

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



Mucinex®

Prescribe / NDC #

BLUE CROSS COMPLETE

MERIDIAN HEALTH PLAN

MOLINA HEALTHCARE

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**



Delsym®

Prescribe / NDC #

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**



Cepacol®

Prescribe / NDC #

CEPACOL® Extra Strength Sore Throat Lozenges
Per lozenge - 15 mg benzocaine + 3.6 mg menthol – Cherry Flavor

16 count / **63824-713-16**
or **63824-715-16**



CEPACOL® Extra Strength Sore Throat Lozenges
Per lozenge - 15 mg benzocaine + 2.6 mg menthol – Honey Lemon Flavor

16 count / **63824-732-16**



CEPACOL® Extra Strength Sore Throat & Cough Lozenges
Per lozenge - 7.5 mg benzocaine + 5 mg dextromethorphan HBr – Mixed Berry Flavor

16 count / **63824-744-16**



CEPACOL® Extra Strength Sore Throat Lozenges
Per lozenge - 15 mg benzocaine + 2.3 mg menthol – Tangerine Flavor

16 count / **63824-768-16**



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.
For more information about CEPACOL, call 1-866-682-4639 or visit www.cepacol.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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