

MUCOSAN SEVERE MULTI-SYMP TOM- dextromethorphan hbr, guaifenesin, phenylephrine hcl liquid
Menper Distributors, Inc.

Mucosan Severe Multi-Symptom

Active ingredients (in each 20 mL) Purpose

Dextromethorphan HBr, 20 mg.....Cough suppressant

Guaifenesin, 400 mg.....Expectorant

Phenylephrine HCl, 10 mg.....Nasal decongestant

Purposes

Cough suppressant

Expectorant

Nasal descong estant

Uses

- helps loosen phlegm (mucus) and thin bronchial secretions to drain bronchial tubes
- temporarily relieves these symptoms occurring with a cold:
- nasal congestion
- cough due to minor throat and bronchial irritation.

Do not use if you are now taking a prescription monoamine oxidase inhibitor (MAOI) (certain drugs for depression, psychiatric, or emotional condition, 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

- heart disease
- high blood pressure
- thyroid disease
- diabetes
- trouble urinating due to an enlarged prostate gland
- cough that occurs with too much phlegm (mucus)
- cough that lasts or is chronic such as occurs with smoking, asthma, chronic bronchitis or emphysema.

Ask a doctor or pharmacist before use if you are taking any other oral nasal decongestant or stimulant.

Do not exceed recommended dosage.

Stop use and ask a doctor if

- you get nervous, dizzy or sleepless
- symptoms do not get better within 7 days or are accompanied by fever
- cough lasts more than 7 days, comes back, or is accompanied by fever, rash, or persistent headache. These could be signs 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.

Directions

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

age	dose
adults and children 12 years of age and older	20 mL every 4 hours
children under 1 years of age	do not use

Other information

- **each (20mL) dose contains:** sodium 10 mg
- store between 15-30°C (59-86°F)
- do not refrigerate.

Inactive ingredients

anhydrous citric acid, edetate disodium, FD&C blue #1, FD&C red #40, flavors, glycerin, propylene glycol, propyl gallate, purified water, sodium benzoate, sorbitol, sucralose, xanthan gum.

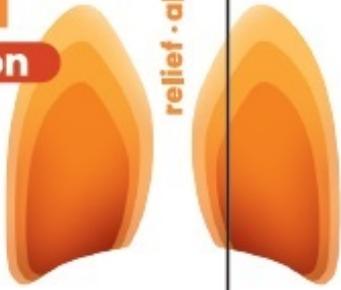
Questions or comments?

1-800-560-5223 Monday to Friday 9am-4pm, Eastern Time

Muco san

max-action

Dextromethorphan HBr/
Guaifenesin/
Phenylephrine HCl //
Dextrometorfano HBr/
Guaifenesina/
Fenilefrina HCl



relief · alivio

COUGH & SEVERE CONGESTION

CONGESTIÓN Y TOS SEVERA

RELIEVES / ALIVIA:

Cough/Tos

Nasal Congestion/
Congestión Nasal

Chest Congestion/
Congestión de Pecho

12+
years/
años

100.1

6 FL oz (177 mL)



MUCOSAN SEVERE MULTI-SYMPATOM

dextromethorphan hbr, guaifenesin, phenylephrine hcl liquid

Product Information			
Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:53145-697
Route of Administration	ORAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
PHENYLEPHRINE HYDROCHLORIDE (UNII: 04JA59TNSJ) (PHENYLEPHRINE - UNII:1WS297W6MV)	PHENYLEPHRINE HYDROCHLORIDE	10 mg in 20 mL
DEXTROMETHORPHAN HYDROBROMIDE (UNII: 9D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS)	DEXTROMETHORPHAN HYDROBROMIDE	20 mg in 20 mL
GUAIFENESIN (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)	GUAIFENESIN	400 mg in 20 mL

Inactive Ingredients

Ingredient Name	Strength
FD&C BLUE NO. 1 (UNII: H3R47K3TBD)	
GLYCERIN (UNII: PDC6A3C0OX)	
EDETATE DISODIUM (UNII: 7FLD91C86K)	
PROPYL GALLATE (UNII: 8D4SNN7V92)	
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
SODIUM BENZOATE (UNII: OJ245FE5EU)	
ANHYDROUS CITRIC ACID (UNII: XF417D3PSL)	
SORBITOL (UNII: 506T60A25R)	
FD&C RED NO. 40 (UNII: WZB9127XOA)	
SUCRALOSE (UNII: 96K6UQ3ZD4)	
XANTHAN GUM (UNII: TTV12P4NEE)	
WATER (UNII: 059QF0KO0R)	

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:53145-697-06	1 in 1 CARTON	11/01/2024	
1		177 mL in 1 BOTTLE, PLASTIC; Type 0: Not a Combination Product		

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC Monograph Drug	M012	11/01/2024	

Labeler - Menper Distributors, Inc. (101947166)**Registrant** - Menper Distributors, Inc. (101947166)