

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



## Mucinex

Prescribe / NDC #

AETNA BETTER HEALTH CCC PLUS  
HEALTHKEEPERS PLUS  
MAGELLAN COMPLETE CARE  
MEDICAID VIRGINIA  
OPTIMA FAMILY CARE  
VIRGINIA PREMIER HEALTH PLAN  
UHC COMMUNITY PLAN

<b>Maximum Strength MUCINEX® D Extended-Release Bi-layer Tablets</b> Per tablet - 1200 mg guaifenesin + 120 mg pseudoephedrine HCl	24 count / 63824-041-24	✓	✓	✓		✓	
<b>MUCINEX® D Extended-Release Bi-layer Tablets</b> Per tablet - 600 mg guaifenesin + 60 mg pseudoephedrine HCl	18 count / 63824-057-18 36 count / 63824-057-36	✓	✓	✓		✓	✓
<b>Maximum Strength MUCINEX® DM Extended-Release Bi-layer Tablets</b> 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	✓		✓		✓	
<b>MUCINEX® DM Extended-Release Bi-layer Tablets</b> 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	✓	✓	✓		✓	
<b>Maximum Strength MUCINEX® Extended-Release Bi-layer Tablets</b> 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	✓	✓	✓		✓	✓
<b>MUCINEX® Extended-Release Bi-layer Tablets</b> 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	✓	✓	✓	✓	✓	
<b>Maximum Strength MUCINEX® Fast-Max® Cold &amp; Flu Liquid</b> Per 20 mL - 650 mg acetaminophen + 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl	4 fl oz / 63824-548-64 6 fl oz / 63824-548-66 9 fl oz / 63824-548-69	✓		✓		✓	
<b>Maximum Strength MUCINEX® Fast-Max® Cold &amp; Flu Orange &amp; Pineapple Liquid</b> Per 20 mL - 650 mg acetaminophen + 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz / 63824-527-03	✓		✓		✓	
<b>Maximum Strength MUCINEX® Fast-Max® Cold, Flu &amp; Sore Throat Liquid</b> Per 20 mL - 650 mg acetaminophen + 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz / 63824-015-66 9 fl oz / 63824-015-69	✓		✓			
<b>Maximum Strength MUCINEX® Fast-Max® Congestion &amp; Headache Liquid</b> Per 20 mL - 650 mg acetaminophen + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz / 63824-536-66			✓		✓	
<b>Maximum Strength MUCINEX® Fast-Max® Night Time Cold &amp; Flu Liquid</b> Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl	4 fl oz / 63824-500-64 6 fl oz / 63824-500-66	✓					
<b>Maximum Strength MUCINEX® Fast-Max® Severe Congestion &amp; Cough Liquid</b> 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	✓		✓		✓	
<b>Maximum Strength MUCINEX® Fast-Max® DM Max Liquid</b> Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin	6 fl oz / 63824-019-66	✓	✓	✓			✓
<b>Maximum Strength MUCINEX® Fast-Max® Severe Congestion &amp; Cough Caplets</b> 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 &amp; Flu Caplets</b> Per caplet - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl	8 count / 63824-575-44 20 count / 63824-575-20	✓				✓	
<b>Maximum Strength MUCINEX® Fast-Max® Cold, Flu &amp; Sore Throat Caplets</b> Per caplet - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl	8 count / 63824-237-44 20 count / 63824-237-20	✓				✓	
<b>Maximum Strength MUCINEX® Fast-Max® Congestion &amp; Headache Caplets</b> 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> Day: Per caplet - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl Night: Per caplet - 325 mg acetaminophen + 12.5 mg diphenhydramine HCl + 5 mg phenylephrine HCl	30 count (20 ct day + 10 ct night) / 63824-511-30					✓	
<b>Maximum Strength MUCINEX® Fast-Max® Day Severe Congestion &amp; Cough/Night Time Cold &amp; Flu Caplets</b> Day: Per caplet - 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl Night: Per caplet - 325 mg acetaminophen + 12.5 mg diphenhydramine HCl + 5 mg phenylephrine HCl	30 count (20 ct day + 10 ct night) / 63824-558-30					✓	
<b>Maximum Strength MUCINEX® Sinus-Max® Night Time Congestion &amp; Cough Liquid</b> Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl	6 fl oz / 63824-262-66	✓					
<b>Maximum Strength MUCINEX® Sinus-Max® Severe Congestion &amp; Pain Liquid</b> Per 20 mL - 650 mg acetaminophen + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz / 63824-261-66	✓		✓			
<b>Maximum Strength MUCINEX® Sinus-Max® Severe Congestion &amp; Pain Clear &amp; Cool Liquid</b> Per 20 mL - 650 mg acetaminophen + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz / 63824-265-66	✓					
<b>Maximum Strength MUCINEX® Sinus-Max® Pressure, Pain &amp; Cough Caplets</b> Per caplet - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl	20 count / 63824-242-20	✓				✓	
<b>Maximum Strength MUCINEX® Sinus-Max® Severe Congestion &amp; Pain Caplets</b> Per caplet - 325 mg acetaminophen + 200 mg guaifenesin + 5 mg phenylephrine HCl	8 count (4 pouches: 2 caplets each) / 63824-201-44 20 count / 63824-243-20	✓		✓		✓	
<b>MUCINEX® Sinus-Max® Severe Nasal Congestion Relief Clear &amp; Cool Nasal Spray</b> Per dose - 0.05% Oxymetazoline HCl	0.75 fl oz / 63824-129-17			✓			
<b>MUCINEX® Sinus-Max® Severe Nasal Congestion Relief Sinus &amp; Allergy Nasal Spray</b> Per dose - 0.05% Oxymetazoline HCl	0.75 fl oz / 63824-120-11			✓			

## Delsym

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<b>DELSYM® 12 Hour Liquids</b> 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	✓		✓		✓	✓
<b>DELSYM® Cough+ Cold Night Time Liquid</b> 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> 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)

## Mucinex

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<b>MUCINEX® Children's Cough &amp; Congestion Liquid</b> 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	✓		✓			
<b>MUCINEX® Children's Cough Liquid</b> Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry Flavor	4 fl oz / 63824-946-03	✓	✓	✓		✓	✓
<b>MUCINEX® Children's Stuffy Nose &amp; Chest Congestion Liquid</b> Per 5 mL - 100 mg guaifenesin + 2.5 mg phenylephrine HCl – Very Berry Flavor	4 fl oz / 63824-951-07	✓					
<b>MUCINEX® Children's Night Time Multi-Symptom Cold Liquid</b> Per 10 mL - 325 mg acetaminophen + 12.5 mg diphenhydramine HCl + 5 mg phenylephrine HCl – Very Berry Flavor	4 fl oz / 63824-950-21	✓					
<b>MUCINEX® Children's Chest Congestion Mini-Melts™</b> Per granule packet - 100 mg guaifenesin – Bubble Gum Flavor	12 count / 63824-941-11	✓		✓		✓	
<b>MUCINEX® Children's Cough Mini-Melts™</b> Per granule packet - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Orange Creme Flavor	12 count / 63824-942-31	✓		✓		✓	

## Delsym

Prescribe / NDC #

<b>Children's DELSYM® 12 Hour Liquids</b> 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	✓		✓		✓	
<b>Children's DELSYM® Cough+ Chest Congestion DM Liquid</b> 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. REV. 080519  
†Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)