

Texas Formulary Coverage –

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



Mucinex®

Prescribe / NDC #

		SUPERIOR HEALTHPLAN NETWORK	UHC COMMUNITY PLAN	AMERIGROUP	MOLINA HEALTHCARE STAR	HOSPICES OF AMERICA	DRISCOLL STAR (TX)	EXPRESS SCRIPTS	COMMUNITY HEALTH CHOICE STAR	TEXAS CHILDRENS HEALTH PLAN	CIGNA-HLTHSPRING STAR PLUS	LONESTAR DISC RX CARD	TRU DISCOUNT RX	CHANGE HEALTHCARE	GOODRX	SINGLECARE HLTH SAVINGS CARD
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	✓	✓	✓	✓	✓		✓			✓					✓
	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	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	✓	✓	✓	✓	✓		✓		✓						
	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	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓	✓
Maximum Strength† MUCINEX® FAST-MAX® Severe Congestion & Cough Liquid Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin + 10 mg phenylephrine HCl	6 fl oz / 63824-540-66					✓										
Maximum Strength† MUCINEX® FAST-MAX® DM Max Liquid Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin	6 fl oz / 63824-019-66	✓	✓		✓		✓		✓							

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



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		SUPERIOR HEALTHPLAN NETWORK	UHC COMMUNITY PLAN	AMERIGROUP	MOLINA HEALTHCARE STAR	HOSPICES OF AMERICA	DRISCOLL STAR (TX)	EXPRESS SCRIPTS	COMMUNITY HEALTH CHOICE STAR	TEXAS CHILDRENS HEALTH PLAN	CIGNA-HITSPRING STAR PLUS	LONESTAR DISC RX CARD	TRU DISCOUNT RX	CHANGE HEALTHCARE	GOODRX	SINGLECARE HIGH SAVINGS CARD
MUCINEX® Children's Multi-Symptom Cold Liquid Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin + 2.5 mg phenylephrine HCl	6.8 oz / 63824-949-15	✓	✓		✓		✓									
MUCINEX® Children's Cold & Flu (All in one) Per 10 mL - 200mg guaifenesin + 10 mg dextromethorphan HBr + 5mg phenylephrine HCl + 325 mg acetaminophen	4 fl oz / 63824-954-04						✓									
MUCINEX® Children's FreeFrom Multi-Symptom Cold Flu & Sore Throat Per 10 mL - 325 mg acetaminophen + 10 mg dextromethorphan HBr + 200 mg guaifenesin + 5 mg phenylephrine HCl	4 fl oz / 63824-958-64	✓	✓	✓			✓									
MUCINEX® Children's Chest Congestion Mini-Melts 24/12 ct. Per granule packet - 100 mg guaifenesin	12 Count / 63824-941-11	✓	✓	✓			✓		✓							
MUCINEX® Children's - Cough - Mini-Melts 24/12 ct. Per granule packet - 100 mg guaifenesin + 5mg dextromethorphan HBr	12 Count / 63824-942-31	✓					✓	✓	✓							

Delsym®

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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		✓	✓				✓	✓		✓					

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