

**MAXIMUM STRENGTH COUGH AND CONGESTION EXTENDED RELEASE -  
guaifenesin and dextromethorphan hbr tablet, extended release  
CVS Pharmacy, Inc.**

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***Drug Facts***

***Active Ingredients***

***(in each extended-release tablet)***

Dextromethorphan Hydrobromide USP 60 mg  
Guaifenesin USP 1200 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**

- 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 (1-800-222-1222) right away.

## ***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***

- store at 20° to 25°C (68° to 77°F)

## ***Inactive ingredients***

colloidal silicon dioxide, hypromellose, magnesium stearate, microcrystalline cellulose, povidone, pregelatinized starch (maize)

## ***Questions?***

call **1-855-274-4122** You may also report side effects to this phone number.

**Distributed by: CVS Pharmacy, Inc.**  
**One CVS Drive, Woonsocket, RI 02895**  
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**CVS.Com® 1-800-SHOP CVS**  
**Made in India**  
**V-32402**

**PACKAGE LABEL-PRINCIPAL DISPLAY PANEL - 1200 mg/60 mg (14 Tablet  
Carton Label)**

**CVS Health®**

**NDC 51316-060-65**

**MAXIMUM STRENGTH**

**COUGH &  
CONGESTION**

**GUAIFENESIN, 1200 mg**  
**DEXTROMETHORPHAN HBr, 60 mg**  
**Expectorant / Cough Suppressant**

**EXTENDED-RELEASE**

**Controls cough**

**Thins & loosens mucus**

**12  
HOUR**

**Compare to the active ingredients  
in Maximum Strength Mucinex® DM\***

**14 TABLETS**



# MAXIMUM STRENGTH COUGH AND CONGESTION EXTENDED RELEASE

guaifenesin and dextromethorphan hbr tablet, extended release

## Product Information

<b>Product Type</b>	HUMAN OTC DRUG	<b>Item Code (Source)</b>	NDC:51316-060
<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: 9D2RT19KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS)	DEXTROMETHORPHAN HYDROBROMIDE	60 mg

## Inactive Ingredients

Ingredient Name	Strength
<b>SILICON DIOXIDE</b> (UNII: ETJ7Z6XBU4)	

<b>HYPROMELLOSE, UNSPECIFIED</b> (UNII: 3NXW29V3WO)	
<b>MAGNESIUM STEARATE</b> (UNII: 70097M6I3O)	
<b>MICROCRYSTALLINE CELLULOSE</b> (UNII: OP1R32D61U)	
<b>POVIDONE K90</b> (UNII: RDH86HJV5Z)	
<b>POVIDONE K25</b> (UNII: K0KQV10C35)	
<b>STARCH, CORN</b> (UNII: O8232NY3SJ)	

### Product Characteristics

<b>Color</b>	WHITE (white to off-white)	<b>Score</b>	no score
<b>Shape</b>	OVAL	<b>Size</b>	22mm
<b>Flavor</b>		<b>Imprint Code</b>	X;63
<b>Contains</b>			

### Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:51316-060-65	2 in 1 CARTON	04/01/2024	
1		7 in 1 BLISTER PACK; Type 0: Not a Combination Product		

### Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
ANDA	ANDA206941	04/01/2024	

**Labeler** - CVS Pharmacy, Inc. (062312574)

**Registrant** - Aurohealth LLC (078728447)

### Establishment

Name	Address	ID/FEI	Business Operations
Aurobindo Pharma Limited		650381903	ANALYSIS(51316-060) , MANUFACTURE(51316-060)

Revised: 4/2024

CVS Pharmacy, Inc.