

**TUSSIN MULTI SYMPTOM COLD CF ADULT- dextromethorphan hbr,  
guaifenesin, phenylephrine liquid  
Preferred Pharmaceuticals Inc.**

*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.*

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**Drug Facts**

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

Dextromethorphan HBr 20 mg

Guaifenesin 200 mg

Phenylephrine HCl 10 mg

**Purposes**

Cough suppressant

Expectorant

Nasal decongestant

**Uses**

- helps loosen phlegm (mucus) and thin bronchial secretions to drain bronchial tubes
- temporarily relieves these symptoms occurring 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**

- heart disease
- high blood pressure
- diabetes

- thyroid
- 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

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

taking any other oral nasal decongestant or stimulant.

**When using this product,**

**do not use more than directed.**

**Stop use and ask a doctor if**

- nervousness, dizziness, or sleeplessness occur
- 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 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 (1800-222-1222) right away.

**Directions**

- do not take more than 6 doses in any 24-hour period
- measure only with dosing cup provided. Do not use any other dosing device.
- keep dosing cup with product
- mL = milliliter
- this adult product is not intended for use in children under 12 years of age
- adult and children 12 years and over: 10 mL every 4 hours
- children under 12 years: do not use

**Other information**

- store between 20-25°C (68°-77°F). Do not refrigerate.

**Inactive ingredients**

anhydrous citric acid, FD&C red #40, flavor, glycerin, lactic acid, menthol, propylene glycol, purified water, sodium benzoate, sorbitol, sucralose

## Questions or comments?

Call **1-877-753-3935 Monday-Friday 9AM-5PM EST**

### Principal Display Panel

ROBAFEN

#### **CF MULTI-SYMPTOM COLD**

Dextromethorphan HBr, 20 mg / COUGH SUPPRESSANT

Guaifenesin, 200 mg / EXPECTORANT

Phenylephrine HCl, 10 mg / NASAL DECONGESTANT

#### **PEAK COLD**

Relieves:

- Cough
- Mucus
- Nasal Congestion

Non-Drowsy

COMPARE TO the active ingredients in ROBITUSSIN® PEAK COLD MULTI-SYMPTOM COLD CF\*

FOR ADULTS

For Ages 12 Years and Over

Alcohol-Free

FL OZ (mL)

Dosing Cup Included

\*This product is not manufactured or distributed by Pfizer Consumer Healthcare, distributors of Robitussin® Peak Cold Multi-Symptom Cold CF.

**TAMPER EVIDENT: DO NOT USE IF CARTON IS OPENED OR IF PRINTED SAFETY SEAL AROUND BOTTLE OR UNDER CAP IS BROKEN OR MISSING.**

**KEEP OUTER CARTON FOR COMPLETE WARNINGS AND PRODUCT INFORMATION.**

Distributed by:

MAJOR PHARMACEUTICALS

17177 N Laurel Park Drive, Suite 233

Livonia, MI 48152

### Package Label

# Robafen® CF

Generic for Robitussin CF

In each 10mL: Dextromethorphan HBr 20mg...  
Cough Suppressant / Phenylephrine HCl 10m  
g...Nasal Decongestant / Guaifenesin 200mg...  
Expectorant

**Pkg Size:** Exp Date:

Lot#:

Batch#:

Ins:

Mfg: Major Pharm.; Livonia, MI

Prod#:

Warning

Store between 20°-25°C (68°-77°F). Do not refrigerate  
For Ages 12 and Over. Non-Drowsy. 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 or pharmacist before use if you  
are taking any other oral nasal decongestant or stimulant.  
Keep out of reach of children. Read package for  
additional warnings, drug facts, directions, and other  
important information.

