6%

As seen in Tables 5, 7, and 8, Table 9 also shows that the highest match rates are found in the daily frequency parameters. Table 9 also demonstrates a higher match rate in the commonly prescribed medications rules (63.4%) than the most alerted medication rules (59.0%) and the medication alerts with the highest override rates (50.5%).

The proportion of matching and the various causes of mismatching were then calculated. Figure 2 displays the results. eRule mismatches that would lead to under-alerting providers that dosing was incorrect comprised the largest portion of the mismatches (15.2%), followed by mismatches that would lead to over-alerting (14.1%). Units of measure that could not be compared (e.g. milligrams versus milligrams/kilogram) and scenarios where either only an eRule or gold standard had rules present (and not the other) caused many fewer mismatches.

Figure 2: The proportion of eRules that matched and mismatched the gold standard rules over the course of the pediatric lifetime (0-18 years).



Discussion

This study's primary aim was to evaluate how well one vendor-supplied dosing eRules database matched common and accepted pediatric prescribing rules. Two different types of analyses were used to address that aim.

In the primary analysis, accuracy of the eRules was evaluated in the context of preselected age ranges. The central question was essentially how accurate eRules were in the setting of different *a priori* age ranges, as well as when grouped by dosing parameter or one of the three medication subgroups — commonly prescribed medications, medications with the highest number of alerts, and medications with highest alert override rates.

In the secondary analysis, matching of the dosing rules was evaluated with equal value for all days over the course of a pediatric patient's lifetime. The *a priori* age ranges used in the primary analysis were ignored and no transformation of the dosing rules took place. Examining the dosing rules in this manner gives a more summative view as to accuracy of an eRule across the pediatric lifecycle as opposed to a specific age range.

The most notable finding from the study data is that there is significant inaccuracy in the eRules in all groups. An aggregate match rate of 55.1% was found for all *a priori* dosing rules in the primary analysis, indicating that slightly more than 1 out of every 2 eRules exactly matched the most common dosing rules in the traditional pediatric dosing rule sources (i.e. gold standard). The secondary analysis of the

match rates without considering age ranges confirmed similar findings, showing that only 57.6% of all pediatric days covered by the eRules were accurate. Low rates like these are a strong contributor to the high number of false alerts reported in the literature and expose children to an increased likelihood of sustaining an adverse drug event related to erroneous dosing.

The accuracy of eRules did not drastically change when evaluated by age group. Newborns, generally considered the most vulnerable age group, had similar performance to all other age groups. To that point, the range of matching percentages for the 5 age groups in the primary analysis was quite small (52.0%-57.3%). However, the newborn age range eRules accuracy did exhibit great variability when examined by medication subgroup. Both the best matching percentage (78.6%, the common medications subgroup) and the worst matching percentage (32.3%, the medications with the highest alert override rates subgroup) of all age ranges occurred in the newborn eRules. On closer examination of the matches, several factors are felt to be responsible for these observations. Thirty-seven of the 55 newborn rule matches in the common medication subgroup matched because no rules were available in either the eRules or the gold standard. The matching rate would be considerably lower (calculated to be 54.5%) if the “true negatives” were removed from the calculation. The opposite is true with a similar examination of the rules belonging to the highest override rate medications subgroup. Only 12 newborn rules in the highest override rate subgroup match due to no rules existing in either source. There are many instances where no rule is available in 1 of the 2 sources, but not both simultaneously. From a clinical

perspective, however, it should be noted that most of the medications from the highest override subgroup are not commonly used in neonates, which likely limits the clinical impact of the high mismatch rates. Other age ranges in the highest override subgroup where use of the medications is more prevalent also demonstrated low matching rates; in these age ranges low rates are of more clinical significance since they would increase false dosing alerts presented to users.

Examination of the accuracy of eRules by dosing parameter showed that the daily frequency minimum and daily frequency maximum eRules were consistently more accurate than total daily dose, single dose minimum and single dose maximum eRules. This trend persisted when analysis was performed in the context of medication subgroups, and in both the primary and secondary analyses. This is likely due to the fact that dosing frequencies for many of the medications in our study corpus usually fall with a limited range of doses per day (typically 1-4 doses per day). Total daily dose, single dose minimum, and single dose maximum values are often much more variable, thereby increasing the chances of a mismatch.

The accuracy of eRules was also evaluated by considering the medication subgroup from which they originated. Aggregated eRules from the commonly prescribed medications were more like the gold standard rules than the most alerted medication rules, and were much more accurate than the eRules from the highest alert override rates subgroup. Evaluation of medication subgroup dosing rule matching when taking into account dosing parameter yielded similar results to that seen when all dosing rules were evaluated by medication subgroup only. There are

several explanations for this trend. Common medications are more likely to have formal established dosing rules than the other two medication subgroups, which would foster better matching rates. The eRules from the highest override rates subgroup were found to be more specialized medications, as opposed to the commonly prescribed and most alerted medications. The commonly prescribed and most alerted medications inclusion criteria takes into account frequencies of the medications or alerts in the CCHMC database, whereas the inclusion of highly overridden medications is based upon the override rate for medications that have been prescribed past a relatively low threshold. This design allows less frequently prescribed (and more specialized) medications to be eligible for inclusion. More specialized medications are likely to have less formal or established dosing rules, which would lead to lower match rates and accuracy of the eRules for this subset.

Regardless of approach, discrepancies of accuracy to the magnitude that were found in this study highlight several important aspects of pediatric dosing and the use of a vendor-supplied database to provide CDS around prescribing medications in children. First, the findings highlight that the eRules supplied by commercial vendors may not accurately reflect how pediatric providers are prescribing medications in everyday practice. Vendors of dosing rule databases may wish to limit legal liability by only including strictly accepted dosing guidelines, such as FDA-approved values, into their products. Many medications are used for off-label indications and prior to rigorous pharmacologic study in pediatric populations [26]. A repercussion of this situation is that data is not available for inclusion into commercial dosing rules databases. The gap between “by the book” dosing and

common prescribing practices then manifests as alerts and other forms of CDS within CPOE/EHR systems that users perceive as annoying, of limited utility, and misleading. Many institutions, including the author's, have struggled with alert overload and fatigue from high numbers of seemingly irrelevant or incorrect alerts when using unmodified rules databases. Dosing alerts represent the most common alert type in this institution and in others [4]. This phenomenon persists despite alert system configuration changes and many resource hours spent creating custom rules to override vendor-supplied rules.

Second, the findings of the analysis underscore previously published literature that describes the inherent difficulties in dosing medications in children [3-8, 11, 13, 23-25]. Unique requirements such as weight-based dosing and other factors greatly increase the heterogeneity of dosing rules exponentially, making it more difficult for vendors to create products that offer optimal pediatric CDS.

Finally, while the data presented in this report exposes a deficiency in medication dosing support in pediatrics, the discrepancies discovered should be viewed an opportunity to improve current systems. Pediatric-specific rules and products should be designed and developed with the issues noted in this report in mind.

Strengths

This study had several notable strengths. The study medication corpus was based on data from a large number of medication orders and alerts from a 7 month time period. This large amount of data minimized the potential for a sampling bias that may have resulted from data from a more limited time period. The medication

orders and alerts were also derived from multiple practice settings including inpatient units, outpatient/ambulatory settings, and the emergency department. Inclusion of a multitude of areas improves the applicability of study to these regions. Fourteen types of medication forms were also included in the corpus medications, representing a wide array of formulations. Lastly, exceptions were made in the study design to encourage dose rule matching when feasible and logical. By doing so, the study attempted to err in a direction that would improve matching rates.

Limitations

Several limitations should also be noted and addressed. The findings from this study are based upon data from one institution and from interrogation of one vendor product. As such, the external validity of the results is somewhat limited. However, as noted as a strength above, the size of our study site as well as the variety of care settings delivered, patient populations, etc. increase the probability that other sites would have similar findings. There also is a risk of selection bias mediated through the inclusion criteria chosen for the medication subgroups. Two of the subgroups (most alerted medications and medications with the highest alert override rates) were chosen explicitly because of their potential to generate false alerts; it would be expected that the match rates for dosing rules from these subgroups would be low. However, those two subgroups are responsible for a large proportion of false alerts that occur in CCHMC's system and represent targets for future dosing rule improvement. Including those medication groups highlighted the disparities that exist and the need for rule reconfiguration. Match percentages were determined in a binary, "all or nothing" fashion; dosing rule matching was either

exact between the eRules and gold standard or declared a mismatch. The study did not address the magnitude of the mismatch. However, the presentation of alerts to users is also an all or nothing phenomenon, with alerts presenting regardless of the magnitude of under-dose or overdose. Lastly, intravenous (IV) fluids and vaccine dosing rules could not be evaluated due to the configuration of CCHMC's CPOE system. IV fluids and vaccine safety are also very important in pediatrics and should be addressed in future studies.

Future Studies

There are ample opportunities to further the work presented in this report. As discussed in previous sections, dosing rule matching across different age ranges was performed, but the selection of medication dosing rules to study was based on aggregate counts of orders and alerts across all age ranges. A more useful approach may be to examine the characteristics of rule matching across a selection of medications specifically studied for each age range. One could, for instance, study the highest overridden medication dosing rule alerts that are actually prescribed to newborns, instead of extrapolating the aggregate medication list as was done in this study. This approach would yield more clinically useful information.

In a similar sense, additional information could also be gleaned from a research protocol that examines dosing rule matching of the most common and highest overridden alerts that occur in specific locations (inpatient units, outpatient units, emergency department, etc.).

As noted in the limitations section, IV fluids and vaccinations were excluded from this study. Inclusion in future studies would inform us on the ability of vendor-supplied rules databases to assist with proper dosing in children.

Lastly, further analysis of situations when no rules are available in either the eRules database or the gold standard could shed light on the appropriateness of their absence and any deficits that might exist.

