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

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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

*This product is not manufactured or distributed by Reckitt Benckiser, the distributor of Mucinex® Fast-Max™ DM Max.

NDC 76162-628-58

TopCare® health

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DISTRIBUTED BY TOPCO ASSOCIATES LLC
ITASCA, IL 60143
©TOPCO GUAA0524 QUESTIONS? 1-888-423-0139
topcare@topco.com www.topcarebrand.com

0 36800 38617 4

PEEL HERE FOR CONTINUED DRUG FACTS ▶

PEEL HERE

Scan here for more information or call 1-888-423-0139

DO NOT USE IF PRINTED SEAL UNDER CAP IS BROKEN OR MISSING

Drug Facts

Active ingredients (in each 20 mL) Purpose

Dextromethorphan HBr 20 mg.....Cough suppressant
Guaifenesin 400 mg.....Expectorant

Uses

- 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 ▶

MFR# 53041 628G6/REV 0724

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TopCare® health

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

MAXIMUM STRENGTH

Mucus Relief DM Max

DEXTROMETHORPHAN HBr 20 mg
COUGH SUPPRESSANT
GUAIFENESIN 400 mg
EXPECTORANT

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

CHERRY FLAVOR

6 FL OZ (177 mL) FOR AGES 12+

Drug Facts (continued)

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 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. 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
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Drug Facts (continued)

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.

MAXIMUM STRENGTH MUCUS RELIEF DM MAX

dextromethorphan hbr, guaifenesin liquid

Product Information

Product Type	HUMAN OTC DRUG	**Item Code (Source)**	NDC:76162-628
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)	
D&C RED NO. 33 (UNII: 9DBA0SBB0L)	
DEXTROSE, UNSPECIFIED FORM (UNII: IY9XDZ35W2)	
FD&C RED NO. 40 (UNII: WZB9127XOA)	
GLYCERIN (UNII: PDC6A3C0OX)	
METHYLPARABEN (UNII: A2I8C7HI9T)	
POTASSIUM SORBATE (UNII: 1VPU26JZZ4)	
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
PROPYLPARABEN (UNII: Z8IX2SC1OH)	
WATER (UNII: 059QF0KO0R)	
SACCHARIN SODIUM (UNII: SB8ZUX40TY)	
SODIUM HYDROXIDE (UNII: 55X04QC32I)	
SORBITOL (UNII: 506T60A25R)	
SUCRALOSE (UNII: 96K6UQ3ZD4)	
XANTHAN GUM (UNII: TTV12P4NEE)	

Product Characteristics

Color	RED	**Score**	
Shape		**Size**	
Flavor	CHERRY	**Imprint Code**	
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:76162-628-58	177 mL in 1 BOTTLE; Type 0: Not a Combination Product	02/10/2025	

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