## INFANTS RELIEF NON-STAINING FORMULA- dimethicone 410 liquid CVS

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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Infant's Gas Relief Non-Staining Formula

**Drug Facts** 

#### Active ingredient (in each 0.3 mL)

Simethicone 20 mg

#### **Purpose**

Anti-gas

#### Uses

Relieves the discomfort of infant gas frequently caused by air swallowing or certain formulas or foods.

#### Warnings

**Keep out of reach of children.** In case of overdose get medical help or contact a Poison Control Center right away.

#### **Directions**

- shake well before using
- all doses may be repeated as needed, after meals and at bedtime or as directed by a physician. Do not exceed 12 doses per day
- fill enclosed dropper to recommended dosage level and dispense liquid slowly into baby's mouth, toward the inner cheek
- dosage can be mixed with 1 oz. of cool water, infant formula or other suitable liquids
- for best results, clean dropper after each use and replace original cap

Age (yr)	Weight (lb)	Dose
infants under 2	under 24	0.3 mL
children over 2	over 24	0.6 mL

#### Other information

- do not use if printed foil seal under cap is torn or missing
- store at room temperature
- do not freeze
- see bottom panel for lot number and expiration date

#### **Inactive ingredients**

Carbomer 934-P, Citric Acid, Hydroxypropyl Methylcellulose, Natural Flavors, Purified Water,

Sodium Benzoate, Sodium Citrate, Sucralose

**Distributed by: CVS/pharmacy, Inc.**One CVS Drive, Woonsocket, RI 02895

#### PRINCIPAL DISPLAY PANEL - 15 mL Bottle Carton

CVS® pharmacy

Compare to the active ingredient in Infants' MYLICON® Drops\*

Infants' GAS RELIEF NON-STAINING FORMULA

#### SIMETHICONE/ANTIGAS

- No alcohol
- No saccharin
- No artificial

flavor

50 Doses 0.5 FL OZ (15 mL)



#### INFANTS RELIEF NON-STAINING FORMULA

dimethicone 410 liquid

# Product Information Product Type HUMAN OTC DRUG Item Code (Source) NDC:59779-102 Route of Administration ORAL

Active Ingredient/Active Moiety		
Ingredient Name	Basis of Strength	Strength
Dimethicone 410 (UNII: TYU5GP6 XGE) (Dimethicone 410 - UNII: TYU5GP6 XGE)	Dimethicone 410	20 mg in 0.3 mL

Inactive Ingredients			
Ingredient Name	Strength		
Sodium Benzoate (UNII: OJ245FE5EU)			
Citric Acid Monohydrate (UNII: 2968 PHW8 QP)			
Hypromelloses (UNII: 3NXW29V3WO)			
Sucralose (UNII: 96K6UQ3ZD4)			

Vanillin (UNII: CHI530446 X)	
Sodium Citrate (UNII: 1Q73Q2JULR)	
Water (UNII: 059QF0KO0R)	

Product Characteristics		
Color		Score
Shape		Size
Flavor	VANILLA, STRAWBERRY	Imprint Code
Contains		

P	Packaging			
#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:59779-102-05	1 in 1 CARTON		
1		15 mL in 1 BOTTLE, DROPPER		

Marketing Information			
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC MONOGRAPH FINAL	part332	02/03/2012	

### **Labeler -** CVS (062312574)

## Registrant - davAgen Pharmaceutical, LLC (967545935)

Establishment				
Name	Address	ID/FEI	Business Operations	
davAgen Pharmaceutical, LLC		967545935	MANUFACTURE, PACK, LABEL, ANALYSIS	

Revised: 6/2012 CVS