MAXIMUM STRENGTH COUGH AND CONGESTION EXTENDED RELEASE - guaifenesin and dextromethorphan hbr tablet, extended release CVS Pharmacy, Inc.

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## **Drug Facts**

## **Active Ingredients**

(in each extended-release tablet)

Dextromethorphan Hydrobromide USP 60 mg Guaifenesin USP 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 under 12 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 (1-800-222-1222) right away.

#### **Directions**

- do not crush, chew, or break tablet
- take with a full glass of water
- this product can be administered without regard for timing of meals
- adults and children 12 years 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 at 20° to 25°C (68° to 77°F)

# Inactive ingredients

colloidal silicon dioxide, hypromellose, magnesium stearate, microcrystalline cellulose, povidone, pregelatinized starch (maize)

## Questions?

call **1-855-274-4122** You may also report side effects to this phone number.

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PACKAGE LABEL-PRINCIPAL DISPLAY PANEL - 1200 mg/60 mg (14 Tablet Carton Label)

**CVS Health®** 

NDC 51316-060-65

**MAXIMUM STRENGTH** 

COUGH & CONGESTION

GUAIFENESIN, 1200 mg DEXTROMETHORPHAN HBr, 60 mg Expectorant / Cough Suppressant

**EXTENDED-RELEASE** 

Controls cough

Thins & loosens mucus

12 HOUR

Compare to the active ingredients in Maximum Strength Mucinex® DM\*

14 TABLETS



# MAXIMUM STRENGTH COUGH AND CONGESTION EXTENDED RELEASE

guaifenesin and dextromethorphan hbr tablet, extended release

Product Information			
Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:51316-060
Route of Administration	ORAL		

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

Inactive Ingredients			
Ingredient Name Strength			
SILICON DIOXIDE (UNII: ETJ7Z6XBU4)			

HYPROMELLOSE, UNSPECIFIED (UNII: 3NXW29V3WO)		
MAGNESIUM STEARATE (UNII: 70097M6I30)		
MICROCRYSTALLINE CELLULOSE (UNII: OP1R32D61U)		
POVIDONE K90 (UNII: RDH86HJV5Z)		
POVIDONE K25 (UNII: K0KQV10C35)		
STARCH, CORN (UNII: O8232NY3SJ)		

Product Characteristics			
Color	WHITE (white to off-white)	Score	no score
Shape	OVAL	Size	22mm
Flavor		Imprint Code	X;63
Contains			

P	Packaging			
#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:51316-060- 65	2 in 1 CARTON	04/01/2024	
1		7 in 1 BLISTER PACK; Type 0: Not a Combination Product		

Marketing Information			
Marketing Application Number or Monograph Category Citation		Marketing Start Date	Marketing End Date
ANDA	ANDA206941	04/01/2024	

# Labeler - CVS Pharmacy, Inc. (062312574)

# Registrant - Aurohealth LLC (078728447)

Establishment			
Name	Address	ID/FEI	Business Operations
Aurobindo Pharma Limited		650381903	ANALYSIS(51316-060), MANUFACTURE(51316-060)

Revised: 6/2024 CVS Pharmacy, Inc.