

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

20-802/S002

APPROVED LABELING

FEB 12, 2001
L. D. [signature]

For dilution in intravenous infusions only

INFUVITE *Pediatric*
Multiple Vitamins for Infusion

INFUVITE *Pediatric*
Multiple Vitamins for Infusion

DESCRIPTION

INFUVITE *Pediatric* is a sterile product consisting of two vials: a 4 mL single-dose vial labeled Vial 1 and a 1 mL single-dose vial labeled Vial 2.

Each 4 mL of Vial 1 provides:

Ascorbic acid (Vitamin C).....	80 mg
Vitamin A* (as palmitate).....	2 300 IU
Vitamin D ₃ * (cholecalciferol).....	400 IU
Thiamine (Vitamin B ₁) (as the hydrochloride).....	1.2 mg
Riboflavin (Vitamin B ₂) (as riboflavin 5-phosphate sodium).....	1.4 mg
Pyridoxine HCl (Vitamin B ₆).....	1 mg
Niacinamide.....	17 mg
Dexpanthenol (as <i>d</i> -pantothenyl alcohol).....	5 mg
Vitamin E* (<i>dl</i> - α -tocopheryl acetate).....	7 IU
Vitamin K ₁ *.....	0.2 mg

Inactive ingredients: 50 mg polysorbate 80, sodium hydroxide and/or hydrochloric acid for pH adjustment and water for injection.

** Polysorbate 80 is used to water solubilize the oil-soluble vitamins A, D, E and K.

Each 1 mL of Vial 2 provides:

Folic acid.....	140 mcg
Biotin.....	20 mcg
Vitamin B ₁₂ (cyanocobalamin).....	1 mcg

Inactive ingredients: 75 mg mannitol, citric acid and/or sodium citrate for pH adjustment and water for injection.

Vitamin A 2,3000 IU equals 0.7 mg

Vitamin D 400 IU equals 10 mcg

Vitamin E 7 IU equals 7 mg

Multiple vitamin preparation for intravenous infusion:

INFUVITE *Pediatric* (Multiple Vitamins for Infusion) makes available a combination of important oil-soluble and water-soluble vitamins in an aqueous solution, formulated for incorporation into intravenous solutions. The liposoluble vitamins A, D, E and K have been solubilized in an aqueous medium with polysorbate 80, permitting intravenous administration of these vitamins.

Contains no more than 2000 mcg/L of aluminum (combined vials 1 and 2).

INDICATIONS AND USAGE

INFUVITE *Pediatric* is indicated as a daily multivitamin maintenance dosage for infants and children up to 11 years of age receiving parenteral nutrition.

INFUVITE *Pediatric* is also indicated in other situations where administration by the intravenous route is required. Such situations include surgery, extensive burns, fractures and other trauma, severe infectious diseases, and comatose states, which may provoke a "stress" situation with profound alterations in the body's metabolic demands and consequent tissue depletion of nutrients.

The physician should not await the development of clinical signs of vitamin deficiency before initiating vitamin therapy.

INFUVITE *Pediatric* (administered in intravenous fluids under proper dilution) contributes intake of necessary vitamins toward maintaining the body's normal resistance and repair processes.

Patients with multiple vitamin deficiencies or with markedly increased requirements may be given multiples of the daily dosage for two or more days, as indicated by the clinical status. Blood vitamin concentrations should be periodically monitored to ensure maintenance of adequate levels, particularly in patients receiving parenteral multivitamins as their sole source of vitamins for long periods of time.

CONTRAINDICATIONS

INFUVITE *Pediatric* is contraindicated where there is a pre-existing hypervitaminosis, or a known hypersensitivity to any of the vitamins or excipients in the product.

Allergic reaction has been known to occur following intravenous administration of thiamine and vitamin K. The formulation is contraindicated prior to blood sampling for detection of megaloblastic anemia, as the folic acid and the cyanocobalamin in the vitamin solution can mask serum deficits.

