

Wisconsin Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



Mucinex

Prescribe / NDC #

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**

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**

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. 072519
[†]Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)