MAXIMUM STRENGTH MUCUS RELIEF DM- dextromethorphan hydrobromide and guaifenesin liquid Wal-Mart Stores,Inc.,

Equate Maximum Strength Mucus Relief DM 6 FL OZ

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. 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#1, FD&C red #40, natural and artificial flavor, potassium citrate , propylene glycol, propyl gallate, purified water, sodium benzoate, sorbitol, sucralose, xanthan gum.

Questions or comments?

1-888-287-1915

PRINCIPAL DISPLAY PANEL

NDC# 49035-839-06

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

Maximum Strength [‡]

Mucus Relief DM

Dextromethorphan HBr Cough Suppressant Guaifenesin Expectorant **Multi Symptom Relief**

- Chest Congestion
- Cough
- Thins & loosens Mucus
- 4 Hour Dosing For Ages 12+

6 FL OZ (180 mL)

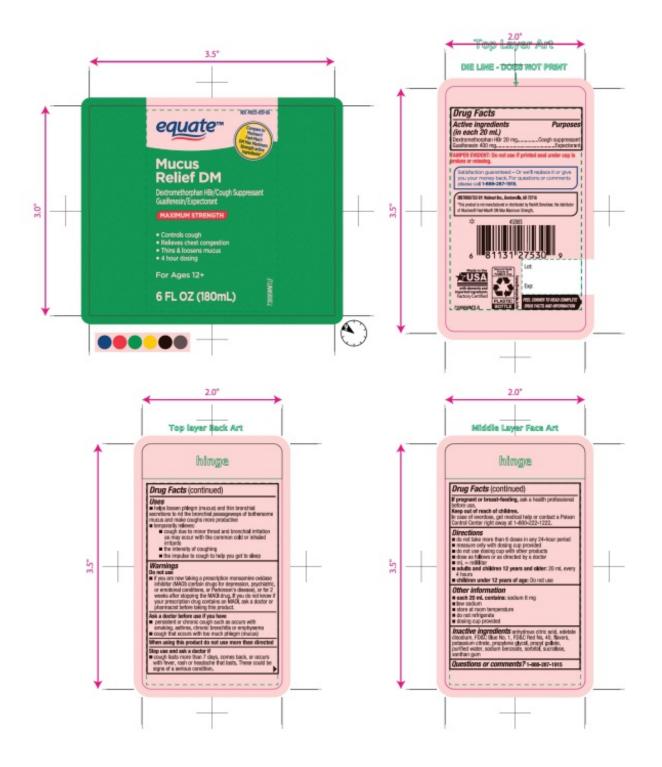
Tamper evident: do not use if printed seal under cap is broken or missing.

[‡]Maximum Strength per 4 hour dose.

DISTRIBUTED BY: Walmart Inc.,

Bentonville, AR 72716

*This product is not manufactured or distributed by Reckitt Benckiser, the owner of the registered trademark Maximum Strength Mucinex[®] Fast -Max[®] DM Max.



MAXIMUM STRENGTH MUCUS RELIEF DM

dextromethorphan hydrobromide and guaifenesin liquid

Product Information						
Product Type	HUMAN OTC DRUG	Item Code (So	ource)	NDC:490	035-839	
Route of Administration	ORAL					
Active Ingredient/Active Moiety						
Ingred	lient Name	I	Basis of Stre	ngth	Strength	

dextromethorphan hydrobromide (UNII: 9D2RTI9KYH) (dextromethorphan - UNII:7355X3ROTS)	dextromethorphan hydrobromide	20 mg in 20 mL
guaifenesin (UNII: 495W7451VQ) (guaifenesin - UNII:495W7451VQ)	guaifenes in	400 mg in 20 mL

Inactive Ingred	ients					
Ingredient Name					Strength	
anhydrous citric ac	id (UNII: XF417D	- 3PSL)				
edetate disodium (JNII: 7FLD91C86	<)				
FD&C BLUE NO. 1	JNII: H3R47K3TB	D)				
FD&C red No. 40 (U	NII: WZB9127XO	Α)				
POTASSIUM CITRAT	E (UNII: EE90ON	l6FF)				
propylene glycol (U	NII: 6DC9Q167V3	3)				
propyl gallate (UNII:	8D4SNN7V92)					
water (UNII: 059QF0k	(O0R)					
sodium benzoate (UNII: OJ245FE5EU)						
sorbitol (UNII: 506T6	0A25R)					
sucralose (UNII: 96K	6UQ3ZD4)					
xanthan gum (UNII: ⁻	TTV12P4NEE)					
Product Charac	teristics					
Color		RED	Score			
Shape			Size			
Flavor			Imprint Code			
Contains						
Packaging						
# Item Code	Package Description		Marketing Start Date	Marketing End Date		
	180 mL in 1 BOTTLE; Type 0: Not a Combination Product					
		LE; Type 0: Not	a Combination	05/01/2018		
		LE; Type 0: Not	a Combination	05/01/2018		
• 06 P	roduct		a Combination	05/01/2018		
	nformatio			05/01/2018 Marketing Start Date	Marketing End Date	

Labeler - Wal-Mart Stores, Inc., (051957769)

Revised: 11/2024

Wal-Mart Stores, Inc.,