# GUAIFENESIN AND DEXTROMETHORPHAN HBR- guaifenesin and dextromethorphan hbr tablet, extended release OHM LABORATORIES INC

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## **Guaifenesin and Dextromethorphan HBr**

## **Drug Facts**

Active ingredients (in each extended-release tablet)	Purposes
Dextromethorphan HBr 30 mg	Cough suppressant
Guaifenesin 600 mg	Expectorant

#### Uses

- helps loosen phlegm (mucus) and thin bronchial secretions to rid the bronchial passageways of bothersome mucus and make coughs more productive
- temporarily relieves:
  - cough due to minor throat and bronchial irritation as may occur with the common cold or inhaled irritants
  - the intensity of coughing
  - the impulse to cough to help you get to sleep

## **Warnings**

#### Do not use

- for children under 12 years of age
- 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

- persistent or chronic cough such as occurs with smoking, asthma, chronic bronchitis, or emphysema
- cough accompanied by too much phlegm (mucus)

## When using this product

do not use more than directed

## Stop use and ask a doctor if

 cough lasts more than 7 days, comes back, or occurs with 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 overdose, get medical help or contact a Poison Control Center right away (1-

#### **Directions**

- do not crush, chew, or break extended-release tablet
- take with a full glass of water
- this product can be administered without regard for timing of meals
- adults and children 12 years and older: 1 or 2 extended-release tablets every 12 hours; not more than 4 extended-release tablets in 24 hours
- children under 12 years of age: do not use

#### Other information

Store between 20-25°C (68-77°F)

## Inactive ingredients

carbomer homopolymer, colloidal silicon dioxide, hypromellose, magnesium stearate, maltodextrin, microcrystalline cellulose, povidone (K-30), stearic acid

#### **Questions?**

(1-800-406-7984)

You may also report side effects to this phone number.

Distributed by: Ohm Laboratories Inc. New Brunswick, NJ 08901

#### PRINCIPAL DISPLAY PANEL - 40 Tablet Blister Pack Carton

<sup>†</sup>Compare To the active ingredients of Mucinex<sup>®</sup> DM

NDC 51660-301-41

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Guaifenesin 600 mg & Dextromethorphan HBr 30 mg Extended-Release Tablets

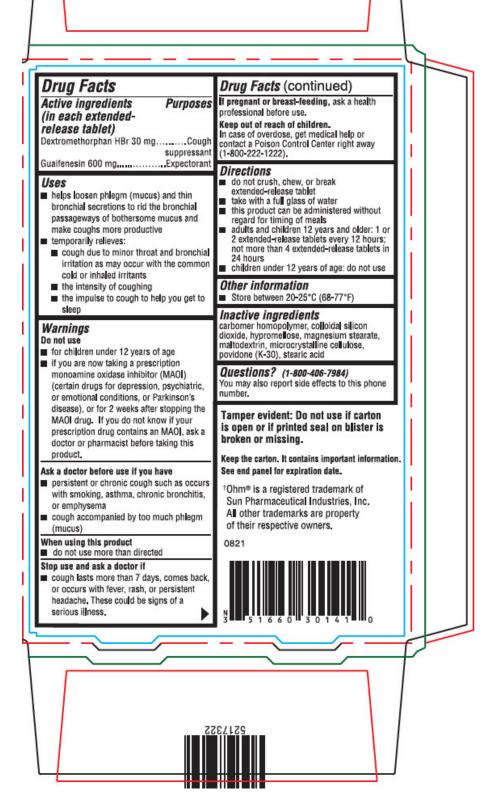
**Expectorant & Cough Suppressant** 

#### 12 Hour

- Controls Cough
- Thins and Loosens Mucus
- Immediate and Extended Release

40 Extended-Release Tablets





## **GUAIFENESIN AND DEXTROMETHORPHAN HBR**

guaifenesin and dextromethorphan hbr tablet, extended release

#### **Product Information**

**Product Type** 

HUMAN OTC DRUG

**Item Code (Source)** 

NDC:51660-301

Active Ingredient/Active Moiety				
Ingredient Name	Basis of Strength	Strength		
GUAIFENESIN (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)	GUAIFENESIN	600 mg		
<b>DEXTROMETHORPHAN HYDROBROMIDE</b> (UNII: 9D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS)	DEXTROMETHORPHAN HYDROBROMIDE	30 mg		

Inactive Ingredients				
Ingredient Name	Strength			
HYPROMELLOSE, UNSPECIFIED (UNII: 3NXW29V3WO)				
MAGNESIUM STEARATE (UNII: 70097M6I30)				
MICROCRYSTALLINE CELLULOSE (UNII: OP1R32D61U)				
CARBOMER HOMOPOLYMER TYPE B (ALLYL PENTAERYTHRITOL CROSSLINKED) (UNII: HHT01ZNK31)				
SILICON DIOXIDE (UNII: ETJ7Z6XBU4)				
MALTODEXTRIN (UNII: 7CVR7L4A2D)				
POVIDONE K30 (UNII: U725QWY32X)				
STEARIC ACID (UNII: 4ELV7Z65AP)				

Product Characteristics			
Color	WHITE (off-white)	Score	no score
Shape	OVAL	Size	16mm
Flavor		Imprint Code	054
Contains			

P	Packaging				
#	Item Code	Package Description	Marketing Start Date	Marketing End Date	
1	NDC:51660- 301-21	1 in 1 CARTON	07/01/2021		
1		20 in 1 BLISTER PACK; Type 0: Not a Combination Product			
2	NDC:51660- 301-41	2 in 1 CARTON	07/01/2021		
2		20 in 1 BLISTER PACK; Type 0: Not a Combination Product			

Marketing Information			
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA214781	07/01/2021	

## Registrant - SUN PHARMACEUTICAL INDUSTRIES, INC. (146974886)

Establishment			
Name	Address	ID/FEI	<b>Business Operations</b>
Sun Pharmaceutical Industries Limited		650456002	MANUFACTURE(51660-301)

Revised: 8/2021 OHM LABORATORIES INC