

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



Mucinex®

Prescribe / NDC #

AMERIGROUP
MARYLAND MEDICAID
MARYLAND PHYSICIANS CARE
MEDSTAR FAMILY CHOICE
PRIORITY PARTNERS
UHC HEALTHCHOICE
UNIV OF MD HEALTH PARTNERS

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®

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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®

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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 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

✓

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)