

Northern California Formulary Coverage – For Adult Patients*

(Rx's Needed for Approval)



Mucinex®

Prescribe / NDC #

BS OF CA PROMISE OF MEDI-CAL
CONTRA COSTA HEALTH PLAN
HEALTH PLAN OF SAN JOAQUIN
HEALTH PLAN SAN MATEO
PARTNERSHIP HEALTH PLAN
SANTA CLARA FAMILY HEALTH PLAN
SAN FRANCISCO HEALTH MEDI-CAL

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**

✓ ✓ ✓

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® DM Max Liquid
Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin

6 fl oz / **63824-019-66**

✓ ✓

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**

✓

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+ 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*

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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**

✓

MUCINEX® Children's Chest Congestion Mini-Melts™
Per granule packet - 100 mg guaifenesin – Bubble Gum Flavor

12 count / **63824-941-11**

✓

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. 080719
[†]Per 4-hour dose. Use as directed. ©2019 RB Health Distributed by: RB Health (US)

Southern California Formulary Coverage – For Adult Patients*

(Rx's Needed for Approval)



BS OF CA PROMISE OF MEDI-CAL
CALOPTIMA MEDI-CAL
CENTRAL CALIFORNIA FOR HLTH
COMMUNITY HEALTH GROUP
INLAND EMPIRE
LA CARE HEALTH PLAN

Mucinex®

Prescribe / NDC #

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® DM Max Liquid Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin	6 fl oz / 63824-019-66			✓	✓					
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				✓					

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+ 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 Lozenges Per lozenge - 15 mg benzocaine + 3.6 mg menthol – Cherry Flavor	16 count / 63824-713-16 or 63824-715-16									✓
CEPACOL® Extra Strength Sore Throat Lozenges Per lozenge - 15 mg benzocaine + 2.6 mg menthol – Honey Lemon Flavor	16 count / 63824-732-16									✓
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							✓		
CEPACOL® Extra Strength Sore Throat Lozenges Per lozenge - 15 mg benzocaine + 2.3 mg menthol – Tangerine Flavor	16 count / 63824-768-16									✓

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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 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							✓		
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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.

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