#### MULTI-SYMPTOM MAPAP COLD FORMULA- acetaminophen, dextromethorphan hbr, phenylephrine hcl tablet, film coated Proficient Rx LP

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### Major 44-470C-CMS

### Active ingredients (in each caplet)

Acetaminophen 325 mg Dextromethorphan HBr 10 mg Phenylephrine HCl 5 mg

#### Purpose

Pain reliever/fever reducer Cough suppressant Nasal decongestant

#### Uses

- temporarily relieves these common cold/flu symptoms:
  - o minor aches and pains
  - o headache
  - o nasal congestion
  - o cough
  - o sore throat
  - o sinus congestion and pressure
- helps clear nasal passages
- promotes nasal and sinus drainage
- temporarily reduces fever

#### Warnings

**Liver warning**: This product contains acetaminophen. The maximum daily dose of ths product is 10 caplets (3,250 mg acetaminophen) in 24 hours. Severe liver damage may occur if you take:

- more than 4,000 mg of acetaminophen in 24 hours
- with other drugs containing acetaminophen
- 3 or more alcoholic drinks every day while using this product

**Sore throat warning:** If sore throat is severe, persists for more than 2 days, is accompanied or followed by fever, headache, rash, nausea, or vomiting, consult a doctor promptly.

### Do not use

- with any other drug containing acetaminophen (prescription or nonprescription). If you are not sure whether a drug contains acetaminophen, ask a doctor or pharmacist.
- 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 using this product.

### Ask a doctor before use if you have

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

### Ask a doctor or pharmacist before use if you are

taking the blood thinning drug warfarin.

### When using this product

### do not exceed recommended dosage.

#### Stop use and ask a doctor if

- nervousness, dizziness, or sleeplessness occur
- pain, nasal congestion, or cough gets worse or lasts more than 7 days
- new symptoms occur
- fever gets worse or lasts more than 3 days
- redness or swelling is present
- cough comes back or occurs with rash or headache that lasts. 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.

**Overdose warning:** Taking more than the recommended dose (overdose) may cause liver damage. In case of overdose, get medical help or contact a Poison Control Center (1-800-222-1222) right away. Quick medical attention is critical for adults as well as for children even if you do not notice any signs or symptoms.

## Directions

#### do not take more than directed (see overdose warning)

- adults and children 12 years and over:
  - o take 2 caplets every 4 hours
  - o swallow whole do not crush, chew, or dissolve
  - o do not take more than 10 caplets in 24 hours
- children under 12 years: ask a doctor

### **Other information**

- store at 25°C (77°F); excursions permitted between 15°-30°C (59°-86°)
- see end flap for expiration date and lot number

### Inactive ingredients

corn starch, croscarmellose sodium, crospovidone, flavor, magnesium stearate, microcrystalline cellulose, polyethylene glycol, polyvinyl alcohol, povidone, silica gel, stearic acid, sucralose, talc, titanium dioxide

### **Questions or comments?**

(800) 616-2471

#### **Principal Display Panel**

Major®

NDC 63187-652-24

#### MULTI-SYMPTOM Mapap<sup>®</sup> COLD FORMULA CAPLETS

#### ASPIRIN FREE ACETAMINOPHEN

DEXTROMETHORPHAN HBr PHENYLEPHRINE HCI

### **DAYTIME • NON-DROWSY**

Pain Reliever / Fever Reducer Cough Suppressant • Nasal Decongestant

For Relief of: Fever, Headache, Sore Throat, Nasal Congestion, Coughing

### 24 CAPLETS with Cool Blast Flavor

Compare to active ingredients in TYLENOL® Cold Multi-Symptom Daytime\*

\*This product is not manufactured or distributed by McNeil Consumer Healthcare, owner of the registered trademark Tylenol<sup>®</sup> Cold Multi-Symptom 50844 REV0213D47008 Daytime.

