

Pennsylvania Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



Mucinex®

Prescribe / NDC #

AETNA BETTER HEALTH
AMERHEALTH CARITAS NORTHEAST
AMERHEALTH CARITAS PA
GATEWAY HEALTH PLAN
GHP FAMILY
HEALTH PARTNERS PLANS
KEYSTONE FIRST
UHC COMMUNITY PLAN
UPMC FOR YOU

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® Congestion & Headache Liquid Per 20 mL - 650 mg acetaminophen + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz / 63824-536-66				✓			
Maximum Strength[†] MUCINEX® Fast-Max® Severe Congestion & Cough Liquid Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz / 63824-540-66 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	✓			✓			✓
Maximum Strength[†] MUCINEX® Sinus-Max® Severe Congestion & Pain Liquid Per 20 mL - 650 mg acetaminophen + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz / 63824-261-66				✓			

Delsym®

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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*

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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	✓	✓	✓				✓

Delsym®

Prescribe / NDC #

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. REV. 072519
†Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)