

Arizona Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



ARIZONA PHYSICIANS IPA
CARE 1ST
HEALTH CHOICE ARIZONA
MERCY CARE PLAN
UNIVERSITY FAMILY CARE

Mucinex®

Prescribe / NDC #

		ARIZONA PHYSICIANS IPA	CARE 1ST	HEALTH CHOICE ARIZONA	MERCY CARE PLAN	UNIVERSITY FAMILY CARE
Maximum Strength MUCINEX® D Extended-Release Bi-layer Tablets Per tablet - 1200 mg guaifenesin + 120 mg pseudoephedrine HCl	24 count / 63824-041-24			✓	✓	
MUCINEX® D Extended-Release Bi-layer Tablets Per tablet - 600 mg guaifenesin + 60 mg pseudoephedrine HCl	18 count / 63824-057-18 36 count / 63824-057-36	✓		✓	✓	
Maximum Strength MUCINEX® DM Extended-Release Bi-layer Tablets Per tablet - 1200 mg guaifenesin + 60 mg dextromethorphan HBr	7 count / 63824-072-07 14 count / 63824-072-35 28 count / 63824-072-36 42 count / 63824-072-46			✓	✓	✓
MUCINEX® DM Extended-Release Bi-layer Tablets Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr	6 count / 63824-056-36 20 count / 63824-056-32 40 count / 63824-056-34 68 count / 63824-056-89		✓		✓	✓
Maximum Strength MUCINEX® Extended-Release Bi-layer Tablets Per tablet - 1200 mg guaifenesin	7 count / 63824-023-07 14 count / 63824-023-35 28 count / 63824-023-36 42 count / 63824-023-46	✓			✓	
MUCINEX® Extended-Release Bi-layer Tablets Per tablet - 600 mg guaifenesin	6 count / 63824-008-36 20 count / 63824-008-32 40 count / 63824-008-34 68 count / 63824-008-86 80 count / 63824-008-80 100 count / 63824-008-15 500 count / 63824-008-50				✓	
Maximum Strength MUCINEX® Fast-Max® DM Max Liquid Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin	6 fl oz / 63824-019-66	✓	✓		✓	
Maximum Strength MUCINEX® Fast-Max® Severe Congestion & Cough Caplets Per caplet - 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl	20 count / 63824-193-20		✓		✓	
MUCINEX® Sinus-Max® Severe Nasal Congestion Relief Sinus & Allergy Nasal Spray Per dose - 0.05% Oxymetazoline HCl	0.75 fl oz / 63824-120-11	✓				

Delsym®

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DELSYM® 12 Hour Liquids Per 5 mL - dextromethorphan polistirex equivalent to 30 mg dextromethorphan HBr – Grape and Orange Flavors	Grape 3 fl oz / 63824-171-63 Grape 5 fl oz / 63824-171-65 Orange 3 fl oz / 63824-175-63 Orange 5 fl oz / 63824-175-65			✓	✓	
DELSYM® Cough+ Cold Night Time Liquid Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl – Mixed Berry Flavor	6 fl oz / 63824-211-66		✓			
DELSYM® Cough+ Chest Congestion DM Liquid Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin – Cherry Flavor	6 fl oz / 63824-213-66				✓	

For Pediatric Patients*

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Mucinex®

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		ARIZONA PHYSICIANS IPA	CARE 1ST	HEALTH CHOICE ARIZONA	MERCY CARE PLAN	UNIVERSITY FAMILY CARE
MUCINEX® Children's Cough Liquid Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry Flavor	4 fl oz / 63824-946-03	✓		✓	✓	
MUCINEX® Children's Multi-Symptom Cold Liquid Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin + 2.5 mg phenylephrine HCl – Very Berry Flavor	4 fl oz / 63824-949-01 6.8 fl oz / 63824-949-15			✓	✓	
MUCINEX® Children's Chest Congestion Mini-Melts™ Per granule packet - 100 mg guaifenesin – Bubble Gum Flavor	12 count / 63824-941-11				✓	
MUCINEX® Children's Cough Mini-Melts™ Per granule packet - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Orange Creme Flavor	12 count / 63824-942-31				✓	

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Children's DELSYM® 12 Hour Liquids Per 5 mL - dextromethorphan polistirex equivalent to 30 mg dextromethorphan HBr – Grape and Orange Flavors	Grape 3 fl oz / 63824-173-63 Grape 5 fl oz / 63824-173-65 Orange 3 fl oz / 63824-177-63 Orange 5 fl oz / 63824-177-65			✓	✓	
Children's DELSYM® Cough+ Chest Congestion DM Liquid Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry Flavor	4 fl oz / 63824-214-64			✓	✓	

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. 080919
†Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)