

# Pennsylvania Formulary Coverage –

For Adult Patients\*

(Rx's Needed for Approval)



AETNA BETTER HEALTH  
 AMERHEALTH CARITAS NORTHEAST  
 AMERHEALTH CARITAS  
 GATEWAY HEALTH PLAN  
 GHP FAMILY  
 HEALTH PARTNERS PLAN  
 KEYSTONE FIRST  
 PENNSYLVANIA MEDICAID  
 UHC COMMUNITY PLAN  
 UPMC FOR YOU

## Mucinex®

Prescribe Indication

Product Name / Strength	Prescribe	Indication	AETNA BETTER HEALTH	AMERHEALTH CARITAS NORTHEAST	AMERHEALTH CARITAS	GATEWAY HEALTH PLAN	GHP FAMILY	HEALTH PARTNERS PLAN	KEYSTONE FIRST	PENNSYLVANIA MEDICAID	UHC COMMUNITY PLAN	UPMC FOR YOU
<b>Maximum Strength MUCINEX® D Tablets</b> Per tablet - 1200 mg guaifenesin + 120 mg pseudoephedrine HCl	24 count	Chest Congestion + Sinus Pressure	✓	✓	✓	✓		✓	✓	✓	✓	✓
<b>MUCINEX® D Tablets</b> Per tablet - 600 mg guaifenesin + 60 mg pseudoephedrine HCl	18 count 36 count	Chest Congestion + Sinus Pressure	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Maximum Strength MUCINEX® DM Tablets</b> Per tablet - 1200 mg guaifenesin + 60 mg dextromethorphan HBr	7 count 14 count 28 count 42 count	Chest Congestion + Cough	✓	✓	✓	✓		✓	✓		✓	✓
<b>MUCINEX® DM Tablets</b> Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr	6 count 20 count 40 count	Chest Congestion + Cough	✓	✓	✓	✓		✓	✓		✓	✓
<b>Maximum Strength MUCINEX® Tablets</b> Per tablet - 1200 mg guaifenesin	7 count 14 count 28 count 42 count	Chest Congestion			✓	✓		✓	✓		✓	
<b>MUCINEX® Tablets</b> Per tablet - 600 mg guaifenesin	6 count 20 count 40 count 68 count 100 count 500 count	Chest Congestion	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Maximum Strength† MUCINEX® Fast-Max® DM Max Liquid</b> Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin	6 fl oz	Cough + Chest Congestion	✓			✓						
<b>Maximum Strength† MUCINEX® Fast-Max® Severe Congestion &amp; Cough Liquid</b> Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz 9 fl oz	Multi-Symptom			✓	✓		✓		✓		

## Delsym

Prescribe Indication

Product Name / Strength	Prescribe	Indication	AETNA BETTER HEALTH	AMERHEALTH CARITAS NORTHEAST	AMERHEALTH CARITAS	GATEWAY HEALTH PLAN	GHP FAMILY	HEALTH PARTNERS PLAN	KEYSTONE FIRST	PENNSYLVANIA MEDICAID	UHC COMMUNITY PLAN	UPMC FOR YOU
<b>DELSYM® 12 Hour Liquids</b> Per 5 mL - dextromethorphan polistirex equivalent to 30 mg dextromethorphan HBr – Grape and Orange	3 fl oz 5 fl oz	Cough	✓			✓				✓	✓	✓

## For Pediatric Patients\*

(Rx's Needed for Approval)

## Mucinex®

Prescribe Indication

Product Name / Strength	Prescribe	Indication	AETNA BETTER HEALTH	AMERHEALTH CARITAS NORTHEAST	AMERHEALTH CARITAS	GATEWAY HEALTH PLAN	GHP FAMILY	HEALTH PARTNERS PLAN	KEYSTONE FIRST	PENNSYLVANIA MEDICAID	UHC COMMUNITY PLAN	UPMC FOR YOU
<b>Children's MUCINEX® Cough Liquid</b> Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry	4 fl oz	Cough + Chest Congestion	✓	✓		✓					✓	
<b>Children's MUCINEX® Stuffy Nose &amp; Cold Liquid</b> Per 5 mL - 100 mg guaifenesin + 2.5 mg phenylephrine HCl – Mixed Berry	4 fl oz	Chest Congestion + Sinus Pressure							✓			✓
<b>Children's MUCINEX® Multi-Symptom Cold Liquid</b> Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin + 2.5 mg phenylephrine HCl – Very Berry	4 fl oz 6.8 fl oz	Multi-Symptom							✓			
<b>Children's MUCINEX® Congestion &amp; Cough Liquid</b> Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin + 2.5 mg phenylephrine HCl – Berrylicious	6.8 fl oz	Multi-Symptom							✓	✓		
<b>Children's MUCINEX® Night Time Multi-Symptom Cold Liquid</b> Per 10 mL - 325 mg acetaminophen + 12.5 mg diphenhydramine HCl + 5 mg phenylephrine HCl – Mixed Berry	4 fl oz	Multi-Symptom			✓							✓
<b>Children's MUCINEX® Cough Mini-Melts™</b> Per granule packet - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Orange Creme	12 count	Cough + Chest Congestion	✓									✓

## Delsym

Prescribe Indication

Product Name / Strength	Prescribe	Indication	AETNA BETTER HEALTH	AMERHEALTH CARITAS NORTHEAST	AMERHEALTH CARITAS	GATEWAY HEALTH PLAN	GHP FAMILY	HEALTH PARTNERS PLAN	KEYSTONE FIRST	PENNSYLVANIA MEDICAID	UHC COMMUNITY PLAN	UPMC FOR YOU
<b>Children's DELSYM® 12 Hour Liquids</b> Per 5 mL - dextromethorphan polistirex equivalent to 30 mg dextromethorphan HBr – Grape and Orange	3 fl oz 5 fl oz	Cough	✓									

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.  
 †Maximum strength per 4-hour dose. Use as directed. ©2018 RB Health Distributed by: RB Health