Conclusions

This paper evaluated the accuracy of medication dosing rules from a vendor-supplied rules database. When compared to a gold standard comprised of rules from traditional dosing sources, low rates of matching were found. The newborn age range was found to have the most variability in matching, demonstrating both high and low rates of congruence in different types of medications. Dosing parameters concerning daily frequencies (minimum doses per day, maximum doses per day) consistently matched at higher rates than total daily dose and single dose (minimum and maximum) parameters. Low levels of matching promote false alerts in computerized provider order entry systems and compromise the utility of clinical decision support (CDS). More evaluation of vendor-supplied databases is required and identified deficiencies need to be addressed if this form of CDS is intended to minimize prescribing errors and adverse drug events.

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Appendix: Dosing rules – eRules compared with the gold standard

ALERT TYPE*	MEDICATION	AGE RANGE		DOSING_PARAMETER	eRULES		GOLD STANDARD	
		MIN	MAX		value	units	value	units
A,C	ACETAMINOPHEN 325 MG PO TABS	0	29	DAILY_FREQ_MAXIMUM	NO RULE		NO RULE	
A,C	ACETAMINOPHEN 325 MG PO TABS	0	29	DAILY_FREQ_MINIMUM	NO RULE		NO RULE	
A,C	ACETAMINOPHEN 325 MG PO TABS	0	29	SINGLE_DOSE_MAXIMUM	NO RULE		NO RULE	
A,C	ACETAMINOPHEN 325 MG PO TABS	0	29	SINGLE_DOSE_MINIMUM	NO RULE		NO RULE	
A,C	ACETAMINOPHEN 325 MG PO TABS	0	29	TOTAL_DAILY_DOSE	NO RULE		NO RULE	
A,C	ACETAMINOPHEN 325 MG PO TABS	30	364	DAILY_FREQ_MAXIMUM	NO RULE		NO RULE	
A,C	ACETAMINOPHEN 325 MG PO TABS	30	364	DAILY_FREQ_MINIMUM	NO RULE		NO RULE	
A,C	ACETAMINOPHEN 325 MG PO TABS	30	364	SINGLE_DOSE_MAXIMUM	NO RULE		NO RULE	
A,C	ACETAMINOPHEN 325 MG PO TABS	30	364	SINGLE_DOSE_MINIMUM	NO RULE		NO RULE	
A,C	ACETAMINOPHEN 325 MG PO TABS	30	364	TOTAL_DAILY_DOSE	NO RULE		NO RULE	
A,C	ACETAMINOPHEN 325 MG PO TABS	365	1824	DAILY_FREQ_MAXIMUM	6	DOSE(S)	6	DOSE(S)
A,C	ACETAMINOPHEN 325 MG PO TABS	365	1824	DAILY_FREQ_MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ACETAMINOPHEN 325 MG PO TABS	365	1824	SINGLE_DOSE_MAXIMUM	15	MG/KG	15	MG/KG
A,C	ACETAMINOPHEN 325 MG PO TABS	365	1824	SINGLE_DOSE_MINIMUM	10	MG/KG	10	MG/KG
A,C	ACETAMINOPHEN 325 MG PO TABS	365	1824	TOTAL_DAILY_DOSE	75	MG/KG	75	MG/KG
A,C	ACETAMINOPHEN 325 MG PO TABS	1825	2189	DAILY_FREQ_MAXIMUM	6	DOSE(S)	6	DOSE(S)
A,C	ACETAMINOPHEN 325 MG PO TABS	1825	2189	DAILY_FREQ_MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ACETAMINOPHEN 325 MG PO TABS	1825	2189	SINGLE_DOSE_MAXIMUM	15	MG/KG	15	MG/KG
A,C	ACETAMINOPHEN 325 MG PO TABS	1825	2189	SINGLE_DOSE_MINIMUM	10	MG/KG	10	MG/KG
A,C	ACETAMINOPHEN 325 MG PO TABS	1825	2189	TOTAL_DAILY_DOSE	75	MG/KG	75	MG/KG
A,C	ACETAMINOPHEN 325 MG PO TABS	2190	4014	DAILY_FREQ_MAXIMUM	6	DOSE(S)	6	DOSE(S)
A,C	ACETAMINOPHEN 325 MG PO TABS	2190	4014	DAILY_FREQ_MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ACETAMINOPHEN 325 MG PO TABS	2190	4014	SINGLE_DOSE_MAXIMUM	15	MG/KG	15	MG/KG
A,C	ACETAMINOPHEN 325 MG PO TABS	2190	4014	SINGLE_DOSE_MINIMUM	10	MG/KG	10	MG/KG
A,C	ACETAMINOPHEN 325 MG PO TABS	2190	4014	TOTAL_DAILY_DOSE	75	MG/KG	75	MG/KG
A,C	ACETAMINOPHEN 325 MG PO TABS	4015	4379	DAILY_FREQ_MAXIMUM	6	DOSE(S)	6	DOSE(S)
A,C	ACETAMINOPHEN 325 MG PO TABS	4015	4379	DAILY_FREQ_MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ACETAMINOPHEN 325 MG PO TABS	4015	4379	SINGLE_DOSE_MAXIMUM	15	MG/KG	15	MG/KG
A,C	ACETAMINOPHEN 325 MG PO TABS	4015	4379	SINGLE_DOSE_MINIMUM	10	MG/KG	10	MG/KG
A,C	ACETAMINOPHEN 325 MG PO TABS	4015	4379	TOTAL_DAILY_DOSE	75	MG/KG	75	MG/KG
A,C	ACETAMINOPHEN 325 MG PO TABS	4380	6570	DAILY_FREQ_MAXIMUM	6	DOSE(S)	6	DOSE(S)
A,C	ACETAMINOPHEN 325 MG PO TABS	4380	6570	DAILY_FREQ_MINIMUM	1	DOSE(S)	1	DOSE(S)

A,C	ACETAMINOPHEN 325 MG PO TABS	4380	6570	SINGLE DOSE MAXIMUM	1000	MG	1000	MG
A,C	ACETAMINOPHEN 325 MG PO TABS	4380	6570	SINGLE DOSE MINIMUM	325	MG	325	MG
A,C	ACETAMINOPHEN 325 MG PO TABS	4380	6570	TOTAL DAILY DOSE	4000	MG	4000	MG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	0	29	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	0	29	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	0	29	SINGLE DOSE MAXIMUM	15	MG/KG	15	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	0	29	SINGLE DOSE MINIMUM	10	MG/KG	10	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	0	29	TOTAL DAILY DOSE	60	MG/KG	60	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	30	364	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	30	364	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	30	364	SINGLE DOSE MAXIMUM	15	MG/KG	15	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	30	364	SINGLE DOSE MINIMUM	10	MG/KG	10	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	30	364	TOTAL DAILY DOSE	75	MG/KG	75	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	365	729	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	365	729	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	365	729	SINGLE DOSE MAXIMUM	15	MG/KG	15	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	365	729	SINGLE DOSE MINIMUM	10	MG/KG	10	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	365	729	TOTAL DAILY DOSE	75	MG/KG	75	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	730	1824	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	730	1824	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	730	1824	SINGLE DOSE MAXIMUM	15	MG/KG	15	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	730	1824	SINGLE DOSE MINIMUM	10	MG/KG	10	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	730	1824	TOTAL DAILY DOSE	75	MG/KG	75	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	1825	4379	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	1825	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	1825	4379	SINGLE DOSE MAXIMUM	15	MG/KG	15	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	1825	4379	SINGLE DOSE MINIMUM	10	MG/KG	10	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	1825	4379	TOTAL DAILY DOSE	75	MG/KG	75	MG/KG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	4380	6570	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	4380	6570	SINGLE DOSE MAXIMUM	1000	MG	1000	MG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	4380	6570	SINGLE DOSE MINIMUM	325	MG	325	MG
A,C	ACETAMINOPHEN 80 MG/0.8ML PO SUSP	4380	6570	TOTAL DAILY DOSE	4000	MG	4000	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	0	29	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	0	29	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	0	29	SINGLE DOSE MAXIMUM	2.5	MG	5	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	0	29	SINGLE DOSE MINIMUM	1.25	MG	0.63	MG

	NEBU							
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	0	29	TOTAL DAILY DOSE	7.5	MG	30	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	30	364	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	30	364	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	30	364	SINGLE DOSE MAXIMUM	10	MG	5	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	30	364	SINGLE DOSE MINIMUM	2.5	MG	0.63	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	30	364	TOTAL DAILY DOSE	7.5	MG	30	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	365	729	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	365	729	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	365	729	SINGLE DOSE MAXIMUM	10	MG	5	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	365	729	SINGLE DOSE MINIMUM	2.5	MG	0.63	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	365	729	TOTAL DAILY DOSE	15	MG	30	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	730	1824	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	730	1824	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	730	1824	SINGLE DOSE MAXIMUM	2.5	MG	5	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	730	1824	SINGLE DOSE MINIMUM	2.5	MG	0.63	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	730	1824	TOTAL DAILY DOSE	15	MG	30	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	1825	4379	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	1825	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	1825	4379	SINGLE DOSE MAXIMUM	2.5	MG	10	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	1825	4379	SINGLE DOSE MINIMUM	2.5	MG	1.25	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	1825	4379	TOTAL DAILY DOSE	10	MG	60	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	4380	6570	DAILY FREQ MAXIMUM	6	DOSE(S)	24	DOSE(S)
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	4380	6570	SINGLE DOSE MAXIMUM	10	MG	10	MG
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	4380	6570	SINGLE DOSE MINIMUM	2.5	MG	1.25	MG

