

**DAYTIME NIGHTTIME SINUS RELIEF MAXIMUM STRENGTH- acetaminophen,  
dextromethorphan hbr, doxylamine succinate, phenylephrine hcl, guaifenesin  
CVS Pharmacy**

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**Drug Facts**

**Active ingredients in Daytime (in each softgel)**

**Acetaminophen 325 mg**

Dextromethorphan HBr 10 mg

Guaifenesin 200 mg

Phenylephrine HCl 5 mg

**Active ingredients in Nighttime (in each softgel)**

**Acetaminophen 325 mg**

Dextromethorphan HBr 10 mg

Doxylamine succinate 6.25 mg

Phenylephrine HCl 5 mg

**Purpose for Daytime**

**Pain reliever**

Cough suppressant

Expectorant

Nasal decongestant

**Purpose for Nighttime**

**Pain reliever**

Cough suppressant

Antihistamine

Nasal decongestant

**Uses**

**DAYTIME**

- temporarily relieves
  - nasal congestion
  - headache

- cough
- sinus congestion and pressure
- minor aches and pains
- temporarily promotes nasal and/or sinus drainage
- helps loosen phlegm (mucus) and thin bronchial secretions to rid the bronchial passageways of bothersome mucus and make coughs more productive

## **NIGHTTIME**

- temporarily relieves
  - nasal congestion
  - cough
  - headache
  - sinus congestion and pressure
  - minor aches and pains
  - runny nose and sneezing
- temporarily promotes nasal and/or sinus drainage

## **Warnings**

### **DAYTIME and NIGHTTIME**

**Liver warning:** These products contain 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

## **Do not use**

### **DAYTIME and NIGHTTIME**

- 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**

### **DAYTIME**

- liver disease

- high blood pressure
- diabetes
- heart disease
- thyroid disease
- trouble urinating due to an enlarged prostate gland
- a persistent or chronic cough such as occurs with smoking, asthma, chronic bronchitis, or emphysema
- cough that occurs with too much phlegm (mucus)

### **NIGHTTIME**

- liver disease
- high blood pressure
- diabetes
- heart disease
- thyroid disease
- glaucoma
- trouble urinating due to an enlarged prostate gland
- breathing problems such as emphysema or chronic bronchitis
- persistent or chronic cough such as occurs with smoking, asthma, chronic bronchitis, or emphysema
- cough that occurs with too much phlegm (mucus)

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

### **DAYTIME**

taking the blood thinning drug warfarin

### **NIGHTTIME**

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

**When using this product,**

### **DAYTIME**

**do not use more than directed**

### **NIGHTTIME**

- **do not use more than directed**
- excitability may occur, especially in children
- marked drowsiness may occur
- avoid alcoholic drinks
- alcohol, sedatives, and tranquilizers may increase drowsiness
- be careful when driving a motor vehicle or operating machinery

**Stop use and ask a doctor if**

### **DAYTIME and NIGHTTIME**

- nervousness, dizziness, or sleeplessness occur
- pain, nasal congestion, 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,**

#### **DAYTIME and NIGHTTIME**

ask a health professional before use.

### **Keep out of reach of children.**

#### **DAYTIME and NIGHTTIME**

**Overdose warning:** Taking more than the recommended dose can cause liver damage. In case of overdose, get medical help or contact a Poison Control Center (1-800-222-1222) right away. Quick medical attention is critical for adults as well as for children even if you do not notice any signs or symptoms.

### **Directions**

#### **DAYTIME**

- do not take more than directed (see Overdose warning)
- do not take more than 12 softgels in any 24-hour period
- adults and children 12 years of age and older: take 2 softgels every 4 hours
- children under 12 years of age: do not use
- when using other Daytime or Nighttime products, carefully read each label to ensure correct dosing

#### **NIGHTTIME**

- do not take more than directed (see Overdose warning)
- do not take more than 12 softgels in any 24-hour period
- adults and children 12 years of age and older: take 2 softgels every 4 hours
- children under 12 years of age: do not use
- when using other Daytime or Nighttime products, carefully read each label to ensure correct dosing

### **Other information**

#### **DAYTIME and NIGHTTIME**

- swallow whole; do not crush, chew, or dissolve
- store between 15-30°C (59-86°F)
- avoid excessive heat

