

Washington UHC Community Plan Coverage –

For Adult Patients*

(Rx's Needed for Approval)



Mucinex

Prescribe / NDC #

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**

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. ©2019 RB Health Distributed by: RB Health (US) REV. 072319