

# Wisconsin Formulary Coverage –

For Adult Patients\*

(Rx's Needed for Approval)



## MUCINEX

Prescribe / NDC #

		HOSPICES OF AMERICA	MAXCARE-ADVANTAGE DISCOUNT CARD	MEDICAID	PHARMACY DATA MGT	TRU DISCOUNT RX	GOODRX-WELLDYNEX	EXPRESS SCRIPTS
<b>Maximum Strength MUCINEX® D Extended-Release Bi-layer Tablets</b> Per tablet - 1200 mg guaifenesin + 120 mg pseudoephedrine HCl	24 Count / <b>63824-041-24</b>				✓			
<b>MUCINEX® DM Extended-Release Bi-layer Tablets</b> Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr	20 Count / <b>63824-056-32</b>	✓						
<b>Maximum Strength MUCINEX® Extended-Release Bi-layer Tablets</b> Per tablet - 1200 mg guaifenesin	28 Count / <b>63824-023-36</b>	✓		✓				
<b>MUCINEX® Extended-Release Bi-layer Tablets</b> Per tablet - 600 mg guaifenesin	20 Count / <b>63824-008-32</b>	✓				✓	✓	
	40 Count / <b>63824-008-34</b>	✓						
<b>MUCINEX® Extended-Release Bi-layer Tablets</b> Per tablet - 600 mg guaifenesin	500 Count / <b>63824-008-50</b>	✓	✓					
<b>Maximum Strength† MUCINEX® FAST-MAX® DM Max Liquid</b> Per 20 mL - 20 mg dextromethorphan HBr + 400 mg guaifenesin	6 fl oz / <b>63824-019-66</b>	✓		✓				

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