

Colorado Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



MUCINEX®

Prescribe / NDC #

		HOSPICES OF AMERICA	PHARMASTAR	SCRIPT CARE	EMPLOYER HEALTH OPTION	OPTUMRX	MEDICAID COLORADO	PHARMACY ASSISTANCE TO ELDERLY
MUCINEX® DM Extended-Release Bi-layer Tablets Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr	40 Count / 63824-056-34			✓				
Maximum Strength MUCINEX® Extended-Release Bi-layer Tablets Per tablet - 1200 mg guaifenesin	14 Count / 63824-023-35			✓				
MUCINEX® Extended-Release Bi-layer Tablets Per tablet - 600 mg guaifenesin	20 Count / 63824-008-32	✓	✓			✓	✓	✓
	40 Count / 63824-008-34	✓						
	68 Count / 63824-008-86						✓	
MUCINEX® Extended-Release Bi-layer Tablets Per tablet - 600 mg guaifenesin	500 Count / 63824-008-50	✓	✓		✓			

For more information about MUCINEX, DELSYM, or CEPACOL, call 1-866-682-4639 or visit rbhprofessional.com.

*The use of these medications is for the approved indications only and should be dispensed according to the proper dosing instructions.

† Per 8 hour dose. Use as directed.

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