

Vermont Formulary Coverage –

*For Adult Patients**

(Rx's Needed for Approval)



Mucinex

Prescribe / NDC #

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. REV. 072319
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