### **Inactive ingredients**

#### **DAYTIME**

FD&C red #40, FD&C yellow #6, gelatin, glycerin, mannitol, polyethylene glycol, povidone, propylene glycol, purified water, sorbitan, sorbitol, titanium dioxide

## **NIGHTTIME**

D&C yellow #10, FD&C blue #1, gelatin, glycerin, mannitol, polyethylene glycol, povidone, propylene glycol, purified water, sorbitan, sorbitol, titanium dioxide

### **Questions or comments?**

### **DAYTIME and NIGHTTIME**

Call **1-877-753-3935** Monday-Friday 9AM-5PM EST

### **Principal Display Panel**

Compare to the active ingredients Maximum Strength Mucinex® Sinus-Max® Day and Maximum Strength Mucinex® Sinus-Max® Night Liquid Gel\*

#### **MAXIMUM STRENGTH**

#### **DAYTIME**

Sinus Relief

ACETAMINOPHEN - 325 mg Pain reliever

DEXTROMETHORPHAN HBr - 10 mg Cough suppressant

GUAIFENESIN - 200 mg Expectorant

PHENYLEPHRINE HCL - 5 mg Nasal decongestant

- Relieves sinus pressure, headache & congestion
- Controls cough
- thins & loosens mucus

FOR AGES 12 YEARS & OLDER

Alcohol Free

SOFTGELS\*\*

#### **MAXIMUM STRENGTH**

#### **NIGHTTIME**

Sinus Relief

ACETAMINOPHEN - 325 mg Pain reliever

DEXTROMETHORPHAN HBr - 10 mg Cough suppressant

DOXYLAMINE SUCCINATE - 6.25 mg Antihistamine

PHENYLEPHRINE HCL - 5 mg Nasal decongestant

- Relieves nasal congestion, sinus pressure & pain
- Controls cough
- Controls runny nose and sneezing

FOR AGES 12 YEARS & OLDER

Alcohol Free

SOFTGELS\*

(\*Liquid-filled capsules)

\*This product is not manufactured or distributed by Reckitt Benckiser, distributor of Maximum Strength Mucinex® Sinus-Max® Day and Maximum Strength Mucinex® Sinus-Max® Night. Liquid Gels.

**TAMPER EVIDENT: DO NOT USE IF BLISTER UNIT IS TORN, BROKEN OR SHOWS ANY SIGNS OF TAMPERING**

**KEEP OUTER CARTON FOR COMPLETE WARNINGS AND PRODUCT INFORMATION.**

Distributed by: CVS Pharmacy, Inc.

One CVS Drive, Woonsocket, RI 02895

**Product Label**

**DAY & NIGHT COMBO PACK**

**CVS Health.**

Compare to the active ingredients in Maximum Strength Mucinex® Sinus-Max® Day and Maximum Strength Mucinex® Sinus-Max® Night Liquid Gels\*  
NDC 69842-908-24

**MAXIMUM STRENGTH Daytime Sinus Relief**  
ACETAMINOPHEN - 325 mg  
Pain reliever  
DEXTROMETHORPHAN HBr - 10 mg  
Cough suppressant  
GUAIFENESIN - 200 mg  
Expectorant  
PHENYLEPHRINE HCl - 5 mg  
Nasal decongestant

**MAXIMUM STRENGTH Nighttime Sinus Relief**  
ACETAMINOPHEN - 325 mg  
Pain reliever  
DEXTROMETHORPHAN HBr - 10 mg  
Cough suppressant  
DOXYLAMINE SUCCINATE - 6.25 mg  
Antihistamine  
PHENYLEPHRINE HCl - 5 mg  
Nasal decongestant

• Relieves sinus pressure, headache & congestion  
• Controls cough  
• Thins & loosens mucus

FOR AGES 12 YEARS & OLDER  
Alcohol Free

FOR AGES 12 YEARS & OLDER  
Alcohol Free

• Relieves nasal congestion, sinus pressure & pain  
• Controls cough  
• Controls runny nose and sneezing

FOR AGES 12 YEARS & OLDER  
Alcohol Free

**16 SOFTGELS\*\***

**8 SOFTGELS\*\***  
**24 TOTAL (\*\*Liquid-filled capsules)**

Distributed by: CVS Pharmacy, Inc.  
One CVS Drive, Woonsocket, RI 02895  
© 2019 CVS/Pharmacy  
CVS.com\* 1-800-SHOP CVS V-16425

