# MUCINEX FAST-MAX DM MAX HONEY AND BERRY FLAVOR- dextromethorphan hydrobromide and guaifenesin solution RB Health (US) LLC

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.

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# Mucinex® Fast-Max® DM Max Honey & Berry Flavor Drug Facts

Active ingredients (in each 20 mL)	Purposes
Dextromethorphan HBr 20 mg	Cough suppressant
Guaifenesin 400 mg	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

• 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 headache that lasts. 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 right away.

### **Directions**

- 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 of age and over: 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 12 mg
- store at 20-25°C (68-77°F)
- do not refrigerate

# Inactive ingredients

ammonium glycyrrhizate, anhydrous citric acid, edetate disodium, flavors, glycerin (soy), propylene glycol, purified water, sodium benzoate, sorbitol, sucralose, xanthan gum

## **Questions?**

# 1-866-MUCINEX (1-866-682-4639)

You may also report side effects to this phone number.

Dist. by: RB Health (US) Parsippany, NJ 07054-0224

### PRINCIPAL DISPLAY PANEL - 180 mL Bottle Label

MAXIMUM STRENGTH

NDC 63824-535-66

121819

3132638

Mucinex®

FAST-MAX®

DM MAX

Honey

& Berry Flavor

Dextromethorphan HBr – Cough Suppressant Guaifenesin – Expectorant

- ✓ Controls Cough✓ Relieves Chest Congestion
- ✓ Thins & Loosens Mucus
- ✓ 4 Hour Dosing

6 FL OZ (180mL)

FOR AGES 12+



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# **MUCINEX FAST-MAX DM MAX HONEY AND BERRY FLAVOR**

dextromethorphan hydrobromide and quaifenesin solution

Product Information			
Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:63824-535
Route of Administration	ORAL		

Active Ingredient/Active Moiety		
Ingredient Name	<b>Basis of Strength</b>	Strength

<b>DEXTROMETHORPHAN HYDROBROMIDE</b> (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			
ammonium glycyrrhizate (UNII: 3VRD35U26C)				
anhydrous citric acid (UNII: XF417D3PSL)				
edetate disodium (UNII: 7FLD91C86K)				
propylene glycol (UNII: 6DC9Q167V3)				
water (UNII: 059QF0KO0R)				
sodium benzoate (UNII: OJ245FE5EU)				
sorbitol (UNII: 506T60A25R)				
sucralose (UNII: 96K6UQ3ZD4)				
xanthan gum (UNII: TTV12P4NEE)				

Product Characteristics			
Color		Score	
Shape		Size	
Flavor	HONEY	Imprint Code	
Contains			

l	Packaging				
	#	Item Code	Package Description	Marketing Start Date	Marketing End Date
	1	NDC:63824- 535-66	180 mL in 1 BOTTLE; Type 1: Convenience Kit of Co-Package	06/01/2020	

Marketing Information			
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC MONOGRAPH FINAL	part341	06/01/2020	

# Labeler - RB Health (US) LLC (081049410)

Revised: 1/2022 RB Health (US) LLC