

Illinois Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



AETNA - BETTER HEALTH
 BLUE CROSS COMMUNITY PLAN
 COMMUNITY CARE ALLIANCE
 COUNTYCARE
 HARMONY HEALTH PLAN
 ILLINICARE
 MERIDIAN
 MOLINA

Mucinex®

Prescribe Indication

Maximum Strength MUCINEX® D Tablets
 Per tablet - 1200 mg guaifenesin + 120 mg pseudoephedrine HCl

24 count

Chest Congestion +
 Sinus Pressure



MUCINEX® D Tablets
 Per tablet - 600 mg guaifenesin + 60 mg pseudoephedrine HCl

18 count
 36 count

Chest Congestion +
 Sinus Pressure



Maximum Strength MUCINEX® DM Tablets
 Per tablet - 1200 mg guaifenesin + 60 mg dextromethorphan HBr

7 count
 14 count
 28 count
 42 count

Chest Congestion +
 Cough



MUCINEX® DM Tablets
 Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr

6 count
 20 count
 40 count

Chest Congestion +
 Cough



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



Maximum Strength† MUCINEX® Fast-Max® DM Max Liquid
 Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin

6 fl oz

Cough +
 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



DELSYM® Cough + Cold Night Time Liquid
 Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl –
 Mixed Berry

6 fl oz

Multi-Symptom



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. REV. 091418
 †Maximum strength per 4-hour dose. Use as directed. ©2018 RB Health Distributed by: RB Health