

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
11822067294	0.9 % sodium chloride	RA NASAL MIST 0.9% SPRAY	RITE AID CORP.
11917012814	0.9 % sodium chloride	NASAL MIST 0.9% SPRAY	WALGREEN CO.
22600002915	0.9 % sodium chloride	SIMPLY SALINE NASAL MIST	CHURCH DWIGHT
22600002950	0.9 % sodium chloride	SIMPLY SALINE NASAL MIST	CHURCH DWIGHT
50428033161	0.9 % sodium chloride	CVS NASAL MIST 0.9% SPRAY	CVS
56184000009	0.9 % sodium chloride	LITTLE REMEDIES SALINE MIST	MEDTECH LABS
54629124512	A/C/E/zinc ox/cupric ox/lutein	MACUVITE EYE CARE TABLET	NAT'L VIT. CO.
57896063106	A/C/E/zinc ox/cupric ox/lutein	OCULAR VITAMINS TABLET	GERI-CARE
79854001245	A/C/E/zinc ox/cupric ox/lutein	MACUVITE EYE CARE TABLET	NAT'L VIT. CO.
00904773518	A/C/E/zinc/sod selenate/copper	PROSIGHT TABLET	MAJOR PHARMACEU
00904773552	A/C/E/zinc/sod selenate/copper	PROSIGHT TABLET	MAJOR PHARMACEU
00113002026	acetaminophen	GS CHILD PAIN-FEVER 160 MG/5ML	PERRIGO/GOODSEN
00113002562	acetaminophen	GS PAIN RELIEF 500 MG CAPLET	PERRIGO/GOODSEN
00113002571	acetaminophen	GS PAIN RELIEF 500 MG CAPLET	PERRIGO/GOODSEN
00113002578	acetaminophen	GS PAIN RELIEF 500 MG CAPLET	PERRIGO/GOODSEN
00113016110	acetaminophen	GS INFANT PAIN-FEVER 160 MG/5	PERRIGO/GOODSEN
00113021226	acetaminophen	GS CHILD PAIN-FEVER 160 MG/5ML	PERRIGO/GOODSEN
00113022771	acetaminophen	GS PAIN RELIEF 500 MG TABLET	PERRIGO/GOODSEN
00113040378	acetaminophen	GS PAIN RELIEF 325 MG TABLET	PERRIGO/GOODSEN
00113048452	acetaminophen	GS PAIN RELIEF 500 MG CAPLET	PERRIGO/GOODSEN
00113048462	acetaminophen	GS PAIN RELIEF 500 MG CAPLET	PERRIGO/GOODSEN
00113048471	acetaminophen	GS PAIN RELIEF 500 MG CAPLET	PERRIGO/GOODSEN
00113048478	acetaminophen	GS PAIN RELIEF 500 MG CAPLET	PERRIGO/GOODSEN
00113048485	acetaminophen	PAIN RELIEF 500 MG CAPLET	PERRIGO CO.
00113048490	acetaminophen	GS PAIN RELIEF 500 MG CAPLET	PERRIGO/GOODSEN
00113059010	acetaminophen	GS INFANT PAIN-FEVER 160 MG/5	PERRIGO/GOODSEN
00113060826	acetaminophen	GS CHILD FEVER-PAIN 160 MG/5ML	PERRIGO/GOODSEN
00113094610	acetaminophen	GS INFANT PAIN-FEVER 160 MG/5	PERRIGO/GOODSEN
00113895926	acetaminophen	GS CHILD PAIN-FEVER 160 MG/5ML	PERRIGO/GOODSEN
00485005708	acetaminophen	ED-APAP 160 MG/5 ML LIQUID	EDWARDS PHARM.
00536117201	acetaminophen	ACETAMINOPHEN 500 MG TABLET	RUGBY
00536121277	acetaminophen	INF ACETAMINOPHEN 160 MG/5 ML	RUGBY
00536129229	acetaminophen	ACETAMINOPHEN 500 MG GELCAP	RUGBY
00536132197	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	RUGBY
00536132701	acetaminophen	ACETAMINOPHEN 325 MG TABLET	RUGBY
00536132706	acetaminophen	ACETAMINOPHEN 325 MG TABLET	RUGBY
00536132710	acetaminophen	ACETAMINOPHEN 325 MG TABLET	RUGBY
00536142677	acetaminophen	INF ACETAMINOPHEN 160 MG/5 ML	RUGBY

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00904584709	acetaminophen	MAPAP 500 MG/15 ML LIQUID	MAJOR PHARMACEU
00904672024	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	MAJOR PHARMACEU
00904672040	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	MAJOR PHARMACEU
00904672051	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	MAJOR PHARMACEU
00904672059	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	MAJOR PHARMACEU
00904672060	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	MAJOR PHARMACEU
00904672080	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	MAJOR PHARMACEU
00904673059	acetaminophen	ACETAMINOPHEN 500 MG TABLET	MAJOR PHARMACEU
00904673060	acetaminophen	ACETAMINOPHEN 500 MG TABLET	MAJOR PHARMACEU
00904673061	acetaminophen	ACETAMINOPHEN 500 MG TABLET	MAJOR PHARMACEU
00904673080	acetaminophen	ACETAMINOPHEN 500 MG TABLET	MAJOR PHARMACEU
00904676620	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	MAJOR PHARMACEU
00904677361	acetaminophen	ACETAMINOPHEN 325 MG TABLET	MAJOR PHARMACEU
00904701416	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	MAJOR PHARMACEU
00904701420	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	MAJOR PHARMACEU
00904744520	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	MAJOR PHARMACEU
24385014626	acetaminophen	CHILD'S PAIN RELIEVER SUSP	AMERISOURCE-GNP
24385048447	acetaminophen	GNP PAIN RELIEF 500 MG CAPLET	AMERISOURCE-GNP
24385048471	acetaminophen	GNP PAIN RELIEF 500 MG CAPLET	AMERISOURCE-GNP
24385048478	acetaminophen	GNP PAIN RELIEF 500 MG CAPLET	AMERISOURCE-GNP
24385048490	acetaminophen	GNP PAIN RELIEF 500 MG CAPLET	AMERISOURCE-GNP
45802020126	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	PADAGIS
45802020326	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	PERRIGO/PADAGIS
45802073000	acetaminophen	ACETAMINOPHEN 650 MG SUPPOS	PADAGIS
45802073030	acetaminophen	ACETAMINOPHEN 650 MG SUPPOS	PERRIGO/PADAGIS
45802073032	acetaminophen	ACETAMINOPHEN 650 MG SUPPOS	PADAGIS
45802073033	acetaminophen	ACETAMINOPHEN 650 MG SUPPOS	PADAGIS
45802073200	acetaminophen	ACETAMINOPHEN 120 MG SUPPOS	PADAGIS
45802073230	acetaminophen	ACETAMINOPHEN 120 MG SUPPOS	PADAGIS
45802073233	acetaminophen	ACETAMINOPHEN 120 MG SUPPOS	PADAGIS
46122004203	acetaminophen	INFANT PAIN-FEVER 160 MG/5 ML	AMERISOURCE-GNP
46122005603	acetaminophen	INFANT PAIN-FEVER 160 MG/5 ML	AMERISOURCE-GNP
46122020926	acetaminophen	CHILD PAIN-FEVER 160 MG/5 ML	AMERISOURCE-GNP
46122021026	acetaminophen	CHILD PAIN-FEVER 160 MG/5 ML	AMERISOURCE-GNP
46122021126	acetaminophen	CHILD PAIN-FEVER 160 MG/5 ML	AMERISOURCE-GNP
46122021426	acetaminophen	CHILD PAIN-FEVER 160 MG/5 ML	AMERISOURCE-GNP
46122024778	acetaminophen	PAIN RELIEVER 325 MG TABLET	AMERISOURCE-GNP
46122031278	acetaminophen	GNP PAIN RELIEF 500 MG CAPLET	AMERISOURCE-GNP
46122032226	acetaminophen	CHILD PAIN-FEVER 160 MG/5 ML	AMERISOURCE-GNP
46122039078	acetaminophen	PAIN RELIEF 325 MG TABLET	AMERISOURCE-GNP

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
46122043078	acetaminophen	ACETAMINOPHEN 325 MG GELCAP	AMERISOURCE-GNP
46122055246	acetaminophen	INFANT PAIN-FEVER 160 MG/5 ML	AMERISOURCE-GNP
46122069662	acetaminophen	GNP PAIN RELIEF 500 MG GELCAP	AMERISOURCE-GNP
46122076434	acetaminophen	GNP INFANT PAIN-FEVER 160 MG/5	AMERISOURCE-GNP
49348004209	acetaminophen	SM PAIN RELIEVER 500 MG CAPLET	SM-STRATEGIC SO
49348004210	acetaminophen	SM PAIN RELIEVER 500 MG CAPLET	SM-STRATEGIC SO
49348004214	acetaminophen	SM PAIN RELIEVER 500 MG CAPLET	SM-STRATEGIC SO
49348009334	acetaminophen	SM CHLD PAIN-FEVER 160 MG/5 ML	SM-STRATEGIC SO
49348011934	acetaminophen	SM CHLD PAIN-FEVER 160 MG/5 ML	SM-STRATEGIC SO
49348043030	acetaminophen	SM INFANT PAIN-FEVER 160 MG/5	SM-STRATEGIC SO
49348097310	acetaminophen	SM PAIN RELIEVER 325 MG TABLET	SM-STRATEGIC SO
49348099810	acetaminophen	SM PAIN RELIEVER 500 MG TABLET	SM-STRATEGIC SO
49483034001	acetaminophen	ACETAMINOPHEN 325 MG TABLET	TIME-CAP LABS
49483034010	acetaminophen	ACETAMINOPHEN 325 MG TABLET	TIME-CAP LABS
49483034101	acetaminophen	ACETAMINOPHEN 500 MG TABLET	TIME-CAP LABS
49483034110	acetaminophen	ACETAMINOPHEN 500 MG TABLET	TIME-CAP LABS
49483034150	acetaminophen	ACETAMINOPHEN 500 MG TABLET	TIME-CAP LABS
51645070301	acetaminophen	ACETAMINOPHEN 325 MG TABLET	PLUS PHARMA,INC
51645070310	acetaminophen	ACETAMINOPHEN 325 MG TABLET	PLUS PHARMA,INC
51645070399	acetaminophen	ACETAMINOPHEN 325 MG TABLET	PLUS PHARMA,INC
51645070501	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	PLUS PHARMA,INC
51645070510	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	PLUS PHARMA,INC
51645070601	acetaminophen	ACETAMINOPHEN 500 MG TABLET	PLUS PHARMA,INC
51645070610	acetaminophen	ACETAMINOPHEN 500 MG TABLET	PLUS PHARMA,INC
51645070699	acetaminophen	ACETAMINOPHEN 500 MG TABLET	PLUS PHARMA,INC
51672211400	acetaminophen	FEVERALL 80 MG SUPPOSITORY	TARO PHARM USA
51672211402	acetaminophen	FEVERALL 80 MG SUPPOSITORY	TARO PHARM USA
51672211500	acetaminophen	FEVERALL 120 MG SUPPOSITORY	TARO PHARM USA
51672211502	acetaminophen	FEVERALL 120 MG SUPPOSITORY	TARO PHARM USA
51672211600	acetaminophen	FEVERALL 325 MG SUPPOSITORY	TARO PHARM USA
51672211602	acetaminophen	FEVERALL 325 MG SUPPOSITORY	TARO PHARM USA
51672211700	acetaminophen	FEVERALL 650 MG SUPPOSITORY	TARO PHARM USA
54859080908	acetaminophen	REDUTEMP 500 MG/15 ML LIQUID	LLORENS PHARM
54859080916	acetaminophen	ACETAMINOPHEN 160 MG/5 ML LIQ	LLORENS PHARM
57237030412	acetaminophen	ACETAMINOPHEN 160 MG/5 ML SOLN	RISING PHARM
57237030416	acetaminophen	ACETAMINOPHEN 160 MG/5 ML SOLN	RISING PHARM
58657052404	acetaminophen	M-PAP 160 MG/5 ML LIQUID	METHOD PHARMACE
58657052416	acetaminophen	M-PAP 160 MG/5 ML LIQUID	METHOD PHARMACE
58657052504	acetaminophen	M-PAP 160 MG/5 ML LIQUID	METHOD PHARMACE
58657052516	acetaminophen	M-PAP 160 MG/5 ML LIQUID	METHOD PHARMACE

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
62011003201	acetaminophen	HM PAIN RELIEVER 325 MG TABLET	HM-STRATEGIC SO
62011023802	acetaminophen	HM PAIN RELIEF 500 MG GELCAP	HM-STRATEGIC SO
63739008702	acetaminophen	ACETAMINOPHEN 325 MG TABLET	SKY PHARMACEUTI
68599467909	acetaminophen	ACETAMINOPHEN 325 MG TABLET	MCKESSON MEDICA
68599468103	acetaminophen	ACETAMINOPHEN 500 MG TABLET	MCKESSON MEDICA
69367032304	acetaminophen	ACETAMINOPHEN 160 MG/5 ML LIQ	WESTMINSTER PHA
69367032316	acetaminophen	ACETAMINOPHEN 160 MG/5 ML LIQ	WESTMINSTER PHA
70000002801	acetaminophen	CHILD PAIN-FEVER 160 MG/5 ML	LEADER
70000003601	acetaminophen	ACETAMINOPHEN 500 MG TABLET	LEADER
70000009201	acetaminophen	ACETAMINOPHEN 325 MG TABLET	LEADER
70000031201	acetaminophen	ACETAMINOPHEN 500 MG GELCAP	LEADER
70000031202	acetaminophen	ACETAMINOPHEN 500 MG GELCAP	LEADER
70000037301	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	LEADER
70000037302	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	LEADER
70000037303	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	LEADER
70000037305	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	LEADER
70000041001	acetaminophen	ACETAMINOPHEN 500 MG TABLET	LEADER
70000041002	acetaminophen	ACETAMINOPHEN 500 MG TABLET	LEADER
70000047201	acetaminophen	INFANT PAIN-FEVER 160 MG/5 ML	LEADER
70000067401	acetaminophen	INFANT PAIN-FEVER 160 MG/5 ML	LEADER
70010016101	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	GRANULES PHARMA
70010016105	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	GRANULES PHARMA
70010016110	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	GRANULES PHARMA
70677111901	acetaminophen	FT PAIN RELIEF 325 MG TABLET	FT-STRATEGIC SO
70677112001	acetaminophen	FT PAIN RELIEF 500 MG GELCAP	FT-STRATEGIC SO
70677112002	acetaminophen	FT PAIN RELIEF 500 MG GELCAP	FT-STRATEGIC SO
70677112401	acetaminophen	FT PAIN RELIEF 500 MG TABLET	FT-STRATEGIC SO
70677113801	acetaminophen	FT PAIN RELIEVER 500 MG CAPLET	FT-STRATEGIC SO
70677113802	acetaminophen	FT PAIN RELIEVER 500 MG CAPLET	FT-STRATEGIC SO
70677113803	acetaminophen	FT PAIN RELIEVER 500 MG CAPLET	FT-STRATEGIC SO
70677113901	acetaminophen	FT PAIN RELIEVER 500 MG CAPLET	FT-STRATEGIC SO
70677114201	acetaminophen	FT CHILD PAIN-FEVER 160 MG/5ML	FT-STRATEGIC SO
70677114301	acetaminophen	FT CHILD PAIN-FEVER 160 MG/5ML	FT-STRATEGIC SO
70677124201	acetaminophen	FT PAIN RELIEF 500 MG CAPLET	FT-STRATEGIC SO
70677124301	acetaminophen	FT PAIN RELIEF 325 MG TABLET	FT-STRATEGIC SO
70677125301	acetaminophen	FT INFANT PAIN-FEVER 160 MG/5	FT-STRATEGIC SO
83324003404	acetaminophen	QC CHILD PAIN RLF 160 MG/5 ML	CHAIN DRUG
83324007801	acetaminophen	QC PAIN RELIEF 500 MG CAPLET	CHAIN DRUG
83324008101	acetaminophen	QC PAIN RELIEF 500 MG TABLET	CHAIN DRUG
83324008110	acetaminophen	QC PAIN RELIEF 500 MG TABLET	CHAIN DRUG

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
83474000104	acetaminophen	CHILD PAIN-FEVER 160 MG/5 ML	PURO PHARMA INC
83720050016	acetaminophen	CHILD PAIN-FEVER 160 MG/5 ML	ONCOR PHARMACEU
00774031773	amin/oxyben/octinox/o-cryl/oct	BULLFROG MOSQUITO 20% SPRAY	SUN & SKIN CARE
00904598348	ammonium lactate	AMMONIUM LACTATE 12% CREAM	MAJOR PHARMACEU
00904598426	ammonium lactate	AMMONIUM LACTATE 12% LOTION	MAJOR PHARMACEU
00904598463	ammonium lactate	AMMONIUM LACTATE 12% LOTION	MAJOR PHARMACEU
45802051377	ammonium lactate	AMMONIUM LACTATE 12% CREAM	PERRIGO/PADAGIS
45802052526	ammonium lactate	AMMONIUM LACTATE 12% LOTION	PADAGIS
45802052555	ammonium lactate	AMMONIUM LACTATE 12% LOTION	PADAGIS
98152000104	antiox.mv no.12/omeg3s/lut/zea	MACULAR BENEFITS COMBO PACK	PRN PHYSICIAN R
00113025968	aspirin	GS ASPIRIN 81 MG CHEWABLE TAB	PERRIGO/GOODSEN
00113027408	aspirin	GS ASPIRIN 81 MG CHEWABLE TAB	PERRIGO/GOODSEN
00113027468	aspirin	GS ASPIRIN 81 MG CHEWABLE TAB	PERRIGO/GOODSEN
00113046708	aspirin	GS ASPIRIN 81 MG CHEWABLE TAB	PERRIGO/GOODSEN
00113046768	aspirin	GS ASPIRIN 81 MG CHEWABLE TAB	PERRIGO/GOODSEN
00113191978	aspirin	GS ASPIRIN 325 MG TABLET	PERRIGO/GOODSEN
00536100836	aspirin	ASPIRIN 81 MG CHEWABLE TABLET	RUGBY
00536105429	aspirin	ASPIRIN 325 MG TABLET	RUGBY
00536123201	aspirin	ASPIRIN EC 325 MG TABLET	RUGBY
00536123441	aspirin	ASPIRIN EC 81 MG TABLET	RUGBY
00904404073	aspirin	ASPIRIN 81 MG CHEWABLE TABLET	MAJOR PHARMACEU
00904675180	aspirin	ASPIRIN EC 81 MG TABLET	MAJOR PHARMACEU
00904678370	aspirin	ASPIRIN EC 81 MG TABLET	MAJOR PHARMACEU
00904679430	aspirin	ASPIRIN 81 MG CHEWABLE TABLET	MAJOR PHARMACEU
00904679480	aspirin	ASPIRIN 81 MG CHEWABLE TABLET	MAJOR PHARMACEU
00904679489	aspirin	ASPIRIN 81 MG CHEWABLE TABLET	MAJOR PHARMACEU
24385002868	aspirin	ASPIRIN 81 MG CHEWABLE TABLET	AMERISOURCE-GNP
24385027868	aspirin	ASPIRIN 81 MG CHEWABLE TABLET	AMERISOURCE-GNP
46122059602	aspirin	ASPIRIN EC 325 MG TABLET	AMERISOURCE-GNP
46122059848	aspirin	GNP ASPIRIN EC 81 MG TABLET	AMERISOURCE-GNP
46122059887	aspirin	GNP ASPIRIN EC 81 MG TABLET	AMERISOURCE-GNP
46122061576	aspirin	GNP ASPIRIN EC 81 MG TABLET	AMERISOURCE-GNP
46122061587	aspirin	ASPIRIN EC 81 MG TABLET	AMERISOURCE-GNP
46122069178	aspirin	GNP ASPIRIN 325 MG TABLET	AMERISOURCE-GNP
46122076158	aspirin	GNP ASPIRIN EC 81 MG TABLET	AMERISOURCE-GNP
46122076161	aspirin	GNP ASPIRIN EC 81 MG TABLET	AMERISOURCE-GNP
49348075707	aspirin	SM CHILD ASPIRIN 81 MG CHW TAB	SM-STRATEGIC SO
49348098115	aspirin	SM ASPIRIN EC 81 MG TABLET	SM-STRATEGIC SO
49483001101	aspirin	ASPIRIN 325 MG TABLET	TIME-CAP LABS
49483001110	aspirin	ASPIRIN 325 MG TABLET	TIME-CAP LABS

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
49483033101	aspirin	ASPIRIN EC 325 MG TABLET	TIME-CAP LABS
49483033110	aspirin	ASPIRIN EC 325 MG TABLET	TIME-CAP LABS
49483033463	aspirin	ASPIRIN 81 MG CHEWABLE TABLET	TIME-CAP LABS
49483038710	aspirin	ASPIRIN EC 81 MG TABLET	TIME-CAP LABS
49483038712	aspirin	ASPIRIN EC 81 MG TABLET	TIME-CAP LABS
49483048110	aspirin	ASPIRIN EC 81 MG TABLET	TIME-CAP LABS
49483048112	aspirin	ASPIRIN EC 81 MG TABLET	TIME-CAP LABS
50844056314	aspirin	ASPIRIN EC 81 MG TABLET	LNK INTERNATION
51645071308	aspirin	ASPIRIN EC 81 MG TABLET	PLUS PHARMA,INC
51645071601	aspirin	ASPIRIN 325 MG TABLET	PLUS PHARMA,INC
51645071610	aspirin	ASPIRIN 325 MG TABLET	PLUS PHARMA,INC
57237030210	aspirin	ASPIRIN EC 81 MG TABLET	RISING PHARM
57237030212	aspirin	ASPIRIN EC 81 MG TABLET	RISING PHARM
62011001901	aspirin	HM ASPIRIN EC 81 MG TABLET	HM-STRATEGIC SO
62011002801	aspirin	HM ASPIRIN 81 MG CHEWABLE TAB	HM-STRATEGIC SO
63739021202	aspirin	ASPIRIN EC 81 MG TABLET	SKY PHARMACEUTI
63739021210	aspirin	ASPIRIN EC 81 MG TABLET	SKY PHARMACEUTI
63739043402	aspirin	ASPIRIN 81 MG CHEWABLE TABLET	SKY PHARMACEUTI
70000001401	aspirin	ASPIRIN EC 325 MG TABLET	LEADER
70000003501	aspirin	ASPIRIN EC 325 MG TABLET	LEADER
70000021801	aspirin	ADULT ASPIRIN REGIMEN EC 81 MG	LEADER
70000025302	aspirin	ASPIRIN 325 MG TABLET	LEADER
70000025304	aspirin	ASPIRIN 325 MG TABLET	LEADER
70000041901	aspirin	ASPIRIN 81 MG CHEWABLE TABLET	LEADER
70000042001	aspirin	ASPIRIN 81 MG CHEWABLE TABLET	LEADER
70000060301	aspirin	ASPIRIN REGIMEN 81 MG EC TAB	LEADER
70000060302	aspirin	ASPIRIN REGIMEN 81 MG EC TAB	LEADER
70000060303	aspirin	ASPIRIN REGIMEN 81 MG EC TAB	LEADER
70000060401	aspirin	ASPIRIN REGIMEN 81 MG EC TAB	LEADER
70000060402	aspirin	ASPIRIN REGIMEN 81 MG EC TAB	LEADER
70677007101	aspirin	SM ASPIRIN EC 325 MG TABLET	SM-STRATEGIC SO
70677009201	aspirin	SM ASPIRIN 325 MG TABLET	SM-STRATEGIC SO
70677016301	aspirin	SM ASPIRIN EC 81 MG TABLET	SM-STRATEGIC SO
70677016302	aspirin	SM ASPIRIN EC 81 MG TABLET	SM-STRATEGIC SO
70677016303	aspirin	SM ASPIRIN EC 81 MG TABLET	SM-STRATEGIC SO
70677112101	aspirin	FT ASPIRIN EC 81 MG TABLET	FT-STRATEGIC SO
70677112201	aspirin	FT ASPIRIN EC 325 MG TABLET	FT-STRATEGIC SO
70677113401	aspirin	FT ASPIRIN 81 MG CHEWABLE TAB	FT-STRATEGIC SO
70677115001	aspirin	FT ASPIRIN EC 81 MG TABLET	FT-STRATEGIC SO
70677115002	aspirin	FT ASPIRIN EC 81 MG TABLET	FT-STRATEGIC SO

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
70677115003	aspirin	FT ASPIRIN EC 81 MG TABLET	FT-STRATEGIC SO
70677118901	aspirin	FT ASPIRIN 325 MG TABLET	FT-STRATEGIC SO
70677124501	aspirin	FT ASPIRIN EC 81 MG TABLET	FT-STRATEGIC SO
70677126001	aspirin	FT ASPIRIN EC 81 MG TABLET	FT-STRATEGIC SO
83324009036	aspirin	QC ASPIRIN EC 81 MG TABLET	CHAIN DRUG
00904201559	aspirin/calcium carb/magnesium	TRI-BUFFERED ASPIRIN 325 MG TB	MAJOR PHARMACEU
70000014701	aspirin/calcium carb/magnesium	BUFFERED ASPIRIN 325 MG TB	LEADER
59528031701	B comp no3/folic/C/biotin/zinc	NEPHPLEX RX TABLET	NEPHRO-TECH
10542001210	B complex 11/folic/C/biot/zinc	DIALYVITE WITH ZINC TABLET	HILLESTAD PHARM
13811052501	B complex w-C no.20/folic acid	TRIPHROCAPS SOFTGEL	TRIGEN LABORATO
69367031401	B complex w-C no.20/folic acid	WESCAPS CAPSULE	WESTMINSTER PHA
69543026010	B complex w-C no.20/folic acid	VIRT-CAPS SOFTGEL	VIRTUS PHARMACE
90011029003	B/C/selen/lut/zeaxant/herb 253	VISION OPTIMIZER CAPSULE	JARROW FORMULAS
90011029052	B/C/selen/lut/zeaxant/herb 253	VISION OPTIMIZER CAPSULE	JARROW FORMULAS
00536125628	bacitracin	BACITRACIN 500 UNIT/GM OINTMNT	RUGBY
00713028031	bacitracin	BACITRACIN 500 UNIT/GM OINTMNT	COSETTE PHARMAC
00904740267	bacitracin	BACITRACIN 500 UNIT/GM OINTMNT	MAJOR PHARMACEU
45802006000	bacitracin	BACITRACIN 500 UNIT/GM OINTMNT	PERRIGO/PADAGIS
45802006001	bacitracin	BACITRACIN 500 UNIT/GM OINTMNT	PADAGIS
45802006003	bacitracin	BACITRACIN 500 UNIT/GM OINTMNT	PADAGIS
45802006070	bacitracin	BACITRACIN 500 UNIT/GM OINTMNT	PADAGIS
68001047745	bacitracin	BACITRACIN 500 UNIT/GM OINTMNT	BLUEPOINT LABOR
68001047746	bacitracin	BACITRACIN 500 UNIT/GM OINTMNT	BLUEPOINT LABOR
68001047747	bacitracin	BACITRACIN 500 UNIT/GM OINTMNT	BLUEPOINT LABOR
68001047748	bacitracin	BACITRACIN 500 UNIT/GM OINTMNT	BLUEPOINT LABOR
00536126328	bacitracin zinc	BACITRACIN ZN 500 UNIT/GM OINT	RUGBY
00904702367	bacitracin zinc	BACITRACIN ZN 500 UNIT/GM OINT	MAJOR PHARMACEU
24385006003	bacitracin zinc	BACITRACIN ZN 500 UNIT/GM OINT	AMERISOURCE-GNP
49348015472	bacitracin zinc	SM ANTIBIOTIC 500 UNIT/GM OINT	SM-STRATEGIC SO
51672207501	bacitracin zinc	BACITRACIN ZN 500 UNIT/GM OINT	TARO PHARM USA
51672207502	bacitracin zinc	BACITRACIN ZN 500 UNIT/GM OINT	TARO PHARM USA
62011009401	bacitracin zinc	HM BACITRACIN ZN 500 UNIT/GM	HM-STRATEGIC SO
68001053145	bacitracin zinc	BACITRACIN ZN 500 UNIT/GM OINT	BLUEPOINT LABOR
68001053146	bacitracin zinc	BACITRACIN ZN 500 UNIT/GM OINT	BLUEPOINT LABOR
70000054701	bacitracin zinc	BACITRACIN ZN 500 UNIT/GM OINT	LEADER
70677121101	bacitracin zinc	FT ANTIBIOTIC 500 UNIT/GM OINT	FT-STRATEGIC SO
49348027472	bacitracin zinc/polymyxin B	SM DOUBLE ANTIBIOTIC OINT	SM-STRATEGIC SO
51672204402	bacitracin zinc/polymyxin B	DOUBLE ANTIBIOTIC OINTMENT	TARO PHARM USA
62011009701	bacitracin zinc/polymyxin B	HM DOUBLE ANTIBIOTIC OINTMENT	HM-STRATEGIC SO
70000007001	bacitracin zinc/polymyxin B	POLY BACITRACIN OINTMENT	LEADER

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
7000009301	bacitracin zinc/polymyxin B	POLY BACITRACIN OINTMENT	LEADER
70677121201	bacitracin zinc/polymyxin B	FT DOUBLE ANTIBIOTIC OINTMENT	FT-STRATEGIC SO
00536105525	benzoyl peroxide	ACNE MEDICATION 5% GEL	RUGBY
00536105556	benzoyl peroxide	ACNE MEDICATION 5% GEL	RUGBY
00536105625	benzoyl peroxide	ACNE MEDICATION 10% GEL	RUGBY
00536105656	benzoyl peroxide	ACNE MEDICATION 10% GEL	RUGBY
00536105775	benzoyl peroxide	ACNE MEDICATION 5% LOTION	RUGBY
00536105875	benzoyl peroxide	ACNE MEDICATION 10% LOTION	RUGBY
00536112925	benzoyl peroxide	ACNE MEDICATION 2.5% GEL	RUGBY
00536125919	benzoyl peroxide	BENZOYL PEROXIDE 5% WASH	RUGBY
00536125963	benzoyl peroxide	BENZOYL PEROXIDE 5% WASH	RUGBY
00536126163	benzoyl peroxide	BENZOYL PEROXIDE 10% WASH	RUGBY
00536135142	benzoyl peroxide	BENZOYL PEROXIDE 10% WASH	RUGBY
35573045308	benzoyl peroxide	BENZOYL PEROXIDE 5% WASH	BUREL PHARMACEU
35573045391	benzoyl peroxide	BENZOYL PEROXIDE 5% WASH	BUREL PHARMACEU
35573045408	benzoyl peroxide	BENZOYL PEROXIDE 10% WASH	BUREL PHARMACEU
35573045491	benzoyl peroxide	BENZOYL PEROXIDE 10% WASH	BUREL PHARMACEU
42192016101	benzoyl peroxide	BPO 6% FOAMING CLOTHS	ACELLA PHARMACE
42192016130	benzoyl peroxide	BPO 6% FOAMING CLOTHS	ACELLA PHARMACE
42192016160	benzoyl peroxide	BPO 6% FOAMING CLOTHS	ACELLA PHARMACE
45802010196	benzoyl peroxide	BENZOYL PEROXIDE 2.5% GEL	PADAGIS
45802021601	benzoyl peroxide	BENZOYL PEROXIDE 5% GEL	PADAGIS
45802021696	benzoyl peroxide	BENZOYL PEROXIDE 5% GEL	PADAGIS
45802028001	benzoyl peroxide	BENZOYL PEROXIDE 5% WASH	PERRIGO/PADAGIS
45802028034	benzoyl peroxide	BENZOYL PEROXIDE 5% WASH	PERRIGO/PADAGIS
45802030801	benzoyl peroxide	BENZOYL PEROXIDE 10% GEL	PERRIGO/PADAGIS
45802030896	benzoyl peroxide	BENZOYL PEROXIDE 10% GEL	PADAGIS
45802031801	benzoyl peroxide	BENZOYL PEROXIDE 10% WASH	PADAGIS
45802031834	benzoyl peroxide	BENZOYL PEROXIDE 10% WASH	PADAGIS
83035500205	benzoyl peroxide	LINTERA 10% WASH	SINGULAR DREAME
00113098726	brompheniram/phenylephrine/DM	GS CHILDREN'S COLD-COUGH SOLN	PERRIGO/GOODSEN
00485020404	brompheniram/phenylephrine/DM	RYNEX DM LIQUID	EDWARDS PHARM.
00485020416	brompheniram/phenylephrine/DM	RYNEX DM LIQUID	EDWARDS PHARM.
00904646320	brompheniram/phenylephrine/DM	DIMAPHEN DM ELIXIR	MAJOR PHARMACEU
24385051926	brompheniram/phenylephrine/DM	COLD-COUGH ELIXIR	AMERISOURCE-GNP
62011006301	brompheniram/phenylephrine/DM	HM CHILD'S COLD-COUGH ELIXIR	HM-STRATEGIC SO
68047014316	brompheniram/phenylephrine/DM	ENDACOF-DM LIQUID	LARKEN LABS
70000063101	brompheniram/phenylephrine/DM	CHILDREN'S COLD-COUGH LIQUID	LEADER
70677104401	brompheniram/phenylephrine/DM	FT CHILD COLD-COUGH RELIEF DM	FT-STRATEGIC SO
00485020616	brompheniramin/pseudoephedrine	RYNEX PSE LIQUID	EDWARDS PHARM.

