

**GNP ANTI ITCH- camphor, menthol lotion**  
**AMERISOURCEBERGEN DRUG CORPORATION**

*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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**GNP Original Anti-Itch Lotion**

**Active Ingredients**

Camphor 0.5%..... External analgesic

Menthol 0.5%..... External analgesic

**Uses**

- temporary relieves pain and itching due to:
- insect bites
- minor burns
- sunburn
- minor skin irritations
- minor cuts
- scrapes
- rashes due to poison ivy, poison oak, and poison sumac

**Warning**

For external use only

**Ask doctor before use**

- on chicken pox
- on measles

**when using this product**

do not get into eyes

**Stop Use and ask doctor if**

- condition worsens
- symptoms last more than 7 days or clear up and occur again within a few days

**Keep out of reach of children**

If swallowed, get medical help or contact a Poison Control Center right away.

**Purpose**

Anti - itch

**Directions**

to open, squeeze cap tightly and turn pump counter-clockwise

adults and children 2 years and older: apply to affected area not more than 3 to 4 times daily

children under 2 years: ask a doctor

**Other information**

store at 20 °C to 25 °C (68 °F to 77 °F)

**Inactive ingredients**

carbomer 940, cetyl alcohol, DMDM hydantoin, fragrance, glyceryl stearate, isopropyl myristate, PEG-40 stearate, PEG-100 stearate, purified water, sodium hydroxide, stearic acid, white petrolatum.

**Principal Display Panel**

Original Formula Anti-Itch Lotion

Camphor 0.5%

Menthol 0.5%

Steroid Free

Relief from itching associated with dry skin, insect bites, poison ivy and Sunburn

Cools and Soothes



Web Direction  
Unwind  
#3 →

Digitally printing 4 color process



Representing Pantone spot color:



Dieline

|   |   |   |                                  |
|---|---|---|----------------------------------|
| <b>LOFTON LABEL &amp; PACKAGING</b><br><small>Leading Provenance That Stick™</small><br>(651) 457-8118<br>Fax (651) 457-3709<br>8290 Claude Way E<br>Inver Grove Hts., MN 55076   | <h1>PROOF</h1> <p>THIS PROOF IS TO CHECK FOR ACCURACY</p>   | <b>DIE LINE DOES NOT PRINT</b><br><b>ARTIST: EF</b>   | <b>PRINTED NOTES</b>             |
|   |   |   | <b>FINISHED UNWIND PREFERRED</b> |
| Signed by: _____<br>Date: _____<br>Please Return To: Jackie   | <b>JOB NAME:</b> Weeks & Leo Company<br><b>DATE:</b> 02/26/2019<br><b>PART:</b> 6506 Good Neighbor Pharmacy Anti-Itch Lotion 7.5 Fl Oz Front<br><b>ITEM:</b> 152944<br><b>REV:</b> 0<br><b>CUSTOMER SPEC:</b><br><b>SHAPE:</b> Special<br><b>LABEL SIZE:</b> Across 4.5000" x Around 2.7500"<br><b>CORNER RADIUS:</b><br><b>PRINT METHOD:</b> DIGITAL<br><b>MATERIAL:</b> | <input type="checkbox"/> 1 TOP-LQ<br><input type="checkbox"/> 2 BOP-LQ<br><input checked="" type="checkbox"/> 3 ROP-LQ<br><input type="checkbox"/> 4 LOF-LQ<br><input type="checkbox"/> 5 TOP-LI<br><input type="checkbox"/> 6 BOP-LI<br><input type="checkbox"/> 7 ROP-LI<br><input type="checkbox"/> 8 LOF-LI |                                  |
| <b>*CUSTOMER PLEASE CHECK ALL THAT APPLY*</b><br><input type="checkbox"/> <b>OK to Print</b><br><input type="checkbox"/> Submit New Proof with Revisions Listed Above<br><input type="checkbox"/> Would Like to Match Companion Piece<br><input type="checkbox"/> OK to Print with Revisions Listed Above (no further proof required)   | <input checked="" type="checkbox"/> ROLLS<br><input type="checkbox"/> SHEETS<br><input type="checkbox"/> FAN-FOLDED   |   |                                  |
| Please review and approve: colors* as defined by Pantone names listed above, text, text placement, spelling, size, shape, unwind, and dieline. Authorized signature accepts responsibility for accuracy of colors as defined above, text, and artwork. Lofton Label, Inc. is not liable for any discrepancies subsequently identified. If proof is correct, check "OK to Print", sign and return proof to expedite order. If corrections are necessary, check "Submit New Proof" or "OK To Print With Revisions". Authorized signature required to proceed with printing. |   |   |                                  |
| <b>INACTIVE PROOFS OF 90 DAYS OR MORE WILL BE BILLED FOR TOTAL WORK PERFORMED</b>   |   |   |                                  |

