

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



Mucinex®

Prescribe / NDC #

NEBRASKA TOTAL CARE

UHC COMMUNITY PLAN

WELL-CARE OF NEBRASKA

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**



Maximum Strength† MUCINEX® Fast-Max® Cold & Flu Caplets

Per caplet - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl

8 count / **63824-575-44**
20 count / **63824-575-20**



Maximum Strength† MUCINEX® Fast-Max® Cold, Flu & Sore Throat Caplets

Per caplet - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl

8 count / **63824-237-44**
20 count / **63824-237-20**



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**



Delsym®

Prescribe / NDC #

Children's DELSYM® Cough+ Chest Congestion DM Liquid

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

4 fl oz / **63824-214-64**



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. 080219
†Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)