

# Minnesota Formulary Coverage – For Adult Patients\* (Rx's Needed for Approval)



## Mucinex®

Prescribe / NDC #

HEALTHPARTNERS MINNESOTA CARE  
MEDICA ACCESS ABILITY  
MINNESOTA CARE  
MINNESOTA MEDICAID  
PRIMEWEST HEALTH SYSTEMS  
UCARE

**Maximum Strength MUCINEX® D Extended-Release Bi-layer Tablets**  
Per tablet - 1200 mg guaifenesin + 120 mg pseudoephedrine HCl

24 count / **63824-041-24**

				✓	✓
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**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**

✓	✓			✓	✓
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**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**

	✓			✓	✓
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**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**

✓	✓	✓	✓	✓	
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**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**

	✓		✓	✓	✓
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**Maximum Strength MUCINEX® Fast-Max® DM Max Liquid**  
Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin

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

✓				✓	
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## 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**

✓			✓	✓	
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**DELSYM® Cough+ Chest Congestion DM Liquid**  
Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin – Cherry Flavor

6 fl oz / **63824-213-66**

				✓	
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## 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**

				✓	✓
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**MUCINEX® Children's Stuffy Nose & Chest Congestion Liquid**  
Per 5 mL - 100 mg guaifenesin + 2.5 mg phenylephrine HCl – Very Berry Flavor

4 fl oz / **63824-951-07**

			✓		
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**MUCINEX® Children's Chest Congestion Mini-Melts™**  
Per granule packet - 100 mg guaifenesin – Bubble Gum Flavor

12 count / **63824-941-11**

✓		✓	✓	✓	
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**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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## Delsym®

Prescribe / NDC #

**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**

			✓		
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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. 080619  
†Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)