

Cough and Cold Therapeutic Class Review (TCR)

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FDA-APPROVED INDICATIONS¹

Cough and cold formulations are available for use in the treatment of the signs and symptoms of the common cold, sinusitis, allergies, and cough. They come in various combinations from simple cold formulations, narcotic cough and cold formulations, to non-narcotic cough and cold formulations. The simple cold formulations are available as prescription generics which are combined in one of the following manners with several of the available ingredients: antihistamine-only, antihistaminedecongestant, decongestant-expectorant, and expectorant-only. There are many narcotic cough and cold formulations available as prescription generics which are combined in one of the following manners with several of the available ingredients: antitussive-anticholinergic, antitussive-antihistaminedecongestant, antitussive-decongestant-expectorant, and antitussive-expectorant. Lastly, there are many non-narcotic cough and cold formulations that are available as prescription generics which are combined in one of the following manners with several of the available ingredients: antitussiveantihistamine, antitussive-antihistamine-decongestant, antitussive-antihistamine-decongestantantitussive-decongestant-expectorant, expectorant, antitussive-decongestant, and antitussiveexpectorant.

Current products are listed in Appendix A.

OVERVIEW

The common cold is a viral illness that affects persons of all ages prompting frequent use of over-thecounter (OTC) and prescription medications and alternative remedies.² Adults in the United States (US) experience 2 to 3 colds per year, and the incidence in children is even greater.³ At least 200 identified viruses can cause the common cold. The viruses often implicated include rhinoviruses, coronaviruses, parainfluenza viruses, respiratory syncytial virus, adenoviruses, and enteroviruses. Although histologic effects on the nasal epithelium may vary, any of the viruses can cause vasodilation and hypersecretion, leading to the common cold syndrome, which includes nasal congestion, nasal discharge, postnasal drip, throat clearing, sneezing, and cough.

Acute cough has been characterized as a cough lasting 3 weeks or less, sub-acute cough lasts 3 to 8 weeks, and chronic cough lasts over 8 weeks.⁴ Causes of acute cough include the common cold or other respiratory tract infection, and allergic rhinitis. Subacute cough remains after the initial cold or respiratory infection is over. Causes of chronic cough include asthma, chronic bronchitis, and chronic obstructive pulmonary disease (COPD). Cough may also be associated with factors such as gastroesophageal reflux disease (GERD), medication side effects, pulmonary embolism, smoking, and lung cancer; cough due to these conditions will not be addressed in this class review.

Common cold, or upper respiratory tract infection, is the third most common reason for physician visits, with cough being a common presenting symptom.⁵ In 2017 American College of Chest Physicians (ACCP) updated their clinical practice guidelines on the cough. The ACCP suggests against use of OTC cough and cold medicines and nonsteroidal anti-inflammatory drugs (NSAIDs) in adults and pediatric patients until these products have demonstrated that they decrease cough severity or time to cough resolution. In pediatric patients (\leq 18 years of age), ACCP suggests use of honey in patients to relieve cough over diphenhydramine, or no treatment, but does not recommend honey over dextromethorphan. Notably, honey should not be used in infants less than 1 year of age and children less than 2 years of age should not be given dextromethorphan for cough. Codeine-containing medications should be avoided in pediatrics due to the potential for serious adverse effects.⁶



There are a variety of prescription and OTC cough and cold combination products. The focus of this review will be on the prescription products with emphasis on the component ingredients. There are also numerous generic products available.

PHARMACOLOGY

| Drug Type | Mechanism of Action | Examples |
|--------------------|---|--------------------------------|
| Anticholinergics | Competitively blocks the muscarinic receptors, primarily M2 and M3, | homatropine, |
| | and causes the drying effect on mucus membranes. | methscopolamine, scopolamine |
| Antihistamines | Competitively antagonize the effects of histamine on H ₁ -receptors in | brompheniramine, |
| (first generation) | the GI tract, uterus, large blood vessels, and bronchial smooth muscle; | carbinoxamine, |
| | Blockade of H ₁ -receptors also suppresses the formation of edema, | chlorpheniramine, clemastine, |
| | flare, and pruritus that result from histaminic activity; H ₁ -antagonists | cyproheptadine, |
| | also possess anticholinergic properties in varying degrees | dexbrompheniramine, |
| | | dexchlorpheniramine, |
| | | diphenhydramine, doxylamine, |
| | | hydroxyzine, promethazine, |
| | | pyrilamine, triprolidine |
| Antitussives | Directly act on receptors in the cough center of the medulla; These | codeine, |
| (opiate) | agents may also have a drying effect on the respiratory tract and | dihydrocodeine, |
| | increases the viscosity of bronchial secretions; Cough suppression can | hydrocodone |
| | be achieved at lower doses than those required to produce analgesia; | |
| | The most significant adverse effect associated with opiate agonist use | |
| | is respiratory depression which results from a decreased sensitivity to | |
| | carbon dioxide in the brainstem; Opiates cause generalized central | |
| | nervous system (CNS) depression; Additive sedative effects are | |
| | possible with other agents that can lead to CNS depression | |
| Antitussives | Dextromethorphan is a non-competitive antagonist of N-methyl-D- | carbetapentane, chlophedianol, |
| (non-opiate) | aspartate (NMDA) receptors in the brain and spinal cord; It acts on the | dextromethorphan |
| | cough center in the medulla to raise the threshold for coughing by | |
| | decreasing the excitability of the cough center; It is the d-isomer of | |
| | levorphanol but has none of the analgesic, respiratory depressive, or | |
| | sedative effects associated with opiate agonists | |
| | Carbetapentane and chlophedianol appear to work directly on the | |
| | cough center of the medulla, thereby suppressing the cough reflex; | |
| | Carbetapentane has atropine-like and anesthetic actions, producing a | |
| | drying effect of respiratory mucus secretion; In addition, it possesses | |
| | mild bronchodilatory actions, and does not affect respiratory volume | |
| Decongestants | Phenylephrine possesses both direct and indirect sympathomimetic | phenylephrine, |
| | effects, primarily as a post-synaptic alpha-adrenergic agonist, | pseudoephedrine* |
| | producing potent vasoconstriction; An indirect effect due to the | |
| | release of norepinephrine plays a small role in the overall action of | |
| | phenylephrine; Constriction of blood vessels leads to reduced blood | |
| | flow to the nose, decreased amount of blood in the sinusoid vessels, | |
| | and decreased mucosal edema, which relieves nasal congestion; | |
| | Phenylephrine does not affect the beta receptors in the heart or lungs | |
| | Pseudoephedrine is a sympathomimetic amine that causes the release | |
| | of norepinephrine, leading to vasoconstriction and a decrease in nasal | |
| | and sinus congestion | |
| Expectorants | Loosens and thins sputum and bronchial secretions to ease | guaifenesin |
| | expectoration | |

* Many products containing pseudoephedrine have been reformulated due to increased regulatory restrictions on the sale and distribution of the drug, likely due to its notable use as a precursor in the illicit synthesis of methamphetamine.



PHARMACOKINETICS

Due to the various product formulations and varying component ingredients in the cough and cold products, the specific product information should be consulted to evaluate pharmacokinetics.

CONTRAINDICATIONS/WARNINGS

In January 2007, the Centers for Disease Control and Prevention (CDC) warned caregivers and healthcare providers (HCPs) of the risk for serious injury or fatal overdose from the administration of cough and cold products to children and infants less than 2 years of age.⁷ This warning followed an investigation of the deaths of 3 infants less than 6 months of age that were attributed to the inadvertent inappropriate use of these products. The symptoms preceding these deaths have not been clearly defined, and there is a lack of conclusive data describing the exact cause of death. The report estimated that 1,519 children less than 2 years of age were treated in emergency departments (EDs) during 2004 and 2005 for adverse events related to cough and cold medications.

In October 2007, the Food and Drug Administration (FDA) Nonprescription Drug Advisory Committee and the Pediatric Advisory Committee recommended that nonprescription cough and cold products pseudoephedrine, dextromethorphan, chlorpheniramine, containing diphenhydramine, brompheniramine, phenylephrine, clemastine, or guaifenesin not be used in children less than 6 years of age.⁸ In January 2008, the FDA issued a Public Health Advisory recommending that OTC cough and cold products not be used in infants and children less than 2 years old.^{9,10,11} The FDA recommends that if parents and caregivers use cough and cold products in children older than 2 years, labels should be read carefully, caution should be used when administering multiple products, and only measuring devices specifically designed for use with medications should be used. While some combination cough/cold products containing these ingredients are available by prescription only and are not necessarily under scrutiny by the FDA, clinicians should thoroughly assess each patient's use of similar products, both prescription and nonprescription, to avoid duplication of therapy and the potential for inadvertent overdose.

