

Tennessee Formulary Coverage –

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



Mucinex

Prescribe / NDC #

MEDICAID
FAMILYWIZE DISC CRD
HOSPICES OF AMERICA
EXPRESS SCRIPTS
SCRIPTSAVE DISCOUNT CARD
SINGLECARE HTH SAVINGS CARD
DIV OF ENERGY EC OCC ILLDECCI
GOODRX

		MEDICAID	FAMILYWIZE DISC CRD	HOSPICES OF AMERICA	EXPRESS SCRIPTS	SCRIPTSAVE DISCOUNT CARD	SINGLECARE HTH SAVINGS CARD	DIV OF ENERGY EC OCC ILLDECCI	GOODRX
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	14 Count / 63824-072-35	✓			✓				
MUCINEX® DM Extended-Release Bi-layer Tablets Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr	20 Count / 63824-056-32	✓	✓	✓	✓	✓			
Maximum Strength MUCINEX® Extended-Release Bi-layer Tablets Per tablet - 1200 mg guaifenesin	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	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 #

		MEDICAID	FAMILYWIZE DISC CRD	HOSPICES OF AMERICA	EXPRESS SCRIPTS	SCRIPTSAVE DISCOUNT CARD	SINGLECARE HTH SAVINGS CARD	DIV OF ENERGY EC OCC ILLDECCI	GOODRX
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	✓		✓					



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

Delsym

Prescribe / NDC #

		MEDICAID	FAMILYWIZE DISC CRD	HOSPICES OF AMERICA	EXPRESS SCRIPTS	SCRIPTSAVE DISCOUNT CARD	SINGLECARE HTH SAVINGS CARD	DIV OF ENERGY EC OCC ILLDECCI	GOODRX
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.

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