GOOD SENSE TUSSIN DM- dextromethorphan hydrobromide, guaifenesin solution Preferred Pharmaceuticals Inc.

Perrigo Tussin DM Drug Facts

Active ingredients (in each 20 mL)

Dextromethorphan HBr, USP 20 mg Guaifenesin, USP 200 mg

Purposes

Cough suppressant

Expectorant

Uses

- temporarily relieves cough due to minor throat and bronchial irritation as may occur with a cold
- helps loosen phlegm (mucus) and thin bronchial secretions to drain bronchial tubes

Warnings

Do not use

if you are now taking a prescription monoamine oxidase inhibitor (MAOI) (certain drugs for depression, psychiatric, or emotional conditions, or Parkinson's disease), or for 2 weeks after stopping the MAOI drug. If you do not know if your prescription drug contains an MAOI, ask a doctor or pharmacist before taking this product.

Ask a doctor before use if you have

- cough that occurs with too much phlegm (mucus)
- cough that lasts or is chronic such as occurs with smoking, asthma, chronic bronchitis, or emphysema

Stop use and ask a doctor if

cough lasts for more than 7 days, comes back, or is accompanied by fever, rash, or persistent headache. A persistent cough may be a sign of a serious condition.

If pregnant or breast-feeding,

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 take more than 6 doses in any 24-hour period
- measure only with dosing cup provided
- · keep dosing cup with product
- mL = milliliter
- this adult product is not intended for use in children under 12 years of age

age	dose
adults and children 12 years and over	20 mL every 4 hours
children under 12 years	do not use

Other information

- each 20 mL contains: sodium 14 mg
- store at 20-25°C (68-77°F). Do not refrigerate.

Inactive ingredients

anhydrous citric acid, FD&C red no. 40, flavor, glycerin, propylene glycol, purified water, sodium benzoate, sodium citrate, sorbitol solution, sucralose, xanthan gum

Questions or comments?

1-800-719-9260

Package/Label Principal Display Panel

GoodSense_®

Relabeled By: Preferred Pharmaceuticals Inc.

NDC 68788-8300-1

Non-Drowsy

See New Dosing

Tussin DM

Cough Suppressant (Dextromethorphan HBr)

Expectorant (Guaifenesin)

Cough & Chest Congestion

Relieves:

- Cough
- Chest Congestion/Mucus

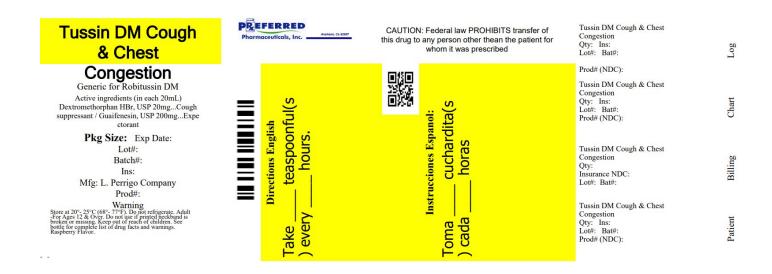
Adult

For Ages 12 & Over

Raspberry Flavor

Dosage Cup Included

Compare to active ingredients of Robitussin® Cough + Chest Congestion DM 4 FL OZ (118 mL)



GOOD SENSE TUSSIN DM

dextromethorphan hydrobromide, guaifenesin solution

Product Information				
Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:68788-8300(NDC:0113-1725)	
Route of Administration	ORAL			

Active Ingredient/Active Moiety				
Ingredient Name	Basis of Strength	Strength		
DEXTROMETHORPHAN HYDROBROMIDE (UNII: 9D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS)	DEXTROMETHORPHAN HYDROBROMIDE	20 mg in 20 mL		
GUAIFENESIN (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)	GUAIFENESIN	200 mg in 20 mL		

Inactive Ingredients			
Ingredient Name	Strength		
ANHYDROUS CITRIC ACID (UNII: XF417D3PSL)			
FD&C RED NO. 40 (UNII: WZB9127XOA)			
GLYCERIN (UNII: PDC6A3C0OX)			

· · · · · · · · · · · · · · · · · · ·	
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
WATER (UNII: 059QF0KO0R)	
SODIUM BENZOATE (UNII: OJ245FE5EU)	
SODIUM CITRATE, UNSPECIFIED FORM (UNII: 1Q73Q2JULR)	
SORBITOL (UNII: 506T60A25R)	
SUCRALOSE (UNII: 96K6UQ3ZD4)	
XANTHAN GUM (UNII: TTV12P4NEE)	

Product Characteristics				
Color	RED	Score		
Shape		Size		
Flavor	FRUIT	Imprint Code		
Contains				

F	Packaging				
#	tem Code	Package Description	Marketing Start Date	Marketing End Date	
1	NDC:68788- 8300-1	1 in 1 CARTON	11/30/2022		
1		118 mL in 1 BOTTLE; Type 0: Not a Combination Product			

Marketing Information			
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC Monograph Drug	341	11/30/2022	

Labeler - Preferred Pharmaceuticals Inc. (791119022)

Registrant - Preferred Pharmaceuticals Inc. (791119022)

Establishment				
Name	Address	ID/FEI	Business Operations	
Preferred Pharmaceuticals Inc.		791119022	RELABEL(68788-8300)	

Revised: 10/2023 Preferred Pharmaceuticals Inc.