

# **MUCUS RELIEF DM MAX- dextromethorphan hbr, guaifenesin tablet, extended release**

**Rite Aid Corporation**

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## **Rite Aid Corporation Mucus Relief DM MAX Drug Facts**

### **Active ingredients (in each extended-release tablet)**

Dextromethorphan HBr 60 mg

Guaifenesin 1200 mg

### **Purposes**

Cough suppressant

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**

- 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**

- persistent or chronic cough such as occurs with smoking, asthma, chronic bronchitis, or emphysema
- cough accompanied by 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 illness.

## **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 crush, chew, or break tablet
- take with a full glass of water
- this product can be administered without regard for timing of meals
- adults and children 12 years and older: 1 tablet every 12 hours; not more than 2 tablets in 24 hours
- children under 12 years of age: do not use

## **Other information**

- **each tablet contains:** magnesium 25 mg
- do not use if printed foil under cap is broken or missing
- store between 20-25°C (68-77°F)

## **Inactive ingredients**

carbomer homopolymer type B, copovidone, D&C yellow #10 aluminum lake, hypromellose, magnesium hydroxide, magnesium stearate, microcrystalline cellulose, silicon dioxide

## **Questions or comments?**

**1-800-719-9260**

## **Package/Label Principal Display Panel**

Compare to the active ingredients of Maximum Strength Mucinex<sup>®</sup> DM

FREE FROM

GLUTEN FREE

MAXIMUM STRENGTH

MUCUS RELIEF DM MAX

GUAIFENESIN and DEXTROMETHORPHAN HYDROBROMIDE EXTENDED-RELEASE  
TABLETS, 1200 mg / 60 mg

EXPECTORANT & COUGH SUPPRESSANT

Controls cough

Thins and loosens mucus

12 HOUR

ACTUAL SIZE

28 EXTENDED-RELEASE TABLETS



## MUCUS RELIEF DM MAX

dextromethorphan hbr, guaifenesin tablet, extended release

### Product Information

<b>Product Type</b>	HUMAN OTC DRUG	<b>Item Code (Source)</b>	NDC:11822-1812
<b>Route of Administration</b>	ORAL		

**Active Ingredient/Active Moiety**

Ingredient Name	Basis of Strength	Strength
<b>GUAIFENESIN</b> (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)	GUAIFENESIN	1200 mg
<b>DEXTROMETHORPHAN HYDROBROMIDE</b> (UNII: 9D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS)	DEXTROMETHORPHAN HYDROBROMIDE	60 mg

**Inactive Ingredients**

Ingredient Name	Strength
<b>CARBOMER HOMOPOLYMER TYPE B (ALLYL PENTAERYTHRITOL CROSSLINKED)</b> (UNII: HHT01ZNK31)	
<b>COPOVIDONE K25-31</b> (UNII: D9C330MD8B)	
<b>D&amp;C YELLOW NO. 10</b> (UNII: 35SW5USQ3G)	
<b>HYPROMELLOSE, UNSPECIFIED</b> (UNII: 3NXW29V3WO)	
<b>MAGNESIUM HYDROXIDE</b> (UNII: NBZ3QY004S)	
<b>MAGNESIUM STEARATE</b> (UNII: 70097M6I30)	
<b>MICROCRYSTALLINE CELLULOSE</b> (UNII: OP1R32D61U)	
<b>SILICON DIOXIDE</b> (UNII: ETJ7Z6XBU4)	

**Product Characteristics**

<b>Color</b>	YELLOW (light)	<b>Score</b>	no score
<b>Shape</b>	OVAL	<b>Size</b>	22mm
<b>Flavor</b>		<b>Imprint Code</b>	L812
<b>Contains</b>			

**Packaging**

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:11822-1812-0	1 in 1 CARTON	03/13/2023	
1		14 in 1 BOTTLE; Type 0: Not a Combination Product		
2	NDC:11822-1812-1	2 in 1 CARTON	03/16/2023	
2		14 in 1 BOTTLE; Type 0: Not a Combination Product		
3	NDC:11822-1812-2	3 in 1 CARTON	03/16/2023	
3		14 in 1 BOTTLE; Type 0: Not a Combination Product		

**Marketing Information**

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA207602	03/13/2023	

