

# Kentucky Formulary Coverage –

For Adult Patients\*

(Rx's Needed for Approval)



AETNA BETTER HEALTH  
 ANTHEM  
 CARE SOURCE  
 MEDICAID KENTUCKY  
 PASSPORT  
 WELLCARE

## 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

✓ ✓ ✓ ✓ ✓

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

✓ ✓ ✓ ✓ ✓

### Children's MUCINEX® Cough Mini-Melts™

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

12 count

Cough +  
Chest Congestion

✓ ✓

## Delsym®

Prescribe

Indication

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