PRECAUTIONS

Caution should be exercised when administering **INFUVITE Pediatric** to patients on warfarin sodium-type anticoagulant therapy. In such patients, vitamin K may antagonize the hypoprothrombinemic response to anticoagulant drugs. In such patients, periodic monitoring of prothrombin time/INR response is essential in determining the appropriate dosage of anticoagulant therapy.

Adequate blood levels of vitamin E are achieved when **INFUVITE Pediatric** is given to infants at the recommended dosage. Larger doses or supplementation with oral or parenteral vitamin E are not recommended because elevated blood levels of vitamin E may result.

Studies have shown that vitamin A may adhere to plastic, resulting in inadequate vitamin A administration in the doses recommended with **INFUVITE Pediatric**. Additional vitamin A supplementation may be required, especially in low birth weight infants.

Long standing specific vitamin deficiencies may require additional therapeutic amounts of specific vitamins to supplement the maintenance vitamins provided by **INFUVITE Pediatric**.

In patients receiving parenteral multivitamins, blood vitamin concentrations should be periodically monitored to determine if vitamin deficiencies or excesses are developing.

Polysorbates have been associated with the E-Ferol syndrome (thrombocytopenia, renal dysfunction, hepatomegaly, cholestasis, ascites, hypotension and metabolic acidosis) in low birth weight infants. However, no such adverse reports have been associated with the use of pediatric multiple vitamins for infusion such as **INFUVITE Pediatric**.

INFUVITE Pediatric should be aseptically transferred to the infusion fluid.

DRUG-DRUG INTERACTIONS

Physical incompatibilities: **INFUVITE Pediatric** (Multiple Vitamins for Infusion) is not physically compatible with alkaline solutions or moderately alkaline drugs such as acetazolamide, and chlorothiazide sodium, aminopylline or sodium bicarbonate. **INFUVITE Pediatric** is not physically compatible with ampicillin and it may not be physically compatible with tetracycline HCl. It has also been reported that folic acid is unstable in the presence of calcium salts such as calcium gluconate. Direct addition to intravenous fat emulsions is not recommended. Consult appropriate references for listings of physical compatibility of solutions and drugs with the vitamin infusion. In such circumstances, admixture or Y-site administration with vitamin solutions should be avoided.

Some of the vitamins in **INFUVITE Pediatric** may react with vitamin K bisulfite or sodium bisulfite; if bisulfite solutions are necessary, patients should be monitored for Vitamin A, thiamine and ascorbic acid deficiencies.

Clinical Interactions: A number of interactions between vitamins and drugs have been reported which may affect the metabolism of either agent. The following are examples of these types of interactions.

Folic acid may lower the serum concentration of phenytoin resulting in increased seizure frequency. Conversely, phenytoin may decrease serum folic acid concentrations and, therefore, should be avoided in pregnancy. Folic acid may decrease the patient's response to methotrexate therapy.

Pyridoxine may decrease the efficacy of levodopa by increasing its metabolism. Concomitant administration of hydralazine or isoniazid may increase pyridoxine requirements.

In patients with pernicious anemia, the hematological response to vitamin B₁₂ therapy may be inhibited by concomitant administration of chloramphenicol.

Several vitamins have been reported to decrease the activity of certain antibiotics. Thiamine, riboflavin, pyridoxine, niacinamide, and ascorbic acid have been reported to decrease the antibiotic activity of erythromycin, kanamycin, streptomycin, doxycycline, and lincomycin. Bleomycin is inactivated *in vitro* by ascorbic acid and riboflavin.

Vitamin K may antagonize the hypoprothrombinemic effect of oral anticoagulants (see PRECAUTIONS).

Consult appropriate references for additional specific vitamin-drug interactions.

Drug-Laboratory Test Interactions: Ascorbic acid in the urine may cause false negative urine glucose determinations.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenicity, mutagenesis and fertility studies have not been performed.