	NEBU							
C	ALBUTEROL SULFATE (2.5 MG/3ML) 0.083% IN NEBU	4380	6570	TOTAL DAILY DOSE	240	MG	360	MG
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	0	89	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	0	89	DAILY FREQ MINIMUM	NO RULE		NO RULE	
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	0	89	SINGLE DOSE MAXIMUM	NO RULE		NO RULE	
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	0	89	SINGLE DOSE MINIMUM	NO RULE		NO RULE	
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	0	89	TOTAL DAILY DOSE	NO RULE		NO RULE	
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	90	364	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	90	364	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	90	364	SINGLE DOSE MAXIMUM	2	PUFF(S)	2	PUFF(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	90	364	SINGLE DOSE MINIMUM	1	PUFF(S)	1	PUFF(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	90	364	TOTAL DAILY DOSE	12	PUFF(S)	12	PUFF(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	365	1459	DAILY FREQ MAXIMUM	24	DOSE(S)	6	DOSE(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	365	1459	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	365	1459	SINGLE DOSE MAXIMUM	8	PUFF(S)	2	PUFF(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	365	1459	SINGLE DOSE MINIMUM	1	PUFF(S)	1	PUFF(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	365	1459	TOTAL DAILY DOSE	192	PUFF(S)	12	PUFF(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	1460	4379	DAILY FREQ MAXIMUM	6	DOSE(S)	24	DOSE(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	1460	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	1460	4379	SINGLE DOSE MAXIMUM	2	PUFF(S)	8	PUFF(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	1460	4379	SINGLE DOSE MINIMUM	1	PUFF(S)	2	PUFF(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	1460	4379	TOTAL DAILY DOSE	12	PUFF(S)	192	PUFF(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	4380	6570	DAILY FREQ MAXIMUM	6	DOSE(S)	24	DOSE(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	4380	6570	SINGLE DOSE MAXIMUM	2	PUFF(S)	8	PUFF(S)
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	4380	6570	SINGLE DOSE MINIMUM	1	PUFF(S)	2	PUFF(S)

	IN AERS							
C	ALBUTEROL SULFATE HFA 108 (90 BASE) MCG/ACT IN AERS	4380	6570	TOTAL DAILY DOSE	12	PUFF(S)	192	PUFF(S)
B	ANTIHEMOPHILIC FACTOR-VWF	0	29	DAILY FREQ MAXIMUM	NO RULE		3	DOSE(S)
B	ANTIHEMOPHILIC FACTOR-VWF	0	29	DAILY FREQ MINIMUM	NO RULE		1	DOSE(S)
B	ANTIHEMOPHILIC FACTOR-VWF	0	29	SINGLE DOSE MAXIMUM	NO RULE		25	UNITS/KG
B	ANTIHEMOPHILIC FACTOR-VWF	0	29	SINGLE DOSE MINIMUM	NO RULE		7.5	UNITS/KG
B	ANTIHEMOPHILIC FACTOR-VWF	0	29	TOTAL DAILY DOSE	NO RULE		75	UNITS/KG
B	ANTIHEMOPHILIC FACTOR-VWF	30	6570	DAILY FREQ MAXIMUM	3	DOSE(S)	3	DOSE(S)
B	ANTIHEMOPHILIC FACTOR-VWF	30	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	ANTIHEMOPHILIC FACTOR-VWF	30	6570	SINGLE DOSE MAXIMUM	80	UNITS/KG	25	UNITS/KG
B	ANTIHEMOPHILIC FACTOR-VWF	30	6570	SINGLE DOSE MINIMUM	7.5	UNITS/KG	7.5	UNITS/KG
B	ANTIHEMOPHILIC FACTOR-VWF	30	6570	TOTAL DAILY DOSE	300	UNITS/KG	75	UNITS/KG
B	ASPIRIN CHEW TAB 81 MG	0	89	DAILY FREQ MAXIMUM	6	DOSE(S)	NO RULE	
B	ASPIRIN CHEW TAB 81 MG	0	89	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
B	ASPIRIN CHEW TAB 81 MG	0	89	SINGLE DOSE MAXIMUM	33.33	MG/KG	NO RULE	
B	ASPIRIN CHEW TAB 81 MG	0	89	SINGLE DOSE MINIMUM	3	MG/KG	NO RULE	
B	ASPIRIN CHEW TAB 81 MG	0	89	TOTAL DAILY DOSE	100	MG/KG	NO RULE	
B	ASPIRIN CHEW TAB 81 MG	90	364	DAILY FREQ MAXIMUM	6	DOSE(S)	1	DOSE(S)
B	ASPIRIN CHEW TAB 81 MG	90	364	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	ASPIRIN CHEW TAB 81 MG	90	364	SINGLE DOSE MAXIMUM	33.33	MG/KG	5	MG/KG
B	ASPIRIN CHEW TAB 81 MG	90	364	SINGLE DOSE MINIMUM	1	MG/KG	3	MG/KG
B	ASPIRIN CHEW TAB 81 MG	90	364	TOTAL DAILY DOSE	100	MG/KG	5	MG/KG
B	ASPIRIN CHEW TAB 81 MG	365	4379	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
B	ASPIRIN CHEW TAB 81 MG	365	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	ASPIRIN CHEW TAB 81 MG	365	4379	SINGLE DOSE MAXIMUM	33.33	MG/KG	32.5	MG/KG
B	ASPIRIN CHEW TAB 81 MG	365	4379	SINGLE DOSE MINIMUM	1	MG/KG	3	MG/KG
B	ASPIRIN CHEW TAB 81 MG	365	4379	TOTAL DAILY DOSE	130	MG/KG	130	MG/KG
B	ASPIRIN CHEW TAB 81 MG	4380	6570	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
B	ASPIRIN CHEW TAB 81 MG	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	ASPIRIN CHEW TAB 81 MG	4380	6570	SINGLE DOSE MAXIMUM	650	MG	1000	MG
B	ASPIRIN CHEW TAB 81 MG	4380	6570	SINGLE DOSE MINIMUM	325	MG	50	MG
B	ASPIRIN CHEW TAB 81 MG	4380	6570	TOTAL DAILY DOSE	4000	MG	5400	MG
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	0	29	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	0	29	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	0	29	SINGLE DOSE MAXIMUM	2.5	MG/KG	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	0	29	SINGLE DOSE MINIMUM	1	MG/KG	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	0	29	TOTAL DAILY DOSE	NO RULE		NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	30	119	DAILY FREQ MAXIMUM	NO RULE		NO RULE	

C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	30	119	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	30	119	SINGLE DOSE MAXIMUM	2.5	MG/KG	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	30	119	SINGLE DOSE MINIMUM	1	MG/KG	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	30	119	TOTAL DAILY DOSE	NO RULE		NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	120	364	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	120	364	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	120	364	SINGLE DOSE MAXIMUM	2.5	MG/KG	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	120	364	SINGLE DOSE MINIMUM	1	MG/KG	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	120	364	TOTAL DAILY DOSE	NO RULE		NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	365	4379	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	365	4379	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	365	4379	SINGLE DOSE MAXIMUM	3.7	MG/KG	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	365	4379	SINGLE DOSE MINIMUM	1	MG/KG	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	365	4379	TOTAL DAILY DOSE	NO RULE		NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	4380	6570	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	4380	6570	SINGLE DOSE MAXIMUM	3.7	MG/KG	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	4380	6570	SINGLE DOSE MINIMUM	1	MG/KG	NO RULE	
C	BUPIVACAINE HCL (PF) 0.25 % IJ SOLN	4380	6570	TOTAL DAILY DOSE	400	MG	NO RULE	
C	CEFAZOLIN 100 MG/ML SW IV	0	7	DAILY FREQ MAXIMUM	2	DOSE(S)	2	DOSE(S)
C	CEFAZOLIN 100 MG/ML SW IV	0	7	DAILY FREQ MINIMUM	2	DOSE(S)	2	DOSE(S)
C	CEFAZOLIN 100 MG/ML SW IV	0	7	SINGLE DOSE MAXIMUM	20	MG/KG	20	MG/KG
C	CEFAZOLIN 100 MG/ML SW IV	0	7	SINGLE DOSE MINIMUM	20	MG/KG	20	MG/KG
C	CEFAZOLIN 100 MG/ML SW IV	0	7	TOTAL DAILY DOSE	40	MG/KG	40	MG/KG
C	CEFAZOLIN 100 MG/ML SW IV	8	29	DAILY FREQ MAXIMUM	3	DOSE(S)	3	DOSE(S)
C	CEFAZOLIN 100 MG/ML SW IV	8	29	DAILY FREQ MINIMUM	2	DOSE(S)	2	DOSE(S)
C	CEFAZOLIN 100 MG/ML SW IV	8	29	SINGLE DOSE MAXIMUM	20	MG/KG	20	MG/KG
C	CEFAZOLIN 100 MG/ML SW IV	8	29	SINGLE DOSE MINIMUM	20	MG/KG	20	MG/KG
C	CEFAZOLIN 100 MG/ML SW IV	8	29	TOTAL DAILY DOSE	60	MG/KG	60	MG/KG
C	CEFAZOLIN 100 MG/ML SW IV	30	4379	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
C	CEFAZOLIN 100 MG/ML SW IV	30	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	CEFAZOLIN 100 MG/ML SW IV	30	4379	SINGLE DOSE MAXIMUM	50	MG/KG	33.33	MG/KG
C	CEFAZOLIN 100 MG/ML SW IV	30	4379	SINGLE DOSE MINIMUM	6.75	MG/KG	25	MG/KG
C	CEFAZOLIN 100 MG/ML SW IV	30	4379	TOTAL DAILY DOSE	100	MG/KG	100	MG/KG
C	CEFAZOLIN 100 MG/ML SW IV	4380	6570	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
C	CEFAZOLIN 100 MG/ML SW IV	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	CEFAZOLIN 100 MG/ML SW IV	4380	6570	SINGLE DOSE MAXIMUM	2000	MG	2000	MG
C	CEFAZOLIN 100 MG/ML SW IV	4380	6570	SINGLE DOSE MINIMUM	500	MG	187.5	MG