In January 2008, a FDA panel recommended that nonprescription cold medicines should not be given to children under 2 years old due to the risk of serious and potentially life-threatening adverse reactions. Research has shown that these products offer little to no benefit in this patient population, and may increase the risk of poisoning.¹² In 2008, manufacturers of cough and cold products modified their labels to increase the age recommended warnings for use in children and infants to less than 4 years of age versus the previous warning in children and infants less than 2 years of age, making this a more stringent warning than the FDA advisory.^{13,14} Manufacturers also introduced child-resistant packaging and new measuring devices for use with the products. Alternatives for this patient population include acetaminophen or ibuprofen which can be used to minimize pain and fever, and saline nasal sprays which can be used to clear nasal passages. A cool mist vaporizer is also an option for congestion and mentholated rubs for cough in children 2 years of age and older.¹⁵

A retrospective review of OTC cough and cold medication ingestions reported to US poison centers between 2000 and 2010 revealed that unintentional ingestions of these medications decreased by 33.4% and therapeutic errors by 46%.¹⁶ Healthcare facility referrals declined for unintentional ingestions (28.9% in patients less than 2 years of age, 19.9% in ages 2 to 5 years, [p<0.0001]) and therapeutic errors (59.2% in children less than 2 years of age; p<0.0001). In addition, among children less than 2 years of age, ED visits related to cough and cold medication decreased from 4.1% of all adverse drug event ED



visits before the 2007 manufacture's voluntary market withdrawal of infant cough and cold medications to 2.4% afterward. Similarly, among children aged 2 to 3 years, ED visits related to cough and cold medication adverse drug events decreased from 9.5% of all adverse drug event ED visits before the labeling revision announcement to 6.5% afterward.¹⁷

In 2015, the FDA announced they were investigating possible risks of using codeine-containing medications to treat cough and cold symptoms in patients less than 18 years old due to the risk of serious side effects, including slowed or difficult breathing.¹⁸ Due to the serious risks associated with the use of codeine-containing products in children, the FDA subsequently issued a drug safety communication regarding the use of codeine on April 20, 2017.¹⁹ Product labeling for all codeine-containing products was updated to add a contraindication alerting that codeine should not be used to treat pain or cough in children younger than 12 years. A warning was added to recommend against the use of codeinecontaining products in adolescents between 12 and 18 years who are obese or have conditions such as obstructive sleep apnea or severe lung disease, which may increase the risk of serious breathing problems. Additionally, the warning regarding breastfeeding was strengthened to state that breastfeeding is not recommended with use of codeine-containing products due to the risk of serious adverse reactions in breastfed infants, which can include excess sleepiness, difficulty breastfeeding, or serious breathing problems that could result in death. In January 2018, the FDA issued an additional drug safety communication for prescription opioid cough and cold products limiting their use to adults (aged 18 years and older) due to the risks of these medicines outweighing their benefits in children younger than 18 years old.²⁰ The FDA also required the addition of safety information about the risks of misuse, abuse, addiction, overdose, death, and slowed or difficult breathing to the Boxed Warnings for prescription cough and cold medicines containing codeine or hydrocodone.

In September 2020, the FDA issued a drug safety communication regarding the consumption of greater than recommended doses of OTC diphenhydramine.²¹ Consuming greater than the recommended dose can result in serious health issues such as heart problems, seizures, coma, and potentially death.

Some pyrilamine products may contain phenylalanine. These products should not be used in patients with phenylketonuria (PKU).



DRUG INTERACTIONS²²

| Drug Type | Anticholinergics | Antihistamines | Antitussives (opiate) | Antitussives (non-opiate) | Decongestants | Expectorants |
|--|------------------|----------------|--------------------------|------------------------------|---------------|--------------|
| CNS depressants (e.g., alcohol, sedatives, anxiolytics, etc.) | | \checkmark | | | | |
| Monoamine oxidase inhibitors (MAOIs) | | ✓ | | | | |
| Tricyclic antidepressants | ✓ | ✓ | | | | |
| Alpha blockers | | | | | ✓ | |
| Beta blockers | | | | | ✓ | |
| Centrally acting antihypertensives | | | | | ✓ | |
| Antidiabetic agents | | | | | ✓ | |
| Ototoxic medications (e.g., aminoglycosides) | ~ | ~ | | | | |

Concurrent administration of methscopolamine nitrate with phosphodiesterase type 5 (PDE-5) inhibitors (e.g., sildenafil, vardenafil) has been shown to potentiate hypotension due to the nitrate. Therefore, the concurrent use of these agents with products containing methscopolamine nitrate is not recommended.

ADVERSE EFFECTS^{23,24}

| Drug Type | Anticholinergics | Antihistamines | Antitussives (opiate) | Antitussives (non-opiate) | Decongestants | Expectorants |
|----------------------------|------------------|----------------|--------------------------|------------------------------|---------------|--------------|
| Drowsiness | ~ | ~ | ✓ | ~ | ✓ | \checkmark |
| Xerostomia | ~ | ~ | | | ✓ | |
| Nausea | ~ | | ✓ | ✓ | ✓ | ✓ |
| Tachycardia / Palpitations | ~ | | | | ✓ | |
| CNS depression | ~ | ~ | \checkmark | ~ | ✓ | |
| Respiratory depression | ~ | | \checkmark | \checkmark | | |

✓ = Reported

Adverse effects are reported above as a class effect due to the multiple ingredients contained in the products. Adverse effects have been taken from package inserts or other reliable databases and are not meant to be comparative or all inclusive.



SPECIAL POPULATIONS^{25,26}

Pediatrics

Many of the products in this category are approved for use in children as young as 2 years of age. Use of prescription opioid cough and cold products are limited to adult patients aged 18 years and older due to the risks of these medicines outweighing their benefits in children younger than 18 years of age. Please consult the individual prescribing information for specific product information.

Pregnancy

Pregnancy category depends upon the component ingredients. Consult the individual package inserts for specific product information.

Renal Impairment

Dosage adjustment may be warranted; however, specific guidelines in renal impairment are not available. Consult the individual package inserts for additional information.

Hepatic Impairment

Specific guidelines for dosage adjustments in patients with hepatic impairment are not available. Lower doses may be warranted due to metabolism of any one of the ingredients in a given product.

Geriatrics

The elderly are more susceptible to the anticholinergic effects of antihistamines. Reduced initial dosages may be needed.

DOSAGES^{27,28}

| Drug | Maximum Re | commended Daily Dose | Availability | | | | | |
|----------------------------|------------|--|--|--|--|--|--|--|
| (Products containing drug) | Adult | Child | | | | | | |
| Anticholinergics | | | | | | | | |
| homatropine | 9 mg | Safe and effective use has not been established in children | Tablet and syrup formulations | | | | | |
| methscopolamine | 12.5 mg | Safe and effective use has not been established in children | Tablet, chewable tablet, and syrup formulations | | | | | |
| scopolamine | 2.4 mg | Safe and effective use has not been established in children | Tablet and solution formulations | | | | | |
| | Antil | nistamines | | | | | | |
| brompheniramine | 24 mg | Ages: 6 to 11 years: 8 mg to 12 mg 2 to 5 years: 4 mg | Tablet, capsule, solution, syrup, and suspension formulations | | | | | |
| carbinoxamine | 32 mg | Ages: > 6 years: 24 mg 3 to 6 years: 16 mg 2 to 3 years: 8 mg | Solution, suspension, syrup formulations | | | | | |
| chlorpheniramine 24 mg | | Ages: ≥ 12 years: 24 mg ≥ 6 years: 12 mg 2 to 5 years: 6 mg | Suspensions, solutions, extended-release tablets, chewable tablets Extended release formulations are not recommended for children under age 6 years | | | | | |
| ciemastine 2 mg < 12 years | | Ages: ≥ 12 years: 2 mg < 12 years: safe and effective use has not been established | Tablet and caplet formulations | | | | | |
| cyproheptadine | 32 mg | Ages: ≥ 15 years: 32 mg 7 to 14 years: 16 mg 2 to 6 years: 12 mg | Syrup and tablet formulations | | | | | |
| dexbrompheniramine | 12 mg | Ages: 6 to 11 years: 6 mg 1 to 5 years: safe and effective use has not been established | Tablets, extended-release tablets, and syrup formulations | | | | | |