WARNINGS

INFUVITE Pediatric is administered in intravenous solutions, which may contain aluminum that may be toxic. Aluminum may reach toxic levels with prolonged parenteral administration if kidney function is impaired. Premature neonates are particularly at risk because their kidneys are immature, and they require large amounts of calcium and phosphate solution, which contain aluminum.

Research indicates that patients with impaired kidney function, including premature neonates who receive parenteral levels of aluminum at greater than 4 to 5 µg/kg/day

accumulate aluminum at levels associated with central nervous system and bone toxicity. Tissue loading may occur at even lower rates of administration.

ADVERSE REACTIONS

There have been rare reports of anaphylactic reactions following parenteral multivitamin administration. Rare reports of anaphylactoid reactions have also been reported after large intravenous doses of thiamine. The risk, however, is negligible if thiamine is co-administered with other vitamins of the B group. There have been no reports of fatal anaphylactoid reactions associated with multivitamin preparations for infusion.

There have been rare reports of the following types of reactions:

Dermatologic - rash, erythema, pruritis

CNS - headache, dizziness, agitation, anxiety

Ophthalmic - diplopia

Allergic - urticaria, shortness of breath, wheezing and angioedema.

OVERDOSAGE

The possibility of hypervitaminosis A or D should be borne in mind. Clinical manifestations of hypervitaminosis A have been reported in patients with renal failure receiving 1.5 mg/day retinol. Therefore, vitamin A supplementation of renal failure patients should be undertaken with caution.

DOSAGE AND ADMINISTRATION

INFUVITE Pediatric is ready for immediate use in infants and children up to 11 years of age when added to intravenous infusion fluids.

INFUVITE Pediatric should not be given as a direct, undiluted intravenous injection as it may give rise to dizziness, faintness and possible tissue irritation.

A daily dose of **INFUVITE Pediatric** (4 mL of Vial 1 plus 1 mL of Vial 2) should be added directly to not less than 100 mL of intravenous dextrose, saline or similar infusion solutions.

For administration to infants weighing < 1 kg: The daily dose is 30% of the contents of Vial 1 (1.2 mL) and Vial 2 (0.3 mL). Do not exceed this daily dose. Supplemental vitamin A may be required for low-birth-weight infants.

For administration to infants weighing ≥ 1 kg and < 3 kg: The daily dose is 65% of the contents of Vial 1 (2.6 mL) and Vial 2 (0.65 mL). Do not exceed this daily dose. Supplemental vitamin A may be required for low-birth-weight infants.

For administration to infants and children weighing \geq 3 kg up to 11 years of age: The daily dose is the entire contents of Vial 1 (4 mL) and of Vial 2 (1 mL), unless there is clinical or laboratory evidence for increasing or decreasing the dosage.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.

After INFUVITE *Pediatric* is diluted in an intravenous infusion, the resulting solution is ready for immediate use. Some of the vitamins in this product, particularly A, D and riboflavin, are light sensitive, therefore, exposure to light should be minimized.

DISCARD ANY UNUSED PORTION
Store between 2-8 °C (36-46 °F).

HOW SUPPLIED

INFUVITE *Pediatric* - NDC 54643-5646-0, is available in boxes containing 2 vials - Vial 1 (4 mL) and Vial 2 (1 mL), both vials to be used for a single dose.

INFUVITE *Pediatric* - NDC 54643-5646-1, is available in boxes containing 10 vials - 5 each of Vial 1 (4 mL) and 5 each of Vial 2 (1 mL), one Vial 1 plus one Vial 2 to be used for a single dose.

Rx only.

Distributed by: *(To be determined)*

Manufactured by:
Sabex Inc.
145 Jules-Leger Street
Boucherville, QC, Canada J4B 7K8

Issued: Month/Year

For dilution in intravenous infusions only

Multi-12®/K₁ Pediatric
Multiple Vitamins for Infusion

Multi-12®/K₁ Pediatric
Multiple Vitamins for Infusion

DESCRIPTION

Multi-12®/K₁ Pediatric is a sterile product consisting of two vials: a 4 mL single-dose vial labeled Vial 1 and a 1 mL single-dose vial labeled Vial 2.

