CVS MAXIMUM STRENGTH- dextromethorphan hbr, guaifenesin solution
CVS PHARMACY

Disclaimer: Most OTC drugs are not reviewed and approved by FDA, however they may be marketed if they comply with applicable regulations and policies. FDA has not evaluated whether this product complies.

CVS MAXIMUM STRENGTH Adult Cough+Chest Congestion DM Drug Facts

Active ingredients (in each 20 mL)

Dextromethorphan HBr, USP 20 mg

Guaifenesin, USP 400 mg

Purposes

Cough suppressant

Expectorant

Uses

- temporarily relieves cough due to minor throat and bronchial irritation as may occur with a cold
- helps loosen phlegm (mucus) and thin bronchial secretions to drain bronchial tubes

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

- cough that occurs with too much phlegm (mucus)
- cough that lasts or is chronic such as occurs with smoking, asthma, chronic bronchitis, or emphysema

Stop use and ask a doctor if

cough last for more than 7 days, comes back, or is accompanied by fever, rash, or persistent headache. A persistent cough may be a sign 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 (1-800-222-1222).

Directions

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

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

Other information

- **each 20 mL contains:** sodium 7 mg
- store at room temperature. Do not refrigerate.

Inactive ingredients

anhydrous citric acid, carboxymethylcellulose sodium, edetate disodium, FD&C Red No. 40, flavor, menthol, microcrystalline cellulose, povidone, propylene glycol, purified water, potassium citrate, sodium benzoate, sorbitol solution, sucralose, xanthan gum.

Questions or comments?

1-866-467-2748

Package/Label Principal Display Panel

Compare to the active ingredients of Robitussin® Cough + Chest Congestion DM

NDC# 51316-740-04

MAXIMUM STRENGTH

Adult

Cough+Chest

Congestion DM

Dextromethorphan HBr (Cough Suppressant)

Guaifenesin (Expectorant)