Dosages (continued)

| Drug | Maximum Re | commended Daily Dose | Availability | | | | | |
|----------------------------|---|---|---|--|--|--|--|--|
| (Products containing drug) | Adult | Child | | | | | | |
| Antihistamines (continued) | | | | | | | | |
| dexchlorpheniramine | 12 mg | Ages: >12 years: 12 mg 6 to 11 years: 6 mg 2 to 5 years: 3 mg | Extended release tablet and oral solution formulations Extended release tablets are not recommended for use in children 3 to 5 years of age | | | | | |
| diphenhydramine | 300 mg | Ages: ≥ 6 years: 300 mg | Tablet and suspension formulations | | | | | |
| doxylamine | 60 mg | Ages: ≥ 12 years: 60 mg 6 to 11 years: 30 mg 2 to 5 years: 15 mg | Suspension and chewable tablet formulations | | | | | |
| hydroxyzine | xyzine 400 mg Infa hav | | Tablets, capsules, and solution formulations | | | | | |
| promethazine 100 mg | | Ages: Adolescents: 100 mg ≥ 2 years: lesser of 25 mg/dose or 1.1 mg/kg/dose | Tablets and syrup formulations | | | | | |
| pyrilamine | No maximum dosing information available | Ages: 6 to 11 years: 100 mg 2 to 5 years: 50 mg | Tablet, syrup, suspension, and chewable tablet formulations | | | | | |
| triprolidine 10 mg | | Ages: ≥ 12 years: 10 mg 6 to 11 years: 5 mg 4 to 5 years: 3.75 mg 2 to 3 years: 2.5 mg 4 months to 1 year: 1.25 mg | Tablet, solution, and suspension formulations | | | | | |
| | Antitus | sives (opiate) | | | | | | |
| codeine | 360 mg | Ages: Use limited to patients > 18 years | Tablet, capsule, syrup, and solution formulations | | | | | |
| dihydrocodeine | 90 mg | Use limited to patients > 18 years | Syrup and solution formulations | | | | | |
| hydrocodone | 30 mg (as an antitussive) | Use limited to patients > 18 years | Capsule and syrup formulations | | | | | |

Dosages (continued)

| Drug | Maximum Re | commended Daily Dose | Availability | | | | | |
|----------------------------|---------------------------|--|--|--|--|--|--|--|
| (Products containing drug) | Adult | Child | | | | | | |
| | Antitussives (non-opiate) | | | | | | | |
| carbetapentane | 240 mg | Ages: 6 to 12 years: 120 mg 4 to 5 years: 30 mg 2 to 3 years: 15 mg | Tablets, capsules, extended- release capsules, and suspension formulations | | | | | |
| chlophedianol | 100 mg | Ages: 6 to 11 years: 50 mg | Solution formulations | | | | | |
| dextromethorphan 120 mg | | Ages: 6 to 11 years: 60 mg 2 to 5 years: 30 mg | Tablet, chewable tablet, suspension, and solution formulations | | | | | |
| | Deco | ongestants | | | | | | |
| phenylephrine | 60 mg | Ages: 6 to 12 years: 30 mg 4 to 5 years: 15 mg | Tablet, chewable tablet, solution, and syrup formulations | | | | | |
| pseudoephedrine 240 mg | | Ages: 6 to 11 years: 120 mg 4to 5 years: 60 mg | Chewable tablet, capsule, solution, suspension, and syrup formulations | | | | | |
| Expectorants | | | | | | | | |
| guaifenesin | 2,400 mg | Ages: 6 to 11 years: 1,200 mg 2 to 5 years: 600 mg | Extended-release capsule, tablet, solution, suspension, and syrup formulations | | | | | |

CLINICAL TRIALS

Search Strategy

Studies were identified through searches performed on PubMed and review of information sent by manufacturers. Search strategy included the FDA-approved use of all drugs in this class. Randomized, comparative, controlled trials comparing agents within this class for the approved indications are considered the most relevant in this category. Studies included for analysis in the review were published in English, performed with human participants, and randomly allocated participants to comparison groups. In addition, studies must contain clearly stated, predetermined outcome measure(s) of known or probable clinical importance, use data analysis techniques consistent with the study question, and include follow-up (endpoint assessment) of at least 80% of participants entering the investigation. Despite some inherent bias found in all studies, including those sponsored and/or funded by pharmaceutical manufacturers, the studies in this therapeutic class review were determined to have results or conclusions that do not suggest systematic error in their experimental study design. While the potential influence of manufacturer sponsorship and/or funding must be considered, the studies in this review have also been evaluated for validity and importance.

This class contains a vast number of combination cough and cold products whose constituent ingredients are available both as prescription and over-the-counter medications. All products contained in this monograph have supporting evidence related to the safety and efficacy of their constituent ingredients.



There are numerous placebo-controlled studies available, but none that are comparative to other agents within this class.

META-ANALYSIS

A 2005 Cochrane Review suggested caution in determining clinically significant benefits of any of the non-antibiotic treatments of the common cold other than first-dose decongestants and antihistaminedecongestant combinations.²⁹ The review included comparison of several products, including echinacea, heated humidifier air, dextromethorphan, guaifenesin, vitamin C, zinc lozenges, and 2 combination antihistamine-decongestant products. Dexbrompheniramine 6 mg in combination with pseudoephedrine 120 mg was administered twice daily for 1 week in 1 study. Another study evaluated loratadine 5 mg in combination with pseudoephedrine 120 mg twice daily for 4 days. The authors concluded that most non-antibiotic treatments for the common cold are probably not effective; however, dextromethorphan, guaifenesin, combination antihistamine-decongestants, first-dose nasal decongestants, and, possibly, zinc lozenges show promise.

A 2012 Cochrane Review on the efficacy of OTC medications to treat an acute cough included 26 trials with antitussives, expectorants, mucolytics, antihistamines, antihistamine-decongestant combinations, and other combinations versus placebo with variable results.³⁰ The review could not confirm clear evidence of efficacy of OTC medications to treat an acute cough. A 2007 meta-analysis was done to assess the efficacy of oral phenylephrine 10 mg as a nasal decongestant in the symptomatic relief from the common cold.³¹ To be included in the analysis, studies had to have a single-dose, randomized, placebo-controlled design; involve an orally-administered product in which phenylephrine 10 mg was the sole active ingredient; enroll patients with acute nasal congestion due to the common cold; evaluate nasal airway resistance as the efficacy endpoint; and have sufficient data points to allow re-analysis and/or meta-analysis of phenylephrine 10 mg and placebo. Eight studies met the inclusion criteria, involving seven cross-over studies of 113 subjects. Significant differences in favor of phenylephrine were seen in four of the 8 studies ($p \le 0.05$). Phenylephrine was significantly more effective than placebo at the primary time points (45, 90, 120, and 180 minutes). This meta-analysis and re-analysis support the effectiveness of a single oral dose of phenylephrine 10 mg as a decongestant in adults with acute nasal congestion associated with the common cold.

SUMMARY

The common cold induces acute cough by directly irritating the upper airway structures. Viral infections of the airway can produce the common cold syndrome including rhinosinusitis. Active treatment of the symptoms associated with cough and cold may include combination products containing anticholinergics, first-generation antihistamines, opiate and non-opiate antitussives, decongestants, and expectorants. The available data do not result in any differentiation among the drugs in their particular class. These products are available in various combinations and individually as both prescription and OTC products. Awareness of the active ingredients is critical in ensuring proper dosing, patient safety, and effective use of these products.

REFERENCES

5 Fashner J, Ericson K, Werner S. Treatment of the common cold in children and adults. Am Fam Physician. 2012; 86(2): 153-159. Available at: https://www.aafp.org/afp/2012/0715/p153.html. Accessed May 2, 2022.

6 Malesker MA, Callahan-Lyon P, Ireland B, et al. Pharmacological and non-pharmacological treatment for acute cough associated with the common cold. Chest Expert Panel Report. CHEST. 2017; 152(5): 1021-1037. Available at: <u>http://www.chestnet.org/Guidelines-and-Resources/CHEST-Guideline-Topic-Areas/Clinical-Pulmonary</u>. Accessed May 2, 2022.

