

# Oregon Formulary Coverage –

For Adult Patients\*

(Rx's Needed for Approval)



**Mucinex**

Prescribe

Indication

ALLCARE

HEALTH SHARE CARE OREGON

MEDICAID OREGON

TRILLIUM COMMUNITY PLAN

UNIQVA HEALTH ALLIANCE

**Maximum Strength MUCINEX® D Tablets**

Per tablet - 1200 mg guaifenesin + 120 mg pseudoephedrine HCl

24 count

Chest Congestion +  
Sinus Pressure



**MUCINEX® D Tablets**

Per tablet - 600 mg guaifenesin + 60 mg pseudoephedrine HCl

18 count  
36 count

Chest Congestion +  
Sinus Pressure



**Maximum Strength MUCINEX® DM Tablets**

Per tablet - 1200 mg guaifenesin + 60 mg dextromethorphan HBr

7 count  
14 count  
28 count  
42 count

Chest Congestion +  
Cough



**MUCINEX® DM Tablets**

Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr

6 count  
20 count  
40 count

Chest Congestion +  
Cough



**Maximum Strength MUCINEX® Tablets**

Per tablet - 1200 mg guaifenesin

7 count  
14 count  
28 count  
42 count

Chest Congestion



**MUCINEX® Tablets**

Per tablet - 600 mg guaifenesin

6 count  
20 count  
40 count  
68 count  
100 count  
500 count

Chest Congestion



\*The use of these medications is for the approved indications only and should be dispensed according to the proper dosing instructions. Use as directed. ©2018 RB Health Distributed by: RB Health

For more information about MUCINEX, call 1-866-682-4639 or visit [www.mucinex.com/professional](http://www.mucinex.com/professional).