MUCUS RELIEF DM- guaifenesin, dextromethorphan hbr tablet Best Choice (Valu Merchandisers Company)

Drug Facts

Active ingredients (in each extended-release tablet)

Dextromethorphan HBr 60 mg
Guaifenesin 1200 mg

Purpose

Cough Suppressant

Expectorant

Uses

- helps loosen phlegm (mucus) and thin bronchial secretions to rid the bronchial passageways of bothersome mucus and make coughs more productive
- temporarily relieves
 - cough due to minor throat and bronchial irritation as may occur with the common cold or inhaled irritants
 - the intensity of coughing
 - the impulse to cough to help you get to sleep

Warnings

Do not use

- for children under12 years of age
- 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

- persistent or chronic cough such as occurs with smoking, asthma, chronic bronchitis, or emphysema
- cough accompanied by too much phlegm (mucus)

When using this product,

do not use more than directed.

Stop use and ask a doctor if

cough lasts more than 7 days, comes back, or occurs with fever, rash or persistent

headache. These could be signs of a serious illness.

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 (1-800-222-1222).

Directions

- do not crush, chew, or break tablet
- take with a full glass of water
- this product can be administered without regards for timing of meals
- adults and children 12 years of age and older: 1 tablet every 12 hours; not more than 2 tablets in 24 hours
- children under 12 years of age: do not use

Other information

• store between 20° to 25°C (68° to 77°F)

Inactive ingredients

carbomer, colloidal silicon dioxide, D&Cyellow #10 aluminum lake, hypromellose, lactose monohydrate, magnesium stearate, microcrystalline cellulose, povidone, talc

Questions or comments?

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

Principal Display Panel

COMPARE TO THE ACTIVE INGREDIENTS IN MAXIMUM STRENGTH MUCINEX® DM

Maximum Strength

Mucus Relief DM

Guaifenesin 1200 mg

Expectorant

Dextromethorphan HBr 60 mg

Cough Suppressant

12-HOUR RELIEF

- Controls Cough
- Thins and Loosen Mucus

EXTENDED-RELEASE TABLETS

*This product is not manufactured or distributed Reckitt Benckiser LLC, distributor of Maximum Strength Mucinex® DM.

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.

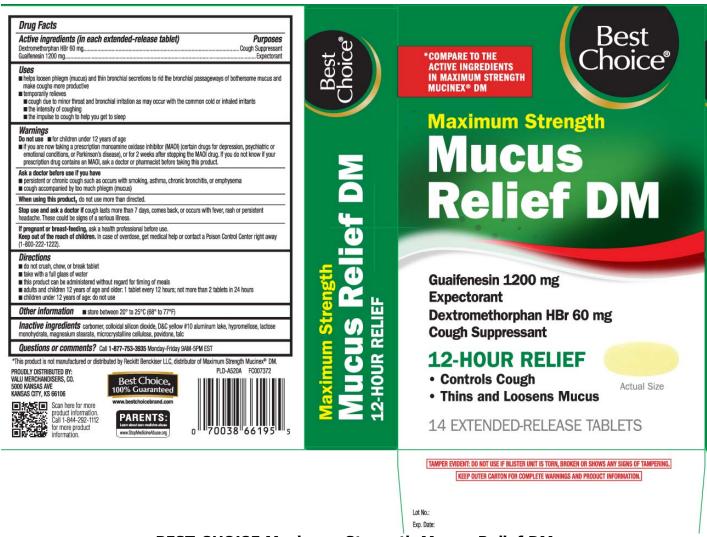
PROUDLY DISTRIBUTED BY:

VALU MERCHANDISERS, CO

5000 KANSAS AVE

KANSAS CITY, KS 66106

Package Label



BEST CHOICE Maximum Strength Mucus Relief DM

MUCUS RELIEF DM

guaifenesin, dextromethorphan hbr tablet

Product Information			
Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:63941-734
Route of Administration	ORAL		

Active Ingredient/Active Moiety			
Ingredient Name	Basis of Strength	Strength	
DEXTROMETHORPHAN HYDROBROMIDE (UNII: 9D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS)	DEXTROMETHORPHAN HYDROBROMIDE	60 mg	
GUAIFENESIN (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)	GUAIFENESIN	1200 mg	

Inactive Ingredients			
Ingredient Name	Strength		
CARBOMER 934 (UNII: Z135WT9208)			
SILICON DIOXIDE (UNII: ETJ7Z6XBU4)			
D&C YELLOW NO. 10 (UNII: 35SW5USQ3G)			
HYPROMELLOSE, UNSPECIFIED (UNII: 3NXW29V3WO)			
LACTOSE MONOHYDRATE (UNII: EWQ57Q8I5X)			
MAGNESIUM STEARATE (UNII: 70097M6I30)			
CELLULOSE, MICROCRYSTALLINE (UNII: OP1R32D61U)			
POVIDONE (UNII: FZ989GH94E)			
TALC (UNII: 7SEV7J4R1U)			

Product Characteristics				
Color	yellow	Score	no score	
Shape	OVAL	Size	22mm	
Flavor		Imprint Code	AN039	
Contains				

F	Packaging				
#	tem Code	Package Description	Marketing Start Date	Marketing End Date	
1	NDC:63941-734- 14	14 in 1 CARTON	01/14/2022		
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	
ANDA	ANDA209692	01/14/2022		

Labeler - Best Choice (Valu Merchandisers Company) (868703513)

Revised: 1/2022 Best Choice (Valu Merchandisers Company)