

Maryland Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



MUCINEX

Prescribe / NDC #

		MARYLAND PHYSICIANS CARE (MD)	EXPRESS SCRIPTS	SCRIPT CARE	UHC HEALTHCHOICE	SCRIPTSAVE DISCOUNT CARD	BCBS HEALTHMARK	SINGLECARE HLTH SAVINGS CARD	MEDIIMPACT
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® Extended-Release Bi-layer Tablets Per tablet - 1200 mg guaifenesin	14 Count / 63824-023-35	✓							
	42 Count / 63824-023-46	✓							
MUCINEX® Extended-Release Bi-layer Tablets Per tablet - 600 mg guaifenesin	20 Count / 63824-008-32	✓	✓		✓	✓	✓	✓	✓
	40 Count / 63824-008-34	✓		✓					
	100 Count / 63824-008-15	✓							
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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