

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



## Mucinex®

Prescribe / NDC #

AETNA BETTER HEALTH  
BUCKEYE HEALTH PLAN  
CARESOURCE HEALTH PLAN  
CARESOURCE MYCARE  
MEDICAID OHIO  
MOLINA HEALTHCARE  
PARAMOUNT ADVANTAGE  
UHC COMMUNITY PLAN

|  |  |   |   |   |   |   |   |   |
|--|--|---|---|---|---|---|---|---|
| <b>Maximum Strength MUCINEX® D Extended-Release Bi-layer Tablets</b><br>Per tablet - 1200 mg guaifenesin + 120 mg pseudoephedrine HCl  | 24 count / 63824-041-24  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>MUCINEX® D Extended-Release Bi-layer Tablets</b><br>Per tablet - 600 mg guaifenesin + 60 mg pseudoephedrine HCl   | 18 count / 63824-057-18<br>36 count / 63824-057-36   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® DM Extended-Release Bi-layer Tablets</b><br>Per tablet - 1200 mg guaifenesin + 60 mg dextromethorphan HBr   | 7 count / 63824-072-07<br>14 count / 63824-072-35<br>28 count / 63824-072-36<br>42 count / 63824-072-46  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>MUCINEX® DM Extended-Release Bi-layer Tablets</b><br>Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr   | 6 count / 63824-056-36<br>20 count / 63824-056-32<br>40 count / 63824-056-34<br>68 count / 63824-056-89  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Extended-Release Bi-layer Tablets</b><br>Per tablet - 1200 mg guaifenesin   | 7 count / 63824-023-07<br>14 count / 63824-023-35<br>28 count / 63824-023-36<br>42 count / 63824-023-46  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>MUCINEX® Extended-Release Bi-layer Tablets</b><br>Per tablet - 600 mg guaifenesin   | 6 count / 63824-008-36<br>20 count / 63824-008-32<br>40 count / 63824-008-34<br>68 count / 63824-008-86<br>80 count / 63824-008-80<br>100 count / 63824-008-15<br>500 count / 63824-008-50 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Cold &amp; Flu Liquid</b><br>Per 20 mL - 650 mg acetaminophen + 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl   | 4 fl oz / 63824-548-64<br>6 fl oz / 63824-548-66<br>9 fl oz / 63824-548-69   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Cold, Flu &amp; Sore Throat Liquid</b><br>Per 20 mL - 650 mg acetaminophen + 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl  | 6 fl oz / 63824-015-66<br>9 fl oz / 63824-015-69   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Day Time/Night Time Cold &amp; Flu Liquids</b><br>Day: Per 20 mL - 650 mg acetaminophen + 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl<br>Night: Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl  | 6 fl oz x 2 / 63824-549-26   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Day Severe Congestion &amp; Cough/Night Time Cold &amp; Flu Liquids</b><br>Day: Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl<br>Night: Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl  | 6 fl oz x 2 / 63824-528-22   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Night Time Cold &amp; Flu Liquid</b><br>Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl  | 4 fl oz / 63824-500-64<br>6 fl oz / 63824-500-66   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Severe Congestion &amp; Cough Liquid</b><br>Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl   | 6 fl oz / 63824-540-66<br>9 fl oz / 63824-540-69   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Cold, Flu &amp; Sore Throat Clear &amp; Cool Liquid</b><br>Per 20 mL - 650 mg acetaminophen + 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl   | 6 fl oz / 63824-542-66   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Day/Night Severe Congestion &amp; Cough/Cold &amp; Flu Clear &amp; Cool Liquids</b><br>Day: Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl<br>Night: Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl  | 6 fl oz x 2 / 63824-544-22   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Severe Congestion &amp; Cough Clear &amp; Cool Liquid</b><br>Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl  | 6 fl oz / 63824-541-66   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® DM Max Liquid</b><br>Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin  | 6 fl oz / 63824-019-66   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Day Time Cold &amp; Flu/Night Time Cold &amp; Flu Liquid Gels</b><br>Day: Per liquid gel - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl<br>Night: Per liquid gel - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 6.25 mg doxylamine succinate + 5 mg phenylephrine HCl | 24 count<br>(16 ct day + 8 ct night) /<br>63824-519-24   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Severe Congestion &amp; Cough Caplets</b><br>Per caplet - 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl  | 20 count / 63824-193-20  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Cold, Flu &amp; Sore Throat Caplets</b><br>Per caplet - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl   | 8 count / 63824-237-44<br>20 count / 63824-237-20  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Congestion &amp; Headache Caplets</b><br>Per caplet - 325 mg acetaminophen + 200 mg guaifenesin + 5 mg phenylephrine HCl  | 20 count / 63824-236-20  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Day Time/Night Time Cold &amp; Flu Caplets</b><br>Day: Per caplet - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl<br>Night: Per caplet - 325 mg acetaminophen + 12.5 mg diphenhydramine HCl + 5 mg phenylephrine HCl  | 30 count<br>(20 ct day + 10 ct night) /<br>63824-511-30  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Fast-Max® Day Severe Congestion &amp; Cough/Night Time Cold &amp; Flu Caplets</b><br>Day: Per caplet - 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl<br>Night: Per caplet - 325 mg acetaminophen + 12.5 mg diphenhydramine HCl + 5 mg phenylephrine HCl  | 30 count<br>(20 ct day + 10 ct night) /<br>63824-558-30  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Sinus-Max® Day &amp; Night Caplets</b><br>Day: Per caplet - 325 mg acetaminophen + 200 mg guaifenesin + 5 mg phenylephrine HCl<br>Night: Per caplet - 325 mg acetaminophen + 12.5 mg diphenhydramine HCl + 5 mg phenylephrine HCl   | 20 count<br>(12 ct day + 8 ct night) /<br>63824-204-20   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>Maximum Strength MUCINEX® Sinus-Max® Pressure, Pain &amp; Cough Caplets</b><br>Per caplet - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl   | 20 count / 63824-242-20  | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

