

Tennessee TennCare Formulary Coverage – For Adult Patients*



Mucinex®

Prescribe

Indication

Coverage

MUCINEX® DM Tablets

Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr

20 count

Chest Congestion +
Cough

Kids Only with PA

MUCINEX® Tablets

Per tablet - 600 mg guaifenesin

40 count

Chest Congestion

Kids Only with PA

Delsym®

Prescribe

Indication

Coverage

DELSYM® 12 Hour Liquids

Per 5 mL - dextromethorphan polistirex equivalent to 30 mg dextromethorphan HBr –
Grape and Orange

3 fl oz
5 fl oz

Cough

Kids Only

For Pediatric Patients*

(Rx's Needed for Approval)

Mucinex®

Prescribe

Indication

Coverage

Children's MUCINEX® Cough Mini-Melts™

Per granule packet - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Orange Creme

12 count

Cough +
Chest Congestion

Kids Only with PA

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.
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