

Florida Formulary Coverage – For Adult Patients* (Rx's Needed for Approval)



Mucinex

Prescribe / NDC #

AETNA BETTER HEALTH
AMERIGROUP
FLORIDA MEDICAID
HILLSBOROUGH COUNTY HEALTH PLAN
HUMANANA FAMILY HEALTH PLAN
MAGELLAN
MOLINA
PRESTIGE HEALTH CHOICE
SIMPLY FLORIDA HEALTHY KIDS
SIMPLY HEALTHCARE
STAY WELL
STAY WELL KIDS
SUNSHINE STATE HEALTH
UHC COMMUNITY PLAN

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® Cold, Flu & Sore Throat Liquid Per 20 mL - 650 mg acetaminophen + 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz / 63824-015-66 9 fl oz / 63824-015-69	✓						✓										
Maximum Strength[†] MUCINEX® Fast-Max® Congestion & Headache Liquid Per 20 mL - 650 mg acetaminophen + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz / 63824-536-66	✓																
Maximum Strength[†] MUCINEX® Fast-Max® Day Severe Congestion & Cough/Night Time Cold & Flu Liquids Day: Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl Night: Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl	6 fl oz x 2 / 63824-528-22							✓										
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 / 63824-540-66 9 fl oz / 63824-540-69							✓										
Maximum Strength[†] MUCINEX® Fast-Max® DM Max Liquid Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin	6 fl oz / 63824-019-66							✓	✓				✓	✓				

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								✓									✓

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MUCINEX® Children's Cough & Congestion Liquid Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin + 2.5 mg phenylephrine HCl – Very Berry Flavor	6.8 fl oz / 63824-947-11	✓																
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 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	✓	✓															

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. 072519
†Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)