7 Centers for Disease Control and Prevention (CDC). Infant deaths associated with cough and cold medications - two states, 2005. MMWR Weekly. 2007; 56:1–4. Available at: <u>https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5601a1.htm</u>. Accessed May 2, 2022.

8 Sharfstein JM, North M, Serwint JR. Over the counter but no longer under the radar — pediatric cough and cold medications. N Engl J Med. 2007;357(23): 2321-2324. DOI: 10.1056/NEJMp0707400.

9 FDA. Use caution when giving cough and cold products to kids. February 8, 2018. Available at: https://www.fda.gov/drugs/special-features/use-caution-when-giving-cough-and-cold-products-kids. Accessed May 2, 2022.

10 FDA. When to give kids medicine for coughs and colds. October 28, 2021. Available at: <u>https://www.fda.gov/consumers/consumer-updates/when-give-kids-medicine-coughs-and-colds</u>. Accessed May 2, 2022.

11 Schaefer MK, Shehab N, Cohen AD, et al. Adverse events from cough and cold medications in children. Pediatrics. 2008; 121; 783-787. DOI: 10.1542/peds.2007-3638.

12 Lowry J, Leeder JS. Over-the counter medications: update on cough and cold preparations. Pediatrics in Review. 2015; 36(7): 286-297. DOI: 10.1542/pir.36-7-286.

13 CHPA: Program on OTC Oral Pediatric Cough and Cold Medicines. November 2008. Available at: <u>https://www.chpa.org/public-policy-regulatory/voluntary-codes-guidelines/program-otc-oral-pediatric-cough-and-cold</u>. Accessed May 2, 2022.

14 Revised Product Labels for Pediatric Over-the-Counter Cough and Cold Medicines. October 31, 2008. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5743a5.htm. Accessed May 2, 2022.

15 American Academy of Pediatrics. Caring for Your Child's Cold and Flu. February 23, 2022. Available at: <u>Caring for Your Child's Cold or Flu -</u> <u>HealthyChildren.org</u>. Accessed May 5, 2022.

16 Mazer-Amirshahi M, Reid N, van den Anker J, et al. Effect of cough and cold medication restriction and label changes on pediatric ingestions reported to United States poison centers. J Pediatr. 2013; 163(5): 1,372-1,376. DOI: 10.1016/j.jpeds.2013.04.054.

17 Hampton LM, Nguyen DB, Edwards JR, et al. Cough and cold medication adverse events after market withdrawal and labeling revision. Pediatrics. 2013; 132: 1047. DOI: 10.1542/peds.2013-2236.

18 FDA Drug Safety Communication: FDA evaluating the potential risks of using codeine cough-and-cold medicines in children. March 6, 2018. Available at: http://www.fda.gov/DrugSafety/ucm453125.htm. Accessed May 2, 2022.

19 FDA Drug Safety Communication: FDA restricts use of prescription codeine pain and cough medicines and tramadol pain medicines in children; recommends against use in breastfeeding women. March 8, 2018. Available at: <u>https://www.fda.gov/Drugs/DrugSafety/ucm549679.htm</u>. Accessed May 2, 2022.

20 FDA Drug Safety Communication: FDA requires labeling changes for prescription opioid cough and cold medicines to limit their use to adults 18 years and older. January 22, 2018. Available at: <u>https://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-requires-labeling-changes-prescription-opioid-cough-and-cold</u>. Accessed May 2, 2022.

21 FDA Drug Safety Communication: FDA warns about serious problems with high doses of the allergy medicine diphenhydramine (Benadryl). October 1, 2020. Available at: <u>https://www.fda.gov/drugs/drug-safety-and-availability/fda-warns-about-serious-problems-high-doses-allergy-medicine-</u>

diphenhydramine-benadryl. Accessed May 2, 2022.

22 Clinical Pharmacology. Available at: <u>http://www.clinicalpharmacology.com</u>. Accessed May 2, 2022.

23 Available at: <u>http://www.drugs.com/</u>. Accessed May 2, 2022.

- 24 Clinical Pharmacology. Available at: <u>http://www.clinicalpharmacology.com</u>. Accessed May 2, 2022.
- 25 Available at: <u>http://www.drugs.com/</u>. Accessed May 2, 2022.
- 26 Clinical Pharmacology. Available at: <u>http://www.clinicalpharmacology.com</u>. Accessed May 2, 2022.

27 Available at: <u>http://www.drugs.com/</u>. Accessed May 2, 2022.

28 Clinical Pharmacology. Available at: http://www.clinicalpharmacology.com. Accessed May 2, 2022.

29 Arroll B. Non-antibiotic treatments for upper respiratory tract infections (common cold). Respir Med. 2005; 99(12): 1,477-1,484.

30 Smith SM, Schroeder K, Fahey T. Over-the-counter (OTC) medications for acute cough in children and adults in ambulatory settings. Cochrane Database of Systematic Reviews 2012, Issue 8. Art. No.: CD001831. DOI: 10.1002/14651858.CD001831.pub4.

31 Kollar C, Schneider H, Waksman J, Krusinska E. Meta-analysis of the efficacy of a single dose of phenylephrine 10 mg compared with placebo in adults with acute nasal congestion due to the common cold. Clin Ther. 2007 Jun; 29(6): 1057-1070.



¹ Available at: https://www.clinicalkey.com/#!/ Accessed May 2, 2022.

² Fashner J, Ericson K, Werner S. Treatment of the common cold in children and adults. Am Fam Physician. 2012; 86(2): 153-159. Available at: https://www.aafp.org/afp/2012/0715/p153.html. Accessed May 2, 2022.

³ Common cold. Last reviewed December 8, 2021. Available at: https://www.cdc.gov/dotw/common-cold/index.html. Accessed May 2, 2022.

⁴ Cough symptoms, causes, and risk factors. Last updated December 14, 2021. Available at: Cough | American Lung Association. Accessed May 5, 2022.

