

DM MAXIMUM- dextromethorphan hbr, guaifenesin solution
CVS WOONSOCKET PRESCRIPTION CENTER, INCORPORATED

CVS 44-031A RESERVED 51316-310

Active ingredients (in each 20 mL)

Dextromethorphan HBr 20 mg
Guaifenesin 400 mg

Purpose

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

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)

Stop use and ask a doctor if

cough persists more than 1 week, tends to recur, or is accompanied by a 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.

Directions

- **do not take more than directed**
- do not take more than 6 doses in any 24-hour period
- mL = milliliter
- only use the dose cup provided
- dose as follows or as directed by a doctor
- adults and children 12 years and over: 20 mL in dosing cup provided every 4 hours
- children under 12 years: do not use

Other information

- **each 20 mL contains:** sodium 6 mg
- store at 25°C (77°F); excursions permitted between 15°-30°C (59°-86°F)
- use by expiration date on package

Inactive ingredients

anhydrous citric acid, FD&C red #40, flavors, glycerin, propylene glycol, purified water, sodium benzoate, sodium citrate dihydrate, sorbitol solution, sucralose, xanthan gum

Questions or comments?

1-800-426-9391

Principal display panel

**♥CVS
Health®**

Compare to the active ingredients
in Maximum Strength Mucinex®
FAST-MAX® DM MAX*

NDC 51316-310-45

**DM Maximum
DEXTROMETHORPHAN HBr
Cough suppressant
GUAIFENESIN - Expectorant**

MAXIMUM STRENGTH

Multi-Symptom

- Controls cough
- Relieves chest congestion
- Thins & loosens mucus

Dosing lasts 4 hours

Ages 12 Years & Over

Berry Flavor

6 FL OZ (177 mL)

**TAMPER EVIDENT: DO NOT USE IF IMPRINTED
SAFETY SEAL UNDER CAP IS BROKEN OR MISSING**

PARENTS:

Learn about teen medicine abuse

www.StopMedicineAbuse.org

50844 ORG042403145

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FAST-MAX ® DM MAX.

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guaranteed.**

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CVS Health. Compare to the active ingredients in Maximum Strength Mucinex® FAST-MAX® DM MAX*

NDC 51316-310-45

DM Maximum

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GUAIFENESIN - Expectorant

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F-031A-45 ORG

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PEEL BACK TAB TO READ COMPLETE DRUG FACTS AND INFORMATION

TAMPER EVIDENT: DO NOT USE IF IMPRINTED SAFETY SEAL UNDER CAP IS BROKEN OR MISSING

Drug Facts

| Active ingredients (in each 20 mL) | Purpose |
|------------------------------------|-------------------|
| Dextromethorphan HBr 20 mg | Cough suppressant |
| Guaifenesin 400 mg | Expectorant |

Uses

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#895138

FPO 80%
UPC# 050428078501

X XXXXXX XXXXXX X
50844 ORG042403145

No print/No varnish
Lot & Exp date

Drug Facts (continued)

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Discard Seal, Empty & Replace Cap

PLASTIC BOTTLE PLASTIC CUP

how2recycle.info

B-031A-45 ORG

CVS 44-031A

DM MAXIMUM

dextromethorphan hbr, guaifenesin solution

Product Information

| | | | |
|--------------------------------|----------------|---------------------------|---------------|
| Product Type | HUMAN OTC DRUG | Item Code (Source) | NDC:51316-310 |
| Route of Administration | ORAL | | |

Active Ingredient/Active Moiety

| Ingredient Name | Basis of Strength | Strength |
|---|----------------------------------|--------------------|
| DEXTROMETHORPHAN HYDROBROMIDE (UNII: 9D2RTI9KYH) (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) | |
| FD&C RED NO. 40 (UNII: WZB9127XOA) | |
| GLYCERIN (UNII: PDC6A3C0OX) | |
| PROPYLENE GLYCOL (UNII: 6DC9Q167V3) | |
| WATER (UNII: 059QF0KO0R) | |
| SODIUM BENZOATE (UNII: OJ245FE5EU) | |
| TRISODIUM CITRATE DIHYDRATE (UNII: B22547B95K) | |
| SORBITOL SOLUTION (UNII: 8KW3E207O2) | |
| SUCRALOSE (UNII: 96K6UQ3ZD4) | |
| XANTHAN GUM (UNII: TTV12P4NEE) | |

Product Characteristics

| | | | |
|-----------------|-------|---------------------|--|
| Color | red | Score | |
| Shape | | Size | |
| Flavor | BERRY | Imprint Code | |
| Contains | | | |

Packaging

| # | Item Code | Package Description | Marketing Start Date | Marketing End Date |
|---|------------------|--|----------------------|--------------------|
| 1 | NDC:51316-310-45 | 177 mL in 1 BOTTLE, PLASTIC; Type 0: Not a Combination Product | 09/25/2024 | |

Marketing Information

| Marketing Category | Application Number or Monograph Citation | Marketing Start Date | Marketing End Date |
|--------------------|--|----------------------|--------------------|
| OTC Monograph Drug | M012 | 09/25/2024 | |

Labeler - CVS WOONSOCKET PRESCRIPTION CENTER, INCORPORATED (062312574)

Establishment

| Name | Address | ID/FEI | Business Operations |
|-------------------------|---------|-----------|--|
| LNK International, Inc. | | 967626305 | manufacture(51316-310) , pack(51316-310) |

Revised: 9/2024

CVS WOONSOCKET PRESCRIPTION CENTER, INCORPORATED