Each 4 mL of Vial 1* provides :

Ascorbic acid (Vitamin C).....	80 mg
Vitamin A** (as palmitate).....	2 300 IU
Vitamin D ₃ ** (cholecalciferol).....	400 IU
Thiamine (Vitamin B ₁) (as the hydrochloride).....	1.2 mg
Riboflavin (Vitamin B ₂) (as riboflavin 5-phosphate sodium).....	1.4 mg
Pyridoxine HCl (Vitamin B ₆).....	1 mg
Niacinamide.....	17 mg
Dexpanthenol (as <i>d</i> -pantothenyl alcohol).....	5 mg
Vitamin E** (<i>dl</i> - α -tocopheryl acetate).....	7 IU
Vitamin K ₁	0.2 mg

* with 50 mg polysorbate 80, sodium hydroxide and/or hydrochloric acid for pH adjustment and water for injection.

** Polysorbate 80 is used to water solubilize the oil-soluble vitamins A, D, E and K.

Each 1 mL of Vial 2† provides:

Folic acid.....	140 μ g
Biotin.....	20 μ g
Vitamin B ₁₂ (cyanocobalamin).....	1 μ g

† with 75 mg mannitol, citric acid and/or sodium citrate for pH adjustment and water for injection.

1 0 15

"Aqueous" multiple vitamin preparation for intravenous infusion:
Multi-12^o/K₁ Pediatric (Multiple Vitamins for Infusion) makes available a combination of important oil-soluble and water-soluble vitamins in an aqueous solution, formulated for incorporation into intravenous solutions. The liposoluble vitamins A, D, E and K have been solubilized in an aqueous medium with polysorbate 80, permitting intravenous administration of these vitamins. *Combined Vial 1 and 2 contains no more than*

INDICATIONS AND USAGE

Multi-12^o/K₁ Pediatric is indicated as a daily multivitamin maintenance dosage for infants and children up to 11 years of age receiving parenteral nutrition.

Multi-12^o/K₁ Pediatric is also indicated in other situations where administration by the intravenous route is required. Such situations include surgery, extensive burns, fractures and other trauma, severe infectious diseases, and comatose states, which may provoke a "stress" situation with profound alterations in the body's metabolic demands and consequent tissue depletion of nutrients.

The physician should not await the development of clinical signs of vitamin deficiency before initiating vitamin therapy.

Multi-12^o/K₁ Pediatric (administered in intravenous fluids under proper dilution) contributes intake of necessary vitamins toward maintaining the body's normal resistance and repair processes.

Patients with multiple vitamin deficiencies or with markedly increased requirements may be given multiples of the daily dosage for two or more days, as indicated by the clinical status.

CONTRAINDICATIONS

Multi-12^o/K₁ Pediatric is contraindicated where there is a pre-existing hypervitaminosis, or a known hypersensitivity to any of the vitamins or excipients in the product.

Allergic reaction has been known to occur following intravenous administration of thiamine and vitamin K. The formulation is contraindicated prior to blood sampling for detection of megaloblastic anemia, as the folic acid and the cyanocobalamin in the vitamin solution can mask serum deficits.

PRECAUTIONS

General: Unlike the adult formulation, Multi-12[®], this product contains phytonadione (vitamin K₁).

Caution should be exercised when administering Multi-12[®]/K₁ Pediatric to patients on warfarin sodium-type anticoagulant therapy. In such patients, periodic monitoring of prothrombin time is essential in determining the appropriate dosage of anticoagulant therapy.

Adequate blood levels of vitamin E are achieved when Multi-12[®]/K₁ Pediatric is given to infants at the recommended dosage. Larger doses or supplementation with oral or parenteral vitamin E are not recommended because elevated blood levels of vitamin E may result.

Studies have shown that vitamin A may adhere to plastic, resulting in inadequate vitamin A administration in the doses recommended with Multi-12[®]/K₁ Pediatric. Additional vitamin A supplementation may be required, especially in low birth weight infants.

