# THERAFLU RELIEF MAX STRENGTH NIGHTTIME- acetaminophen, chlorpheniramine maleate and dextromethophan hbr powder, for solution CVS PHARMACY

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## Theraflu Nighttime Flu Relief Max Strength Drug Facts

## **Drug Facts**

## Active ingredients (in each packet)

Acetaminophen 1000 mg

Chlorpheniramine maleate 4 mg

Dextromethorphan HBr 30 mg

## **Purposes**

Pain reliever/Fever reducer

**Antihistamine** 

Cough suppressant

#### Uses

- temporarily relieves these symptoms due to a common cold:
  - headache
  - minor aches and pains
  - cough due to minor throat and bronchial irritation
  - minor sore throat pain
  - runny nose
- temporarily reduces fever

## Warnings

**Liver warning:**This product contains acetaminophen. Severe liver damage may occur if you take

- more than 4,000 mg of acetaminophen in 24 hours
- with other drugs containing acetaminophen
- 3 or more alcoholic drinks every day while using this product

**Allergy alert:** Acetaminophen may cause severe skin reactions. Symptoms may include:

- skin reddening
- blisters
- rash

If a skin reaction occurs, stop use and seek medical help right away.

**Sore throat warning:**If sore throat is severe, persists for more than 2 days, is accompanied or followed by fever, headache, rash, nausea, or vomiting consult a doctor promptly.

#### Do not use

- in a child under 12 years of age
- if you are allergic to acetaminophen
- with any other drug containing acetaminophen (prescription or nonprescription). If you are not sure whether a drug contains acetaminophen, ask a doctor or pharmacist.
- 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 a MAO, ask a doctor or pharmacist before taking this product.

## Ask a doctor before use if you have

- liver disease
- glaucoma
- trouble urinating due to an enlarged prostate gland
- a breathing problem such as emphysema or chronic bronchitis
- cough that occurs with too much phlegm (mucus)
- cough that lasts or is chronic such as occurs with smoking, asthma, or emphysema

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

- taking the blood thinning drug warfarin
- taking sedatives or tranquilizers

# When using this product

- avoid alcoholic drinks
- marked drowsiness may occur
- alcohol, sedatives, and tranquilizers may increase drowsiness
- be careful when driving a motor vehicle or operating machinery
- excitability may occur, especially in children

# Stop use and ask a doctor if

- pain or cough gets worse or lasts more than 7 days
- fever gets worse or lasts more than 3 days
- redness or swelling is present
- new symptoms occur
- cough comes back or occurs with rash or headache that lasts.
- 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 right away. Prompt medical attention is critical for adults as well as for children even if you do not

notice any signs or symptoms.

#### **Directions**

- do not use more than directed
- take every 6 hours, while symptoms persist. Do not take more than 3 packets in 24 hours unless directed by a doctor.

1. Age	1. Dose
adults and children 12 years of age ar over	nd 1. one packet
1. children under 12 years of age	1. do not use

- dissolve contents of one packet into 8 oz. hot water; sip while hot. Consume entire drink within 10-15 minutes.
- if using a microwave, add contents of one packet to 8 oz. of cool water; stir briskly before and after heating. Do not overheat

#### Other information

- each packet contains: potassium 6 mg
- store at room temperature. Protect from excessive heat and moisture.

# Inactive ingredients

anhydrous citric acid, Caramel, flavor, maltodextrin, potassium chloride, silica, sucralose, sucrose

## Questions or comments?

1-866-467-2748

## **Principal Display Panel**

\*Compare to the active ingredients in Theraflu Multi-Symptom Flu Relief Max Strength\*\* Nighttime

NDC 51316-549-06

**Nighttime** 

Flu Relief

**MAX STRENGTH\*\*** 

**Acetaminophen**Pain Reliever/Fever Reducer

Chlorpheniramine Maleate Antihistamine

## **Dextromethorphan HBr**Cough Suppressant

## **Honey Lemon**

Natural & Artificial Flavored

1 SINGLE DOSE

TO OPEN: CUT ALONG DOTTED LINE WITH SCISSORS DO NOT USE IF SEALED PACKET IS TORN OR BROKEN

\*This product is not manufactured or distributed by GSK Consumer Healthcare, distributor of Theraflu Multi-Symptom Flu Relief Max Strength\*\* Nighttime.

\*\*Maximum Strength per 6 hours dose

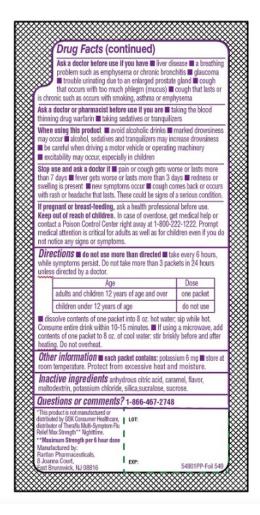
Manufactured by:

Raritan Pharmaceuticals

8 Joanna Court,

East Brunswick, NJ 08816





#### THERAFLU RELIEF MAX STRENGTH NIGHTTIME

acetaminophen, chlorpheniramine maleate and dextromethophan hbr powder, for solution

Product Information			
Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:51316-549
Route of Administration	ORAL		

Active Ingredient/Active Moiety			
Ingredient Name	Basis of Strength	Strength	
ACETAMINOPHEN (UNII: 36209ITL9D) (ACETAMINOPHEN - UNII:36209ITL9D)	ACETAMINOPHEN	1000 mg	
<b>DEXTROMETHORPHAN HYDROBROMIDE</b> (UNII: 9D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS)	DEXTROMETHORPHAN HYDROBROMIDE	30 mg	
CHLORPHENIRAMINE MALEATE (UNII: V1Q0090J9Z) (CHLORPHENIRAMINE - UNII: 3U6I01965U)	CHLORPHENIRAMINE MALEATE	4 mg	

Inactive Ingredients		
Ingredient Name	Strength	
ANHYDROUS CITRIC ACID (UNII: XF417D3PSL)		
CARAMEL (UNII: T9D99G2B1R)		
MALTODEXTRIN (UNII: 7CVR7L4A2D)		
POTASSIUM CHLORIDE (UNII: 660YQ98I10)		
SILICON DIOXIDE (UNII: ETJ7Z6XBU4)		
SUCRALOSE (UNII: 96K6UQ3ZD4)		
SUCROSE (UNII: C151H8M554)		

Product Characteristics			
Color	white ((white to off-white, yellow, beige, and brown color))	Score	
Shape		Size	
Flavor	HONEY (Lemon)	Imprint Code	
Contains			

Packaging				
#	Item Code	Package Description	Marketing Start Date	Marketing End Date
	NDC:51316-549- 06	1 in 1 PACKET; Type 0: Not a Combination Product	04/17/2023	

Marketing Information			
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC Monograph Drug	M010	04/17/2023	

Revised: 12/2025 CVS PHARMACY