

# Wisconsin Medicaid Formulary Coverage –

*For Adult Patients\**

(Rx's Needed for Approval)



## MUCINEX®

### Prescribe

### Indication

**Maximum Strength MUCINEX® Tablets**

Per tablet - 1200 mg guaifenesin

7 count  
14 count  
28 count  
42 count

Chest Congestion

**MUCINEX® Tablets**

Per tablet - 600 mg guaifenesin

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

Chest Congestion

**Maximum Strength<sup>†</sup> 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® Cough + Chest Congestion DM Liquid**

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

6 fl oz

Cough +  
Chest Congestion

For more information about MUCINEX, call 1-866-682-4639 or visit [www.mucinex.com/professional](http://www.mucinex.com/professional).  
For more information about DELSYM, call 1-866-682-4639 or visit [www.delsym.com/professional](http://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  
<sup>†</sup>Maximum strength per 4-hour dose. Use as directed. ©2018 RB Health Distributed by: RB Health