

**MUCUS RELIEF DM MAXIMUM STRENGTH- dextromethorphan hydrobromide
guaifenesin liquid
CVS Pharmacy**

Drug Facts

Active ingredients (in each 20 mL)

Dextromethorphan HBr 20 mg

Guaifenesin 400 mg

Purpose

Cough suppressant

Expectorant

Uses

- helps loosen phlegm (mucus) and thin bronchial secretions to 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)

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 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 (1-800-222-1222) right away.

Directions

- do not take more than 6 doses in any 24-hour period
- measure only with dosing cup provided. Do not use any other device
- keep dosing cup with product
- mL = milliliter
- dose as follows or as directed by a doctor
- 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 20 mg**
- store between 20-25°C (68-77°F). Do not refrigerate.

Inactive ingredients

citric acid, disodium EDTA, FD&C red #40, flavor, glycerin, propyl gallate, propylene glycol, purified water, sodium benzoate, sodium citrate, sorbitol, sucralose, xanthan gum

Questions or comments?

call **1-877-753-3935** Monday-Friday 9AM-5PM EST

Principal Display Panel

Compare to the active ingredients in Maximum Strength Mucinex® FAST-MAX® DM Max*

ADULT

DM MAXIMUM

DEXTROMETHORPHAN HBr

Cough suppressant

GUAIFENESIN - Expectorant

MAXIMUM STRENGTH

Multi-Symptom

- Relieves chest congestion
- Control cough
- Thins & loosens mucus

Dosing lasts 4 hours

For Ages 12 & Over

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

TAMPER EVIDENT: DO NOT USE IF PRINTED SAFETY SEAL AROUND OR UNDER CAP IS BROKEN OR MISSING.

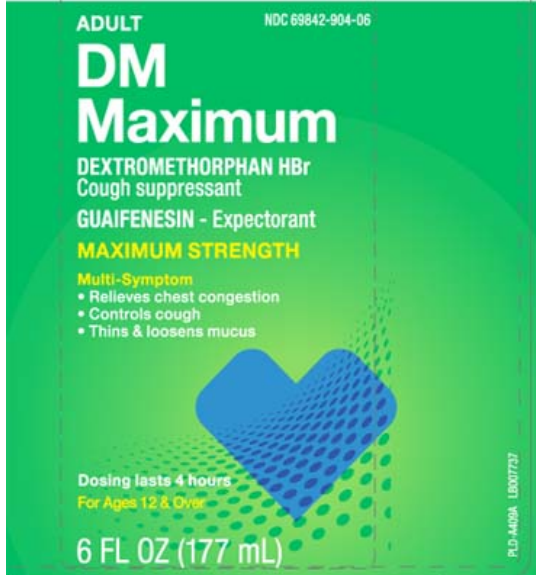
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Package Label



Compare to the active ingredients
in Maximum Strength Mucinex®
FAST-MAX® DM Max*



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PARENTS:
Learn about teen medicine abuse
www.StopMedicineAbuse.org

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PEEL CORNER FOR DRUG FACTS

Drug Facts

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Dextromethorphan HBr 20 mg.....
.....Cough suppressant
Guaifenesin 400 mg.....Expectorant

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Drug Facts (continued)

Warnings

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Drug Facts (continued)

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PEEL CORNER FOR MORE DRUG FACTS

CVS HEALTH Adult DM Maximum Strength

MUCUS RELIEF DM MAXIMUM STRENGTH

dextromethorphan hydrobromide guaifenesin liquid

Product Information

Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:69842-904
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)	
EDETATE DISODIUM (UNII: 7FLD91C86K)	
FD&C RED NO. 40 (UNII: WZB9127XOA)	
GLYCERIN (UNII: PDC6A3C0OX)	
PROPYL GALLATE (UNII: 8D4SNN7V92)	
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
WATER (UNII: 059QF0K00R)	
SODIUM BENZOATE (UNII: OJ245FE5EU)	
TRISODIUM CITRATE DIHYDRATE (UNII: B22547B95K)	
SORBITOL (UNII: 506T60A25R)	
SUCRALOSE (UNII: 96K6UQ3ZD4)	
XANTHAN GUM (UNII: TTV12P4NEE)	

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:69842-904-06	177 mL in 1 BOTTLE, PLASTIC; Type 0: Not a Combination Product	05/29/2020	

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC Monograph Drug	M012	05/29/2020	

Labeler - CVS Pharmacy (062312574)

Revised: 10/2023

CVS Pharmacy