MUCUS RELIEF DM MAXIMUM STRENGTH- dextromethorphan hbr and guaifenesin solution WALGREENS CO

Mucus Relief DM Maximum Strength

Drug Facts

Active ingredients (in each 20 Purposes mL)		
Dextromethorphan HBr 20 mg	Cough	
	suppressant	
Guaifenesin 400 mg	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

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 that occurs with 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 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 at 1-800-222-2222.

Directions

- do not take more than 6 doses in any 24-hour period
- measure only with dosing cup provided
- do not use dosing cup with other products
- dose as follows or as directed by a doctor
- mL = milliliter
- adults and children 12 years and older: 20 mL every 4 hours
- children under 12 years of age: Do not use

Other information

- each 20 mL contains: sodium 8 mg
- low sodium
- store at room temperature
- do not refrigerate
- dosing cup provided

Inactive ingredients

anhydrous citric acid, edetate disodium, FD&C Blue No. 1, FD&C Red No. 40, flavors, potassium citrate, propylene glycol, propyl gallate, purified water, sodium benzoate, sorbitol, sucralose, xanthan gum.

Questions or comments?

1-866-467-2748

PRINCIPAL DISPLAY PANEL

Walgreens

NDC# 0363-7390-06

Compare to Maximum Strength Mucinex[®] Fast-Max[™] DM max active ingredients^{††}

DM Max

DEXTROMETHORPHAN HBr 20 mg/ COUGH SUPPRESSANT **GUAIFENESIN 400 mg/** EXPECTORANT

MAXIMUM STRENGTH

MULTI-SYMPTOM

- Relieves Chest Congestion & cough
- Thins & loosens mucus
- 4-hour dosing
- 12 years & older

6 FL OZ (180 mL)

TAMPER EVIDENT: DO NOT USE IF PRINTED INNER SEAL UNDER CAP IS BROKEN OR MISSING.

Walgreens Pharmacist Recommended

Walgreens Pharmacist Survey

††These products is not manufactured or distributed by Reckitt Benckiser Health distributor of Maximum Strength Mucinex®

Fast Max® DM Max

DISTRIBUTED BY:

WALGREEN CO.

200 WILMOT RD. DEERFIELD, IL 60015

100% SATISFACTION GUARANTEED

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*This product is not manufactured or distributed by Reckitt Benckiser, the distributor of Maximum Strength Mucinex® Fast -Max® DM Max.









MUCUS RELIEF DM MAXIMUM STRENGTH

dextromethorphan hbr and guaifenesin solution

Product Information

Active Ingredient/Active Moiety			
Ingredient Name	Basis of Strength	Strength	
dextromethorphan hydrobromide (UNII: 9D2RTI9KYH) (dextromethorphan - UNII:7355X3ROTS)	dextromethorphan hydrobromide	20 mg in 20 mL	
guaifenesin (UNII: 495W7451VQ) (guaifenesin - UNII:495W7451VQ)	guaifenesin	400 mg in 20 mL	

Inactive Ingredients		
Ingredient Name	Strength	
anhydrous citric acid (UNII: XF417D3PSL)		
edetate disodium (UNII: 7FLD91C86K)		
FD&C BLUE NO. 1 (UNII: H3R47K3TBD)		
FD&C red No. 40 (UNII: WZB9127XOA)		
POTASSIUM CITRATE (UNII: EE90ONI6FF)		
propylene glycol (UNII: 6DC9Q167V3)		
propyl gallate (UNII: 8D4SNN7V92)		
water (UNII: 059QF0KO0R)		
sodium benzoate (UNII: OJ245FE5EU)		
sorbitol (UNII: 506T60A25R)		
sucralose (UNII: 96K6UQ3ZD4)		
xanthan gum (UNII: TTV12P4NEE)		

l	P	Packaging				
	#	Item Code	Package Description	Marketing Start Date	Marketing End Date	
	1	NDC:0363-7390- 06	180 mL in 1 BOTTLE; Type 0: Not a Combination Product	01/29/2020		

Marketing In	Marketing Information			
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date	
OTC Monograph Drug	M012	01/29/2020		

Labeler - WALGREENS CO (008965063)

Revised: 11/2023 WALGREENS CO