camphor, menthol lotion

### Product Information

|                                |                |                           |               |
|--------------------------------|----------------|---------------------------|---------------|
| <b>Product Type</b>            | HUMAN OTC DRUG | <b>Item Code (Source)</b> | NDC:46122-573 |
| <b>Route of Administration</b> | TOPICAL        |                           |               |

### Active Ingredient/Active Moiety

| Ingredient Name  | Basis of Strength      | Strength          |
|--|------------------------|-------------------|
| MENTHOL (UNII: L7T10EIP3A) (MENTHOL, UNSPECIFIED FORM - UNII:L7T10EIP3A)       | MENTHOL                | 0.5 g<br>in 100 g |
| CAMPHOR (SYNTHETIC) (UNII: 5TJD82A1ET) (CAMPHOR (SYNTHETIC) - UNII:5TJD82A1ET) | CAMPHOR<br>(SYNTHETIC) | 0.5 g<br>in 100 g |

### Inactive Ingredients

| Ingredient Name                         | Strength |
|---|----------|
| PEG-40 STEARATE (UNII: ECU18C66Q7)      |          |
| STEARIC ACID (UNII: 4ELV7Z65AP)         |          |
| CARBOMER 940 (UNII: 4Q93RCW27E)         |          |
| SODIUM HYDROXIDE (UNII: 55X04QC32I)     |          |
| DMDM HYDANTOIN (UNII: BYR0546TOW)       |          |
| CETYL ALCOHOL (UNII: 936JST6JCN)        |          |
| PEG-100 STEARATE (UNII: YD01N1999R)     |          |
| GLYCERYL STEARATE SE (UNII: FCZ5MH785I) |          |
| PETROLATUM (UNII: 4T6H12BN9U)           |          |
| ISOPROPYL MYRISTATE (UNII: 0RE8K4LNJS)  |          |
| WATER (UNII: 059QF0KO0R)                |          |

### Product Characteristics

|                 |       |                     |  |
|-----------------|-------|---------------------|--|
| <b>Color</b>    | white | <b>Score</b>        |  |
| <b>Shape</b>    |       | <b>Size</b>         |  |
| <b>Flavor</b>   |       | <b>Imprint Code</b> |  |
| <b>Contains</b> |       |                     |  |

### Packaging

| # | Item Code        | Package Description  | Marketing Start Date | Marketing End Date |
|---|------------------|--|----------------------|--------------------|
| 1 | NDC:46122-573-10 | 212 g in 1 BOTTLE, PUMP; Type 0: Not a Combination Product | 11/25/2020           |                    |

### Marketing Information

| Marketing Category      | Application Number or Monograph Citation | Marketing Start Date | Marketing End Date |
|-------------------------|--|----------------------|--------------------|
| OTC monograph not final | part348                                  | 11/25/2020           |                    |

**Labeler** - AMERISOURCEBERGEN DRUG CORPORATION (007914906)

**Establishment**

| <b>Name</b> | <b>Address</b> | <b>ID/FEI</b> | <b>Business Operations</b> |
|-------------|----------------|---------------|----------------------------|
| Weeks & Leo |                | 005290028     | manufacture(46122-573)     |

Revised: 11/2020

AMERISOURCEBERGEN DRUG CORPORATION