

Ohio Formulary Coverage – For Adult Patients* (Rx's Needed for Approval)



Mucinex®

Prescribe / NDC #

AETNA BETTER HEALTH
BUCKEYE HEALTH PLAN
CARESOURCE HEALTH PLAN
CARESOURCE MYCARE
MEDICAID OHIO
MOLINA HEALTHCARE
PARAMOUNT ADVANTAGE
UHC COMMUNITY PLAN

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® Cold & Flu Liquid 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	✓	✓	✓	✓	✓	✓	✓
Maximum Strength MUCINEX® Fast-Max® Cold, Flu & Sore Throat Liquid 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	✓	✓	✓	✓	✓	✓	✓
Maximum Strength MUCINEX® Fast-Max® Day Time/Night Time Cold & Flu Liquids Day: Per 20 mL - 650 mg acetaminophen + 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl Night: Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl	6 fl oz x 2 / 63824-549-26	✓	✓	✓	✓	✓	✓	✓
Maximum Strength MUCINEX® Fast-Max® Day Severe Congestion & Cough/Night Time Cold & Flu Liquids Day: Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl Night: Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl	6 fl oz x 2 / 63824-528-22	✓	✓	✓	✓	✓	✓	✓
Maximum Strength MUCINEX® Fast-Max® Night Time Cold & Flu Liquid 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	✓	✓	✓	✓	✓	✓	✓
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® Cold, Flu & Sore Throat Clear & Cool Liquid Per 20 mL - 650 mg acetaminophen + 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz / 63824-542-66	✓	✓	✓	✓	✓	✓	✓
Maximum Strength MUCINEX® Fast-Max® Day/Night Severe Congestion & Cough/Cold & Flu Clear & Cool Liquids Day: Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl Night: Per 20 mL - 650 mg acetaminophen + 25 mg diphenhydramine HCl + 10 mg phenylephrine HCl	6 fl oz x 2 / 63824-544-22	✓	✓	✓	✓	✓	✓	✓
Maximum Strength MUCINEX® Fast-Max® Severe Congestion & Cough Clear & Cool Liquid Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz / 63824-541-66	✓	✓	✓	✓	✓	✓	✓
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® Fast-Max® Day Time Cold & Flu/Night Time Cold & Flu Liquid Gels Day: Per liquid gel - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl Night: Per liquid gel - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 6.25 mg doxylamine succinate + 5 mg phenylephrine HCl	24 count (16 ct day + 8 ct night) / 63824-519-24	✓	✓	✓	✓	✓	✓	✓
Maximum Strength MUCINEX® Fast-Max® Severe Congestion & Cough Caplets Per caplet - 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl	20 count / 63824-193-20	✓	✓	✓	✓	✓	✓	✓
Maximum Strength MUCINEX® Fast-Max® Cold, Flu & Sore Throat Caplets 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	✓	✓	✓	✓	✓	✓	✓
Maximum Strength MUCINEX® Fast-Max® Congestion & Headache Caplets Per caplet - 325 mg acetaminophen + 200 mg guaifenesin + 5 mg phenylephrine HCl	20 count / 63824-236-20	✓	✓	✓	✓	✓	✓	✓
Maximum Strength MUCINEX® Fast-Max® Day Time/Night Time Cold & Flu Caplets 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	✓	✓	✓	✓	✓	✓	✓
Maximum Strength MUCINEX® Fast-Max® Day Severe Congestion & Cough/Night Time Cold & Flu Caplets 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	✓	✓	✓	✓	✓	✓	✓
Maximum Strength MUCINEX® Sinus-Max® Day & Night Caplets Day: Per caplet - 325 mg acetaminophen + 200 mg guaifenesin + 5 mg phenylephrine HCl Night: Per caplet - 325 mg acetaminophen + 12.5 mg diphenhydramine HCl + 5 mg phenylephrine HCl	20 count (12 ct day + 8 ct night) / 63824-204-20	✓	✓	✓	✓	✓	✓	✓
Maximum Strength MUCINEX® Sinus-Max® Pressure, Pain & Cough Caplets Per caplet - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl	20 count / 63824-242-20	✓	✓	✓	✓	✓	✓	✓

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	✓	✓	✓	✓	✓	✓	✓
DELSYM® Cough+ Chest Congestion DM Liquid Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin – Cherry Flavor	6 fl oz / 63824-213-66	✓	✓	✓	✓	✓	✓	✓

Cepacol®

Prescribe / NDC #

CEPACOL® Extra Strength Sore Throat & Cough Lozenges Per lozenge - 7.5 mg benzocaine + 5 mg dextromethorphan HBr – Mixed Berry Flavor	16 count / 63824-744-16	✓	✓	✓	✓	✓	✓	✓
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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.
For more information about CEPACOL, call 1-866-682-4639 or visit www.cepacol.com/professional.

*The use of these medications is for the approved indications only and should be dispensed according to the proper dosing instructions. REV. 081519
†Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)

Ohio Formulary Coverage –

For Pediatric Patients*

(Rx's Needed for Approval)

Mucinex®

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AETNA BETTER HEALTH
BUCKEYE HEALTH PLAN
CARESOURCE HEALTH PLAN
CARESOURCE MYCARE
MEDICAID OHIO
UHC COMMUNITY PLAN

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



MUCINEX® Children's Multi-Symptom Cough, Cold & Fever Liquid

Per 10 mL - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl – Very Berry Flavor

4 fl oz / 63824-948-27



MUCINEX® Children's Multi-Symptom Cold Liquid

Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin + 2.5 mg phenylephrine HCl – Very Berry Flavor

4 fl oz / 63824-949-01
6.8 fl oz / 63824-949-15



MUCINEX® Children's Day Time Multi-Symptom Cold & MUCINEX® Children's Night Time Multi-Symptom Cold Liquids

Day: Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin + 2.5 mg phenylephrine HCl – Very Berry Flavor

Night: Per 10 mL - 325 mg acetaminophen + 12.5 mg diphenhydramine HCl + 5 mg phenylephrine HCl – Very Berry Flavor

4 fl oz x 2 / 63824-955-74



MUCINEX® Children's Night Time Multi-Symptom Cold Liquid

Per 10 mL - 325 mg acetaminophen + 12.5 mg diphenhydramine HCl + 5 mg phenylephrine HCl – Very Berry Flavor

4 fl oz / 63824-950-21



MUCINEX® Children's Chest Congestion Mini-Melts™

Per granule packet - 100 mg guaifenesin – Bubble Gum Flavor

12 count / 63824-941-11



MUCINEX® Children's Cough Mini-Melts™

Per granule packet - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Orange Creme Flavor

12 count / 63824-942-31



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.
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