

# Northern California Formulary Coverage – For Adult Patients\*

(Rx's Needed for Approval)



## Mucinex®

Prescribe / NDC #

BS OF CA PROMISE OF MEDI-CAL  
CONTRA COSTA HEALTH PLAN  
HEALTH PLAN OF SAN JOAQUIN  
HEALTH PLAN SAN MATEO  
PARTNERSHIP HEALTH PLAN  
SANTA CLARA FAMILY HEALTH PLAN  
SAN FRANCISCO HEALTH MEDI-CAL

**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**

✓ ✓ ✓

**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**

✓ ✓

**Maximum Strength<sup>†</sup> 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® 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**

✓

**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**

✓

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. 080719  
<sup>†</sup>Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)

# Southern California Formulary Coverage – For Adult Patients\*

(Rx's Needed for Approval)



BS OF CA PROMISE OF MEDI-CAL  
CALOPTIMA MEDI-CAL  
CENTRAL CALIFORNIA FOR HLTH  
COMMUNITY HEALTH GROUP  
INLAND EMPIRE  
LA CARE HEALTH PLAN

## Mucinex®

Prescribe / NDC #

	Prescribe / NDC #	BS OF CA PROMISE OF MEDI-CAL	CALOPTIMA MEDI-CAL	CENTRAL CALIFORNIA FOR HLTH	COMMUNITY HEALTH GROUP	INLAND EMPIRE	LA CARE HEALTH PLAN
<b>Maximum Strength MUCINEX® D Extended-Release Bi-layer Tablets</b> Per tablet - 1200 mg guaifenesin + 120 mg pseudoephedrine HCl	24 count / 63824-041-24					✓	✓
<b>MUCINEX® D Extended-Release Bi-layer Tablets</b> Per tablet - 600 mg guaifenesin + 60 mg pseudoephedrine HCl	18 count / 63824-057-18 36 count / 63824-057-36	✓				✓	✓
<b>Maximum Strength MUCINEX® DM Extended-Release Bi-layer Tablets</b> 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			✓			
<b>MUCINEX® DM Extended-Release Bi-layer Tablets</b> 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			✓			
<b>Maximum Strength MUCINEX® Extended-Release Bi-layer Tablets</b> 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					✓	✓
<b>MUCINEX® Extended-Release Bi-layer Tablets</b> 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	✓	✓	✓			✓
<b>Maximum Strength<sup>†</sup> MUCINEX® Fast-Max® DM Max Liquid</b> Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin	6 fl oz / 63824-019-66			✓	✓		
<b>Maximum Strength<sup>†</sup> MUCINEX® Fast-Max® Severe Congestion &amp; Cough Caplets</b> Per caplet - 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl	20 count / 63824-193-20			✓			

## Delsym®

Prescribe / NDC #

	Prescribe / NDC #	BS OF CA PROMISE OF MEDI-CAL	CALOPTIMA MEDI-CAL	CENTRAL CALIFORNIA FOR HLTH	COMMUNITY HEALTH GROUP	INLAND EMPIRE	LA CARE HEALTH PLAN
<b>DELSYM® 12 Hour Liquids</b> 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			✓			
<b>DELSYM® Cough+ Chest Congestion DM Liquid</b> Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin – Cherry Flavor	6 fl oz / 63824-213-66			✓	✓		

## Cēpacol®

Prescribe / NDC #

	Prescribe / NDC #	BS OF CA PROMISE OF MEDI-CAL	CALOPTIMA MEDI-CAL	CENTRAL CALIFORNIA FOR HLTH	COMMUNITY HEALTH GROUP	INLAND EMPIRE	LA CARE HEALTH PLAN
<b>CEPACOL® Extra Strength Sore Throat Lozenges</b> Per lozenge - 15 mg benzocaine + 3.6 mg menthol – Cherry Flavor	16 count / 63824-713-16 or 63824-715-16						✓
<b>CEPACOL® Extra Strength Sore Throat Lozenges</b> Per lozenge - 15 mg benzocaine + 2.6 mg menthol – Honey Lemon Flavor	16 count / 63824-732-16						✓
<b>CEPACOL® Extra Strength Sore Throat &amp; Cough Lozenges</b> Per lozenge - 7.5 mg benzocaine + 5 mg dextromethorphan HBr – Mixed Berry Flavor	16 count / 63824-744-16			✓			
<b>CEPACOL® Extra Strength Sore Throat Lozenges</b> Per lozenge - 15 mg benzocaine + 2.3 mg menthol – Tangerine Flavor	16 count / 63824-768-16						✓

## For Pediatric Patients\*

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## Mucinex®

Prescribe / NDC #

	Prescribe / NDC #	BS OF CA PROMISE OF MEDI-CAL	CALOPTIMA MEDI-CAL	CENTRAL CALIFORNIA FOR HLTH	COMMUNITY HEALTH GROUP	INLAND EMPIRE	LA CARE HEALTH PLAN
<b>MUCINEX® Children's Cough Liquid</b> Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry Flavor	4 fl oz / 63824-946-03	✓	✓	✓			
<b>MUCINEX® Children's Cough Mini-Melts™</b> Per granule packet - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Orange Creme Flavor	12 count / 63824-942-31			✓	✓		

## Delsym®

Prescribe / NDC #

	Prescribe / NDC #	BS OF CA PROMISE OF MEDI-CAL	CALOPTIMA MEDI-CAL	CENTRAL CALIFORNIA FOR HLTH	COMMUNITY HEALTH GROUP	INLAND EMPIRE	LA CARE HEALTH PLAN
<b>Children's DELSYM® 12 Hour Liquids</b> 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			✓			

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).  
For more information about CEPACOL, call 1-866-682-4639 or visit [www.cepacol.com/professional](http://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. REV. 081319  
†Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)