

# Hawaii Formulary Coverage –

For Adult Patients\*

(Rx's Needed for Approval)



**Mucinex**

Prescribe / NDC #

ALOHA CARE

HMSA QUEST

OHANA QUEST

UHC QUEST

**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**

✓ ✓

**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<sup>†</sup> MUCINEX® Fast-Max® DM Max Liquid**  
Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin

6 fl oz / **63824-019-66**

✓ ✓

**Delsym**

Prescribe / NDC #

**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\*

(Rx's Needed for Approval)

**Mucinex**

Prescribe / NDC #

**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](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. 072919  
<sup>†</sup>Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)