

**MULTI SYMPTOM FLU RELIEF MAX STRENGTH DAYTIME NIGHTTIME COMBO PACK- acetaminophen, dextromethorphan hbr, and acetaminophen, chlorpheniramine maleate, dextromethorphan hbr  
CVS PHARMACY**

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**Theraflu Flu Relief Max Strength Combo Pack *Drug Facts***

**Theraflu Flu Relief Max Strength\* Daytime Powder**

***Active ingredients (in each packet)***

Acetaminophen 1000 mg

Dextromethorphan HBr 30 mg

***Purposes***

Pain reliever/Fever reducer

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
- 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 an MAOI, ask a doctor or pharmacist before taking this product.

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

- liver disease
- 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

**When using this product**

- **do not exceed recommended dosage.**

**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 |
|--------|---------|

|   |               |
|---|---------------|
| 1. adults and children 12 years of age and over | 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 the 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**

## **Theraflu Flu Relief Max Strength Nighttime\* Powder**

### ***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,**

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**Keep out of reach of children.**

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**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       |
|---|---------------|
| 1. adults and children 12 years of age and over | 1. one packet |
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- 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**

**Other Safety Information**

**READ ALL WARNINGS AND DIRECTIONS ON CARTON BEFORE USE. KEEP CARTON FOR REFERENCE. DO NOT DISCARD.**

**DO NOT TAKE BOTH PRODUCTS AT THE SAME TIME.**

**DO NOT TAKE MORE THAN 3 DOSES IN TOTAL IN ANY 24 HOUR PERIOD.**

**DO NOT TAKE A DOSE OF THE NIGHTTIME PRODUCT SOONER THAN 4 HOURS AFTER THE LAST DOSE OF THE DAYTIME PRODUCT UNLESS DIRECTED BY YOUR DOCTOR.**

**TAMPER-EVIDENT INNER UNIT. DO NOT USE IF NECKBAND PRINTED WITH "SEALED FOR SAFETY" IS TORN OR MISSING.**

**Distributed by:**

**Principal Display Panel**

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

**NDC 51316-559-06**

***FLU RELIEF***

***MAX STRENGTH\*\****

**6 x DAYTIME**

**Acetaminophen**Pain Reliever/Fever Reducer

**Dextromethorphan HBr**Cough Suppressant

**6 x NIGHTTIME**

**Acetaminophen**Pain Reliever/Fever Reducer

**Chlorpheniramine Maleate**Antihistamine

**Dextromethorphan HBr**Cough Suppressant

**Hot liquid therapy that relieves:**

- Fever
- Body ache
- Headache
- Sore throat pain
- Cough

- Runny nose (Nighttime only)

