

# South Carolina Formulary Coverage – For Adult Patients\*

(Rx's Needed for Approval)



## Mucinex®

Prescribe / NDC #

ABSOLUTE TOTAL CARE  
BLUECHOICE HEALTH PLAN/MEDICAD  
FIRST CHOICE  
MEDICAD SOUTH CAROLINA  
MOLINA HEALTHCARE  
WELL CARE OF SOUTH CAROLINA

**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<sup>†</sup> MUCINEX® Fast-Max® DM Max Liquid**  
Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin

6 fl oz / 63824-019-66

✓

## 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+ 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

✓

# 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

✓

## 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

✓

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. 072619  
†Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)