**CVS Quality**  
Always use the best.

**TAMPER EVIDENT: DO NOT USE IF BLISTER UNIT IS TORN, BROKEN OR SHOWS ANY SIGNS OF TAMPERING.**

**KEEP OUTER CARTON FOR COMPLETE WARNINGS AND PRODUCT INFORMATION.**

#177009  
0 50428 54661 1  
PARENTS: PLD-C595A F000316  
Learn about how medicine works  
www.StopFentanylUse.org

Lot No.:  
Exp. Date:

**CVS HEALTH Maximum Strength Daytime Nighttime Sinus Relief**

**DAYTIME NIGHTTIME SINUS RELIEF MAXIMUM STRENGTH**

acetaminophen, dextromethorphan hbr, doxylamine succinate, phenylephrine hcl, guaifenesin kit

## Product Information

|                     |                |                           |               |
|---------------------|----------------|---------------------------|---------------|
| <b>Product Type</b> | HUMAN OTC DRUG | <b>Item Code (Source)</b> | NDC:69842-908 |
|---------------------|----------------|---------------------------|---------------|

## Packaging

| # | Item Code        | Package Description                           | Marketing Start Date | Marketing End Date |
|---|------------------|---|----------------------|--------------------|
| 1 | NDC:69842-908-24 | 1 in 1 KIT; Type 0: Not a Combination Product | 10/30/2019           |                    |

## Quantity of Parts

| Part # | Package Quantity | Total Product Quantity |
|--------|------------------|------------------------|
| Part 1 | 8 BLISTER PACK   | 8                      |
| Part 2 | 16 BLISTER PACK  | 16                     |

## Part 1 of 2

### NIGHTTIME SINUS RELIEF MAXIMUM STRENGTH

acetaminophen, dextromethorphan hydrobromide, doxylamine succinate, phenylephrine hcl capsule

## Product Information

|                                |      |
|--------------------------------|------|
| <b>Route of Administration</b> | ORAL |
|--------------------------------|------|

## Active Ingredient/Active Moiety

| Ingredient Name  | Basis of Strength             | Strength |
|--|-------------------------------|----------|
| <b>ACETAMINOPHEN</b> (UNII: 362O9ITL9D) (ACETAMINOPHEN - UNII:362O9ITL9D)                    | ACETAMINOPHEN                 | 325 mg   |
| <b>DEXTROMETHORPHAN HYDROBROMIDE</b> (UNII: 9D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS) | DEXTROMETHORPHAN HYDROBROMIDE | 10 mg    |
| <b>DOXYLAMINE SUCCINATE</b> (UNII: V9B19B5Y12) (DOXYLAMINE - UNII:95QB77JKPL)                | DOXYLAMINE SUCCINATE          | 6.25 mg  |
| <b>PHENYLEPHRINE HYDROCHLORIDE</b> (UNII: 04JA59TNSJ) (PHENYLEPHRINE - UNII:1WS297W6MV)      | PHENYLEPHRINE HYDROCHLORIDE   | 5 mg     |

## Inactive Ingredients

| Ingredient Name  | Strength |
|--|----------|
| <b>D&amp;C YELLOW NO. 10</b> (UNII: 35SW5USQ3G)            |          |
| <b>FD&amp;C BLUE NO. 1</b> (UNII: H3R47K3TBD)              |          |
| <b>GELATIN</b> (UNII: 2G86QN327L)                          |          |
| <b>GLYCERIN</b> (UNII: PDC6A3C0OX)                         |          |
| <b>POLYETHYLENE GLYCOL, UNSPECIFIED</b> (UNII: 3WJQ0SDW1A) |          |
| <b>POVIDONE</b> (UNII: FZ989GH94E)                         |          |

|  |  |
|--|--|
| <b>PROPYLENE GLYCOL</b> (UNII: 6DC9Q167V3) |  |
| <b>WATER</b> (UNII: 059QF0KO0R)            |  |
| <b>SORBITAN</b> (UNII: 6O92ICV9RU)         |  |
| <b>SORBITOL</b> (UNII: 506T60A25R)         |  |
| <b>TITANIUM DIOXIDE</b> (UNII: 15FIX9V2JP) |  |
| <b>MANNITOL</b> (UNII: 3OWL53L36A)         |  |