Free from synthetic dyes

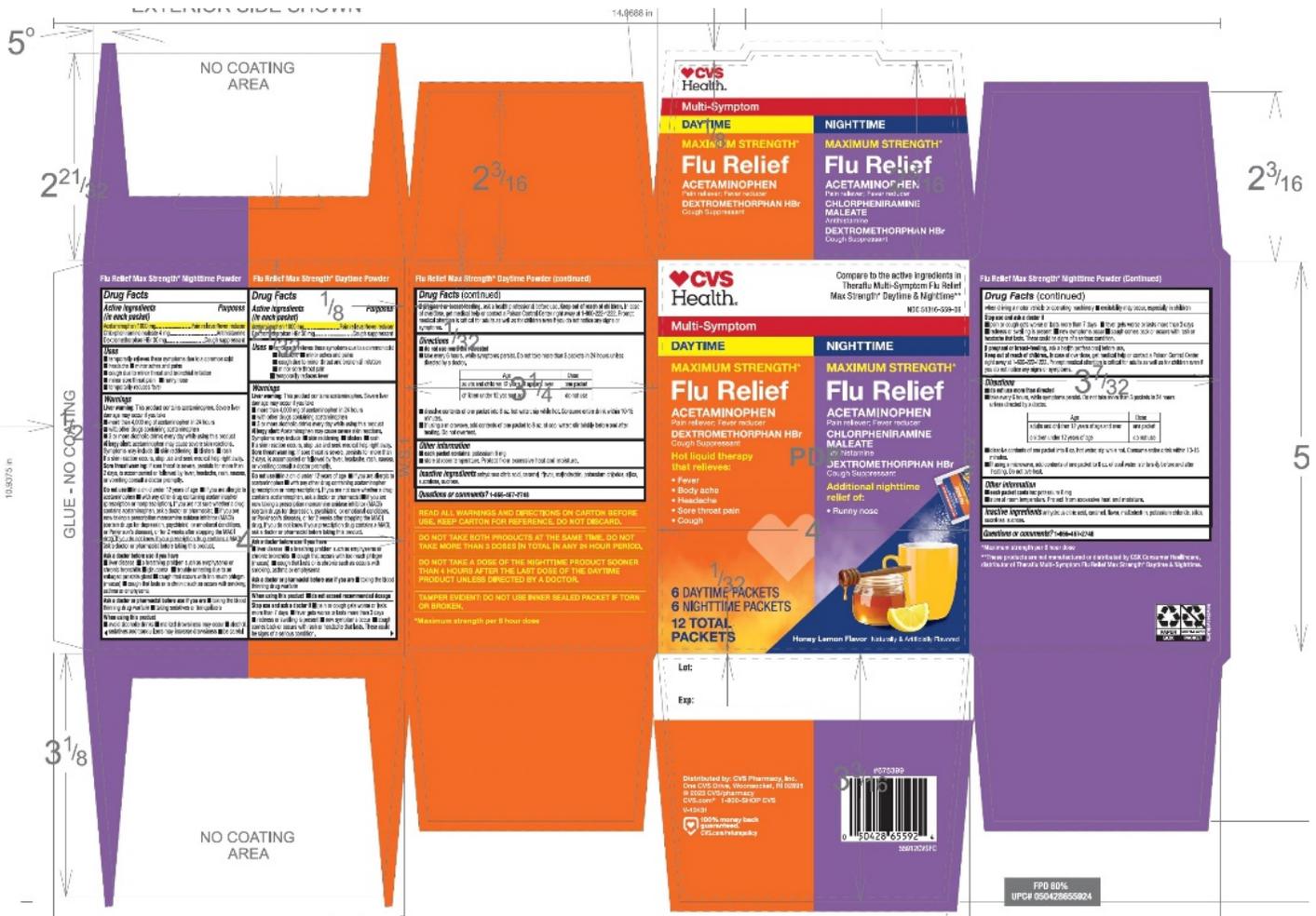
6 DAYTIME PACKETS

6 NIGHTTIME PACKETS

12 TOTAL PACKETS

Honey Lemon

Natural & Artificial Flavored



## MULTI SYMPTOM FLU RELIEF MAX STRENGTH DAYTIME NIGHTTIME COMBO PACK

acetaminophen, dextromethorphan hbr, and acetaminophen, chlorpheniramine maleate, dextromethorphan hbr tit

### Product Information

Product Type

HUMAN OTC DRUG

Item Code (Source)

NDC:51316-559

## Packaging

| # | Item Code        | Package Description                                  | Marketing Start Date | Marketing End Date |
|---|------------------|--|----------------------|--------------------|
| 1 | NDC:51316-559-06 | 1 in 1 CARTON; Type 1: Convenience Kit of Co-Package | 04/21/2023           |                    |

## Quantity of Parts

| Part # | Package Quantity | Total Product Quantity |
|--------|------------------|------------------------|
| Part 1 | 1 CARTON         | 6                      |
| Part 2 | 1 CARTON         | 6                      |

## Part 1 of 2

### MS FLU RELIEF MAX STRENGTH DAYTIME

acetaminophen, dextromethorphan hbr powder

## Product Information

|                         |               |
|-------------------------|---------------|
| Item Code (Source)      | NDC:51316-558 |
| Route of Administration | ORAL          |