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00485020216	brompheniramine/phenylephrine	RYNEX PE LIQUID	EDWARDS PHARM.
62011044301	brompheniramine/phenylephrine	HM CHILD'S DIBROMM COLD-ALLGY	HM-STRATEGIC SO
70000005701	brompheniramine/phenylephrine	CHILD COLD-ALLERGY LIQUID	LEADER
70677010101	brompheniramine/phenylephrine	SM CHILD COLD-ALLERGY LIQUID	SM-STRATEGIC SO
83324015604	brompheniramine/phenylephrine	QC CHILD'S DIBROMM COLD-ALLGY	CHAIN DRUG
11917016564	C,E,zinc,copper 11/omega3s/lut	50 PLUS ADULT EYE HEALTH SFTGL	WALGREEN CO.
11917017173	C,E,zinc,copper 11/omega3s/lut	EYE HEALTH ADULT 50 PLUS SFTGL	WALGREEN CO.
50428042741	C,E,zinc,copper 11/omega3s/lut	CVS ADULT 50 PLUS EYE HEALTH	CVS
50428053833	C,E,zinc,copper 11/omega3s/lut	CVS ADULT 50 PLUS EYE HEALTH	CVS
91241045450	C/E/zinc/cop/sel/lut/zeax/glut	VISTA ADVANCED AREDS2 SOFTGEL	HI-HEALTH
00121076616	calcium carbonate	CALCIUM CARB 1,250 MG/5 ML SUS	PHARM ASSOC INC
00121476605	calcium carbonate	CALCIUM CARB 1,250 MG/5 ML CUP	PHARM ASSOC INC
00536100715	calcium carbonate	CAL-GEST 500 MG TABLET CHEW	RUGBY
00536104815	calcium carbonate	CALCIUM ANTACID 500 MG CHW TAB	RUGBY
00904188361	calcium carbonate	OYSTER SHELL CALCIUM 500 MG TB	MAJOR PHARMACEU
00904188372	calcium carbonate	OYSTER SHELL CALCIUM 500 MG TB	MAJOR PHARMACEU
00904641292	calcium carbonate	CALCIUM ANTACID 500 MG CHW TAB	MAJOR PHARMACEU
24385047847	calcium carbonate	ANTACID 500 MG CHEWABLE TABLET	AMERISOURCE-GNP
24385048547	calcium carbonate	ANTACID 500 MG CHEWABLE TABLET	AMERISOURCE-GNP
50268014911	calcium carbonate	CALCIUM 500 MG CHEWABLE TABLET	AVPAK
50268014913	calcium carbonate	CALCIUM 500 MG CHEWABLE TABLET	AVPAK
51645073515	calcium carbonate	ANTACID 500 MG CHEW TABLET	PLUS PHARMA,INC
51645082706	calcium carbonate	OYSTER SHELL CALCIUM 500 MG TB	PLUS PHARMA,INC
51645082710	calcium carbonate	OYSTER SHELL CALCIUM 500 MG TB	PLUS PHARMA,INC
51645082799	calcium carbonate	OYSTER SHELL CALCIUM 500 MG TB	PLUS PHARMA,INC
62011048201	calcium carbonate	HM ANTACID 500 MG CHEW TABLET	HM-STRATEGIC SO
68084098832	calcium carbonate	ANTACID 500 MG CHEWABLE TABLET	AHP
68084098833	calcium carbonate	ANTACID 500 MG CHEWABLE TABLET	AHP
70000003401	calcium carbonate	ANTACID 500 MG CHEW TABLET	LEADER
70677006701	calcium carbonate	SM ANTACID 500 MG CHEW TABLET	SM-STRATEGIC SO
70677013701	calcium carbonate	SM ANTACID 500 MG CHEW TABLET	SM-STRATEGIC SO
70677107501	calcium carbonate	FT ANTACID 500 MG CHEW TABLET	FT-STRATEGIC SO
70677108101	calcium carbonate	FT ANTACID 500 MG CHEW TABLET	FT-STRATEGIC SO
83035181205	calcium carbonate	TRUE OYSTER CALCIUM 500 MG TAB	SINGULAR DREAME
83592001805	calcium carbonate	WELL OYSTER CALCIUM 500 MG TAB	TRUE MARKER PHA
16500007706	calcium carbonate/multivitamin	FLINTSTONES + CALCIUM TAB	BAYER INC.
00536430605	calcium polycarbophil	FIBER-LAX 625 MG TABLET	RUGBY
00536430608	calcium polycarbophil	FIBER-LAX 625 MG TABLET	RUGBY
00536430611	calcium polycarbophil	FIBER-LAX 625 MG TABLET	RUGBY
00904250091	calcium polycarbophil	FIBER TABLET	MAJOR PHARMACEU

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
49348019013	calcium polycarbophil	SM FIBER 625 MG CAPLET	SM-STRATEGIC SO
70000006701	calcium polycarbophil	FIBER LAXATIVE 625 MG CAPLET	LEADER
70677108301	calcium polycarbophil	FT FIBER LAXATIVE 625 MG CPLT	FT-STRATEGIC SO
00023449130	carboxymethyl/gly/poly80/PF	REFRESH OPTIVE ADVANCED DROPS	ALLERGAN INC.
00023577330	carboxymethyl/gly/poly80/PF	REFRESH OPTIVE MEGA-3 DROPS	ALLERGAN INC.
00023695430	carboxymethyl/gly/poly80/PF	REFRESH DIGITAL PF EYE DROPS	ALLERGAN INC.
00023715160	carboxymethyl/gly/poly80/PF	REFRESH OPTIVE MEGA-3 DROPS	ALLERGAN INC.
00023430710	carboxymethyl/glycerin/poly80	REFRESH OPTIVE ADVANCED DROPS	ALLERGAN INC.
00023430720	carboxymethyl/glycerin/poly80	REFRESH OPTIVE ADVANCED DROPS	ALLERGAN INC.
00023695210	carboxymethyl/glycerin/poly80	REFRESH DIGITAL EYE DROPS	ALLERGAN INC.
00023311010	carboxymethylcell/glycerin/PF	REFRESH TEARS PF 0.5-0.9% DROP	ALLERGAN INC.
00023341630	carboxymethylcell/glycerin/PF	REFRESH OPTIVE SENSITIVE DROPS	ALLERGAN INC.
00023341660	carboxymethylcell/glycerin/PF	REFRESH OPTIVE SENSITIVE DROPS	ALLERGAN INC.
00023378210	carboxymethylcell/glycerin/PF	REFRESH RELIEVA PF XTRA DROP	ALLERGAN INC.
00023451530	carboxymethylcell/glycerin/PF	REFRESH RELIEVA PF 0.5-1% DROP	ALLERGAN INC.
00023663401	carboxymethylcell/glycerin/PF	REFRESH RELIEVA PF 0.5-0.9%	ALLERGAN INC.
00023663410	carboxymethylcell/glycerin/PF	REFRESH RELIEVA PF 0.5-0.9%	ALLERGAN INC.
00023324015	carboxymethylcellulos/glycerin	REFRESH OPTIVE EYE DROPS	ALLERGAN INC.
00023545910	carboxymethylcellulos/glycerin	REFRESH OPTIVE GEL EYE DROPS	ALLERGAN INC.
00023663010	carboxymethylcellulos/glycerin	REFRESH RELIEVA 0.5-0.9% DROP	ALLERGAN INC.
00023040330	carboxymethylcellulose sodium	REFRESH PLUS 0.5% EYE DROPS	ALLERGAN INC.
00023040350	carboxymethylcellulose sodium	REFRESH PLUS 0.5% EYE DROPS	ALLERGAN INC.
00023040370	carboxymethylcellulose sodium	REFRESH PLUS 0.5% EYE DROPS	ALLERGAN INC.
00023079801	carboxymethylcellulose sodium	REFRESH TEARS 0.5% EYE DROP	ALLERGAN INC.
00023079815	carboxymethylcellulose sodium	REFRESH TEARS 0.5% EYE DROP	ALLERGAN INC.
00023182212	carboxymethylcellulose sodium	REFRESH CONTACTS EYE DROPS	ALLERGAN INC.
00023455430	carboxymethylcellulose sodium	REFRESH CELLUVISC 1% EYE GEL	ALLERGAN INC.
00023920515	carboxymethylcellulose sodium	REFRESH LIQUIGEL 1% EYE DROP	ALLERGAN INC.
00113032365	carboxymethylcellulose sodium	GS LUBRICAT PLUS 0.5% EYE DRPS	PERRIGO/GOODSEN
00536138635	carboxymethylcellulose sodium	CARBOXYMETHYLCELL 0.5% EYE DRP	RUGBY
00536138694	carboxymethylcellulose sodium	CARBOXYMETHYLCELL 0.5% EYE DRP	RUGBY
00536138792	carboxymethylcellulose sodium	LUBRICANT 0.5% EYE DROP	RUGBY
00536138793	carboxymethylcellulose sodium	LUBRICANT 0.5% EYE DROP	RUGBY
42494044805	carboxymethylcellulose sodium	LUBRICANT 0.5% EYE DROP	CAMERON PHARMAC
46122075656	carboxymethylcellulose sodium	GNP LUBRICANT 0.5% EYE DROP	AMERISOURCE-GNP
50268006530	carboxymethylcellulose sodium	CARBOXYMETHYLCELL 1% EYE GEL	AVPAK
50268006615	carboxymethylcellulose sodium	CARBOXYMETHYLCELL 1% EYE DROP	AVPAK
50268006730	carboxymethylcellulose sodium	CARBOXYMETHYLCELL 0.5% EYE DRP	AVPAK
50268006750	carboxymethylcellulose sodium	CARBOXYMETHYLCELL 0.5% EYE DRP	AVPAK
50268006770	carboxymethylcellulose sodium	CARBOXYMETHYLCELL 0.5% EYE DRP	AVPAK

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
50268006802	carboxymethylcellulose sodium	CARBOXYMETHYLCELL 0.5% EYE DRP	AVPAK
50268006815	carboxymethylcellulose sodium	CARBOXYMETHYLCELL 0.5% EYE DRP	AVPAK
70000001201	carboxymethylcellulose sodium	LUBRICANT 0.5% EYE DROPS	LEADER
70000001202	carboxymethylcellulose sodium	LUBRICANT 0.5% EYE DROPS	LEADER
70677119001	carboxymethylcellulose sodium	FT LUBRICANT 0.5% EYE DROP	FT-STRATEGIC SO
83035803005	carboxymethylcellulose sodium	VENTIVA TEARS 0.5% EYE DROP	SINGULAR DREAME
07249022224	cellulose gum	THIK AND CLEAR NECTAR POWD PKT	NUTRA/BALANCE
07249022225	cellulose gum	THIK AND CLEAR HONEY POWD PKT	NUTRA/BALANCE
07249022227	cellulose gum	THIK AND CLEAR POWDER	NUTRA/BALANCE
07249022228	cellulose gum	THIK AND CLEAR POWDER	NUTRA/BALANCE
00113018926	cetirizine HCl	GS CHILD ALL DAY ALLER 1 MG/ML	PERRIGO/GOODSEN
00113050326	cetirizine HCl	GS CHILD ALL DAY ALLER 1 MG/ML	PERRIGO/GOODSEN
00113945813	cetirizine HCl	GS ALL DAY ALLERGY 10 MG TAB	PERRIGO/GOODSEN
00113945839	cetirizine HCl	GS ALL DAY ALLERGY 10 MG TAB	PERRIGO/GOODSEN
00113945866	cetirizine HCl	GS ALL DAY ALLERGY 10 MG TAB	PERRIGO/GOODSEN
00378363501	cetirizine HCl	CETIRIZINE HCL 5 MG TABLET	MYLAN
00378363701	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	MYLAN
00378363705	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	MYLAN
00781528364	cetirizine HCl	CETIRIZINE HCL 5 MG CHEW TAB	SANDOZ
00781528464	cetirizine HCl	CETIRIZINE HCL 10 MG CHEW TAB	SANDOZ
00904671740	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	MAJOR PHARMACEU
00904671741	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	MAJOR PHARMACEU
00904671743	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	MAJOR PHARMACEU
00904671746	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	MAJOR PHARMACEU
00904671760	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	MAJOR PHARMACEU
00904671761	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	MAJOR PHARMACEU
00904671772	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	MAJOR PHARMACEU
00904671786	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	MAJOR PHARMACEU
00904676520	cetirizine HCl	CHILD CETIRIZINE HCL 1 MG/ML	MAJOR PHARMACEU
16571040110	cetirizine HCl	CETIRIZINE HCL 5 MG TABLET	RISING PHARM
16571040210	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	RISING PHARM
16571040250	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	RISING PHARM
16714079901	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	NORTHSTAR RX LL
16714079902	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	NORTHSTAR RX LL
16714079903	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	NORTHSTAR RX LL
16714079904	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	NORTHSTAR RX LL
24385099865	cetirizine HCl	ALL DAY ALLERGY 10 MG TABLET	AMERISOURCE-GNP
24385099874	cetirizine HCl	ALL DAY ALLERGY 10 MG TABLET	AMERISOURCE-GNP
24385099875	cetirizine HCl	ALL DAY ALLERGY 10 MG TABLET	AMERISOURCE-GNP
43598081112	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	DR.REDDY'S LAB

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
43598081115	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	DR.REDDY'S LAB
45802091939	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	PADAGIS
45802091987	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	PADAGIS
45802097426	cetirizine HCl	CETIRIZINE HCL 1 MG/ML SOLN	PADAGIS
46122010126	cetirizine HCl	CHILD ALL DAY ALLERGY 1 MG/ML	AMERISOURCE-GNP
46122020326	cetirizine HCl	CHILD ALL DAY ALLERGY 1 MG/ML	AMERISOURCE-GNP
47335034383	cetirizine HCl	CHILD CETIRIZINE 5 MG CHEW TAB	SUN PHARMA GLOB
47335034483	cetirizine HCl	CHILD CETIRIZINE 10 MG CHEW TB	SUN PHARMA GLOB
49348093434	cetirizine HCl	SM CHILD ALL DAY ALLER 1 MG/ML	SM-STRATEGIC SO
49483068201	cetirizine HCl	ALLERGY RLF (CETRZN) 5 MG TAB	TIME-CAP LABS
49483069250	cetirizine HCl	ALLERGY RLF (CETRZN) 10 MG TAB	TIME-CAP LABS
51079059701	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	MYLAN INSTITUTI
51079059720	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	MYLAN INSTITUTI
51660093901	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	OHM LABS.
51660093905	cetirizine HCl	ALLERGY RLF (CETRZN) 10 MG TAB	OHM LABS.
51660093930	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	OHM LABS.
51660093953	cetirizine HCl	ALLERGY RLF (CETRZN) 10 MG TAB	OHM LABS.
51660093954	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	OHM LABS.
51660093990	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	OHM LABS.
51672208808	cetirizine HCl	CETIRIZINE HCL 1 MG/ML SOLN	TARO PHARM USA
51672210208	cetirizine HCl	CETIRIZINE HCL 1 MG/ML SOLN	TARO PHARM USA
55111069990	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	DR.REDDY'S LAB
62011030701	cetirizine HCl	HM ALLERGY RELIEF 10 MG TABLET	HM-STRATEGIC SO
62011032301	cetirizine HCl	HM CHILD ALL DAY ALLER 1 MG/ML	HM-STRATEGIC SO
62011041401	cetirizine HCl	HM ALLERGY RELIEF 10 MG TABLET	HM-STRATEGIC SO
62011041402	cetirizine HCl	HM ALLERGY RELIEF 10 MG TABLET	HM-STRATEGIC SO
62011041403	cetirizine HCl	HM ALLERGY RELIEF 10 MG TABLET	HM-STRATEGIC SO
68001043604	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	BLUEPOINT LABOR
68001043616	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	BLUEPOINT LABOR
68001043696	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	BLUEPOINT LABOR
68001043697	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	BLUEPOINT LABOR
68094000459	cetirizine HCl	CETIRIZINE HCL 5 MG/5 ML CUP	PRECISION DOSE
68094000462	cetirizine HCl	CETIRIZINE HCL 5 MG/5 ML CUP	PRECISION DOSE
69230030401	cetirizine HCl	ALLERGY RLF (CETRZN) 10 MG TAB	CAMBER CONSUMER
69230030405	cetirizine HCl	ALLERGY RLF (CETRZN) 10 MG TAB	CAMBER CONSUMER
69230030430	cetirizine HCl	ALLERGY RLF (CETRZN) 10 MG TAB	CAMBER CONSUMER
69230031611	cetirizine HCl	CHILD ALLERGY RELIEF 1 MG/ML	CAMBER CONSUMER
70000004701	cetirizine HCl	ALL DAY ALLERGY 10 MG TABLET	LEADER
70000021401	cetirizine HCl	CHILD ALL DAY ALLERGY 1 MG/ML	LEADER
70000021501	cetirizine HCl	CHILD ALL DAY ALLERGY 1 MG/ML	LEADER

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
70000038001	cetirizine HCl	ALL DAY ALLERGY 10 MG TABLET	LEADER
70000038002	cetirizine HCl	ALL DAY ALLERGY 10 MG TABLET	LEADER
70000038004	cetirizine HCl	ALL DAY ALLERGY 10 MG TABLET	LEADER
70010016305	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	GRANULES PHARMA
70010016309	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	GRANULES PHARMA
70677014202	cetirizine HCl	SM ALL DAY ALLERGY 10 MG TAB	SM-STRATEGIC SO
70677014203	cetirizine HCl	SM ALL DAY ALLERGY 10 MG TAB	SM-STRATEGIC SO
70677100701	cetirizine HCl	FT AD ALLERGY (CETRZN) 10MG TB	FT-STRATEGIC SO
70677100702	cetirizine HCl	FT AD ALLERGY (CETRZN) 10MG TB	FT-STRATEGIC SO
70677100703	cetirizine HCl	FT AD ALLERGY (CETRZN) 10MG TB	FT-STRATEGIC SO
70677100704	cetirizine HCl	FT AD ALLERGY (CETRZN) 10MG TB	FT-STRATEGIC SO
70677104201	cetirizine HCl	FT CHILD ALLERGY RLF 1 MG/ML	FT-STRATEGIC SO
70677104701	cetirizine HCl	FT AD ALLERGY (CETRZN) 10MG TB	FT-STRATEGIC SO
70677123601	cetirizine HCl	FT CHILD ALL DAY ALLER 1 MG/ML	FT-STRATEGIC SO
70677124101	cetirizine HCl	FT ALLERGY (CETRZN) 10 MG TAB	FT-STRATEGIC SO
70752010406	cetirizine HCl	CHILD CETIRIZINE HCL 1 MG/ML	QUAGEN PHARMACE
83324009114	cetirizine HCl	QC ALLERGY (CETRZN) 10 MG TAB	CHAIN DRUG
00113014762	cetirizine HCl/pseudoephedrine	GS ALL DAY ALLERGY-D TABLET	PERRIGO/GOODSEN
00536127912	cetirizine HCl/pseudoephedrine	CETIRIZINE-PSE ER 5-120 MG TAB	RUGBY
00536127935	cetirizine HCl/pseudoephedrine	CETIRIZINE-PSE ER 5-120 MG TAB	RUGBY
45802014753	cetirizine HCl/pseudoephedrine	CETIRIZINE-PSE ER 5-120 MG TAB	PADAGIS
45802014762	cetirizine HCl/pseudoephedrine	CETIRIZINE-PSE ER 5-120 MG TAB	PADAGIS
46122062662	cetirizine HCl/pseudoephedrine	ALL DAY ALLERGY-D TABLET	AMERISOURCE-GNP
51660094024	cetirizine HCl/pseudoephedrine	ALLERGY RLF-DECONG ER 5-120 MG	OHM LABS.
70000004201	cetirizine HCl/pseudoephedrine	ALLERGY RELIEF-D TABLET	LEADER
70677014601	cetirizine HCl/pseudoephedrine	SM ALL DAY ALLERGY-D TABLET	SM-STRATEGIC SO
70677102001	cetirizine HCl/pseudoephedrine	FT ALL DY ALLERGY-D 5-120MG TB	FT-STRATEGIC SO
31722093847	cherry flavor	CHERRY SYRUP	CAMBER PHARMACE
00113004278	chlorpheniramine maleate	GS ALLERGY RELIEF 4 MG TABLET	PERRIGO/GOODSEN
00485009816	chlorpheniramine maleate	ED CHLORPED JR SYRUP	EDWARDS PHARM.
00536100601	chlorpheniramine maleate	ALLER-CHLOR 4 MG TABLET	RUGBY
00536100610	chlorpheniramine maleate	ALLER-CHLOR 4 MG TABLET	RUGBY
00904001224	chlorpheniramine maleate	ALLERGY 4 MG TABLET	MAJOR PHARMACEU
00904001259	chlorpheniramine maleate	ALLERGY 4 MG TABLET	MAJOR PHARMACEU
00904001261	chlorpheniramine maleate	ALLERGY 4 MG TABLET	MAJOR PHARMACEU
00904001280	chlorpheniramine maleate	ALLERGY 4 MG TABLET	MAJOR PHARMACEU
46122061862	chlorpheniramine maleate	GNP ALLERGY RELIEF 4 MG TABLET	AMERISOURCE-GNP
49483024201	chlorpheniramine maleate	ALLERGY-TIME 4 MG TABLET	TIME-CAP LABS
49483024210	chlorpheniramine maleate	ALLERGY-TIME 4 MG TABLET	TIME-CAP LABS
62011031101	chlorpheniramine maleate	HM ALLERGY RELIEF 4 MG TABLET	HM-STRATEGIC SO

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
7000016002	chlorpheniramine maleate	ALLERGY RELIEF 4 MG TABLET	LEADER
70677000401	chlorpheniramine maleate	SM ALLERGY 4 MG TABLET	SM-STRATEGIC SO
70677101601	chlorpheniramine maleate	FT ALLERGY (CHLORPHEN) 4 MG TB	FT-STRATEGIC SO
00087086644	cholecalciferol (vitamin D3)	D-VI-SOL 10 MCG/ML DROP	MJ NUTRITIONAL
00087512740	cholecalciferol (vitamin D3)	D-VI-SOL 10 MCG/ML DROP	MJ NUTRITIONAL
00536134380	cholecalciferol (vitamin D3)	VITAMIN D3 10 MCG/ML DROP	RUGBY
00536135301	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	RUGBY
00904582360	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	MAJOR PHARMACEU
02359046010	cholecalciferol (vitamin D3)	REPLESTA 50,000 UNITS WAFER	EVERIDIS HEALTH
02359046013	cholecalciferol (vitamin D3)	REPLESTA NX 14,000 UNITS WAFER	EVERIDIS HEALTH
05388000924	cholecalciferol (vitamin D3)	SV VITAMIN D3 1,000 UNIT SFTGL	WAL-MART STORES
05388000927	cholecalciferol (vitamin D3)	SV VITAMIN D3 5,000 UNIT SFTGL	WAL-MART STORES
05388062842	cholecalciferol (vitamin D3)	SV VITAMIN D3 25MCG(1000 UNIT)	WAL-MART STORES
05388099945	cholecalciferol (vitamin D3)	SV VITAMIN D3 400 UNIT SOFTGEL	WAL-MART STORES
07610005820	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	BASIC DRUGS, IN
07610009840	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	BASIC DRUGS, IN
07610016840	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT TABLET	BASIC DRUGS, IN
07610017840	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT TABLET	BASIC DRUGS, IN
10048061067	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG GUMMY	TEELAHVIT, LLC
10048061145	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG GUMMY	TEELAHVIT, LLC
10048061217	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG GUMMY	TEELAHVIT, LLC
10048061233	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG GUMMY	TEELAHVIT, LLC
10135074901	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG TABLET	MARLEX PHARM.
10135074932	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG TABLET	MARLEX PHARM.
10135075001	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG TABLET	MARLEX PHARM.
10432017002	cholecalciferol (vitamin D3)	DELTA D3 400 UNIT TABLET	FREEDA HEALTH
10432023701	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	FREEDA HEALTH
10432023703	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	FREEDA HEALTH
10542009090	cholecalciferol (vitamin D3)	DIALYVITE VITAMIN D 5,000 UNIT	HILLESTAD PHARM
10542010002	cholecalciferol (vitamin D3)	DIALYVITE VIT D3 50,000 UNIT	HILLESTAD PHARM
10542010008	cholecalciferol (vitamin D3)	DIALYVITE VIT D3 50,000 UNIT	HILLESTAD PHARM
10939095375	cholecalciferol (vitamin D3)	SM VITAMIN D3 125 MCG TABLET	SM-STRATEGIC SO
10939095376	cholecalciferol (vitamin D3)	SM VITAMIN D3 50 MCG SOFTGEL	SM-STRATEGIC SO
10939095715	cholecalciferol (vitamin D3)	FT VITAMIN D3 25 MCG TABLET	FT-STRATEGIC SO
10939095716	cholecalciferol (vitamin D3)	FT VITAMIN D3 125 MCG SOFTGEL	FT-STRATEGIC SO
10939095723	cholecalciferol (vitamin D3)	FT VITAMIN D3 250 MCG TABLET	FT-STRATEGIC SO
10939095724	cholecalciferol (vitamin D3)	FT VITAMIN D3 50 MCG SOFTGEL	FT-STRATEGIC SO
10939095725	cholecalciferol (vitamin D3)	FT VITAMIN D3 50 MCG TABLET	MCKESSON DRUG
10939095726	cholecalciferol (vitamin D3)	FT VITAMIN D3 25 MCG SOFTGEL	FT-STRATEGIC SO
10939095727	cholecalciferol (vitamin D3)	FT VITAMIN D3 125 MCG TABLET	FT-STRATEGIC SO

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
10939095761	cholecalciferol (vitamin D3)	FT VITAMIN D3 250 MCG SOFTGEL	FT-STRATEGIC SO
11511000040	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WYNNPHARM INC.
11822002601	cholecalciferol (vitamin D3)	RA VITAMIN D3 1,000 UNIT TAB	RITE AID CORP.
11822044719	cholecalciferol (vitamin D3)	RA VITAMIN D3 1,000 UNIT TAB	RITE AID CORP.
11822334220	cholecalciferol (vitamin D3)	RA VITAMIN D3 1,000 UNIT TAB	RITE AID CORP.
11822489990	cholecalciferol (vitamin D3)	RA VITAMIN D3 2,000 UNIT SFTGL	RITE AID CORP.
11822490000	cholecalciferol (vitamin D3)	RA VITAMIN D3 5,000 UNIT SFTGL	RITE AID CORP.
11822511210	cholecalciferol (vitamin D3)	RA VITAMIN D3 2,000 UNIT SFGL	RITE AID CORP.
11822511220	cholecalciferol (vitamin D3)	RA VITAMIN D3 5,000 UNIT SFTGL	RITE AID CORP.
11822547890	cholecalciferol (vitamin D3)	RA VITAMIN D3 2,000 UNIT SFGL	RITE AID CORP.
11822549870	cholecalciferol (vitamin D3)	RA VITAMIN D3 5,000 UNIT SFTGL	RITE AID CORP.
11845011831	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT SOFTGEL	MASON DISTRIB.
11845014770	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	MASON DISTRIB.
11845014772	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	MASON DISTRIB.
11845014775	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	MASON DISTRIB.
11845015010	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	MASON DISTRIB.
11845015012	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	MASON DISTRIB.
11845015015	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	MASON DISTRIB.
11845015071	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TAB CHEW	MASON DISTRIB.
11845015331	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	MASON DISTRIB.
11845015339	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	MASON DISTRIB.
11845015365	cholecalciferol (vitamin D3)	KIDS VITAMIN D3 TAB CHEW	MASON DISTRIB.
11845015469	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TAB CHEW	MASON DISTRIB.
11845015651	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SPRAY	MASON DISTRIB.
11845016238	cholecalciferol (vitamin D3)	VITAMIN D3 10,000 UNIT SOFTGEL	MASON DISTRIB.
11917005831	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT SOFTGEL	WALGREEN CO.
11917007506	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT SOFTGEL	WALGREEN CO.
11917007630	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917008608	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	WALGREEN CO.
11917009247	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917009248	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917009905	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917010165	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917011540	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	WALGREEN CO.
11917011602	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT/5 ML LIQ	WALGREEN CO.
11917011810	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917011811	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917011818	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	WALGREEN CO.
11917011819	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	WALGREEN CO.
11917011820	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
11917011822	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917011823	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT SOFTGEL	WALGREEN CO.
11917012697	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	WALGREEN CO.
11917012698	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	WALGREEN CO.
11917012703	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	WALGREEN CO.
11917013940	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917013941	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	WALGREEN CO.
11917013942	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	WALGREEN CO.
11917013944	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT SOFTGEL	WALGREEN CO.
11917013981	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	WALGREEN CO.
11917014360	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	WALGREEN CO.
11917014678	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	WALGREEN CO.
11917014679	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	WALGREEN CO.
11917014763	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917014764	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917014765	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917014767	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	WALGREEN CO.
11917017094	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	WALGREEN CO.
11917017096	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	WALGREEN CO.
11917017181	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917017182	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	WALGREEN CO.
11917017183	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	WALGREEN CO.
11917017652	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT GUMMY	WALGREEN CO.
11917017735	cholecalciferol (vitamin D3)	BABY VIT D3 400 UNIT/DROP CONC	WALGREEN CO.
13349001022	cholecalciferol (vitamin D3)	THERA-D 2000 TABLET	THERALOGIX, LLC
13349001023	cholecalciferol (vitamin D3)	THERA-D 4000 TABLET	THERALOGIX, LLC
13349001045	cholecalciferol (vitamin D3)	THERA-D RAPID REPLETION TABLET	THERALOGIX, LLC
13349001078	cholecalciferol (vitamin D3)	THERA-D SPORT 2,000 UNIT TAB	THERALOGIX, LLC
17856055820	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	ATLANTIC BIOLOG
20555003300	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG TABLET	MAJOR PHARMACEU
21888012062	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TAB CHEW	RAINBOW LIGHT
27434003665	cholecalciferol (vitamin D3)	D3 DOTS 2,000 UNIT TABLET	TWIN LABORATORI
30768015605	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	US NUTRITION, I
30768017621	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	SUNDOWN INC.
30768019941	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG (2,000 UNIT)	SUNDOWN INC.
30768019995	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	US NUTRITION, I
30768029173	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	SUNDOWN INC.
30768030405	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT/ML DROPS	US NUTRITION, I
30768050356	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TAB CHEW	US NUTRITION, I
30768053491	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT GUMMIES	US NUTRITION, I

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
31604001870	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	PHARMAVITE
31604002585	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	PHARMAVITE
31604002621	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	PHARMAVITE
31604002673	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT TABLET	PHARMAVITE
31604002674	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT TABLET	PHARMAVITE
31604002675	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	PHARMAVITE
31604002676	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	PHARMAVITE
31604002677	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	PHARMAVITE
31604002678	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	PHARMAVITE
31604002683	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	PHARMAVITE
31604002778	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG SOFTGEL	PHARMAVITE
31604002818	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG TABLET	PHARMAVITE
31604002844	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT GUMMIES	PHARMAVITE
31604002920	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT GUMMIES	PHARMAVITE
31604004070	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG TABLET	PHARMAVITE
31604004073	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	PHARMAVITE
31604004373	cholecalciferol (vitamin D3)	VITAMIN D3 250 MCG SOFTGEL	PHARMAVITE
33674013608	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG GUMMY	SCHWABE NORTH A
33674015590	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	SCHWABE NORTH A
33674015604	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	SCHWABE NORTH A
33674015836	cholecalciferol (vitamin D3)	VITAMIN D3 MAX 125 MCG SOFTGEL	SCHWABE NORTH A
35515098642	cholecalciferol (vitamin D3)	QC VITAMIN D3 25 MCG TABLET	CHAIN DRUG
37205074685	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	LEADER
37864091901	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	PLUS PHARMA,INC
37864092001	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT TABLET	PLUS PHARMA,INC
40093010107	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG SOFTGEL	PIPING ROCK HEA
40093010116	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	PIPING ROCK HEA
40093010150	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	PIPING ROCK HEA
40093010230	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG (1,000 UNIT)	PIPING ROCK HEA
40093010231	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	PIPING ROCK HEA
40093010306	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG (1,000 UNIT)	PIPING ROCK HEA
40093010323	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG SOFTGEL	PIPING ROCK HEA
40093010373	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	PIPING ROCK HEA
40093010531	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG (1,000 UNIT)	PIPING ROCK HEA
40093010532	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG/0.5 ML DROP	PIPING ROCK HEA
40093010618	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	PIPING ROCK HEA
40093011253	cholecalciferol (vitamin D3)	BABY VIT D3 10 MCG/DROP CONC	PIPING ROCK HEA
40093011291	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG TAB CHEW	PIPING ROCK HEA
40093011526	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG GUMMY	PIPING ROCK HEA
40093014002	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	PIPING ROCK HEA

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
40093014024	cholecalciferol (vitamin D3)	VITAMIN D3 250 MCG SOFTGEL	PIPING ROCK HEA
40985022661	cholecalciferol (vitamin D3)	VITAMIN D-400 TABLET	21ST CENTURY HE
40985024090	cholecalciferol (vitamin D3)	VITAMIN D3 1,250 MCG TABLET	21ST CENTURY HE
40985027062	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG TABLET	21ST CENTURY HE
40985027111	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT TABLET	21ST CENTURY HE
40985027139	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG TABLET	21ST CENTURY HE
40985027288	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT TABLET	21ST CENTURY HE
40985027292	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG TABLET	21ST CENTURY HE
40985027380	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TAB CHEW	21ST CENTURY HE
40985027415	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	21ST CENTURY HE
40985027416	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	21ST CENTURY HE
40985027504	cholecalciferol (vitamin D3)	VITAMIN D3 10,000 UNIT TABLET	21ST CENTURY HE
40985027622	cholecalciferol (vitamin D3)	VITAJEY DAILY D GUMMY	21ST CENTURY HE
41163048255	cholecalciferol (vitamin D3)	EQL VITAMIN D3 1,000 UNIT SFGL	EQUALINE VITAMI
41163048256	cholecalciferol (vitamin D3)	EQL VITAMIN D3 5,000 UNIT SFGL	EQUALINE VITAMI
41163049712	cholecalciferol (vitamin D3)	EQL VITAMIN D3 400 UNIT SFTGL	EQUALINE VITAMI
41163049713	cholecalciferol (vitamin D3)	EQL VITAMIN D3 2,000 UNIT SFGL	EQUALINE VITAMI
41163050260	cholecalciferol (vitamin D3)	EQL VITAMIN D3 25 MCG GUMMY	EQUALINE VITAMI
41163050271	cholecalciferol (vitamin D3)	EQL VITAMIN D3 50 MCG SOFTGEL	EQUALINE VITAMI
41163050272	cholecalciferol (vitamin D3)	EQL VITAMIN D3 125 MCG DISSOLV	EQUALINE VITAMI
41163050282	cholecalciferol (vitamin D3)	EQL VITAMIN D3 25 MCG SOFTGEL	EQUALINE VITAMI
41163050283	cholecalciferol (vitamin D3)	EQL VITAMIN D3 25 MCG SOFTGEL	EQUALINE VITAMI
41163050284	cholecalciferol (vitamin D3)	EQL VITAMIN D3 125 MCG SOFTGEL	EQUALINE VITAMI
43292055881	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	MAGNO-HUMPHRIES
43292056286	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	MAGNO-HUMPHRIES
43292056336	cholecalciferol (vitamin D3)	VITAMIN D3 50,000 UNIT CAPSULE	MAGNO-HUMPHRIES
43292056371	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT TABLET	MAGNO-HUMPHRIES
43292056428	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT CAPSULE	MAGNO-HUMPHRIES
43292056445	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	MAGNO-HUMPHRIES
43353053353	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	APHENA PHARMA S
43353053360	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	APHENA PHARMA S
43353053380	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	APHENA PHARMA S
47469005889	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG DISSOLVE TAB	NATROL-VYTALOGY
47469005891	cholecalciferol (vitamin D3)	VIT D3 5,000 UNIT FAST DISSOLV	NATROL-VYTALOGY
48433010401	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	SAFECOR HEALTH
50090199900	cholecalciferol (vitamin D3)	VITAMIN D3 50,000 UNIT CAPSULE	A-S MEDICATION
50090509700	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG CAPSULE	A-S MEDICATION
50090511801	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG TABLET	A-S MEDICATION
50090552900	cholecalciferol (vitamin D3)	WEEKLY-D 1,250 MCG SOFTGEL	A-S MEDICATION
50268086311	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	AVPAK

