

TUSSIN DM NIGHTTIME- dextromethorphan hbr, doxylamine succinate solution
CVS WOONSOCKET PRESCRIPTION CENTER, INCORPORATED

CVS 44-043

Active ingredients (in each 20 mL)

Dextromethorphan HBr 30 mg
Doxylamine succinate 12.5 mg

Purpose

Cough suppressant
Antihistamine

Uses

- temporarily relieves cough due to minor throat and bronchial irritation as may occur with a cold
- temporarily relieves these symptoms due to hay fever or other upper respiratory allergies:
 - itching of the nose or throat
 - itchy, watery eyes
 - runny nose
 - sneezing
- controls the impulse to cough to help you sleep

Warnings

Do not use

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

- a cough that occurs with too much phlegm (mucus)
- glaucoma
- difficulty in urination due to enlargement of the prostate gland
- a breathing problem or persistent or chronic cough as occurs with smoking, asthma, chronic bronchitis, or emphysema

Ask a doctor or pharmacist before use if you are

taking sedatives or tranquilizers.

When using this product

- **do not exceed recommended dosage**
- marked drowsiness may occur
- avoid alcoholic drinks
- alcohol, sedatives, and tranquilizers may increase drowsiness
- use caution when driving a motor vehicle or operating machinery
- excitability may occur, especially in children

Stop use and ask a doctor if

cough persists more than 7 days, tends to recur, or is accompanied by a fever, rash, or persistent headache. 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 (1-800-222-1222) right away.

Directions

- **do not take more than directed**
- do not take more than 4 doses in any 24-hour period
- mL = milliliter
- only use the dose cup provided
- adults and children 12 years and over: 20 mL in dosing cup provided every 6 hours
- children under 12 years: do not use

Other information

- **each 20 mL contains:** sodium 14 mg
- store at 25°C (77°F); excursions permitted between 15°C-30°C (59°F-86°F)
- see end flap for expiration date and lot number

Inactive ingredients

anhydrous citric acid, FD&C blue #1, FD&C red #40, flavors, glycerin, high fructose corn syrup, polyethylene glycol, propylene glycol, purified water, sodium benzoate, sodium chloride, sodium citrate dihydrate, sucralose, sugar, xanthan gum

Questions or comments?

1-800-426-9391

Principal Display Panel

♥CVS
Health®

Compare to the active
ingredients in Robitussin®
Maximum Strength
Nighttime Cough DM*

MAXIMUM
STRENGTH

MAXIMUM STRENGTH

Nighttime
Tussin DM
DEXTROMETHORPHAN HBr
Cough suppressant
DOXYLAMINE SUCCINATE
Antihistamine

Cough &
Antihistamine

Relieves:

- Cough
- Runny nose
- Sneezing

Menthol-Berry Flavor
For Ages
12 & Over

Dosage cup
provided
Actual Bottle Size
on Side Panel

*This product is not manufactured or distributed by
GlaxoSmithKline Consumer Healthcare Holdings (US)
LLC, owner of the registered trademark Robitussin®
Maximum Strength Nighttime Cough DM.
50844 ORG012304336

**TAMPER EVIDENT: DO NOT USE IF IMPRINTED
SAFETY SEAL UNDER CAP IS BROKEN OR MISSING
TAMPER EVIDENT: DO NOT USE IF PRINTED NECK
WRAP IS BROKEN OR MISSING**

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PARENTS:

Learn about teen medicine abuse

www.StopMedicineAbuse.org

Package Contains One Bottle

Actual Size

KEEP OUTER PACKAGE FOR COMPLETE PRODUCT INFORMATION

Drug Facts	Purpose
Active ingredients (in each 20 mL)	
Dextromethorphan HBr 30 mg	Cough suppressant
Doxylamine succinate 12.5 mg	Antihistamine

Uses

- temporarily relieves cough due to minor throat and bronchial irritation as may occur with a cold
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Ask a doctor before use if you have

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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.


MAXIMUM STRENGTH

MAXIMUM STRENGTH

Nighttime
Tussin DM
Cough & Antihistamine


MAXIMUM STRENGTH

MAXIMUM STRENGTH

Nighttime
Tussin DM
DEXTROMETHORPHAN HBr
Cough suppressant
DOXYLAMINE SUCCINATE
Antihistamine
Cough & Antihistamine

Relieves:

- Cough
- Runny nose
- Sneezing



Menthol-Berry Flavor

For Ages **12 & Over**

Dosage cup provided Actual Bottle Size on Side Panel

4 FL OZ (118 mL)

PARENTS:
Learn about teen medicine abuse
www.StopMedicineAbuse.org

Package Contains One Bottle
Actual Size

Drug Facts (continued)

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Questions or comments? 1-800-426-9391

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50844 ORG012304336

TAMPER EVIDENT: DO NOT USE IF IMPRINTED SAFETY SEAL UNDER CAP IS BROKEN OR MISSING

TAMPER EVIDENT: DO NOT USE IF PRINTED NECK WRAP IS BROKEN OR MISSING

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PAPER BOX PLASTIC BOTTLE

B-0231-043-36-H
ORG012304336

#971823

FPO 80%
UPC# 050428352397

X XXXXXX XXXXXX X

CVS 44-043

TUSSIN DM NIGHTTIME

dextromethorphan hbr, doxylamine succinate solution

Product Information

Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:51316-430
Route of Administration	ORAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
DEXTROMETHORPHAN HYDROBROMIDE (UNII: 9D2RT19KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS)	DEXTROMETHORPHAN HYDROBROMIDE	30 mg in 20 mL
DOXYLAMINE SUCCINATE (UNII: V9B19B5Y12) (DOXYLAMINE - UNII:95QB77JKPL)	DOXYLAMINE SUCCINATE	12.5 mg in 20 mL

Inactive Ingredients

Ingredient Name	Strength
ANHYDROUS CITRIC ACID (UNII: XF417D3PSL)	
FD&C BLUE NO. 1 (UNII: H3R47K3TBD)	
FD&C RED NO. 40 (UNII: WZB9127XOA)	
GLYCERIN (UNII: PDC6A3C0OX)	
HIGH FRUCTOSE CORN SYRUP (UNII: XY6UN3QB6S)	
POLYETHYLENE GLYCOL, UNSPECIFIED (UNII: 3WJQ0SDW1A)	
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
WATER (UNII: 059QF0KO0R)	
SODIUM BENZOATE (UNII: OJ245FE5EU)	
SODIUM CHLORIDE (UNII: 451W47IQ8X)	
TRISODIUM CITRATE DIHYDRATE (UNII: B22547B95K)	
SUCRALOSE (UNII: 96K6UQ3ZD4)	
SUCROSE (UNII: C151H8M554)	
XANTHAN GUM (UNII: TTV12P4NEE)	

Product Characteristics

Color	red	Score	
Shape		Size	
Flavor	BERRY, MENTHOL	Imprint Code	
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:51316-430-36	1 in 1 CARTON	04/14/2023	
1		118 mL in 1 BOTTLE, PLASTIC; 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	04/14/2023	

Labeler - CVS WOONSOCKET PRESCRIPTION CENTER, INCORPORATED (062312574)

Establishment

Name	Address	ID/FEI	Business Operations
LNK International, Inc.		967626305	manufacture(51316-430) , pack(51316-430)

Revised: 8/2023

CVS WOONSOCKET PRESCRIPTION CENTER, INCORPORATED