C	CEFAZOLIN 100 MG/ML SW IV	4380	6570	TOTAL DAILY DOSE	6	GM	6	GM
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	0	364	DAILY FREQ MAXIMUM	12	DOSE(S)	NO RULE	
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	0	364	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	0	364	SINGLE DOSE MAXIMUM	2	DROP(S)	NO RULE	
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	0	364	SINGLE DOSE MINIMUM	1	DROP(S)	NO RULE	
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	0	364	TOTAL DAILY DOSE	24	DROP(S)	NO RULE	
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	365	729	DAILY FREQ MAXIMUM	60	DOSE(S)	6	DOSE(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	365	729	DAILY FREQ MINIMUM	6	DOSE(S)	6	DOSE(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	365	729	SINGLE DOSE MAXIMUM	2	DROP(S)	2	DROP(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	365	729	SINGLE DOSE MINIMUM	1	DROP(S)	1	DROP(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	365	729	TOTAL DAILY DOSE	120	DROP(S)	12	DROP(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	730	4379	DAILY FREQ MAXIMUM	60	DOSE(S)	6	DOSE(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	730	4379	DAILY FREQ MINIMUM	6	DOSE(S)	6	DOSE(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	730	4379	SINGLE DOSE MAXIMUM	2	DROP(S)	2	DROP(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	730	4379	SINGLE DOSE MINIMUM	1	DROP(S)	1	DROP(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	730	4379	TOTAL DAILY DOSE	120	DROP(S)	12	DROP(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	4380	6570	DAILY FREQ MAXIMUM	60	DOSE(S)	6	DOSE(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	4380	6570	DAILY FREQ MINIMUM	6	DOSE(S)	6	DOSE(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	4380	6570	SINGLE DOSE MAXIMUM	2	DROP(S)	2	DROP(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	4380	6570	SINGLE DOSE MINIMUM	1	DROP(S)	1	DROP(S)
A	CIPROFLOXACIN HCL 0.3 % OP SOLN	4380	6570	TOTAL DAILY DOSE	120	DROP(S)	12	DROP(S)
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	0	179	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	0	179	DAILY FREQ MINIMUM	NO RULE		NO RULE	
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	0	179	SINGLE DOSE MAXIMUM	NO RULE		NO RULE	
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	0	179	SINGLE DOSE MINIMUM	NO RULE		NO RULE	
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	0	179	TOTAL DAILY DOSE	NO RULE		NO RULE	
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	180	364	DAILY FREQ MAXIMUM	2	DOSE(S)	2	DOSE(S)
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	180	364	DAILY FREQ MINIMUM	1	DOSE(S)	2	DOSE(S)
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	180	364	SINGLE DOSE MAXIMUM	4	DROP(S)	4	DROP(S)
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	180	364	SINGLE DOSE MINIMUM	4	DROP(S)	4	DROP(S)
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	180	364	TOTAL DAILY DOSE	8	DROP(S)	8	DROP(S)
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	365	6570	DAILY FREQ MAXIMUM	2	DOSE(S)	2	DOSE(S)
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	365	6570	DAILY FREQ MINIMUM	1	DOSE(S)	2	DOSE(S)

	SUSP							
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	365	6570	SINGLE DOSE MAXIMUM	4	DROP(S)	4	DROP(S)
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	365	6570	SINGLE DOSE MINIMUM	4	DROP(S)	3	DROP(S)
C	CIPROFLOXACIN-DEXAMETHASONE 0.3-0.1 % OT SUSP	365	6570	TOTAL DAILY DOSE	8	DROP(S)	8	DROP(S)
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	0	29	DAILY FREQ MAXIMUM	1	DOSE(S)	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	0	29	DAILY FREQ MINIMUM	0.286	DOSE(S)	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	0	29	SINGLE DOSE MAXIMUM	2500	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	0	29	SINGLE DOSE MINIMUM	25	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	0	29	TOTAL DAILY DOSE	2500	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	30	179	DAILY FREQ MAXIMUM	1	DOSE(S)	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	30	179	DAILY FREQ MINIMUM	0.286	DOSE(S)	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	30	179	SINGLE DOSE MAXIMUM	450	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	30	179	SINGLE DOSE MINIMUM	50	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	30	179	TOTAL DAILY DOSE	60000	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	180	239	DAILY FREQ MAXIMUM	1	DOSE(S)	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	180	239	DAILY FREQ MINIMUM	0.143	DOSE(S)	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	180	239	SINGLE DOSE MAXIMUM	900	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	180	239	SINGLE DOSE MINIMUM	50	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	180	239	TOTAL DAILY DOSE	60000	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	240	1824	DAILY FREQ MAXIMUM	1	DOSE(S)	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	240	1824	DAILY FREQ MINIMUM	0.143	DOSE(S)	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	240	1824	SINGLE DOSE MAXIMUM	900	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	240	1824	SINGLE DOSE MINIMUM	50	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	240	1824	TOTAL DAILY DOSE	60000	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	1825	5839	DAILY FREQ MAXIMUM	1	DOSE(S)	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	1825	5839	DAILY FREQ MINIMUM	0.143	DOSE(S)	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	1825	5839	SINGLE DOSE MAXIMUM	900	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	1825	5839	SINGLE DOSE MINIMUM	50	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	1825	5839	TOTAL DAILY DOSE	60000	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	5840	6570	DAILY FREQ MAXIMUM	1	DOSE(S)	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	5840	6570	DAILY FREQ MINIMUM	0.143	DOSE(S)	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	5840	6570	SINGLE DOSE MAXIMUM	900	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	5840	6570	SINGLE DOSE MINIMUM	50	UNITS/KG	NO RULE	
B	EPOETIN ALFA 2000 UNIT/ML IJ SOLN	5840	6570	TOTAL DAILY DOSE	60000	UNITS/KG	NO RULE	
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	0	29	DAILY FREQ MAXIMUM	12	DOSE(S)	12	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	0	29	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	0	29	SINGLE DOSE MAXIMUM	4	MCG/KG	4	MCG/KG

A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	0	29	SINGLE DOSE MINIMUM	1	MCG/KG	1	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	0	29	TOTAL DAILY DOSE	48	MCG/KG	48	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	30	179	DAILY FREQ MAXIMUM	48	DOSE(S)	48	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	30	179	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	30	179	SINGLE DOSE MAXIMUM	4	MCG/KG	2	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	30	179	SINGLE DOSE MINIMUM	1	MCG/KG	1	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	30	179	TOTAL DAILY DOSE	96	MCG/KG	96	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	180	364	DAILY FREQ MAXIMUM	48	DOSE(S)	48	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	180	364	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	180	364	SINGLE DOSE MAXIMUM	2	MCG/KG	2	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	180	364	SINGLE DOSE MINIMUM	1	MCG/KG	1	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	180	364	TOTAL DAILY DOSE	144	MCG/KG	96	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	365	544	DAILY FREQ MAXIMUM	48	DOSE(S)	48	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	365	544	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	365	544	SINGLE DOSE MAXIMUM	2	MCG/KG	2	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	365	544	SINGLE DOSE MINIMUM	1	MCG/KG	1	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	365	544	TOTAL DAILY DOSE	144	MCG/KG	96	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	545	1094	DAILY FREQ MAXIMUM	48	DOSE(S)	48	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	545	1094	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	545	1094	SINGLE DOSE MAXIMUM	3	MCG/KG	2	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	545	1094	SINGLE DOSE MINIMUM	2	MCG/KG	1	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	545	1094	TOTAL DAILY DOSE	96	MCG/KG	96	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	1095	4379	DAILY FREQ MAXIMUM	48	DOSE(S)	48	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	1095	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	1095	4379	SINGLE DOSE MAXIMUM	2	MCG/KG	2	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	1095	4379	SINGLE DOSE MINIMUM	1	MCG/KG	1	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	1095	4379	TOTAL DAILY DOSE	96	MCG/KG	96	MCG/KG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	4380	6570	DAILY FREQ MAXIMUM	48	DOSE(S)	48	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	4380	6570	SINGLE DOSE MAXIMUM	1	MCG	100	MCG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	4380	6570	SINGLE DOSE MINIMUM	0.5	MCG	25	MCG
A,C	FENTANYL CITRATE 0.05 MG/ML IJ SOLN	4380	6570	TOTAL DAILY DOSE	2400	MCG	4800	MCG
B	FLUOXETINE HCL 20 MG PO CAPS	0	2554	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
B	FLUOXETINE HCL 20 MG PO CAPS	0	2554	DAILY FREQ MINIMUM	NO RULE		NO RULE	
B	FLUOXETINE HCL 20 MG PO CAPS	0	2554	SINGLE DOSE MAXIMUM	NO RULE		NO RULE	
B	FLUOXETINE HCL 20 MG PO CAPS	0	2554	SINGLE DOSE MINIMUM	NO RULE		NO RULE	
B	FLUOXETINE HCL 20 MG PO CAPS	0	2554	TOTAL DAILY DOSE	NO RULE		NO RULE	
B	FLUOXETINE HCL 20 MG PO CAPS	2555	2919	DAILY FREQ MAXIMUM	1	DOSE(S)	1	DOSE(S)