**PREFERRED**  
Pharmaceuticals, Inc. Anaheim, CA 92807

CAUTION: Federal law PROHIBITS transfer of  
this drug to any person other than the patient for  
whom it was prescribed

Robafen® CF  
Qty: Ins:  
Lot#: Bat#:

Prod# (NDC):

Robafen® CF  
Qty: Ins:  
Lot#: Bat#:  
Prod# (NDC):

Robafen® CF  
Qty:  
Insurance NDC:  
Lot#: Bat#:

Robafen® CF  
Qty: Ins:  
Lot#: Bat#:  
Prod# (NDC):



Directions English  
Take as Directed



Instrucciones Espanol:  
Tomelo como se indica

**MAJOR Multi-Symptom Cold**

Log  
Chart  
Billing  
Patient

**Relabeled By: Preferred Pharmaceuticals Inc.**

## TUSSIN MULTI SYMPTOM COLD CF ADULT

dextromethorphan hbr, guaifenesin, phenylephrine liquid

### Product Information

|                                |                |                           |                               |
|--------------------------------|----------------|---------------------------|-------------------------------|
| <b>Product Type</b>            | HUMAN OTC DRUG | <b>Item Code (Source)</b> | NDC:68788-8142(NDC:0904-6537) |
| <b>Route of Administration</b> | ORAL           |                           |                               |

### Active Ingredient/Active Moiety

| Ingredient Name   | Basis of Strength                | Strength           |
|---|----------------------------------|--------------------|
| <b>DEXTROMETHORPHAN HYDROBROMIDE</b> (UNII: 9D2RTI9KYH)<br>(DEXTROMETHORPHAN - UNII:7355X3ROTS) | DEXTROMETHORPHAN<br>HYDROBROMIDE | 20 mg<br>in 10 mL  |
| <b>GUAIFENESIN</b> (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)                           | GUAIFENESIN                      | 200 mg<br>in 10 mL |
| <b>PHENYLEPHRINE HYDROCHLORIDE</b> (UNII: 04JA59TNSJ) (PHENYLEPHRINE - UNII:1WS297W6MV)         | PHENYLEPHRINE<br>HYDROCHLORIDE   | 10 mg<br>in 10 mL  |

### Inactive Ingredients

| Ingredient Name   | Strength |
|---|----------|
| <b>ANHYDROUS CITRIC ACID</b> (UNII: XF417D3PSL)         |          |
| <b>GLYCERIN</b> (UNII: PDC6A3C0OX)                      |          |
| <b>PROPYLENE GLYCOL</b> (UNII: 6DC9Q167V3)              |          |
| <b>WATER</b> (UNII: 059QF0KO0R)                         |          |
| <b>SODIUM BENZOATE</b> (UNII: OJ245FE5EU)               |          |
| <b>FD&amp;C RED NO. 40</b> (UNII: WZB9127XOA)           |          |
| <b>LACTIC ACID, UNSPECIFIED FORM</b> (UNII: 33X04XA5AT) |          |
| <b>MENTHOL, UNSPECIFIED FORM</b> (UNII: L7T10EIP3A)     |          |
| <b>SORBITOL</b> (UNII: 506T60A25R)                      |          |
| <b>SUCRALOSE</b> (UNII: 96K6UQ3ZD4)                     |          |

## Packaging

| # | Item Code        | Package Description  | Marketing Start Date | Marketing End Date |
|---|------------------|--|----------------------|--------------------|
| 1 | NDC:68788-8142-1 | 1 in 1 BOX   | 09/01/2022           |                    |
| 1 |                  | 118 mL in 1 BOTTLE, PLASTIC; Type 0: Not a Combination Product |                      |                    |

## Marketing Information

| Marketing Category  | Application Number or Monograph Citation | Marketing Start Date | Marketing End Date |
|---------------------|--|----------------------|--------------------|
| OTC monograph final | part341                                  | 09/01/2022           |                    |

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

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

## Establishment

| Name                           | Address | ID/FEI    | Business Operations |
|--------------------------------|---------|-----------|---------------------|
| Preferred Pharmaceuticals Inc. |         | 791119022 | RELABEL(68788-8142) |

Revised: 9/2022

Preferred Pharmaceuticals Inc.