Levodopa 5mg/mL / Carbidopa 1.25 mg/mL Oral Suspension
Last updated: April 2007

Batch No:__________

Disclaimers: CAUTION: The information on The Hospital for Sick Children World Wide Web Site has been developed specifically for The Hospital for Sick Children. It is provided for informational purposes for qualified health care professionals. This material is not intended as a substitute for consulting qualified health care professionals. Patient circumstances will vary and some information may have become outdated as a result of more recent medical developments.

<table>
<thead>
<tr>
<th>Ingredients</th>
<th>Mfr</th>
<th>Lot #</th>
<th>Expiry Date</th>
<th>Quantity</th>
<th>Measured</th>
<th>Checked</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinemet® Tab 100/25</td>
<td>Dupont Pharma*/</td>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENDO-Levodopa/Carbidopa 100/25</td>
<td>Altimed*</td>
<td></td>
<td></td>
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<tr>
<td>Ora-Plus®</td>
<td>Paddock</td>
<td></td>
<td></td>
<td>50 mL</td>
<td></td>
<td></td>
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<tr>
<td>Ora-Sweet®</td>
<td>Paddock*</td>
<td></td>
<td></td>
<td>50 mL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ora-Plus®/Ora-Sweet® Mixture</td>
<td>SickKids</td>
<td></td>
<td></td>
<td>qs 100mL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*NO SUBSTITUTION

Equipment
- Mortar and pestle
- graduate

Procedure
- 1. Measure out and mix together the Ora-Plus® and Ora-Sweet® vehicles.
- 2. Crush tablets in the mortar with pestle to a fine powder.
- 3. Add Ora-Plus®/Ora-Sweet® mixture in small quantities to the mortar until a smooth paste is formed. Add more vehicle to the paste until a smooth liquid is formed. Transfer the contents into the graduate.
- 4. Use additional vehicle to rinse the remaining drug from the mortar and add it to the graduate.
- 5. Make up to final volume using vehicle. Stir well.
- 6. Transfer the suspension into the amber bottle.
- 7. Label and affix shrink seal.

Storage: Refrigerate
Expiry: 35 days

Sample Label:

LEVODOPA 5MG/ML and CARBIDOPA 1.25MG/ML ORAL SUSPENSION

L#: EXP:
REFRIGERATE (100mL)

Date and Signature (Technician and Pharmacist Final Check): ________________________