

BEST CHOICE- oxymetazoline hydrochloride spray
BEST CHOICE (VALU MERCHANDISERS COMPANY)

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.

Best Choice® Nasal Oxymetazoline HCl Spray Drug Facts

Active ingredient

Oxymetazoline hydrochloride 0.05%

Purpose

Nasal Decongestant

Uses

- for the temporarily relief of nasal congestion due to:
 - common cold
 - hay fever
 - upper respiratory allergies
- temporarily relieves sinus congestion and pressure
- shrinks swollen nasal membranes so you can breathe more freely

Warnings

Ask a doctor before use if you have

- heart disease
- high blood pressure
- diabetes
- thyroid disease
- trouble urinating due to an enlarged prostate gland

When using this product

- **do not use more than directed**
- do not use for more than 3 days. Use only as directed. Frequent or prolonged use may cause nasal congestion to recur or worsen.
- temporary discomfort such as burning, stinging, sneezing or an increase in nasal discharge may occur

- use of this container by more than one person may spread infection

Stop use and ask a doctor if

symptoms persist

If pregnant or breast-feeding,

ask a health professional before use.

Keep out of reach of children.

If swallowed, get medical help or contact a Poison Control Center right away at (1-800-222-1222).

Directions

- **adults and children 6 to under 12 years of age (with adult supervision):** 2 or 3 sprays in each nostril not more often than every 10 to 12 hours. Do not exceed 2 doses in any 24-hour period.
- **children under 6 years of age:** ask a doctor

Shake well before use: Before using the first time, remove the protective cap from the tip by pressing and twisting off the cap. Rotate the lock tab to align arrow marks to unlock the pump. Prime metered pump by depressing pump firmly several times. To spray, hold bottle with thumb at base and nozzle between first and second fingers. Without tilting head, insert nozzle into nostril. Fully depress rim with a firm, even stroke and sniff deeply. Wipe nozzle clean after use. Lock the pump by ensuring that arrow marks are not aligned and replace the protective cap on tip

Other information

- store at room temperature

Inactive ingredients

benzalkonium chloride, benzyl alcohol, edetate disodium, microcrystalline cellulose and carboxymethyl cellulose sodium, polyethylene glycol, povidone, purified water, sodium phosphate dibasic, sodium phosphate monobasic, xanthan gum.

Questions or comments?

1-866-467-2748

Principal Display Panel

Best Choice®

NDC# 63941-716-30

COMPARE TO THE ACTIVE INGREDIENT IN AFRIN® NO DRIP ORIGINAL

12 HOUR NO-DRIP ORIGINAL

Pump Mist

OXYMETAZOLINE HCL 0.05%

NASAL DECONGESTANT

- Fast, Powerful Congestion Relief

1 FL OZ (30 mL)

IMPORTANT: Keep this carton for future reference on full labeling.

Best Choice®

100% Guaranteed www.bestchoicebrand.com

PROUDLY DISTRIBUTED By:

VALU MERCHANDISERS, CO.

5000 KANSAS AVE

KANSAS CITY, KS 66106

BEST CHOICE

*This product is not manufactured or distributed by Bayer Healthcare LLC, distributor of Afrin® Original.



BEST CHOICE

oxymetazoline hydrochloride spray

Product Information

Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:63941-716
Route of Administration	NASAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
-----------------	-------------------	----------

OXYMETAZOLINE HYDROCHLORIDE (UNII: K89MJ0S5VY) (OXYMETAZOLINE - UNII:8VLN5B44ZY)		OXYMETAZOLINE HYDROCHLORIDE	0.05 g in 100 mL	
Inactive Ingredients				
Ingredient Name			Strength	
BENZALKONIUM CHLORIDE (UNII: F5UM2KM3W7)				
BENZYL ALCOHOL (UNII: LKG8494WBH)				
EDETATE DISODIUM (UNII: 7FLD91C86K)				
MICROCRYSTALLINE CELLULOSE (UNII: OP1R32D61U)				
CARBOXYMETHYLCELLULOSE SODIUM, UNSPECIFIED (UNII: K679OBS311)				
POLYETHYLENE GLYCOL, UNSPECIFIED (UNII: 3WJQ0SDW1A)				
POVIDONE, UNSPECIFIED (UNII: FZ989GH94E)				
WATER (UNII: 059QF0KO0R)				
SODIUM PHOSPHATE, DIBASIC, UNSPECIFIED FORM (UNII: GR686LBA74)				
SODIUM PHOSPHATE, MONOBASIC, UNSPECIFIED FORM (UNII: 3980JIH2SW)				
XANTHAN GUM (UNII: TTV12P4NEE)				
Packaging				
#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:63941-716-30	1 in 1 CARTON	05/16/2019	
1		30 mL in 1 BOTTLE, SPRAY; 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	05/16/2019	

Labeler - BEST CHOICE (VALU MERCHANDISERS COMPANY) (868703513)

Revised: 8/2023

BEST CHOICE (VALU MERCHANDISERS COMPANY)