- Relieves Chest Congestion
- Controls cough
- Thins & Loosens Mucus

Natural Raspberry Flavor

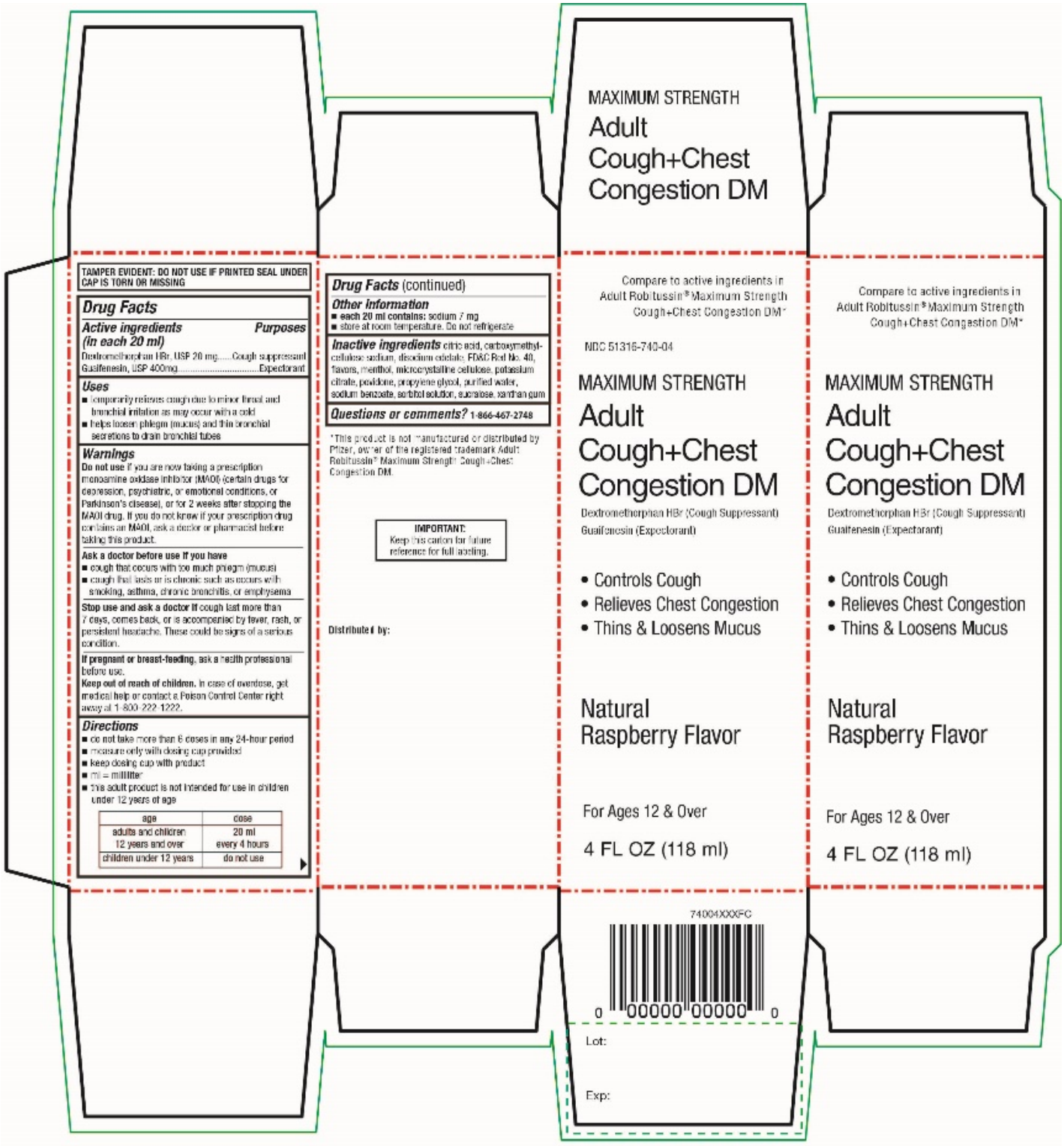
For Ages 12 & Over

4 FL OZ (118 mL)

Distributed By:

*This product is not manufactured or distributed by Pfizer, owner of the registered trademark Robitussin® Cough + Congestion DM.

Package Label For 4 FL OZ (118 mL)



Package Label For 8 FL OZ (237 mL)

CVS MAXIMUM STRENGTH

dextromethorphan hbr, guaifenesin solution

Product Information			
Product Type	HUMAN OTC DRUG	**Item Code (Source)**	NDC:51316-740
Route of Administration	ORAL		

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)	
CARBOXYMETHYLCELLULOSE SODIUM, UNSPECIFIED (UNII: K679OBS311)	
EDETATE DISODIUM (UNII: 7FLD91C86K)	
FD&C RED NO. 40 (UNII: WZB9127XOA)	
MENTHOL, UNSPECIFIED FORM (UNII: L7T10EIP3A)	
MICROCRYSTALLINE CELLULOSE (UNII: OP1R32D61U)	
POVIDONE, UNSPECIFIED (UNII: FZ989GH94E)	
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
WATER (UNII: 059QF0KO0R)	
POTASSIUM CITRATE (UNII: EE90ONI6FF)	
SODIUM BENZOATE (UNII: OJ245FE5EU)	
SORBITOL (UNII: 506T60A25R)	
SUCRALOSE (UNII: 96K6UQ3ZD4)	
XANTHAN GUM (UNII: TTV12P4NEE)	

Product Characteristics

Color	RED	**Score**	
Shape		**Size**	
Flavor	RASPBERRY	**Imprint Code**	
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:51316-740-04	1 in 1 CARTON	02/17/2023	
1		118 mL in 1 BOTTLE; Type 0: Not a Combination Product		
2	NDC:51316-740-08	1 in 1 CARTON	02/17/2023	
2		237 mL in 1 BOTTLE; Type 0: Not a Combination Product		

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC monograph final	part341	02/17/2023	

Labeler - CVS PHARMACY (062312574)

Revised: 3/2023 CVS PHARMACY