

**COUGH AND CHEST CONGESTION DM- dextromethorphan hbr,
guaifenesin solution
CVS WOONSOCKET PRESCRIPTION CENTER, INCORPORATED**

CVS 44-031A

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 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)

Stop use and ask a doctor if

cough persists more than 1 week, tends to recur, or is accompanied by a 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 right away.

Directions

- **do not take more than directed**
- do not take more than 6 doses in any 24-hour period
- mL = milliliter
- only use the dose cup provided
- dose as follows or as directed by a doctor
- adults and children 12 years and over: 20 mL in dosing cup provided every 4 hours
- children under 12 years: do not use

Other information

- **each 20 mL contains:** sodium 6 mg
- store at 25°C (77°F); excursions permitted between 15°-30°C (59°-86°F)
- use by expiration date on package

Inactive ingredients

anhydrous citric acid, FD&C red #40, flavors, glycerin, propylene glycol, purified water, sodium benzoate, sodium citrate dihydrate, sorbitol solution, sucralose, xanthan gum

Questions or comments?

1-800-426-9391

Principal display panel

♥CVS™

NDC 51316-389-45

Berry Flavor

Maximum Strength†
COUGH & CHEST
CONGESTION DM

Dextromethorphan HBr
Cough Suppressant
Guaifenesin, Expectorant

Compare to Maximum Strength Mucinex®
FAST-MAX® DM MAX active ingredients

Multi-Symptom
Relieves Chest Congestion
Controls Cough | Thins & Loosens Mucus

6 FL OZ (177 mL) Ages 12 & Older
dosing cup included

†Under OTC monograph.

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PEEL BACK TAB TO READ
COMPLETE DRUG FACTS
AND INFORMATION

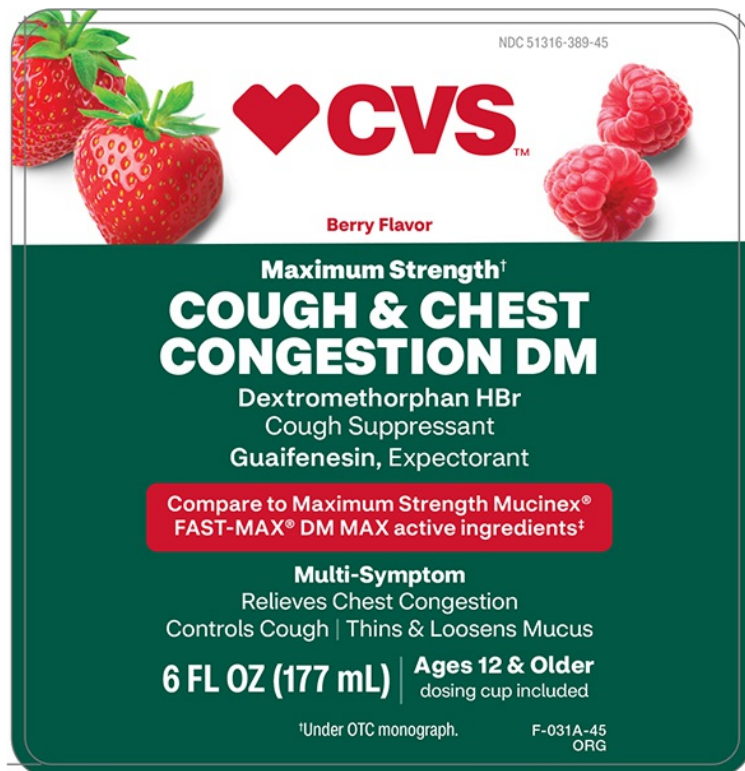
TAMPER EVIDENT: DO NOT USE IF IMPRINTED
SAFETY SEAL UNDER CAP IS BROKEN OR MISSING

‡This product is not manufactured or distributed by RB Health (US)
LLC, owner of the registered trademark Maximum Strength
Mucinex® FAST-MAX® DM MAX.
50844 ORG042403145

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

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#895138

FPO 80%
UPC# 050428055182

X XXXXXX XXXXXX X

No print/No varnish
Lot & Exp date

Drug Facts (continued)
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CVS 44-031A

COUGH AND CHEST CONGESTION DM

dextromethorphan hbr, guaifenesin solution

Product Information

Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:51316-389
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)	
FD&C RED NO. 40 (UNII: WZB9127XOA)	
GLYCERIN (UNII: PDC6A3C0OX)	
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
WATER (UNII: 059QF0KO0R)	
SODIUM BENZOATE (UNII: OJ245FE5EU)	
TRISODIUM CITRATE DIHYDRATE (UNII: B22547B95K)	
SORBITOL SOLUTION (UNII: 8KW3E207O2)	
SUCRALOSE (UNII: 96K6UQ3ZD4)	
XANTHAN GUM (UNII: TTV12P4NEE)	

Product Characteristics			
Color	red	Score	
Shape		Size	
Flavor	BERRY	Imprint Code	
Contains			

Packaging				
#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:51316-389-45	177 mL in 1 BOTTLE, PLASTIC; Type 0: Not a Combination Product	12/29/2025	

Marketing Information			
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC Monograph Drug	M012	12/29/2025	

Labeler - CVS WOONSOCKET PRESCRIPTION CENTER, INCORPORATED (062312574)

Establishment			
Name	Address	ID/FEI	Business Operations
LNK International, Inc.		967626305	manufacture(51316-389) , pack(51316-389)

Revised: 12/2025

CVS WOONSOCKET PRESCRIPTION CENTER, INCORPORATED