

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.

This list is updated weekly.

This list is current as of 11/11/2024.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov/healthcare/medicaid/fee-schedules-and-rates).

Vaccine Administration Fees	
1st Vaccine Dose	\$16.25
Additional Vaccine Dose	\$11.77
COVID Vaccine Dose	\$30.91

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate
42515000301	CHIKUNGUNYA VACCINE, LIVE/PF	IXCHIQ VIAL	VALNEVA	275.00
80777011001	COVID VAC 24-25 (12UP)(MOD)/PF	SPIKEVAX 2024-25 (12Y UP) SYRG	MODERNA US, INC	283.60
80777011093	COVID VAC 24-25 (12UP)(MOD)/PF	SPIKEVAX 2024-25 (12Y UP) SYRG	MODERNA US, INC	283.60
80777011096	COVID VAC 24-25 (12UP)(MOD)/PF	SPIKEVAX 2024-25 (12Y UP) SYRG	MODERNA US, INC	283.60
00069243210	COVID VAC 24-25 (12UP)(PFI)/PF	COMIRNATY 2024-25(12Y UP) SYRG	PFIZER US PHARM	455.83
80631010701	COVID VAC 24-25(12Y UP)/ADJ/PF	NOVAVAX COVID 2024-25 SYR(EUA)	NOVAVAX INC.	283.40
80631010710	COVID VAC 24-25(12Y UP)/ADJ/PF	NOVAVAX COVID 2024-25 SYR(EUA)	NOVAVAX INC.	283.40
59267443802	COVID VAC 24-25(5-11Y)(PFI)/PF	PFIZER COVID 2024-25(5- 11Y)EUA	PFIZER MANUFACT	256.66
80777029109	COVID VAC 24-25(6M-11Y)(MOD)PF	MODERNA COVID 24-25(6M- 11Y)EUA	MODERNA US, INC	516.00
80777029180	COVID VAC 24-25(6M-11Y)(MOD)PF	MODERNA COVID 24-25(6M- 11Y)EUA	MODERNA US, INC	516.00
80777029181	COVID VAC 24-25(6M-11Y)(MOD)PF	MODERNA COVID 24-25(6M- 11Y)EUA	MODERNA US, INC	516.00
63361024310	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE VIAL	MSP VACCINE COM	292.70
63361024315	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE SYRINGE	MSP VACCINE COM	292.70
63361024358	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE VIAL	MSP VACCINE COM	292.70
63361024388	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE SYRINGE	MSP VACCINE COM	292.70
49281056210	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	118.41
49281056258	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	118.42
49281056410	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	118.41
49281056415	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV SYRINGE	SANOFI-PASTEUR	118.41
49281056458	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	118.42
49281056488	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV SYRINGE	SANOFI-PASTEUR	118.42

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.

This list is updated weekly.

This list is current as of 11/11/2024.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov/healthcare/medicaid-division/fee-schedules-and-rates).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate
58160081252	DIPH,PERTUS(ACEL),TET,POLIO/PF	KINRIX TIP-LOK SYRINGE	GLAXOSMITHKLINE	116.15
49281028610	DIPH,PERTUSS(ACELL),TET PED/PF	DAPTACEL DTAP VACCINE	SANOPI-PASTEUR	54.12
49281028658	DIPH,PERTUSS(ACELL),TET PED/PF	DAPTACEL DTAP VACCINE	SANOPI-PASTEUR	54.12
58160081052	DIPH,PERTUSS(ACELL),TET PED/PF	INFANRIX DTAP SYRINGE	GLAXOSMITHKLINE	53.09
49281040010	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP VIAL	SANOPI-PASTEUR	91.16
49281040020	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP SYRINGE	SANOPI-PASTEUR	91.16
49281040058	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP VIAL	SANOPI-PASTEUR	91.16
49281040089	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP SYRINGE	SANOPI-PASTEUR	91.16
49281051105	DIPHT,PERT(A),TET-POLIO/HIB/PF	PENTACEL VIAL KIT	SANOPI-PASTEUR	110.77
58160084211	DIPHTH,PERTUSS(ACELL),TET VAC	BOOSTRIX TDAP VACCINE VIAL	GLAXOSMITHKLINE	90.28
58160084234	DIPHTH,PERTUSS(ACELL),TET VAC	BOOSTRIX TDAP VACCINE SYRINGE	GLAXOSMITHKLINE	85.10
58160084252	DIPHTH,PERTUSS(ACELL),TET VAC	BOOSTRIX TDAP VACCINE SYRINGE	GLAXOSMITHKLINE	90.28
49281056101	DTAP-IPV COMPONENT 1 OF 2/PF	PENTACEL DTAP-IPV COMPONENT VL	SANOPI-PASTEUR	215.10
70461042310	FLU VAC QS 23-24 (6MS UP) CELL	FLUCELVAX QUAD 2023-2024 VIAL	SEQIRUS, INC.	55.54
70461032303	FLU VAC QS 23-24(6MS UP)CEL/PF	FLUCELVAX QUAD 2023-2024 SYR	SEQIRUS, INC.	58.70
49281072210	FLU VAC QV 2022(18YR UP)RCM/PF	FLUBLOK QUAD 2022-2023 SYRINGE	SANOPI-PASTEUR	121.45
49281072288	FLU VAC QV 2022(18YR UP)RCM/PF	FLUBLOK QUAD 2022-2023 SYRINGE	SANOPI-PASTEUR	121.46
49281072310	FLU VAC QV 2023(18YR UP)RCM/PF	FLUBLOK QUAD 2023-2024 SYRINGE	SANOPI-PASTEUR	127.52
49281072388	FLU VAC QV 2023(18YR UP)RCM/PF	FLUBLOK QUAD 2023-2024 SYRINGE	SANOPI-PASTEUR	127.52
70461055410	FLU VAC TS 24-25 (6MS UP) CELL	FLUCELVAX TRIVAL 2024-2025 VL	SEQIRUS, INC.	63.39
70461065403	FLU VAC TS 24-25(6MS UP)CEL/PF	FLUCELVAX TRIVAL 2024-2025 SYR	SEQIRUS, INC.	63.39
49281072410	FLU VAC TV 2024(18YR UP)RCM/PF	FLUBLOK TRIVALENT 2024-25 SYRG	SANOPI-PASTEUR	145.22
49281072488	FLU VAC TV 2024(18YR UP)RCM/PF	FLUBLOK TRIVALENT 2024-25 SYRG	SANOPI-PASTEUR	145.22

