#### MUCUS DM 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 30 mg Guaifenesin USP 600 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 or 2 tablets every 12 hours; not more than 4 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.

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PACKAGE LABEL-PRINCIPAL DISPLAY PANEL - 600 mg/30 mg (20 Tablet Carton Label)

CVS Health®

Compare to the active ingredients in Mucinex<sup>®</sup> DM<sup>\*\*</sup>

NDC 69842-057-67

Mucus DM Extended Release

12 Hour

GUAIFENESIN & DEXTROMETHORPHAN HYDROBROMIDE EXTENDED-RELEASE TABLETS, 600 mg/30 mg

#### **EXPECTORANT/COUGH SUPPRESSANT**

- Controls cough
- Thins & loosens mucus

Actual Size 20 EXTENDED-RELEASE TABLETS



# **MUCUS DM EXTENDED RELEASE**

guaifenesin and dextromethorphan hbr tablet, extended release

Product Information						
Product Type	HUMAN OTC DRUG	Item Code (Source)		NDC:6984	NDC:69842-057	
Route of Administration	ORAL					
Active Ingredient/Active	Moietv					
Ingre	Basis of Strength		Strength			
GUAIFENESIN (UNII: 495W7451VQ	GUAIFENESIN (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)			GUAIFENESIN		
<b>DEXTROMETHORPHAN HYDROBROMIDE</b> (UNII: 9D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS)			DEXTROMETHORPHAN HYDROBROMIDE		30 mg	
Inactive Ingredients						
Ingredient Name				Str	ength	
SILICON DIOXIDE (UNII: ETI7Z6XE	3114)					

HYPROMELLOSE, UNSPECIFIED (UNII: 3NXW29V3WO)	
MAGNESIUM STEARATE (UNII: 70097M6I30)	
MICROCRYSTALLINE CELLULOSE (UNII: OP1R32D61U)	
POVIDONE K90 (UNII: RDH86HJV5Z)	
POVIDONE K25 (UNII: K0KQV10C35)	
STARCH, CORN (UNII: 08232NY3SJ)	

## **Product Characteristics**

Color	WHITE (white to off-white)	Score	no score
Shape	OVAL	Size	16mm
Flavor		Imprint Code	X;62
Contains			

# Packaging

#	ltem Code	Package Description	Marketing Start Date	Marketing End Date	
1	NDC:69842- 057-67	2 in 1 CARTON	03/17/2017		
1		10 in 1 BLISTER PACK; Type 0: Not a Combination Product			
2	NDC:69842- 057-11	4 in 1 CARTON	03/17/2017		
2		10 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	
٨N	IDA	ANDA206941	03/17/2017		

# Labeler - CVS Pharmacy, Inc. (062312574)

Registrant - Aurohealth LLC (078728447)

Establishment					
Name	Address	ID/FEI	<b>Business Operations</b>		
Aurobindo Pharma Limited		650381903	ANALYSIS(69842-057), MANUFACTURE(69842-057)		

Revised: 2/2024

CVS Pharmacy, Inc.