

Nevada Formulary Coverage – For Adult Patients* (Rx's Needed for Approval)



Mucinex®

Prescribe / NDC #

ANTHEM BCBS

HEALTH PLAN OF INVISMART CHOICE

NEVADA MEDICAID

Maximum Strength MUCINEX® D Extended-Release Bi-layer Tablets

Per tablet - 1200 mg guaifenesin + 120 mg pseudoephedrine HCl

24 count / 63824-041-24



MUCINEX® D Extended-Release Bi-layer Tablets

Per tablet - 600 mg guaifenesin + 60 mg pseudoephedrine HCl

18 count / 63824-057-18
36 count / 63824-057-36



Maximum Strength MUCINEX® DM Extended-Release Bi-layer Tablets

Per tablet - 1200 mg guaifenesin + 60 mg dextromethorphan HBr

7 count / 63824-072-07
14 count / 63824-072-35
28 count / 63824-072-36
42 count / 63824-072-46



MUCINEX® DM Extended-Release Bi-layer Tablets

Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr

6 count / 63824-056-36
20 count / 63824-056-32
40 count / 63824-056-34
68 count / 63824-056-89



Maximum Strength MUCINEX® Extended-Release Bi-layer Tablets

Per tablet - 1200 mg guaifenesin

7 count / 63824-023-07
14 count / 63824-023-35
28 count / 63824-023-36
42 count / 63824-023-46



MUCINEX® Extended-Release Bi-layer Tablets

Per tablet - 600 mg guaifenesin

6 count / 63824-008-36
20 count / 63824-008-32
40 count / 63824-008-34
68 count / 63824-008-86
80 count / 63824-008-80
100 count / 63824-008-15
500 count / 63824-008-50



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

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

6 fl oz / 63824-019-66



Delsym®

Prescribe / NDC #

DELSYM® 12 Hour Liquids

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

Grape 3 fl oz / 63824-171-63
Grape 5 fl oz / 63824-171-65
Orange 3 fl oz / 63824-175-63
Orange 5 fl oz / 63824-175-65



DELSYM® Cough+ Chest Congestion DM Liquid

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

6 fl oz / 63824-213-66



Cēpacol®

Prescribe / NDC #

CEPACOL® Extra Strength Sore Throat Lozenges

Per lozenge - 15 mg benzocaine + 3.6 mg menthol – Cherry Flavor

16 count / 63824-713-16
or 63824-715-16



CEPACOL® Extra Strength Sore Throat Lozenges

Per lozenge - 15 mg benzocaine + 2.6 mg menthol – Honey Lemon Flavor

16 count / 63824-732-16



CEPACOL® Extra Strength Sore Throat Lozenges

Per lozenge - 15 mg benzocaine + 2.3 mg menthol – Tangerine Flavor

16 count / 63824-768-16



For Pediatric Patients* (Rx's Needed for Approval)

Mucinex®

Prescribe / NDC #

MUCINEX® Children's Cough Liquid

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

4 fl oz / 63824-946-03



Delsym®

Prescribe / NDC #

Children's DELSYM® 12 Hour Liquids

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

Grape 3 fl oz / 63824-173-63
Grape 5 fl oz / 63824-173-65
Orange 3 fl oz / 63824-177-63
Orange 5 fl oz / 63824-177-65



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.
For more information about CEPACOL, call 1-866-682-4639 or visit www.cepacol.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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