New Jersey Formulary Coverage –

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

	Prescribe / NDC #	AETNA BETTER HEALTH	AMERIGROUP NEW JERSEY	HORIZON NJ HEALTH	NJ FAMILYCARE	WELLCARE OF NJ
Mucinex						
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® DM Max Liquid Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin	6 fl oz / **63824-019-66**		✓	✓	✓	✓
Delsym						
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+ 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**					✓
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)

	Prescribe / NDC #	AETNA BETTER HEALTH	AMERIGROUP NEW JERSEY	HORIZON NJ HEALTH	NJ FAMILYCARE	WELLCARE OF NJ
Mucinex						
MUCINEX® Children's Cough Liquid Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry Flavor	4 fl oz / **63824-946-03**	✓	✓	✓	✓	✓
Delsym						
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.
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.
†Per 4-hour dose. Use as directed.
©2019 RB Health
Distributed by: RB Health (US)
REV. 080719