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
50268086315	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	AVPAK
50268086511	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT TABLET	AVPAK
50268086515	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT TABLET	AVPAK
50268086611	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT TABLET	AVPAK
50268086615	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT TABLET	AVPAK
50268086711	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	AVPAK
50268086715	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	AVPAK
50268086811	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	AVPAK
50268086815	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	AVPAK
50428028110	cholecalciferol (vitamin D3)	CVS VITAMIN D3 50 MCG SOFTGEL	CVS
50428031328	cholecalciferol (vitamin D3)	CVS VITAMIN D3 50 MCG TABLET	CVS
50428031342	cholecalciferol (vitamin D3)	CVS VIT D3 1,000 UNIT GUMMIES	CVS
50428031441	cholecalciferol (vitamin D3)	CVS VITAMIN D3 25 MCG SOFTGEL	CVS
50428032343	cholecalciferol (vitamin D3)	CVS VITAMIN D3 50 MCG SOFTGEL	CVS
50428038354	cholecalciferol (vitamin D3)	CVS VITAMIN D3 10 MCG SOFTGEL	CVS
50428040225	cholecalciferol (vitamin D3)	CVS VITAMIN D3 125 MCG SOFTGEL	CVS
50428041389	cholecalciferol (vitamin D3)	CVS VITAMIN D3 125 MCG SOFTGEL	CVS
50428043926	cholecalciferol (vitamin D3)	CVS VITAMIN D3 10 MCG SOFTGEL	CVS
50428054076	cholecalciferol (vitamin D3)	CVS VITAMIN D3 25 MCG GUMMIES	CVS
50428054089	cholecalciferol (vitamin D3)	CVS VITAMIN D3 125 MCG SOFTGEL	CVS
50428054266	cholecalciferol (vitamin D3)	CVS VITAMIN D3 250 MCG SOFTGEL	CVS
50428057523	cholecalciferol (vitamin D3)	VIT D3 125 MCG (5000 UNIT) TAB	CVS
50428065144	cholecalciferol (vitamin D3)	CVS VITAMIN D3 250 MCG SOFTGEL	CVS
50428067309	cholecalciferol (vitamin D3)	CVS VITAMIN D3 25 MCG SOFTGEL	CVS
51228000005	cholecalciferol (vitamin D3)	DDROPS 1,000 UNIT/DROP	DDROPS COMPANY
51228000006	cholecalciferol (vitamin D3)	BABY DDROPS 400 UNIT/DROP CONC	DDROPS COMPANY
51228000009	cholecalciferol (vitamin D3)	DDROPS 2,000 UNIT/DROP	DDROPS COMPANY
51228000037	cholecalciferol (vitamin D3)	BABY DDROPS 400 UNIT/DROP CONC	DDROPS COMPANY
51645091999	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	PLUS PHARMA,INC
51645092199	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT TABLET	PLUS PHARMA,INC
51663000500	cholecalciferol (vitamin D3)	OPTIMAL D3 50,000 UNIT CAPSULE	RV NUTRITIONAL
51663000501	cholecalciferol (vitamin D3)	OPTIMAL D3 50,000 UNIT CAPSULE	RV NUTRITIONAL
51663000503	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT CAPSULE	RV NUTRITIONAL
51663000506	cholecalciferol (vitamin D3)	OPTIMAL D3 M 14,000 UNIT CAP	RV NUTRITIONAL
51663000507	cholecalciferol (vitamin D3)	VITAMIN D3 50,000 UNIT CAPSULE	RV NUTRITIONAL
51663000508	cholecalciferol (vitamin D3)	VITAMIN D3 10,000 UNIT CAPSULE	RV NUTRITIONAL
51663000511	cholecalciferol (vitamin D3)	OPTIMAL D3M 350MCG(14,000 UNIT	RV NUTRITIONAL
51663000517	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG (1,000 UNIT)	RV NUTRITIONAL
51663000520	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG CAPSULE	RV NUTRITIONAL
52569014190	cholecalciferol (vitamin D3)	HM VITAMIN D3 125 MCG TABLET	HM-STRATEGIC SO

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
53191024401	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT CAPSULE	BIO-TECH
53191036201	cholecalciferol (vitamin D3)	D3-50 50,000 UNIT CAPSULE	BIO-TECH
53191036212	cholecalciferol (vitamin D3)	D3-50 50,000 UNIT CAPSULE	BIO-TECH
53191048901	cholecalciferol (vitamin D3)	D3-50 50,000 UNIT CAPSULE	BIO-TECH
54458032334	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	BASIC ORGANICS
54458032344	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	BASIC ORGANICS
54458032345	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	BASIC ORGANICS
54458032355	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	BASIC ORGANICS
54629001162	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	NAT'L VIT. CO.
54629005024	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	NAT'L VIT. CO.
54629009310	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	NAT'L VIT. CO.
54629009330	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	NAT'L VIT. CO.
54629009332	cholecalciferol (vitamin D3)	VITAMIN D3 10,000 UNIT SOFTGEL	NAT'L VIT. CO.
54629041120	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT TABLET	NAT'L VIT. CO.
54629050233	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	NAT'L VIT. CO.
54629077232	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT/ML LIQUID	NAT'L VIT. CO.
54629077241	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT/ML DROPS	NAT'L VIT. CO.
54629089821	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TAB CHEW	NAT'L VIT. CO.
54629090970	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	NAT'L VIT. CO.
54629090980	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	NAT'L VIT. CO.
54629794101	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT TABLET	NAT'L VIT. CO.
54738000401	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG TABLET	RICHMOND PHARM
54838000650	cholecalciferol (vitamin D3)	VITAMIN D3 10 MCG/ML LIQUID	SILARX/LANNETT
57896081512	cholecalciferol (vitamin D3)	VITAMIN D3 1,250 MCG TABLET	GERI-CARE
57896087401	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	GERI-CARE
57896087601	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	GERI-CARE
57896087620	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG TABLET	GERI-CARE
57896089001	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	GERI-CARE
58487001702	cholecalciferol (vitamin D3)	DELTA D3 400 UNIT TABLET	FREEDA HEALTH
58487001703	cholecalciferol (vitamin D3)	DELTA D3 400 UNIT TABLET	FREEDA HEALTH
58487002371	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	FREEDA HEALTH
58487002373	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	FREEDA HEALTH
58487003691	cholecalciferol (vitamin D3)	VITAMIN D3 3,000 UNIT TABLET	FREEDA HEALTH
58487003702	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT TABLET	FREEDA HEALTH
58487017002	cholecalciferol (vitamin D3)	DELTA D3 400 UNIT TABLET	FREEDA HEALTH
63044040101	cholecalciferol (vitamin D3)	VITAMIN D3 10,000 UNIT SOFTGEL	NNODUM CORP
63044040201	cholecalciferol (vitamin D3)	VITAMIN D3 1.25 MG SOFTGEL	NNODUM CORP
63948006919	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT TAB CHEW	SCHWABE NORTH A
66594099905	cholecalciferol (vitamin D3)	MAXIMUM D3 325 MCG(13,000 UNIT	PRO-PHARMA, LLC
67112090100	cholecalciferol (vitamin D3)	DECARA 25,000 UNIT VEGICAP	MEDECOR PHARMA

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
67112090130	cholecalciferol (vitamin D3)	DECARA 25,000 UNIT VEGICAP	MEDECOR PHARMA
67112090250	cholecalciferol (vitamin D3)	DECARA 50,000 UNIT SOFTGEL	MEDECOR PHARMA
68094011459	cholecalciferol (vitamin D3)	VITAMIN D3 10 MCG TABLET	PRECISION DOSE
68094011461	cholecalciferol (vitamin D3)	VITAMIN D3 10 MCG TABLET	PRECISION DOSE
69618000901	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	RELIABLE 1 LABO
69618001959	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT/ML LIQUID	RELIABLE 1 LABO
69618004201	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG (5000 UNIT)	RELIABLE 1 LABO
71149000133	cholecalciferol (vitamin D3)	D3 LIQUID 25 MCG DROP	XYMOGEN, INC.
71149000165	cholecalciferol (vitamin D3)	D3-2000 UNIT SOFTGEL	XYMOGEN, INC.
71149000166	cholecalciferol (vitamin D3)	D3-5000 UNIT SOFTGEL	XYMOGEN, INC.
71149000241	cholecalciferol (vitamin D3)	D3-5000 UNIT SOFTGEL	XYMOGEN, INC.
71149000405	cholecalciferol (vitamin D3)	D3-5000 UNIT SOFTGEL	XYMOGEN, INC.
71149000421	cholecalciferol (vitamin D3)	D3 LIQUID 25 MCG DROP	XYMOGEN, INC.
71149000434	cholecalciferol (vitamin D3)	D3-2000 UNIT SOFTGEL	XYMOGEN, INC.
71399740105	cholecalciferol (vitamin D3)	PEDIATRIC D-VITE 10 MCG/ML LIQ	AKRON PHARMA IN
71401089416	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT/10 ML LQ	SCHWABE NORTH A
71791000373	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	INTEGRATIVE THE
74312001140	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	US NUTRITION, I
74312015605	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	US NUTRITION, I
74312015606	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	US NUTRITION, I
74312017621	cholecalciferol (vitamin D3)	D3-2000 UNIT SOFTGEL	US NUTRITION, I
74312019377	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	US NUTRITION, I
74312019939	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	US NUTRITION, I
74312029176	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	US NUTRITION, I
74312030413	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	US NUTRITION, I
74312035873	cholecalciferol (vitamin D3)	VITAMIN D3 10,000 UNIT SOFTGEL	US NUTRITION, I
74312052807	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	US NUTRITION, I
74312067291	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG GUMMY	NATURE'S BOUNTY
75834002001	cholecalciferol (vitamin D3)	VITAMIN D3 50,000 UNIT CAPSULE	NIVAGEN PHARMAC
75834002012	cholecalciferol (vitamin D3)	VITAMIN D3 50,000 UNIT CAPSULE	NIVAGEN PHARMAC
75834016712	cholecalciferol (vitamin D3)	WEEKLY-D 1,250 MCG SOFTGEL	NIVAGEN PHARMAC
75834016724	cholecalciferol (vitamin D3)	WEEKLY-D 1,250 MCG SOFTGEL	NIVAGEN PHARMAC
76420011430	cholecalciferol (vitamin D3)	IS-D-10,000 250 MCG SOFTGEL	ENOVACHEM MANUF
76420011630	cholecalciferol (vitamin D3)	VITAMIN D3 250 MCG TABLET	ENOVACHEM MANUF
76518005050	cholecalciferol (vitamin D3)	PEDIA D-VITE 400 UNIT/ML LIQ	BAYSHORE FL
77333094810	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	GENDOSE PHARMAC
77333094825	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	GENDOSE PHARMAC
79854001162	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	NAT'L VIT. CO.
79854004112	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT TABLET	NAT'L VIT. CO.
79854005023	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	NAT'L VIT. CO.

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
79854005024	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	NAT'L VIT. CO.
79854007723	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT/ML LIQUID	NAT'L VIT. CO.
79854007724	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT/ML DROPS	NAT'L VIT. CO.
79854007941	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT TABLET	NAT'L VIT. CO.
79854008982	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TAB CHEW	NAT'L VIT. CO.
79854009097	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	NAT'L VIT. CO.
79854009098	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT SOFTGEL	NAT'L VIT. CO.
79854009310	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	NAT'L VIT. CO.
79854009330	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	NAT'L VIT. CO.
79854009332	cholecalciferol (vitamin D3)	VITAMIN D3 10,000 UNIT SOFTGEL	NAT'L VIT. CO.
79854009363	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG TAB CHEW	NAT'L VIT. CO.
80053000048	cholecalciferol (vitamin D3)	BIO-D-MULSN 400 UNIT/DROP CONC	BIOTICS RESEARC
80053000049	cholecalciferol (vitamin D3)	BIO-D-MULSION FORTE 2,000 UNIT	BIOTICS RESEARC
80681013100	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG CAPSULE	RUGBY
80681013200	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG TABLET	RUGBY
80681016800	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG TABLET	RUGBY
80681016801	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG TABLET	RUGBY
80681016900	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG TABLET	RUGBY
80681017000	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG TABLET	RUGBY
80681017400	cholecalciferol (vitamin D3)	VITAMIN D3 1,250 MCG CAPSULE	RUGBY
80681017401	cholecalciferol (vitamin D3)	VITAMIN D3 1,250 MCG CAPSULE	RUGBY
81131000720	cholecalciferol (vitamin D3)	SV VITAMIN D3 2,000 UNIT SFTGL	WAL-MART STORES
81131007165	cholecalciferol (vitamin D3)	SV VITAMIN D3 1,000 UNIT SFTGL	WAL-MART STORES
81131031271	cholecalciferol (vitamin D3)	SV VITAMIN D3 5,000 UNIT SFTGL	WAL-MART STORES
81131031282	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT SOFTGEL	WAL-MART STORES
81131054393	cholecalciferol (vitamin D3)	SV VITAMIN D3 1,000 UNIT GUMMY	WAL-MART STORES
82098061515	cholecalciferol (vitamin D3)	OSTEO-VIT3 1,250 MCG/3 ML DROP	RAYA PHARMACEUT
83035184101	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 10 MCG TABLET	SINGULAR DREAME
83035184201	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 25 MCG TABLET	SINGULAR DREAME
83035184301	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 125 MCG TABLET	SINGULAR DREAME
83035184401	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 250 MCG TABLET	SINGULAR DREAME
83035184501	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 1,250 MCG TAB	SINGULAR DREAME
83035184601	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 10 MCG CAPSULE	SINGULAR DREAME
83035184701	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 25 MCG CAPSULE	SINGULAR DREAME
83035184705	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 25 MCG CAPSULE	SINGULAR DREAME
83035184801	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 125 MCG CAP	SINGULAR DREAME
83035184805	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 125 MCG CAP	SINGULAR DREAME
83035184901	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 250 MCG CAP	SINGULAR DREAME
83035185001	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 1,250 MCG CAP	SINGULAR DREAME
83035185501	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 50 MCG TABLET	SINGULAR DREAME

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
83035185901	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 50 MCG CAPSULE	SINGULAR DREAME
83035185905	cholecalciferol (vitamin D3)	TRUE VITAMIN D3 50 MCG CAPSULE	SINGULAR DREAME
83592001305	cholecalciferol (vitamin D3)	WELL VITAMIN D3 25 MCG SOFTGEL	TRUE MARKER PHA
83592001605	cholecalciferol (vitamin D3)	WELL VITAMIN D3 50 MCG SOFTGEL	TRUE MARKER PHA
83592007005	cholecalciferol (vitamin D3)	WELL VITAMIN D3 125 MCG SOFTGL	TRUE MARKER PHA
87701040748	cholecalciferol (vitamin D3)	GNP VITAMIN D3 10 MCG TABLET	AMERISOURCE-GNP
87701040749	cholecalciferol (vitamin D3)	GNP VITAMIN D3 25 MCG TABLET	AMERISOURCE-GNP
87701040750	cholecalciferol (vitamin D3)	GNP VITAMIN D3 1,000 UNIT TAB	AMERISOURCE-GNP
87701040751	cholecalciferol (vitamin D3)	GNP VITAMIN D3 2,000 UNIT TAB	AMERISOURCE-GNP
87701040752	cholecalciferol (vitamin D3)	GNP VITAMIN D3 5,000 UNIT TAB	AMERISOURCE-GNP
87701041154	cholecalciferol (vitamin D3)	GNP VIT D3 10MCG(400 UNIT) CHW	AMERISOURCE-GNP
87701041269	cholecalciferol (vitamin D3)	GNP VITAMIN D3 25MCG(1000 UNT)	AMERISOURCE-GNP
87701042640	cholecalciferol (vitamin D3)	GNP VITAMIN D3 25 MCG GUMMY	AMERISOURCE-GNP
87701043462	cholecalciferol (vitamin D3)	GNP VITAMIN D3 50 MCG SOFTGEL	AMERISOURCE-GNP
87701043463	cholecalciferol (vitamin D3)	GNP VITAMIN D3 125 MCG SOFTGEL	AMERISOURCE-GNP
87701043465	cholecalciferol (vitamin D3)	GNP VITAMIN D3 250 MCG SOFTGEL	AMERISOURCE-GNP
88395001250	cholecalciferol (vitamin D3)	BABY D3 400 UNIT/DROP CONC	CARLSON LABS.
88395001270	cholecalciferol (vitamin D3)	SUPER DAILY D3 1,000 UNIT/DROP	CARLSON LABS.
88395001280	cholecalciferol (vitamin D3)	SUPER DAILY D3 2,000 UNIT/DROP	CARLSON LABS.
88395001421	cholecalciferol (vitamin D3)	VITAMIN D3 250 MCG SOFTGEL	CARLSON LABS.
88395001451	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	CARLSON LABS.
88395014110	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG SOFTGEL	CARLSON LABS.
90011029042	cholecalciferol (vitamin D3)	VITAMIN D3 62.5 MCG SOFTGEL	JARROW FORMULAS
90011030003	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG SOFTGEL	JARROW FORMULAS
90011030004	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG SOFTGEL	JARROW FORMULAS
90011030005	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG SOFTGEL	JARROW FORMULAS
96295012323	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT SOFTGEL	LEADER
96295012564	cholecalciferol (vitamin D3)	VITAMIN D3 10,000 UNIT TABLET	LEADER
96295012845	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	LEADER
96295012847	cholecalciferol (vitamin D3)	VITAMIN D3 2,000 UNIT TABLET	LEADER
96295012848	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	LEADER
96295013867	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG SOFTGEL	LEADER
96295013869	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	LEADER
96295013967	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	LEADER
96295014036	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG TABLET	LEADER
96295014064	cholecalciferol (vitamin D3)	INFANT VITAMIN D 10 MCG/ML DRP	LEADER
96295014158	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG GUMMY	LEADER
96295014175	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	LEADER
98302014002	cholecalciferol (vitamin D3)	PHARM CHOICE D3 400 UNIT/ML	SIMPLE DIAGNOST
62135086824	citric acid/sodium citrate	SOD CITRATE-CITRIC ACID CUP	CHARTWELL RX LL

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
62135086851	citric acid/sodium citrate	SOD CITRATE-CITRIC ACID CUP	CHARTWELL RX LL
62135086924	citric acid/sodium citrate	SOD CITRATE-CITRIC ACID CUP	CHARTWELL RX LL
62135086943	citric acid/sodium citrate	SOD CITRATE-CITRIC ACID CUP	CHARTWELL RX LL
00085096315	clotrimazole	LOTRIMIN AF 1% CREAM	SCHERING-PLOUGH
00536118170	clotrimazole	CLOTRIMAZOLE 1% SOLUTION	RUGBY
00536126511	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	RUGBY
00536126526	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	RUGBY
00536126595	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	RUGBY
00536127211	clotrimazole	ANTIFUNGAL 1% TOPICAL CREAM	RUGBY
00536127222	clotrimazole	ANTIFUNGAL 1% TOPICAL CREAM	RUGBY
11527007140	clotrimazole	ATHLETE'S FOOT 1% CREAM	SHEFFIELD PHARM
24385011009	clotrimazole	CLOTRIMAZOLE-3 2% CREAM	AMERISOURCE-GNP
24385020501	clotrimazole	GNP ATHLETE'S FOOT 1% CREAM	AMERISOURCE-GNP
24385020503	clotrimazole	GNP ATHLETE'S FOOT 1% CREAM	AMERISOURCE-GNP
45802043401	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	PADAGIS
45802043411	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	PADAGIS
49348027972	clotrimazole	SM ANTIFUNGAL 1% TOPICAL CREAM	SM-STRATEGIC SO
49348037954	clotrimazole	SM 3-DAY VAGINAL CREAM	SM-STRATEGIC SO
49348079376	clotrimazole	SM CLOTRIMAZOLE 1% VAG CREAM	SM-STRATEGIC SO
51672200201	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	TARO PHARM USA
51672200202	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	TARO PHARM USA
51672200306	clotrimazole	CLOTRIMAZOLE 1% VAGINAL CREAM	TARO PHARM USA
51672203701	clotrimazole	CLOTRIMAZOLE 1% SOLUTION	TARO PHARM USA
51672206200	clotrimazole	3-DAY VAGINAL CREAM	TARO PHARM USA
61269022041	clotrimazole	CLOTRIMAZOLE 1% VAGINAL CREAM	H2 PHARMA LLC
61269022063	clotrimazole	CLOTRIMAZOLE 1% VAGINAL CREAM	H2 PHARMA LLC
68001047545	clotrimazole	ANTIFUNGAL 1% TOPICAL CREAM	BLUEPOINT LABOR
68001047547	clotrimazole	ANTIFUNGAL 1% TOPICAL CREAM	BLUEPOINT LABOR
70000054201	clotrimazole	ATHLETE'S FOOT 1% CREAM	LEADER
70000054202	clotrimazole	ATHLETE'S FOOT 1% CREAM	LEADER
70010022954	clotrimazole	CLOTRIMAZOLE 1% SOLUTION	GRANULES PHARMA
70512010030	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	SOLA PHARMACEUT
70677100201	clotrimazole	FT ATHLETE'S FOOT 1% CREAM	FT-STRATEGIC SO
70677122801	clotrimazole	FT CLOTRIMAZOLE 1% VAG CREAM	FT-STRATEGIC SO
70677123101	clotrimazole	FT CLOTRIMAZOLE-3 2% CREAM	FT-STRATEGIC SO
73352057001	clotrimazole	TRIMAZOLE 1% TOPICAL CREAM	TRIFLUENT PHARM
83035106203	clotrimazole	TM-CLOTRIMAZOLE 1% TOP CREAM	SINGULAR DREAME
83474000334	clotrimazole	CLOTRIMAZOLE 1% SOLUTION	PURO PHARMA INC
00121077504	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 100-10 MG/5 ML	PHARM ASSOC INC
00121077508	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 100-10 MG/5 ML	PHARM ASSOC INC

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00121077516	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 100-10 MG/5 ML	PHARM ASSOC INC
00121155000	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 200-20 MG/10ML	PHARM ASSOC INC
00121155010	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 200-20 MG/10ML	PHARM ASSOC INC
00121155040	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 200-20 MG/10ML	PHARM ASSOC INC
00121177500	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 100-10 MG/5 ML	PHARM ASSOC INC
00121177505	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 100-10 MG/5 ML	PHARM ASSOC INC
00121177540	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 100-10 MG/5 ML	PHARM ASSOC INC
58657050004	codeine phosphate/guaifenesin	CODEINE-GUAIFEN 10-100 MG/5 ML	METHOD PHARMACE
58657050016	codeine phosphate/guaifenesin	CODEINE-GUAIFEN 10-100 MG/5 ML	METHOD PHARMACE
69367027204	codeine phosphate/guaifenesin	CODEINE-GUAIFEN 10-100 MG/5 ML	WESTMINSTER PHA
69367027216	codeine phosphate/guaifenesin	CODEINE-GUAIFEN 10-100 MG/5 ML	WESTMINSTER PHA
70752018006	codeine phosphate/guaifenesin	CODEINE-GUAIFEN 10-100 MG/5 ML	QUAGEN PHARMACE
70752018012	codeine phosphate/guaifenesin	CODEINE-GUAIFEN 10-100 MG/5 ML	QUAGEN PHARMACE
43900022510	corn starch	RESOURCE THICKENUP POWDER	NESTLE NUTRITIO
43900022530	corn starch	RESOURCE THICKENUP POWDER	NESTLE NUTRITIO
43900022541	corn starch	RESOURCE THICKENUP POWDER PKT	NESTLE NUTRITIO
00536128294	dextran 70/hypromellose	LUBRICATING TEARS 0.1-0.3% DRP	RUGBY
00065041918	dextran 70/hypromellose/PF	BION TEARS EYE DROP	ALCON CONSUMER
00065806301	dextran 70/hypromellose/PF	GENTEAL TEARS 0.1%-0.3% DROP	ALCON CONSUMER
00065930501	dextran 70/hypromellose/PF	BION TEARS 0.1%-0.3% DROP	ALCON CONSUMER
00065042636	dextran/hypromellose/glycerin	GENTEAL TEARS 0.1%-0.2%-0.3%	ALCON CONSUMER
00065042637	dextran/hypromellose/glycerin	GENTEAL TEARS 0.1%-0.2%-0.3%	ALCON CONSUMER
50268004315	dextran/hypromellose/glycerin	ARTIFICIAL TEARS 0.1-0.2-0.3%	AVPAK
83324013404	dextromethorphan HBr	QC COUGH RELIEF 15 MG/5 ML LIQ	CHAIN DRUG
00113038428	dextromethorphan polistirex	GS COUGH DM ER 30 MG/5 ML SUSP	PERRIGO/GOODSEN
00113095821	dextromethorphan polistirex	GS CHLD COUGH DM ER 30 MG/5 ML	PERRIGO/GOODSEN
00113095828	dextromethorphan polistirex	GS CHLD COUGH DM ER 30 MG/5 ML	PERRIGO/GOODSEN
00904631256	dextromethorphan polistirex	COUGH DM ER 30 MG/5 ML SUSP	MAJOR PHARMACEU
45802043321	dextromethorphan polistirex	DEXTROMETHORPHAN ER 30 MG/5 ML	PADAGIS
46122014121	dextromethorphan polistirex	COUGH DM ER 30 MG/5 ML SUSP	AMERISOURCE-GNP
46122014125	dextromethorphan polistirex	COUGH DM ER 30 MG/5 ML SUSP	AMERISOURCE-GNP
62011017601	dextromethorphan polistirex	HM COUGH DM ER 30 MG/5 ML SUSP	HM-STRATEGIC SO
62011025101	dextromethorphan polistirex	HM COUGH DM ER 30 MG/5 ML SUSP	HM-STRATEGIC SO
70000018701	dextromethorphan polistirex	COUGH DM ER 30 MG/5 ML SUSP	LEADER
70000019501	dextromethorphan polistirex	CHILD COUGH DM ER 30 MG/5 ML	LEADER
70000030201	dextromethorphan polistirex	COUGH DM ER 30 MG/5 ML SUSP	LEADER
70677102501	dextromethorphan polistirex	FT 12-HR COUGH RLF 30 MG/5 ML	FT-STRATEGIC SO
70677102601	dextromethorphan polistirex	FT 12-HR COUGH RLF 30 MG/5 ML	FT-STRATEGIC SO
11423000329	diethyltoluamide	REPEL SPORTSMEN 29% SPRAY	WPC BRANDS, INC
11423000338	diethyltoluamide	REPEL SPORTSMEN MAX 40% SPRAY	WPC BRANDS, INC

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
11423000402	diethyltoluamide	REPEL 100 98.11% SPRAY	WPC BRANDS, INC
11423094079	diethyltoluamide	REPEL SPORTSMEN MAX 40% LOTION	WPC BRANDS, INC
11423094095	diethyltoluamide	REPEL SPORTSMEN MAX 40% SPRAY	WPC BRANDS, INC
11423094098	diethyltoluamide	REPEL 100 98.11% SPRAY	WPC BRANDS, INC
11423094100	diethyltoluamide	REPEL 30% WIPE	WPC BRANDS, INC
11423094101	diethyltoluamide	REPEL SPORTSMEN MAX 40% SPRAY	WPC BRANDS, INC
11423094108	diethyltoluamide	REPEL 100 98.11% SPRAY	WPC BRANDS, INC
11423094120	diethyltoluamide	REPEL FAMILY 10% SPRAY	WPC BRANDS, INC
11423094133	diethyltoluamide	REPEL SPORTSMEN DRY 25% SPRAY	WPC BRANDS, INC
11423094136	diethyltoluamide	REPEL FAMILY 15% SPRAY	WPC BRANDS, INC
11423094137	diethyltoluamide	REPEL SPORTSMEN 25% SPRAY	WPC BRANDS, INC
11423094139	diethyltoluamide	REPEL HUNTER'S 25% SPRAY	WPC BRANDS, INC
16500051020	diethyltoluamide	CUTTER 10% SPRAY	SPECTRUM GROUP
16500054010	diethyltoluamide	CUTTER SKINSATIONS 7% SPRAY	SPECTRUM GROUP
46500001810	diethyltoluamide	OFF ACTIVE 15% SPRAY	S.C. JOHNSON &
46500001828	diethyltoluamide	OFF FAMILYCARE 5% REPELLNT III	S.C. JOHNSON &
46500001835	diethyltoluamide	OFF FAMILYCARE 7% RPLNT SPRAY	S.C. JOHNSON &
46500001842	diethyltoluamide	OFF DEEP WOODS 25% SPRAY	S.C. JOHNSON &
46500001849	diethyltoluamide	OFF DEEP WOODS SPORTMN 98.25%	S.C. JOHNSON &
46500001859	diethyltoluamide	OFF DEEP WOODS 25% SPRAY	S.C. JOHNSON &
46500021845	diethyltoluamide	OFF DEEP WOODS 25% SPRAY	S.C. JOHNSON &
46500021957	diethyltoluamide	OFF ACTIVE 15% SPRAY	S.C. JOHNSON &
46500022154	diethyltoluamide	OFF FAMILYCARE 15% RPLNT I SPR	S.C. JOHNSON &
46500022397	diethyltoluamide	OFF FAMILYCARE 15% RPLNT I SPR	S.C. JOHNSON &
46500022398	diethyltoluamide	OFF FAMILYCARE 15% RPLNT I SPR	S.C. JOHNSON &
46500022930	diethyltoluamide	OFF DEEP WOODS 25% SPRAY	S.C. JOHNSON &
46500022937	diethyltoluamide	OFF ACTIVE 15% SPRAY	S.C. JOHNSON &
46500054996	diethyltoluamide	OFF DEEP WOODS 25% TOWELETTE	S.C. JOHNSON &
46500061851	diethyltoluamide	OFF DEEP WOODS SPORTMN 30% SPR	S.C. JOHNSON &
46500070279	diethyltoluamide	OFF FAMILYCARE 15% RPLNT I SPR	S.C. JOHNSON &
46500071037	diethyltoluamide	OFF FAMILYCARE 15% RPLNT I SPR	S.C. JOHNSON &
46500071764	diethyltoluamide	OFF DEEP WOODS DRY 25% SPRAY	S.C. JOHNSON &
46500071787	diethyltoluamide	OFF DEEP WOODS SPORTMN 25% SPR	S.C. JOHNSON &
46500071789	diethyltoluamide	OFF FAMILYCARE 7% RPLNT SPRAY	S.C. JOHNSON &
46500072131	diethyltoluamide	OFF DEEP WOODS DRY 25% SPRAY	S.C. JOHNSON &
46500072616	diethyltoluamide	OFF FAMILYCARE 7% RPLNT SPRAY	S.C. JOHNSON &
46500072925	diethyltoluamide	OFF DEEP WOODS 25% SPRAY	S.C. JOHNSON &
46500073020	diethyltoluamide	OFF ACTIVE 15% SPRAY	S.C. JOHNSON &
46500073175	diethyltoluamide	OFF DEEP WOODS DRY 25% SPRAY	S.C. JOHNSON &
46500081846	diethyltoluamide	OFF DEEP WOODS SPORTMN 25% SPR	S.C. JOHNSON &

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
50428002097	diethyltoluamide	CVS INSECT REPELLENT 15% SPRAY	CVS
50428032153	diethyltoluamide	CVS TOTAL HOME INSECT 30% SPR	CVS
50716000524	diethyltoluamide	SAWYER CONTROL RELEASE 20% LOT	SAWYER PRODUCTS
50716000526	diethyltoluamide	SAWYER CONTROL RELEASE 20% LOT	SAWYER PRODUCTS
50716000711	diethyltoluamide	MAXI-DEET 98.11% SPRAY	SAWYER PRODUCTS
50716000713	diethyltoluamide	MAXI-DEET 98.11% SPRAY	SAWYER PRODUCTS
50716000714	diethyltoluamide	MAXI-DEET 98.11% SPRAY	SAWYER PRODUCTS
50716000718	diethyltoluamide	MAXI-DEET 98.11% SPRAY	SAWYER PRODUCTS
51131067442	diethyltoluamide	ULTRATHON 34.34% REPEL LOTION	3M CONSUMER HEA
51131067777	diethyltoluamide	ULTRATHON 25% REPELLENT SPRAY	3M CONSUMER HEA
71121051070	diethyltoluamide	CUTTER ALL FAMILY 7% SPRAY	SPECTRUM GROUP
71121054055	diethyltoluamide	CUTTER ALL FAMILY 7% SPRAY	SPECTRUM GROUP
71121095838	diethyltoluamide	CUTTER ALL FAMILY 7.15% WIPE	SPECTRUM GROUP
71121095854	diethyltoluamide	CUTTER SKINSATIONS 7% SPRAY	SPECTRUM GROUP
71121095924	diethyltoluamide	CUTTER SKINSATIONS 7% SPRAY	SPECTRUM GROUP
71121096058	diethyltoluamide	CUTTER DRY 10% SPRAY	SPECTRUM GROUP
71121096172	diethyltoluamide	CUTTER SKINSATIONS 7% SPRAY	SPECTRUM GROUP
71121096183	diethyltoluamide	CUTTER 10% SPRAY	SPECTRUM GROUP
71121096248	diethyltoluamide	CUTTER BACKWOODS DRY 25% SPRAY	SPECTRUM GROUP
71121096253	diethyltoluamide	CUTTER SPORT 15% SPRAY	SPECTRUM GROUP
71121096254	diethyltoluamide	CUTTER SPORT 15% SPRAY	SPECTRUM GROUP
71121096280	diethyltoluamide	CUTTER BACKWOODS 25% SPRAY	SPECTRUM GROUP
71121096283	diethyltoluamide	CUTTER BACKWOODS 25% SPRAY	SPECTRUM GROUP
71121096284	diethyltoluamide	CUTTER BACKWOODS 25% SPRAY	SPECTRUM GROUP
71121096435	diethyltoluamide	CUTTER BACKWOODS DRY 25% SPRAY	SPECTRUM GROUP
00113037926	diphenhydramine HCl	GS CHILD ALLERGY 12.5 MG/5 ML	PERRIGO/GOODSEN
00113047962	diphenhydramine HCl	GS ALLERGY RELIEF 25 MG TABLET	PERRIGO/GOODSEN
00113047978	diphenhydramine HCl	GS ALLERGY RELIEF 25 MG TABLET	PERRIGO/GOODSEN
00113047979	diphenhydramine HCl	GS ALLERGY RELIEF 25 MG TABLET	PERRIGO/GOODSEN
00121086500	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	PHARM ASSOC INC
00121086505	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	PHARM ASSOC INC
00121086530	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	PHARM ASSOC INC
00121173000	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	PHARM ASSOC INC
00121173010	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	PHARM ASSOC INC
00121173030	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	PHARM ASSOC INC
00536121429	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG TABLET	RUGBY
00904205661	diphenhydramine HCl	DIPHENHYDRAMINE 50 MG CAPSULE	MAJOR PHARMACEU
00904530760	diphenhydramine HCl	BANOPHEN 50 MG CAPSULE	MAJOR PHARMACEU
00904530780	diphenhydramine HCl	BANOPHEN 50 MG CAPSULE	MAJOR PHARMACEU
00904555124	diphenhydramine HCl	BANOPHEN 25 MG TABLET	MAJOR PHARMACEU