B	FLUOXETINE HCL 20 MG PO CAPS	2555	2919	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	FLUOXETINE HCL 20 MG PO CAPS	2555	2919	SINGLE DOSE MAXIMUM	60	MG	60	MG
B	FLUOXETINE HCL 20 MG PO CAPS	2555	2919	SINGLE DOSE MINIMUM	10	MG	10	MG
B	FLUOXETINE HCL 20 MG PO CAPS	2555	2919	TOTAL DAILY DOSE	60	MG	60	MG
B	FLUOXETINE HCL 20 MG PO CAPS	2920	6570	DAILY FREQ MAXIMUM	1	DOSE(S)	1	DOSE(S)
B	FLUOXETINE HCL 20 MG PO CAPS	2920	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	FLUOXETINE HCL 20 MG PO CAPS	2920	6570	SINGLE DOSE MAXIMUM	60	MG	60	MG
B	FLUOXETINE HCL 20 MG PO CAPS	2920	6570	SINGLE DOSE MINIMUM	10	MG	10	MG
B	FLUOXETINE HCL 20 MG PO CAPS	2920	6570	TOTAL DAILY DOSE	60	MG	60	MG
A,C	IBUPROFEN 100 MG/5ML PO SUSP	0	179	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
A,C	IBUPROFEN 100 MG/5ML PO SUSP	0	179	DAILY FREQ MINIMUM	NO RULE		NO RULE	
A,C	IBUPROFEN 100 MG/5ML PO SUSP	0	179	SINGLE DOSE MAXIMUM	NO RULE		NO RULE	
A,C	IBUPROFEN 100 MG/5ML PO SUSP	0	179	SINGLE DOSE MINIMUM	NO RULE		NO RULE	
A,C	IBUPROFEN 100 MG/5ML PO SUSP	0	179	TOTAL DAILY DOSE	NO RULE		NO RULE	
A,C	IBUPROFEN 100 MG/5ML PO SUSP	180	364	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
A,C	IBUPROFEN 100 MG/5ML PO SUSP	180	364	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	IBUPROFEN 100 MG/5ML PO SUSP	180	364	SINGLE DOSE MAXIMUM	10	MG/KG	16.67	MG/KG
A,C	IBUPROFEN 100 MG/5ML PO SUSP	180	364	SINGLE DOSE MINIMUM	5	MG/KG	4	MG/KG
A,C	IBUPROFEN 100 MG/5ML PO SUSP	180	364	TOTAL DAILY DOSE	40	MG/KG	50	MG/KG
A,C	IBUPROFEN 100 MG/5ML PO SUSP	365	1824	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
A,C	IBUPROFEN 100 MG/5ML PO SUSP	365	1824	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	IBUPROFEN 100 MG/5ML PO SUSP	365	1824	SINGLE DOSE MAXIMUM	10	MG/KG	16.67	MG/KG
A,C	IBUPROFEN 100 MG/5ML PO SUSP	365	1824	SINGLE DOSE MINIMUM	5	MG/KG	4	MG/KG
A,C	IBUPROFEN 100 MG/5ML PO SUSP	365	1824	TOTAL DAILY DOSE	40	MG/KG	50	MG/KG
A,C	IBUPROFEN 100 MG/5ML PO SUSP	1825	4379	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
A,C	IBUPROFEN 100 MG/5ML PO SUSP	1825	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	IBUPROFEN 100 MG/5ML PO SUSP	1825	4379	SINGLE DOSE MAXIMUM	10	MG/KG	16.67	MG/KG
A,C	IBUPROFEN 100 MG/5ML PO SUSP	1825	4379	SINGLE DOSE MINIMUM	5	MG/KG	4	MG/KG
A,C	IBUPROFEN 100 MG/5ML PO SUSP	1825	4379	TOTAL DAILY DOSE	40	MG/KG	50	MG/KG
A,C	IBUPROFEN 100 MG/5ML PO SUSP	4380	6570	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
A,C	IBUPROFEN 100 MG/5ML PO SUSP	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	IBUPROFEN 100 MG/5ML PO SUSP	4380	6570	SINGLE DOSE MAXIMUM	800	MG	800	MG
A,C	IBUPROFEN 100 MG/5ML PO SUSP	4380	6570	SINGLE DOSE MINIMUM	200	MG	200	MG
A,C	IBUPROFEN 100 MG/5ML PO SUSP	4380	6570	TOTAL DAILY DOSE	3200	MG	3200	MG
A,C	IBUPROFEN 200 MG PO TABS	0	179	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
A,C	IBUPROFEN 200 MG PO TABS	0	179	DAILY FREQ MINIMUM	NO RULE		NO RULE	
A,C	IBUPROFEN 200 MG PO TABS	0	179	SINGLE DOSE MAXIMUM	NO RULE		NO RULE	
A,C	IBUPROFEN 200 MG PO TABS	0	179	SINGLE DOSE MINIMUM	NO RULE		NO RULE	

A,C	IBUPROFEN 200 MG PO TABS	0	179	TOTAL DAILY DOSE	NO RULE		NO RULE	
A,C	IBUPROFEN 200 MG PO TABS	180	364	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
A,C	IBUPROFEN 200 MG PO TABS	180	364	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	IBUPROFEN 200 MG PO TABS	180	364	SINGLE DOSE MAXIMUM	10	MG/KG	16.67	MG/KG
A,C	IBUPROFEN 200 MG PO TABS	180	364	SINGLE DOSE MINIMUM	5	MG/KG	4	MG/KG
A,C	IBUPROFEN 200 MG PO TABS	180	364	TOTAL DAILY DOSE	40	MG/KG	50	MG/KG
A,C	IBUPROFEN 200 MG PO TABS	365	1824	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
A,C	IBUPROFEN 200 MG PO TABS	365	1824	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	IBUPROFEN 200 MG PO TABS	365	1824	SINGLE DOSE MAXIMUM	10	MG/KG	16.67	MG/KG
A,C	IBUPROFEN 200 MG PO TABS	365	1824	SINGLE DOSE MINIMUM	5	MG/KG	4	MG/KG
A,C	IBUPROFEN 200 MG PO TABS	365	1824	TOTAL DAILY DOSE	40	MG/KG	50	MG/KG
A,C	IBUPROFEN 200 MG PO TABS	1825	4379	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
A,C	IBUPROFEN 200 MG PO TABS	1825	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	IBUPROFEN 200 MG PO TABS	1825	4379	SINGLE DOSE MAXIMUM	10	MG/KG	16.67	MG/KG
A,C	IBUPROFEN 200 MG PO TABS	1825	4379	SINGLE DOSE MINIMUM	5	MG/KG	4	MG/KG
A,C	IBUPROFEN 200 MG PO TABS	1825	4379	TOTAL DAILY DOSE	40	MG/KG	50	MG/KG
A,C	IBUPROFEN 200 MG PO TABS	4380	6570	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
A,C	IBUPROFEN 200 MG PO TABS	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	IBUPROFEN 200 MG PO TABS	4380	6570	SINGLE DOSE MAXIMUM	800	MG	800	MG
A,C	IBUPROFEN 200 MG PO TABS	4380	6570	SINGLE DOSE MINIMUM	200	MG	200	MG
A,C	IBUPROFEN 200 MG PO TABS	4380	6570	TOTAL DAILY DOSE	3200	MG	3200	MG
B	INFLIXIMAB FOR IV INJ 100 MG	0	2189	DAILY FREQ MAXIMUM	NO RULE		0.0179	DOSE(S)
B	INFLIXIMAB FOR IV INJ 100 MG	0	2189	DAILY FREQ MINIMUM	NO RULE		0.179	DOSE(S)
B	INFLIXIMAB FOR IV INJ 100 MG	0	2189	SINGLE DOSE MAXIMUM	NO RULE		5	MG/KG
B	INFLIXIMAB FOR IV INJ 100 MG	0	2189	SINGLE DOSE MINIMUM	NO RULE		0.089	MG/KG
B	INFLIXIMAB FOR IV INJ 100 MG	0	2189	TOTAL DAILY DOSE	NO RULE		0.089	MG/KG
B	INFLIXIMAB FOR IV INJ 100 MG	2190	6570	DAILY FREQ MAXIMUM	0.071	DOSE(S)	0.0358	DOSE(S)
B	INFLIXIMAB FOR IV INJ 100 MG	2190	6570	DAILY FREQ MINIMUM	0.0179	DOSE(S)	0.0179	DOSE(S)
B	INFLIXIMAB FOR IV INJ 100 MG	2190	6570	SINGLE DOSE MAXIMUM	5	MG/KG	10	MG/KG
B	INFLIXIMAB FOR IV INJ 100 MG	2190	6570	SINGLE DOSE MINIMUM	5	MG/KG	0.053	MG/KG
B	INFLIXIMAB FOR IV INJ 100 MG	2190	6570	TOTAL DAILY DOSE	5	MG/KG	5	MG/KG
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	0	29	DAILY FREQ MAXIMUM	3	DOSE(S)	NO RULE	
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	0	29	DAILY FREQ MINIMUM	3	DOSE(S)	NO RULE	
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	0	29	SINGLE DOSE MAXIMUM	0.25	MG	NO RULE	
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	0	29	SINGLE DOSE MINIMUM	0.25	MG	NO RULE	
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	0	29	TOTAL DAILY DOSE	0.75	MG	NO RULE	
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	30	89	DAILY FREQ MAXIMUM	3	DOSE(S)	NO RULE	
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	30	89	DAILY FREQ MINIMUM	3	DOSE(S)	NO RULE	

