# MUCUS RELIEF- mucus relief tablet, extended release Allegiant Health

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459 - Mucus Relief

# Active ingredient(s)

Guaifenesin 600 mg

# **Purpose**

Expectorant

# Use(s)

 helps loosen phlegm (mucus) and thin bronchial secretions to rid the bronchial passageways of bothersome mucus and make coughs more productive

# Warnings

### Do not use

for children under 12 years of age

## Ask a doctor before use if

- persistent or chronic cough such as occurs with smoking, asthma, chronic bronchitis, or emphysema
- cough accompanied by too much phlegm (mucus)

# Stop use and ask a doctor if

• cough lasts more than 7 days, comes back, or occurs with fever, rash, or persistent headache. These could be signs of a serious illness.

# If pregnant or breastfeeding,

ask a health professional before use.

# Keep out of reach of children

In case of overdose, get medical help or contact a Poison Control Center right away (1-800-222-1222)

### **Directions**

- do not crush, chew, or break tablet
- take with a full glass of water
- this product can be administered without regard for timing of meals
- adults and children 12 years of age and over: 1 or 2 tablets every 12 hours. Do not exceed 4 tablets in 24 hours

• children under 12 years of age: do not use

### Other information

- store between 20-25°C (68-77°F)
- do not use if imprinted safety seal under cap is broken or missing

# **Inactive ingredients**

carbomer homopolymer type B; hypromellose, magnesium stearate, microcrystalline cellulose, sodium starch glycolate

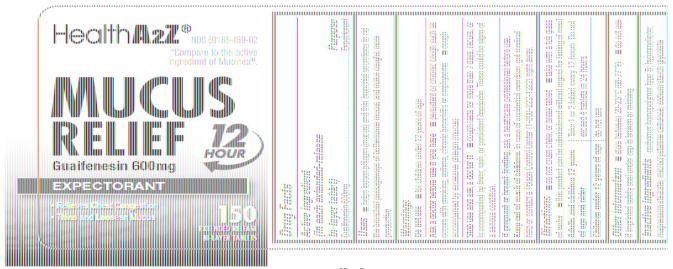
# **Questions/Comments**

Call 1-888-952-0050 Monday through Friday 9AM - 5PM EST.

**Ingredient Name** 

GUAIFENESIN (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)

# **Principal Display Panel**



**Mucus relief** 

# MUCUS RELIEF mucus relief tablet, extended release Product Information Product Type HUMAN OTC DRUG Item Code (Source) NDC:69168-459 Route of Administration ORAL Active Ingredient/Active Moiety

**Basis of Strength** 

**GUAIFENES IN** 

Strength

600 ma

Inactive Ingredients			
Ingredient Name	Strength		
CARBOMER HOMOPOLYMER TYPE B (ALLYL PENTAERYTHRITOL OR ALLYL SUCROSE CROSSLINKED) (UNII: K6MOM3T5YL)			
HYPROMELLOSE 2910 (5 MPA.S) (UNII: R75537T0T4)			
SODIUM STARCH GLYCOLATE TYPE A (UNII: H8AV0SQX4D)			
MAGNESIUM STEARATE (UNII: 70097M6I30)			
MICROCRYSTALLINE CELLULOSE (UNII: OP1R32D61U)			

<b>Product Characteristi</b>	roduct Characteristics					
Color	white	Score	no score			
Shape	OVAL	Size	16mm			
Flavor		Imprint Code	G;600			
Contains						

P	Packaging						
#	Item Code	Package Description	Marketing Start Date	Marketing End Date			
1	NDC:69168-459- 75	75 in 1 BOTTLE; Type 0: Not a Combination Product	04/24/2024				
2	NDC:69168-459- 02	150 in 1 BOTTLE; Type 0: Not a Combination Product	04/24/2024				

Marketing Information				
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date	
ANDA	ANDA213420	04/24/2024		

# Labeler - Allegiant Health (079501930)

Revised: 4/2024 Allegiant Health