

West Virginia Medicaid Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



Mucinex®

Prescribe

Indication

MUCINEX® DM Tablets

Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr

6 count
20 count
40 count

Chest Congestion +
Cough

MUCINEX® Tablets

Per tablet - 600 mg guaifenesin

6 count
20 count
40 count
68 count
100 count
500 count

Chest Congestion

Maximum Strength[†] MUCINEX® Fast-Max® DM Max Liquid

Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin

6 fl oz

Cough +
Chest Congestion

Delsym®

Prescribe

Indication

DELSYM® 12 Hour Liquids

Per 5 mL - dextromethorphan polistirex equivalent to 30 mg dextromethorphan HBr – Grape and Orange

3 fl oz
5 fl oz

Cough

DELSYM® Cough + Chest Congestion DM Liquid

Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin – Cherry

6 fl oz

Cough +
Chest Congestion

For Pediatric Patients*

(Rx's Needed for Approval)

Mucinex®

Prescribe

Indication

Children's MUCINEX® Cough Liquid

Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry

4 fl oz

Cough +
Chest Congestion

Delsym®

Prescribe

Indication

Children's DELSYM® 12 Hour Liquids

Per 5 mL - dextromethorphan polistirex equivalent to 30 mg dextromethorphan HBr – Grape and Orange

3 fl oz
5 fl oz

Cough

For more information about MUCINEX, call 1-866-682-4639 or visit www.mucinex.com/professional.
For more information about DELSYM, call 1-866-682-4639 or visit www.delsym.com/professional.

*The use of these medications is for the approved indications only and should be dispensed according to the proper dosing instructions. REV. 091718
[†]Maximum strength per 4-hour dose. Use as directed. ©2018 RB Health Distributed by: RB Health