

Rhode Island Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



NEIGHBORHOOD HEALTH PLAN

UHC RITE CARE

Mucinex

Prescribe

Indication

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



For Pediatric Patients*

(Rx's Needed for Approval)

Mucinex

Prescribe

Indication

Children's MUCINEX® Cough Liquid

Per 5 mL - 5 mg dextromethorphan HBr + 100 mg guaifenesin – Cherry

4 fl oz

Cough +
Chest Congestion



For more information about MUCINEX, call 1-866-682-4639 or visit www.mucinex.com/professional.

*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