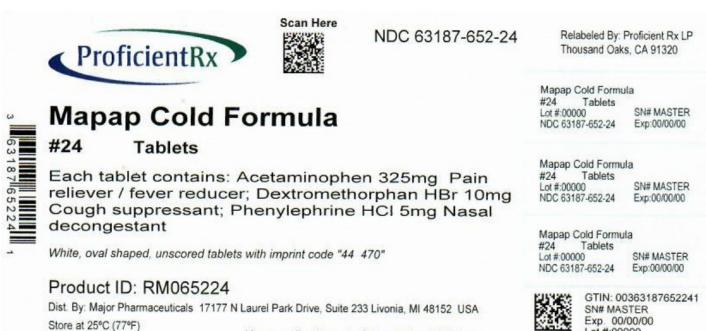
Distributed by **MAJOR**<sup>®</sup> **PHARMACEUTICALS** 

31778 Enterprise Drive Livonia, MI 48150 USA M-17 Rev.02/13

Relabeled by Proficient Rx LP

Thousand Oaks, CA 91320

### TAMPER EVIDENT: DO NOT USE IF CARTON IS OPENED OR IF BLISTER UNIT IS TORN, BROKEN OR SHOWS ANY SIGNS OF TAMPERING.



Keep medication out of the reach of children

Lot #:00000

# **MULTI-SYMPTOM MAPAP COLD FORMULA**

acetaminophen, dextromethorphan hbr, phenylephrine hcl tablet, film coated

Product Information									
Product Type	HUMAN OTC DRUG	Item Code (Source)		NDC:63187-652(NDC:0904-5786)					
Route of Administration	ORAL								
• ·· · • ··· ··									
Active Ingredient/Active Moiety									
Ingredient Name				is of Strength	Strength				
ACETAMINOPHEN (UNII: 36209ITL9D) (ACETAMINOPHEN - UNII:36209ITL9D)				IINOPHEN	325 mg				
DEXTROMETHORPHAN HYDROB	DEXTROMETHORPHAN		10 mg						

10 mg (DEXTROMETHORPHAN - UNII:7355X3ROTS) HYDROBROMIDE PHENYLEPHRINE HYDROCHLORIDE (UNII: 04JA59TNSJ) (PHENYLEPHRINE -PHENYLEPHRINE 5 mg UNII:1WS297W6MV) HYDROCHLORIDE

Inactive Ingre	edients							
Ingredient Name								
STARCH, CORN (UNII: 08232NY3SJ)								
TALC (UNII: 7SEV7J4R1U)								
TITANIUM DIOXIDE (UNII: 15FIX9V2JP)								
MICROCRYSTALLINE CELLULOSE (UNII: OP1R32D61U)								
CROSCARMELLOSE SODIUM (UNII: M280L1HH48)								
MAGNESIUM STEARATE (UNII: 70097M6I30)								
POLYETHYLENE GLYCOL, UNSPECIFIED (UNII: 3WJQ0SDW1A)								
POLYVINYL ALCOHOL, UNSPECIFIED (UNII: 532B59J990)								
POVIDONE, UNSPECIFIED (UNII: FZ989GH94E)								
Product Char	acteris	tics						
Color		WHITE	Score	Score				
Shape		OVAL	Size	Size				
Flavor M		MENTHOL	Imprint Code	Imprint Code				
Contains								
Packaging								
		Package Description		Marketing Start Date	Marketing End Date			
# Item Code		-	· •					
NDC:62197	2 in 1 CA	-		02/01/2016				
NDC:63187- 652-24		ARTON	0: Not a Combination	02/01/2016				
NDC:63187- 652-24	12 in 1 B	ARTON		02/01/2016				
NDC:63187- 652-24	12 in 1 B Product	ARTON BLISTER PACK; Type		02/01/2016				
Marketing	12 in 1 B Product	ARTON BLISTER PACK; Type <b>mation</b>	0: Not a Combination					
NDC:63187-	12 in 1 B Product	ARTON BLISTER PACK; Type <b>mation</b>	0: Not a Combination	02/01/2016 Marketing Start Date	Marketing End Date			

Labeler - Proficient Rx LP (079196022)

Establishment						
Name	Address	ID/FEI	<b>Business Operations</b>			
Proficient Rx LP		079196022	RELABEL(63187-652)			

Revised: 11/2023

Proficient Rx LP