

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



## Mucinex®

Prescribe / NDC #

AMERIGROUP

CARE SOURCE

PEACH STATE HEALTH PLAN

WELL CARE

**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**

✓ ✓

**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**  
14 + 4 count / **63824-023-18**  
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**

✓

## 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**

✓ ✓ ✓

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. 080619  
<sup>†</sup>Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)