B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	30	89	SINGLE DOSE MAXIMUM	0.25	MG	NO RULE	
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	30	89	SINGLE DOSE MINIMUM	0.125	MG	NO RULE	
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	30	89	TOTAL DAILY DOSE	0.75	MG	NO RULE	
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	90	364	DAILY FREQ MAXIMUM	3	DOSE(S)	6	DOSE(S)
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	90	364	DAILY FREQ MINIMUM	3	DOSE(S)	1	DOSE(S)
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	90	364	SINGLE DOSE MAXIMUM	0.25	MG	0.5	MG
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	90	364	SINGLE DOSE MINIMUM	0.125	MG	0.25	MG
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	90	364	TOTAL DAILY DOSE	0.75	MG	1.5	MG
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	365	1824	DAILY FREQ MAXIMUM	12	DOSE(S)	6	DOSE(S)
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	365	1824	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	365	1824	SINGLE DOSE MAXIMUM	0.5	MG	0.5	MG
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	365	1824	SINGLE DOSE MINIMUM	0.25	MG	0.25	MG
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	365	1824	TOTAL DAILY DOSE	6	MG	1.5	MG
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	1825	4379	DAILY FREQ MAXIMUM	4	DOSE(S)	6	DOSE(S)
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	1825	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	1825	4379	SINGLE DOSE MAXIMUM	0.25	MG	0.5	MG
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	1825	4379	SINGLE DOSE MINIMUM	0.25	MG	0.25	MG
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	1825	4379	TOTAL DAILY DOSE	6	MG	1.5	MG
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	4380	6570	DAILY FREQ MAXIMUM	4	DOSE(S)	12	DOSE(S)
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	4380	6570	SINGLE DOSE MAXIMUM	0.5	MG	0.5	MG
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	4380	6570	SINGLE DOSE MINIMUM	0.25	MG	0.25	MG
B	IPRATROPIUM BROMIDE 0.02 % IN SOLN	4380	6570	TOTAL DAILY DOSE	2	MG	6	MG
A	LIDOCAINE CREAM 4%	0	29	DAILY FREQ MAXIMUM	4	DOSE(S)	NO RULE	
A	LIDOCAINE CREAM 4%	0	29	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
A	LIDOCAINE CREAM 4%	0	29	SINGLE DOSE MAXIMUM	2000	MG	NO RULE	
A	LIDOCAINE CREAM 4%	0	29	SINGLE DOSE MINIMUM	2000	MG	NO RULE	
A	LIDOCAINE CREAM 4%	0	29	TOTAL DAILY DOSE	2000	MG	NO RULE	
A	LIDOCAINE CREAM 4%	30	729	DAILY FREQ MAXIMUM	4	DOSE(S)	NO RULE	
A	LIDOCAINE CREAM 4%	30	729	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
A	LIDOCAINE CREAM 4%	30	729	SINGLE DOSE MAXIMUM	NO RULE		NO RULE	
A	LIDOCAINE CREAM 4%	30	729	SINGLE DOSE MINIMUM	NO RULE		NO RULE	
A	LIDOCAINE CREAM 4%	30	729	TOTAL DAILY DOSE	NO RULE		NO RULE	
A	LIDOCAINE CREAM 4%	730	4379	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
A	LIDOCAINE CREAM 4%	730	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A	LIDOCAINE CREAM 4%	730	4379	SINGLE DOSE MAXIMUM	NO RULE		1	APPLICATOR(S)
A	LIDOCAINE CREAM 4%	730	4379	SINGLE DOSE MINIMUM	NO RULE		1	APPLICATOR(S)
A	LIDOCAINE CREAM 4%	730	4379	TOTAL DAILY DOSE	NO RULE		4	APPLICATOR(S)

A	LIDOCAINE CREAM 4%	4380	6570	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
A	LIDOCAINE CREAM 4%	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A	LIDOCAINE CREAM 4%	4380	6570	SINGLE DOSE MAXIMUM	NO RULE		1	APPLICATOR(S)
A	LIDOCAINE CREAM 4%	4380	6570	SINGLE DOSE MINIMUM	NO RULE		1	APPLICATOR(S)
A	LIDOCAINE CREAM 4%	4380	6570	TOTAL DAILY DOSE	NO RULE		4	APPLICATOR(S)
B	MEROPENEM IV FOR SOLN 500 MG	0	7	DAILY FREQ MAXIMUM	3	DOSE(S)	3	DOSE(S)
B	MEROPENEM IV FOR SOLN 500 MG	0	7	DAILY FREQ MINIMUM	2	DOSE(S)	2	DOSE(S)
B	MEROPENEM IV FOR SOLN 500 MG	0	7	SINGLE DOSE MAXIMUM	40	MG/KG	40	MG/KG
B	MEROPENEM IV FOR SOLN 500 MG	0	7	SINGLE DOSE MINIMUM	20	MG/KG	20	MG/KG
B	MEROPENEM IV FOR SOLN 500 MG	0	7	TOTAL DAILY DOSE	120	MG/KG	120	MG/KG
B	MEROPENEM IV FOR SOLN 500 MG	8	29	DAILY FREQ MAXIMUM	3	DOSE(S)	3	DOSE(S)
B	MEROPENEM IV FOR SOLN 500 MG	8	29	DAILY FREQ MINIMUM	2	DOSE(S)	2	DOSE(S)
B	MEROPENEM IV FOR SOLN 500 MG	8	29	SINGLE DOSE MAXIMUM	40	MG/KG	40	MG/KG
B	MEROPENEM IV FOR SOLN 500 MG	8	29	SINGLE DOSE MINIMUM	20	MG/KG	20	MG/KG
B	MEROPENEM IV FOR SOLN 500 MG	8	29	TOTAL DAILY DOSE	120	MG/KG	120	MG/KG
B	MEROPENEM IV FOR SOLN 500 MG	30	4379	DAILY FREQ MAXIMUM	3	DOSE(S)	3	DOSE(S)
B	MEROPENEM IV FOR SOLN 500 MG	30	4379	DAILY FREQ MINIMUM	3	DOSE(S)	3	DOSE(S)
B	MEROPENEM IV FOR SOLN 500 MG	30	4379	SINGLE DOSE MAXIMUM	40	MG/KG	40	MG/KG
B	MEROPENEM IV FOR SOLN 500 MG	30	4379	SINGLE DOSE MINIMUM	10	MG/KG	10	MG/KG
B	MEROPENEM IV FOR SOLN 500 MG	30	4379	TOTAL DAILY DOSE	6000	MG	6000	MG
B	MEROPENEM IV FOR SOLN 500 MG	4380	6570	DAILY FREQ MAXIMUM	3	DOSE(S)	3	DOSE(S)
B	MEROPENEM IV FOR SOLN 500 MG	4380	6570	DAILY FREQ MINIMUM	3	DOSE(S)	3	DOSE(S)
B	MEROPENEM IV FOR SOLN 500 MG	4380	6570	SINGLE DOSE MAXIMUM	2000	MG	2000	MG
B	MEROPENEM IV FOR SOLN 500 MG	4380	6570	SINGLE DOSE MINIMUM	500	MG	500	MG
B	MEROPENEM IV FOR SOLN 500 MG	4380	6570	TOTAL DAILY DOSE	6000	MG	6000	MG
B	METRONIDAZOLE TAB 500 MG	0	7	DAILY FREQ MAXIMUM	2	DOSE(S)	2	DOSE(S)
B	METRONIDAZOLE TAB 500 MG	0	7	DAILY FREQ MINIMUM	0.5	DOSE(S)	0.5	DOSE(S)
B	METRONIDAZOLE TAB 500 MG	0	7	SINGLE DOSE MAXIMUM	15	MG/KG	7.5	MG/KG
B	METRONIDAZOLE TAB 500 MG	0	7	SINGLE DOSE MINIMUM	7.5	MG/KG	7.5	MG/KG
B	METRONIDAZOLE TAB 500 MG	0	7	TOTAL DAILY DOSE	30	MG/KG	15	MG/KG
B	METRONIDAZOLE TAB 500 MG	8	29	DAILY FREQ MAXIMUM	2	DOSE(S)	2	DOSE(S)
B	METRONIDAZOLE TAB 500 MG	8	29	DAILY FREQ MINIMUM	2	DOSE(S)	0.5	DOSE(S)
B	METRONIDAZOLE TAB 500 MG	8	29	SINGLE DOSE MAXIMUM	15	MG/KG	15	MG/KG
B	METRONIDAZOLE TAB 500 MG	8	29	SINGLE DOSE MINIMUM	7.5	MG/KG	7.5	MG/KG
B	METRONIDAZOLE TAB 500 MG	8	29	TOTAL DAILY DOSE	30	MG/KG	30	MG/KG
B	METRONIDAZOLE TAB 500 MG	30	364	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
B	METRONIDAZOLE TAB 500 MG	30	364	DAILY FREQ MINIMUM	2	DOSE(S)	3	DOSE(S)
B	METRONIDAZOLE TAB 500 MG	30	364	SINGLE DOSE MAXIMUM	16.67	MG/KG	16.67	MG/KG

