

Hawaii Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



Mucinex

Prescribe

Indication

ALOHA CARE

HMSA QUEST

OHANA QUEST

UHC QUEST

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.

*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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