

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

CVS 44-031A

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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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

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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: 9/2025

CVS WOONSOCKET PRESCRIPTION CENTER, INCORPORATED