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.

This list is updated weekly.

This list is current as of 11/11/2024.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov/healthcare/medicaid/fee-schedules).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate
33332042310	FLU VACC QS 2023-24 (6 MOS UP)	AFLURIA QUAD 2023-2024 VIAL	SEQIRUS, INC.	36.94
49281063915	FLU VACC QS 2023-24 (6 MOS UP)	FLUZONE QUAD 2023-2024 VIAL	SANOFI-PASTEUR	35.37
49281063978	FLU VACC QS 2023-24 (6 MOS UP)	FLUZONE QUAD 2023-2024 VIAL	SANOFI-PASTEUR	35.37
70461012303	FLU VACC QS2023(65UP)/MF59C/PF	FLUAD QUAD 2023-2024 SYRINGE	SEQIRUS, INC.	134.46
33332032303	FLU VACC QS2023-24 36MOS UP/PF	AFLURIA QUAD 2023-24 (3YR UP)	SEQIRUS, INC.	40.08
19515081452	FLU VACC QS2023-24(6MOS UP)/PF	FLULAVAL QUAD 2023-2024 SYRING	GSK-ID BIOMEDIC	37.96
49281042350	FLU VACC QS2023-24(6MOS UP)/PF	FLUZONE QUAD 2023-2024 SYRINGE	SANOFI-PASTEUR	38.01
49281042388	FLU VACC QS2023-24(6MOS UP)/PF	FLUZONE QUAD 2023-2024 SYRINGE	SANOFI-PASTEUR	38.02
58160090952	FLU VACC QS2023-24(6MOS UP)/PF	FLUARIX QUAD 2023-2024 SYRINGE	GLAXOSMITHKLINE	37.96
66019031010	FLU VACC QV LIVE 2023(2-49YRS)	FLUMIST QUAD NASAL 2023-24 VAC	MEDIMMUNE/ASTRA	23.75
33332012410	FLU VACC TS 2024-25 (6 MOS UP)	AFLURIA TRIVALENT 2024-25 VIAL	SEQIRUS, INC.	38.42
49281064115	FLU VACC TS 2024-25 (6 MOS UP)	FLUZONE TRIVALENT 2024-25 VIAL	SANOFI-PASTEUR	37.09
49281064178	FLU VACC TS 2024-25 (6 MOS UP)	FLUZONE TRIVALENT 2024-25 VIAL	SANOFI-PASTEUR	37.09
70461002403	FLU VACC TS2024(65UP)/MF59C/PF	FLUAD TRIVALENT 2024-2025 SYR	SEQIRUS, INC.	145.22
33332002403	FLU VACC TS2024-25 36MOS UP/PF	AFLURIA TRIVA 2024-25 (3YR UP)	SEQIRUS, INC.	41.69
49281012465	FLU VACC TS2024-25(65YR UP)/PF	FLUZONE HIGH-DOSE TRIV 2024-25	SANOFI-PASTEUR	145.22
49281012488	FLU VACC TS2024-25(65YR UP)/PF	FLUZONE HIGH-DOSE TRIV 2024-25	SANOFI-PASTEUR	145.22
19515081052	FLU VACC TS2024-25(6MOS UP)/PF	FLULAVAL TRIVALENT 2024-25 SYR	GSK-ID BIOMEDIC	37.96
49281042450	FLU VACC TS2024-25(6MOS UP)/PF	FLUZONE TRIVALENT 2024-25 SYRG	SANOFI-PASTEUR	39.85

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.

