

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+**

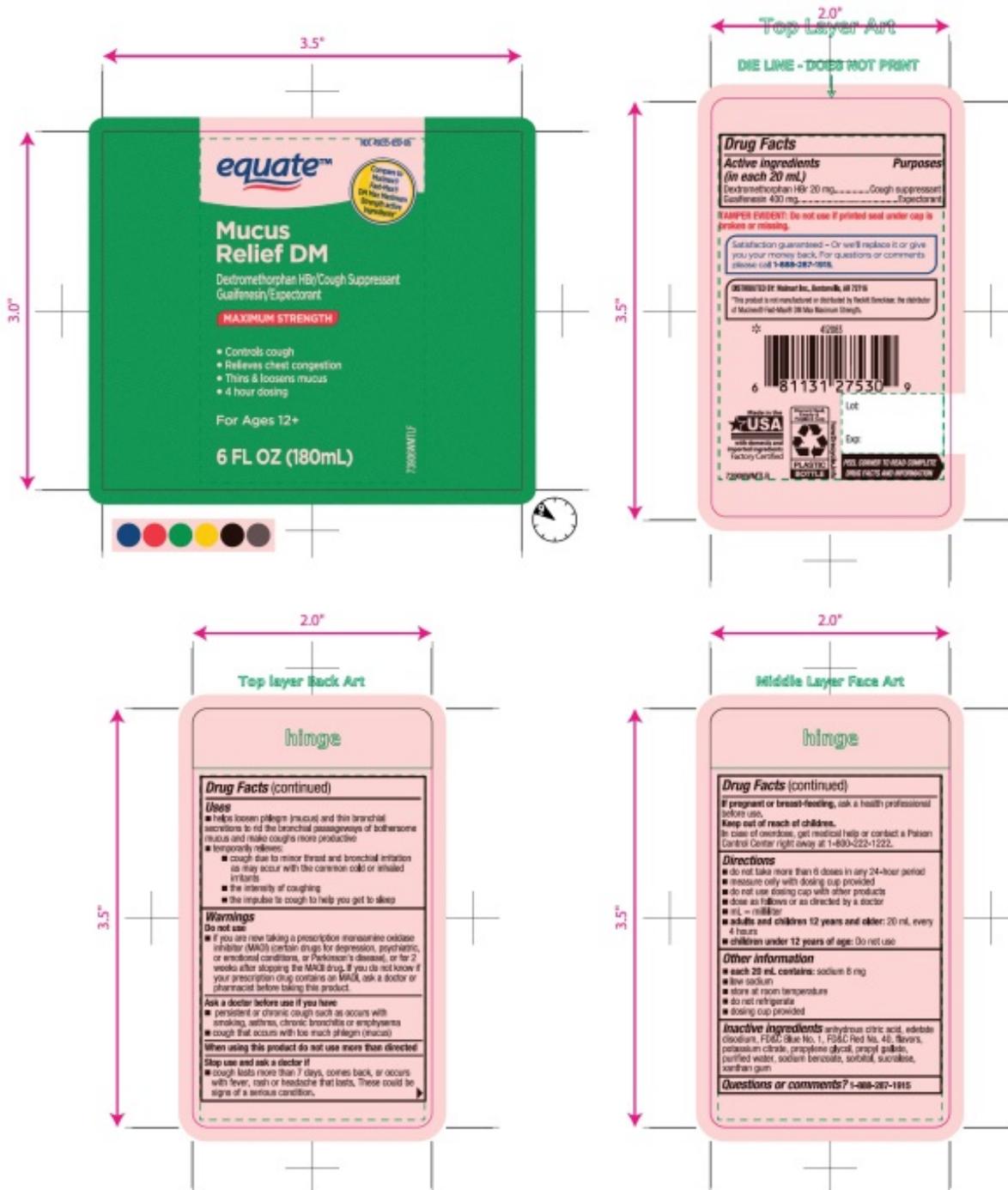
6 FL OZ (180 mL)

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 (Source)	NDC:49035-839
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: 059QF0K00R)	
SODIUM BENZOATE (UNII: OJ245FE5EU)	
SORBITOL (UNII: 506T60A25R)	
SUCRALOSE (UNII: 96K6UQ3ZD4)	
XANTHAN GUM (UNII: TTV12P4NEE)	

Product Characteristics

Color	red	Score	
Shape		Size	
Flavor		Imprint Code	
Contains			

Packaging

#	Item Code	Package Description	Marketing Start Date	Marketing End Date
1	NDC:49035-839-06	180 mL in 1 BOTTLE; Type 0: Not a Combination Product	05/01/2018	

Marketing Information

Marketing Category	Application Number or Monograph Citation	Marketing Start Date	Marketing End Date

OTC Monograph Drug M012

05/01/2018

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

Revised: 10/2025

Wal-Mart Stores, Inc.,