MUCUS RELIEF DM MAX- dextromethorphan hbr, guaifenesin solution
Family Dollar Services Inc

Family Wellness 44-031

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 7 days, 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 9 mg
- use by expiration date on package
- store at 25°C (77°F); excursions permitted between 15°-30°C (59°-86°F)

Inactive ingredients

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

Questions or comments?

1-800-426-9391

Principal display panel

FAMILY
Wellness™

***COMPARE TO THE**
ACTIVE INGREDIENTS IN
MAXIMUM STRENGTH
MUCINEX® FAST-MAX®
DM MAX

MAXIMUM STRENGTH
MUCUS RELIEF
DM MAX

Dextromethorphan HBr
Guaifenesin

Cough Suppressant
Expectorant

- **Controls Cough**
- **Relieves Chest Congestion**
- **Thins & Loosens Mucus**

AGES
12 YEARS
& OVER

6 FL OZ
(177 mL)

NDC 55319-731-45

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

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

*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 ORG062303145

DISTRIBUTED BY:
MIDWOOD BRANDS LLC,
500 VOLVO PKWY
CHESAPEAKE, VA 23320 USA

NOT 100% SATISFIED?
Return within 30 days to the store of purchase for a refund (with receipt) or exchange.

Family Wellness 44-031

MUCUS RELIEF DM MAX

dextromethorphan hbr, guaifenesin solution

Product Information			
Product Type	HUMAN OTC DRUG	**Item Code (Source)**	NDC:55319-731
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)	
SODIUM METABISULFITE (UNII: 4VON5FNS3C)	
SORBITOL (UNII: 506T60A25R)	
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:55319-731-45	177 mL in 1 BOTTLE, PLASTIC; Type 0: Not a Combination Product	01/05/2024	

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC Monograph Drug	M012	01/05/2024	

Labeler - Family Dollar Services Inc (024472631)

Establishment

Name	Address	ID/FEI	Business Operations
LNK International, Inc.		967626305	manufacture(55319-731) , pack(55319-731)