MUCUS RELIEF DM EXTENDED RELEASE CAPLETS- guaifenesin, dextromethorphan hbr tablet A-S Medication Solutions

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^o to 25^oC (68^o to 77^oF)

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

HOW SUPPLIED

Product: 50090-6020

NDC: 50090-6020-0 1 TABLET in a BLISTER PACK / 14 in a CARTON

guaifenesin, dextromethorphan hbr

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GUAIFE	NESIN DN			
DEXTRO	METHOR		HBR 60	MG _
	STRENGTH	S (IN E	ACH	1
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	COUCH S	UPPRESS	ANT/	=
	BETWEEN	68 TO	77	1
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MUCUS RELIEF DM EXTENDED RELEASE CAPLETS

guaifenesin, dextromethorphan hbr tablet

Product Information				
Product Type	HUMAN OTC DRU	Item Code (Source) NDC:50090-6020(NDC		0(NDC:0536-1213)
Route of Administration	ORAL			
Active Incure dis st(Activ	va Maiatu			
Active Ingredient/Activ	-			gth Strength
Ing	Ingredient Name Basis of Strength			
DEXTROMETHORPHAN HYDROBROMIDE (UNII: 9D2RTI9KYH)DEXTROMETHORPHAN(DEXTROMETHORPHAN - UNII:7355X3ROTS)HYDROBROMIDE				
GUAIFENESIN (UNII: 495W7451	VQ) (GUAIFENES IN - U	INII:495W7451VQ)	GUAIFENESIN	1200 mg
CARBOMER HOMOPOLYMER	Ingredie TYPE B (ALLYL SUC		(UNII: 7135WT9208)	Strength
CARBOMER HOMOPOLYMER	TYPE B (ALLYL SUC	ROSE CROSSLINKED)	(UNII: Z135WT9208)	
SILICON DIOXIDE (UNII: ETJ7Z)				
D&C YELLOW NO. 10 (UNII: 35				
HYPROMELLOSE, UNSPECIFI		0)		
LACTOSE MONOHYDRATE (UN MAGNESIUM STEARATE (UNII:				
MICROCRYSTALLINE CELLULO	•	111)		
POVIDONE, UNSPECIFIED (UN		10)		
TALC (UNII: 7SEV7J4R1U)				
Due durat Chave at a visti	-			
Product Characteristic	.5			
		ore	no se	core

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

Packaging					
# Item Code	Package Description	Marketing Start Date	Marketing End Date		
NDC:50090- 6020-0	14 in 1 CARTON	06/27/2022			
1	1 in 1 BLISTER PACK; Type 0: Not a Combination Product				
Marketing	Information				
Marketing Marketing Category	Information Application Number or Monograph Citation	Marketing Start Date	Marketing End Date		

Establishment					
Name	Address	ID/FEI	Business Operations		
A-S Medication Solutions		830016429	RELABEL(50090-6020)		

Revised: 11/2023

A-S Medication Solutions