

MUCUS RELIEF DM MAXIMUM STRENGTH- dextromethorphan hbr and guaifenesin solution
WALGREENS CO

Mucus Relief DM Maximum Strength

Drug Facts

Active ingredients (in each 20 Purposes mL)

Dextromethorphan HBr 20 mg	Cough suppressant
Guaifenesin 400 mg	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

- 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 that lasts. 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 at 1-800-222-2222.

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
- mL = milliliter
- **adults and children 12 years and older:**20 mL every 4 hours
- **children under 12 years of age:**Do not use

Other information

- **each 20 mL contains:**sodium 8 mg
- low sodium
- store at room temperature
- do not refrigerate
- dosing cup provided

Inactive ingredients

anhydrous citric acid, edetate disodium, FD&C Blue No. 1, FD&C Red No. 40, flavors, potassium citrate , propylene glycol, propyl gallate, purified water, sodium benzoate, sorbitol, sucralose, xanthan gum.

Questions or comments?

1-866-467-2748

PRINCIPAL DISPLAY PANEL

Walgreens

NDC# 0363-7390-06

Compare to Maximum Strength Mucinex[®] Fast-Max[™] DM max active ingredients ††

DM Max

- **DEXTROMETHORPHAN HBr 20 mg/COUGH SUPPRESSANT**
- **GUAIFENESIN 400 mg/EXPECTORANT**

MAXIMUM STRENGTH

MULTI-SYMP TOM

- **Relieves Chest Congestion & cough**
- **Thins & loosens mucus**
- **4-hour dosing**
- **12 years & older**

6 FL OZ (180 mL)

TAMPER EVIDENT: DO NOT USE IF PRINTED INNER SEAL UNDER CAP IS BROKEN OR MISSING.

Walgreens Pharmacist Recommended

Walgreens Pharmacist Survey

††These products is not manufactured or distributed by Reckitt Benckiser Health distributor of Maximum Strength Mucinex®

Fast Max® DM Max

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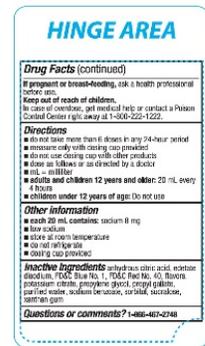
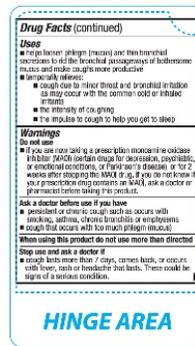
WALGREEN CO.

200 WILMOT RD. DEERFIELD, IL 60015

100% SATISFACTION GUARANTEED

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MUCUS RELIEF DM MAXIMUM STRENGTH			
dextromethorphan hbr and guaifenesin solution			
Product Information			
Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:0363-7390
Route of Administration	ORAL		
Active Ingredient/Active Moiety			
Ingredient Name	Basis of Strength	Strength	
DEXTROMETHORPHAN HYDROBROMIDE (UNII: 9D2RT19KYH) (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)				
EDETATE DISODIUM (UNII: 7FLD91C86K)				
FD&C BLUE NO. 1 (UNII: H3R47K3TBD)				
FD&C RED NO. 40 (UNII: WZB9127XOA)				
POTASSIUM CITRATE (UNII: EE90ONI6FF)				
PROPYLENE GLYCOL (UNII: 6DC9Q167V3)				
PROPYL GALLATE (UNII: 8D45NN7V92)				
WATER (UNII: 059QF0KO0R)				
SODIUM BENZOATE (UNII: OJ245FE5EU)				
SORBITOL (UNII: 506T60A25R)				
SUCRALOSE (UNII: 96K6UQ3ZD4)				
XANTHAN GUM (UNII: TTV12P4NEE)				
Packaging				
#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:0363-7390-06	180 mL in 1 BOTTLE; Type 0: Not a Combination Product	01/29/2020	
Marketing Information				
Marketing Category		Application Number or Monograph Citation	Marketing Start Date	Marketing End Date
OTC Monograph Drug		M012	01/29/2020	

Labeler - WALGREENS CO (008965063)

Revised: 11/2025

WALGREENS CO