

**GERI-LANTA ANTACID ANTIGAS- aluminum hydroxide, magnesium hydroxide, dimethicone suspension
Preferred Pharmaceuticals Inc.**

Geri-lanta original 629

Active ingredients (in each 5 mL teaspoonful)

Aluminum hydroxide 200 mg (equivalent to dried gel, USP)
Magnesium hydroxide 200 mg
Simethicone 20mg

Purposes

Antacid
Antigas

Uses

relieves

- heartburn
- sour stomach
- acid indigestion
- the symptoms referred to as gas

Warnings

Ask a doctor before use if you have

- kidney disease
- a magnesium-restricted diet

Ask a doctor or pharmacist before use if you are presently taking a prescription drug.

Antacids may interact with certain prescription drugs.

Stop use and ask a doctor if symptoms last more than 2 weeks

If pregnant or breast-feeding, ask a health professional before use.

Keep out of reach of children.

Directions

- shake well before use
- adults and children 12 years and older: take 2 to 4 teaspoonfuls between meals, at bedtime, or as directed by a doctor
- do not take more than 24 teaspoonfuls in 24 hours or use the maximum dosage

for more than 2 weeks

- children under 12 years: ask a doctor

Other information

- **each 5 mL teaspoonful contains:** magnesium 85 mg, sodium 3 mg
- store at room temperature
- protect from freezing
- keep tightly closed

Inactive ingredients

benzyl alcohol, butylparaben, flavor (contains alcohol), hydroxyethylcellulose, propylparaben, purified water, saccharin sodium, sorbitol solution

Questions or comments?

1-800-540-3765

NDC 68788-8169-3

package Label

PREFERRED
Pharmaceuticals, Inc. Anaheim, Ca 92807

Geri-Lanta
Generic for Mylanta

Active ingredient (per 5mL) Aluminum Hydroxide 200mg.....Magnesium Hydroxide 200mg} Antacid
Simethicone 20mg} ...Anti-gas

Pkg Size: Exp Date:
Lot#:
Batch#:
Ins:
Mfg: Geri-Care; Brooklyn, New York
Prod#:
Warning
Store at room temperature. Protect from freezing. Keep tightly closed. Do not use if breakaway band on bottle cap is missing or broken. Keep this and all medication out of the reach of children. See bottle for drug facts, uses, directions, inactive ingredients, and other information.

CAUTION: Federal law PROHIBITS transfer of this drug to any person other than the patient for whom it was prescribed

Geri-Lanta
Qty: Ins:
Lot#: Bat#:
Prod# (NDC):

Directions English
Use as directed on package.

Instrucciones Espanol:
Utilice como dirigido en el paquete.

Log
Chart
Billing
Patient

GERI-LANTA ANTACID ANTIGAS			
aluminum hydroxide, magnesium hydroxide, dimethicone suspension			
Product Information			
Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:68788-8169(NDC:57896-629)
Route of Administration	ORAL		

Active Ingredient/Active Moiety				
Ingredient Name		Basis of Strength	Strength	
ALUMINUM HYDROXIDE (UNII: 5QB0T2IUN0) (ALUMINUM HYDROXIDE - UNII:5QB0T2IUN0)		ALUMINUM HYDROXIDE	200 mg in 5 mL	
MAGNESIUM HYDROXIDE (UNII: NBZ3QY004S) (MAGNESIUM CATION - UNII:T6V3LHY838, HYDROXIDE ION - UNII:9159UV381P)		MAGNESIUM HYDROXIDE	200 mg in 5 mL	
DIMETHICONE, UNSPECIFIED (UNII: 92RU3N3Y1O) (DIMETHICONE - UNII:92RU3N3Y1O)		DIMETHICONE, UNSPECIFIED	20 mg in 5 mL	
Inactive Ingredients				
Ingredient Name		Strength		
BENZYL ALCOHOL (UNII: LKG8494WBH)				
BUTYLPARABEN (UNII: 3QPI1U3FV8)				
HYDROXYETHYL CELLULOSE (4000 MPA.S AT 1%) (UNII: ZYD53NBL45)				
PROPYLPARABEN (UNII: Z8IX2SC1OH)				
WATER (UNII: 059QF0KO0R)				
SACCHARIN SODIUM (UNII: SB8ZUX40TY)				
SORBITOL SOLUTION (UNII: 8KW3E207O2)				
Product Characteristics				
Color		Score		
Shape		Size		
Flavor	LEMON (citrus mint)	Imprint Code		
Contains				
Packaging				
#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:68788-8169-3	355 mL in 1 BOTTLE; Type 0: Not a Combination Product	07/11/2022	
Marketing Information				
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date	
OTC Monograph Drug	M001	07/11/2022		

Labeler - Preferred Pharmaceuticals Inc. (791119022)

Registrant - Preferred Pharmaceuticals Inc. (791119022)

Establishment

Name	Address	ID/FEI	Business Operations
Preferred Pharmaceuticals Inc.		791119022	RELABEL(68788-8169)

Revised: 10/2025

Preferred Pharmaceuticals Inc.