

**REGULAR STRENGTH ANTACID- aluminum hydroxide, magnesium hydroxide,
dimethicone liquid
Preferred Pharmaceuticals Inc.**

GNP antacid original

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 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

package Label

Compare to Mylanta®
Regular Strength
active ingredients*
NDC 68788-7841-3

GOOD NEIGHBOR PHARMACY

Relabeled By: Preferred Pharmaceuticals Inc.
regular strength

Antacid Liquid
Alumina, Magnesia and Simethicone Oral Suspension
fast relief of
HEARTBURN
SOUR STOMACH
ACID INDIGESTION
PRESSURE AND BLOATING
ORIGINAL FLAVOR

Alcohol:0.15%

12 FL OZ (355 mL)

Ger-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: Good Neighbor Pharmacy

Prod#:

Warning

Ask a doctor before use if you have kidney disease, a magnesium-restricted diet. Ask a doctor or pharmacist before use if you are 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. 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

Ger-Lanta
Qty: Ins:
Lot#: Bat#:

Prod# (NDC):

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

Ger-Lanta
Qty:
Insurance NDC:
Lot#: Bat#:

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

Log

Chart

Billing

Patient



Directions English

Use as directed on package.



Instrucciones Espanol:

Utilice como dirigido en el paquete.

REGULAR STRENGTH ANTACID

aluminum hydroxide, magnesium hydroxide, dimethicone liquid

Product Information

Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:68788-7841(NDC:46122-433)
Route of Administration	ORAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
ALUMINUM HYDROXIDE (UNII: 5QB0T2IU0) (ALUMINUM HYDROXIDE - UNII:5QB0T2IU0)	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: 92RU3N3Y10) (DIMETHICONE - UNII:92RU3N3Y10)	DIMETHICONE, UNSPECIFIED	20 mg in 5 mL

Inactive Ingredients

Ingredient Name	Strength
BENZYL ALCOHOL (UNII: LKG8494WBH)	
BUTYLPARABEN (UNII: 3QPIU3FV8)	
HYDROXYETHYL CELLULOSE (2000 MPA.S AT 1%) (UNII: S38J6RZN16)	
PROPYLPARABEN (UNII: Z8IX2SC1OH)	
WATER (UNII: 059QF0KO0R)	
SACCHARIN SODIUM (UNII: SB8ZUX40TY)	
SORBITOL (UNII: 506T60A25R)	

Product Characteristics

Color		Score	
Shape		Size	
Flavor	LEMON (lemon)	Imprint Code	

Contains**Packaging**

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:68788-7841-3	355 mL in 1 BOTTLE; Type 0: Not a Combination Product	01/19/2021	

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC Monograph Drug	M001	01/19/2021	

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

Name	Address	ID/FEI	Business Operations
Preferred Pharmaceuticals Inc.		791119022	RELABEL(68788-7841)

Revised: 5/2026

Preferred Pharmaceuticals Inc.