## Active Ingredient/Active Moiety

| Ingredient Name   | Basis of Strength             | Strength |
|---|-------------------------------|----------|
| ACETAMINOPHEN (UNII: 362O9ITL9D) (ACETAMINOPHEN - UNII:362O9ITL9D)                    | ACETAMINOPHEN                 | 1000 mg  |
| DEXTROMETHORPHAN HYDROBROMIDE (UNII: 9D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS) | DEXTROMETHORPHAN HYDROBROMIDE | 30 mg    |

## Inactive Ingredients

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

## Product Characteristics

|          |  |              |  |
|----------|--|--------------|--|
| Color    | 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 |
|---|------------------|--|----------------------|--------------------|
| 1 | NDC:51316-558-06 | 6 in 1 CARTON; Type 1: Convenience Kit of Co-Package |                      |                    |

## Marketing Information

| Marketing Category | Application Number or Monograph Citation | Marketing Start Date | Marketing End Date |
|--------------------|--|----------------------|--------------------|
| OTC Monograph Drug | M012                                     | 04/21/2023           |                    |

## Part 2 of 2

### MS FLU RELIEF MAX STRENGTH NIGHTTIME

acetaminophen, chlorpheniramine maleate, dextromethorphan hbr powder

## Product Information

|                         |               |
|-------------------------|---------------|
| Item Code (Source)      | NDC:51316-560 |
| Route of Administration | ORAL          |

## Active Ingredient/Active Moiety

| Ingredient Name  | Basis of Strength             | Strength |
|--|-------------------------------|----------|
| <b>ACETAMINOPHEN</b> (UNII: 362O9ITL9D) (ACETAMINOPHEN - UNII:362O9ITL9D)                    | ACETAMINOPHEN                 | 1000 mg  |
| <b>CHLORPHENIRAMINE MALEATE</b> (UNII: V1Q0O9OJ9Z) (CHLORPHENIRAMINE - UNII:3U6IO1965U)      | CHLORPHENIRAMINE MALEATE      | 4 mg     |
| <b>DEXTROMETHORPHAN HYDROBROMIDE</b> (UNII: 9D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS) | DEXTROMETHORPHAN HYDROBROMIDE | 30 mg    |

## Inactive Ingredients

| Ingredient Name                                 | Strength |
|---|----------|
| <b>ANHYDROUS CITRIC ACID</b> (UNII: XF417D3PSL) |          |
| <b>CAMEL</b> (UNII: T9D99G2B1R)                 |          |
| <b>MALTODEXTRIN</b> (UNII: 7CVR7L4A2D)          |          |
| <b>POTASSIUM CHLORIDE</b> (UNII: 660YQ98I10)    |          |
| <b>SILICON DIOXIDE</b> (UNII: ETJ7Z6XBU4)       |          |
| <b>SUCRALOSE</b> (UNII: 96K6UQ3ZD4)             |          |
| <b>SUCROSE</b> (UNII: C151H8M554)               |          |

## Product Characteristics

|       |  |       |  |
|-------|--|-------|--|
| Color | white (white to off-white, yellow, beige, and brown color) | Score |  |
| Shape |  | Size  |  |

|                 |               |                     |  |
|-----------------|---------------|---------------------|--|
| <b>Flavor</b>   | HONEY (lemon) | <b>Imprint Code</b> |  |
| <b>Contains</b> |               |                     |  |

**Packaging**

| # | Item Code        | Package Description                              | Marketing Start Date | Marketing End Date |
|---|------------------|--|----------------------|--------------------|
| 1 | NDC:51316-560-06 | 6 in 1 CARTON; Type 0: Not a Combination Product |                      |                    |

**Marketing Information**

| Marketing Category | Application Number or Monograph Citation | Marketing Start Date | Marketing End Date |
|--------------------|--|----------------------|--------------------|
| OTC Monograph Drug | M012                                     | 04/21/2023           |                    |

**Marketing Information**

| Marketing Category | Application Number or Monograph Citation | Marketing Start Date | Marketing End Date |
|--------------------|--|----------------------|--------------------|
| OTC Monograph Drug | M012                                     | 04/21/2023           |                    |

**Labeler -** CVS PHARMACY (062312574)