

# Tennessee Formulary Coverage –

For Pediatric Patients\*

(Rx's Needed for Approval)

## 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 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. Use as directed. ©2019 RB Health Distributed by: RB Health (US) REV. 072319