| LABEL NAME | GENERIC NAME | MANUFACTURER | DRUG TYPE | PROVIDER SYNERGIES BRAND NAME ROUTE |
|--------------------------------|--------------------------------|-----------------|-----------|---|
| ALAHIST CF TABLET | d-methorphan/pe/dexbromphenir | POLY PHARMACEUT | SSB | ALAHIST CF TABLET OTC (ORAL) |
| ALAHIST DM 2-15-7.5 MG/5 ML LQ | d-methorphan/pe/dexbromphenir | POLY PHARMACEUT | SSB | ALA-HIST DM LIQUID OTC (ORAL) |
| AQUANAZ TABLET | guaifen/dextromethorphan/PE | CAPITAL PHARMAC | SSB | AQUANAZ OTC (ORAL) |
| BENZONATATE PERLE 100 MG CAP | benzonatate | GREENSTONE LLC. | GEN | BENZONATATE CAPSULE (AG) (ORAL) |
| BENZONATATE 100 MG CAPSULE | benzonatate | generic | GEN | BENZONATATE CAPSULE (ORAL) |
| BENZONATATE 150 MG CAPSULE | benzonatate | ASCEND LABORATO | GEN | BENZONATATE CAPSULE (ORAL) |
| BENZONATATE 200 MG CAPSULE | benzonatate | generic | GEN | BENZONATATE CAPSULE (ORAL) |
| BROMFED DM 2-30-10 MG/5 ML SYR | brompheniramine/pseudoephed/DM | MORTON GROVE PH | SSB | BROMFED DM SYRUP (ORAL) |
| AP-HIST DM LIQUID | brompheniram/phenylephrine/DM | ALLEGIS PHARMAC | GEN | BROMPHENIRAMINE/PHENYLEPHRINE/DM LIQUID OTC (ORAL) |
| CHILDREN'S COLD-COUGH LIQUID | brompheniram/phenylephrine/DM | LEADER | GEN | BROMPHENIRAMINE/PHENYLEPHRINE/DM SOLUTION OTC (ORAL) |
| COLD-COUGH ELIXIR | brompheniram/phenylephrine/DM | AMERISOURCE-GNP | GEN | BROMPHENIRAMINE/PHENYLEPHRINE/DM SOLUTION OTC (ORAL) |
| DIMAPHEN DM ELIXIR | brompheniram/phenylephrine/DM | MAJOR PHARMACEU | GEN | BROMPHENIRAMINE/PHENYLEPHRINE/DM SOLUTION OTC (ORAL) |
| ENDACOF-DM LIQUID | brompheniram/phenylephrine/DM | LARKEN LABS | GEN | BROMPHENIRAMINE/PHENYLEPHRINE/DM SOLUTION OTC (ORAL) |
| GS CHILDREN'S COLD-COUGH SOLN | brompheniram/phenylephrine/DM | PERRIGO/GOODSEN | GEN | BROMPHENIRAMINE/PHENYLEPHRINE/DM SOLUTION OTC (ORAL) |
| HM CHILD'S COLD-COUGH ELIXIR | brompheniram/phenylephrine/DM | HM-STRATEGIC SO | GEN | BROMPHENIRAMINE/PHENYLEPHRINE/DM SOLUTION OTC (ORAL) |
| BROMPHEN-PSE-DM 2-30-10 MG/5ML | brompheniramine/pseudoephed/DM | generic | GEN | BROM-PSE-DM SYRUP (ORAL) |
| CAPMIST DM TABLET | guaifenesin/DM/pseudoephedrine | CAPITAL PHARMAC | SSB | CAPMIST DM TABLET OTC (ORAL) |
| CAPRON DM LIQUID | pyrilamine/dextromethorphan hb | CAPITAL PHARMAC | SSB | CAPRON DM LIQUID OTC (ORAL) |
| CAPRON DMT TABLET | pyrilamine/dextromethorphan hb | CAPITAL PHARMAC | SSB | CAPRON DMT OTC (ORAL) |
| CHLO HIST ORAL SOLUTION | dexbrompheniramn/chlophedianol | R.A.MC NEIL CO. | SSB | CHLO HIST SOLUTION OTC (ORAL) |
| CHLO TUSS LIQUID | dexbromphen/pseudoeph/chlophed | R.A.MC NEIL CO. | SSB | CHLO TUSS LIQUID OTC (ORAL) |
| DAY MULTI-SYMP FLU-SEVERE COLD | d-methorphan/PE/acetaminophen | LEADER | SSB | DAY MULTI-SYMP FLU-SEVERE COLD POWDER PACK OTC (ORAL) |
| DECONEX DMX 17.5-400-10 MG TAB | guaifen/dextromethorphan/PE | POLY PHARMACEUT | SSB | DECONEX DMX TABLET OTC (ORAL) |
| DELSYM COUGH 15 MG CAPLET | dextromethorphan HBr | RB HEALTH | SSB | DELSYM COUGH TABLET OTC (ORAL) |
| CHLOPHEDIANOL-DEXCHLORP-PSE LQ | dexchlorphenir/pse/chlophedian | WESTMINSTER PHA | GEN | DEXCHLORPHENIRAMINE/PSE/CHLOPHEDIANOL LIQUID OTC (ORAL) |
| WESTUSSIN DM 1-5-10 MG/5ML SYR | dexchlorphen/phenylephrine/DM | WESTMINSTER PHA | GEN | DEXCHLORPHENIRAMINE/PSE/DM LIQUID OTC (ORAL) |
| DEXTROMETHORPHAN 15 MG SOFTGEL | dextromethorphan HBr | RUGBY | GEN | DEXTROMETHORPHAN CAPSULE OTC (ORAL) |
| GNP COUGH GELS 15 MG LIQUID CP | dextromethorphan HBr | AMERISOURCE-GNP | GEN | DEXTROMETHORPHAN CAPSULE OTC (ORAL) |
| TUSSIN COUGH LIQUID | dextromethorphan HBr | AMERISOURCE-GNP | GEN | DEXTROMETHORPHAN LIQUID OTC (ORAL) |
| CHILD COUGH DM ER 30 MG/5 ML | dextromethorphan polistirex | LEADER | GEN | DEXTROMETHORPHAN SUSPENSION ER 12H OTC (ORAL) |
| COUGH DM ER 30 MG/5 ML SUSP | dextromethorphan polistirex | generic | GEN | DEXTROMETHORPHAN SUSPENSION ER 12H OTC (ORAL) |
| DEXTROMETHORPHAN ER 30 MG/5 ML | dextromethorphan polistirex | PERRIGO/PADAGIS | GEN | DEXTROMETHORPHAN SUSPENSION ER 12H OTC (ORAL) |
| GS CHLD COUGH DM ER 30 MG/5 ML | dextromethorphan polistirex | PERRIGO/GOODSEN | GEN | DEXTROMETHORPHAN SUSPENSION ER 12H OTC (ORAL) |
| GS COUGH DM ER 30 MG/5 ML SUSP | dextromethorphan polistirex | PERRIGO/GOODSEN | GEN | DEXTROMETHORPHAN SUSPENSION ER 12H OTC (ORAL) |
| HM COUGH DM ER 30 MG/5 ML SUSP | dextromethorphan polistirex | HM-STRATEGIC SO | GEN | DEXTROMETHORPHAN SUSPENSION ER 12H OTC (ORAL) |
| COUGH DM 20-200 MG/20 ML SYRUP | guaifenesin/dextromethorphan | RUGBY | GEN | DEXTROMETHORPHAN SYRUP OTC (ORAL) |
| FLU HBP 325-2-10 MG CAPLET | dextromethorphn/acetaminoph/cp | LEADER | GEN | DM/APAP/CHLORPHENIRAMINE TABLET OTC (ORAL) |
| QC FLU HBP 325-2-10 MG CAPLET | dextromethorphn/acetaminoph/cp | CHAIN DRUG | GEN | DM/APAP/CHLORPHENIRAMINE TABLET OTC (ORAL) |
| GS NIGHTTIME COLD-FLU SOFTGEL | DM/acetaminophen/doxylamine | PERRIGO/GOODSEN | GEN | DM/APAP/DOXYLAMINE CAPSULE OTC (ORAL) |
| HM NIGHT TIME LIQUID CAP | DM/acetaminophen/doxylamine | HM-STRATEGIC SO | GEN | DM/APAP/DOXYLAMINE CAPSULE OTC (ORAL) |
| NIGHT TIME COLD-FLU SOFTGEL | DM/acetaminophen/doxylamine | AMERISOURCE-GNP | GEN | DM/APAP/DOXYLAMINE CAPSULE OTC (ORAL) |
| NIGHTTIME COLD-FLU RLF SFTGL | DM/acetaminophen/doxylamine | generic | GEN | DM/APAP/DOXYLAMINE CAPSULE OTC (ORAL) |
| ALL-NITE COLD-FLU RELIEF LIQ | DM/acetaminophen/doxylamine | MAJOR PHARMACEU | GEN | DM/APAP/DOXYLAMINE LIQUID OTC (ORAL) |
| CONTAC COLD-FLU NIGHT LIQUID | DM/acetaminophen/doxylamine | MEDA CONSUMER H | GEN | DM/APAP/DOXYLAMINE LIQUID OTC (ORAL) |
| GS NIGHTTIME COLD-FLU LIQUID | DM/acetaminophen/doxylamine | PERRIGO/GOODSEN | GEN | DM/APAP/DOXYLAMINE LIQUID OTC (ORAL) |
| HM NIGHT TIME COLD-FLU LIQ | DM/acetaminophen/doxylamine | HM-STRATEGIC SO | GEN | DM/APAP/DOXYLAMINE LIQUID OTC (ORAL) |
| NIGHT TIME COLD-FLU LIQUID | DM/acetaminophen/doxylamine | AMERISOURCE-GNP | GEN | DM/APAP/DOXYLAMINE LIQUID OTC (ORAL) |
| NIGHTTIME COLD AND FLU LIQUID | DM/acetaminophen/doxylamine | LEADER | GEN | DM/APAP/DOXYLAMINE LIQUID OTC (ORAL) |
| SM NITE TIME COLD-FLU LIQUID | DM/acetaminophen/doxylamine | SM-STRATEGIC SO | GEN | DM/APAP/DOXYLAMINE LIQUID OTC (ORAL) |

