

# Oregon Formulary Coverage – For Adult Patients\* (Rx's Needed for Approval)



## Mucinex®

Prescribe / NDC #

ALLCARE

MEDICAID OREGON

TRILLIUM COMMUNITY PLAN

UMPUHA HEALTH ALLIANCE

**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



**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



**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® 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



**MUCINEX® Children's Chest Congestion Mini-Melts™**  
Per granule packet - 100 mg guaifenesin – Bubble Gum Flavor

12 count / 63824-941-11



**MUCINEX® Children's Cough Mini-Melts™**  
Per granule packet - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Orange Creme Flavor

12 count / 63824-942-31



## 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](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. 080519  
†Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)