

Iowa Formulary Coverage –

*For Adult Patients** (Rx's Needed for Approval)



Mucinex

Prescribe / NDC #

AMERIGROUP COMMUNITY CARE

UHC COMMUNITY PLAN

Maximum Strength MUCINEX® Extended-Release Bi-layer Tablets
Per tablet - 1200 mg guaifenesin

7 count / **63824-023-07**
14 count / **63824-023-35**
28 count / **63824-023-36**
42 count / **63824-023-46**



MUCINEX® Extended-Release Bi-layer Tablets
Per tablet - 600 mg guaifenesin

6 count / **63824-008-36**
20 count / **63824-008-32**
40 count / **63824-008-34**
68 count / **63824-008-86**
80 count / **63824-008-80**
100 count / **63824-008-15**
500 count / **63824-008-50**



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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