MAXIMUM STRENGTH MUCUS RELIEF DM MAX - dextromethorphan hbr, guaifenesin liquid Topco Associates, LLC

Maximum Strength Mucus Relief DM Max 628

ACTIVE INGREDIENTS (in each 20 mL)

Dextromethorphan HBr, 20 mg

Guaifenesin, 400 mg

PURPOSE

Cough Suppressant

Expectorant

USE(S)

- helps loosen phlegm (mucus) and thin bronchial secretions to drain bronchial tubes and make coughs more productive
- temporarily relieves:
- cough due to minor throat and bronchial irritation as may occur with a 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

• 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 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 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 & children 12 years & older: 20 mL every 4 hours
- Children under 12 years of age: Do not use

OTHER INFORMATION

- each 20 mL contains: potassium 20 mg, sodium 20 mg
- store between 15-30°C (59-86°F)
- do not refrigerate
- dosing cup provided

INACTIVE INGREDIENTS

citric acid anhydrous, dextrose, D&C red # 33, FD&C Red #40, flavors, glycerin, methylparaben, potassium sorbate, propylene glycol, propylparaben, purified water,

saccharin sodium, sodium hydroxide, sorbitol, sucralose, xanthan gum

PACKAGE LABEL.PRINCIPAL DISPLAY PANEL

TopCare[®] health

NDC 76162-628-58

COMPARE TO MAXIMUM STRENGTH MUCINEX[®] FAST-MAX[™] DM MAX ACTIVE INGREDIENTS*

MAXIMUM STRENGTH

Mucus Relief

DM Max

DEXTROMETHORPHAN HBr 20 mg

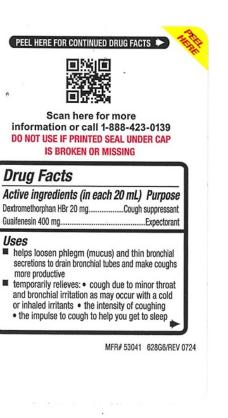
COUGH SUPPRESSANT GUAIFESNESIN 400 mg

EXPECTORANT

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

CHERRY FLAVOR 6 FL OZ (177 mL) FOR AGES 12+







QUALITY GUARANTEED

¹This product is not manufactured or distributed Reckitt Benckiser, the distributor of Mucinex[®] Fast-Max[®] DM Max.

Pr	oduct Infor	mation									
Product Type			HUMAN OTC DRUG Item Code		Code ((Source) NDC:7		162-628			
Route of Administration			ORAL								
Ac	tive Ingred	ient/Active	Moiety								
		Ingre	dient Name			Basis of Str	ength	Strengt			
DEXTROMETHORPHAN HYDROB (DEXTROMETHORPHAN - UNII:7355)						DEXTROMETHORPHAN HYDROBROMIDE		20 mg in 20 mL			
GUAIFENESIN (UNII: 495W7451VQ)) (GUAIFENESIN - UNII:495W7451VQ)			GUAIFENESIN		400 mg in 20 mL			
In	active Ingre	dianta									
1110	active mgre	eulents					6				
							5	trength			
	HYDROUS CITR C RED NO. 33										
		•	I (UNII: IY9XDZ 35W2)								
FD&C RED NO. 40 (UNII: WZB9127XOA) GLYCERIN (UNII: PDC6A3C0OX)											
	THYLPARABEN		9T)								
	TASSIUM SORE										
PRC	OPYLENE GLYC	OL (UNII: 6DC9	Q167V3)								
PRC	OPYLPARABEN	(UNII: Z8IX2SC	LOH)								
WA	TER (UNII: 0590	F0KO0R)									
SAC	CHARIN SODI	UM (UNII: SB8Z	UX40TY)								
soi	DIUM HYDROX	DE (UNII: 55X04	4QC32I)								
soi	RBITOL (UNII: 5	06T60A25R)									
SUC	CRALOSE (UNII:	96K6UQ3ZD4)									
XAN	NTHAN GUM (U	NII: TTV12P4NEI	Ξ)								
Dr	oduct Char	actoristics									
			RED	Score							
Color			Size								
Shape Flavor		CHERRY	Size Imprint Code								
	ntains		CHERRY	mprint	coue						
CUI	intains										
Pa	ckaging										
#	ltem Code	Pa	ckage Description		Mar	keting Start Date		eting End Date			
N	NDC:76162-628-	B- 177 mL in 1 BOTTLE; Type 0: Not a Combinat Product		nbination	02/10/2	2025					

Marketing Information									
Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date						
OTC Monograph Drug	M012	02/10/2025							

Labeler - Topco Associates, LLC (006935977)

Establishment										
Name	Address	ID/FEI	Business Operations							
Guardian Drug Company		119210276	MANUFACTURE(76162-628)							

Revised: 2/2025

Topco Associates, LLC