

AXIV DM MAX- dextromethorphan hydrobromide, guaifenesin liquid
VIVUNT PHARMA LLC

AXIV DM MAX - Liquid

Drug Facts

Active ingredients (in each 20 mL)	Purposes
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)

Do not exceed recommended dosage.

Stop use and ask a doctor if

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

Directions

- do not take more than 6 doses in any 24-hour period
- this adult strength product is not intended for use in children under 12 years of age
- measure only with dosing cup provided
- keep dosing cup with product
- mL = milliliter

age	dose
adults and children 12 years of age and older	20 mL every 4 hours
children under 12 years of age	do not use

Other information

- each 20 mL contains: **sodium 7 mg**
- store at 15-30°C (59-86°F)
- do not refrigerate

Inactive ingredients

Citric acid, FD&C Blue #1, FD&C red no. 40, flavor, glycerin, propylene glycol, purified water, sodium benzoate, sorbitol solution, sucralose, xanthan gum.

PEEL CORNER TO READ COMPLETE DRUG FACTS AND INFORMATION/ DO NOT USE IF PRINTED SEAL UNDER CAP IS TORN OR MISSING

Distributed by:

VIVUNT PHARMA LLC

8950 SW 74th Court, Suite 1901

Miami, FL 33156-3178

Made in USA

www.vivunt.live

PRINCIPAL DISPLAY PANEL

Compare to Maximum Strength Mucinex® Fast-Max®

NDC 82706-024-01

AXIV - DM MAX

Cough Relief

Cough Suppressant

Expectorant

Maximum Strength

Non-Drowsy

Dextromethorphan HBr

Guaifenesin

6 FL OZ (177 mL)



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Drug Facts (continued)

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

VIVUNT™ 30 YEARS

Distributed by:
VIVUNT PHARMA LLC
8950 SW 74th Court, Suite 1901
Miami, FL 33156-3178
Made in USA

www.vivunt.life

Rev. 2

AXIV DM MAX

dextromethorphan hydrobromide, guaifenesin liquid

Product Information

Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:82706-024
Route of Administration	ORAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
DEXTROMETHORPHAN HYDROBROMIDE (UNII: 9D2RT19KYH) (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
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
CITRIC ACID MONOHYDRATE (UNII: 2968PHW8QP)	
FD&C RED NO. 40 (UNII: WZB9127XOA)	
SODIUM BENZOATE (UNII: OJ245FE5EU)	
SORBITOL SOLUTION (UNII: 8KW3E207O2)	
SUCRALOSE (UNII: 96K6UQ3ZD4)	
XANTHAN GUM (UNII: TTV12P4NEE)	
WATER (UNII: 059QF0KO0R)	
GLYCERIN (UNII: PDC6A3C0OX)	
FD&C BLUE NO. 1 (UNII: H3R47K3TBD)	

Product Characteristics

Color	blue (Intense)	Score	
Shape		Size	
Flavor	BERRY	Imprint Code	
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:82706-024-01	177 mL in 1 BOTTLE, PLASTIC; Type 0: Not a Combination Product	05/14/2024	

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC Monograph Drug	M012	05/14/2024	

Labeler - VIVUNT PHARMA LLC (045829437)

Establishment

Name	Address	ID/FEI	Business Operations
Rnv LLC		118917568	manufacture(82706-024)

Revised: 5/2024

VIVUNT PHARMA LLC