| LABEL NAME | GENERIC NAME | MANUFACTURER | DRUG TYPE | PROVIDER SYNERGIES BRAND NAME ROUTE |
|--------------------------------|--------------------------------|-----------------|-----------|--|
| COUGH-COLD HBP TABLET | chlorpheniramine/dextromethorp | LEADER | GEN | DM/CHLORPHENIRAMINE TABLET OTC (ORAL) |
| COUGH-COLD TABLET | chlorpheniramine/dextromethorp | MAJOR PHARMACEU | GEN | DM/CHLORPHENIRAMINE TABLET OTC (ORAL) |
| GNP COUGH-COLD HBP TABLET | chlorpheniramine/dextromethorp | AMERISOURCE-GNP | GEN | DM/CHLORPHENIRAMINE TABLET OTC (ORAL) |
| DAYTIME COLD-FLU RELIEF LIQUID | d-methorphan/PE/acetaminophen | LEADER | GEN | DM/PHENYLEPHRINE/APAP LIQUID OTC (ORAL) |
| GNP DAY TIME COLD-FLU LIQUID | d-methorphan/PE/acetaminophen | AMERISOURCE-GNP | GEN | DM/PHENYLEPHRINE/APAP LIQUID OTC (ORAL) |
| GS DAY TIME COLD-FLU LIQUID | d-methorphan/PE/acetaminophen | PERRIGO/GOODSEN | GEN | DM/PHENYLEPHRINE/APAP LIQUID OTC (ORAL) |
| HM DAYTIME COLD-FLU LIQUID | d-methorphan/PE/acetaminophen | HM-STRATEGIC SO | GEN | DM/PHENYLEPHRINE/APAP LIQUID OTC (ORAL) |
| SM DAY TIME COLD-FLU LIQUID | d-methorphan/PE/acetaminophen | SM-STRATEGIC SO | GEN | DM/PHENYLEPHRINE/APAP LIQUID OTC (ORAL) |
| GNP COLD MAX DAYTIME CAPLET | d-methorphan/PE/acetaminophen | AMERISOURCE-GNP | GEN | DM/PHENYLEPHRINE/APAP TABLET OTC (ORAL) |
| MAPAP COLD FORMULA CAPLET | d-methorphan/PE/acetaminophen | MAJOR PHARMACEU | GEN | DM/PHENYLEPHRINE/APAP TABLET OTC (ORAL) |
| GNP COLD MAX DAY-NIGHT CAPLET | DM/pe/acetaminophen/chlorphenr | AMERISOURCE-GNP | GEN | DM/PHENYLEPHRINE/APAP/CHLORPHENIRAMINE TABLET SEQUELS OTC (ORAL) |
| GNP COLD HEAD CONGEST NGHT CPT | DM/pe/acetaminophen/chlorphenr | AMERISOURCE-GNP | GEN | DM/PHENYLEPHRINE/APAP/CHLORPHENIRAMINE TABLET OTC (ORAL) |
| HM DAYTIME-NIGHTTIME COLD-FLU | DM/PE/acetaminophen/doxylamine | HM-STRATEGIC SO | GEN | DM/PHENYLEPHRINE/APAP/DOXYLAMINE CAPSULE SEQUELS OTC (ORAL) |
| BRANTUSSIN DM 2-15-7.5 MG/5 ML | d-methorphan/pe/dexbromphenir | BRANDYWINE PHAR | GEN | DM/PHENYLEPHRINE/DEXBROMPHENIRAMINE SYRUP OTC (ORAL) |
| GS NIGHTTIME COUGH LIQUID | dextromethorphan hb/doxylamine | PERRIGO/GOODSEN | GEN | DOXYLAMINE/DM SOLUTION OTC (ORAL) |
| NIGHT TIME COUGH LIQUID | dextromethorphan hb/doxylamine | AMERISOURCE-GNP | GEN | DOXYLAMINE/DM SOLUTION OTC (ORAL) |
| NIGHTTIME COUGH LIQUID | dextromethorphan hb/doxylamine | LEADER | GEN | DOXYLAMINE/DM SOLUTION OTC (ORAL) |
| DURAFLU 325-20-200-60 MG TAB | pseudoeph/DM/guaifen/acetamin | POLY PHARMACEUT | SSB | DURAFLU TABLET OTC (ORAL) |
| ED A-HIST DM TABLET | chlorpheniramine/phenyleph/DM | EDWARDS PHARM. | SSB | ED A-HIST DM TABLET OTC (ORAL) |
| ED-A-HIST DM LIQUID | chlorpheniramine/phenyleph/DM | EDWARDS PHARM. | SSB | ED-A-HIST DM LIQUID OTC (ORAL) |
| DM-GUAIF-PE 17.5-385-10 MG TAB | guaifen/dextromethorphan/PE | WESTMINSTER PHA | GEN | GUAIFEN/DEXTROMETHORPHAN/PE OTC (ORAL) |
| GUAIFENESIN-DM ER 1,200-60 MG | guaifenesin/dextromethorphan | OHM LABS. | GEN | GUAIFENESIN/DEXTROMETHORPHAN TABLET ER OTC (ORAL) |
| TUSNEL DIABETIC LIQUID | guaifenesin/dextromethorphan | LLORENS PHARM | GEN | GUAIFENESIN/DM LIQUID (ORAL) |
| CHEST CONGESTION RELIEF DM SYR | guaifenesin/dextromethorphan | RUGBY | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| GNP MUCUS RELIEF DM MAX LIQUID | guaifenesin/dextromethorphan | AMERISOURCE-GNP | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| GNP TUSSIN DM MAX LIQUID | guaifenesin/dextromethorphan | AMERISOURCE-GNP | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| GS CHILD MUCUS RLF COUGH LIQ | guaifenesin/dextromethorphan | PERRIGO/GOODSEN | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| GS TUSSIN DM COUGH SYRUP | guaifenesin/dextromethorphan | PERRIGO/GOODSEN | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| GS TUSSIN DM COUGH-CHEST SOLN | guaifenesin/dextromethorphan | PERRIGO/GOODSEN | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| GS TUSSIN DM LIQUID | guaifenesin/dextromethorphan | PERRIGO/GOODSEN | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| GS TUSSIN DM MAX LIQUID | guaifenesin/dextromethorphan | PERRIGO/GOODSEN | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| GUAIFENESIN DM SYRUP | guaifenesin/dextromethorphan | generic | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| GUAIFENESIN-DM 100-10 MG/5 ML | guaifenesin/dextromethorphan | MAJOR PHARMACEU | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| GUAIFENESIN-DM 200-20 MG/10 ML | guaifenesin/dextromethorphan | MAJOR PHARMACEU | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| HM ADT TUSSIN COUGH CONG DM LQ | guaifenesin/dextromethorphan | HM-STRATEGIC SO | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| HM ADULT TUSSIN DM SYRUP | guaifenesin/dextromethorphan | HM-STRATEGIC SO | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| HM TUSSIN DM 400-20 MG/20 ML | guaifenesin/dextromethorphan | HM-STRATEGIC SO | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| MUCUS RELIEF DM MAX LIQUID | guaifenesin/dextromethorphan | LEADER | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| QC TUSSIN DM LIQUID | guaifenesin/dextromethorphan | CHAIN DRUG | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| ROBAFEN DM 200-20 MG/20 ML LIQ | guaifenesin/dextromethorphan | MAJOR PHARMACEU | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| SM MUCUS RELIEF COUGH LIQUID | guaifenesin/dextromethorphan | SM-STRATEGIC SO | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| SM TUSSIN DM 400-20 MG/20 ML | guaifenesin/dextromethorphan | SM-STRATEGIC SO | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| SM TUSSIN DM LIQUID | guaifenesin/dextromethorphan | SM-STRATEGIC SO | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| SM TUSSIN DM SYRUP | guaifenesin/dextromethorphan | SM-STRATEGIC SO | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| TUSNEL DIABETIC LIQUID | guaifenesin/dextromethorphan | LLORENS PHARM | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| TUSSIN DM 400-20 MG/20 ML LIQ | guaifenesin/dextromethorphan | LEADER | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| TUSSIN DM CLEAR SYRUP | guaifenesin/dextromethorphan | AMERISOURCE-GNP | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| TUSSIN DM SYRUP | guaifenesin/dextromethorphan | AMERISOURCE-GNP | GEN | GUAIFENESIN/DM LIQUID OTC (ORAL) |
| HM MUCUS DM ER 600-30 MG TAB | guaifenesin/dextromethorphan | HM-STRATEGIC SO | GEN | GUAIFENESIN/DM TABLET ER 12H OTC (ORAL) |