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00904555159	diphenhydramine HCl	BANOPHEN 25 MG TABLET	MAJOR PHARMACEU
00904698516	diphenhydramine HCl	DIPHENHYDRAMINE 12.5 MG/5 ML	MAJOR PHARMACEU
00904698520	diphenhydramine HCl	DIPHENHYDRAMINE 12.5 MG/5 ML	MAJOR PHARMACEU
00904723724	diphenhydramine HCl	BANOPHEN 25 MG CAPSULE	MAJOR PHARMACEU
00904723760	diphenhydramine HCl	BANOPHEN 25 MG CAPSULE	MAJOR PHARMACEU
00904723761	diphenhydramine HCl	BANOPHEN 25 MG CAPSULE	MAJOR PHARMACEU
00904723780	diphenhydramine HCl	BANOPHEN 25 MG CAPSULE	MAJOR PHARMACEU
00904732341	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	MAJOR PHARMACEU
00904732370	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	MAJOR PHARMACEU
00904732466	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	MAJOR PHARMACEU
00904732472	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	MAJOR PHARMACEU
24385037926	diphenhydramine HCl	DIPHEDRYL 12.5 MG/5 ML ELIXIR	AMERISOURCE-GNP
24385047978	diphenhydramine HCl	ALLERGY 25 MG TABLET	AMERISOURCE-GNP
46122014762	diphenhydramine HCl	ALLERGY 25 MG SOFTGEL	AMERISOURCE-GNP
46122044062	diphenhydramine HCl	ALLERGY RELIEF 25 MG CAPSULE	AMERISOURCE-GNP
46122044078	diphenhydramine HCl	ALLERGY RELIEF 25 MG CAPSULE	AMERISOURCE-GNP
46122044162	diphenhydramine HCl	GNP ALLERGY RELIEF 25 MG TAB	AMERISOURCE-GNP
46122044262	diphenhydramine HCl	ALLERGY RELIEF 25 MG CAPSULE	AMERISOURCE-GNP
46122067426	diphenhydramine HCl	GNP CHILD ALLERGY 12.5 MG/5 ML	AMERISOURCE-GNP
46122068526	diphenhydramine HCl	GNP ALLERGY RELIEF 50 MG/20 ML	AMERISOURCE-GNP
46122069962	diphenhydramine HCl	GNP ALLERGY RELIEF 25 MG SFGL	AMERISOURCE-GNP
49483006101	diphenhydramine HCl	ALLER-G-TIME 25 MG CAPLET	TIME-CAP LABS
49483006110	diphenhydramine HCl	ALLER-G-TIME 25 MG CAPLET	TIME-CAP LABS
54859081116	diphenhydramine HCl	ALLERGY RELIEF 12.5 MG/5 ML	LLORENS PHARM
57237030512	diphenhydramine HCl	DIPHENHYDRAMINE 12.5 MG/5 ML	RISING PHARM
57237030516	diphenhydramine HCl	DIPHENHYDRAMINE 12.5 MG/5 ML	RISING PHARM
57237031705	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	RISING PHARM
57237031751	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	RISING PHARM
57237031801	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	RISING PHARM
57237031811	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	RISING PHARM
58657052804	diphenhydramine HCl	M-DRYL 12.5 MG/5 ML SOLUTION	METHOD PHARMACE
58657052816	diphenhydramine HCl	M-DRYL 12.5 MG/5 ML SOLUTION	METHOD PHARMACE
60687082940	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	AHP
60687082986	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	AHP
60687083008	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	AHP
60687083042	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	AHP
60687083056	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	AHP
62011030901	diphenhydramine HCl	HM ALLERGY RELIEF 25 MG CAP	HM-STRATEGIC SO
62011031001	diphenhydramine HCl	HM ALLERGY RELIEF 25 MG TABLET	HM-STRATEGIC SO
62011035601	diphenhydramine HCl	HM ALLERGY RELIEF 25 MG CAP	HM-STRATEGIC SO

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
68094001859	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG TABLET	PRECISION DOSE
68094001861	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG TABLET	PRECISION DOSE
69339015105	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	DASH/NATCO PHAR
69339015117	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	DASH/NATCO PHAR
69339015119	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	DASH/NATCO PHAR
69339015201	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	DASH/NATCO PHAR
69339015217	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	DASH/NATCO PHAR
69339015219	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	DASH/NATCO PHAR
70000013601	diphenhydramine HCl	ALLERGY RELIEF 25 MG TABLET	LEADER
70000013602	diphenhydramine HCl	ALLERGY RELIEF 25 MG TABLET	LEADER
70000013603	diphenhydramine HCl	ALLERGY RELIEF 25 MG TABLET	LEADER
70000020701	diphenhydramine HCl	ALLERGY 25 MG CAPSULE	LEADER
70000047401	diphenhydramine HCl	CHILD ALLERGY RLF 12.5 MG/5 ML	LEADER
70000049201	diphenhydramine HCl	CHILD ALLERGY RLF 12.5 MG/5 ML	LEADER
70000058501	diphenhydramine HCl	ALLERGY RELIEF 25 MG SOFTGEL	LEADER
70000059802	diphenhydramine HCl	ALLERGY 25 MG CAPSULE	LEADER
70677000202	diphenhydramine HCl	SM ALLERGY (DIPHEN) 25 MG CAP	SM-STRATEGIC SO
70677000301	diphenhydramine HCl	SM ALLERGY (DIPHEN) 25 MG TAB	SM-STRATEGIC SO
70677014401	diphenhydramine HCl	SM CHILD ALLERGY 12.5 MG/5 ML	SM-STRATEGIC SO
70677014402	diphenhydramine HCl	SM CHILD ALLERGY 12.5 MG/5 ML	SM-STRATEGIC SO
70677101201	diphenhydramine HCl	FT CHILD ALLERGY 12.5 MG/5 ML	FT-STRATEGIC SO
70677101202	diphenhydramine HCl	FT CHILD ALLERGY 12.5 MG/5 ML	FT-STRATEGIC SO
70677101401	diphenhydramine HCl	FT ALLERGY (DIPHEN) 25 MG TAB	FT-STRATEGIC SO
70677101501	diphenhydramine HCl	FT ALLERGY (DIPHEN) 25 MG CAP	FT-STRATEGIC SO
70677101502	diphenhydramine HCl	FT ALLERGY (DIPHEN) 25 MG CAP	FT-STRATEGIC SO
70677123801	diphenhydramine HCl	FT ALLERGY (DIPHEN) 25 MG TAB	FT-STRATEGIC SO
81033000305	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	KESIN PHARMA
81033000310	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	KESIN PHARMA
81033000340	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	KESIN PHARMA
81033000350	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	KESIN PHARMA
83324001604	diphenhydramine HCl	QC CHILD ALLERGY 12.5 MG/5 ML	CHAIN DRUG
83324008801	diphenhydramine HCl	QC ALLERGY (DIPHEN) 25 MG TAB	CHAIN DRUG
00009361002	docusate calcium	KAOPECTATE 240 MG SOFTGEL	CHATTEM/KRAMER
00009361003	docusate calcium	KAOPECTATE 240 MG SOFTGEL	CHATTEM/KRAMER
00904699740	docusate calcium	DOCUSATE CAL 240 MG SOFTGEL	MAJOR PHARMACEU
00904699760	docusate calcium	DOCUSATE CAL 240 MG SOFTGEL	MAJOR PHARMACEU
00904699780	docusate calcium	DOCUSATE CAL 240 MG SOFTGEL	MAJOR PHARMACEU
46122068878	docusate calcium	GNP STOOL SOFTENER 240 MG SFGL	AMERISOURCE-GNP
00121093505	docusate sodium	DOCUSATE SODIUM 50 MG/5 ML CUP	PHARM ASSOC INC
00121093516	docusate sodium	DOCUSATE SODIUM 50 MG/5 ML LIQ	PHARM ASSOC INC

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00121093540	docusate sodium	DOCUSATE SODIUM 50 MG/5 ML CUP	PHARM ASSOC INC
00121187000	docusate sodium	DOCUSATE SOD 100 MG/10 ML CUP	PHARM ASSOC INC
00121187010	docusate sodium	DOCUSATE SOD 100 MG/10 ML CUP	PHARM ASSOC INC
00132000048	docusate sodium	FLEET DOCUSATE 100 MG SOFTGEL	FLEET,C.B. CO.
00132000106	docusate sodium	FLEET PEDIA-LAX STOOL SOFTENER	FLEET,C.B. CO.
00132010624	docusate sodium	FLEET PEDIA-LAX STOOL SOFTENER	FLEET,C.B. CO.
00536130485	docusate sodium	DOCUSATE SODIUM 50 MG/5 ML LIQ	RUGBY
00904675060	docusate sodium	DOK 100 MG TABLET	MAJOR PHARMACEU
00904718361	docusate sodium	DOCUSATE SODIUM 100 MG SOFTGEL	MAJOR PHARMACEU
00904727966	docusate sodium	DOCUSATE SOD 100 MG/10 ML CUP	MAJOR PHARMACEU
00904727972	docusate sodium	DOCUSATE SOD 100 MG/10 ML CUP	MAJOR PHARMACEU
00904728060	docusate sodium	DOCUSATE SODIUM 100 MG SOFTGEL	MAJOR PHARMACEU
00904728080	docusate sodium	DOCUSATE SODIUM 100 MG SOFTGEL	MAJOR PHARMACEU
00904728160	docusate sodium	DOCUSATE SODIUM 250 MG SOFTGEL	MAJOR PHARMACEU
00904728180	docusate sodium	DOCUSATE SODIUM 250 MG SOFTGEL	MAJOR PHARMACEU
24385046843	docusate sodium	STOOL SOFTENER 50 MG/5 ML LIQ	AMERISOURCE-GNP
24385046943	docusate sodium	STOOL SOFTENER 60 MG/15 ML SYR	AMERISOURCE-GNP
24689013001	docusate sodium	DOCUSATE SODIUM 100 MG SOFTGEL	APNAR PHARMA, L
45802048678	docusate sodium	DOCUSATE SODIUM 100 MG SOFTGEL	PADAGIS
46122069272	docusate sodium	GNP STOOL SOFTENER 100 MG SFGL	AMERISOURCE-GNP
46122069278	docusate sodium	GNP STOOL SOFTENER 100 MG SFGL	AMERISOURCE-GNP
46122069285	docusate sodium	GNP STOOL SOFTENER 100 MG SFGL	AMERISOURCE-GNP
46122069378	docusate sodium	GNP STOOL SOFTENER 250 MG SFGL	AMERISOURCE-GNP
49348016710	docusate sodium	SM STOOL SOFTENER 100 MG TAB	SM-STRATEGIC SO
50268026811	docusate sodium	DOCUSATE SODIUM 250 MG SOFTGEL	AVPAK
50268026815	docusate sodium	DOCUSATE SODIUM 250 MG SOFTGEL	AVPAK
51645075001	docusate sodium	DOCUSATE SODIUM 100 MG TABLET	PLUS PHARMA,INC
51645075010	docusate sodium	DOCUSATE SODIUM 100 MG TABLET	PLUS PHARMA,INC
54859081316	docusate sodium	DOCUSATE SODIUM 50 MG/5 ML LIQ	LLORENS PHARM
60687012901	docusate sodium	DOCUSATE SODIUM 100 MG SOFTGEL	AHP
60687012911	docusate sodium	DOCUSATE SODIUM 100 MG SOFTGEL	AHP
62011042101	docusate sodium	HM STOOL SOFTENER 100 MG SFTGL	HM-STRATEGIC SO
62011042102	docusate sodium	HM STOOL SOFTENER 100 MG SFTGL	HM-STRATEGIC SO
62011047401	docusate sodium	HM STOOL SOFTENER 250 MG SFTGL	HM-STRATEGIC SO
63739097601	docusate sodium	DOCUSATE SOD 100 MG/10 ML CUP	SKY PHARMACEUTI
63739097610	docusate sodium	DOCUSATE SOD 100 MG/10 ML CUP	SKY PHARMACEUTI
67618010101	docusate sodium	COLACE 100 MG CAPSULE	AVRIO HEALTH L.
67618010110	docusate sodium	COLACE-T 100 MG CAPSULE	PURDUE PROD LP
67618010130	docusate sodium	COLACE 100 MG CAPSULE	PURDUE PROD LP
67618010152	docusate sodium	COLACE 100 MG CAPSULE	PURDUE PROD LP

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
67618010160	docusate sodium	COLACE 100 MG CAPSULE	PURDUE PROD LP
67618011128	docusate sodium	COLACE CLEAR 50 MG SOFTGEL	PURDUE PROD LP
70000009101	docusate sodium	STOOL SOFTENER 100 MG SOFTGEL	LEADER
70000009102	docusate sodium	STOOL SOFTENER 100 MG SOFTGEL	LEADER
70000009103	docusate sodium	STOOL SOFTENER 100 MG SOFTGEL	LEADER
70677003401	docusate sodium	SM STOOL SOFTENER 100 MG SFTGL	SM-STRATEGIC SO
70677003402	docusate sodium	SM STOOL SOFTENER 100 MG SFTGL	SM-STRATEGIC SO
70677008201	docusate sodium	SM STOOL SOFTENER 100 MG SFTGL	SM-STRATEGIC SO
70677107101	docusate sodium	FT STOOL SOFTENER 100 MG TAB	FT-STRATEGIC SO
70677109501	docusate sodium	FT STOOL SOFTENER 100 MG SFTGL	FT-STRATEGIC SO
70677109502	docusate sodium	FT STOOL SOFTENER 100 MG SFTGL	FT-STRATEGIC SO
70677109601	docusate sodium	FT STOOL SOFTENER 250 MG SFTGL	FT-STRATEGIC SO
00113044164	doxylamine succinate	GS SLEEP AID 25 MG TABLET	PERRIGO/GOODSEN
00113044173	doxylamine succinate	GS SLEEP AID 25 MG TABLET	PERRIGO/GOODSEN
24385044164	doxylamine succinate	SLEEP AID 25 MG TABLET	AMERISOURCE-GNP
46122076351	doxylamine succinate	GNP SLEEP AID 25 MG TABLET	AMERISOURCE-GNP
46122078815	doxylamine succinate	GNP NIGHTTIME SLEEP 25 MG TAB	AMERISOURCE-GNP
62011040101	doxylamine succinate	HM SLEEP AID 25 MG TABLET	HM-STRATEGIC SO
70000056701	doxylamine succinate	SLEEP AID 25 MG TABLET	LEADER
70677006801	doxylamine succinate	SM SLEEP AID 25 MG TABLET	SM-STRATEGIC SO
70677112901	doxylamine succinate	FT SLEEP AID 25 MG TABLET	FT-STRATEGIC SO
60008032111	electrolyte/AA/ging xt/cham xt	ENTERADE IBS-D FORMULA	ENTRINSIC BIOSC
60008032119	electrolyte/AA/ging xt/cham xt	ENTERADE IBS-D FORMULA	ENTRINSIC BIOSC
70074067969	electrolytes	PEDIALYTE ELECTROLYTE WATER	ABBOTT NUTRITIO
70074067970	electrolytes	PEDIALYTE ELECTROLYTE WATER	ABBOTT NUTRITIO
00536140619	electrolytes,oral/multivit/AAs	HYDRATING ELECTROLYTE PWDR PKT	RUGBY
00074024001	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
00074024501	electrolytes/dextrose	PEDIALYTE FREEZER POPS	ABBOTT NUTRITIO
00074517530	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
00074549820	electrolytes/dextrose	PEDIALYTE ELECTROLYTE SINGLES	ABBOTT NUTRITIO
00074647032	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
00074647132	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
00087511503	electrolytes/dextrose	ENFAMIL ENFALYTE SOLUTION	MJ NUTRITIONAL
00536139619	electrolytes/dextrose	HYDRATING ELECTROLYTE PWDR PKT	RUGBY
00536140117	electrolytes/dextrose	ORALYTE SOLUTION	RUGBY
00536140317	electrolytes/dextrose	ORALYTE SOLUTION	RUGBY
00536140417	electrolytes/dextrose	ORALYTE SOLUTION	RUGBY
00536140517	electrolytes/dextrose	ORALYTE SOLUTION	RUGBY
10939020733	electrolytes/dextrose	SM PEDIATRIC ELECTROLYTE SOLN	SM-STRATEGIC SO
10939020833	electrolytes/dextrose	SM PEDIATRIC ELECTROLYTE SOLN	SM-STRATEGIC SO

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
10939020933	electrolytes/dextrose	SM PEDIATRIC ELECTROLYTE SOLN	SM-STRATEGIC SO
11822300760	electrolytes/dextrose	RA PEDIATRIC ELECTROLYTE SOLN	RITE AID CORP.
11822308800	electrolytes/dextrose	RA PEDIATRIC ELECTROLYTE SOLN	RITE AID CORP.
11822323970	electrolytes/dextrose	RA PEDIATRIC FREEZER POPS	RITE AID CORP.
11822356470	electrolytes/dextrose	RA PEDIATRIC ELECTROLYTE SOLN	RITE AID CORP.
11822363850	electrolytes/dextrose	RA PEDIATRIC ELECTROLYTE SOLN	RITE AID CORP.
11822407940	electrolytes/dextrose	RA PEDIATRIC ELECTROLYTE SOLN	RITE AID CORP.
11917002613	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	WALGREEN CO.
11917002615	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	WALGREEN CO.
11917002710	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	WALGREEN CO.
11917005505	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	WALGREEN CO.
11917005507	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	WALGREEN CO.
11917005508	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	WALGREEN CO.
11917005509	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	WALGREEN CO.
11917005510	electrolytes/dextrose	PEDI ELECTROLYTE FREEZER POP	WALGREEN CO.
11917008421	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	WALGREEN CO.
11917010948	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	WALGREEN CO.
11917010949	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	WALGREEN CO.
11917010950	electrolytes/dextrose	PEDI ELECTROLYTE FREEZER POP	WALGREEN CO.
11917011655	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	WALGREEN CO.
11917016962	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	WALGREEN CO.
24385021634	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	AMERISOURCE-GNP
41163023229	electrolytes/dextrose	EQL PEDIATRIC ELECTROLYTE SOLN	EQUALINE VITAMI
41163023230	electrolytes/dextrose	EQL PEDIATRIC ELECTROLYTE SOLN	EQUALINE VITAMI
41220087466	electrolytes/dextrose	HEB PEDIATRIC ELECTROLYTE SOLN	HEB GROCERY COM
49348016162	electrolytes/dextrose	SM PEDIATRIC ELECTROLYTE SOLN	SM-STRATEGIC SO
49348057041	electrolytes/dextrose	SM PEDIATRIC ELECTROLYTE SOLN	SM-STRATEGIC SO
49348057141	electrolytes/dextrose	SM PEDIATRIC ELECTROLYTE SOLN	SM-STRATEGIC SO
50001080500	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080501	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080502	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080503	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080504	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080505	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080506	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080507	electrolytes/dextrose	KINDERLYTE ELECTROLYTE PWD PKT	KINDERFARMS, LL
50001080508	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080509	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080510	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080514	electrolytes/dextrose	KINDERLYTE ELECTROLYTE PWD PKT	KINDERFARMS, LL

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
50001080515	electrolytes/dextrose	KINDERLYTE ELECTROLYTE PWD PKT	KINDERFARMS, LL
50001080516	electrolytes/dextrose	KINDERLYTE ELECTROLYTE PWD PKT	KINDERFARMS, LL
50001080547	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080558	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080559	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080560	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080577	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50001080580	electrolytes/dextrose	KINDERLYTE ELECTROLYTE SOLN	KINDERFARMS, LL
50015072311	electrolytes/dextrose	HYDRALYTE ELECTROLYTE PWDR PKT	HYDRALYTE LLC
50428029627	electrolytes/dextrose	CVS PEDIATRIC ELECTROLYTE SOLN	CVS
50428031533	electrolytes/dextrose	CVS PEDIATRIC ELECTROLYTE SOLN	CVS
50428036825	electrolytes/dextrose	CVS PEDIATRIC ELECTROLYTE SOLN	CVS
50428038805	electrolytes/dextrose	CVS PEDIATRIC ELECTROLYTE SOLN	CVS
50428047092	electrolytes/dextrose	CVS PEDIATRIC ELECTROLYTE SOLN	CVS
50428272877	electrolytes/dextrose	CVS PEDIATRIC ELECTROLYTE POPS	CVS
52569013594	electrolytes/dextrose	HM PEDIATRIC ELECTROLYTE SOLN	HM-STRATEGIC SO
56069000600	electrolytes/dextrose	HYDRALYTE ELECTROLYTE SOLN	HYDRALYTE LLC
56069000601	electrolytes/dextrose	HYDRALYTE ELECTROLYTE SOLN	HYDRALYTE LLC
56069000602	electrolytes/dextrose	HYDRALYTE ELECTROLYTE SOLN	HYDRALYTE LLC
56069000675	electrolytes/dextrose	HYDRALYTE ELECTROLYTE SOLN	HYDRALYTE LLC
70030012715	electrolytes/dextrose	GS PEDIATRIC ELECTROLYTE SOLN	PERRIGO/GOODSEN
70074000240	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
70074000246	electrolytes/dextrose	PEDIALYTE FREEZER POPS	ABBOTT NUTRITIO
70074011133	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
70074051753	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
70074053983	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
70074053984	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
70074056439	electrolytes/dextrose	PEDIALYTE ELECTROLYTE SINGLES	ABBOTT NUTRITIO
70074056440	electrolytes/dextrose	PEDIALYTE ELECTROLYTE SINGLES	ABBOTT NUTRITIO
70074056442	electrolytes/dextrose	PEDIALYTE ELECTROLYTE SINGLES	ABBOTT NUTRITIO
70074056443	electrolytes/dextrose	PEDIALYTE ELECTROLYTE SINGLES	ABBOTT NUTRITIO
70074059892	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
70074063057	electrolytes/dextrose	PEDIALYTE ADVANCED CARE SOLN	ABBOTT NUTRITIO
70074063058	electrolytes/dextrose	PEDIALYTE ADVANCED CARE SOLN	ABBOTT NUTRITIO
70074063059	electrolytes/dextrose	PEDIALYTE ADVANCED CARE SOLN	ABBOTT NUTRITIO
70074063060	electrolytes/dextrose	PEDIALYTE ADVANCED CARE SOLN	ABBOTT NUTRITIO
70074064302	electrolytes/dextrose	PEDIALYTE ADVANCED CARE SOLN	ABBOTT NUTRITIO
70074064308	electrolytes/dextrose	PEDIALYTE ADVANCED CARE SOLN	ABBOTT NUTRITIO
70074068995	electrolytes/dextrose	PEDIALYTE IMMUNE SUPPORT SOLN	ABBOTT NUTRITIO
70074068996	electrolytes/dextrose	PEDIALYTE IMMUNE SUPPORT SOLN	ABBOTT NUTRITIO

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
70074068997	electrolytes/dextrose	PEDIALYTE IMMUNE SUPPORT SOLN	ABBOTT NUTRITIO
70074068998	electrolytes/dextrose	PEDIALYTE IMMUNE SUPPORT SOLN	ABBOTT NUTRITIO
70074080240	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
70074080336	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
70074080365	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
80681001300	electrolytes/dextrose	ORALYTE SOLUTION	RUGBY
80681001400	electrolytes/dextrose	ORALYTE SOLUTION	RUGBY
80681001500	electrolytes/dextrose	ORALYTE SOLUTION	RUGBY
80681001600	electrolytes/dextrose	ORALYTE SOLUTION	RUGBY
83035171005	electrolytes/dextrose	TRUELYTE ADVANCED HYDRATION	SINGULAR DREAME
83592005005	electrolytes/dextrose	WELL LYTE ADVANCED HYDRATION	TRUE MARKER PHA
87701040465	electrolytes/dextrose	GNP PEDIATRIC ELECTROLYTE SOLN	AMERISOURCE-GNP
87701041275	electrolytes/dextrose	GNP ELECTROLYTE SOLUTION	AMERISOURCE-GNP
87701043387	electrolytes/dextrose	GNP ELECTROLYTE POWDER PACKET	AMERISOURCE-GNP
96295013815	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	LEADER
96295013816	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	LEADER
50015072316	electrolytes/dextrose/C/elderb	HYDRALYTE PLUS POWDER PACKET	HYDRALYTE LLC
55299060101	e-lytes/carboxymethylcellulose	MOI-STIR SPRAY	KINGSWOOD LABS.
55299060104	e-lytes/carboxymethylcellulose	MOI-STIR SPRAY	KINGSWOOD LABS.
39328035760	ergocalciferol (vitamin D2)	CALCIDOL DROPS	PATRIN PHARMA
40985025073	ergocalciferol (vitamin D2)	VITAMIN D2 50 MCG (2,000 UNIT)	21ST CENTURY HE
47781064726	ergocalciferol (vitamin D2)	ERGOCALCIFEROL 200 MCG/ML DROP	ALVOGEN INC
58487003122	ergocalciferol (vitamin D2)	VITAMIN D2 400 UNIT TABLET	FREEDA HEALTH
58487003711	ergocalciferol (vitamin D2)	VITAMIN D2 2,000 UNIT TABLET	FREEDA HEALTH
69336031130	ergocalciferol (vitamin D2)	ERGOCAL 0.05 MG (2,500 UNIT)	STERLING-KNIGHT
69367028302	ergocalciferol (vitamin D2)	ERGOCALCIFEROL 200 MCG/ML DROP	WESTMINSTER PHA
69543023460	ergocalciferol (vitamin D2)	ERGOCALCIFEROL 8,000 UNIT/ML	VIRTUS PHARMACE
75834001060	ergocalciferol (vitamin D2)	ERGOCALCIFEROL 8,000 UNIT/ML	NIVAGEN PHARMAC
69054021160	FA/vit C/E/zinc/copper/lut/zea	OCUVEL CAPSULE	ADLER-STERN PHA
69336040060	FA/vit C/E/zinc/copper/lut/zea	MACUVEX CAPSULE	STERLING-KNIGHT
69336080030	FA/vit C/E/zinc/copper/lut/zea	MACUZIN CAPSULE	STERLING-KNIGHT
10542007510	ferrous fum/folic acid/Bcomp,C	DIALYVITE 800 WITH IRON TAB	HILLESTAD PHARM
00087074002	ferrous sulfate	FER-IN-SOL 15 MG/ML DROPS	MJ NUTRITIONAL
00121053005	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	PHARM ASSOC INC
00179805401	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	KAISER FOUNDATI
00245010801	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	UPSHER-SMITH LA
00245010810	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	UPSHER-SMITH LA
00245010811	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	UPSHER-SMITH LA
00245010889	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	UPSHER-SMITH LA
00536100901	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	RUGBY

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00536134480	ferrous sulfate	INFANT IRON 15 MG/ML DROP	RUGBY
00536140085	ferrous sulfate	FERROUS SULF 220 MG/5 ML ELIX	RUGBY
00574060801	ferrous sulfate	FERROUS SULF EC 324 MG TABLET	PADAGIS
00574060810	ferrous sulfate	FERROUS SULF EC 324 MG TABLET	PADAGIS
00574060811	ferrous sulfate	FERROUS SULF EC 324 MG TABLET	PERRIGO/PADAGIS
00761094020	ferrous sulfate	IRON 65 MG TABLET	BASIC DRUGS, IN
00904727741	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	MAJOR PHARMACEU
00904727770	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	MAJOR PHARMACEU
00904759060	ferrous sulfate	FEROSUL 325 MG TABLET	MAJOR PHARMACEU
00904759080	ferrous sulfate	FEROSUL 325 MG TABLET	MAJOR PHARMACEU
00904759160	ferrous sulfate	FEROSUL 325 MG TABLET	MAJOR PHARMACEU
00904759161	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	MAJOR PHARMACEU
00904759180	ferrous sulfate	FEROSUL 325 MG TABLET	MAJOR PHARMACEU
00904759182	ferrous sulfate	FEROSUL 325 MG TABLET	MAJOR PHARMACEU
10135016101	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	MARLEX PHARM.
10135069001	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	MARLEX PHARM.
10939095683	ferrous sulfate	FT IRON 65 MG TABLET	FT-STRATEGIC SO
11822035790	ferrous sulfate	RA HIGH POTENCY IRON 27 MG TAB	RITE AID CORP.
11822110990	ferrous sulfate	RA IRON 65 MG TABLET	RITE AID CORP.
11845014971	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	MASON DISTRIB.
11845127301	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	MASON DISTRIB.
11917005585	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	WALGREEN CO.
11917005586	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	WALGREEN CO.
11917007568	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	WALGREEN CO.
11917007569	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	WALGREEN CO.
11917009215	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	WALGREEN CO.
11917009216	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	WALGREEN CO.
11917017060	ferrous sulfate	IRON 65 MG TABLET	WALGREEN CO.
11917017126	ferrous sulfate	IRON 65 MG TABLET	WALGREEN CO.
16103035908	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	PHARBEST PHARMA
16103035911	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	PHARBEST PHARMA
16103038208	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	PHARBEST PHARMA
16103038211	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	PHARBEST PHARMA
17856004201	ferrous sulfate	FERROUS SULF 220 MG/5 ML CUP	ATLANTIC BIOLOG
17856004202	ferrous sulfate	FERROUS SULF 300 MG/6.82ML CUP	ATLANTIC BIOLOG
17856006106	ferrous sulfate	PEDIA IRON 15 MG/ML ENFIT SYR	ATLANTIC BIOLOG
17856006107	ferrous sulfate	PEDIA IRON 7.5 MG/0.5 ML ENFIT	ATLANTIC BIOLOG
17856062704	ferrous sulfate	FERROUS SULF 15 MG (IRON)/ML	ATLANTIC BIOLOG
17856748001	ferrous sulfate	FE-VITE 15 MG/ML ORAL SYRINGE	ATLANTIC BIOLOG
17856748003	ferrous sulfate	FE-VITE 7.5 MG/0.5 ML ENFIT	ATLANTIC BIOLOG

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
17856748004	ferrous sulfate	FE-VITE 15 MG/ML ENFIT SYRINGE	ATLANTIC BIOLOG
19283059230	ferrous sulfate	IRON 65 MG TABLET	MEIJER INC.
20555002101	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	MAJOR PHARMACEU
31604002612	ferrous sulfate	IRON 65 MG TABLET	PHARMAVITE
37864000028	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	PLUS PHARMA,INC
37864000041	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	PLUS PHARMA,INC
37864076099	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	PLUS PHARMA,INC
39328005750	ferrous sulfate	CHILDREN'S IRON 15 MG/ML DROPS	PATRIN PHARMA
39328005816	ferrous sulfate	FERROUS SULF 220 MG/5 ML ELIX	PATRIN PHARMA
39328015705	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	PATRIN PHARMA
39328055750	ferrous sulfate	FERROUS SULF 15 MG IRON/ML DRP	PATRIN PHARMA
40093010134	ferrous sulfate	IRON 65 MG TABLET	PIPING ROCK HEA
40985022670	ferrous sulfate	IRON 65 MG TABLET	21ST CENTURY HE
41163042886	ferrous sulfate	EQL IRON 65 MG TABLET	EQUALINE VITAMI
43292056505	ferrous sulfate	IRON 65 MG TABLET	MAGNO-HUMPHRIES
46017009712	ferrous sulfate	FEOSOL 65 MG TABLET	MEDA CONSUMER H
46122008402	ferrous sulfate	IRON 65 MG TABLET	AMERISOURCE-GNP
49483006301	ferrous sulfate	FERRO-TIME 325 MG TABLET	TIME-CAP LABS
49483006310	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	TIME-CAP LABS
49483006401	ferrous sulfate	FERRO-TIME 325 MG TABLET	TIME-CAP LABS
49483006410	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	TIME-CAP LABS
50090255100	ferrous sulfate	FEROSUL 325 MG TABLET	A-S MEDICATION
50090654000	ferrous sulfate	FEROSUL 325 MG TABLET	A-S MEDICATION
50268033611	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	AVPAK
50268033624	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	AVPAK
50428029449	ferrous sulfate	CVS IRON 65 MG TABLET	CVS
50428035980	ferrous sulfate	CVS IRON 65 MG TABLET	CVS
51645076001	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	PLUS PHARMA,INC
51645076010	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	PLUS PHARMA,INC
51645076099	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	PLUS PHARMA,INC
54629011090	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	NAT'L VIT. CO.
54738096301	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	RICHMOND PHARM
54738096303	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	RICHMOND PHARM
54738096313	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	RICHMOND PHARM
54838000180	ferrous sulfate	FERROUS SULF 220 MG/5 ML ELIX	SILARX/LANNETT
54838001150	ferrous sulfate	FERROUS SULF 15 MG IRON/ML DRP	SILARX/LANNETT
54859081016	ferrous sulfate	FERROUS SULF 44 MG IRON/5ML LQ	LLORENS PHARM
57237031105	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	RISING PHARM
57237031151	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	RISING PHARM
57629010020	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	KMR PHARMACEUTI

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
57629010121	ferrous sulfate	FERROUS SULF 220 MG/5 ML ELIX	KMR PHARMACEUTI
57664007001	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	SUN PHARMACEUTI
57664007010	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	SUN PHARMACEUTI
57664007101	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	SUN PHARMACEUTI
57664007110	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	SUN PHARMACEUTI
57896070301	ferrous sulfate	IRON 65 MG TABLET	GERI-CARE
57896070310	ferrous sulfate	IRON 65 MG TABLET	GERI-CARE
57896070320	ferrous sulfate	IRON 65 MG TABLET	GERI-CARE
57896070916	ferrous sulfate	FERROUS SULF 220 MG/5 ML LIQ	GERI-CARE
58526000557	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	AHP
58526000559	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	AHP
58607011310	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	ME PHARM
63044016566	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	NNODUM CORP
63044016567	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	NNODUM CORP
63044016666	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	NNODUM CORP
63629175401	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	BRYANT RANCH PR
63629175402	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	BRYANT RANCH PR
63629180801	ferrous sulfate	FERROUS SULF 220 MG/5 ML ELIX	BRYANT RANCH PR
63739015710	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	MCKESSON PACKAG
63739015770	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	MCKESSON PACKAG
65155070301	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	BENE HEALTH OTC
66267051900	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	NUCARE PHARMACE
66267051930	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	NUCARE PHARMACE
66267051990	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	NUCARE PHARMACE
69367016604	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	WESTMINSTER PHA
69367016607	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	WESTMINSTER PHA
69367016620	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	WESTMINSTER PHA
69367040216	ferrous sulfate	FERROUS SULF 220 MG/5 ML ELIX	WESTMINSTER PHA
69375000310	ferrous sulfate	FERROUS SULF EC 324 MG TABLET	NATIONWIDE PHAR
69618002601	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	RELIABLE 1 LABO
69618007059	ferrous sulfate	FERROUS SULF 15 MG IRON/ML DRP	RELIABLE 1 LABO
71321080116	ferrous sulfate	FERROUS SULF 220 MG/5 ML ELIX	BRANDYWINE PHAR
71399004006	ferrous sulfate	ONEVITE FERROUS SULF 220MG/5ML	AKRON PHARMA IN
71399074805	ferrous sulfate	PEDIATRIC FE-VITE 15 MG/ML DRP	AKRON PHARMA IN
71399748005	ferrous sulfate	PEDIATRIC FE-VITE 15 MG/ML DRP	AKRON PHARMA IN
72789032201	ferrous sulfate	FERROUS SULF EC 324 MG TABLET	PD-RX PHARM
74312041383	ferrous sulfate	IRON 65 MG TABLET	US NUTRITION, I
76518006050	ferrous sulfate	PEDIA IRON 15 MG/ML DROP	BAYSHORE FL
79854001109	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	NAT'L VIT. CO.
81131009371	ferrous sulfate	SV IRON 65 MG TABLET	WAL-MART STORES