B	METRONIDAZOLE TAB 500 MG	30	364	SINGLE DOSE MINIMUM	5	MG/KG	1.25	MG/KG
B	METRONIDAZOLE TAB 500 MG	30	364	TOTAL DAILY DOSE	4	GM	50	MG/KG
B	METRONIDAZOLE TAB 500 MG	365	4379	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
B	METRONIDAZOLE TAB 500 MG	365	4379	DAILY FREQ MINIMUM	4	DOSE(S)	3	DOSE(S)
B	METRONIDAZOLE TAB 500 MG	365	4379	SINGLE DOSE MAXIMUM	16.67	MG/KG	16.67	MG/KG
B	METRONIDAZOLE TAB 500 MG	365	4379	SINGLE DOSE MINIMUM	5	MG/KG	1.25	MG/KG
B	METRONIDAZOLE TAB 500 MG	365	4379	TOTAL DAILY DOSE	4	GM	50	MG/KG
B	METRONIDAZOLE TAB 500 MG	4380	6570	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
B	METRONIDAZOLE TAB 500 MG	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	METRONIDAZOLE TAB 500 MG	4380	6570	SINGLE DOSE MAXIMUM	2000	MG	2000	MG
B	METRONIDAZOLE TAB 500 MG	4380	6570	SINGLE DOSE MINIMUM	250	MG	250	MG
B	METRONIDAZOLE TAB 500 MG	4380	6570	TOTAL DAILY DOSE	4000	MG	2400	MG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	0	29	DAILY FREQ MAXIMUM	6	DOSE(S)	8	DOSE(S)
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	0	29	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	0	29	SINGLE DOSE MAXIMUM	0.2	MG/KG	0.2	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	0	29	SINGLE DOSE MINIMUM	0.05	MG/KG	0.03	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	0	29	TOTAL DAILY DOSE	0.6	MG/KG	1.2	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	30	179	DAILY FREQ MAXIMUM	12	DOSE(S)	12	DOSE(S)
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	30	179	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	30	179	SINGLE DOSE MAXIMUM	0.2	MG/KG	0.2	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	30	179	SINGLE DOSE MINIMUM	0.05	MG/KG	0.05	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	30	179	TOTAL DAILY DOSE	2.4	MG/KG	2.4	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	180	364	DAILY FREQ MAXIMUM	12	DOSE(S)	12	DOSE(S)
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	180	364	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	180	364	SINGLE DOSE MAXIMUM	0.2	MG/KG	0.2	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	180	364	SINGLE DOSE MINIMUM	0.05	MG/KG	0.05	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	180	364	TOTAL DAILY DOSE	2.4	MG/KG	2.4	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	365	2189	DAILY FREQ MAXIMUM	12	DOSE(S)	12	DOSE(S)
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	365	2189	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	365	2189	SINGLE DOSE MAXIMUM	0.2	MG/KG	0.2	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	365	2189	SINGLE DOSE MINIMUM	0.05	MG/KG	0.05	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	365	2189	TOTAL DAILY DOSE	2.4	MG/KG	2.4	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	2190	4379	DAILY FREQ MAXIMUM	12	DOSE(S)	12	DOSE(S)
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	2190	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	2190	4379	SINGLE DOSE MAXIMUM	0.2	MG/KG	0.2	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	2190	4379	SINGLE DOSE MINIMUM	0.05	MG/KG	0.05	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	2190	4379	TOTAL DAILY DOSE	2.4	MG/KG	2.4	MG/KG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	4380	6570	DAILY FREQ MAXIMUM	12	DOSE(S)	24	DOSE(S)

C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	4380	6570	SINGLE DOSE MAXIMUM	20	MG	20	MG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	4380	6570	SINGLE DOSE MINIMUM	2.5	MG	1	MG
C	MORPHINE SULFATE (PF) 1 MG/ML IJ SOLN	4380	6570	TOTAL DAILY DOSE	120	MG	240	MG
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	0	29	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	0	29	DAILY FREQ MINIMUM	NO RULE		NO RULE	
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	0	29	SINGLE DOSE MAXIMUM	NO RULE		NO RULE	
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	0	29	SINGLE DOSE MINIMUM	NO RULE		NO RULE	
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	0	29	TOTAL DAILY DOSE	NO RULE		NO RULE	
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	30	179	DAILY FREQ MAXIMUM	3	DOSE(S)	NO RULE	
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	30	179	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	30	179	SINGLE DOSE MAXIMUM	0.15	MG/KG	NO RULE	
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	30	179	SINGLE DOSE MINIMUM	0.1	MG/KG	NO RULE	
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	30	179	TOTAL DAILY DOSE	12	MG/KG	NO RULE	
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	180	729	DAILY FREQ MAXIMUM	3	DOSE(S)	3	DOSE(S)
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	180	729	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	180	729	SINGLE DOSE MAXIMUM	0.15	MG/KG	0.45	MG/KG
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	180	729	SINGLE DOSE MINIMUM	0.1	MG/KG	0.15	MG/KG
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	180	729	TOTAL DAILY DOSE	12	MG/KG	0.15	MG/KG
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	730	1459	DAILY FREQ MAXIMUM	3	DOSE(S)	3	DOSE(S)
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	730	1459	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	730	1459	SINGLE DOSE MAXIMUM	0.15	MG/KG	0.45	MG/KG
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	730	1459	SINGLE DOSE MINIMUM	0.1	MG/KG	0.15	MG/KG
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	730	1459	TOTAL DAILY DOSE	12	MG	0.15	MG/KG
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	1460	4379	DAILY FREQ MAXIMUM	3	DOSE(S)	3	DOSE(S)
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	1460	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	1460	4379	SINGLE DOSE MAXIMUM	0.1	MG/KG	0.45	MG/KG
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	1460	4379	SINGLE DOSE MINIMUM	0.1	MG/KG	0.15	MG/KG
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	1460	4379	TOTAL DAILY DOSE	12	MG	0.15	MG/KG
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	4380	6570	DAILY FREQ MAXIMUM	6	DOSE(S)	6	DOSE(S)
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	4380	6570	SINGLE DOSE MAXIMUM	0.45	MG/KG	0.15	MG/KG
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	4380	6570	SINGLE DOSE MINIMUM	0.1	MG/KG	0.15	MG/KG
A,C	ONDANSETRON HCL 4 MG/2ML IJ SOLN	4380	6570	TOTAL DAILY DOSE	12	MG/KG	0.45	MG/KG
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	0	364	DAILY FREQ MAXIMUM	4	DOSE(S)	NO RULE	
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	0	364	DAILY FREQ MINIMUM	2	DOSE(S)	NO RULE	
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	0	364	SINGLE DOSE MAXIMUM	0.2	MG/KG	NO RULE	
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	0	364	SINGLE DOSE MINIMUM	0.2	MG/KG	NO RULE	

B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	0	364	TOTAL DAILY DOSE	15	MG	NO RULE	
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	365	1824	DAILY FREQ MAXIMUM	3	DOSE(S)	3	DOSE(S)
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	365	1824	DAILY FREQ MINIMUM	2	DOSE(S)	2	DOSE(S)
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	365	1824	SINGLE DOSE MAXIMUM	0.2	MG/KG	0.6	MG/KG
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	365	1824	SINGLE DOSE MINIMUM	0.2	MG/KG	0.2	MG/KG
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	365	1824	TOTAL DAILY DOSE	0.6	MG/KG	0.6	MG/KG
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	1825	2189	DAILY FREQ MAXIMUM	3	DOSE(S)	3	DOSE(S)
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	1825	2189	DAILY FREQ MINIMUM	2	DOSE(S)	2	DOSE(S)
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	1825	2189	SINGLE DOSE MAXIMUM	5	MG	0.6	MG/KG
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	1825	2189	SINGLE DOSE MINIMUM	5	MG	0.2	MG/KG
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	1825	2189	TOTAL DAILY DOSE	15	MG	0.6	MG/KG
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	2190	4379	DAILY FREQ MAXIMUM	3	DOSE(S)	3	DOSE(S)
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	2190	4379	DAILY FREQ MINIMUM	2	DOSE(S)	2	DOSE(S)
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	2190	4379	SINGLE DOSE MAXIMUM	5	MG	5	MG
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	2190	4379	SINGLE DOSE MINIMUM	5	MG	5	MG
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	2190	4379	TOTAL DAILY DOSE	15	MG	15	MG
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	4380	6570	DAILY FREQ MAXIMUM	3	DOSE(S)	4	DOSE(S)
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	4380	6570	DAILY FREQ MINIMUM	2	DOSE(S)	2	DOSE(S)
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	4380	6570	SINGLE DOSE MAXIMUM	5	MG	5	MG
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	4380	6570	SINGLE DOSE MINIMUM	5	MG	5	MG
B	OXYBUTYNIN CHLORIDE 5 MG/5ML PO SYRP	4380	6570	TOTAL DAILY DOSE	15	MG	20	MG
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	0	29	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	0	29	DAILY FREQ MINIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	0	29	SINGLE DOSE MAXIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	0	29	SINGLE DOSE MINIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	0	29	TOTAL DAILY DOSE	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	30	364	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	30	364	DAILY FREQ MINIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	30	364	SINGLE DOSE MAXIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	30	364	SINGLE DOSE MINIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	30	364	TOTAL DAILY DOSE	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	365	1824	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	365	1824	DAILY FREQ MINIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	365	1824	SINGLE DOSE MAXIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	365	1824	SINGLE DOSE MINIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	365	1824	TOTAL DAILY DOSE	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	1825	2189	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	1825	2189	DAILY FREQ MINIMUM	NO RULE		NO RULE	

