

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



Mucinex®

Prescribe / NDC #

AETNA BETTER HEALTH	ANTHEM	CARESOURCE	MEDICAD KENTUCKY	PASSPORT	WELLCARE
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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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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**

			✓		
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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+ Cold Night Time Liquid
Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl – Mixed Berry Flavor

6 fl oz / **63824-211-66**

					✓
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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 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® Cough+ Chest Congestion DM Liquid
Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry Flavor

4 fl oz / **63824-214-64**

✓					✓
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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.

*The use of these medications is for the approved indications only and should be dispensed according to the proper dosing instructions. REV. 072619
*Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)