# CVS MUCUS RELIEF DM MAXIMUM STRENGTH- dextromethorphan hbr and guaifenes in solution CVS PHARMACY

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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# **Mucus Relief DM Maximum Strength**

# **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 persistent 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 at 1-800-222-2222.

### **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
- mL = milliliter
- adults and children 12 years and older: 20 mL every 4 hours
- children under 12 years of age: Do not use

#### Other information

- each 20 mL contains: sodium 8 mg
- low sodium
- store at room temperature
- do not refrigerate
- dosing cup provided

# **Inactive ingredients**

anhydrous citric acid, edetate disodium, FD&C Blue No. 1, FD&C Red No. 40, flavors, potassium citrate, propylene glycol, propyl gallate, purified water, sodium benzoate, sorbitol, sucralose, xanthan gum.

#### Questions or comments?

1-866-467-2748

### PRINCIPAL DISPLAY PANEL

NDC# 69842-937-06

\*Compare to the active ingredients in Maximum Strength Mucinex  $^{\! \scriptscriptstyle (\! R \! \!)}$  Fast-Max  $^{\! \scriptscriptstyle (\! R \! \!\!)}$  DM max

#### **Mucus Relief DM**

# **DEXTROMETHORPHAN HBr**/COUGH SUPPRESSANT **GUAIFENESIN 400 mg**/ EXPECTORANT

# **Maximum Strength**

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

# For Ages 12+

6 FL OZ (180 mL)

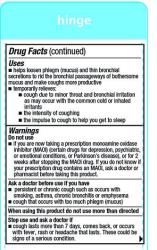
# Tamper evident: Do not use if printed inner seal under cap is broken or missing.

# Distributed by:

\*This product is not manufactured or distributed by Reckitt Benckiser, the distributor of Maximum Strength Mucinex<sup>®</sup> Fast -Max<sup>®</sup> DM Max.









## CVS MUCUS RELIEF DM MAXIMUM STRENGTH

dextromethorphan hbr and guaifenesin solution

Product Information			
Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:69842-937
Route of Administration	ORAL		

Active Ingredient/Active Moiety		
Ingredient Name	Basis of Strength	Strength
. , , , ,	de xtro me tho rphan hydro bro mide	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 BLUE NO. 1 (UNII: H3R47K3TBD)	
FD&C red No. 40 (UNII: WZB9127XOA)	
POTASSIUM CITRATE (UNII: EE90 O NI6 FF)	
propylene glycol (UNII: 6DC9Q167V3)	
propyl gallate (UNII: 8D4SNN7V92)	

water (UNII: 059QF0KO0R)	
sodium benzoate (UNII: OJ245FE5EU)	
sorbitol (UNII: 506T60A25R)	
sucralose (UNII: 96K6UQ3ZD4)	
xanthan gum (UNII: TTV12P4NEE)	

l	Packaging			
l	# Item Code	Package Description	<b>Marketing Start Date</b>	<b>Marketing End Date</b>
ı	1 NDC:69842-937-06	180 mL in 1 BOTTLE; Type 0: Not a Combination Product	03/30/2020	

Marketing Information			
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC monograph final	part341	03/30/2020	

# Labeler - CVS PHARMACY (062312574)

Revised: 4/2020 CVS PHARMACY