| LABEL NAME | GENERIC NAME | MANUFACTURER | DRUG TYPE | PROVIDER SYNERGIES BRAND NAME ROUTE |
|--------------------------------|--------------------------------|-----------------|-----------|--|
| MUCUS RLF DM ER 600-30 MG TAB | guaifenesin/dextromethorphan | generic | GEN | GUAIFENESIN/DM TABLET ER 12H OTC (ORAL) |
| CHEST CONG RLF DM 400-20 MG TB | guaifenesin/dextromethorphan | generic | GEN | GUAIFENESIN/DM TABLET OTC (ORAL) |
| CHEST CONGST-COUGH RELIEF TAB | guaifenesin/dextromethorphan | AMERISOURCE-GNP | GEN | GUAIFENESIN/DM TABLET OTC (ORAL) |
| GUAIFENESIN-DM 400-20 MG TAB | guaifenesin/dextromethorphan | APNAR PHARMA, L | GEN | GUAIFENESIN/DM TABLET OTC (ORAL) |
| HM CHEST CONGEST RLF DM CAPLET | guaifenesin/dextromethorphan | HM-STRATEGIC SO | GEN | GUAIFENESIN/DM TABLET OTC (ORAL) |
| MUCOSA DM 400-20 MG TABLET | guaifenesin/dextromethorphan | TIME-CAP LABS | GEN | GUAIFENESIN/DM TABLET OTC (ORAL) |
| MUCUS RELIEF DM COUGH TABLET | guaifenesin/dextromethorphan | LEADER | GEN | GUAIFENESIN/DM TABLET OTC (ORAL) |
| QC MUCUS RELIEF DM TABLET | guaifenesin/dextromethorphan | CHAIN DRUG | GEN | GUAIFENESIN/DM TABLET OTC (ORAL) |
| SM CHEST CONGEST RLF DM CAPLET | guaifenesin/dextromethorphan | SM-STRATEGIC SO | GEN | GUAIFENESIN/DM TABLET OTC (ORAL) |
| TUSSIN DM 400-20 MG TABLET | guaifenesin/dextromethorphan | AMERISOURCE-GNP | GEN | GUAIFENESIN/DM TABLET OTC (ORAL) |
| CHILD MUCUS RELIEF M-S COLD LQ | guaifen/dextromethorphan/PE | generic | GEN | GUAIFENESIN/DM/PHENYLEPHRINE LIQUID OTC (ORAL) |
| DM-GUAIF-PE 18-200-10 MG/15 ML | guaifen/dextromethorphan/PE | WESTMINSTER PHA | GEN | GUAIFENESIN/DM/PHENYLEPHRINE LIQUID OTC (ORAL) |
| GS CHILD MUCUS RELIEF M-S COLD | guaifen/dextromethorphan/PE | PERRIGO/GOODSEN | GEN | GUAIFENESIN/DM/PHENYLEPHRINE LIQUID OTC (ORAL) |
| GS TUSSIN CF LIQUID | guaifen/dextromethorphan/PE | PERRIGO/GOODSEN | GEN | GUAIFENESIN/DM/PHENYLEPHRINE SYRUP OTC (ORAL) |
| HM ADT TUSSIN M-S COLD LIQUID | guaifen/dextromethorphan/PE | HM-STRATEGIC SO | GEN | GUAIFENESIN/DM/PHENYLEPHRINE SYRUP OTC (ORAL) |
| QC TUSSIN CF LIQUID | guaifen/dextromethorphan/PE | CHAIN DRUG | GEN | GUAIFENESIN/DM/PHENYLEPHRINE SYRUP OTC (ORAL) |
| ROBAFEN CF LIQUID | guaifen/dextromethorphan/PE | MAJOR PHARMACEU | GEN | GUAIFENESIN/DM/PHENYLEPHRINE SYRUP OTC (ORAL) |
| SM TUSSIN CF SYRUP | guaifen/dextromethorphan/PE | SM-STRATEGIC SO | GEN | GUAIFENESIN/DM/PHENYLEPHRINE SYRUP OTC (ORAL) |
| TUSSIN CF COUGH-COLD SYRUP | guaifen/dextromethorphan/PE | AMERISOURCE-GNP | GEN | GUAIFENESIN/DM/PHENYLEPHRINE SYRUP OTC (ORAL) |
| HISTEX-DM SYRUP | triprolidine/phenylephrine/DM | ALLEGIS PHARMAC | SSB | HISTEX-DM SYRUP OTC (ORAL) |
| LOHIST-DM SYRUP | brompheniram/phenylephrine/DM | LARKEN LABS | SSB | LOHIST-DM LIQUID OTC (ORAL) |
| M-END DMX LIQUID | dexbromphen/pseudoephedrine/DM | R.A.MC NEIL CO. | SSB | M-END DMX LIQUID OTC (ORAL) |
| MUCINEX FAST-MAX COLD-FLU LIQ | phenylephrine/DM/acetaminop/GG | RB HEALTH | SSB | MUCINEX COLD-FLU-THROAT LIQUID OTC (ORAL) |
| MUCINEX COUGH-CHEST CONG HBP | guaifenesin/dextromethorphan | RB HEALTH | GEN | MUCINEX COUGH-CHEST CONG HBP CAPSULE OTC (ORAL) |
| MUCINEX DM ER 600-30 MG TABLET | guaifenesin/dextromethorphan | AHP | SSB | MUCINEX DM TABLET ER 12H OTC (ORAL) |
| MUCINEX FAST-MAX COLD-FLU CAP | phenylephrine/DM/acetaminop/GG | RB HEALTH | SSB | MUCINEX FAST-MAX COLD-FLU CAPSULE OTC (ORAL) |
| MUCINEX FAST-MAX COLD-FLU-THRT | phenylephrine/DM/acetaminop/GG | RB HEALTH | SSB | MUCINEX FAST-MAX COLD-FLU-THROAT CAPSULE OTC (ORAL) |
| MUCINEX FASTMX CLD-NTSHFT CPLT | triprolidine/PE/DM/acetamin/GG | RB HEALTH | SSB | MUCINEX FAST-MAX COLD-NIGHTSHIFT TABLET OTC (ORAL) |
| MUCINEX FASTMX CNG-NTSHFT CPLT | triprolidine/PE/DM/acetamin/GG | RB HEALTH | SSB | MUCINEX FAST-MAX CONG-NIGHTSHIFT TABLET OTC (ORAL) |
| MUCINEX FAST-MAX DY-NT CLD-FLU | doxylam/PE/DM/acetaminophen/GG | RB HEALTH | SSB | MUCINEX FAST-MAX DAY-NITE COLD-FLU CAPSULE OTC (ORAL) |
| MUCINEX SINUS-MAX DY-NT LIQGEL | doxylam/PE/DM/acetaminophen/GG | RB HEALTH | SSB | MUCINEX FAST-MAX DAY-NITE COLD-FLU CAPSULE OTC (ORAL) |
| MUCINEX FASTMAX COLD-NTSHFT LQ | triprolidine/PE/DM/acetamin/GG | RB HEALTH | SSB | MUCINEX FAST-MAX NIGHTSHIFT LIQUID OTC (ORAL) |
| MUCINEX INSTASOOTH COUGH 5-2MG | dextromethorph/hexylresorcinol | RB HEALTH | SSB | MUCINEX INSTASOOTHE COUGH OTC (ORAL) |
| MUCINEX NIGHTSHFT SEVR CLD-FLU | triprolid/phenyleph/DM/acetam | RB HEALTH | SSB | MUCINEX NIGHTSHFT SEVR CLD-FLU TABLET OTC (ORAL) |
| MUCINEX NIGHTSHFT SEVR CLD-FLU | triprolid/phenyleph/DM/acetam | RB HEALTH | SSB | MUCINEX NIGHTSHIFT COLD-FLU LIQUID OTC (ORAL) |
| MUCINEX NIGHTSHIFT CLD-FLU CPT | triprolidine/DM/acetaminophen | RB HEALTH | SSB | MUCINEX NIGHTSHIFT COLD-FLU TABLET OTC (ORAL) |
| MUCINEX NIGHTSHIFT SINUS CAPLT | triprolid/phenyleph/DM/acetam | RB HEALTH | SSB | MUCINEX NIGHTSHIFT SINUS TABLET OTC (ORAL) |
| MUCINEX SINUS-MAX CONG-PAIN CP | d-methorphan/PE/acetaminophen | RB HEALTH | SSB | MUCINEX SINUS-MAX CONGESTION PAIN OTC (ORAL) |
| MUCINEX SINUS-MAX PRESSURE-CGH | phenylephrine/DM/acetaminop/GG | RB HEALTH | SSB | MUCINEX SINUS-MAX CONGESTION RELIEF CAPSULE OTC (ORAL) |
| MUCINEX SINUSMAX DAY-NT CAPLET | triprolidine/PE/DM/acetamin/GG | RB HEALTH | SSB | MUCINEX SINUS-MAX DAY-NIGHT TABLET OTC (ORAL) |
| GNP MUCUS DM MAX ER 1200-60 MG | guaifenesin/dextromethorphan | AMERISOURCE-GNP | GEN | MUCUS DM MAX TABLET ER 12H OTC (ORAL) |
| HM MUCUS DM MAX ER 1200-60 MG | guaifenesin/dextromethorphan | HM-STRATEGIC SO | GEN | MUCUS DM MAX TABLET ER 12H OTC (ORAL) |
| MUCUS RLF DM MAX ER 1200-60 MG | guaifenesin/dextromethorphan | generic | GEN | MUCUS DM MAX TABLET ER 12H OTC (ORAL) |
| NINJACOF LIQUID | pyrilamine/chlophedianol | CENTURION LABS | SSB | NINJACOF LIQUID OTC (ORAL) |
| NINJACOF-D LIQUID | pyrilamine/pseudoeph/chlophed | CENTURION LABS | SSB | NINJACOF-D OTC (ORAL) |
| NOHIST-DM LIQUID | chlorpheniramine/phenyleph/DM | LARKEN LABS | SSB | NOHIST-DM LIQUID OTC (ORAL) |
| GNP COLD MAX SEVERE DAY CAPLET | phenylephrine/DM/acetaminop/GG | AMERISOURCE-GNP | GEN | PHENYLEPHRINE/DM/APAP/GUAIFENESIN CAPLET OTC (ORAL) |
| GNP COLD-FLU SEVERE CAPLET | phenylephrine/DM/acetaminop/GG | AMERISOURCE-GNP | GEN | PHENYLEPHRINE/DM/APAP/GUAIFENESIN CAPLET OTC (ORAL) |
| GS SEVERE DAY COLD-FLU CAPLET | phenylephrine/DM/acetaminop/GG | PERRIGO/GOODSEN | GEN | PHENYLEPHRINE/DM/APAP/GUAIFENESIN CAPLET OTC (ORAL) |

