TUSICOF- dextromethorphan, guaifenesin, and phenylephrine syrup Kramer Novis

Disclaimer: Most OTC drugs are not reviewed and approved by FDA, however they may be marketed if they comply with applicable regulations and policies. FDA has not evaluated whether this product complies.

TUSICOF

COUGH SUPPRESSANT - EXPECTORANT NASAL DECONGESTANT

Drug Facts

Active ingredients (in each	Purpose		
5mL tsp)			
Dextromethorphan	Cough suppressant		
Hydrobromide, 20 mg	0 11		
Guaifenesin, 400 mg	Expectorant		
Phenylephrine HCl, 10 mg	Nasal Decongestant		

Uses

- helps loosen phlegm (mucus) and thin bronchial secretions to drain bronchial tubes
- temporarily relieves these symptoms occuring with a cold:
 - nasal congestion
 - cough due to minor throat and bronchial irritation

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.

Ask a doctor before use if you have

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

When using this product do not use more than directed.

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 more than 7 days, comes back, or is accompanied by fever, rash, or persistent headache. These could be signs of a serious illness.

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

Keep out of reach of children. In case of accidental overdose, get medical help or contact a Poison Control Center right away.

Directions

- do not take more than 6 doses in any 24-hour period
- EVERY 4 HOURS
- Adults and Children 12 years and older: 5 mL (1 tsp)
- Children under 12 years of age: consult physician

Other information

- Tamper evident feature: Do not use if inner seal is torn, broken or missing
- Store at controlled room temperature 15-30°C (59-86°F)
- Avoid excessive heat or humidity

Inactive ingredients

Artificial and natural flavors, citric acid, glycerin, menthol, methylparaben, polyethylene glycol, propylparaben, purified water, sodium citrate and sucralose

Manufactured in the USA for Kramer Novis. San Juan, PR 00917 Tel: (787) 767-2072 / www.kramernovis.com

PRINCIPAL DISPLAY PANEL - TUSICOF



NDC 52083-239-16

TUSICOF

COUGH SUPPRESSANT - EXPECTORANT NASAL DECONGESTANT

SUGAR & ALCOHOL FREE

NO SACCHARIN - NO SORBITOL - NO ASPARTAME - NO DYE - NO PPA

16 Fl. oz. (474 mL) Kramer Novis

Pharmaceuticals within reach of patients

nd phenylephrine syrup				
HUMAN OTC DRUG	Item Code (Source)		NDC:52083-239	
ORAL				
ety				
Ingredient Name		Basis of Strength		Strength
DEXTROMETHORPHAN HYDROBROMIDE (UNII: 9 D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS)		DEXTROMETHORPHAN HYDROBROMIDE		20 mg in 5 mL
GUAIFENESIN (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)		GUAIFENESIN		400 mg in 5 mL
E (UNII: 04JA59TNSJ) (PHENYL	EPHRINE -	PHENYLEPHRINE HYDROCHLORIDE		10 mg in 5 mL
	ORAL ety edient Name MIDE (UNII: 9 D2RTI9KYH) ROTS) GUAIFENES IN - UNII:495W7451	HUMAN OTC DRUG ORAL ety edient Name MIDE (UNII: 9 D2RTI9 KYH) ROTS)	HUMAN OTC DRUG Item Code (Source) ORAL Basis of Str ety edient Name Basis of Str MIDE (UNII: 9 D2RTI9 KYH) ROTS) DEXTROMETHORI HYDROBROMIDE GUAIFENESIN - UNII:495W7451VQ) GUAIFENESIN E (UNII: 04JA59TNSJ) (PHENYLEPHRINE - PHENYLEPHRINE	HUMAN OTC DRUG Item Code (Source) NDC:5208 ORAL NDC:5208 ety ety edient Name Basis of Strength DMIDE (UNII: 9D2RTI9KYH) ROTS) BASIS OF STROMETHORPHAN HYDROBROMIDE IN LINIE:495W7451VQ GUAIFENESIN

Inactive Ingredie	nts			
Ingredient Name				
CITRIC ACID MONOH	YDRATE (UNII: 2968PHW8QP)			
GLYCERIN (UNII: PDC)	6A3C0OX)			
MENTHOL, UNSPECIE	FIED FORM (UNII: L7T10EIP3A)			
METHYLPARABEN (U	NII: A2I8C7HI9T)			
POLYETHYLENE GLY	COL, UNSPECIFIED (UNII: 3WJQ0SDW1A)			
PROPYLPARABEN (U	NII: Z8IX2SC1OH)			
WATER (UNII: 059QF0	KO0R)			
SODIUM CITRATE, UN	NSPECIFIED FORM (UNII: 1Q73Q2JULR)			
SUCRALOSE (UNII: 96	K6UQ3ZD4)			
Product Characte	ristics			
Color		Score		
Shape		Size		
Flavor	MINT (Mint Flavor)	Imprint Code		
Contains				
Packaging				
# Item Code	Package Description	Marketing Start Date	Marketing End Da	
1 NDC:52083-239-01	30 mL in 1 BOTTLE; Type 0: Not a Combination Pr	oduct 08/17/2010		
2 NDC:52083-239-04	120 mL in 1 BOTTLE; Type 0: Not a Combination I	Product 08/17/2010		
3 NDC:52083-239-16	474 mL in 1 BOTTLE; Type 0: Not a Combination I	Product 10/08/2012		
Marketing Inf	rmation			
Marketing Info				
	Application Number or Monograph Cita	tion Marketing Start Date	Marketing End Date	
Marketing Category OTC monograph final	part341	08/17/2010		

Labeler - Kramer Novis (090158395)

Registrant - Kramer Novis (090158395)

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Kramer Novis