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
81131031251	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	WAL-MART STORES
81131074933	ferrous sulfate	SV IRON 65 MG TABLET	WAL-MART STORES
83035185801	ferrous sulfate	TRUE FERROUS SULF EC 324 MG TB	SINGULAR DREAME
83035185805	ferrous sulfate	TRUE FERROUS SULF EC 324 MG TB	SINGULAR DREAME
83035185806	ferrous sulfate	TRUE FERROUS SULF EC 324 MG TB	SINGULAR DREAME
83592020105	ferrous sulfate	WELL FERROUS SULF EC 324 MG TB	TRUE MARKER PHA
87701040777	ferrous sulfate	GNP IRON 65 MG TABLET	AMERISOURCE-GNP
96295013571	ferrous sulfate	IRON 65 MG TABLET	LEADER
96295014065	ferrous sulfate	INFANT IRON 15 MG/ML DROP	LEADER
98302014006	ferrous sulfate	PHARM CHC PED IRON 15MG/ML DRP	SIMPLE DIAGNOST
54629077460	ferrous sulfate, dried	SLOW RELEASE IRON 160 MG TAB	NAT'L VIT. CO.
79854007749	ferrous sulfate, dried	SLOW RELEASE IRON 160 MG TAB	NAT'L VIT. CO.
39328000750	fluoride (sodium)	SOLUVITA 0.5 MG/ML DROP	PATRIN PHARMA
58657016012	fluoride (sodium)	SODIUM FLUORIDE 0.25 (0.55) MG	METHOD PHARMACE
58657016110	fluoride (sodium)	SODIUM FLUORIDE 0.5 MG(1.1 MG)	METHOD PHARMACE
58657016112	fluoride (sodium)	SODIUM FLUORIDE 0.5 MG(1.1 MG)	METHOD PHARMACE
58657016212	fluoride (sodium)	SODIUM FLUORIDE 1 MG (2.2 MG)	METHOD PHARMACE
58657032250	fluoride (sodium)	SODIUM FLUORIDE 0.5 MG/ML DROP	METHOD PHARMACE
59088010473	fluoride (sodium)	FLUORIDE 0.25 MG TABLET CHEW	PURETEK CORPORA
59088010573	fluoride (sodium)	FLUORIDE 0.5 MG TABLET CHEW	PURETEK CORPORA
59088010673	fluoride (sodium)	FLUORIDE 1 MG TABLET CHEWABLE	PURETEK CORPORA
61269016550	fluoride (sodium)	SODIUM FLUORIDE 0.5 MG/ML DROP	H2 PHARMA LLC
75826016320	fluoride (sodium)	FLUORIDE 0.25 MG TABLET CHEW	WINDER LABORATO
75826016420	fluoride (sodium)	FLUORIDE 0.5 MG TABLET CHEW	WINDER LABORATO
75826016520	fluoride (sodium)	FLUORIDE 1 MG TABLET CHEWABLE	WINDER LABORATO
51645073801	folic acid/mv,iron,min/lutein	CERTA PLUS TABLET	PLUS PHARMA,INC
00536141501	folic acid/vit B complex and C	NEPHRO-VITE TABLET	RUGBY
00536730001	folic acid/vit B complex and C	NEPHRO-VITE TABLET	RUGBY
10542007010	folic acid/vit B complex and C	DIALYVITE 800 TABLET	HILLESTAD PHARM
51645099501	folic acid/vit B complex and C	RENAL-VITE TABLET	PLUS PHARMA,INC
13811002810	folic/mvi ther-min/lycop/lut	CORVITA TABLET	TRIGEN LABORATO
68025001110	folic/mvi ther-min/lycop/lut	CORVITE TABLET	VERTICAL PHARM
71121096179	geraniol/soybean oil	CUTTER NATURAL REPELLENT2 SPRY	SPECTRUM GROUP
71121095917	geraniol/soybean/sls/pot sorb	CUTTER NATURAL REPELLENT SPRAY	SPECTRUM GROUP
00113006126	guaifenesin	GS TUSSIN MUCUS-CONG 200 MG/10	PERRIGO/GOODSEN
00113006134	guaifenesin	GS TUSSIN MUCUS-CONG 100 MG/5	PERRIGO/GOODSEN
00113206126	guaifenesin	TUSSIN MUCUS-CONG 200 MG/10 ML	PERRIGO CO.
00121148800	guaifenesin	GUAIFENESIN 200 MG/10 ML CUP	PHARM ASSOC INC
00121148810	guaifenesin	GUAIFENESIN 200 MG/10 ML CUP	PHARM ASSOC INC
00121174400	guaifenesin	GUAIFENESIN 100MG/5ML SOLN CUP	PHARM ASSOC INC

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00121174405	guaifenesin	GUAIFENESIN 100MG/5ML SOLN CUP	PHARM ASSOC INC
00121223200	guaifenesin	GUAIFENESIN 300 MG/15 ML CUP	PHARM ASSOC INC
00121223215	guaifenesin	GUAIFENESIN 300 MG/15 ML CUP	PHARM ASSOC INC
00536131485	guaifenesin	CHEST CONGESTION RELIEF SOLN	RUGBY
00536143097	guaifenesin	MUCUS-CHEST CONG 200 MG/10 ML	RUGBY
46122029934	guaifenesin	GNP TUSSIN MUCUS-CON 200 MG/10	AMERISOURCE-GNP
46122078529	guaifenesin	GNP TUSSIN MUCUS-CON 200 MG/10	AMERISOURCE-GNP
49348013534	guaifenesin	SM TUSSIN MUCUS-CONG 200 MG/10	SM-STRATEGIC SO
54859050704	guaifenesin	TUSNEL-EX 100 MG/5 ML LIQUID	LLORENS PHARM
58657050816	guaifenesin	GUAIFENESIN 100 MG/5 ML SOLN	METHOD PHARMACE
58657050916	guaifenesin	GUAIFENESIN 100 MG/5 ML LIQUID	METHOD PHARMACE
60687085217	guaifenesin	GUAIFENESIN 100MG/5ML SOLN CUP	AHP
60687085240	guaifenesin	GUAIFENESIN 100MG/5ML SOLN CUP	AHP
60687086342	guaifenesin	GUAIFENESIN 200 MG/10 ML CUP	AHP
60687086356	guaifenesin	GUAIFENESIN 200 MG/10 ML CUP	AHP
60687087416	guaifenesin	GUAIFENESIN 300 MG/15 ML CUP	AHP
60687087444	guaifenesin	GUAIFENESIN 300 MG/15 ML CUP	AHP
70677118601	guaifenesin	FT ADULT TUSSIN 200 MG/10 ML	FT-STRATEGIC SO
70677118602	guaifenesin	FT ADULT TUSSIN 200 MG/10 ML	FT-STRATEGIC SO
81033010205	guaifenesin	GUAIFENESIN 100MG/5ML SOLN CUP	KESIN PHARMA
81033010210	guaifenesin	GUAIFENESIN 200 MG/10 ML CUP	KESIN PHARMA
81033010215	guaifenesin	GUAIFENESIN 300 MG/15 ML CUP	KESIN PHARMA
81033010251	guaifenesin	GUAIFENESIN 100MG/5ML SOLN CUP	KESIN PHARMA
81033010252	guaifenesin	GUAIFENESIN 200 MG/10 ML CUP	KESIN PHARMA
81033010253	guaifenesin	GUAIFENESIN 300 MG/15 ML CUP	KESIN PHARMA
83720050316	guaifenesin	GUAIFENESIN 100 MG/5 ML SOLN	ONCOR PHARMACEU
00113035926	guaifenesin/dextromethorphan	GS TUSSIN DM COUGH SYRUP	PERRIGO/GOODSEN
00113041926	guaifenesin/dextromethorphan	GS CHILD MUCUS RLF COUGH LIQ	PERRIGO/GOODSEN
00113057826	guaifenesin/dextromethorphan	GS TUSSIN DM LIQUID	PERRIGO/GOODSEN
00113092726	guaifenesin/dextromethorphan	GS TUSSIN DM MAX LIQUID	PERRIGO/GOODSEN
00113092734	guaifenesin/dextromethorphan	GS TUSSIN DM MAX LIQUID	PERRIGO/GOODSEN
00121063800	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	PHARM ASSOC INC
00121063805	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	PHARM ASSOC INC
00121127600	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-20 MG/10 ML	PHARM ASSOC INC
00121127610	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-20 MG/10 ML	PHARM ASSOC INC
00536131385	guaifenesin/dextromethorphan	CHEST CONGESTION RELIEF DM LIQ	RUGBY
00904713470	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	MAJOR PHARMACEU
00904713572	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-20 MG/10 ML	MAJOR PHARMACEU
46122054134	guaifenesin/dextromethorphan	GNP TUSSIN DM MAX LIQUID	AMERISOURCE-GNP
54859050504	guaifenesin/dextromethorphan	TUSNEL DIABETIC LIQUID	LLORENS PHARM

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
54859050516	guaifenesin/dextromethorphan	TUSNEL DIABETIC LIQUID	LLORENS PHARM
57237031205	guaifenesin/dextromethorphan	GUAIFENESN-DM 100-10MG/5ML CUP	RISING PHARM
57237031251	guaifenesin/dextromethorphan	GUAIFENESN-DM 100-10MG/5ML CUP	RISING PHARM
57237031301	guaifenesin/dextromethorphan	GUAIFENSN-DM 200-20MG/10ML CUP	RISING PHARM
57237031318	guaifenesin/dextromethorphan	GUAIFENSN-DM 200-20MG/10ML CUP	RISING PHARM
58657050408	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	METHOD PHARMACE
58657050508	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	METHOD PHARMACE
60687081717	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	AHP
60687081740	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	AHP
60687082842	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-20 MG/10 ML	AHP
60687082856	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-20 MG/10 ML	AHP
63739050501	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	MCKESSON PACKAG
63739050510	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	MCKESSON PACKAG
63739050601	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-20 MG/10 ML	MCKESSON PACKAG
63739050610	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-20 MG/10 ML	MCKESSON PACKAG
69339014905	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	DASH/NATCO PHAR
69339014919	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	DASH/NATCO PHAR
69339015001	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-20 MG/10 ML	DASH/NATCO PHAR
69339015019	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-20 MG/10 ML	DASH/NATCO PHAR
70000012901	guaifenesin/dextromethorphan	MUCUS RELIEF DM MAX LIQUID	LEADER
70000056501	guaifenesin/dextromethorphan	MUCUS RELIEF DM MAX LIQUID	LEADER
70000062802	guaifenesin/dextromethorphan	TUSSIN DM 400-20 MG/20 ML LIQ	LEADER
70677004801	guaifenesin/dextromethorphan	SM TUSSIN DM 400-20 MG/20 ML	SM-STRATEGIC SO
70677103601	guaifenesin/dextromethorphan	FT TUSSIN DM 400-20 MG/20 ML	FT-STRATEGIC SO
81033021305	guaifenesin/dextromethorphan	DM-GUAIFENESIN 5-100MG/5ML CUP	KESIN PHARMA
81033021310	guaifenesin/dextromethorphan	DM-GUAIFENSN 10-200MG/10ML CUP	KESIN PHARMA
81033021350	guaifenesin/dextromethorphan	DM-GUAIFENESIN 5-100MG/5ML CUP	KESIN PHARMA
81033021351	guaifenesin/dextromethorphan	DM-GUAIFENSN 10-200MG/10ML CUP	KESIN PHARMA
83324002606	guaifenesin/dextromethorphan	QC MUCUS RLF MAX 400-20MG/20ML	CHAIN DRUG
00485020816	guaifenesin/phenylephrine HCl	ED BRON GP LIQUID	EDWARDS PHARM.
00096073204	hydrocortisone	AQUANIL HC 1% LOTION	PERSON & COVEY
00113054164	hydrocortisone	GS ANTI-ITCH 1% CREAM	PERRIGO/GOODSEN
00113097364	hydrocortisone	GS ANTI-ITCH 1% CREAM	PERRIGO/GOODSEN
24385002103	hydrocortisone	HYDROCORTISONE 1% CREAM	AMERISOURCE-GNP
24385027603	hydrocortisone	HYDROCORTISONE 1% OINTMENT	AMERISOURCE-GNP
45802027603	hydrocortisone	HYDROCORTISONE 1% OINTMENT	PADAGIS
45802043803	hydrocortisone	HYDROCORTISONE 1% CREAM	PADAGIS
45802043805	hydrocortisone	HYDROCORTISONE 1% CREAM	PADAGIS
49348052272	hydrocortisone	SM HYDROCORTISONE 1% OINTMENT	SM-STRATEGIC SO
51672201002	hydrocortisone	HYDROCORTISONE 0.5% CREAM	TARO PHARM USA

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
51672201802	hydrocortisone	HYDROCORTISONE 1% OINTMENT	TARO PHARM USA
51672206302	hydrocortisone	HYDROCORTISONE 1% CREAM	TARO PHARM USA
51672206902	hydrocortisone	HYDROCORTISONE 1% CREAM	TARO PHARM USA
62011009501	hydrocortisone	HM HYDROCORTISONE 1% CREAM	HM-STRATEGIC SO
62011009601	hydrocortisone	HM HYDROCORTISONE 1% CREAM	HM-STRATEGIC SO
68001047646	hydrocortisone	HYDROCORTISONE 1% CREAM	BLUEPOINT LABOR
68001047650	hydrocortisone	HYDROCORTISONE 1% CREAM	BLUEPOINT LABOR
70000048501	hydrocortisone	HYDROCORTISONE 1% CREAM	LEADER
70677121401	hydrocortisone	FT ITCH RELIEF 1% OINTMENT	FT-STRATEGIC SO
83324004701	hydrocortisone	QC HYDROCORTISONE 1% CREAM	CHAIN DRUG
11917004957	hydrocortisone acetate	HYDROCORTISONE 1% OINTMENT	WALGREEN CO.
24385027403	hydrocortisone acetate	HYDROCORTISONE 1% CREAM	AMERISOURCE-GNP
68001052645	hydrocortisone acetate	HYDROCORTISONE 1% OINTMENT	BLUEPOINT LABOR
70000048901	hydrocortisone acetate	HYDROCORTISONE 1% OINTMENT	LEADER
70512010130	hydrocortisone acetate	HYDROCORTISONE 1% CREAM	SOLA PHARMACEUT
79503010330	hydrocortisone acetate	HYDROCORTISONE 1% OINTMENT	EZRICARE
00065040872	hypromellose	TEARS LUBRICANT 0.5% EYE DROP	ALCON CONSUMER
00065047401	hypromellose	SYSTANE 0.3% EYE GEL	ALCON CONSUMER
00065806401	hypromellose	GENTEAL TEARS SEVERE 0.3% GEL	ALCON CONSUMER
00113005705	ibuprofen	GS INF IBUPROFEN 50 MG/1.25 ML	PERRIGO/GOODSEN
00113016626	ibuprofen	GS CHILD IBUPROFEN 100 MG/5 ML	PERRIGO/GOODSEN
00113016634	ibuprofen	GS CHILD IBUPROFEN 100 MG/5 ML	PERRIGO/GOODSEN
00113066026	ibuprofen	GS CHILD IBUPROFEN 100 MG/5 ML	PERRIGO/GOODSEN
00113068526	ibuprofen	GS CHILD IBUPROFEN 100 MG/5 ML	PERRIGO/GOODSEN
00113089726	ibuprofen	GS CHILD IBUPROFEN 100 MG/5 ML	PERRIGO/GOODSEN
00113089734	ibuprofen	GS CHILD IBUPROFEN 100 MG/5 ML	PERRIGO/GOODSEN
00113246162	ibuprofen	GS IBUPROFEN 100 MG CHEW TAB	PERRIGO/GOODSEN
00121091400	ibuprofen	CHILDREN IBUPROF 100MG/5ML CUP	PHARM ASSOC INC
00121091405	ibuprofen	CHILDREN IBUPROF 100MG/5ML CUP	PHARM ASSOC INC
00121102200	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	PHARM ASSOC INC
00121102205	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	PHARM ASSOC INC
00121182800	ibuprofen	CHILD IBUPROFEN 200MG/10ML CUP	PHARM ASSOC INC
00121182810	ibuprofen	CHILD IBUPROFEN 200MG/10ML CUP	PHARM ASSOC INC
00121204400	ibuprofen	CHILD IBUPROFEN 200MG/10ML CUP	PHARM ASSOC INC
00121204410	ibuprofen	CHILD IBUPROFEN 200MG/10ML CUP	PHARM ASSOC INC
00904530909	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	MAJOR PHARMACEU
00904530920	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	MAJOR PHARMACEU
00904546335	ibuprofen	INFANT IBUPROFEN 50 MG/1.25 ML	MAJOR PHARMACEU
00904557720	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	MAJOR PHARMACEU
24385000926	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	AMERISOURCE-GNP

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
24385000934	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	AMERISOURCE-GNP
24385036126	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	AMERISOURCE-GNP
24385036134	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	AMERISOURCE-GNP
24385037226	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	AMERISOURCE-GNP
24385055010	ibuprofen	INFANT IBUPROFEN 50 MG/1.25 ML	AMERISOURCE-GNP
24385090526	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	AMERISOURCE-GNP
24385090534	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	AMERISOURCE-GNP
45802005705	ibuprofen	INFANT IBUPROFEN 50 MG/1.25 ML	PADAGIS
45802013326	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	PADAGIS
45802014026	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	PADAGIS
45802089726	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	PADAGIS
45802089734	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	PADAGIS
46122061762	ibuprofen	GNP IBUPROFEN 100 MG CHEW TAB	AMERISOURCE-GNP
46122063262	ibuprofen	GNP IBUPROFEN 100 MG CHEW TAB	AMERISOURCE-GNP
49348037469	ibuprofen	SM INF IBUPROFEN 50 MG/1.25 ML	SM-STRATEGIC SO
49348064227	ibuprofen	SM INF IBUPROFEN 50 MG/1.25 ML	SM-STRATEGIC SO
51672213001	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	TARO PHARM USA
51672213008	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	TARO PHARM USA
60687074317	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	AHP
60687074340	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	AHP
62011003001	ibuprofen	HM CHILD IBUPROFEN 100 MG/5 ML	HM-STRATEGIC SO
63739079801	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	MCKESSON PACKAG
63739079810	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	MCKESSON PACKAG
68001052192	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	BLUEPOINT LABOR
68001052194	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	BLUEPOINT LABOR
68094003701	ibuprofen	CHILD IBUPROFEN 100MG/5ML SYRG	PRECISION DOSE
68094003758	ibuprofen	CHILD IBUPROFEN 100MG/5ML SYRG	PRECISION DOSE
68094049459	ibuprofen	CHILDREN IBUPROF 100MG/5ML CUP	PRECISION DOSE
68094049461	ibuprofen	CHILDREN IBUPROF 100MG/5ML CUP	PRECISION DOSE
68094049462	ibuprofen	CHILDREN IBUPROF 100MG/5ML CUP	PRECISION DOSE
68094050359	ibuprofen	IBUPROFEN 200 MG/10ML SUSP CUP	PRECISION DOSE
68094050361	ibuprofen	IBUPROFEN 200 MG/10ML SUSP CUP	PRECISION DOSE
68094050362	ibuprofen	IBUPROFEN 200 MG/10ML SUSP CUP	PRECISION DOSE
68094060059	ibuprofen	CHILDREN IBUPROF 100MG/5ML CUP	PRECISION DOSE
68094060061	ibuprofen	CHILDREN IBUPROF 100MG/5ML CUP	PRECISION DOSE
68094060062	ibuprofen	CHILDREN IBUPROF 100MG/5ML CUP	PRECISION DOSE
69230030811	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	CAMBER CONSUMER
69230030812	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	CAMBER CONSUMER
69230030911	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	CAMBER CONSUMER
69230030912	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	CAMBER CONSUMER

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
69230031011	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	CAMBER CONSUMER
69230031012	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	CAMBER CONSUMER
69230031111	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	CAMBER CONSUMER
69230031112	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	CAMBER CONSUMER
70000018101	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	LEADER
70000023901	ibuprofen	IBUPROFEN JR STR 100 MG TB CHW	LEADER
70000026201	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	LEADER
70000026301	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	LEADER
70000026302	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	LEADER
70000026401	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	LEADER
70000029801	ibuprofen	INFANT IBUPROFEN 50 MG/1.25 ML	LEADER
70677007201	ibuprofen	SM IBUPROFEN IB 100 MG CHEW TB	SM-STRATEGIC SO
70677015001	ibuprofen	SM CHILD IBUPROFEN 100 MG/5 ML	SM-STRATEGIC SO
70677015002	ibuprofen	SM CHILD IBUPROFEN 100 MG/5 ML	SM-STRATEGIC SO
70677015101	ibuprofen	SM CHILD IBUPROFEN 100 MG/5 ML	SM-STRATEGIC SO
70677015201	ibuprofen	SM CHILD IBUPROFEN 100 MG/5 ML	SM-STRATEGIC SO
70677015301	ibuprofen	SM CHILD IBUPROFEN 100 MG/5 ML	SM-STRATEGIC SO
70677111501	ibuprofen	FT CHILD IBUPROFEN 100 MG/5 ML	FT-STRATEGIC SO
70677111502	ibuprofen	FT CHILD IBUPROFEN 100 MG/5 ML	FT-STRATEGIC SO
70677111601	ibuprofen	FT CHILD IBUPROFEN 100 MG/5 ML	FT-STRATEGIC SO
70677111701	ibuprofen	FT CHILD IBUPROFEN 100 MG/5 ML	FT-STRATEGIC SO
70677111801	ibuprofen	FT CHILD IBUPROFEN 100 MG/5 ML	FT-STRATEGIC SO
70677114401	ibuprofen	FT INF IBUPROFEN 50 MG/1.25 ML	FT-STRATEGIC SO
70677114501	ibuprofen	FT IBUPROFEN IB 100 MG CHEW TB	FT-STRATEGIC SO
70677114601	ibuprofen	FT INF IBUPROFEN 50 MG/1.25 ML	FT-STRATEGIC SO
83324000530	ibuprofen	QC INF IBUPROFEN 50 MG/1.25 ML	CHAIN DRUG
83324001204	ibuprofen	QC CHILD IBUPROFEN 100 MG/5 ML	CHAIN DRUG
83324001304	ibuprofen	QC CHILD IBUPROFEN 100 MG/5 ML	CHAIN DRUG
83324001404	ibuprofen	QC CHILD IBUPROFEN 100 MG/5 ML	CHAIN DRUG
83474000204	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	PURO PHARMA INC
11423094138	icaridin	REPEL TICK DEFENSE 15% SPRAY	WPC BRANDS, INC
44224006772	icaridin	NATRAPEL 20% SPRAY	TENDER CORPORAT
44224006878	icaridin	NATRAPEL 20% SPRAY	TENDER CORPORAT
46500081881	icaridin	OFF FAMILYCARE 5% RPLNT II SPR	S.C. JOHNSON &
50003021300	icaridin	RANGER READY REPELLENT 20% SPR	RANGER READY RE
50003021301	icaridin	RANGER READY REPELLENT 20% SPR	RANGER READY RE
50003021302	icaridin	RANGER READY REPELLENT 20% SPR	RANGER READY RE
50003021303	icaridin	RANGER READY REPELLENT 20% SPR	RANGER READY RE
50003021304	icaridin	RANGER READY REPELLENT 20% SPR	RANGER READY RE
50003021305	icaridin	RANGER READY REPELLENT 20% SPR	RANGER READY RE

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
50003021309	icaridin	RANGER READY REPELLENT 20% SPR	RANGER READY RE
50003021310	icaridin	RANGER READY REPELLENT 20% SPR	RANGER READY RE
50716000544	icaridin	INSECT REPELLENT 20% SPRAY	SAWYER PRODUCTS
00002871501	insulin NPH hum/reg insulin hm	HUMULIN 70-30 VIAL	ELI LILLY & CO.
00002880301	insulin NPH hum/reg insulin hm	HUMULIN 70/30 KWIKPEN	ELI LILLY & CO.
00002880359	insulin NPH hum/reg insulin hm	HUMULIN 70/30 KWIKPEN	ELI LILLY & CO.
00169183702	insulin NPH hum/reg insulin hm	RELION NOVOLIN 70-30 VIAL	NOVO NORDISK-WA
00169183711	insulin NPH hum/reg insulin hm	NOVOLIN 70-30 100 UNIT/ML VIAL	NOVO NORDISK
00169300701	insulin NPH hum/reg insulin hm	NOVOLIN 70-30 FLEXPEN	NOVO NORDISK
00169300712	insulin NPH hum/reg insulin hm	RELION NOVOLIN 70-30 FLEXPEN	NOVO NORDISK-WA
00169300715	insulin NPH hum/reg insulin hm	NOVOLIN 70-30 FLEXPEN	NOVO NORDISK
00169300725	insulin NPH hum/reg insulin hm	RELION NOVOLIN 70-30 FLEXPEN	NOVO NORDISK-WA
00002831501	insulin NPH human isophane	HUMULIN N 100 UNIT/ML VIAL	ELI LILLY & CO.
00002880501	insulin NPH human isophane	HUMULIN N 100 UNIT/ML KWIKPEN	ELI LILLY & CO.
00002880559	insulin NPH human isophane	HUMULIN N 100 UNIT/ML KWIKPEN	ELI LILLY & CO.
00169183402	insulin NPH human isophane	RELION NOVOLIN N 100 UNIT/ML	NOVO NORDISK-WA
00169183411	insulin NPH human isophane	NOVOLIN N 100 UNIT/ML VIAL	NOVO NORDISK
00169300415	insulin NPH human isophane	NOVOLIN N 100 UNIT/ML FLEXPEN	NOVO NORDISK
00169300425	insulin NPH human isophane	RELION NOVOLIN N U-100 FLEXPEN	NOVO NORDISK-WA
00002021301	insulin regular, human	HUMULIN R 100 UNIT/ML VIAL	ELI LILLY & CO.
00002821501	insulin regular, human	HUMULIN R 100 UNIT/ML VIAL	ELI LILLY & CO.
00002821517	insulin regular, human	HUMULIN R 100 UNIT/ML VIAL	ELI LILLY & CO.
00169183302	insulin regular, human	RELION NOVOLIN R 100 UNIT/ML	NOVO NORDISK-WA
00169183311	insulin regular, human	NOVOLIN R 100 UNIT/ML VIAL	NOVO NORDISK
00169300301	insulin regular, human	NOVOLIN R 100 UNIT/ML FLEXPEN	NOVO NORDISK
00169300315	insulin regular, human	NOVOLIN R 100 UNIT/ML FLEXPEN	NOVO NORDISK
00169300325	insulin regular, human	RELION NOVOLIN R U-100 FLEXPEN	NOVO NORDISK-WA
63717010001	iron,carb/vit C/vit B12/folic	ICAR-C PLUS TABLET	HAWTHORN PHARM
61269091060	iron,carbonyl	IRON CHEWS 15 MG TABLET CHEW	H2 PHARMA LLC
54859050108	iron/lys/vit B comp/folic acid	NUTRIVIT LIQUID	LLORENS PHARM
24338018504	ivermectin	SKLICE 0.5% LOTION	ARBOR PHARMACEU
51672423008	ivermectin	IVERMECTIN 0.5% LOTION	TARO PHARM USA
00065401105	ketotifen fumarate	ZADITOR 0.025% (0.035%) DROPS	ALCON CONSUMER
00065401106	ketotifen fumarate	ZADITOR 0.025% (0.035%) DROPS	ALCON CONSUMER
00536125240	ketotifen fumarate	EYE ITCH RELIEF 0.025% DROPS	RUGBY
24208060105	ketotifen fumarate	CHILD'S ALAWAY 0.025% EYE DROP	BAUSCH & LOMB I
24208060110	ketotifen fumarate	ALAWAY 0.025% EYE DROPS	BAUSCH & LOMB I
70000052201	ketotifen fumarate	EYE ITCH RELIEF 0.025% DROPS	LEADER
72485061710	ketotifen fumarate	KETOTIFEN FUM 0.025% EYE DROPS	ARMAS PHARMACEU
76385010617	ketotifen fumarate	KETOTIFEN FUM 0.035% EYE DROPS	BAYSHORE PHARMA

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
11423094109	lemon eucalyptus oil	REPEL LEMON EUCALYPTUS 30% SPR	WPC BRANDS, INC
68561000040	lemon eucalyptus oil	MOSQUITO ELIMINATOR 25% SPRAY	ACE HEALTHY PRO
71121096014	lemon eucalyptus oil	CUTTER LEMON EUCALYPTUS SPRAY	SPECTRUM GROUP
00536126720	lidocaine	LIDOCAINE 4% CREAM	RUGBY
00536127803	lidocaine	LIDOCAINE 4% CREAM	RUGBY
00536135795	lidocaine	LIDOCAINE 4% CREAM	RUGBY
39328002405	lidocaine	LIDOCAINE 4% CREAM	PATRIN PHARMA
39328002415	lidocaine	LIDOCAINE 4% CREAM	PATRIN PHARMA
39328002430	lidocaine	LIDOCAINE 4% CREAM	PATRIN PHARMA
39328002455	lidocaine	LIDOCAINE 4% CREAM	PATRIN PHARMA
61825070105	lidocaine	LIDOCAINE 4% CREAM	CUTIS HEALTH, L
61825070115	lidocaine	LIDOCAINE 4% CREAM	CUTIS HEALTH, L
61825070130	lidocaine	LIDOCAINE 4% CREAM	CUTIS HEALTH, L
83035113206	lidocaine	TRUE LIDO 4% CREAM	SINGULAR DREAME
83035113806	lidocaine	ULTRA LIDO 4% CREAM	SINGULAR DREAME
83720052301	lidocaine	LIDOCAINE 4% CREAM	ONCOR PHARMACEU
46122061410	lidocaine HCl	GNP LIDOCAINE HCL 4% CREAM	AMERISOURCE-GNP
70000009801	lidocaine HCl	LIDOCAINE HCL 4% CREAM	LEADER
83035113003	lidocaine HCl	TRUE LIDO 4% CREAM	SINGULAR DREAME
83324000627	lidocaine HCl	QC LIDOCAINE HCL 4% CREAM	CHAIN DRUG
41679008702	long chain triglycerides	MICROLIPID LIQUID	NESTLE NUTRITIO
41679008743	long chain triglycerides	MICROLIPID LIQUID	NESTLE NUTRITIO
00113022453	loperamide HCl	GS ANTI-DIARRHEAL 2 MG CAPLET	PERRIGO/GOODSEN
00113022462	loperamide HCl	GS ANTI-DIARRHEAL 2 MG CAPLET	PERRIGO/GOODSEN
00113022491	loperamide HCl	GS ANTI-DIARRHEAL 2 MG CAPLET	PERRIGO/GOODSEN
00113164526	loperamide HCl	GS ANTI-DIARRHEAL 1 MG/7.5 ML	PERRIGO/GOODSEN
00113222462	loperamide HCl	ANTI-DIARRHEAL 2 MG CAPLET	PERRIGO CO.
00904683620	loperamide HCl	LOPERAMIDE 1 MG/7.5 ML SOLN	MAJOR PHARMACEU
00904772512	loperamide HCl	ANTI-DIARRHEAL 2 MG CAPLET	MAJOR PHARMACEU
00904772524	loperamide HCl	ANTI-DIARRHEAL 2 MG CAPLET	MAJOR PHARMACEU
24385055408	loperamide HCl	ANTI-DIARRHEAL 2 MG CAPLET	AMERISOURCE-GNP
24385055453	loperamide HCl	ANTI-DIARRHEAL 2 MG CAPLET	AMERISOURCE-GNP
24385055462	loperamide HCl	ANTI-DIARRHEAL 2 MG CAPLET	AMERISOURCE-GNP
46122054426	loperamide HCl	LOPERAMIDE 1 MG/7.5 ML SOLN	AMERISOURCE-GNP
46122058162	loperamide HCl	ANTI-DIARRHEAL 2 MG SOFTGEL	AMERISOURCE-GNP
46122073853	loperamide HCl	GNP ANTI-DIARRHEAL 2 MG TABLET	AMERISOURCE-GNP
46122073862	loperamide HCl	GNP ANTI-DIARRHEAL 2 MG TABLET	AMERISOURCE-GNP
49348052902	loperamide HCl	SM ANTI-DIARRHEAL 2 MG CAPLET	SM-STRATEGIC SO
49348052904	loperamide HCl	SM ANTI-DIARRHEAL 2 MG CAPLET	SM-STRATEGIC SO
62011039001	loperamide HCl	HM ANTI-DIARRHEAL 2 MG SOFTGEL	HM-STRATEGIC SO

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
68094002959	loperamide HCl	LOPERAMIDE 1 MG/7.5ML SOLN CUP	PRECISION DOSE
68094002962	loperamide HCl	LOPERAMIDE 1 MG/7.5ML SOLN CUP	PRECISION DOSE
68094012959	loperamide HCl	LOPERAMIDE 2 MG/15 ML SOLN CUP	PRECISION DOSE
68094012962	loperamide HCl	LOPERAMIDE 2 MG/15 ML SOLN CUP	PRECISION DOSE
70000041701	loperamide HCl	ANTI-DIARRHEAL 1 MG/7.5 ML SOL	LEADER
70000041801	loperamide HCl	ANTI-DIARRHEAL 1 MG/7.5 ML SOL	LEADER
70000046101	loperamide HCl	ANTI-DIARRHEAL 2 MG SOFTGEL	LEADER
70000058901	loperamide HCl	ANTI-DIARRHEAL 2 MG CAPLET	LEADER
70677005401	loperamide HCl	SM ANTI-DIARRHEAL 1 MG/7.5 ML	SM-STRATEGIC SO
70677006001	loperamide HCl	SM ANTI-DIARRHEAL 2 MG SOFTGEL	SM-STRATEGIC SO
70677106201	loperamide HCl	FT ANTI-DIARRHEAL 2 MG SOFTGEL	FT-STRATEGIC SO
70677110601	loperamide HCl	FT ANTI-DIARRHEAL 2 MG CAPLET	FT-STRATEGIC SO
70677110602	loperamide HCl	FT ANTI-DIARRHEAL 2 MG CAPLET	FT-STRATEGIC SO
70677110701	loperamide HCl	FT ANTI-DIARRHEAL 1 MG/7.5 ML	FT-STRATEGIC SO
83324006424	loperamide HCl	QC ANTI-DIARRHEAL 2 MG CAPLET	CHAIN DRUG
00113061239	loratadine	GS ALLERGY RELIEF 10 MG TABLET	PERRIGO/GOODSEN
00113061246	loratadine	GS ALLERGY RELIEF 10 MG TABLET	PERRIGO/GOODSEN
00113061260	loratadine	GS ALLERGY RELIEF 10 MG TABLET	PERRIGO/GOODSEN
00113061265	loratadine	GS ALLERGY RELIEF 10 MG TABLET	PERRIGO/GOODSEN
00113061275	loratadine	GS ALLERGY RELIEF 10 MG TABLET	PERRIGO/GOODSEN
00113067126	loratadine	GS CHILD ALLERGY RLF 5 MG/5 ML	PERRIGO/GOODSEN
00536136707	loratadine	LORATADINE 10 MG ODT	RUGBY
00904676720	loratadine	CHILD LORATADINE 5 MG/5 ML SOL	MAJOR PHARMACEU
00904685261	loratadine	LORATADINE 10 MG TABLET	MAJOR PHARMACEU
00904685272	loratadine	LORATADINE 10 MG TABLET	MAJOR PHARMACEU
00904685289	loratadine	LORATADINE 10 MG TABLET	MAJOR PHARMACEU
00904742646	loratadine	LORATADINE 10 MG TABLET	MAJOR PHARMACEU
00904742659	loratadine	LORATADINE 10 MG TABLET	MAJOR PHARMACEU
16571082201	loratadine	LORATADINE 10 MG TABLET	RISING PHARM
16571082203	loratadine	LORATADINE 10 MG TABLET	RISING PHARM
16571082230	loratadine	LORATADINE 10 MG TABLET	RISING PHARM
16714089801	loratadine	LORATADINE 10 MG TABLET	NORTHSTAR RX LL
16714089802	loratadine	LORATADINE 10 MG TABLET	NORTHSTAR RX LL
16714089803	loratadine	LORATADINE 10 MG TABLET	NORTHSTAR RX LL
24385047152	loratadine	GNP LORATADINE 10 MG TABLET	AMERISOURCE-GNP
24385047178	loratadine	GNP LORATADINE 10 MG TABLET	AMERISOURCE-GNP
24385047199	loratadine	GNP LORATADINE 10 MG TABLET	AMERISOURCE-GNP
24385053126	loratadine	ALLERGY RELIEF 5 MG/5 ML SOLN	AMERISOURCE-GNP
45802065065	loratadine	LORATADINE 10 MG TABLET	PADAGIS
45802065075	loratadine	LORATADINE 10 MG TABLET	PADAGIS