| LABEL NAME | GENERIC NAME | MANUFACTURER | DRUG TYPE | PROVIDER SYNERGIES BRAND NAME ROUTE |
|--------------------------------|--------------------------------|-----------------|-----------|---|
| HM COLD-FLU SEVERE CAPLET | phenylephrine/DM/acetaminop/GG | HM-STRATEGIC SO | GEN | PHENYLEPHRINE/DM/APAP/GUAIFENESIN CAPLET OTC (ORAL) |
| HM DAY SEVERE COLD-FLU CAPLET | phenylephrine/DM/acetaminop/GG | HM-STRATEGIC SO | GEN | PHENYLEPHRINE/DM/APAP/GUAIFENESIN CAPLET OTC (ORAL) |
| SEVERE COLD-FLU CAPLET | phenylephrine/DM/acetaminop/GG | LEADER | GEN | PHENYLEPHRINE/DM/APAP/GUAIFENESIN CAPLET OTC (ORAL) |
| SM COLD-FLU SEVERE CAPLET | phenylephrine/DM/acetaminop/GG | SM-STRATEGIC SO | GEN | PHENYLEPHRINE/DM/APAP/GUAIFENESIN CAPLET OTC (ORAL) |
| GNP MUCUS RLF COLD-FLU-THR LIQ | phenylephrine/DM/acetaminop/GG | AMERISOURCE-GNP | GEN | PHENYLEPHRINE/DM/APAP/GUAIFENESIN LIQUID OTC (ORAL) |
| GS SEVERE COLD-FLU NIGHTTME LQ | DM/PE/acetaminophen/doxylamine | PERRIGO/GOODSEN | GEN | PHENYLEPHRINE/DM/APAP/GUAIFENESIN LIQUID OTC (ORAL) |
| GS SEVERE DAYTIME COLD-FLU LIQ | phenylephrine/DM/acetaminop/GG | PERRIGO/GOODSEN | GEN | PHENYLEPHRINE/DM/APAP/GUAIFENESIN LIQUID OTC (ORAL) |
| SM SEVERE COLD-FLU NIGHTTME LQ | DM/PE/acetaminophen/doxylamine | SM-STRATEGIC SO | GEN | PHENYLEPHRINE/DM/APAP/GUAIFENESIN LIQUID OTC (ORAL) |
| SM SEVERE DAYTIME COLD-FLU LIQ | phenylephrine/DM/acetaminop/GG | SM-STRATEGIC SO | GEN | PHENYLEPHRINE/DM/APAP/GUAIFENESIN LIQUID OTC (ORAL) |
| TUSSIN CF MAX SEVERE M-S COLD | phenylephrine/DM/acetaminop/GG | LEADER | GEN | PHENYLEPHRINE/DM/APAP/GUAIFENESIN LIQUID OTC (ORAL) |
| POLY-HIST DM LIQUID | thonzylamine/phenylephrine/DM | POLY PHARMACEUT | SSB | POLY-HIST DM LIQUID OTC (ORAL) |
| POLYTUSSIN DM 2-15-7.5 MG/5 ML | d-methorphan/pe/dexbromphenir | POLY PHARMACEUT | SSB | POLYTUSSIN DM OTC (ORAL) |
| POLY-VENT DM TABLET | guaifenesin/DM/pseudoephedrine | POLY PHARMACEUT | SSB | POLY-VENT DM TABLET OTC (ORAL) |
| PROMETHAZINE-DM 6.25-15 MG/5ML | promethazine/dextromethorphan | generic | GEN | PROMETHAZINE/DM SYRUP (ORAL) |
| RESCON-DM LIQUID | chlorpheniramin/pseudoephed/DM | CAPELLON | SSB | RESCON-DM LIQUID OTC (ORAL) |
| RYNEX DM LIQUID | brompheniram/phenylephrine/DM | EDWARDS PHARM. | SSB | RYNEX DM SOLUTION OTC (ORAL) |
| TUSNEL DM LIQUID | guaifen/dextromethorphan/PE | LLORENS PHARM | GEN | TUSNEL DM LIQUID OTC (ORAL) |
| TUSNEL DM PEDIATRIC LIQUID | guaifen/dextromethorphan/PE | LLORENS PHARM | SSB | TUSNEL DM PEDIATRIC LIQUID OTC (ORAL) |
| TUSNEL-DM PED 2.5-25-1.25MG/ML | guaifen/dextromethorphan/PE | LLORENS PHARM | SSB | TUSNEL DM PEDIATRIC LIQUID OTC (ORAL) |
| TUSNEL CAPLET | guaifenesin/DM/pseudoephedrine | LLORENS PHARM | SSB | TUSNEL TABLET OTC (ORAL) |
| GNP TUSSIN DM 200-20 MG/20 ML | guaifenesin/dextromethorphan | AMERISOURCE-GNP | GEN | TUSSIN DM LIQUID OTC (ORAL) |
| GS TUSSIN DM 200-20 MG/20 ML | guaifenesin/dextromethorphan | PERRIGO/GOODSEN | GEN | TUSSIN DM LIQUID OTC (ORAL) |
| SM TUSSIN DM 200-20 MG/20 ML | guaifenesin/dextromethorphan | SM-STRATEGIC SO | GEN | TUSSIN DM LIQUID OTC (ORAL) |
| VANACOF DM 18-200-10 MG/15 ML | guaifen/dextromethorphan/PE | G.M. PHARM | SSB | VANACOF DM LIQUID OTC (ORAL) |
| VANACOF DMX 18-396-10 MG/15 ML | guaifen/dextromethorphan/PE | G.M. PHARM | SSB | VANACOF DMX LIQUID OTC (ORAL) |
| VANACOF LIQUID | dexchlorphenir/pse/chlophedian | G.M. PHARM | SSB | VANACOF LIQUID OTC (ORAL) |
| VANATAB DM CAPLET | guaifen/dextromethorphan/PE | G.M. PHARM | SSB | VANATAB DM TABLET OTC (ORAL) |