

South Carolina Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



ABSOLUTE TOTAL CARE
FIRST CHOICE/SELECT HEALTH
HEALTHY BLUE
MOLINA
SOUTH CAROLINA MEDICAID
WELL CARE

Mucinex®

Prescribe Indication

			ABSOLUTE TOTAL CARE	FIRST CHOICE/SELECT HEALTH	HEALTHY BLUE	MOLINA	SOUTH CAROLINA MEDICAID	WELL CARE
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						✓
Maximum Strength† MUCINEX® Fast-Max® Severe Congestion & Cough Caplets Per caplet - 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl	20 count	Multi-Symptom	✓					
Maximum Strength† MUCINEX® Fast-Max® Cold & Flu Caplets Per caplet - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl	20 count	Multi-Symptom	✓					

Delsym®

Prescribe Indication

			ABSOLUTE TOTAL CARE	FIRST CHOICE/SELECT HEALTH	HEALTHY BLUE	MOLINA	SOUTH CAROLINA MEDICAID	WELL CARE
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

			ABSOLUTE TOTAL CARE	FIRST CHOICE/SELECT HEALTH	HEALTHY BLUE	MOLINA	SOUTH CAROLINA MEDICAID	WELL CARE
Children's MUCINEX® Cough Liquid Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry	4 fl oz	Cough + Chest Congestion	✓		✓	✓		✓

Delsym®

Prescribe Indication

			ABSOLUTE TOTAL CARE	FIRST CHOICE/SELECT HEALTH	HEALTHY BLUE	MOLINA	SOUTH CAROLINA MEDICAID	WELL CARE
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.
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. 091718
†Maximum strength per 4-hour dose. Use as directed. ©2018 RB Health Distributed by: RB Health