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
45802065078	loratadine	LORATADINE 10 MG TABLET	PERRIGO/PADAGIS
45802065087	loratadine	LORATADINE 10 MG TABLET	PADAGIS
46122042326	loratadine	CHILD LORATADINE 5 MG/5 ML SOL	AMERISOURCE-GNP
46122053952	loratadine	LORATADINE 10 MG ODT	AMERISOURCE-GNP
46122053965	loratadine	GNP LORATADINE 10 MG ODT	AMERISOURCE-GNP
49348063634	loratadine	SM LORATADINE 5 MG/5 ML SYRUP	SM-STRATEGIC SO
50268048911	loratadine	LORATADINE 10 MG TABLET	AVPAK
50268048915	loratadine	LORATADINE 10 MG TABLET	AVPAK
51079024601	loratadine	LORATADINE 10 MG TABLET	MYLAN INSTITUTI
51079024620	loratadine	LORATADINE 10 MG TABLET	MYLAN INSTITUTI
51660011231	loratadine	CHILD LORATADINE 5 MG TAB CHEW	OHM LABS.
51660052601	loratadine	ALLERGY (LORATADINE) 10 MG TAB	OHM LABS.
51660052605	loratadine	ALLERGY (LORATADINE) 10 MG TAB	OHM LABS.
51660052630	loratadine	ALLERGY (LORATADINE) 10 MG TAB	OHM LABS.
51660052631	loratadine	ALLERGY (LORATADINE) 10 MG TAB	OHM LABS.
51660052653	loratadine	ALLERGY (LORATADINE) 10 MG TAB	OHM LABS.
51660052660	loratadine	ALLERGY (LORATADINE) 10 MG TAB	OHM LABS.
51660075431	loratadine	CHILD LORATADINE 5 MG TAB CHEW	OHM LABS.
51672207308	loratadine	LORATADINE 5 MG/5 ML SYRUP	TARO PHARM USA
51672209208	loratadine	CHILD LORATADINE 5 MG/5 ML SYR	TARO PHARM USA
51672213108	loratadine	CHILD LORATADINE 5 MG/5 ML SOL	TARO PHARM USA
54838055840	loratadine	LORATADINE ALLERGY 5 MG/5 ML	SILARX/LANNETT
60505014708	loratadine	LORATADINE 10 MG TABLET	APOTEX CORP
62011024802	loratadine	HM LORATADINE 10 MG TABLET	HM-STRATEGIC SO
62011024805	loratadine	HM LORATADINE 10 MG TABLET	HM-STRATEGIC SO
62011037101	loratadine	HM CHILD ALLERGY RLF 5 MG CHEW	HM-STRATEGIC SO
68001043800	loratadine	LORATADINE 10 MG TABLET	BLUEPOINT LABOR
68001043804	loratadine	LORATADINE 10 MG TABLET	BLUEPOINT LABOR
68001043816	loratadine	LORATADINE 10 MG TABLET	BLUEPOINT LABOR
68001043896	loratadine	LORATADINE 10 MG TABLET	BLUEPOINT LABOR
68001043897	loratadine	LORATADINE 10 MG TABLET	BLUEPOINT LABOR
68001044998	loratadine	LORATADINE 5 MG/5 ML SOLUTION	BLUEPOINT LABOR
68084024801	loratadine	LORATADINE 10 MG TABLET	AHP
68084024811	loratadine	LORATADINE 10 MG TABLET	AHP
68599478406	loratadine	LORATADINE 10 MG TABLET	MCKESSON MEDICA
69230031701	loratadine	ALLERGY (LORATADINE) 10 MG TAB	CAMBER CONSUMER
69230031703	loratadine	ALLERGY (LORATADINE) 10 MG TAB	CAMBER CONSUMER
69230032212	loratadine	CHILD LORATADINE 5 MG/5 ML SOL	CAMBER CONSUMER
69230032224	loratadine	CHILD LORATADINE 5 MG/5 ML SOL	CAMBER CONSUMER
69230032330	loratadine	LORATADINE 10 MG TABLET	CAMBER CONSUMER

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
69230032333	loratadine	LORATADINE 10 MG TABLET	CAMBER CONSUMER
69230032334	loratadine	LORATADINE 10 MG TABLET	CAMBER CONSUMER
69230032801	loratadine	ALLERGY (LORATADINE) 10 MG TAB	CAMBER CONSUMER
69230032803	loratadine	ALLERGY (LORATADINE) 10 MG TAB	CAMBER CONSUMER
70000012501	loratadine	CHILD ALLERGY 5 MG/5 ML SOLN	LEADER
70000021301	loratadine	ALLERGY RELIEF 10 MG TABLET	LEADER
70000021303	loratadine	ALLERGY RELIEF 10 MG TABLET	LEADER
70000021304	loratadine	ALLERGY RELIEF 10 MG TABLET	LEADER
70000021306	loratadine	ALLERGY RELIEF 10 MG TABLET	LEADER
70000047301	loratadine	CHILD ALLERGY RELIEF 5 MG/5 ML	LEADER
70000058301	loratadine	ALLERGY RELIEF 10 MG TABLET	LEADER
70010016201	loratadine	LORATADINE 10 MG TABLET	GRANULES PHARMA
70010016234	loratadine	LORATADINE 10 MG TABLET	GRANULES PHARMA
70677002901	loratadine	SM CHILD ALLERGY 5 MG/5 ML SOL	SM-STRATEGIC SO
70677013401	loratadine	SM LORATADINE 10 MG TABLET	SM-STRATEGIC SO
70677014501	loratadine	SM ALL DAY ALLERGY 10 MG TAB	SM-STRATEGIC SO
70677014502	loratadine	SM ALL DAY ALLERGY 10 MG TAB	SM-STRATEGIC SO
70677014503	loratadine	SM ALL DAY ALLERGY 10 MG TAB	SM-STRATEGIC SO
70677014504	loratadine	SM ALL DAY ALLERGY 10 MG TAB	SM-STRATEGIC SO
70677102201	loratadine	FT ALLERGY (LORAT) 10 MG TAB	FT-STRATEGIC SO
70677104301	loratadine	FT CHILD ALLERGY RLF 5 MG CHEW	FT-STRATEGIC SO
70677105301	loratadine	FT AD ALLERGY (LORAT) 10 MG TB	FT-STRATEGIC SO
70677105302	loratadine	FT AD ALLERGY (LORAT) 10 MG TB	FT-STRATEGIC SO
70677105303	loratadine	FT AD ALLERGY (LORAT) 10 MG TB	FT-STRATEGIC SO
70677105701	loratadine	FT CHILD ALLERGY 5 MG/5 ML SOL	FT-STRATEGIC SO
70677105801	loratadine	FT CHILD ALLERGY 5 MG/5 ML SOL	FT-STRATEGIC SO
70677124001	loratadine	FT ALLERGY (LORAT) 10 MG TAB	FT-STRATEGIC SO
72888002909	loratadine	LORATADINE 10 MG ODT	ADVAGEN PHARMA
72888002911	loratadine	LORATADINE 10 MG ODT	ADVAGEN PHARMA
83324014630	loratadine	QC ALLERGY (LORAT) 10 MG TAB	CHAIN DRUG
83324014710	loratadine	QC ALLERGY (LORAT) 10 MG TAB	CHAIN DRUG
83324015001	loratadine	QC ALLERGY (LORAT) 10 MG TAB	CHAIN DRUG
00113200760	loratadine/pseudoephedrine	ALLERGY-CONGESTION RLF 12H TAB	PERRIGO CO.
00904583315	loratadine/pseudoephedrine	LORATADINE-D 24HR TABLET	MAJOR PHARMACEU
00904583348	loratadine/pseudoephedrine	LORATADINE-D 24HR TABLET	MAJOR PHARMACEU
45802012246	loratadine/pseudoephedrine	LORATADINE-D 12 HOUR TABLET	PADAGIS
45802012260	loratadine/pseudoephedrine	LORATADINE-D 12 HOUR TABLET	PADAGIS
45802012265	loratadine/pseudoephedrine	LORATADINE-D 12 HOUR TABLET	PADAGIS
46122016752	loratadine/pseudoephedrine	ALLERGY-CONGES RELF ER TABLET	AMERISOURCE-GNP
46122038322	loratadine/pseudoephedrine	ALLERGY-CONGES RELF ER TABLET	AMERISOURCE-GNP

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
49348054301	loratadine/pseudoephedrine	SM LORATA-DINE D 24HR TABLET	SM-STRATEGIC SO
49348054357	loratadine/pseudoephedrine	SM LORATA-DINE D 24HR TABLET	SM-STRATEGIC SO
51660072415	loratadine/pseudoephedrine	ALLERGY RELIEF-NASAL DECONG TB	OHM LABS.
51660072469	loratadine/pseudoephedrine	ALLERGY RELIEF-NASAL DECONG TB	OHM LABS.
70000016201	loratadine/pseudoephedrine	ALLERGY RELIEF D-24HR TABLET	LEADER
70000016202	loratadine/pseudoephedrine	ALLERGY RELIEF D-24HR TABLET	LEADER
70000050401	loratadine/pseudoephedrine	ALLERGY RELIEF D-12 TABLET	LEADER
70000050402	loratadine/pseudoephedrine	ALLERGY RELIEF D-12 TABLET	LEADER
70000050403	loratadine/pseudoephedrine	ALLERGY RELIEF D-12 TABLET	LEADER
70677003601	loratadine/pseudoephedrine	SM LORATADINE-D 12 HOUR TABLET	SM-STRATEGIC SO
70677101801	loratadine/pseudoephedrine	FT ALLERGY RELIEF D-24HR TAB	FT-STRATEGIC SO
70677101802	loratadine/pseudoephedrine	FT ALLERGY RELIEF D-24HR TAB	FT-STRATEGIC SO
70677102401	loratadine/pseudoephedrine	FT ALLERGY D-12HR 5-120 MG TAB	FT-STRATEGIC SO
50001080534	lytes/dex/C/D3/turmeric/elderb	KINDERLYTE HERBAL IMMUNITY PKT	KINDERFARMS, LL
60009003160	lytes/dextros/mvn/AA/ging/milk	BIOLYTE LIQUID	RALLYBRANDS LLC
60009003161	lytes/dextros/mvn/AA/ging/milk	BIOLYTE LIQUID	RALLYBRANDS LLC
60009003163	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009003164	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009003165	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009003166	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009003167	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009003168	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009003169	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009097930	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009097931	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009097932	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009097934	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009097937	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009097938	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009097940	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009097942	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
60009097943	lytes/dextros/mvn/AA/ging/milk	BIOLYTE POWDER STICK	RALLYBRANDS LLC
67693000020	lytes/dextros/mvn/AA/ging/milk	BIOLYTE LIQUID	RALLYBRANDS LLC
67693000021	lytes/dextros/mvn/AA/ging/milk	BIOLYTE LIQUID	RALLYBRANDS LLC
67693000024	lytes/dextros/mvn/AA/ging/milk	BIOLYTE LIQUID	RALLYBRANDS LLC
67693000025	lytes/dextros/mvn/AA/ging/milk	BIOLYTE LIQUID	RALLYBRANDS LLC
67693000026	lytes/dextros/mvn/AA/ging/milk	BIOLYTE LIQUID	RALLYBRANDS LLC
67693000027	lytes/dextros/mvn/AA/ging/milk	BIOLYTE LIQUID	RALLYBRANDS LLC
67693000028	lytes/dextros/mvn/AA/ging/milk	BIOLYTE LIQUID	RALLYBRANDS LLC
67693000029	lytes/dextros/mvn/AA/ging/milk	BIOLYTE LIQUID	RALLYBRANDS LLC

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00121176130	mag hydrox/aluminum hyd/simeth	MAG-AL PLUS SUSPENS 30 ML CUP	PHARM ASSOC INC
00121176230	mag hydrox/aluminum hyd/simeth	MAG-AL PLUS XS SUSP 30 ML CUP	PHARM ASSOC INC
00536001583	mag hydrox/aluminum hyd/simeth	ALMACONE-2 LIQUID	RUGBY
00536129383	mag hydrox/aluminum hyd/simeth	ANTACID-ANTIGAS LIQUID	RUGBY
00536131783	mag hydrox/aluminum hyd/simeth	ANTACID-ANTIGAS LIQUID	RUGBY
00904572514	mag hydrox/aluminum hyd/simeth	MINTOX MAXIMUM STRENGTH SUSP	MAJOR PHARMACEU
00904670060	mag hydrox/aluminum hyd/simeth	MINTOX PLUS TABLET CHEWABLE	MAJOR PHARMACEU
00904732562	mag hydrox/aluminum hyd/simeth	ALUM-MAG HYDROXIDE-SIMETH CUP	MAJOR PHARMACEU
00904732573	mag hydrox/aluminum hyd/simeth	ALUM-MAG HYDROXIDE-SIMETH CUP	MAJOR PHARMACEU
00904732662	mag hydrox/aluminum hyd/simeth	ALUM-MAG HYDROXIDE-SIMETH CUP	MAJOR PHARMACEU
46122043140	mag hydrox/aluminum hyd/simeth	ANTACID ANTI-GAS LIQUID	AMERISOURCE-GNP
46122043240	mag hydrox/aluminum hyd/simeth	ANTACID ANTI-GAS LIQUID	AMERISOURCE-GNP
46122043340	mag hydrox/aluminum hyd/simeth	ANTACID LIQUID	AMERISOURCE-GNP
46122043440	mag hydrox/aluminum hyd/simeth	ANTACID-ANTIGAS SUSPENSION	AMERISOURCE-GNP
49348015339	mag hydrox/aluminum hyd/simeth	SM ADV ANTACID-ANTIGAS LIQUID	SM-STRATEGIC SO
49348030239	mag hydrox/aluminum hyd/simeth	SM ADV ANTACID-ANTIGAS SUSP	SM-STRATEGIC SO
49348030339	mag hydrox/aluminum hyd/simeth	SM ANTACID MAX STRENGTH SUSP	SM-STRATEGIC SO
57237031603	mag hydrox/aluminum hyd/simeth	ALUM-MAG HYDROXIDE-SIMETH CUP	RISING PHARM
57237031631	mag hydrox/aluminum hyd/simeth	ALUM-MAG HYDROXIDE-SIMETH CUP	RISING PHARM
57237032403	mag hydrox/aluminum hyd/simeth	ALUM-MAG HYDROXIDE-SIMETH CUP	RISING PHARM
57237032431	mag hydrox/aluminum hyd/simeth	ALUM-MAG HYDROXIDE-SIMETH CUP	RISING PHARM
62011014901	mag hydrox/aluminum hyd/simeth	HM ANTACID ANTI-GAS SUSPENSION	HM-STRATEGIC SO
62011029201	mag hydrox/aluminum hyd/simeth	HM ANTACID-ANTIGAS SUSPENSION	HM-STRATEGIC SO
62011045901	mag hydrox/aluminum hyd/simeth	HM ANTACID-ANTIGAS SUSPENSION	HM-STRATEGIC SO
63739015910	mag hydrox/aluminum hyd/simeth	MAG-AL PLUS SUSPENSION CUP	MCKESSON PACKAG
63739015977	mag hydrox/aluminum hyd/simeth	MAG-AL PLUS SUSPENSION CUP	MCKESSON PACKAG
70000006201	mag hydrox/aluminum hyd/simeth	ANTACID ANTI-GAS MAX STR LIQ	LEADER
70000006301	mag hydrox/aluminum hyd/simeth	ANTACID-ANTIGAS LIQUID	LEADER
70000042201	mag hydrox/aluminum hyd/simeth	ANTACID ANTI-GAS MAX STR LIQ	LEADER
70677011501	mag hydrox/aluminum hyd/simeth	SM ANTACID-ANTIGAS LIQUID	SM-STRATEGIC SO
70677106301	mag hydrox/aluminum hyd/simeth	FT ANTACID-ANTIGAS LIQUID	FT-STRATEGIC SO
70677106401	mag hydrox/aluminum hyd/simeth	FT ANTACID-ANTIGAS MAX STR	FT-STRATEGIC SO
70677106501	mag hydrox/aluminum hyd/simeth	FT ANTACID-ANTIGAS MAX STR	FT-STRATEGIC SO
70677106601	mag hydrox/aluminum hyd/simeth	FT ANTACID-ANTIGAS LIQUID	FT-STRATEGIC SO
00603020922	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	QUALITEST/PAR P
00603021321	magnesium oxide	MAGNESIUM OXIDE 420 MG TABLET	QUALITEST/PAR P
00904423960	magnesium oxide	MAGNESIUM OXIDE 500 MG TABLET	MAJOR PHARMACEU
24689013201	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	APNAR PHARMA, L
51645078508	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	PLUS PHARMA,INC
51645078510	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	PLUS PHARMA,INC

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
51645078599	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	PLUS PHARMA,INC
51991008136	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	BRECKENRIDGE
58657012012	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	METHOD PHARMACE
63739005802	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	MCKESSON PACKAG
64980033901	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	RISING PHARM
64980033912	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	RISING PHARM
64980033990	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	RISING PHARM
69367027102	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	WESTMINSTER PHA
69367029820	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	WESTMINSTER PHA
83035182201	magnesium oxide	TRUE MAGNESIUM OXIDE 400 MG TB	SINGULAR DREAME
83035182205	magnesium oxide	TRUE MAGNESIUM OXIDE 400 MG TB	SINGULAR DREAME
83592025905	magnesium oxide	WELL MAGNESIUM OXIDE 400 MG TB	TRUE MARKER PHA
55764000702	maltodextrin/carob	GELMIX INFANT THICKENER POWDER	PARAPHARMA TECH
55764000711	maltodextrin/carob	GELMIX INFANT THICKENER PACKET	PARAPHARMA TECH
55764000710	maltodextrin/tara gum	PURATHICK POWDER	PARAPHARMA TECH
55764000714	maltodextrin/tara gum	PURATHICK POWDER PACKET	PARAPHARMA TECH
41679015194	maltodextrin/xanthan gum	THICKEN UP CLEAR POWDER	NESTLE NUTRITIO
43900015191	maltodextrin/xanthan gum	THICKEN UP CLEAR POWDER PACKET	NESTLE NUTRITIO
43900015194	maltodextrin/xanthan gum	THICKEN UP CLEAR POWDER	NESTLE NUTRITIO
11917005315	medical supply, miscellaneous	DELUXE SAFETY TABLET CUTTER	WALGREEN CO.
11917006411	medical supply, miscellaneous	SAFETY SHIELD TABLET CUTTER	WALGREEN CO.
25715067015	medical supply, miscellaneous	ORIGINAL TABLET CUTTER	APOTHECARY PROD
25715067767	medical supply, miscellaneous	DELUXE TABLET CUTTER	APOTHECARY PROD
25715067830	medical supply, miscellaneous	LOCKING TABLET CUTTER	APOTHECARY PROD
49022007425	medical supply, miscellaneous	DELUXE CUT N CRUSH	WALGREEN CO.
12539002575	medium chain triglycerides	K-QUIK EMULSION	VITAFLO
33674010895	medium chain triglycerides	ORGANIC MCT OIL	SCHWABE NORTH A
33674011772	medium chain triglycerides	ORGANIC MCT OIL	SCHWABE NORTH A
40093011257	medium chain triglycerides	MCT OIL	PIPING ROCK HEA
41679036503	medium chain triglycerides	MCT OIL	NESTLE NUTRITIO
41679036513	medium chain triglycerides	MCT OIL	NESTLE NUTRITIO
49735001957	medium chain triglycerides	LIQUIGEN EMULSIFIED MCT OIL	NUTRICIA
49735011957	medium chain triglycerides	LIQUIGEN EMULSIFIED MCT OIL	NUTRICIA
49735019573	medium chain triglycerides	LIQUIGEN EMULSIFIED MCT OIL	NUTRICIA
52404000402	medium chain triglycerides	OMNICT OIL	NUTR-E-VOLUTION
57771000114	medium chain triglycerides	NEOKE MCT70 POWDER	SOLACE NUTRITIO
90011016056	medium chain triglycerides	MCT OIL	JARROW FORMULAS
90011016060	medium chain triglycerides	ORGANIC MCT OIL	JARROW FORMULAS
00068042017	methylcellulose	CITRUCEL POWDER S-F	PF-GSK-HALEON
24385046678	methylcellulose	FIBER THERAPY 500 MG CAPLET	AMERISOURCE-GNP

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
49348054110	methylcellulose	SM FIBER LAXATIVE 500 MG CPLT	SM-STRATEGIC SO
62011013401	methylcellulose	HM FIBER 500 MG CAPLET	HM-STRATEGIC SO
70677108401	methylcellulose	FT FIBER LAXATIVE 500 MG CPLT	FT-STRATEGIC SO
00113008100	miconazole nitrate	GS MICONAZOLE 3 COMBO PACK	PERRIGO/GOODSEN
00113021429	miconazole nitrate	GS MICONAZOLE 7 CREAM	PERRIGO/GOODSEN
00113082529	miconazole nitrate	GS MICONAZOLE 7 CREAM	PERRIGO/GOODSEN
00536113428	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	RUGBY
00536137575	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	RUGBY
00536142541	miconazole nitrate	MICONAZOLE 3 COMBO PACK	RUGBY
00904541501	miconazole nitrate	MICONAZOLE 3 COMBO PACK	MAJOR PHARMACEU
00904773445	miconazole nitrate	MICONAZOLE 7 CREAM	MAJOR PHARMACEU
24385059029	miconazole nitrate	MICONAZOLE 7 CREAM	AMERISOURCE-GNP
24385060602	miconazole nitrate	MICONAZOLE 3 COMBO PACK	AMERISOURCE-GNP
46122057702	miconazole nitrate	GNP MICONAZOLE 1 COMBO PACK	AMERISOURCE-GNP
49348035543	miconazole nitrate	SM MICONAZOLE 3 COMBO PACK	SM-STRATEGIC SO
49348053077	miconazole nitrate	SM MICONAZOLE 7 CREAM	SM-STRATEGIC SO
49348064573	miconazole nitrate	SM MICONAZOLE 3 COMBO PACK	SM-STRATEGIC SO
49348068972	miconazole nitrate	SM MICONAZOLE 2% TOPICAL CREAM	SM-STRATEGIC SO
49348087277	miconazole nitrate	SM MICONAZOLE 2% VAGINAL CREAM	SM-STRATEGIC SO
51672200101	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	TARO PHARM USA
51672200102	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	TARO PHARM USA
51672203506	miconazole nitrate	MICONAZOLE 2% VAGINAL CREAM	TARO PHARM USA
61269073041	miconazole nitrate	MICONAZOLE 7 CREAM	H2 PHARMA LLC
61269073063	miconazole nitrate	MICONAZOLE 7 CREAM	H2 PHARMA LLC
61269073514	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	H2 PHARMA LLC
61269073542	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	H2 PHARMA LLC
61269073556	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	H2 PHARMA LLC
68001048145	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	BLUEPOINT LABOR
68001048147	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	BLUEPOINT LABOR
68001048148	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	BLUEPOINT LABOR
68599020604	miconazole nitrate	THERA ANTIFUNGAL 2% CREAM	MCKESSON MEDICA
70000000901	miconazole nitrate	MICONAZOLE-7 CREAM	LEADER
70000034001	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	LEADER
70677100001	miconazole nitrate	FT ANTIFUNGAL 2% TOPICAL CREAM	FT-STRATEGIC SO
70677122201	miconazole nitrate	FT MICONAZOLE 7 CREAM	FT-STRATEGIC SO
70677122301	miconazole nitrate	FT MICONAZOLE 3 COMBO PACK	FT-STRATEGIC SO
70677122501	miconazole nitrate	FT MICONAZOLE 7 CREAM	FT-STRATEGIC SO
70677122601	miconazole nitrate	FT MICONAZOLE 3 COMBO PACK	FT-STRATEGIC SO
00023024004	mineral oil/petrolatum,white	REFRESH P.M. OINTMENT	ALLERGAN INC.
00023066704	mineral oil/petrolatum,white	REFRESH P.M. OINTMENT	ALLERGAN INC.

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00065050935	mineral oil/petrolatum,white	SYSTANE NIGHTTIME EYE OINTMENT	ALCON CONSUMER
00065051801	mineral oil/petrolatum,white	GENTEAL TEARS SEVERE 3-94% OIN	ALCON CONSUMER
00904648838	mineral oil/petrolatum,white	LUBRIFRESH PM EYE OINTMENT	MAJOR PHARMACEU
46122075737	mineral oil/petrolatum,white	NIGHTTIME LUBRICANT EYE OINT	AMERISOURCE-GNP
70000051301	mineral oil/petrolatum,white	LUBRICANT EYE OINTMENT	LEADER
75854030730	multivit 38/folate no.6/ginger	PRENATE AM TABLET	AVION PHARMACEU
13811058030	multivit 47/iron/folate 1/dha	ZATEAN-PN DHA CAPSULE	TRIGEN LABORATO
42192032130	multivit 47/iron/folate 1/dha	PNV-DHA SOFTGEL	ACELLA PHARMACE
69367031630	multivit 47/iron/folate 1/dha	WESCAP-PN DHA CAPSULE	WESTMINSTER PHA
28595071530	multivit comb no.61/folic acid	ALTRIXA TABLET	ALLEGIS PHARMAC
59088015854	multivit no.35/levomefolate	DAVIMET-M CHEWABLE TABLET	PURETEK CORPORA
75854031330	multivit no.40/iron/folat1/dha	PRENATE ESSENTIAL SOFTGEL	AVION PHARMACEU
50967041030	multivit no.42/iron/folate/dha	NESTABS ONE SOFTGEL	WOMEN'S CHOICE
59088016054	multivit no.62/iron/levomefol	DAVIMET WITH IRON CHEW TABLET	PURETEK CORPORA
16500008826	multivit with iron,minerals	FLINTSTONES COMPLETE TABLET	BAYER INC.
16500050603	multivit with iron,minerals	SCOOBY-DOO ONE A DAY TABLET	BAYER INC.
52083084306	multivit with iron,minerals	LYSIPLEX PLUS LIQUID	KRAMER-NOVIS
52083084316	multivit with iron,minerals	LYSIPLEX PLUS LIQUID	KRAMER-NOVIS
55289086801	multivit with iron,minerals	MULTIVIT WITH IRON TAB CHEW	PD-RX PHARM
00536466110	multivit,calc,mins/iron/folic	THEREMS-M TABLET	RUGBY
00904549261	multivit,calc,mins/iron/folic	THERA M PLUS TABLET	MAJOR PHARMACEU
00904549280	multivit,calc,mins/iron/folic	THERA-M TABLET	MAJOR PHARMACEU
46122012378	multivit,calc,mins/iron/folic	ONE DAILY WOMEN'S HEALTH TAB	AMERISOURCE-GNP
00642020410	multivit,iron,min 5/folic acid	STROVITE FORTE CAPLET	EXELTIS USA, IN
46122009575	multivit/iron/folic acid/hb179	MEGA MULTI FOR WOMEN TAB	AMERISOURCE-GNP
64661065030	multivit41/iron/folate8/ps-dha	ENBRACE HR SOFTGEL	JAYMAC PHARMA
11845091805	multivitamin	LITTLE ANIMALS CHILD TB CHW	MASON DISTRIB.
11845091816	multivitamin	LITTLE ANIMALS CHILD TB CHW	MASON DISTRIB.
11917008609	multivitamin	GUMMI BEAR MULTIVIT TAB CHEW	WALGREEN CO.
16500007814	multivitamin	FLINTSTONES TABLET CHEWABLE	BAYER INC.
16500007818	multivitamin	FLINTSTONES TABLET CHEWABLE	BAYER INC.
16500008619	multivitamin	FLINTSTONES EXTRA C TAB CHEW	BAYER INC.
37864000042	multivitamin	ANIMAL CHEWS TABLET	PLUS PHARMA,INC
46122012078	multivitamin	ONE DAILY ESSENTIAL TABLET	AMERISOURCE-GNP
46122012085	multivitamin	ONE DAILY ESSENTIAL TABLET	AMERISOURCE-GNP
51645070801	multivitamin	ANIMAL CHEWS TABLET	PLUS PHARMA,INC
51645074001	multivitamin	DAILY VITAMIN FORMULA TABLET	PLUS PHARMA,INC
51645074010	multivitamin	DAILY VITAMIN FORMULA TABLET	PLUS PHARMA,INC
51645074099	multivitamin	DAILY VITAMIN FORMULA TABLET	PLUS PHARMA,INC
51645074301	multivitamin	MULTI-VITAMIN DAILY TABLET	PLUS PHARMA,INC

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
51645074399	multivitamin	MULTI-VITAMIN DAILY TABLET	PLUS PHARMA,INC
75854030630	multivitamin no.36/folate no.6	PRENATE CHEWABLE TABLET	AVION PHARMACEU
00536354710	multivitamin with folic acid	DAILY-VITE TABLET	RUGBY
00904053061	multivitamin with folic acid	TAB-A-VITE TABLET	MAJOR PHARMACEU
00904053961	multivitamin with folic acid	THERA TABLET	MAJOR PHARMACEU
46122012002	multivitamin with folic acid	ONE DAILY ESSENTIAL TABLET	AMERISOURCE-GNP
83035121609	multivitamin with folic acid	TM-DAILY VITE TABLET	SINGULAR DREAME
83035122009	multivitamin with folic acid	TRUE MULTIVITAMIN TABLET	SINGULAR DREAME
11845091905	multivitamin with iron	LITTLE ANIMALS-IRON TAB CHEW	MASON DISTRIB.
11845091916	multivitamin with iron	LITTLE ANIMALS-IRON TAB CHEW	MASON DISTRIB.
51645074101	multivitamin with iron	DAILY VITAMIN + IRON TABLET	PLUS PHARMA,INC
58487003341	multivitamin with iron	VITALETTS TABLET CHEWABLE	FREEDA HEALTH
58487003342	multivitamin with iron	VITALETTS TABLET CHEWABLE	FREEDA HEALTH
51645074201	multivitamin with minerals	DAILY VITAMIN FORMULA TABLET	PLUS PHARMA,INC
00904026252	multivitamin,stress formula	STRESS FORMULA TABLET	MAJOR PHARMACEU
00178055001	multivitamin,therapeutic	ONCOVITE TABLET	MISSION PHARM.
00054045160	multivitamin/iron/folic acid	CENTRUM ADULTS TABLET	PF-GSK-HALEON
00054045171	multivitamin/iron/folic acid	CENTRUM ADULTS TABLET	PF-GSK-HALEON
00904264172	multivitamin/iron/folic acid	CERTAVITE-ANTIOXIDANT TABLET	MAJOR PHARMACEU
46122011978	multivitamin/iron/folic acid	ONE DAILY PLUS IRON TABLET	AMERISOURCE-GNP
51645074110	multivitamin/iron/folic acid	DAILY VITAMIN FORMULA-IRON TAB	PLUS PHARMA,INC
59088065931	multivit-min 103/levomefol/inu	LIVITA ADULT MULTIVITAMIN LIQ	PURETEK CORPORA
98152000130	multivit-min/FA/lutein/zeaxant	NUMAQUA VITAMIN CAPLET	PRN PHYSICIAN R
00536344508	multivit-min/FA/lycopen/lutein	CEROVITE SENIOR TABLET	RUGBY
00904548652	multivit-min/FA/lycopen/lutein	CERTAVITE SENIOR TABLET	MAJOR PHARMACEU
50268070311	multivit-min/FA/lycopen/lutein	SENTRY SENIOR TABLET	AVPAK
50268070315	multivit-min/FA/lycopen/lutein	SENTRY SENIOR TABLET	AVPAK
81033050115	multivit-min/ferrous gluconate	MULTIVITAMIN-MULTIMIN 15ML CUP	KESIN PHARMA
81033050150	multivit-min/ferrous gluconate	MULTIVITAMIN-MULTIMIN 15ML CUP	KESIN PHARMA
81033050151	multivit-min/ferrous gluconate	MULTIVITAMIN-MULTIMIN 15ML CUP	KESIN PHARMA
00054075664	multivit-min/iron/FA/vit K/lut	CENTRUM SILVER WOMEN TABLET	PF-GSK-HALEON
13811002710	multivit-min69/iron/folic acid	ELITE-OB CAPLET	TRIGEN LABORATO
68025001010	multivit-min69/iron/folic acid	OB COMPLETE CAPLET	VERTICAL/AVION
46122009678	multivit-minerals/FA/lycopene	ONE DAILY TABLET	AMERISOURCE-GNP
46122012471	multivit-minerals/folic/ginkgo	ONE DAILY WOMEN'S 50+ TABLET	AMERISOURCE-GNP
00682300101	multivit-mins no.20/iron/folic	BACMIN CAPLET	MARNEL/ALLEGIS
51991064501	multivit-mins no.7/folic acid	V-C FORTE CAPSULE	BRECKENRIDGE
75834005001	multivit-mins60/iron fum/folic	NIVA-PLUS TABLET	NIVAGEN PHARMAC
58657013601	mv, min 59/iron/folic/docusate	THRIVITE 19 TABLET	SPROUT PHARMACE
51759000203	mv,iron/folic/D3/om-3/dha/epa	PRORENAL QD SOFTGEL	NEPHROCEUTICALS