Long standing specific vitamin deficiencies require additional therapeutic amounts of specific vitamins to supplement the maintenance vitamins provided by Multi-12[®]/K₁ Pediatric.

Drug interactions: Multi-12[®]/K₁ Pediatric (Multiple Vitamins for Infusion) is not physically compatible with DIAMOX[®] (acetazolamide) 500 mg, and DIURIL[®] Intravenous Sodium (Chlorothiazide sodium) 500 mg, aminopylline 125 mg and ampicillin 500 mg. ACHROMYCIN[®] (tetracycline HCl) 500 mg may not be physically compatible with Multi-12[®]/K₁ Pediatric. The formulation is incompatible with alkaline solutions. Calcium ions are reported to reduce the availability of folic acid. Direct addition to intravenous fat emulsions is not recommended.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenicity studies have not been performed.

mutagenicity and fertility

WARNINGS

This product contains aluminum that may be toxic. Aluminum may reach toxic levels with prolonged parenteral administration if kidney function is impaired. Premature neonates are particularly at risk because their kidneys are immature, and they require large amounts of calcium and phosphate solution, which contain aluminum.

Research indicates that patients with impaired kidney function, including premature neonates who receive parenteral levels of aluminum at greater than 4 to 5 $\mu\text{g}/\text{kg}/\text{day}$ accumulate aluminum at levels associated with central nervous system and bone toxicity. Tissue loading may occur at even lower rates of administration.

ADVERSE REACTIONS

There have been rare reports of anaphylactoid reactions following large intravenous doses of thiamine. The risk, however, is negligible if thiamine is co-administered with other vitamins of the B group. There have been no reports of fatal anaphylactoid reactions associated with multivitamin preparations for infusion.

There have been rare reports of the following types of reactions:

- Dermatologic - rash, erythema, pruritis
- CNS - headache, dizziness, agitation, anxiety
- Ophthalmic - diplopia
- Allergic - urticaria, periorbital and digital edema

OVERDOSAGE

The possibility of hypervitaminosis A or D should be borne in mind. Water-soluble vitamins, are readily excreted in the urine. Treatment of vitamin overdosage usually consists of withdrawal of the vitamin.

DOSAGE AND ADMINISTRATION

Multi-12[®]/K₁ Pediatric is ready for immediate use in infants up to 11 years of age when added to intravenous infusion fluids.

Multi-12[®]/K₁ Pediatric should not be given as a direct, undiluted intravenous injection as it may give rise to dizziness, faintness and possible tissue irritation.

For a single dose feeding, one daily dose of **Multi-12[®]/K₁ Pediatric** (4 mL of Vial 1 plus 1 mL of Vial 2) added directly to not less than 100 mL of intravenous dextrose, saline or similar infusion solutions.

For administration to infants and children weighing ≥ 3 kg up to 11 years of age:

Add one daily dose, the entire contents of Vial 1 (4 mL) and of Vial 2 (1 mL), to not less than 100 mL of Dextrose Injection USP 5%, Sodium Chloride Injection USP 0.9% or similar infusion solutions.

For administration to infants weighing ≥ 1 kg and < 3 kg:

The daily dose is 65% of the contents of Vial 1 and Vial 2, added to not less than 100 mL of Dextrose Injection USP 5%, Sodium Chloride Injection USP 0.9% or similar infusion solutions.

For administration to infants weighing < 1 kg:

The daily dose is 30% of the contents of Vial 1 and Vial 2, added to not less than 100 mL of Dextrose Injection USP 5%, Sodium Chloride Injection USP 0.9% or similar infusion solutions. Do not exceed this daily dose.

Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration, whenever solution and container permit.

After Multi-12[®]/K₁ Pediatric is diluted in an intravenous infusion, the resulting solution is ready for immediate use. Some of the vitamins in this product, particularly A, D and riboflavin, are light sensitive, therefore, exposure to light should be minimized.

