

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



Mucinex

Prescribe / NDC #

HOSPICES OF AMERICA
WELL CARE OF GEORGIA
AMERIGROUP COMMUNITY CARE
BLUECHOICE
CHANGE HEALTHCARE
CARESOURCE HEALTH PLAN
SCRIPTSAVE DISCOUNT CRD

		HOSPICES OF AMERICA	WELL CARE OF GEORGIA	AMERIGROUP COMMUNITY CARE	BLUECHOICE	CHANGE HEALTHCARE	CARESOURCE HEALTH PLAN	SCRIPTSAVE DISCOUNT CRD
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	✓				✓		✓
Maximum Strength MUCINEX® DM Extended-Release Bi-layer Tablets Per tablet - 1200 mg guaifenesin + 60 mg dextromethorphan HBr	28 Count / 63824-072-36	✓						
MUCINEX® DM Extended-Release Bi-layer Tablets Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr	20 Count / 63824-056-32	✓				✓	✓	
	40 Count / 63824-056-34	✓						
Maximum Strength MUCINEX® Extended-Release Bi-layer Tablets Per tablet - 1200 mg guaifenesin	14 Count / 63824-023-35	✓				✓		
	28 Count / 63824-023-36	✓				✓		
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	✓						
	100 Count / 63824-008-15	✓						
MUCINEX® Extended-Release Bi-layer Tablets Per tablet - 600 mg guaifenesin	500 Count / 63824-008-50	✓						

Delsym

Prescribe / NDC #

		HOSPICES OF AMERICA	WELL CARE OF GEORGIA	AMERIGROUP COMMUNITY CARE	BLUECHOICE	CHANGE HEALTHCARE	CARESOURCE HEALTH PLAN	SCRIPTSAVE DISCOUNT CRD
DELSYM® 12 Hour Liquid Per 5 mL - dextromethorphan polistirex equivalent to 30 mg dextromethorphan HBr	3 fl oz / 63824-171-63		✓				✓	
	5 fl oz / 63824-171-65		✓					
	3 fl oz / 63824-175-63		✓				✓	
	5 fl oz / 63824-175-65		✓				✓	
DELSYM® Cough + Chest Congestion DM Liquid Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin	6 fl oz / 63824-213-66			✓	✓			

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.

©2021 RB Health Distributed by RB Health (US)

RB-M-38052-GA



Georgia Formulary Coverage –

For Pediatric Patients* (Rx's Needed for Approval)



MUCINEX®

Prescribe / NDC #

		HOSPICES OF AMERICA	WELL-CARE OF GEORGIA	AMERIGROUP COMMUNITY CARE	BLUECHOICE	CHANGE HEALTHCARE	CARESOURCE HEALTH PLAN	SCRIPTSAVE DISCOUNT CRD
MUCINEX® Children's Cough Liquid Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin	4 fl oz / 63824-946-03		✓	✓				
MUCINEX® Children's FreeFrom Cough and Mucus Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin	4 fl oz / 63824-957-64			✓				

Delsym®

Prescribe / NDC #

		HOSPICES OF AMERICA	WELL-CARE OF GEORGIA	AMERIGROUP COMMUNITY CARE	BLUECHOICE	CHANGE HEALTHCARE	CARESOURCE HEALTH PLAN	SCRIPTSAVE DISCOUNT CRD
Children's DELSYM® 12 Hour Liquid Per 5 mL - dextromethorphan polistirex equivalent to 30 mg dextromethorphan HBr	3 fl oz / 63824-173-63		✓				✓	
	5 fl oz / 63824-173-65		✓					
	3 fl oz / 63824-177-63		✓				✓	
	5 fl oz / 63824-177-65		✓				✓	

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.

©2021 RB Health Distributed by RB Health (US)

RB-M-38052-GA