### Product Characteristics

|                 |         |                     |          |
|-----------------|---------|---------------------|----------|
| <b>Color</b>    | green   | <b>Score</b>        | no score |
| <b>Shape</b>    | CAPSULE | <b>Size</b>         | 20mm     |
| <b>Flavor</b>   |         | <b>Imprint Code</b> | 42A      |
| <b>Contains</b> |         |                     |          |

### Packaging

| # | Item Code | Package Description                                    | Marketing Start Date | Marketing End Date |
|---|-----------|--|----------------------|--------------------|
| 1 |           | 8 in 1 CARTON  |                      |                    |
| 1 |           | 1 in 1 BLISTER PACK; 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                                     | 10/30/2019           |                    |

### Part 2 of 2

## DAYTIME SINUS RELIEF MAXIMUM STRENGTH

acetaminophen, dextromethorphan hbr, guaifenesin, phenylephrine hcl capsule

### Product Information

|                                |      |
|--------------------------------|------|
| <b>Route of Administration</b> | ORAL |
|--------------------------------|------|

### Active Ingredient/Active Moiety

| Ingredient Name  | Basis of Strength             | Strength |
|--|-------------------------------|----------|
| <b>ACETAMINOPHEN</b> (UNII: 362O9ITL9D) (ACETAMINOPHEN - UNII:362O9ITL9D)                    | ACETAMINOPHEN                 | 325 mg   |
| <b>DEXTROMETHORPHAN HYDROBROMIDE</b> (UNII: 9D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS) | DEXTROMETHORPHAN HYDROBROMIDE | 10 mg    |
| <b>PHENYLEPHRINE HYDROCHLORIDE</b> (UNII: 04JA59TNSJ) (PHENYLEPHRINE - UNII:1WS297W6MV)      | PHENYLEPHRINE HYDROCHLORIDE   | 5 mg     |
| <b>GUAIFENESIN</b> (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)                        | GUAIFENESIN                   | 200 mg   |

## Inactive Ingredients

| Ingredient Name  | Strength |
|--|----------|
| <b>FD&amp;C RED NO. 40</b> (UNII: WZB9127XOA)              |          |
| <b>FD&amp;C YELLOW NO. 6</b> (UNII: H77VEI93A8)            |          |
| <b>GELATIN</b> (UNII: 2G86QN327L)                          |          |
| <b>GLYCERIN</b> (UNII: PDC6A3C0OX)                         |          |
| <b>POLYETHYLENE GLYCOL, UNSPECIFIED</b> (UNII: 3WJQ0SDW1A) |          |
| <b>POVIDONE</b> (UNII: FZ989GH94E)                         |          |
| <b>PROPYLENE GLYCOL</b> (UNII: 6DC9Q167V3)                 |          |
| <b>WATER</b> (UNII: 059QF0KO0R)                            |          |
| <b>SORBITAN</b> (UNII: 6O92ICV9RU)                         |          |
| <b>SORBITOL</b> (UNII: 506T60A25R)                         |          |
| <b>TITANIUM DIOXIDE</b> (UNII: 15FIX9V2JP)                 |          |
| <b>MANNITOL</b> (UNII: 3OWL53L36A)                         |          |

## Product Characteristics

|                 |         |                     |          |
|-----------------|---------|---------------------|----------|
| <b>Color</b>    | orange  | <b>Score</b>        | no score |
| <b>Shape</b>    | CAPSULE | <b>Size</b>         | 20mm     |
| <b>Flavor</b>   |         | <b>Imprint Code</b> | 12A      |
| <b>Contains</b> |         |                     |          |

## Packaging

| # | Item Code | Package Description                                    | Marketing Start Date | Marketing End Date |
|---|-----------|--|----------------------|--------------------|
| 1 |           | 16 in 1 CARTON   |                      |                    |
| 1 |           | 1 in 1 BLISTER PACK; 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                                     | 10/30/2019           |                    |

## Marketing Information

| Marketing Category | Application Number or Monograph Citation | Marketing Start Date | Marketing End Date |
|--------------------|--|----------------------|--------------------|
| OTC Monograph Drug | M012                                     | 10/30/2019           |                    |

**Labeler** - CVS Pharmacy (062312574)