DISCARD ANY UNUSED PORTION

Store between 2-8 °C (36-46 °F).

HOW SUPPLIED

Multi-12[®]/K₁ Pediatric - NDC xxxxx-xxxx-x , is available in boxes containing 2 vials - Vial 1 (4 mL) and Vial 2 (1 mL), both vials to be used for a single dose.

CAUTION: Rx only.

Distributed by: *(To be determined)*

Manufactured by:


Sabex Inc.

145 Jules-Leger Street

Boucherville, QC, Canada J4B 7K8

Issued: Month/Year

DRAFT INNER LABEL WITH STATEMENT ON ALUMINUM- MULTI-12®/K₁ PEDIATRIC VIAL 2

<p>Dilute the contents of Vial 1 and Vial 2 in not less than 100 mL infusion fluid, both vials to be used for a single dose.</p> <p>Consult package insert for dosage and full prescribing information.</p> <p><i>Contains no more than XXX µg/L of aluminum</i></p> <p>Manufactured by: Sabex Inc. Boucherville, Qc, Canada J4B 7K8</p> <p>Lot. Exp.</p>	<p>1 mL</p> <p>MULTI-12®/K₁ Pediatric Multiple Vitamins for Infusion</p> <p>VIAL 2</p> <p>For intravenous infusion only.</p> <p>Single Dose Vial - Sterile</p> <p>Store under refrigeration, 2-8 °C (36-46 °F)</p> <p>Caution: Rx only.</p> 
---	--

1 070

iii) Draft Outer Labels.

Enclosed is a draft copy of the outer label for **Multi-12[®]/K₁ Pediatric**. This label is for a single dose format, consisting of one 2-vial set containing one 5 mL vial (Vial 1) and one 1 mL vial (Vial 2).


Labeling is consistent with the Federal Register (65FR4103) and Federal Register (CFR4253), as well as with the conditionally approved product, **MVI[®] Pediatric** (ASTRA; NDA #18-920).

ii) Draft Inner Labels

Enclosed are draft copies of the inner labels for **Multi-12[®]/K₁ Pediatric**, Vial 1 and Vial 2. The Vial 1 labels are designed to fit 5 mL containers, while Vial 2 labels are for 2 mL containers. Labeling is consistent with the Federal Register (65FR4253) notice on the drug efficacy study implementation for pediatric parenteral multivitamin products, as well as with the conditionally approved product, **MVT[®] Pediatric** (ASTRA; NDA #18-920).

The drafts are in accordance with the provisions of the final ruling on the determination of aluminum in large and small volume parenterals used in total parenteral nutrition (§ 201.323 (c)) to come in effect on January 26th, 2001. Analytical determinations of the aluminum content in **Multi-12[®]/K₁ Pediatric** are underway, and the resulting data will be presented to the FDA when available.

