

MUCUS RELIEF DM MAX MAXIMUM STRENGTH- mucinex dm max maximum strength liquid

AmerisourceBergen (Good Neighbor Pharmacy) 46122

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.

Mucus relief severe congestion and cough old aaron

Drug Facts

Dextromethorphan HBr 20mg

Guaifenesin 400 mg

Purpose

Dextromethorphan.....Cough suppressant

Guaifenesin.....Expectorant

Uses

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, helps loosen phlegm (mucus) and thin bronchial secretions to rid the bronchial passageways of bothersome mucus and make coughs more productive

warnings

for children under 12 years of age

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. 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 1-800-222-1222 immediately. Quick medical attention is critical for adults as well as for children even if you do not notice any signs or symptoms.

Directions

do not exceed recommended dosage

use dosage cup provided

do not take more than 6 doses in a 24 hour period

do not use dosing cup with other products

dose as follows or as directed by a doctor mL=milliliter

children under 12 years-do not use

adults and children 12 years and older-20mL every 4 hours

Other information

each 20mL contains potassium 6mg, sodium 13mg

store at room temperature

do not refrigerate

Inactive ingredients

citric acid, dextrose, flavors, glycerin, methyl paraben, potassium sorbate, propylene glycol, propyl paraben, purified water, red 33, red 40, saccharin sodium, sodium hydroxide, sucralose, xanthan gum

Principal Display Panel

Maximum Strength

Mucus Relief

DM MAX

Cough Suppressant

(Dextromethorphan HBr)

Chest Congestion and Mucus

(Guaifenesin)

mucus, cough, chest congestion

For Ages 12 and over

Distributed By AmerisourceBergen

1300 Morris Drive Chesterbrook, PA 19087

Visit us at www.goodneighborpharmacy.com

Questions or comments? 1 866 534 4631

6 fl oz 177 mL



Compare to Mucinex[®]
Fast Max[™] DM Max
active ingredients *

NDC 46122-218-30

Maximum Strength

Mucus Relief

DM Max

Cough Suppressant
(Dextromethorphan HBr)

Chest Congestion & Mucus
(Guaifenesin)

- Mucus • Cough
- Chest Congestion

For Ages 12 & over

Distributed By AmerisourceBergen
1300 Morris Drive Chesterbrook, PA 19087
Visit us at www.goodneighborpharmacy.com
Questions or comments? 1-866-534-4631

6 fl oz (177 mL)

ABC# 228-478



MUCUS RELIEF DM MAX MAXIMUM STRENGTH

mucinex dm max maximum strength liquid

Product Information

Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:46 122-218
Route of Administration	ORAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
GUAIFENESIN (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)	GUAIFENESIN	400 mg in 20 mL
DEXTROMETHORPHAN HYDROBROMIDE (UNII: 9D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS)	DEXTROMETHORPHAN HYDROBROMIDE	20 mg in 20 mL

Inactive Ingredients

Ingredient Name	Strength
GLYCERIN (UNII: PDC6A3C0OX)	
XANTHAN GUM (UNII: TTV12P4NEE)	
WATER (UNII: 059QF0K00R)	
POTASSIUM SORBATE (UNII: 1VPU26JZZ4)	
SACCHARIN SODIUM (UNII: SB8ZUX40TY)	
DEXTROSE (UNII: IY9XDZ35W2)	
SUCRALOSE (UNII: 96K6UQ3ZD4)	
SODIUM HYDROXIDE (UNII: 55X04QC32I)	
CITRIC ACID ACETATE (UNII: DSO12WL7AU)	
FD&C RED NO. 40 (UNII: WZB9127XOA)	
D&C RED NO. 33 (UNII: 9DBA0SBB0L)	
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)	
METHYLPARABEN (UNII: A2I8C7HI9T)	
PROPYLPARABEN (UNII: Z8IX2SC1OH)	

Product Characteristics

Color		Score	
Shape		Size	
Flavor	CHERRY	Imprint Code	
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:46 122-218-30	177 mL in 1 BOTTLE, PLASTIC; Type 0: Not a Combination Product	10/25/2013	12/31/2020

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC MONOGRAPH FINAL	part341	10/25/2013	12/31/2020

Labeler - AmerisourceBergen (Good Neighbor Pharmacy) 46122 (007914906)

Revised: 11/2019

AmerisourceBergen (Good Neighbor Pharmacy) 46122