

# Maryland Formulary Coverage –

For Adult Patients\*

(Rx's Needed for Approval)



AMERIGROUP  
MARYLAND MEDICAID  
MARYLAND PHYSICIANS CARE  
MEDSTAR FAMILY CHOICE  
UHC HEALTHCHOICE

## Mucinex®

Prescribe Indication

			AMERIGROUP	MARYLAND MEDICAID	MARYLAND PHYSICIANS CARE	MEDSTAR FAMILY CHOICE	UHC HEALTHCHOICE
<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<sup>†</sup> 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<sup>†</sup> MUCINEX® Fast-Max® Severe Cold Liquid</b> Per 20 mL - 650 mg acetaminophen + 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz	Multi-Symptom	✓				
<b>Maximum Strength<sup>†</sup> 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	✓				
<b>Maximum Strength<sup>†</sup> MUCINEX® Fast-Max® Cold &amp; Flu Caplets</b> Per caplet - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl	20 count	Multi-Symptom	✓				

For Pediatric Patients\*

(Rx's Needed for Approval)

## Mucinex®

Prescribe Indication

			AMERIGROUP	MARYLAND MEDICAID	MARYLAND PHYSICIANS CARE	MEDSTAR FAMILY CHOICE	UHC HEALTHCHOICE
<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® 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	✓				

## Delsym®

Prescribe Indication

			AMERIGROUP	MARYLAND MEDICAID	MARYLAND PHYSICIANS CARE	MEDSTAR FAMILY CHOICE	UHC HEALTHCHOICE
<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. REV. 09/14/18  
<sup>†</sup>Maximum strength per 4-hour dose. Use as directed. ©2018 RB Health Distributed by: RB Health