A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	1825	2189	SINGLE DOSE MAXIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	1825	2189	SINGLE DOSE MINIMUM	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	1825	2189	TOTAL DAILY DOSE	NO RULE		NO RULE	
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	2190	6570	DAILY FREQ MAXIMUM	3	DOSE(S)	2	DOSE(S)
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	2190	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	2190	6570	SINGLE DOSE MAXIMUM	3	SPRAY(S)	3	SPRAY(S)
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	2190	6570	SINGLE DOSE MINIMUM	2	SPRAY(S)	1	SPRAY(S)
A,C	OXYMETAZOLINE HCL 0.05 % NA SOLN	2190	6570	TOTAL DAILY DOSE	6	SPRAY(S)	6	SPRAY(S)
B	PARICALCITOL IV SOLN 5 MCG/ML	0	1824	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
B	PARICALCITOL IV SOLN 5 MCG/ML	0	1824	DAILY FREQ MINIMUM	NO RULE		NO RULE	
B	PARICALCITOL IV SOLN 5 MCG/ML	0	1824	SINGLE DOSE MAXIMUM	NO RULE		NO RULE	
B	PARICALCITOL IV SOLN 5 MCG/ML	0	1824	SINGLE DOSE MINIMUM	NO RULE		NO RULE	
B	PARICALCITOL IV SOLN 5 MCG/ML	0	1824	TOTAL DAILY DOSE	NO RULE		NO RULE	
B	PARICALCITOL IV SOLN 5 MCG/ML	1825	6570	DAILY FREQ MAXIMUM	0.5	DOSE(S)	0.5	DOSE(S)
B	PARICALCITOL IV SOLN 5 MCG/ML	1825	6570	DAILY FREQ MINIMUM	0.429	DOSE(S)	0.429	DOSE(S)
B	PARICALCITOL IV SOLN 5 MCG/ML	1825	6570	SINGLE DOSE MAXIMUM	0.7	MCG/KG	0.12	MCG/KG
B	PARICALCITOL IV SOLN 5 MCG/ML	1825	6570	SINGLE DOSE MINIMUM	0.04	MCG/KG	0.0171	MCG/KG
B	PARICALCITOL IV SOLN 5 MCG/ML	1825	6570	TOTAL DAILY DOSE	0.24	MCG/KG	0.24	MCG/KG
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	0	29	DAILY FREQ MAXIMUM	NO RULE		8	DOSE(S)
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	0	29	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	0	29	SINGLE DOSE MAXIMUM	3	MG/KG	2	MG/KG
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	0	29	SINGLE DOSE MINIMUM	1	MG/KG	1	MG/KG
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	0	29	TOTAL DAILY DOSE	3	MG/KG	9	MG/KG
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	30	364	DAILY FREQ MAXIMUM	NO RULE		8	DOSE(S)
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	30	364	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	30	364	SINGLE DOSE MAXIMUM	3	MG/KG	2	MG/KG
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	30	364	SINGLE DOSE MINIMUM	1	MG/KG	1	MG/KG
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	30	364	TOTAL DAILY DOSE	3	MG/KG	9	MG/KG
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	365	4379	DAILY FREQ MAXIMUM	NO RULE		3	DOSE(S)
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	365	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	365	4379	SINGLE DOSE MAXIMUM	15	MG/KG	6	MG/KG
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	365	4379	SINGLE DOSE MINIMUM	1	MG/KG	2	MG/KG
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	365	4379	TOTAL DAILY DOSE	150	MG	100	MG
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	4380	6570	DAILY FREQ MAXIMUM	NO RULE		8	DOSE(S)
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	4380	6570	SINGLE DOSE MAXIMUM	15	MG/KG	400	MG
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	4380	6570	SINGLE DOSE MINIMUM	1	MG/KG	200	MG
B	PENTOBARBITAL SODIUM INJ 50 MG/ML	4380	6570	TOTAL DAILY DOSE	150	MG	400	MG

A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	0	179	DAILY FREQ MAXIMUM	2	DOSE(S)	NO RULE	
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	0	179	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	0	179	SINGLE DOSE MAXIMUM	1.42	GM/KG	NO RULE	
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	0	179	SINGLE DOSE MINIMUM	0.25	GM/KG	NO RULE	
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	0	179	TOTAL DAILY DOSE	17	GM	NO RULE	
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	180	729	DAILY FREQ MAXIMUM	2	DOSE(S)	NO RULE	
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	180	729	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	180	729	SINGLE DOSE MAXIMUM	1.5	GM/KG	NO RULE	
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	180	729	SINGLE DOSE MINIMUM	0.25	GM/KG	NO RULE	
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	180	729	TOTAL DAILY DOSE	17	GM	NO RULE	
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	730	4379	DAILY FREQ MAXIMUM	2	DOSE(S)	2	DOSE(S)
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	730	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	730	4379	SINGLE DOSE MAXIMUM	1.5	GM/KG	1.5	GM/KG
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	730	4379	SINGLE DOSE MINIMUM	0.25	GM/KG	0.75	GM/KG
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	730	4379	TOTAL DAILY DOSE	100	GM	1.5	GM/KG
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	4380	6204	DAILY FREQ MAXIMUM	2	DOSE(S)	1	DOSE(S)
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	4380	6204	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	4380	6204	SINGLE DOSE MAXIMUM	1.42	GM/KG	17	GM
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	4380	6204	SINGLE DOSE MINIMUM	0.25	GM/KG	17	GM
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	4380	6204	TOTAL DAILY DOSE	17	GM	17	GM
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	6205	6570	DAILY FREQ MAXIMUM	1	DOSE(S)	1	DOSE(S)
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	6205	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	6205	6570	SINGLE DOSE MAXIMUM	17	GM	17	GM
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	6205	6570	SINGLE DOSE MINIMUM	17	GM	17	GM
A	POLYETHYLENE GLYCOL 3350 ORAL POWDER	6205	6570	TOTAL DAILY DOSE	17	GM	17	GM
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	0	29	DAILY FREQ MAXIMUM	4	DOSE(S)	NO RULE	
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	0	29	DAILY FREQ MINIMUM	0.5	DOSE(S)	NO RULE	
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	0	29	SINGLE DOSE MAXIMUM	2	MG/KG	NO RULE	
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	0	29	SINGLE DOSE MINIMUM	0.14	MG/KG	NO RULE	
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	0	29	TOTAL DAILY DOSE	2	MG/KG	NO RULE	
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	30	364	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	30	364	DAILY FREQ MINIMUM	0.5	DOSE(S)	0.5	DOSE(S)
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	30	364	SINGLE DOSE MAXIMUM	2	MG/KG	2	MG/KG
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	30	364	SINGLE DOSE MINIMUM	0.14	MG/KG	0.14	MG/KG

A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	30	364	TOTAL DAILY DOSE	2	MG/KG	2	MG/KG
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	365	4379	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	365	4379	DAILY FREQ MINIMUM	1	DOSE(S)	0.5	DOSE(S)
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	365	4379	SINGLE DOSE MAXIMUM	2	MG/KG	2	MG/KG
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	365	4379	SINGLE DOSE MINIMUM	0.14	MG/KG	0.14	MG/KG
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	365	4379	TOTAL DAILY DOSE	2	MG/KG	2	MG/KG
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	4380	6570	DAILY FREQ MAXIMUM	4	DOSE(S)	4	DOSE(S)
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	4380	6570	DAILY FREQ MINIMUM	1	DOSE(S)	0.5	DOSE(S)
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	4380	6570	SINGLE DOSE MAXIMUM	80	MG	60	MG
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	4380	6570	SINGLE DOSE MINIMUM	40	MG	5	MG
A,B,C	PREDNISOLONE SYRUP 15 MG/5ML (USP SOLUTION EQUIVALENT)	4380	6570	TOTAL DAILY DOSE	80	MG	80	MG
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	0	29	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	0	29	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	0	29	SINGLE DOSE MAXIMUM	0.6	MG/KG	NO RULE	
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	0	29	SINGLE DOSE MINIMUM	0.075	MG/KG	NO RULE	
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	0	29	TOTAL DAILY DOSE	NO RULE		NO RULE	
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	30	89	DAILY FREQ MAXIMUM	72	DOSE(S)	NO RULE	
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	30	89	DAILY FREQ MINIMUM	1	DOSE(S)	NO RULE	
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	30	89	SINGLE DOSE MAXIMUM	1.2	MG/KG	NO RULE	
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	30	89	SINGLE DOSE MINIMUM	0.075	MG/KG	NO RULE	
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	30	89	TOTAL DAILY DOSE	36	MG	NO RULE	
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	90	364	DAILY FREQ MAXIMUM	72	DOSE(S)	10	DOSE(S)
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	90	364	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	90	364	SINGLE DOSE MAXIMUM	1.2	MG/KG	0.6	MG/KG
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	90	364	SINGLE DOSE MINIMUM	0.075	MG/KG	0.5	MG/KG

B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	90	364	TOTAL DAILY DOSE	0.15	MG/KG	6	MG/KG
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	365	4379	DAILY FREQ MAXIMUM	72	DOSE(S)	10	DOSE(S)
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	365	4379	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	365	4379	SINGLE DOSE MAXIMUM	1.2	MG/KG	0.125	MG/KG
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	365	4379	SINGLE DOSE MINIMUM	0.075	MG/KG	0.075	MG/KG
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	365	4379	TOTAL DAILY DOSE	9	MG/KG	1.25	MG/KG
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	4380	5109	DAILY FREQ MAXIMUM	72	DOSE(S)	10	DOSE(S)
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	4380	5109	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	4380	5109	SINGLE DOSE MAXIMUM	1.2	MG/KG	0.125	MG/KG
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	4380	5109	SINGLE DOSE MINIMUM	0.075	MG/KG	0.075	MG/KG
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	4380	5109	TOTAL DAILY DOSE	0.15	MG/KG	1.25	MG/KG
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	5110	6570	DAILY FREQ MAXIMUM	72	DOSE(S)	8	DOSE(S)
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	5110	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	5110	6570	SINGLE DOSE MAXIMUM	1.2	MG/KG	0.2	MG/KG
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	5110	6570	SINGLE DOSE MINIMUM	0.075	MG/KG	0.1	MG/KG
B	ROCURONIUM BROMIDE IV SOLN 50 MG/5ML (10 MG/ML)	5110	6570	TOTAL DAILY DOSE	14.4	MG	1.6	MG/KG
A	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	0	364	DAILY FREQ MAXIMUM	NO RULE		NO RULE	
A	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	0	364	DAILY FREQ MINIMUM	NO RULE		NO RULE	
A	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	0	364	SINGLE DOSE MAXIMUM	NO RULE		NO RULE	
A	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	0	364	SINGLE DOSE MINIMUM	NO RULE		NO RULE	
A	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	0	364	TOTAL DAILY DOSE	NO RULE		NO RULE	
A	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	365	6570	DAILY FREQ MAXIMUM	1	DOSE(S)	1	DOSE(S)
A	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	365	6570	DAILY FREQ MINIMUM	1	DOSE(S)	1	DOSE(S)
A	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	365	6570	SINGLE DOSE MAXIMUM	1	APPLICATOR(S)	1	APPLICATOR(S)
A	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	365	6570	SINGLE DOSE MINIMUM	1	APPLICATOR(S)	1	APPLICATOR(S)

A	SILVER NITRATE-POTASSIUM NITRATE APPLICATOR 75-25%	365	6570	TOTAL DAILY DOSE	1	APPLICATOR(S)	1	APPLICATOR(S)
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- * A = Most commonly alerted
- B = Highest alert override rate
- C = Most commonly prescribed

