

**CETIRIZINE HYDROCHLORIDE (ALLERGY)- cetirizine hydrochloride tablet**  
**Preferred Pharmaceuticals Inc.**

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***Drug Facts***

***Active ingredient (in each tablet)***

**For 5 mg:**

Cetirizine hydrochloride USP 5 mg

**For 10 mg:**

Cetirizine hydrochloride USP 10 mg

***Purpose***

Antihistamine

***Uses***

temporarily relieves these symptoms due to hay fever or other upper respiratory allergies:

- runny nose
- sneezing
- itchy, watery eyes
- itching of the nose or throat

***Warnings***

**Do not use** if you have ever had an allergic reaction to this product or any of its ingredients or to an antihistamine containing hydroxyzine.

**Ask a doctor before use if you have**

liver or kidney disease. Your doctor should determine if you need a different dose.

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

taking tranquilizers or sedatives.

**When using this product**

- drowsiness may occur

- avoid alcoholic drinks
- alcohol, sedatives, and tranquilizers may increase drowsiness
- be careful when driving a motor vehicle or operating machinery

### **Stop use and ask a doctor if**

an allergic reaction to this product occurs. Seek medical help right away.

### **If pregnant or breast-feeding:**

- If breast-feeding: not recommended
- if pregnant: 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***

#### **For 5 mg:**

adults and children 6 years and over	1 to 2 tablets once daily depending upon severity of symptoms; do not take more than 2 tablets in 24 hours.
adults 65 years and over	1 tablet once a day; do not take more than 1 tablet in 24 hours
children under 6 years of age	ask a doctor
consumers with liver or kidney disease	ask a doctor

#### **For 10 mg:**

adults and children 6 years and over	one 10 mg tablet once daily; do not take more than one 10 mg tablet in 24 hours. A 5 mg product may be appropriate for less severe symptoms.
adults 65 years and over	ask a doctor
children under 6 years of age	ask a doctor
consumers with liver or kidney disease	ask a doctor

### ***Other information***

- store between 20° to 25°C (68° to 77°F)
- **TAMPER EVIDENT: DO NOT USE IF SEAL OVER BOTTLE OPENING IS BROKEN OR MISSING.**

***Inactive ingredients***

colloidal silicon dioxide, croscarmellose sodium, hypromellose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, polyethylene glycol, titanium dioxide.

***Questions?***

call **1-855-274-4122**

Distributed by:

**AUROHEALTH LLC**

2572 Brunswick Pike

Lawrenceville, NJ 08648

Made in India

Code: TS/DRUGS/19/1993

**PACKAGE LABEL-PRINCIPAL DISPLAY PANEL -10 mg**

**AUROHEALTH**

**Repackaged By: Preferred Pharmaceuticals Inc.**

**NDC 68788-8204**

**Original Prescription Strength**

**Cetirizine**

**Hydrochloride**

**Tablets USP**

**10 mg**

**Antihistamine**

**Allergy**

**Indoor & Outdoor Allergies**

**24 hour**

**Relief of**

- **Sneezing**
- **Runny Nose**
- **Itchy, Watery Eyes**
- **Itchy Throat or Nose**

**Cetirizine  
Hydrochloride  
Tablet 10mg**

Generic for Zyrtec  
Each tablet contains Cetirizine HCl 10mg

**Pkg Size:** Exp Date:  
Lot#:  
Batch#:  
Ins:  
Mfg: Aurohealth LLC  
Prod#:

**Warning**

Do not use if you ever had an allergic reaction to this product or any of its ingredients or to an antihistamine containing hydroxyzine. Ask doctor before use if you have liver or kidney disease; or if you are taking tranquilizers or sedatives. When using this product drowsiness may occur, avoid alcoholic drinks. Store between 20° to 25°C (68° to 77°F). Keep this and all medication out of the reach of children. Tablet is round, white, and imprinted with X 36



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



**Directions English**

Take \_\_\_\_\_ tablet(s)  
every \_\_\_\_\_ hours.  
Use as directed by your  
doctor

**Instrucciones Español:**

Toma \_\_\_\_\_ tableta(s)  
cada \_\_\_\_\_ horas.  
Uso según lo dirigido  
por su doctor

Cetirizine Hydrochloride Tablet 10  
mg  
Qty: Ins:  
Lot#: Bat#:

Prod# (NDC):

Cetirizine Hydrochloride Tablet 10  
mg  
Qty: Ins:  
Lot#: Bat#:  
Prod# (NDC):

Cetirizine Hydrochloride Tablet 10  
mg  
Qty:  
Insurance NDC:  
Lot#: Bat#:

Cetirizine Hydrochloride Tablet 10  
mg  
Qty: Ins:  
Lot#: Bat#:  
Prod# (NDC):

Log

Chart

Billing

Patient

## CETIRIZINE HYDROCHLORIDE (ALLERGY)

cetirizine hydrochloride tablet

### Product Information

<b>Product Type</b>	HUMAN OTC DRUG	<b>Item Code (Source)</b>	NDC:68788-8204(NDC:58602-445)
<b>Route of Administration</b>	ORAL		

### Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
<b>CETIRIZINE HYDROCHLORIDE</b> (UNII: 64O047KTOA) (CETIRIZINE - UNII:YO7261ME24)	CETIRIZINE HYDROCHLORIDE	10 mg

### Inactive Ingredients

Ingredient Name	Strength
<b>SILICON DIOXIDE</b> (UNII: ETJ7Z6XBU4)	
<b>CROSCARMELLOSE SODIUM</b> (UNII: M28OL1HH48)	
<b>HYPROMELLOSE 2910 (5 MPA.S)</b> (UNII: R75537T0T4)	
<b>LACTOSE MONOHYDRATE</b> (UNII: EWQ57Q8I5X)	
<b>MAGNESIUM STEARATE</b> (UNII: 70097M6I30)	
<b>MICROCRYSTALLINE CELLULOSE</b> (UNII: OP1R32D61U)	
<b>POLYETHYLENE GLYCOL 400</b> (UNII: B697894SGQ)	
<b>TITANIUM DIOXIDE</b> (UNII: 15FIX9V2JP)	

### Product Characteristics

<b>Color</b>	WHITE (White to Off-white)	<b>Score</b>	no score
<b>Shape</b>	ROUND	<b>Size</b>	8mm
<b>Flavor</b>		<b>Imprint Code</b>	X;36
<b>Contains</b>			

### Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:68788-8204-1	14 in 1 BOTTLE; Type 0: Not a Combination Product	04/01/2022	
2	NDC:68788-8204-5	15 in 1 BOTTLE; Type 0: Not a Combination Product	04/01/2022	
3	NDC:68788-8204-3	30 in 1 BOTTLE; Type 0: Not a Combination Product	04/01/2022	
4	NDC:68788-8204-6	60 in 1 BOTTLE; Type 0: Not a Combination Product	04/01/2022	
5	NDC:68788-8204-9	90 in 1 BOTTLE; Type 0: Not a Combination Product	04/01/2022	
6	NDC:68788-8204-0	100 in 1 BOTTLE; Type 0: Not a Combination Product	04/01/2022	

## Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA090760	04/01/2022	

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

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

## Establishment

Name	Address	ID/FEI	Business Operations
Preferred Pharmaceuticals Inc.		791119022	REPACK(68788-8204)

Revised: 4/2022

Preferred Pharmaceuticals Inc.