

# Wyoming Medicaid Formulary Coverage –

For Adult Patients\*

(Rx's Needed for Approval)



## MUCINEX®

### Prescribe

### Indication

**Maximum Strength MUCINEX® DM Tablets**  
Per tablet - 1200 mg guaifenesin + 60 mg dextromethorphan HBr

7 count  
14 count  
28 count  
42 count

Chest Congestion +  
Cough

**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

## 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

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.  
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