

Northern California Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



Mucinex

Prescribe

Indication

CONTRA COSTA HEALTH PLAN

HEALTH PLAN OF SAN MATEO

PARTNERSHIP HEALTH PLAN

SAN FRANCISCO HEALTH PLAN

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



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



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 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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Southern California Formulary Coverage –

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CALOPTIMA
CARE FIRST HEALTH PLAN
CENTRAL CALIFORNIA ALLIANCE FOR HLTH
COMMUNITY HEALTH GROUP
GOLD COAST HEALTH PLAN
INLAND EMPIRE HEALTH PLAN
LA CARE

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			✓	✓			✓	✓
Maximum Strength[†] MUCINEX® Fast-Max® Severe Congestion & Cough Liquid Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz 9 fl oz	Multi-Symptom							✓	
Maximum Strength[†] MUCINEX® Fast-Max® Cold, Flu & Sore Throat Caplets Per caplet - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl	20 count 32 count	Multi-Symptom								✓
Maximum Strength[†] MUCINEX® Sinus-Max® Severe Congestion & Pain Caplets Per caplet - 325 mg acetaminophen + 200 mg guaifenesin + 5 mg phenylephrine HCl	8 count 20 count	Multi-Symptom				✓				

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					✓	✓		
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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® Congestion & Cough Liquid Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin + 2.5 mg phenylephrine HCl – Berrylicious	6.8 fl oz	Multi-Symptom				✓				✓
Children's MUCINEX® Night Time Multi-Symptom Cold Liquid Per 10 mL - 325 mg acetaminophen + 12.5 mg diphenhydramine HCl + 5 mg phenylephrine HCl – Mixed Berry	4 fl oz	Multi-Symptom	✓							✓
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					✓		✓	✓
Children's DELSYM® Cough + Chest Congestion DM Liquid Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry	6 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. 091718
†Maximum strength per 4-hour dose. Use as directed. ©2018 RB Health Distributed by: RB Health