

Vermont Medicaid Formulary Coverage –

*For Adult Patients**

(Rx's Needed for Approval)



MUCINEX

Prescribe

Indication

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.

*The use of these medications is for the approved indications only and should be dispensed according to the proper dosing instructions. Use as directed.
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