DRAFT INNER LABEL WITH STATEMENT ON ALUMINUM- MULTI-12®/K₁ PEDIATRIC VIAL 1

<p>Dilute the contents of Vial 1 and Vial 2 in not less than 100 mL infusion fluid, both vials to be used for a single dose.</p> <p>Consult package insert for dosage and full prescribing information.</p> <p>Manufactured by: Sabex Inc. Boucherville, Qc, Canada J4B 7K8</p> <p>Lot. Exp.</p>	<p align="center">MULTI-12®/K₁ Pediatric Multiple Vitamins for Infusion</p> <p align="center">VIAL 1</p> <p align="center">For intravenous infusion only.</p> <p align="center">Single Dose Vial – Sterile</p> <p align="center">Store under refrigeration, 2-8 °C (36-46 °F)</p> <p>Caution: Rx only.</p> 	<p align="right">4 mL</p> <p>Each 4 mL of Vial 1 provides:</p> <table border="0"> <tr><td>Vitamin C.....</td><td>80 mg</td></tr> <tr><td>Vitamin A.....</td><td>2 300 I.U.</td></tr> <tr><td>Vitamin D.....</td><td>400 I.U.</td></tr> <tr><td>Thiamine (B₁).....</td><td>1.2 mg</td></tr> <tr><td>Riboflavin (B₂).....</td><td>1.4 mg</td></tr> <tr><td>Pyridoxine HCl (B₆).....</td><td>1 mg</td></tr> <tr><td>Niacinamide.....</td><td>17 mg</td></tr> <tr><td>Dexpanthenol.....</td><td>5 mg</td></tr> <tr><td>Vitamin E (<i>dl</i>-α-tocopheryl acetate).....</td><td>7 I.U.</td></tr> <tr><td>Vitamin K₁.....</td><td>0.2 mg</td></tr> </table> <p>with 50 mg polysorbate 80, sodium hydroxide and/or hydrochloric acid for pH adjustment, and water for injection.</p> <p><i>Contains no more than XXXX µg/L of aluminum</i></p>	Vitamin C.....	80 mg	Vitamin A.....	2 300 I.U.	Vitamin D.....	400 I.U.	Thiamine (B ₁).....	1.2 mg	Riboflavin (B ₂).....	1.4 mg	Pyridoxine HCl (B ₆).....	1 mg	Niacinamide.....	17 mg	Dexpanthenol.....	5 mg	Vitamin E (<i>dl</i> - α -tocopheryl acetate).....	7 I.U.	Vitamin K ₁	0.2 mg
Vitamin C.....	80 mg																					
Vitamin A.....	2 300 I.U.																					
Vitamin D.....	400 I.U.																					
Thiamine (B ₁).....	1.2 mg																					
Riboflavin (B ₂).....	1.4 mg																					
Pyridoxine HCl (B ₆).....	1 mg																					
Niacinamide.....	17 mg																					
Dexpanthenol.....	5 mg																					
Vitamin E (<i>dl</i> - α -tocopheryl acetate).....	7 I.U.																					
Vitamin K ₁	0.2 mg																					

Baxter		4 mL	EACH 4 mL OF VIAL 1 PROVIDES	1000879
2AXXXX NDC 54643-5646-1			VITAMIN C	80 MC
Multi-12^o/K₁ Pediatric			VITAMIN A	2,300 IU
Multiple Vitamins for Infusion			VITAMIN D	400 IU
VIAL 1			THIAMINE (B ₁)	1.2 MC
For intravenous infusion			RIBOFLAVIN (B ₂)	1.4 MC
after dilution only.			PYRIDOXINE HCl (B ₆)	1 MC
Single Use Vial - Sterile			NIACINAMIDE	17 MC
Store under refrigeration,			DIOSPHANTHROL	5 MC
2-8°C (36-46°F).		Rx only	VITAMIN E (DL- α -Tocopheryl Acetate)	7 IU
DILUTE VIALS 1 AND 2 IN NOT LESS THAN			VITAMIN K ₁	0.2 MC
100 mL INFUSION FLUID.			WITH 50 MC POLYORBATE 80, SODIUM HYDROXIDE	
USUAL DOSAGE: SEE PACKAGE INSERT.			AND/OR HYDROCHLORIC ACID FOR PH ADJUSTMENT,	
			AND WATER FOR INJECTION.	
			ALUMINUM CONTENT \leq 1500 μ C/L	
			DIST. BY: BAXTER HEALTHCARE CORP., DEERFIELD, IL 60015 USA	
			LOT	EXP

2AXXXX 1 mL
NDC 54643-5646-1
Multi-12^o/K₁ Pediatric
Multiple Vitamins for Infusion
VIAL 2
IV infusion after dilution.
Single Use Vial - Sterile
Store under refrigeration,
2-8°C (36-46°F). Rx only
USUAL DOSAGE:
SEE PACKAGE INSERT.
Aluminum content \leq 500 μ g/L
Dist. by: BAXTER HEALTHCARE
CORP., DEERFIELD, IL 60015 USA
1000880 7-9-20-399
LOT
EXP