MAXIMUM STRENGTH MUCUS RELIEF - acetaminophen, dextromethorphan hbr, guaifenesin, phenylephrine hcl liquid
Chain Drug Marketing Association Inc.

Maximum Strength Mucus Relief

ACTIVE INGREDIENTS (in each 20 mL)

Acetaminophen 650 mg

Dextromethorphan HBr 20 mg
Guaifenesin 400 mg
Phenylephrine HCl 10 mg

PURPOSE

Pain reliever/fever reducer

Cough suppressant

Expectorant

Nasal decongestant

USE(S)

temporarily relieves these common cold and flu symptoms:

- sore throat
- nasal congestion
- minor aches and pains
- headache
- cough due to minor throat and bronchial irritation
- sinus congestion and pressure

- temporarily reduces fever
- temporarily promotes nasal and/or sinus drainage
- helps loosen phlegm (mucus) and thin bronchial secretions to drain bronchial tubes and make coughs more productive

WARNINGS

Liver warning: This product contains acetaminophen.
Severe liver damage may occur if you take:

- more than 6 doses in 24 hours, which is the maximum daily amount
- with other drugs containing acetaminophen
- 3 or more alcoholic drinks daily while using this product

Allergy alert: acetaminophen may cause severe skin

reactions. Symptoms may include:

- skin reddening
- blisters
- rash

If a skin reaction occurs, stop use and seek medical help right away.

Sore throat warning: if sore throat is severe, persists for more than 2 days, is accompanied or followed by fever, headache, rash, nausea or vomiting, consult a doctor promptly.

DO NOT USE

- **with any other drug containing acetaminophen** (prescription or nonprescription). If you are not sure whether a drug contains acetaminophen, ask a doctor or pharmacist.
- 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

• liver disease

• heart disease

• diabetes
• high blood pressure
• thyroid disease
• trouble urinating due to an enlarged prostate gland
• persistent or chronic cough such as occurs with smoking, asthma, chronic bronchitis or emphysema
• cough that occurs with too much phlegm (mucus)

ASK A DOCTOR OR PHARMACIST BEFORE USE IF

you are taking the blood thinning drug warfarin

WHEN USING THIS PRODUCT

• do not use more than directed

STOP USE AND ASK DOCTOR IF

- nervousness, dizziness or sleeplessness occur

- pain, nasal congestion or cough gets worse or lasts more than 7 days
- fever gets worse or lasts more than 3 days
- redness or swelling is present
- new symptoms occur
- cough comes back, or occurs with rash, fever or persistent headache. 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

Overdose warning: Taking more than the recommended dose (overdose) may cause liver damage. In case of overdose, get medical help or contact a Poison Control Center right away. Quick medical attention is critical for adults as well as for children even if you do not notice any signs or symptoms.

DIRECTIONS

- do not take more than directed (see Overdose warning)
- 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
- Adults and children 12 years and older: 20 mL in dosing cup provided every 4 hours.
- Children under 12 years of age: Do not use.

OTHER INFORMATION

• **each 20 ml contains**: sodium 15 mg
• store between 15-30ºC (59-86ºF)
• do not refrigerate
• dosing cup provided

INACTIVE INGREDIENTS

citric acid anhydrous, edetate disodium, FD&C blue #1, FD&C red #40, flavors, glycerin, propylene glycol, propyl gallate, purified water, sodium benzoate, sodium citrate, sorbitol, sucralose, xanthan gum.