This list is updated weekly.

This list is current as of 11/11/2024.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov/healthcare/medicaid/fee-schedules-and-rates).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate
00006499200	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 40 MCG/ML VIAL	MERCK SHARP & D	186.04
00006499541	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 10 MCG/ML VIAL	MERCK SHARP & D	68.06
58160082052	HEPATITIS B VIRUS VACCINE/PF	ENGERIX-B PEDI 10 MCG/0.5 SYRN	GLAXOSMITHKLINE	55.34
58160082111	HEPATITIS B VIRUS VACCINE/PF	ENGERIX-B 20 MCG/ML VIAL	GLAXOSMITHKLINE	68.74
58160082152	HEPATITIS B VIRUS VACCINE/PF	ENGERIX-B 20 MCG/ML SYRN	GLAXOSMITHKLINE	68.74
49281054458	HIB CONJ-TET,COMPONENT 2OF2/PF	PENTACEL ACTHIB COMPONENT VIAL	SANOFI-PASTEUR	110.77
00006411903	HPV VACCINE 9-VALENT/PF	GARDASIL 9 VIAL	MERCK SHARP & D	613.72
00006412102	HPV VACCINE 9-VALENT/PF	GARDASIL 9 SYRINGE	MERCK SHARP & D	613.72
00006417100	MEASLES,MUMPS,RUB,VARICELLA/PF	PROQUAD VIAL	MERCK SHARP & D	275.16
00006468100	MEASLES,MUMPS,RUBELLA VACC/PF	M-M-R II VACCINE VIAL	MERCK SHARP & D	92.95
58160082415	MEASLES,MUMPS,RUBELLA VACC/PF	PRIORIX VIAL	GLAXOSMITHKLINE	90.24
00069060001	MENING A,C,Y,W COMP/N.MEN B/PF	PENBRAYA KIT	PFIZER LABS.	230.00
00069060005	MENING A,C,Y,W COMP/N.MEN B/PF	PENBRAYA KIT	PFIZER LABS.	230.00
49281058905	MENING VAC A,C,Y,W-135 DIP/PF	MENACTRA VIAL	SANOFI-PASTEUR	296.00
49281058958	MENING VAC A,C,Y,W-135 DIP/PF	MENACTRA VIAL	SANOFI-PASTEUR	296.00
58160082730	MENING VAC A,C,Y,W-135 DIP/PF	MENVEO 1 VIAL-A-C-Y-W-135-DIP	GLAXOSMITHKLINE	313.20
58160095509	MENING VAC A,C,Y,W-135 DIP/PF	MENVEO A-C-Y-W-135-DIP VIAL KT	GLAXOSMITHKLINE	156.60
49281059005	MENING VAC A,C,Y,W135,C-TET/PF	MENQUADFI VIAL	SANOFI-PASTEUR	332.46
49281059010	MENING VAC A,C,Y,W135,C-TET/PF	MENQUADFI VIAL	SANOFI-PASTEUR	332.46
49281059058	MENING VAC A,C,Y,W135,C-TET/PF	MENQUADFI VIAL	SANOFI-PASTEUR	332.46
58160097620	MENINGOCOCCAL B VACCINE,4-COMP	BEXSERO PREFILLED SYRINGE	GLAXOSMITHKLINE	445.99
00005010005	N.MENINGITIDIS B,LIPID FHBP RC	TRUMENBA 120 MCG/0.5 ML VACCIN	WYETH/PFIZER	379.02
00005010010	N.MENINGITIDIS B,LIPID FHBP RC	TRUMENBA 120 MCG/0.5 ML VACCIN	WYETH/PFIZER	379.02

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.

This list is updated weekly.

