

MUCUS RELIEF DM- dextromethorphan hydrobromide, guaifenesin tablet, extended release

CVS WOONSOCKET PRESCRIPTION CENTER, INCORPORATED

CVS Pharmacy, Inc. Mucus Relief DM Drug Facts

Active ingredients (in each extended-release tablet)

Dextromethorphan HBr 60 mg

Guaifenesin 1200 mg

Purposes

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 right away (1-800-222-1222).

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 tablet every 12 hours; not more than 2 tablets in 24 hours
- children under 12 years of age: do not use

Other information

- **each tablet contains:** magnesium 25 mg
- do not use if printed foil under cap is broken or missing
- store between 20-25°C (68-77°F)

Inactive ingredients

carbomer homopolymer type B, copovidone, D&C yellow #10 aluminum lake, hypromellose, magnesium hydroxide, magnesium stearate, microcrystalline cellulose, silicon dioxide

Questions or comments?

1-800-719-9260

Package/Label Principal Display Panel

CVS™

12 HR

actual size

Maximum Strength

MUCUS RELIEF DM

Guaifenesin, 1200 mg & Dextromethorphan Hydrobromide, 60 mg

Extended-Release Tablets

Expectorant / Cough Suppressant

Compare to Maximum Strength Mucinex[®] DM active ingredients

Controls Cough

Thins & Loosens Mucus

42 EXTENDED-RELEASE TABLETS



MUCUS RELIEF DM

dextromethorphan hydrobromide, guaifenesin tablet, extended release

Product Information

Product Type	HUMAN OTC DRUG	Item Code (Source)	NDC:51316-671
Route of Administration	ORAL		

Active Ingredient/Active Moiety

Ingredient Name	Basis of Strength	Strength
GUAIFENESIN (UNII: 495W7451VQ) (GUAIFENESIN - UNII:495W7451VQ)	GUAIFENESIN	1200 mg
DEXTROMETHORPHAN HYDROBROMIDE (UNII: 9D2RTI9KYH) (DEXTROMETHORPHAN - UNII:7355X3ROTS)	DEXTROMETHORPHAN HYDROBROMIDE	60 mg

Inactive Ingredients

Ingredient Name	Strength
CARBOMER HOMOPOLYMER TYPE B (ALLYL PENTAERYTHRITOL CROSSLINKED) (UNII: HHT01Z NK31)	
COPOVIDONE K25-31 (UNII: D9C330MD8B)	
D&C YELLOW NO. 10 ALUMINUM LAKE (UNII: CQ3XH3DET6)	
HYPROMELLOSE, UNSPECIFIED (UNII: 3NXW29V3WO)	
MAGNESIUM HYDROXIDE (UNII: NBZ3QY004S)	
MAGNESIUM STEARATE (UNII: 70097M6I30)	
MICROCRYSTALLINE CELLULOSE (UNII: OP1R32D61U)	
SILICON DIOXIDE (UNII: ETJ7Z6XBU4)	

Product Characteristics

Color	YELLOW (light)	Score	no score
Shape	OVAL	Size	22mm
Flavor		Imprint Code	L812
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:51316-671-55	1 in 1 CARTON	12/17/2025	
1		42 in 1 BOTTLE; Type 0: Not a Combination Product		
2	NDC:51316-671-66	1 in 1 CARTON	01/12/2026	
2		14 in 1 BOTTLE; Type 0: Not a Combination Product		

Marketing Information

Marketing	Application Number or Monograph	Marketing Start	Marketing End
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Category	Citation	Date	Date
ANDA	ANDA207602	12/17/2025	

Labeler - CVS WOONSOCKET PRESCRIPTION CENTER, INCORPORATED (062312574)

Revised: 2/2026

CVS WOONSOCKET PRESCRIPTION CENTER, INCORPORATED