

# Utah Formulary Coverage –

For Adult Patients\*

(Rx's Needed for Approval)



**Mucinex**

Prescribe

Indication

HEALTHY U

UTAH MEDICAID

**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



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