New York Formulary Coverage –

*For Adult Patients** (Rx's Needed for Approval)

Mucinex

	Prescribe / NDC #	AFFINITY HEALTH PLAN	AMIDA CARE	EMPIRE BCBS HEALTHPLUS	FIDELIS CARE NEW YORK	HEALTHFIRST MGD MEDI	HIP MEDICAID	HUDSON/FAMILY HEALTH PLUS	IHA MEDISOURCE	MEDICAID NEW YORK	METRO PLUS HEALTH PLAN	MVP MEDICAID	UHC COMMUNITY PLAN	WELLCARE OF NEW YORK	YOURCARE HEALTH 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® Severe Congestion & Cough Liquid Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl	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

	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 Lozenges Per lozenge - 15 mg benzocaine + 2.3 mg menthol – Tangerine Flavor	16 count / **63824-768-16**				✓										

*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 Multi-Symptom Cough, Cold & Fever Liquid Per 10 mL - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl – Very Berry Flavor	4 fl oz / **63824-948-27**		✓												
MUCINEX® Children's Multi-Symptom Cold Liquid Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin + 2.5 mg phenylephrine HCl – Very Berry Flavor	4 fl oz / **63824-949-01** 6.8 fl oz / **63824-949-15**		✓												
MUCINEX® Children's Day Time Multi-Symptom Cold & MUCINEX® Children's Night Time Multi-Symptom Cold Liquids **Day:** Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin + 2.5 mg phenylephrine HCl – Very Berry Flavor **Night:** Per 10 mL - 325 mg acetaminophen + 12.5 mg diphenhydramine HCl + 5 mg phenylephrine HCl – Very Berry Flavor	4 fl oz x 2 / **63824-955-74**		✓												
MUCINEX® Children's Night Time Multi-Symptom Cold Liquid Per 10 mL - 325 mg acetaminophen + 12.5 mg diphenhydramine HCl + 5 mg phenylephrine HCl – Very Berry Flavor	4 fl oz / **63824-950-21**		✓												

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.**
†Per 4-hour dose. Use as directed.

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