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

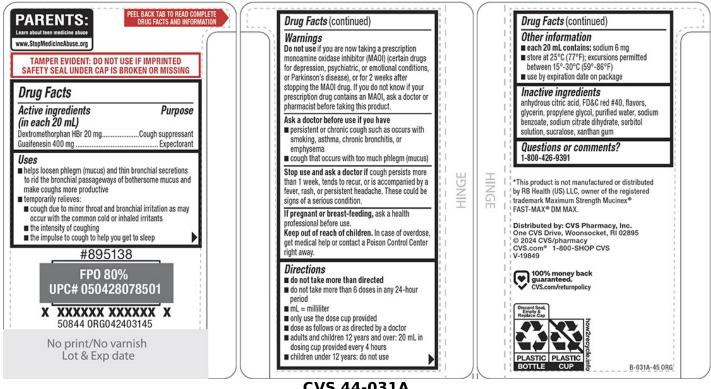
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CVS 44-031A

DM MAXIMUM

dextromethorphan hbr. quaifenesin 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)	