

Connecticut Medicaid Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



Mucinex

Prescribe

Indication

MUCINEX® D Tablets

Per tablet - 600 mg guaifenesin + 60 mg pseudoephedrine HCl

18 count
36 count

Chest Congestion +
Sinus Pressure

Maximum Strength MUCINEX® Tablets

Per tablet - 1200 mg guaifenesin

7 count
14 count
28 count
42 count

Chest Congestion

MUCINEX® Tablets

Per tablet - 600 mg guaifenesin

6 count
20 count
40 count
68 count
100 count
500 count

Chest Congestion

Delsym

Prescribe

Indication

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

For Pediatric Patients*

(Rx's Needed for Approval)

Mucinex

Prescribe

Indication

Children's MUCINEX® Cough Liquid

Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry

4 fl oz

Cough +
Chest Congestion

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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