PRINCIPAL DISPLAY PANEL

NDC 83324-143-06

QC® QUALITY CHOICE

***Compare to the Active Ingredients in Maximum Strength Mucinex® Fax Max™ Cold, Flu & Sore Throat**

Maximum Strength Mucus Relief

Cold, Flu & Sore Throat

Acetaminophen

Pain Reliever & Fever Reducer

Dextromethorphan HBr

Cough Suppressant

Guaifenesin

Expectorant

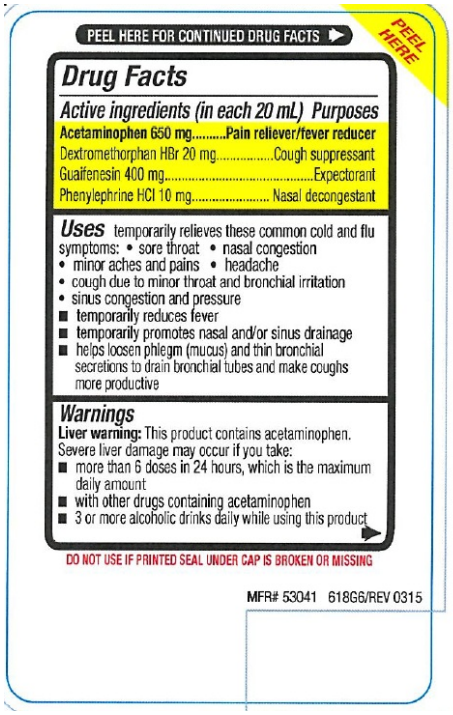
Phenylephrine HCl

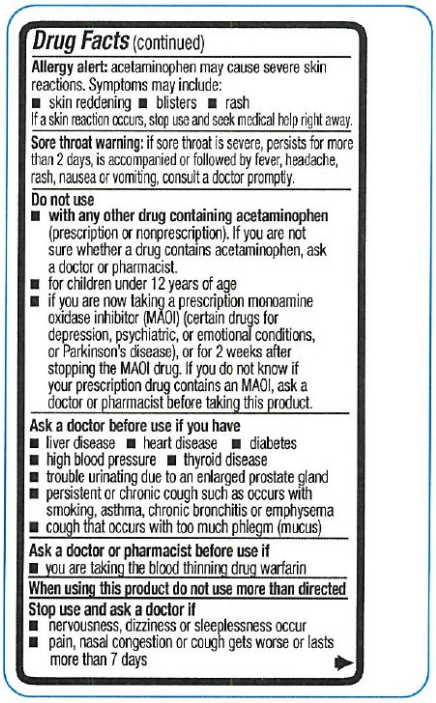
Nasal Decongestant

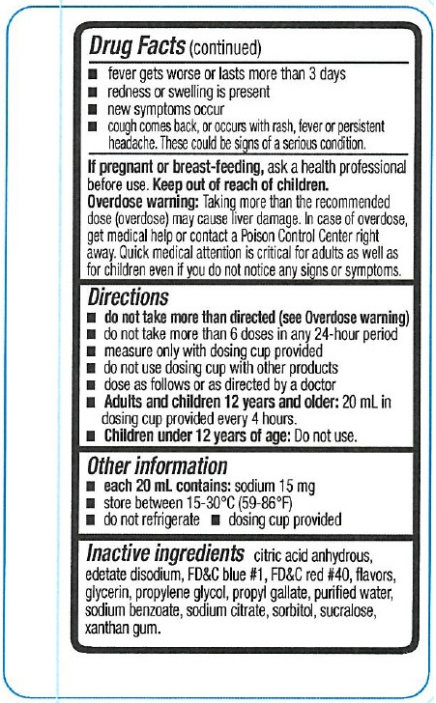
For Ages 12+

6 FL OZ (177 mL)

NDC 83324-143-06
QC
QUALITY CHOICE
*Compare to the Active Ingredients in Maximum Strength Mucinex® Fast Max™ Cold, Flu & Sore Throat
Maximum Strength
Mucus Relief
Cold, Flu & Sore Throat
Acetaminophen
Pain Reliever & Fever Reducer
Dextromethorphan HBr
Cough Suppressant
Guaifenesin
Expectorant
Phenylephrine HCl
Nasal Decongestant
For Ages 12+
6 FL OZ (177 mL)
Distributed by CDMA, Inc.
Novi, MI 48375
www.qualitychoice.com
Questions: 800-935-2362
SATISFACTION • 100% QC GUARANTEED
6 35515 97019 9
MFR# 530041 REV 0724
*This product is not manufactured or distributed by Reckitt Benckiser, the distributor of Mucinex® Fast Max™ Cold, Flu and Sore Throat.







MAXIMUM STRENGTH MUCUS RELIEF

acetaminophen, dextromethorphan hbr, guaifenesin, phenylephrine hcl liquid

Product Information

Product Type	HUMAN OTC DRUG	**Item Code (Source)**	NDC:83324-143
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
PHENYLEPHRINE HYDROCHLORIDE (UNII: 04JA59TNSJ) (PHENYLEPHRINE - UNII:1WS297W6MV)	PHENYLEPHRINE HYDROCHLORIDE	10 mg in 20 mL
ACETAMINOPHEN (UNII: 362O9ITL9D) (ACETAMINOPHEN - UNII:362O9ITL9D)	ACETAMINOPHEN	650 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)	
GLYCERIN (UNII: PDC6A3C0OX)	
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
PROPYL GALLATE (UNII: 8D4SNN7V92)	

WATER (UNII: 059QF0KO0R)	
SODIUM BENZOATE (UNII: OJ245FE5EU)	
SODIUM CITRATE, UNSPECIFIED FORM (UNII: 1Q73Q2JULR)	
SORBITOL (UNII: 506T60A25R)	
SUCRALOSE (UNII: 96K6UQ3ZD4)	
XANTHAN GUM (UNII: TTV12P4NEE)	

Product Characteristics

Color	BLUE	**Score**	
Shape		**Size**	
Flavor	BERRY (mixed berry)	**Imprint Code**	
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:83324-143-06	177 mL in 1 BOTTLE; Type 0: Not a Combination Product	02/13/2025	

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC Monograph Drug	M012	02/13/2025	

Labeler - Chain Drug Marketing Association Inc. (011920774)

Establishment

Name	Address	ID/FEI	Business Operations
Guardian Drug Company		119210276	MANUFACTURE(83324-143)

Revised: 2/2025 Chain Drug Marketing Association Inc.