

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



Mucinex®

Prescribe / NDC #

AETNA BETTER HEALTH
BLUE CROSS COMMUNITY / CP
COUNTY CARE
HARMONY HEALTH PLAN
ILLINICARE
MERIDIAN

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[†] 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® Congestion & Headache Liquid Gels
Per liquid gel - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 5 mg phenylephrine HCl

16 count / **63824-599-16**

✓

Maximum Strength[†] MUCINEX® Fast-Max® Congestion & Headache Caplets
Per caplet - 325 mg acetaminophen + 200 mg guaifenesin + 5 mg phenylephrine HCl

20 count / **63824-236-20**

✓

Delsym®

Prescribe / NDC #

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* (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**

✓

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. 080519
†Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)