MUCUS RELIEF DM IMMEDIATE RELEASE- mucus relief dm tablet
Allegiant Health

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432 - Mucus Relief DM

Active ingredient(s)

Dextromethorphan HBr 20mg
Guaifenesin 400mg

Purpose

Cough suppressant
Expectorant

Use(s)

- 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

- persistent or chronic cough such as occurs with smoking, asthma, chronic bronchitis or emphysema
- cough accompanied by too much phlegm (mucus

Ask a doctor or pharmacist before use if

taking sedatives or tranquilizers

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

Pregnancy/Breastfeeding

If pregnant or breast-feeding, ask a health professional before use.

Keep out of reach of children

In case of accidental overdose, get medical help or contact a Poison Control Center (1-800-222-1222) right away.

Directions

Adults and children 12 years and older: take 1 tablet every 4 hours with a full glass of water while symptoms persist. Do not exceed 6 doses in 24 hours.

Children under 12 years of age: do not use

Other information

- store at 25°C (77°F) excursions between 15°-30°C (59°-86°F)
- keep in a dry place and do not expose to heat
- do not use if imprinted safety seal under cap is broken or missing
- You may report side effects to 1-888-952-0050

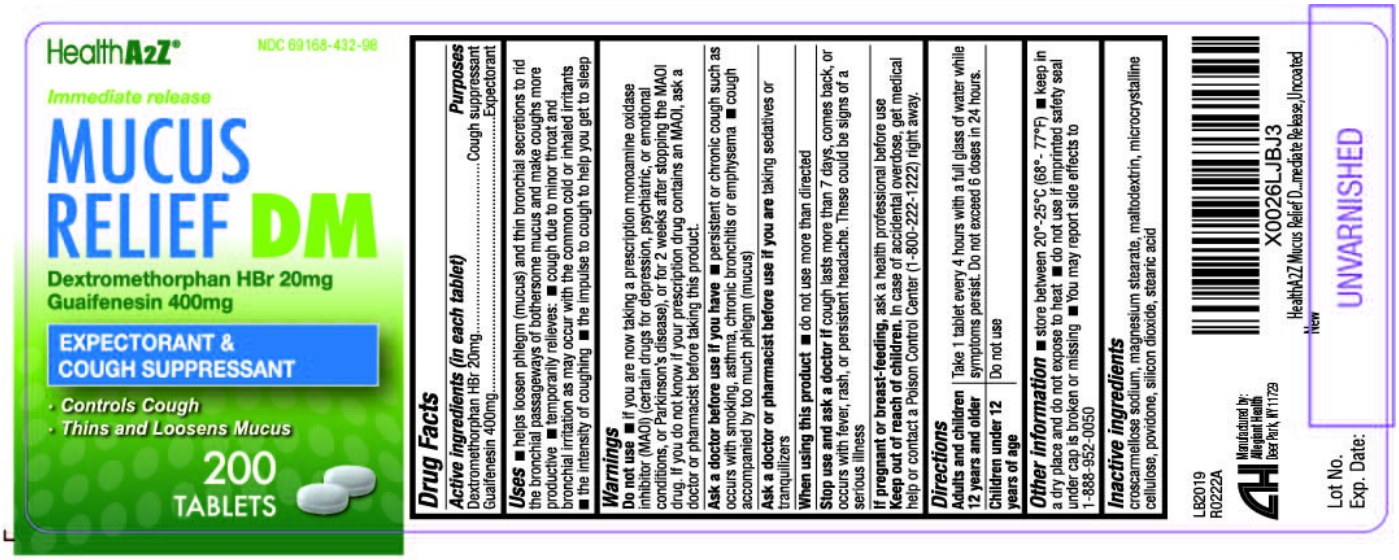
Inactive ingredients

croscarmellose sodium, magnesium stearate, maltodextrin, microcrystalline cellulose, povidone, silicon dioxide, stearic acid

Questions

Questions or comments?
Call 1-888-952-0050
Monday through Friday 9AM- 5PM EST.

Principal Display Panel



Mucus Relief DM

MUCUS RELIEF DM IMMEDIATE RELEASE

mucus relief dm tablet

Product Information

Product Type	HUMAN OTC DRUG	**Item Code (Source)**	NDC:69168-432
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
GUAIFENESIN (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)	GUAIFENESIN	400 mg

Inactive Ingredients

Ingredient Name	Strength
CROSCARMELLOSE SODIUM (UNII: M28OL1HH48)	
MAGNESIUM STEARATE (UNII: 70097M6I30)	
MALTODEXTRIN (UNII: 7CVR7L4A2D)	
MICROCRYSTALLINE CELLULOSE (UNII: OP1R32D61U)	
POVIDONE (UNII: FZ989GH94E)	
SILICON DIOXIDE (UNII: ETJ7Z6XBU4)	
STEARIC ACID (UNII: 4ELV7Z65AP)	

Product Characteristics

Color	white	**Score**	2 pieces
Shape	OVAL	**Size**	16mm

Flavor		**Imprint Code**	AH432;bisect
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:69168-432-98	200 in 1 BOTTLE; Type 0: Not a Combination Product	05/18/2022	
2	NDC:69168-432-07	1 in 1 CARTON	05/18/2022	
2		10 in 1 BOTTLE; Type 0: Not a Combination Product		
3	NDC:69168-432-26	1 in 1 CARTON	05/18/2022	
3		20 in 1 BOTTLE; Type 0: Not a Combination Product		
4	NDC:69168-432-50	50 in 1 BOTTLE; Type 0: Not a Combination Product	06/08/2022	
5	NDC:69168-432-06	120 in 1 BOTTLE; Type 0: Not a Combination Product	11/06/2023	
6	NDC:69168-432-30	30 in 1 BOTTLE; Type 0: Not a Combination Product	11/06/2023	

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC Monograph Drug	M012	05/18/2022	

Labeler - Allegiant Health (079501930)

Revised: 5/2022 Allegiant Health