

**KETOTIFEN FUMARATE- ketotifen fumarate solution**  
**Preferred Pharmaceuticals Inc.**

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***Drug Facts***

***Active ingredient***

Ketotifen (0.025%)  
(equivalent to ketotifen fumarate 0.035%)

***Purpose***

Antihistamine

***Use***

Temporarily relieves itchy eyes due to pollen, ragweed, grass, animal hair and dander.

***Warnings***

**For external use only**

**Do not use**

- if solution changes color or becomes cloudy
- if you are sensitive to any ingredient in this product
- to treat contact lens related irritation

**When using this product**

- do not touch tip of container to any surface to avoid contamination
- remove contact lenses before use
- wait at least 10 minutes before reinserting contact lenses after use
- replace cap after each use

**Stop use and ask a doctor if**

you experience any of the following:

- eye pain
- changes in vision
- redness of the eye
- itching worsens or lasts for more than 72 hours

**Keep out of reach of children.**

If swallowed, get medical help or contact a Poison Control Center right away.

## ***Directions***

- **Adults and children 3 years of age and older:** Put 1 drop in the affected eye(s) twice daily, every 8 to 12 hours, no more than twice per day.
- **Children under 3 years of age:** Consult a doctor.

## ***Other information***

- Only for use in the eye.
- Store at 20°C to 25°C (68°F to 77°F) [See USP Controlled Room Temperature].

## ***Inactive ingredients***

benzalkonium chloride 0.01%, glycerol, water for injection, sodium hydroxide and/or hydrochloric acid.

## ***Questions?***

Call Product Information at 973-315-1818. Serious side effects associated with use of this product may be reported to this number.

Code No.: GO/DRUGS/557

### **Manufactured For:**

Bayshore Pharmaceuticals  
LLC., Short Hills, NJ 07078  
Made in India.

**Relabeled By: Preferred Pharmaceuticals Inc.**

## **Principal Display Panel - Bottle Carton**

NDC 68788-8715-5

Ketotifen Fumarate Ophthalmic Solution 0.035%

ANTIHISTAMINE EYE DROPS

UP TO 12 HOURS

Eye Itch Relief

Works in Minutes

Original Prescription Strength

for ages 3 years and older

20 day supply

5 mL (0.17 FL OZ)

Sterile

# Ketotifen Fumarate



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

Ketotifen Fumarate Ophthalmic Solution 0.035%  
Qty: Ins:  
Lot: Bat:  
Prod# (NDC):

Log

Chart

Billing

Patient

## Ophthalmic Solution 0.035%

Generic for Zaditor

Each mL contains: Ketotifen (0.025%)  
Antihistamine... (Eq. to ketotifen fumarate 0.035%)

**Pkg Size:** Exp Date: #####/#####  
Lot#: Batch#:

Ins:  
Mfg: Bayshore Pharmaceuticals LLC.  
Prod#:

**Warning**  
Store at 20°- 25°C (68°- 77°F). See USP Controlled Room Temperature. Only for use in the eye. See package insert for dosage information. For ages 3 years and older. Keep out of the reach of children. Rx Only.



Directions English  
Take as Directed



GTIN  
#####  
SN #####  
EXP #####

Instrucciones Espanol:  
Tomelo como se indica

Ketotifen Fumarate Ophthalmic Solution 0.035%  
Qty: Ins:  
Lot: Bat:  
Prod# (NDC):

Ketotifen Fumarate Ophthalmic Solution 0.035%  
Qty:  
Insurance NDC:  
Lot: Bat:

Ketotifen Fumarate Ophthalmic Solution 0.035%  
Qty: Ins:  
Lot: Bat:  
Prod# (NDC):

## KETOTIFEN FUMARATE

ketotifen fumarate solution

### Product Information

<b>Product Type</b>	HUMAN OTC DRUG	<b>Item Code (Source)</b>	NDC:68788-8715(NDC:76385-106)
<b>Route of Administration</b>	OPHTHALMIC		

### Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
<b>KETOTIFEN FUMARATE</b> (UNII: HBD503WORO) (Ketotifen - UNII:X49220T18G)	Ketotifen	0.25 mg in 1 mL

### Inactive Ingredients

Ingredient Name	Strength
<b>GLYCERIN</b> (UNII: PDC6A3C0OX)	
<b>SODIUM HYDROXIDE</b> (UNII: 55X04QC32I)	
<b>HYDROCHLORIC ACID</b> (UNII: QTT17582CB)	
<b>BENZALKONIUM CHLORIDE</b> (UNII: F5UM2KM3W7)	

### Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:68788-8715-5	1 in 1 CARTON	07/12/2024	
1		5 mL in 1 BOTTLE, PLASTIC; Type 0: Not a Combination Product		

### Marketing Information

Marketing	Application Number or Monograph	Marketing Start	Marketing End
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Category	Citation	Date	Date
ANDA	ANDA204059	07/12/2024	

**Labeler** - Preferred Pharmaceuticals Inc. (791119022)

**Registrant** - Preferred Pharmaceuticals Inc. (791119022)

### Establishment

Name	Address	ID/FEI	Business Operations
Preferred Pharmaceuticals Inc.		791119022	RELABEL(68788-8715)

Revised: 5/2026

Preferred Pharmaceuticals Inc.