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
51759000204	mv,iron/folic/D3/om-3/dha/epa	PRORENAL QD SOFTGEL	NEPHROCEUTICALS
51645087510	m-vit,tx,iron,mins/calc/folic	THERA-M CAPLET	PLUS PHARMA,INC
51645087513	m-vit,tx,iron,mins/calc/folic	THERA-M CAPLET	PLUS PHARMA,INC
51645087599	m-vit,tx,iron,mins/calc/folic	THERA-M CAPLET	PLUS PHARMA,INC
50991023101	mv-min no.9/folic/saw palm frt	UDAMIN SP CAPLET	POLY PHARMACEUT
51759000205	mv-min/FA/D3/om-3/dha/epa/fish	CARDIAMIN MULTIVITAMIN SOFTGEL	NEPHROCEUTICALS
51759000206	mv-min/FA/D3/om-3/dha/epa/fish	CARDIAMIN MULTIVITAMIN SOFTGEL	NEPHROCEUTICALS
24208069864	mv-min/FA/vit K/lutein/zeaxant	PRESERVISION AREDS 2 PLUS MV	BAUSCH & LOMB I
24208069866	mv-min/FA/vit K/lutein/zeaxant	PRESERVISION AREDS 2 PLUS MV	BAUSCH & LOMB I
24208073510	mv-min/FA/vit K/lycop/lut/zeax	OCUVITE EYE PLUS MULTI TABLET	BAUSCH & LOMB I
13811058230	mv-mins 71/iron/folic no.1/dha	ZATEAN-PN PLUS SOFTGEL	TRIGEN LABORATO
42192033230	mv-mins 71/iron/folic no.1/dha	PNV-OMEGA SOFTGEL	ACELLA PHARMACE
59088000854	mv-mins no.109/iron/lmefolate	FINAZOL CAPLET	PURETEK CORPORA
46122012271	mv-mins/folic/lycopene/ginkgo	ONE DAILY MEN'S 50+ TABLET	AMERISOURCE-GNP
59088016254	mv-mn no.105/levomefol calc/K1	DIATROL CAPLET	PURETEK CORPORA
59088000554	mv-mn no.106/levomefolate calc	MULTITOL-M CAPLET	PURETEK CORPORA
46122009475	mv-mn/folic acid/lutein/hrb178	MEGA MULTI FOR MEN TABLET	AMERISOURCE-GNP
16571072812	mv-mn/folic/Q10/lycopen/lutein	ONE-DAILY MULTI CAPS	RISING PHARM
92828000200	mv-mn/lutein/zeax/bilber/hb277	MACULAR HEALTH FORMULA CAPSULE	EYESCIENCE LABS
24208046530	mv-mn/om3/dha/epa/fish/lut/zea	OCUVITE ADULT 50 PLUS SOFTGEL	BAUSCH & LOMB I
24208046570	mv-mn/om3/dha/epa/fish/lut/zea	OCUVITE ADULT 50 PLUS SOFTGEL	BAUSCH & LOMB I
54494000300	mv-mn/om3/dha/epa/fish/lut/zea	LIPOTRIAD VISIONARY SOFTGEL	LIPOTRIAD LLC
13811053530	mvn-min 74/iron fum/iron/FA	FOLIVANE-OB CAPSULE	TRIGEN LABORATO
13811053630	mvn-min75/iron/iron ps/om3/dha	TARON-C DHA CAPSULE	TRIGEN LABORATO
69367031530	mvn-min75/iron/iron ps/om3/dha	WESCAP-C DHA SOFTGEL	WESTMINSTER PHA
00480347819	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	TEVA PHARM
00480347868	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	TEVA PHARM
45802057800	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	PADAGIS
45802057884	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	PADAGIS
60219210401	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	AMNEAL PHARMACE
60219210407	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	AMNEAL PHARMACE
69238210401	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	AMNEAL PHARMACE
69238210407	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	AMNEAL PHARMACE
69547062702	naloxone HCl	NARCAN 4 MG NASAL SPRAY	EMERGENT DEVICE
00113008458	neomycin/bacitracin/polymyxinB	GS FIRST AID ANTIBIOTIC OINT	PERRIGO/GOODSEN
00113008464	neomycin/bacitracin/polymyxinB	GS FIRST AID ANTIBIOTIC OINT	PERRIGO/GOODSEN
00713026831	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	COSETTE PHARMAC
00904073431	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	MAJOR PHARMACEU
00904880531	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	MAJOR PHARMACEU
00904880567	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT PKT	MAJOR PHARMACEU

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
11527016247	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	SHEFFIELD PHARM
11527016251	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	SHEFFIELD PHARM
11527016255	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	SHEFFIELD PHARM
45802014300	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT PKT	PADAGIS
45802014301	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	PADAGIS
45802014303	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	PADAGIS
45802014370	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT PKT	PADAGIS
46122041403	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	AMERISOURCE-GNP
46122041405	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	AMERISOURCE-GNP
51672212001	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	TARO PHARM USA
51672212002	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	TARO PHARM USA
68001048345	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	BLUEPOINT LABOR
68001048346	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	BLUEPOINT LABOR
70000005801	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	LEADER
70000009401	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	LEADER
70677001301	neomycin/bacitracin/polymyxinB	SM TRIPLE ANTIBIOTIC OINTMENT	SM-STRATEGIC SO
70677121701	neomycin/bacitracin/polymyxinB	FT TRIPLE ANTIBIOTIC OINTMENT	FT-STRATEGIC SO
83324005005	neomycin/bacitracin/polymyxinB	QC TRIPLE ANTIBIOTIC OINTMENT	CHAIN DRUG
00536110688	nicotine	NICOTINE 7 MG/24HR PATCH	RUGBY
00536110788	nicotine	NICOTINE 14 MG/24HR PATCH	RUGBY
00536110888	nicotine	NICOTINE 21 MG/24HR PATCH	RUGBY
00536589453	nicotine	NICOTINE 7 MG/24HR PATCH	RUGBY
00536589488	nicotine	NICOTINE 7 MG/24HR PATCH	RUGBY
00536589553	nicotine	NICOTINE 14 MG/24HR PATCH	RUGBY
00536589571	nicotine	NICOTINE 14 MG/24HR PATCH	RUGBY
00536589588	nicotine	NICOTINE 14 MG/24HR PATCH	RUGBY
00536589653	nicotine	NICOTINE 21 MG/24HR PATCH	RUGBY
00536589671	nicotine	NICOTINE 21 MG/24HR PATCH	RUGBY
00536589688	nicotine	NICOTINE 21 MG/24HR PATCH	RUGBY
43598044556	nicotine	NICOTINE TRANSDERMAL SYSTEM	DR.REDDY'S LAB
43598044670	nicotine	NICOTINE 7 MG/24HR PATCH	DR.REDDY'S LAB
43598044671	nicotine	NICOTINE 7 MG/24HR PATCH	DR.REDDY'S LAB
43598044674	nicotine	NICOTINE 7 MG/24HR PATCH	DR.REDDY'S LAB
43598044770	nicotine	NICOTINE 14 MG/24HR PATCH	DR.REDDY'S LAB
43598044771	nicotine	NICOTINE 14 MG/24HR PATCH	DR.REDDY'S LAB
43598044774	nicotine	NICOTINE 14 MG/24HR PATCH	DR.REDDY'S LAB
43598044828	nicotine	NICOTINE 21 MG/24HR PATCH	DR.REDDY'S LAB
43598044870	nicotine	NICOTINE 21 MG/24HR PATCH	DR.REDDY'S LAB
43598044871	nicotine	NICOTINE 21 MG/24HR PATCH	DR.REDDY'S LAB
43598044874	nicotine	NICOTINE 21 MG/24HR PATCH	DR.REDDY'S LAB

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
46122035274	nicotine	NICOTINE 14 MG/24HR PATCH	AMERISOURCE-GNP
46122035374	nicotine	NICOTINE 21 MG/24HR PATCH	AMERISOURCE-GNP
46122035474	nicotine	NICOTINE 7 MG/24HR PATCH	AMERISOURCE-GNP
46122056803	nicotine	GNP NICOTINE 21 MG/24HR PATCH	AMERISOURCE-GNP
46122056807	nicotine	GNP NICOTINE 21 MG/24HR PATCH	AMERISOURCE-GNP
60505706100	nicotine	NICOTINE 7 MG/24HR PATCH	APOTEX CORP
60505706200	nicotine	NICOTINE 14 MG/24HR PATCH	APOTEX CORP
60505706300	nicotine	NICOTINE 21 MG/24HR PATCH	APOTEX CORP
60505708800	nicotine	NICOTINE 7 MG/24HR PATCH	APOTEX CORP
60505708900	nicotine	NICOTINE 14 MG/24HR PATCH	APOTEX CORP
60505709000	nicotine	NICOTINE 21 MG/24HR PATCH	APOTEX CORP
62011035001	nicotine	HM NICOTINE 14 MG/24HR PATCH	HM-STRATEGIC SO
62011035101	nicotine	HM NICOTINE 21 MG/24HR PATCH	HM-STRATEGIC SO
68001043288	nicotine	NICOTINE 7 MG/24HR PATCH	BLUEPOINT LABOR
68001043290	nicotine	NICOTINE 7 MG/24HR PATCH	BLUEPOINT LABOR
68001043388	nicotine	NICOTINE 14 MG/24HR PATCH	BLUEPOINT LABOR
68001043390	nicotine	NICOTINE 14 MG/24HR PATCH	BLUEPOINT LABOR
68001043488	nicotine	NICOTINE 21 MG/24HR PATCH	BLUEPOINT LABOR
68001043490	nicotine	NICOTINE 21 MG/24HR PATCH	BLUEPOINT LABOR
68001043491	nicotine	NICOTINE 21 MG/24HR PATCH	BLUEPOINT LABOR
70000051001	nicotine	NICOTINE 7 MG/24HR PATCH	LEADER
70000051002	nicotine	NICOTINE 7 MG/24HR PATCH	LEADER
70000051101	nicotine	NICOTINE 14 MG/24HR PATCH	LEADER
70000051102	nicotine	NICOTINE 14 MG/24HR PATCH	LEADER
70000051201	nicotine	NICOTINE 21 MG/24HR PATCH	LEADER
70000051202	nicotine	NICOTINE 21 MG/24HR PATCH	LEADER
70677003001	nicotine	SM NICOTINE 7 MG/24HR PATCH	SM-STRATEGIC SO
70677003101	nicotine	SM NICOTINE 14 MG/24HR PATCH	SM-STRATEGIC SO
70677118001	nicotine	FT NICOTINE 7 MG/24HR PATCH	FT-STRATEGIC SO
70677118101	nicotine	FT NICOTINE 14 MG/24HR PATCH	FT-STRATEGIC SO
70677118201	nicotine	FT NICOTINE 21 MG/24HR PATCH	FT-STRATEGIC SO
00113002925	nicotine polacrilex	GS NICOTINE 2 MG CHEWING GUM	PERRIGO/GOODSEN
00113002960	nicotine polacrilex	GS NICOTINE 2 MG CHEWING GUM	PERRIGO/GOODSEN
00113002971	nicotine polacrilex	GS NICOTINE 2 MG CHEWING GUM	PERRIGO/GOODSEN
00113005306	nicotine polacrilex	GS NICOTINE 4 MG CHEWING GUM	PERRIGO/GOODSEN
00113017025	nicotine polacrilex	GS NICOTINE 4 MG CHEWING GUM	PERRIGO/GOODSEN
00113017060	nicotine polacrilex	GS NICOTINE 4 MG CHEWING GUM	PERRIGO/GOODSEN
00113017071	nicotine polacrilex	GS NICOTINE 4 MG CHEWING GUM	PERRIGO/GOODSEN
00113020625	nicotine polacrilex	GS NICOTINE 2 MG CHEWING GUM	PERRIGO/GOODSEN
00113034405	nicotine polacrilex	GS NICOTINE 2 MG LOZENGE	PERRIGO/GOODSEN

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00113042225	nicotine polacrilex	GS NICOTINE 4 MG CHEWING GUM	PERRIGO/GOODSEN
00113045660	nicotine polacrilex	GS NICOTINE 2 MG CHEWING GUM	PERRIGO/GOODSEN
00113053260	nicotine polacrilex	GS NICOTINE 4 MG CHEWING GUM	PERRIGO/GOODSEN
00113053278	nicotine polacrilex	GS NICOTINE 4 MG CHEWING GUM	PERRIGO/GOODSEN
00113073402	nicotine polacrilex	GS NICOTINE 2 MG MINI LOZENGE	PERRIGO/GOODSEN
00113087305	nicotine polacrilex	GS NICOTINE 4 MG LOZENGE	PERRIGO/GOODSEN
00113095702	nicotine polacrilex	GS NICOTINE 4 MG MINI LOZENGE	PERRIGO/GOODSEN
00113095760	nicotine polacrilex	GS NICOTINE 4 MG MINI LOZENGE	PERRIGO/GOODSEN
00113810025	nicotine polacrilex	GS NICOTINE 2 MG CHEWING GUM	PERRIGO/GOODSEN
00113860025	nicotine polacrilex	GS NICOTINE 4 MG CHEWING GUM	PERRIGO/GOODSEN
00536123927	nicotine polacrilex	NICOTINE 2 MG MINI LOZENGE	RUGBY
00536123981	nicotine polacrilex	NICOTINE 2 MG MINI LOZENGE	RUGBY
00536124127	nicotine polacrilex	NICOTINE 4 MG MINI LOZENGE	RUGBY
00536124181	nicotine polacrilex	NICOTINE 4 MG MINI LOZENGE	RUGBY
00536133709	nicotine polacrilex	NICOTINE 2 MG LOZENGE	RUGBY
00536133735	nicotine polacrilex	NICOTINE 2 MG LOZENGE	RUGBY
00536133809	nicotine polacrilex	NICOTINE 4 MG LOZENGE	RUGBY
00536133835	nicotine polacrilex	NICOTINE 4 MG LOZENGE	RUGBY
00536136206	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RUGBY
00536136223	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RUGBY
00536136234	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RUGBY
00536137206	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RUGBY
00536137223	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RUGBY
00536137234	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RUGBY
00536302906	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RUGBY
00536302923	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RUGBY
00536302925	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RUGBY
00536302934	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RUGBY
00536303006	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RUGBY
00536303023	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RUGBY
00536303025	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RUGBY
00536311201	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RUGBY
00536311237	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RUGBY
00536311301	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RUGBY
00536311337	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RUGBY
00536338601	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RUGBY
00536338701	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RUGBY
00536340401	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RUGBY
00536340501	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RUGBY
43598048610	nicotine polacrilex	NICOTINE 2 MG LOZENGE	DR.REDDY'S LAB

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
43598048624	nicotine polacrilex	NICOTINE 2 MG LOZENGE	DR.REDDY'S LAB
43598048627	nicotine polacrilex	NICOTINE 2 MG LOZENGE	DR.REDDY'S LAB
43598048672	nicotine polacrilex	NICOTINE 2 MG LOZENGE	DR.REDDY'S LAB
43598048681	nicotine polacrilex	NICOTINE 2 MG LOZENGE	DR.REDDY'S LAB
43598048710	nicotine polacrilex	NICOTINE 4 MG LOZENGE	DR.REDDY'S LAB
43598048724	nicotine polacrilex	NICOTINE 4 MG LOZENGE	DR.REDDY'S LAB
43598048727	nicotine polacrilex	NICOTINE 4 MG LOZENGE	DR.REDDY'S LAB
43598048772	nicotine polacrilex	NICOTINE 4 MG LOZENGE	DR.REDDY'S LAB
43598048781	nicotine polacrilex	NICOTINE 4 MG LOZENGE	DR.REDDY'S LAB
45802008901	nicotine polacrilex	NICOTINE 2 MG MINI LOZENGE	PADAGIS
45802008902	nicotine polacrilex	NICOTINE 2 MG MINI LOZENGE	PADAGIS
45802034403	nicotine polacrilex	NICOTINE 2 MG LOZENGE	PADAGIS
45802034405	nicotine polacrilex	NICOTINE 2 MG LOZENGE	PADAGIS
45802065125	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	PADAGIS
45802082725	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	PADAGIS
45802087303	nicotine polacrilex	NICOTINE 4 MG LOZENGE	PERRIGO/PADAGIS
45802087305	nicotine polacrilex	NICOTINE 4 MG LOZENGE	PADAGIS
45802095701	nicotine polacrilex	NICOTINE 4 MG MINI LOZENGE	PERRIGO/PADAGIS
45802095702	nicotine polacrilex	NICOTINE 4 MG MINI LOZENGE	PERRIGO/PADAGIS
46122028460	nicotine polacrilex	GNP NICOTINE 2 MG CHEWING GUM	AMERISOURCE-GNP
46122044858	nicotine polacrilex	GNP NICOTINE 2 MG CHEWING GUM	AMERISOURCE-GNP
46122044958	nicotine polacrilex	GNP NICOTINE 4 MG CHEWING GUM	AMERISOURCE-GNP
46122066315	nicotine polacrilex	GNP NICOTINE 2 MG MINI LOZENGE	AMERISOURCE-GNP
46122066515	nicotine polacrilex	GNP NICOTINE 4 MG MINI LOZENGE	AMERISOURCE-GNP
46122066678	nicotine polacrilex	GNP NICOTINE 4 MG CHEWING GUM	AMERISOURCE-GNP
46122071560	nicotine polacrilex	GNP NICOTINE 2 MG MINI LOZENGE	AMERISOURCE-GNP
46122071615	nicotine polacrilex	GNP NICOTINE 4 MG MINI LOZENGE	AMERISOURCE-GNP
46122071660	nicotine polacrilex	GNP NICOTINE 4 MG MINI LOZENGE	AMERISOURCE-GNP
46122071760	nicotine polacrilex	GNP NICOTINE 2 MG CHEWING GUM	AMERISOURCE-GNP
46122071860	nicotine polacrilex	GNP NICOTINE 4 MG CHEWING GUM	AMERISOURCE-GNP
46122071960	nicotine polacrilex	GNP NICOTINE 2 MG CHEWING GUM	AMERISOURCE-GNP
46122072025	nicotine polacrilex	GNP NICOTINE 4 MG CHEWING GUM	AMERISOURCE-GNP
46122072425	nicotine polacrilex	GNP NICOTINE 2 MG CHEWING GUM	AMERISOURCE-GNP
46122072571	nicotine polacrilex	GNP NICOTINE 4 MG CHEWING GUM	AMERISOURCE-GNP
46122073115	nicotine polacrilex	GNP NICOTINE 2 MG MINI LOZENGE	AMERISOURCE-GNP
46122073116	nicotine polacrilex	GNP NICOTINE 2 MG MINI LOZENGE	AMERISOURCE-GNP
46122073208	nicotine polacrilex	GNP NICOTINE 4 MG LOZENGE	AMERISOURCE-GNP
46122073262	nicotine polacrilex	GNP NICOTINE 4 MG LOZENGE	AMERISOURCE-GNP
46122073360	nicotine polacrilex	GNP NICOTINE 4 MG CHEWING GUM	AMERISOURCE-GNP
46122073408	nicotine polacrilex	GNP NICOTINE 2 MG LOZENGE	AMERISOURCE-GNP

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
46122073462	nicotine polacrilex	GNP NICOTINE 2 MG LOZENGE	AMERISOURCE-GNP
49348057208	nicotine polacrilex	SM NICOTINE 4 MG CHEWING GUM	SM-STRATEGIC SO
49348057236	nicotine polacrilex	SM NICOTINE 4 MG CHEWING GUM	SM-STRATEGIC SO
49348057308	nicotine polacrilex	SM NICOTINE 2 MG CHEWING GUM	SM-STRATEGIC SO
49348057336	nicotine polacrilex	SM NICOTINE 2 MG CHEWING GUM	SM-STRATEGIC SO
49348069136	nicotine polacrilex	SM NICOTINE 2 MG CHEWING GUM	SM-STRATEGIC SO
49348069236	nicotine polacrilex	SM NICOTINE 4 MG CHEWING GUM	SM-STRATEGIC SO
49348078710	nicotine polacrilex	SM NICOTINE 2 MG CHEWING GUM	SM-STRATEGIC SO
49348078810	nicotine polacrilex	SM NICOTINE 4 MG CHEWING GUM	SM-STRATEGIC SO
49348085216	nicotine polacrilex	SM NICOTINE 2 MG LOZENGE	SM-STRATEGIC SO
49348085316	nicotine polacrilex	SM NICOTINE 4 MG LOZENGE	SM-STRATEGIC SO
57237032072	nicotine polacrilex	NICOTINE 2 MG MINI LOZENGE	RISING PHARM
57237032172	nicotine polacrilex	NICOTINE 4 MG MINI LOZENGE	RISING PHARM
57237032201	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RISING PHARM
57237032301	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RISING PHARM
62011019901	nicotine polacrilex	HM NICOTINE 2 MG MINI LOZENGE	HM-STRATEGIC SO
62011020001	nicotine polacrilex	HM NICOTINE 4 MG MINI LOZENGE	HM-STRATEGIC SO
63739036810	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	MCKESSON PACKAG
63739036910	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	MCKESSON PACKAG
63739037010	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	MCKESSON PACKAG
63739037163	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	MCKESSON PACKAG
70000034101	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	LEADER
70000034201	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	LEADER
70000034301	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	LEADER
70000034401	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	LEADER
70000034402	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	LEADER
70000034501	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	LEADER
70000034601	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	LEADER
70000034701	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	LEADER
70000034801	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	LEADER
70000034802	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	LEADER
70000055901	nicotine polacrilex	NICOTINE 4 MG MINI LOZENGE	LEADER
70000056001	nicotine polacrilex	NICOTINE 2 MG MINI LOZENGE	LEADER
70000056101	nicotine polacrilex	NICOTINE 4 MG LOZENGE	LEADER
70000056201	nicotine polacrilex	NICOTINE 2 MG LOZENGE	LEADER
70677008501	nicotine polacrilex	SM NICOTINE 2 MG CHEWING GUM	SM-STRATEGIC SO
70677008601	nicotine polacrilex	SM NICOTINE 4 MG CHEWING GUM	SM-STRATEGIC SO
70677008701	nicotine polacrilex	SM NICOTINE 2 MG LOZENGE	SM-STRATEGIC SO
70677008801	nicotine polacrilex	SM NICOTINE 4 MG LOZENGE	SM-STRATEGIC SO
70677008901	nicotine polacrilex	SM NICOTINE 2 MG LOZENGE	SM-STRATEGIC SO

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
70677009001	nicotine polacrilex	SM NICOTINE 4 MG LOZENGE	SM-STRATEGIC SO
70677016901	nicotine polacrilex	SM NICOTINE 2 MG CHEWING GUM	SM-STRATEGIC SO
70677017001	nicotine polacrilex	SM NICOTINE 4 MG CHEWING GUM	SM-STRATEGIC SO
70677116401	nicotine polacrilex	FT NICOTINE 2 MG CHEWING GUM	FT-STRATEGIC SO
70677116501	nicotine polacrilex	FT NICOTINE 4 MG CHEWING GUM	FT-STRATEGIC SO
70677116601	nicotine polacrilex	FT NICOTINE 2 MG CHEWING GUM	FT-STRATEGIC SO
70677116602	nicotine polacrilex	FT NICOTINE 2 MG CHEWING GUM	FT-STRATEGIC SO
70677116701	nicotine polacrilex	FT NICOTINE 4 MG CHEWING GUM	FT-STRATEGIC SO
70677116702	nicotine polacrilex	FT NICOTINE 4 MG CHEWING GUM	FT-STRATEGIC SO
70677117001	nicotine polacrilex	FT NICOTINE 2 MG CHEWING GUM	FT-STRATEGIC SO
70677117101	nicotine polacrilex	FT NICOTINE 4 MG CHEWING GUM	FT-STRATEGIC SO
70677117201	nicotine polacrilex	FT NICOTINE 2 MG MINI LOZENGE	FT-STRATEGIC SO
70677117301	nicotine polacrilex	FT NICOTINE 4 MG MINI LOZENGE	FT-STRATEGIC SO
70677117401	nicotine polacrilex	FT NICOTINE 2 MG LOZENGE	FT-STRATEGIC SO
70677117501	nicotine polacrilex	FT NICOTINE 4 MG LOZENGE	FT-STRATEGIC SO
70677117601	nicotine polacrilex	FT NICOTINE 2 MG LOZENGE	FT-STRATEGIC SO
70677117701	nicotine polacrilex	FT NICOTINE 4 MG LOZENGE	FT-STRATEGIC SO
70677117801	nicotine polacrilex	FT NICOTINE 2 MG MINI LOZENGE	FT-STRATEGIC SO
70677117901	nicotine polacrilex	FT NICOTINE 4 MG MINI LOZENGE	FT-STRATEGIC SO
70677119201	nicotine polacrilex	FT NICOTINE 2 MG CHEWING GUM	FT-STRATEGIC SO
70677119301	nicotine polacrilex	FT NICOTINE 4 MG CHEWING GUM	FT-STRATEGIC SO
00113810101	norgestrel	OPILL 0.075 MG TABLET	PERRIGO CO.
00113810103	norgestrel	OPILL 0.075 MG TABLET	PERRIGO CO.
00113810104	norgestrel	OPILL 0.075 MG TABLET	PERRIGO CO.
00113810106	norgestrel	OPILL 0.075 MG TABLET	PERRIGO CO.
42192030160	om-3/dha/epa/B12/FA/B6/phytost	BP VIT 3 CAPSULE	ACELLA PHARMACE
00113006510	oxymetazoline HCl	GS NASAL SPRAY 0.05%	PERRIGO/GOODSEN
00113030410	oxymetazoline HCl	GS NASAL SPRAY 0.05%	PERRIGO/GOODSEN
00113038810	oxymetazoline HCl	GS NO DRIP 0.05% NASAL SPRAY	PERRIGO/GOODSEN
00113081710	oxymetazoline HCl	GS SINUS NASAL SPRAY 0.05%	PERRIGO/GOODSEN
00904676130	oxymetazoline HCl	NASAL DECONGESTANT 0.05% SPRAY	MAJOR PHARMACEU
00904700635	oxymetazoline HCl	NASAL DECONGESTANT 0.05% SPRAY	MAJOR PHARMACEU
00904742730	oxymetazoline HCl	NASAL DECONGESTANT 0.05% SPRAY	MAJOR PHARMACEU
00904743535	oxymetazoline HCl	NASAL DECONGESTANT 0.05% SPRAY	MAJOR PHARMACEU
24385035210	oxymetazoline HCl	NO DRIP 0.05% NASAL SPRAY	AMERISOURCE-GNP
45802041059	oxymetazoline HCl	NASAL SPRAY 0.05%	PADAGIS
46122016510	oxymetazoline HCl	NASAL SPRAY ORIGINAL 0.05%	AMERISOURCE-GNP
46122064705	oxymetazoline HCl	GNP NASAL SPRAY 0.05%	AMERISOURCE-GNP
49348002827	oxymetazoline HCl	SM NASAL SPRAY 0.05%	SM-STRATEGIC SO
49348013027	oxymetazoline HCl	SM NASAL 0.05% SPRAY	SM-STRATEGIC SO

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
62011008001	oxymetazoline HCl	HM ORIGINAL NASAL SPRAY 0.05%	HM-STRATEGIC SO
70000000101	oxymetazoline HCl	NASAL SPRAY 0.05%	LEADER
70000066501	oxymetazoline HCl	NASAL DECONGESTANT 0.05% SPRAY	LEADER
70677103701	oxymetazoline HCl	FT NASAL SPRAY 0.05%	FT-STRATEGIC SO
70677103901	oxymetazoline HCl	FT NASAL SPRAY 0.05%	FT-STRATEGIC SO
70677104001	oxymetazoline HCl	FT NASAL SPRAY 0.05%	FT-STRATEGIC SO
23594052530	ped multivit 175/fluoride/iron	POLY-VI-FLOR-IRON 0.5-10MG CHW	AYTU BIOPHARMA,
23594001003	ped multivit 205/fluoride/iron	POLY-VI-FLOR-IRON 0.5 MG CHWTB	AYTU BIOPHARMA,
23594010030	ped multivit 205/fluoride/iron	POLY-VI-FLOR-IRON 0.5 MG CHWTB	AYTU BIOPHARMA,
23594006005	ped multivit 214/fluoride/iron	POLY-VI-FLOR-IRON 0.25 MG DROP	AYTU BIOPHARMA,
23594060050	ped multivit 214/fluoride/iron	POLY-VI-FLOR-IRON 0.25 MG DROP	AYTU BIOPHARMA,
23594060550	ped multivit 220/fluoride/iron	POLY-VI-FLOR-IRON 0.25 MG/ML	AYTU BIOPHARMA,
39328000550	ped mvit A,C,D3 no.21/fluoride	SOLUVITA A,C,D-FLUOR 0.25MG/ML	PATRIN PHARMA
44946103508	ped mvit A,C,D3 no.21/fluoride	TRI-VIT-FLUOR 0.25 MG/ML DROP	SANCILIO & COMP
44946103608	ped mvit A,C,D3 no.21/fluoride	TRI-VIT-FLUOR 0.5 MG/ML DROP	SANCILIO & COMP
58657032350	ped mvit A,C,D3 no.21/fluoride	TRI-VITE-FLUORIDE 0.25 MG/ML	METHOD PHARMACE
58657032450	ped mvit A,C,D3 no.21/fluoride	TRI-VITE-FLUORIDE 0.5 MG/ML	METHOD PHARMACE
61269016450	ped mvit A,C,D3 no.21/fluoride	VIT A,C,D-FLUORIDE 0.25 MG/ML	H2 PHARMA LLC
61269016750	ped mvit A,C,D3 no.21/fluoride	VIT A,C,D-FLUORIDE 0.5 MG/ML	H2 PHARMA LLC
63629114101	ped mvit A,C,D3 no.21/fluoride	TRI-VITE-FLUORIDE 0.5 MG/ML	BRYANT RANCH PR
72162165902	ped mvit A,C,D3 no.21/fluoride	TRI-VITE-FLUORIDE 0.5 MG/ML	BRYANT RANCH PR
23594007005	ped mvit A,C,D3 no.38/fluoride	TRI-VI-FLOR 0.25 MG DROPS	AYTU BIOPHARMA,
23594008005	ped mvit A,C,D3 no.38/fluoride	TRI-VI-FLOR 0.5 MG DROPS	AYTU BIOPHARMA,
23594070050	ped mvit A,C,D3 no.38/fluoride	TRI-VI-FLOR 0.25 MG DROPS	AYTU BIOPHARMA,
23594080050	ped mvit A,C,D3 no.38/fluoride	TRI-VI-FLOR 0.5 MG DROPS	AYTU BIOPHARMA,
49100040148	ped mvn 210/B. subtilis/lutein	CULTURELLE KID PRO-MV-LUT GMMY	I-HEALTH, INC
57771000113	pedi multivit 14/iron/folic ac	NANO VM 1-3 POWDER	SOLACE NUTRITIO
00536344308	pedi multivit 158/iron/vit K1	CEROVITE JR TABLET CHEW	RUGBY
60002060374	pedi multivit 196/vit D3/vit K	GENADEK LIQUID DROPS	MVW NUTRITIONAL
40093011538	pedi multivit 200/B. coagulans	JUST 4 KIDZ MV-PROBIOTIC GUMMY	PIPING ROCK HEA
23594005005	pedi multivit 213 w-fluoride	POLY-VI-FLOR 0.25 MG DROP	AYTU BIOPHARMA,
23594050050	pedi multivit 213 w-fluoride	POLY-VI-FLOR 0.25 MG DROP	AYTU BIOPHARMA,
58204000417	pedi multivit 216/vit D3/vit K	HI-D PEDIATRIC DROP	MVW NUTRITIONAL
58204000401	pedi multivit 22/vit D3/vit K	MVW COMPLETE FORM MULTIVIT CHW	MVW NUTRITIONAL
58204000408	pedi multivit 22/vit D3/vit K	MVW COMPLETE FORM MULTIVIT CHW	MVW NUTRITIONAL
58204000411	pedi multivit 22/vit D3/vit K	MVW COMPLETE FORMUL D3000 CHEW	MVW NUTRITIONAL
58204000413	pedi multivit 22/vit D3/vit K	MVW COMPLETE FORMUL D3000 CHEW	MVW NUTRITIONAL
58204000415	pedi multivit 22/vit D3/vit K	MVW COMPLETE FORM MULTIVIT CHW	MVW NUTRITIONAL
58204000430	pedi multivit 22/vit D3/vit K	MVW COMPLETE FORMUL D5000 CHEW	MVW NUTRITIONAL
44946201608	pedi multivit 45/fluoride/iron	MULTIVIT-FLUOR-IRON 0.25 MG/ML	SANCILIO & COMP