This list is current as of 11/11/2024.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov/healthcare/medicaid/fee-schedules-and-rates).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate
00005197101	PNEUMOC 13-VAL CONJ-DIP CRM/PF	PREVNAR 13 SYRINGE	WYETH/PFIZER	226.80
00005197102	PNEUMOC 13-VAL CONJ-DIP CRM/PF	PREVNAR 13 SYRINGE	WYETH/PFIZER	451.36
00005197105	PNEUMOC 13-VAL CONJ-DIP CRM/PF	PREVNAR 13 SYRINGE	WYETH/PFIZER	465.52
00006432902	PNEUMOC 15-VAL CONJ-DIP CRM/PF	VAXNEUVANCE 0.5 ML SYRINGE	MERCK SHARP & D	471.22
00006432903	PNEUMOC 15-VAL CONJ-DIP CRM/PF	VAXNEUVANCE 0.5 ML SYRINGE	MERCK SHARP & D	456.90
00005200002	PNEUMOC 20-VAL CONJ-DIP CRM/PF	PREVNAR 20 SYRINGE	WYETH/PFIZER	538.02
00005200010	PNEUMOC 20-VAL CONJ-DIP CRM/PF	PREVNAR 20 SYRINGE	WYETH/PFIZER	521.62
00006434702	PNEUMOC 21-VAL CONJ-DIP CRM/PF	CAPVAXIVE 0.5 ML SYRINGE	MERCK SHARP & D	574.00
00006483703	PNEUMOCOCCAL 23-VAL P-SAC VAC	PNEUMOVAX 23 SYRINGE	MERCK SHARP & D	234.16
00006494300	PNEUMOCOCCAL 23-VAL P-SAC VAC	PNEUMOVAX 23 VIAL	MERCK SHARP & D	234.16
49281086010	POLIOMYELITIS VACCINE, KILLED	IPOL VIAL	SANOFI-PASTEUR	83.77
49281086078	POLIOMYELITIS VACCINE, KILLED	IPOL VIAL	SANOFI-PASTEUR	83.77
58160074021	ROTAVIRUS VAC,LIVE ATT, 89-12	ROTARIX VACCINE ORAL SYRINGE	GLAXOSMITHKLINE	91.99
58160085452	ROTAVIRUS VAC,LIVE ATT, 89-12	ROTARIX VACCINE SUSPENSION	GLAXOSMITHKLINE	137.99
00006404720	ROTAVIRUS VACCINE,LIVE ORAL PV	ROTATEQ VACCINE	MERCK SHARP & D	49.03
00006404741	ROTAVIRUS VACCINE,LIVE ORAL PV	ROTATEQ VACCINE	MERCK SHARP & D	49.03
00069034401	RSV VACC, PREF A AND PREF B/PF	ABRYSVO VIAL WITH DILUENT SYRG	PFIZER US PHARM	295.00
00069034405	RSV VACC, PREF A AND PREF B/PF	ABRYSVO VIAL WITH DILUENT SYRG	PFIZER US PHARM	295.00
00069246510	RSV VACC, PREF A AND PREF B/PF	ABRYSVO ACT-O-VIAL	PFIZER LABS.	295.00
80777034501	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	580.00
80777034590	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	580.00

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.

This list is updated weekly.

This list is current as of 11/11/2024.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: [Fee Schedules and Rates - Mississippi Division of Medicaid \(ms.gov\)](https://www.ms.gov/healthcare/medicaid-division/fee-schedules-and-rates).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate
80777034596	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	580.00
58160084811	RSVPREF3 ANTIGEN/AS01E/PF	AREXVY VIAL KIT	GLAXOSMITHKLINE	294.00
50632000101	SMALLPOX AND MPOX LIVE VACC/PF	JYNNEOS 0.5 ML VIAL	BAVARIAN NORDIC	.02
50632000102	SMALLPOX AND MPOX LIVE VACC/PF	JYNNEOS 0.5 ML VIAL(STOCKPILE)	BAVARIAN NORDIC	.02
50632000103	SMALLPOX AND MPOX LIVE VACC/PF	JYNNEOS 0.5 ML VIAL	BAVARIAN NORDIC	540.00
13533013101	TETANUS, DIPHTHERIA TOX,ADULT	TDVAX VIAL	GRIFOLS THERAPE	55.97
14362011103	TETANUS, DIPHTHERIA TOX,ADULT	TDVAX VIAL	MASS BIOLOGICS	35.98
49281021510	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC VIAL	SANOFI-PASTEUR	71.20
49281021515	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC SYRINGE	SANOFI-PASTEUR	71.20
49281021558	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC VIAL	SANOFI-PASTEUR	71.20
49281021588	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC SYRINGE	SANOFI-PASTEUR	71.20
00006482700	VARICELLA VACCINE LIVE/PF	VARIVAX VACCINE WITH DILUENT	MERCK SHARP & D	182.25
58160081912	VARICELLA-ZOSTER GE/AS01B/PF	SHINGRIX VIAL KIT	GLAXOSMITHKLINE	197.90
58160082311	VARICELLA-ZOSTER GE/AS01B/PF	SHINGRIX VIAL KIT	GLAXOSMITHKLINE	197.89