

Delaware Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



Mucinex

Prescribe / NDC #

AMERHEALTH CARITAS

DELAWARE MEDICAID

HEALTH OPTIONS

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

Prescribe / NDC #

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)

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® 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. 080119
†Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)