## Delsym®

Prescribe / NDC #

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|---|--|---|---|---|---|---|---|---|
| <b>DELSYM® 12 Hour Liquids</b><br>Per 5 mL - dextromethorphan polistirex equivalent to 30 mg dextromethorphan HBr – Grape and Orange Flavors                | Grape 3 fl oz / 63824-171-63<br>Grape 5 fl oz / 63824-171-65<br>Orange 3 fl oz / 63824-175-63<br>Orange 5 fl oz / 63824-175-65 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>DELSYM® Cough+ Cold Night Time Liquid</b><br>Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl – Mixed Berry Flavor | 6 fl oz / 63824-211-66   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| <b>DELSYM® Cough+ Chest Congestion DM Liquid</b><br>Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin – Cherry Flavor                             | 6 fl oz / 63824-213-66   | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

## Cepacol®

Prescribe / NDC #

|   |                         |   |   |   |   |   |   |   |
|---|-------------------------|---|---|---|---|---|---|---|
| <b>CEPACOL® Extra Strength Sore Throat &amp; Cough Lozenges</b><br>Per lozenge - 7.5 mg benzocaine + 5 mg dextromethorphan HBr – Mixed Berry Flavor | 16 count / 63824-744-16 | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
|---|-------------------------|---|---|---|---|---|---|---|

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. 081519  
†Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)

# Ohio Formulary Coverage –

For Pediatric Patients\*

(Rx's Needed for Approval)

## Mucinex®

Prescribe / NDC #

AETNA BETTER HEALTH  
BUCKEYE HEALTH PLAN  
CARESOURCE HEALTH PLAN  
CARESOURCE MYCARE  
MEDICAID OHIO  
UHC COMMUNITY PLAN

### MUCINEX® Children's Cough & Congestion Liquid

Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin + 2.5 mg phenylephrine HCl – Very Berry Flavor

6.8 fl oz / 63824-947-11



### 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



### MUCINEX® Children's Chest Congestion Mini-Melts™

Per granule packet - 100 mg guaifenesin – Bubble Gum Flavor

12 count / 63824-941-11



### MUCINEX® Children's Cough Mini-Melts™

Per granule packet - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Orange Creme Flavor

12 count / 63824-942-31



## Delsym®

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### 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



### Children's DELSYM® Cough+ Chest Congestion DM Liquid

Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry Flavor

4 fl oz / 63824-214-64



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.  
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