DIMAPHEN DM- brompheniramine maleate, dextromethorphan hbr, phenylephrine hcl solution Preferred Pharmaceuticals Inc.

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#### Major Pharmaceuticals Children's Dimaphen DM Drug Facts

#### Active ingredients (in each 10 mL)

Brompheniramine maleate, USP 2 mg Dextromethorphan HBr, USP 10 mg Phenylephrine HCl, USP 5 mg

#### Purposes

Antihistamine

Cough suppressant

Nasal decongestant

#### Uses

- temporarily relieves cough due to minor throat and bronchial irritation occurring with a cold, and nasal congestion due to the common cold, hay fever or other upper respiratory allergies
- temporarily relieves these symptoms due to hay fever (allergic rhinitis):
- runny nose
- sneezing
- itchy, watery eyes
- itching of the nose or throat
- temporarily restores freer breathing through the nose

#### Warnings

#### Do not use

- 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 taking this product.
- to make a child sleepy

# Ask a doctor before use if you have

• heart disease

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

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

taking sedatives or tranquilizers

## When using this product

- do not use more than directed
- may cause marked drowsiness
- avoid alcoholic beverages
- alcohol, sedatives, and tranquilizers may increase drowsiness
- be careful when driving a motor vehicle or operating machinery
- excitability may occur, especially in children

## 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 for more than 7 days, comes back, or is accompanied by fever, rash, or persistent headache. A persistent cough may be a sign 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 (1-800-222-1222).

## Directions

- do not take more than 6 doses in any 24-hour period
- measure only with dosage cup provided
- keep dosage cup with product
- mL = milliliter

age	dose
adults and children 12 years and over	20 mL every 4 hours
children 6 to under 12 years	10 mL every 4 hours
children under 6 years	do not use

### Other information

- each 10 mL contains: sodium 4 mg
- store at 20°-25°C (68°-77°F)

### Inactive ingredients

anhydrous citric acid, edetate disodium, FD&C blue no. 1, FD&C red no. 40, flavor, glycerin, propylene glycol, purified water, saccharin sodium, sodium benzoate, sorbitol solution

**Questions or comments?** 

1-800-616-2471

### **Principal Display Panel**

Children's Dimaphen<sup>™</sup> DM ANTIHISTAMINE, Brompheniramine Maleate COUGH SUPPRESSANT, Dextromethorphan HBr NASAL DECONGESTANT, Phenylephrine HCl Relieves - Nasal Symptoms Stuffy Nose - Runny Nose Sneezing **Plus Other Symptoms** Itchy, Watery Eyes Cough **GRAPE FLAVOR** Alcohol-Free 6 yrs. and older COMPARE TO the active ingredients of DIMETAPP<sup>®</sup> COLD & COUGH 4 FL. OZ. (118 mL.) **Relabeled By: Preferred Pharmaceuticals Inc.** NDC 68788-8134-1

Dimaphen <sup>™</sup> DM Generic for Dimetapp® Cold & Cough Active ingredients (in each 10mL):	Pharmaceuticals, Inc.	CAUTION: Fed this drug to an whom it was pres	y person other than the patient for	Dimaphen <sup>™</sup> DM Qty: Ins: Lot: Bat: Prod# (NDC):	
Dextomethorphan HBr, USP 10mgCough suppressant / Brompheniramine Maleate, USP 2mgAntihistamine / Phenylephrine HCL USP 5mgNasal decongestant <b>Pkg Size:</b> Exp Date: ##/##/#####			spanol: indica	Dimaphen <sup>TM</sup> DM Qty: Ins: Lot: Bat: Prod# (NDC):	Chart
Ins: Mfg: Major Pharm.; Livonia, MI Prod#: Warning Denomine of the second s	Directions English	GTIN ####################################	strucciones E COMO Se	Dimaphen™ DM Qty: Insurance NDC: Lot: Bat:	Billing
sleepy. Ask a doctor or pharmaents before use if you are taking eduities or tranquitzes. If pregnant or breast-fee draw and the state of the state of the state of the reach so childran face 10 mL contains: sodium 4 mg. Store at 20°-25°C (68°-77°F)	Take as		Tomelo	Dimaphen™ DM Qty: Ins: Lot: Bat: Prod# (NDC):	Patient

DIMAPHEN DM						
brompheniramine maleate, de	extromethorphan	hbr, phenylephrin	e hc	l solution		
<b>Product Information</b>						
Product Type	HUMAN OTC DRUG	N OTC DRUG Item Code (Source) NDC:68788			-8134(NDC:0904-6463)	
Route of Administration	ORAL					
Active Ingredient/Active	Moiety					
Ingred	dient Name		В	asis of Strength	Strength	
BROMPHENIRAMINE MALEATE (UNII: IXA7C9ZN03) (BROMPHENIRAMINE - BR				MPHENIRAMINE EATE	2 mg in 10 mL	
DEXTROMETHORPHAN HYDROBROMIDE (UNII: 9D2RTI9KYH)DEXTROMETHOR(DEXTROMETHORPHAN - UNII:7355X3ROTS)HYDROBROMIDE					10 mg in 10 mL	
PHENYLEPHRINE HYDROCHLORI UNII:1WS297W6MV)	NYLEPHRINE ROCHLORIDE	5 mg in 10 mL				
Inactive Ingredients						
	Ingredient Nam	ne		Str	ength	
ANHYDROUS CITRIC ACID (UNII: XF417D3PSL)					-	
EDETATE DISODIUM (UNII: 7FLD9)	1C86K)					
FD&C BLUE NO. 1 (UNII: H3R47K3	STBD)					
FD&C RED NO. 40 (UNII: WZB912	7XOA)					
GLYCERIN (UNII: PDC6A3C0OX)						
PROPYLENE GLYCOL (UNII: 6DC90	Q167V3)					
WATER (UNII: 059QF0KO0R)						
SACCHARIN SODIUM (UNII: SB8Z	UX40TY)					
SODIUM BENZOATE (UNII: OJ245F	E5EU)					
SORBITOL (UNII: 506T60A25R)						
Product Characteristics						

Color

PURPLE (Clear bluish-red)

Score

5		Size	
5	GRAPE Imprint Code		
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jing			
Code	Package Description	Marketing Start Date	Marketing End Date
8788-	1 in 1 CARTON	03/27/2025	
	118 mL in 1 BOTTLE; Type 0: Not a Combination Product		
	Information		
eting I	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
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etin		y Citation	

Labeler - Preferred Pharmaceuticals Inc. (791119022)

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

Establishment					
Name	Address	ID/FEI	<b>Business Operations</b>		
Preferred Pharmaceuticals Inc.		791119022	RELABEL(68788-8134)		

Revised: 3/2025

Preferred Pharmaceuticals Inc.