

Washington, DC Formulary Coverage –

For Adult Patients*

(Rx's Needed for Approval)



Mucinex

Prescribe / NDC #

AMERHEALTH CARITAS

DC MEDICAID

Maximum Strength MUCINEX® D Extended-Release Bi-layer Tablets
Per tablet - 1200 mg guaifenesin + 120 mg pseudoephedrine HCl

24 count / 63824-041-24



MUCINEX® D Extended-Release Bi-layer Tablets
Per tablet - 600 mg guaifenesin + 60 mg pseudoephedrine HCl

18 count / 63824-057-18
36 count / 63824-057-36



Maximum Strength MUCINEX® DM Extended-Release Bi-layer Tablets
Per tablet - 1200 mg guaifenesin + 60 mg dextromethorphan HBr

7 count / 63824-072-07
14 count / 63824-072-35
14 + 4 count / 63824-072-18
28 count / 63824-072-36
42 count / 63824-072-46



MUCINEX® DM Extended-Release Bi-layer Tablets
Per tablet - 600 mg guaifenesin + 30 mg dextromethorphan HBr

6 count / 63824-056-36
20 count / 63824-056-32
20 + 4 count / 63824-056-11
40 count / 63824-056-34
68 count / 63824-056-89



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

7 count / 63824-023-07
14 count / 63824-023-35
14 + 4 count / 63824-023-18
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
20 + 4 count / 63824-008-24
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.
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