

# Wyoming Formulary Coverage –

For Adult Patients\*

(Rx's Needed for Approval)



## Mucinex

Prescribe / NDC #

		INSIDERX PRES SAVINGS CARD	DST PHARM SOLUTIONS	PHARMACY DATA MGT	STATE OF WYOMING EMP	MEDICAID	YOUR RX CARD	COMMUNITY CARES RX
<b>Maximum Strength MUCINEX® D Extended-Release Bi-layer Tablets</b> Per tablet - 1200 mg guaifenesin + 120 mg pseudoephedrine HCl	24 Count / <b>63824-041-24</b>				✓			
<b>Maximum Strength MUCINEX® DM Extended-Release Bi-layer Tablets</b> Per tablet - 1200 mg guaifenesin + 60 mg dextromethorphan HBr	28 Count / <b>63824-072-36</b>		✓					
<b>Maximum Strength MUCINEX® Extended-Release Bi-layer Tablets</b> Per tablet - 1200 mg guaifenesin	14 Count / <b>63824-023-35</b>			✓				
<b>MUCINEX® Extended-Release Bi-layer Tablets</b> Per tablet - 600 mg guaifenesin	100 Count / <b>63824-008-15</b>	✓						
<b>MUCINEX® Extended-Release Bi-layer Tablets</b> Per tablet - 600 mg guaifenesin	500 Count / <b>63824-008-50</b>						✓	✓

## Delsym

Prescribe / NDC #

		INSIDERX PRES SAVINGS CARD	DST PHARM SOLUTIONS	PHARMACY DATA MGT	STATE OF WYOMING EMP	MEDICAID	YOUR RX CARD	COMMUNITY CARES RX
<b>DELSYM® 12 Hour Liquid</b> Per 5 mL - dextromethorphan polistirex equivalent to 30 mg dextromethorphan HBr	3 fl oz / <b>63824-175-63</b>					✓		

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



## Delsym

Prescribe / NDC #

		INSIDERX PRES SAVINGS CARD	DST PHARM SOLUTIONS	PHARMACY DATA MGT	STATE OF WYOMING EMP	MEDICAID	YOUR RX CARD	COMMUNITY CARES RX
<b>Children's DELSYM® 12 Hour Liquid</b> Per 5 mL - dextromethorphan polistirex equivalent to 30 mg dextromethorphan HBr	3 fl oz / <b>63824-177-63</b>						✓	

For more information about MUCINEX, DELSYM, or CEPACOL, call 1-866-682-4639 or visit rbhprofessional.com.

\*The use of these medications is for the approved indications only and should be dispensed according to the proper dosing instructions.

† Per 8 hour dose. Use as directed.

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