

# Arkansas 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](http://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. 072919  
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