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
58657032750	pedi multivit 45/fluoride/iron	MULTIVIT-FLUOR-IRON 0.25 MG/ML	METHOD PHARMACE
61269016350	pedi multivit 45/fluoride/iron	MULTIVIT-IRON-FLUOR 0.25 MG/ML	H2 PHARMA LLC
58204000404	pedi multivit 77/vit D3/vit K	MVW COMPLETE FORMUL PEDIA DRPS	MVW NUTRITIONAL
16500055819	pedi multivit 89/vit D3/vit K	ONE-A-DAY TEEN HIM VITACRAVES	BAYER INC.
16500055818	pedi multivit 99/vit D3/vit K	ONE-A-DAY TEEN HER VITACRAVES	BAYER INC.
11845015225	pedi multivit no.11/folic acid	KIDS MULTIVIT-MINERALS GUMMIES	MASON DISTRIB.
44946102005	pedi multivit no.12 w-fluoride	MVC-FLUORIDE 0.25 MG TAB CHEW	SANCILIO & COMP
44946102105	pedi multivit no.12 w-fluoride	MVC-FLUORIDE 0.5 MG TAB CHEW	SANCILIO & COMP
44946102205	pedi multivit no.12 w-fluoride	MVC-FLUORIDE 1 MG TAB CHEW	SANCILIO & COMP
68176000010	pedi multivit no.128/vitamin K	DEKAS PLUS LIQUID	CALLION PHARMA
11822032343	pedi multivit no.140/iron fum	RA CHILD COMPLETE CHEWABLE VIT	RITE AID CORP.
50428025628	pedi multivit no.140/iron fum	CVS CHILD CHEW VITAMN COMPLETE	CVS
70030061885	pedi multivit no.140/iron fum	KIDS MULTIVITAMIN COMPLETE TAB	PERRIGO CO.
96295012826	pedi multivit no.140/iron fum	CHILD MULTIVITAMIN PLUS IRON	LEADER
40985027315	pedi multivit no.146-iron bg	ZOO FRIENDS COMPLETE TAB CHEW	21ST CENTURY HE
57771000148	pedi multivit no.15/iron/folic	NANO VM 4-8 POWDER	SOLACE NUTRITIO
54629205911	pedi multivit no.159/iron sulf	DINO-LIFE IRON-ZINC TAB CHEW	NAT'L VIT. CO.
79854073311	pedi multivit no.159/iron sulf	HONEY BEARS IRON-ZINC TAB CHEW	NAT'L VIT. CO.
79854075911	pedi multivit no.159/iron sulf	DINO-LIFE IRON-ZINC TAB CHEW	NAT'L VIT. CO.
52796017050	pedi multivit no.161/fluoride	FLORIVA PLUS 0.25 MG/ML DROP	BONGEO PHARMACE
58657016301	pedi multivit no.17 w-fluoride	MULTIVIT-FLUOR 0.25 MG TAB CHW	METHOD PHARMACE
58657016390	pedi multivit no.17 w-fluoride	MULTIVIT-FLUOR 0.25 MG TAB CHW	METHOD PHARMACE
58657016401	pedi multivit no.17 w-fluoride	MULTIVIT-FLUOR 0.5 MG TAB CHEW	METHOD PHARMACE
58657016490	pedi multivit no.17 w-fluoride	MULTIVIT-FLUOR 0.5 MG TAB CHEW	METHOD PHARMACE
58657016501	pedi multivit no.17 w-fluoride	MULTIVIT-FLUORIDE 1 MG TAB CHW	METHOD PHARMACE
58657016590	pedi multivit no.17 w-fluoride	MULTIVIT-FLUORIDE 1 MG TAB CHW	METHOD PHARMACE
59088010759	pedi multivit no.17 w-fluoride	MULTIVIT-FLUOR 0.25 MG TAB CHW	PURETEK CORPORA
59088010859	pedi multivit no.17 w-fluoride	MULTIVIT-FLUOR 0.5 MG TAB CHEW	PURETEK CORPORA
59088010959	pedi multivit no.17 w-fluoride	MULTIVIT-FLUORIDE 1 MG TAB CHW	PURETEK CORPORA
61269015501	pedi multivit no.17 w-fluoride	MULTIVIT-FLUOR 0.25 MG TAB CHW	H2 PHARMA LLC
61269015601	pedi multivit no.17 w-fluoride	MULTIVIT-FLUOR 0.5 MG TAB CHEW	H2 PHARMA LLC
61269015701	pedi multivit no.17 w-fluoride	MULTIVIT-FLUORIDE 1 MG TAB CHW	H2 PHARMA LLC
72162165501	pedi multivit no.17 w-fluoride	MULTIVIT-FLUOR 0.25 MG TAB CHW	BRYANT RANCH PR
72162165509	pedi multivit no.17 w-fluoride	MULTIVIT-FLUOR 0.25 MG TAB CHW	BRYANT RANCH PR
72162165601	pedi multivit no.17 w-fluoride	MULTIVIT-FLUOR 0.5 MG TAB CHEW	BRYANT RANCH PR
72162165609	pedi multivit no.17 w-fluoride	MULTIVIT-FLUOR 0.5 MG TAB CHEW	BRYANT RANCH PR
72162165701	pedi multivit no.17 w-fluoride	MULTIVIT-FLUORIDE 1 MG TAB CHW	BRYANT RANCH PR
72162165709	pedi multivit no.17 w-fluoride	MULTIVIT-FLUORIDE 1 MG TAB CHW	BRYANT RANCH PR
23594022530	pedi multivit no.175/fluoride	POLY-VI-FLOR 0.25 MG TAB CHEW	AYTU BIOPHARMA,
23594032530	pedi multivit no.175/fluoride	POLY-VI-FLOR 0.5 MG TAB CHEW	AYTU BIOPHARMA,

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
23594042530	pedi multivit no.175/fluoride	POLY-VI-FLOR 1 MG TAB CHEW	AYTU BIOPHARMA,
11917010085	pedi multivit no.19/folic acid	CHILDREN'S MULTI-VIT GUMMIES	WALGREEN CO.
16500052309	pedi multivit no.19/folic acid	FLINTSTONES MULTI-VIT GUMMIES	BAYER INC.
98302014005	pedi multivit no.194/iron sulf	PHARM CHOICE POLY-VIT-IRON DRP	SIMPLE DIAGNOST
44946201708	pedi multivit no.2 w-fluoride	MULTIVIT-FLUOR 0.25 MG/ML DROP	SANCILIO & COMP
44946201808	pedi multivit no.2 w-fluoride	MULTIVIT-FLUOR 0.5 MG/ML DROP	SANCILIO & COMP
58657032550	pedi multivit no.2 w-fluoride	MULTIVIT-FLUOR 0.25 MG/ML DROP	METHOD PHARMACE
58657032650	pedi multivit no.2 w-fluoride	MULTIVIT-FLUOR 0.5 MG/ML DROP	METHOD PHARMACE
61269016150	pedi multivit no.2 w-fluoride	MULTIVIT-FLUOR 0.25 MG/ML DROP	H2 PHARMA LLC
61269016250	pedi multivit no.2 w-fluoride	MULTIVIT-FLUOR 0.5 MG/ML DROP	H2 PHARMA LLC
33674015789	pedi multivit no.204/herb 293	ALIVE PREMIUM KIDS GUMMY	SCHWABE NORTH A
23594035030	pedi multivit no.217/fluoride	POLY-VI-FLOR 0.5 MG GUMMY	AYTU BIOPHARMA,
23594002003	pedi multivit no.219/fluoride	POLY-VI-FLOR 0.25 MG TAB CHEW	AYTU BIOPHARMA,
23594003003	pedi multivit no.219/fluoride	POLY-VI-FLOR 0.5 MG TAB CHEW	AYTU BIOPHARMA,
23594004003	pedi multivit no.219/fluoride	POLY-VI-FLOR 1 MG TAB CHEW	AYTU BIOPHARMA,
23594020030	pedi multivit no.219/fluoride	POLY-VI-FLOR 0.25 MG TAB CHEW	AYTU BIOPHARMA,
23594030030	pedi multivit no.219/fluoride	POLY-VI-FLOR 0.5 MG TAB CHEW	AYTU BIOPHARMA,
23594040030	pedi multivit no.219/fluoride	POLY-VI-FLOR 1 MG TAB CHEW	AYTU BIOPHARMA,
62542020030	pedi multivit no.219/fluoride	MULTIVIT-FLUOR 0.25 MG TAB CHW	NEOS THERAPEUTI
62542030030	pedi multivit no.219/fluoride	MULTIVIT-FLUOR 0.5 MG TAB CHEW	NEOS THERAPEUTI
62542040030	pedi multivit no.219/fluoride	MULTIVIT-FLUORIDE 1 MG TAB CHW	NEOS THERAPEUTI
23594055050	pedi multivit no.220/fluoride	POLY-VI-FLOR 0.25 MG/ML DRP	AYTU BIOPHARMA,
23594080550	pedi multivit no.220/fluoride	POLY-VI-FLOR 0.25 MG/ML DROP	AYTU BIOPHARMA,
42494043230	pedi multivit no.228/fluoride	MULTI-VIT-FLOR 1 MG TAB CHEW	CAMERON PHARMAC
42494043330	pedi multivit no.228/fluoride	MULTI-VIT-FLOR 0.5 MG TAB CHEW	CAMERON PHARMAC
42494043430	pedi multivit no.228/fluoride	MULTI-VIT-FLOR 0.25 MG TB CHEW	CAMERON PHARMAC
46122009072	pedi multivit no.23/folic acid	CHILDREN'S CHEWABLES	AMERISOURCE-GNP
87701040782	pedi multivit no.23/folic acid	GNP CHILDREN'S CHEWABLES	AMERISOURCE-GNP
75826016910	pedi multivit no.242/fluoride	MULTIVIT-FLUOR 0.25 MG TAB CHW	WINDER LABORATO
75826017010	pedi multivit no.242/fluoride	MULTIVIT-FLUOR 0.5 MG TAB CHEW	WINDER LABORATO
75826017110	pedi multivit no.242/fluoride	MULTIVIT-FLUORIDE 1 MG TAB CHW	WINDER LABORATO
16500051627	pedi multivit no.25/folic acid	FLINTSTONES MULTIVIT CHEW TAB	BAYER INC.
37864071201	pedi multivit no.25/folic acid	CHILD'S CHEWABLE MULTIVIT TAB	PLUS PHARMA,INC
46122008972	pedi multivit no.25/folic acid	CHILDREN'S CHEWABLES	AMERISOURCE-GNP
51645071201	pedi multivit no.25/folic acid	CHILD'S CHEWABLE MULTIVIT TAB	PLUS PHARMA,INC
87701040781	pedi multivit no.25/folic acid	GNP CHILDREN'S CHEWABLES	AMERISOURCE-GNP
81279010230	pedi multivit no.251/fluoride	FLORAFOL PEDI 0.5 MG CHEW TAB	PANGEA PHARMACE
81279010330	pedi multivit no.251/fluoride	FLORAFOL PEDI 1 MG CHEW TAB	PANGEA PHARMACE
33674015788	pedi multivit no.252/herb 293	ALIVE KIDS MULTIVITAMIN GUMMY	SCHWABE NORTH A
16500053082	pedi multivit no.27/folic acid	FLINTSTONES EXTRA C GUMMIES	BAYER INC.

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
16500053728	pedi multivit no.27/folic acid	FLINTSTONES EXTRA C GUMMIES	BAYER INC.
46122008872	pedi multivit no.31/iron/folic	CHILDREN'S CHEWABLES	AMERISOURCE-GNP
87701040784	pedi multivit no.31/iron/folic	GNP CHILDREN'S CHEWABLES	AMERISOURCE-GNP
81131086586	pedi multivit no.58/iron fum	EQ CHILD COMPLETE CHEW TABLET	WAL-MART STORES
16500052227	pedi multivit no.7/folic acid	FLINTSTONES MULTI-VIT GUMMIES	BAYER INC.
16500052424	pedi multivit no.7/folic acid	FLINTSTONES TAB CHEW	BAYER INC.
39328000350	pedi multivit no.82 w-fluoride	SOLUVITA MV-FLUORIDE 0.25MG/ML	PATRIN PHARMA
39328000450	pedi multivit no.82 w-fluoride	SOLUVITA MV-FLUORIDE 0.5 MG/ML	PATRIN PHARMA
52796017390	pedi multivit no.85/fluoride	FLORIVA 0.25 MG CHEW TABLET	BONGEO PHARMACE
52796017490	pedi multivit no.85/fluoride	FLORIVA 0.5 MG CHEWABLE TABLET	BONGEO PHARMACE
52796017790	pedi multivit no.85/fluoride	FLORIVA 1 MG CHEWABLE TABLET	BONGEO PHARMACE
52304071650	pedi multivit no.88/iron polys	NOVAFERRUM PEDI MV-IRON DROPS	GENSAVIS PHARMA
37864099210	pedi multivit no.91/iron fum	CHILD'S CHEW MULTIVIT W/IRON	PLUS PHARMA,INC
51645099210	pedi multivit no.91/iron fum	CHILD'S CHEW MULTIVIT W/IRON	PLUS PHARMA,INC
57771000105	pedi multivit no.94/iron fum	NANOVM 9-18 POWDER	SOLACE NUTRITIO
69618006359	pedi mv no.160/ferrous sulfate	POLY-VITA WITH IRON DROPS	RELIABLE 1 LABO
00087040501	pedi mv no.189/ferrous sulfate	POLY-VI-SOL WITH IRON DROPS	MJ NUTRITIONAL
49100040070	pedi mv no.193/L.rhamnosus GG	CULTURELLE KID PRO-MV 2.5B CHW	I-HEALTH, INC
49100040076	pedi mv no.193/L.rhamnosus GG	CULTURELLE KID PROB-MV 5B CHEW	I-HEALTH, INC
71399074205	pedi mv no.197/iron sulfate	PEDIATRIC POLY-VITE-IRON DROPS	AKRON PHARMA IN
71399742005	pedi mv no.197/iron sulfate	PEDIATRIC POLY-VITE-IRON DROPS	AKRON PHARMA IN
00536134680	pedi mv no.207/ferrous sulfate	INFANT-TODDLER MULTIVIT-IRON	RUGBY
76518004050	pedi mv no.207/ferrous sulfate	PEDIA POLY-VITE WITH IRON DROP	BAYSHORE FL
96295014067	pedi mv no.207/ferrous sulfate	INFANT-TODDLER MULTIVIT-IRON	LEADER
16500059919	pedi mv no.226/ferrous sulfate	FLINTSTONES WITH EXTRA IRON	BAYER HEALTHCAR
16500059920	pedi mv no.226/ferrous sulfate	FLINTSTONES WITH EXTRA IRON	BAYER HEALTHCAR
16500009713	pedi mv no.227/ferrous sulfate	FLINTSTONES COMPLETE CHEW TAB	BAYER HEALTHCAR
16500057608	pedi mv no.227/ferrous sulfate	FLINTSTONES COMPLETE CHEW TAB	BAYER HEALTHCAR
16500059916	pedi mv no.227/ferrous sulfate	FLINTSTONES COMPLETE CHEW TAB	BAYER HEALTHCAR
16500059917	pedi mv no.227/ferrous sulfate	FLINTSTONES COMPLETE CHEW TAB	BAYER HEALTHCAR
16500059918	pedi mv no.227/ferrous sulfate	FLINTSTONES COMPLETE CHEW TAB	BAYER HEALTHCAR
33674015786	pedi mv no.235/herbal/bioflav	ALIVE KIDS CHEWABLE MV TABLET	SCHWABE NORTH A
16500059921	pedi mv no.239/ferrous sulfate	FLINTSTONES IMMUNITY CHEW TAB	BAYER HEALTHCAR
59088017054	pedi mv no.247/fluoride	DAVIMET-FLUORIDE 0.75MG CHW TB	PURETEK CORPORA
00005423720	pedi mv180/iron,carbonyl/vit K	CENTRUM KIDS CHEWABLE TABLET	PF-GSK-HALEON
41163050261	pediatric multivit 233/lutein	EQL CHILDREN'S MULTIVIT GUMMY	EQUALINE VITAMI
58204000400	pediatric multivit 61/D3/vit K	MVW COMPLETE FORM MULTIVI SFGL	MVW NUTRITIONAL
58204000406	pediatric multivit 61/D3/vit K	MVW COMPLETE FORMUL D3000 SFGL	MVW NUTRITIONAL
58204000409	pediatric multivit 61/D3/vit K	MVW COMPLETE FORMUL D5000 SFGL	MVW NUTRITIONAL
58204000418	pediatric multivit no.163/D3/K	MVW COMPLETE FORM MULTIVI SFGL	MVW NUTRITIONAL

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
16500007909	pediatric multivit no.203/iron	FLINTSTONES WITH IRON TAB CHEW	BAYER INC.
11845009192	pediatric multivit no.28/iron	LITTLE ANIMALS-IRON TAB CHEW	MASON DISTRIB.
11845009195	pediatric multivit no.28/iron	LITTLE ANIMALS-IRON TAB CHEW	MASON DISTRIB.
58487003311	pediatric multivit no.36/iron	VITALETS TABLET CHEWABLE	FREEDA HEALTH
58487003331	pediatric multivit no.36/iron	VITALETS TABLET CHEWABLE	FREEDA HEALTH
58487003332	pediatric multivit no.36/iron	VITALETS TABLET CHEWABLE	FREEDA HEALTH
16500054569	pediatric multivit no.50/dha	FLINTSTONES GUMMIES CHEW TAB	BAYER INC.
57771000104	pediatric multivit no.93/iron	NANOVMT-F POWDER	SOLACE NUTRITIO
11917016459	pediatric multivitamin no.101	CHILDREN MULTIVITAMIN GUMMIES	WALGREEN CO.
50428038098	pediatric multivitamin no.101	CVS KIDS' MULTIVITAMIN GUMMY	CVS
10939095662	pediatric multivitamin no.111	FT CHILDREN'S MULTI IMMUN CHEW	FT-STRATEGIC SO
10939095663	pediatric multivitamin no.111	FT CHILDREN'S MULTI IMMUN CHEW	FT-STRATEGIC SO
40985027313	pediatric multivitamin no.111	ZOO FRIENDS TABLET CHEWABLE	21ST CENTURY HE
54629080098	pediatric multivitamin no.118	TROPICAL LIQUID NUTRITION	NAT'L VIT. CO.
79854008009	pediatric multivitamin no.118	TROPICAL LIQUID NUTRITION	NAT'L VIT. CO.
11917017668	pediatric multivitamin no.119	CHILDREN MULTIVITAMIN GUMMIES	WALGREEN CO.
54629916260	pediatric multivitamin no.120	CHILDREN MULTIVITAMIN GUMMIES	NAT'L VIT. CO.
79854009162	pediatric multivitamin no.120	CHILDREN MULTIVITAMIN GUMMIES	NAT'L VIT. CO.
62403000201	pediatric multivitamin no.121	KIDSTART CHEWABLE TABLET	SIMONE
76314030404	pediatric multivitamin no.127	EMERGEN-C KIDZ 250 MG PACKET	PF-GSK-HALEON
76314030405	pediatric multivitamin no.127	EMERGEN-C KIDZ 250 MG PACKET	PF-GSK-HALEON
76314030406	pediatric multivitamin no.127	EMERGEN-C KIDZ 250 MG PACKET	PF-GSK-HALEON
11917017157	pediatric multivitamin no.136	CHILDREN MULTIVITAMIN GUMMIES	WALGREEN CO.
77333014610	pediatric multivitamin no.144	CHILD'S CHEWABLE VITAMIN TAB	GENDOSE PHARMAC
77333014625	pediatric multivitamin no.144	CHILD'S CHEWABLE VITAMIN TAB	GENDOSE PHARMAC
54629005001	pediatric multivitamin no.17	CHILDREN'S CHEW MULTIVITAMIN	NAT'L VIT. CO.
79854040015	pediatric multivitamin no.17	CHILDREN'S CHEW MULTIVITAMIN	NAT'L VIT. CO.
80681004900	pediatric multivitamin no.17	CHILDREN MULTIVITAMIN CHEW TAB	RUGBY
80681011600	pediatric multivitamin no.17	CHILDREN MULTIVITAMIN CHEW TAB	RUGBY
96295012864	pediatric multivitamin no.17	CHILDREN MULTIVITAMIN CHEW TAB	LEADER
69618006259	pediatric multivitamin no.171	POLY-VITA DROPS	RELIABLE 1 LABO
98302014004	pediatric multivitamin no.171	PHARMACIST CHOICE PED POLY-VIT	SIMPLE DIAGNOST
52304071850	pediatric multivitamin no.173	NOVAMV MULTIVITAMIN DROP	GENSAVIS PHARMA
00087040203	pediatric multivitamin no.192	POLY-VI-SOL 250MCG-50MG/ML DRP	MJ NUTRITIONAL
17856040201	pediatric multivitamin no.192	POLY-VI-SOL 0.5 ML ORAL SYRING	ATLANTIC BIOLOG
17856040202	pediatric multivitamin no.192	POLY-VI-SOL 1 ML ORAL SYRINGE	ATLANTIC BIOLOG
17856040203	pediatric multivitamin no.192	POLY-VI-SOL 1 ML ENFIT SYRINGE	ATLANTIC BIOLOG
17856040204	pediatric multivitamin no.192	POLY-VI-SOL 0.5 ML ENFIT SYRNG	ATLANTIC BIOLOG
71399074405	pediatric multivitamin no.197	PEDIATRIC POLY-VITE DROPS	AKRON PHARMA IN
71399744005	pediatric multivitamin no.197	PEDIATRIC POLY-VITE DROPS	AKRON PHARMA IN

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
50428036823	pediatric multivitamin no.202	CVS CHILD GUMMY DINOS GUMMIES	CVS
96295014157	pediatric multivitamin no.209	CHILDREN'S MULTIVITAMIN GUMMY	LEADER
00536134580	pediatric multivitamin no.212	INFANT-TODDLER MULTIVIT DROP	RUGBY
96295014066	pediatric multivitamin no.212	INFANT-TODDLER MULTIVIT DROP	LEADER
10048061025	pediatric multivitamin no.229	KIDS MULTI ZERO GUMMIES	TEELAHVIT, LLC
99105000109	pediatric multivitamin no.238	KID MULTIVITAMIN-MINERAL JELLY	TEELAH CORP.
59088066016	pediatric multivitamin no.245	LIVITA CHILDREN MULTIVIT LIQ	PURETEK CORPORA
10939095664	pediatric multivitamin no.246	FT CHILDREN'S MULTI GUMMY	FT-STRATEGIC SO
87701042631	pediatric multivitamin no.246	GNP CHILDREN'S MULTI GUMMY	AMERISOURCE-GNP
59427017955	pediatric multivitamin no.29	GUMMIES GIRLS' MULTIVITAMINS	US NUTRITION, I
59427014925	pediatric multivitamin no.30	GUMMIES CHILDREN MULTIVITAMIN	US NUTRITION, I
59427014928	pediatric multivitamin no.30	GUMMIES CHILDREN MULTIVITAMIN	US NUTRITION, I
59427016775	pediatric multivitamin no.30	GUMMIES CHILDREN MULTIVITAMIN	US NUTRITION, I
16500053499	pediatric multivitamin no.42	FLINTSTONES SOUR-GUM CHEW TAB	BAYER INC.
81131003413	pediatric multivitamin no.42	EQ CHILD MULTIVITAMIN GUMMIES	WAL-MART STORES
16500052426	pediatric multivitamin no.48	SCOOBY-DOO ONE A DAY GUMMIES	BAYER INC.
16500053729	pediatric multivitamin no.48	ONE-A-DAY KID'S GUMMIES	BAYER INC.
16500053879	pediatric multivitamin no.49	FLINTSTONES GUMMIES CHEW TAB	BAYER INC.
11917014690	pediatric multivitamin no.73	CHILDREN MULTIVITAMIN GUMMIES	WALGREEN CO.
16500055434	pediatric multivitamin no.76	FLINTSTONES COMPLETE GUMMIES	BAYER INC.
50428034937	pediatric multivitamin no.76	CVS CHILD GUMMY DINOS GUMMIES	CVS
49348009529	peg 400/hypromellose/glycerin	SM DRY EYE RELIEF EYE DROPS	SM-STRATEGIC SO
70000050201	peg 400/hypromellose/glycerin	DRY EYE RELIEF EYE DROPS	LEADER
00113191016	permethrin	GS LICE KILLING 1 % CRM RINSE	PERRIGO/GOODSEN
00363095526	permethrin	LICE TREATMENT 1% CREME RINSE	WALGREEN CO.
10939073944	permethrin	SM LICE TREATMENT 1% CRM RINSE	SM-STRATEGIC SO
11822985580	permethrin	RA LICE TREATMENT 1% CRM RINSE	RITE AID CORP.
36800095526	permethrin	LICE TREATMENT 1% CREME RINSE	TOPCO
46122010846	permethrin	LICE TREATMENT 1% CREME RINSE	AMERISOURCE-GNP
49022014067	permethrin	LICE TREATMENT 1% CREME RINSE	WALGREEN CO.
49022050752	permethrin	LICE TREATMENT 1% CREME RINSE	WALGREEN CO.
50428029260	permethrin	CVS LICE TREATMENT 1% CRM RINS	CVS
59779076926	permethrin	CVS LICE TREATMENT 1% CRM RINS	CVS
63736012002	permethrin	NIX 1% CREME RINSE LIQUID	INSIGHT/MEDTECH
63736012003	permethrin	NIX 1% CREME RINSE LIQUID	INSIGHT/MEDTECH
87701041115	permethrin	GNP LICE TREATMENT 1% CRM RINS	AMERISOURCE-GNP
00024135202	phenylephrine HCl	NEO-SYNEPHRINE 1% SPRAY	BAYER INC/FOUND
00113009423	phenylephrine HCl	GS NASAL DECONG PE 10 MG TAB	PERRIGO/GOODSEN
00113009468	phenylephrine HCl	GS NASAL DECONG PE 10 MG TAB	PERRIGO/GOODSEN
00113009489	phenylephrine HCl	GS NASAL DECONG PE 10 MG TAB	PERRIGO/GOODSEN

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00113064810	phenylephrine HCl	GS NASAL FOUR 1% NASAL SPRAY	PERRIGO/GOODSEN
00225080047	phenylephrine HCl	NEO-SYNEPHRINE 0.25% SPRAY	B.F ASCHER & CO
00536129136	phenylephrine HCl	PHENYLEPHRINE 10 MG TABLET	RUGBY
46122065068	phenylephrine HCl	GNP NASAL DECONG PE 10 MG TAB	AMERISOURCE-GNP
46122068903	phenylephrine HCl	GNP NASAL FOUR 1% NASAL SPRAY	AMERISOURCE-GNP
56184012105	phenylephrine HCl	LITTLE NOSES 0.125% NOSE DROPS	PRESTIGE BRANDS
70000012601	phenylephrine HCl	NASAL DECONGESTANT PE 10 MG TB	LEADER
70000012602	phenylephrine HCl	NASAL DECONGESTANT PE 10 MG TB	LEADER
70000013201	phenylephrine HCl	SINUS RELIEF 1% NASAL SPRAY	LEADER
70677115201	phenylephrine HCl	FT NASAL DECONG PE 10 MG TAB	FT-STRATEGIC SO
70677115202	phenylephrine HCl	FT NASAL DECONG PE 10 MG TAB	FT-STRATEGIC SO
00113010862	piperonyl but/pyrethins/permet	GS COMPLETE LICE TREATMENT KIT	PERRIGO/GOODSEN
00280902509	piperonyl but/pyrethins/permet	RID COMPLETE LICE KIT	BAYER INC.
00363010162	piperonyl but/pyrethins/permet	COMPLETE LICE TREATMENT KIT	WALGREEN CO.
11822031525	piperonyl but/pyrethins/permet	RA LICE SOLUTION KIT	RITE AID CORP.
16500050492	piperonyl but/pyrethins/permet	RID COMPLETE 1-2-3 LICE KIT	BAYER INC.
16500052990	piperonyl but/pyrethins/permet	RID COMPLETE LICE KIT	BAYER INC.
30142017362	piperonyl but/pyrethins/permet	KRO LICE COMPLETE KIT 1-2-3	KROGER CO
49022037696	piperonyl but/pyrethins/permet	COMPLETE LICE TREATMENT KIT	WALGREEN CO.
50428026726	piperonyl but/pyrethins/permet	CVS LICE SOLUTION KIT	CVS
50428042232	piperonyl but/pyrethins/permet	CVS LICE SOLUTION KIT	CVS
81131073209	piperonyl but/pyrethins/permet	EQ COMPLETE LICE TREATMENT KIT	WAL-MART STORES
00113086626	piperonyl butoxide/pyrethrins	GS LICE KILLING SHAMPOO	PERRIGO/GOODSEN
00280900002	piperonyl butoxide/pyrethrins	RID LICE KILLING SHAMPOO	BAYER INC.
00280900008	piperonyl butoxide/pyrethrins	RID LICE KILLING SHAMPOO	BAYER INC.
00280903006	piperonyl butoxide/pyrethrins	RID ESSENTIAL LICE KIT	BAYER INC.
00363086626	piperonyl butoxide/pyrethrins	LICE KILLING SHAMPOO	WALGREEN CO.
00363086634	piperonyl butoxide/pyrethrins	LICE KILLING SHAMPOO	WALGREEN CO.
00904252820	piperonyl butoxide/pyrethrins	LICE KILLING SHAMPOO	MAJOR PHARMACEU
00904734920	piperonyl butoxide/pyrethrins	LICE KILLING SHAMPOO	MAJOR PHARMACEU
10939055633	piperonyl butoxide/pyrethrins	SM LICE KILLING SHAMPOO	SM-STRATEGIC SO
11822989180	piperonyl butoxide/pyrethrins	RA LICE PYRINYL SHAMPOO	RITE AID CORP.
16500054256	piperonyl butoxide/pyrethrins	RID ESSENTIAL LICE KIT	BAYER INC.
30142086634	piperonyl butoxide/pyrethrins	KRO LICE KILLING SHAMPOO	KROGER CO
36800086634	piperonyl butoxide/pyrethrins	LICE KILLING SHAMPOO	TOPCO
46122075929	piperonyl butoxide/pyrethrins	GNP LICE KILLING SHAMPOO	AMERISOURCE-GNP
49022037358	piperonyl butoxide/pyrethrins	LICE KILLING SHAMPOO	WALGREEN CO.
49022037359	piperonyl butoxide/pyrethrins	LICE KILLING SHAMPOO	WALGREEN CO.
49035086630	piperonyl butoxide/pyrethrins	EQ LICE KILLING SHAMPOO	WAL-MART STORES
49348044334	piperonyl butoxide/pyrethrins	SB LICE KILLING SHAMPOO	SM-STRATEGIC SO

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
50428042075	piperonyl butoxide/pyrethrins	CVS LICE KILLING SHAMPOO	CVS
50428178608	piperonyl butoxide/pyrethrins	CVS LICE KILLING SHAMPOO	CVS
52569013505	piperonyl butoxide/pyrethrins	HM LICE KILLING SHAMPOO	HM-STRATEGIC SO
58809065008	piperonyl butoxide/pyrethrins	VANALICE GEL	G.M. PHARM
70030014843	piperonyl butoxide/pyrethrins	GS LICE KILLING SHAMPOO	PERRIGO/GOODSEN
70677118401	piperonyl butoxide/pyrethrins	FT LICE KILLING SHAMPOO	FT-STRATEGIC SO
74300000320	piperonyl butoxide/pyrethrins	RID LICE KILLING SHAMPOO	BAYER INC.
74300000412	piperonyl butoxide/pyrethrins	RID LICE KILLING SHAMPOO	BAYER INC.
74300000414	piperonyl butoxide/pyrethrins	RID LICE KILLING SHAMPOO	BAYER INC.
74300001181	piperonyl butoxide/pyrethrins	RID LICE KILLING SHAMPOO	BAYER INC.
81131073212	piperonyl butoxide/pyrethrins	EQ LICE KILLING SHAMPOO	WAL-MART STORES
87701053380	piperonyl butoxide/pyrethrins	GNP LICE TREATMENT SHAMPOO	AMERISOURCE-GNP
00642747330	PNV 102/iron/folate/dha	VITAFOL FE PLUS SOFTGEL	EXELTIS USA, IN
23359010530	PNV 11/iron fum/folic acid/om3	C-NATE DHA SOFTGEL	CENTURION LABS
69367031730	PNV 11/iron fum/folic acid/om3	WESNATE DHA SOFTGEL	WESTMINSTER PHA
00642012590	PNV 112/iron/folic/om3/dha/epa	VITAFOL GUMMIES	EXELTIS USA, IN
13925011601	PNV 119/iron fum/folic acid	SE-NATAL-19 TABLET	SETON PHARMACEU
68025004960	PNV 30/iron carb,ag/folic/om3	OB COMPLETE WITH DHA SOFTGEL	VERTICAL/AVION
00642009330	PNV 67/iron ps/folate no.1/dha	VITAFOL ULTRA SOFTGEL	EXELTIS USA, IN
68025004430	PNV 85/iron/folic/dha/fish oil	OB COMPLETE ONE SOFTGEL	VERTICAL/AVION
13811001030	PNV cmb 52/iron/FA/omega-3/dha	COMPLETE NATAL DHA	TRIGEN LABORATO
69367025130	PNV cmb 52/iron/FA/omega-3/dha	WESNATAL DHA COMPLETE	WESTMINSTER PHA
13925011701	PNV no.118/iron fumarate/FA	SE-NATAL 19 CHEWABLE TABLET	SETON PHARMACEU
50228027690	PNV no.154/iron fum/folic acid	NEO-VITAL RX TABLET	SCIEGEN PHARMAC
15370028060	PNV no.164/iron/folate no.6	NATAL PNV TABLET	CARWIN ASSOCIAT
00642403030	PNV no.63/iron,carb/folic/dha	STUART ONE CAPSULE	EXELTIS USA, IN
00536408501	PNV no.95/ferrous fum/folic ac	PRENATAL VITAMINS TABLET	RUGBY
46122009878	PNV no.95/ferrous fum/folic ac	PRENATAL VITAMINS TABLET	AMERISOURCE-GNP
51645083701	PNV no.95/ferrous fum/folic ac	PRENATAL TABLET	PLUS PHARMA,INC
39328010610	PNV,calcium 72/iron/folic acid	PRENATAL VITAMIN PLUS LOW IRON	PATRIN PHARMA
58657017001	PNV,calcium 72/iron/folic acid	M-NATAL PLUS TABLET	METHOD PHARMACE
69367026701	PNV,calcium 72/iron/folic acid	WESTAB PLUS TABLET	WESTMINSTER PHA
68025004330	PNV83/iron,carb,asp/folic acid	OB COMPLETE PREMIER TABLET	VERTICAL/AVION
00113030601	polyethylene glycol 3350	GS CLEARLAX POWDER	PERRIGO/GOODSEN
00113030602	polyethylene glycol 3350	GS CLEARLAX POWDER	PERRIGO/GOODSEN
00113030603	polyethylene glycol 3350	GS CLEARLAX POWDER	PERRIGO/GOODSEN
00536105224	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	RUGBY
00536105227	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	RUGBY
00536105260	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	RUGBY
00536105284	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	RUGBY

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
11534018028	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	SUNRISE PHARMAC
11534018050	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	SUNRISE PHARMAC
43386031208	polyethylene glycol 3350	GAVILAX POWDER	GAVIS/LUPIN
43386031214	polyethylene glycol 3350	GAVILAX POWDER	GAVIS/LUPIN
45802086801	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	PERRIGO/PADAGIS
45802086802	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	PADAGIS
45802086803	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	PADAGIS
46122001431	polyethylene glycol 3350	CLEARLAX POWDER	AMERISOURCE-GNP
46122001433	polyethylene glycol 3350	CLEARLAX POWDER	AMERISOURCE-GNP
46122001471	polyethylene glycol 3350	CLEARLAX POWDER	AMERISOURCE-GNP
49348014370	polyethylene glycol 3350	SM CLEARLAX POWDER	SM-STRATEGIC SO
49348014392	polyethylene glycol 3350	SM CLEARLAX POWDER	SM-STRATEGIC SO
49348089350	polyethylene glycol 3350	SM CLEARLAX POWDER	SM-STRATEGIC SO
51991096158	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	BRECKENRIDGE
51991096257	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	BRECKENRIDGE
62011015304	polyethylene glycol 3350	HM CLEARLAX POWDER	HM-STRATEGIC SO
62011028701	polyethylene glycol 3350	HM CLEARLAX POWDER	HM-STRATEGIC SO
62011028702	polyethylene glycol 3350	HM CLEARLAX POWDER	HM-STRATEGIC SO
68001050555	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	BLUEPOINT LABOR
68001050569	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	BLUEPOINT LABOR
68001060755	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	BLUEPOINT LABOR
68001060769	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	BLUEPOINT LABOR
69230032434	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	CAMBER CONSUMER
69230032435	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	CAMBER CONSUMER
69230032436	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	CAMBER CONSUMER
70000041501	polyethylene glycol 3350	CLEARLAX POWDER	LEADER
70000041502	polyethylene glycol 3350	CLEARLAX POWDER	LEADER
70000041503	polyethylene glycol 3350	CLEARLAX POWDER	LEADER
70677106801	polyethylene glycol 3350	FT CLEARLAX POWDER	FT-STRATEGIC SO
70677106802	polyethylene glycol 3350	FT CLEARLAX POWDER	FT-STRATEGIC SO
70677110901	polyethylene glycol 3350	FT CLEARLAX POWDER	FT-STRATEGIC SO
83035106402	polyethylene glycol 3350	TRUE LAXATIVE PEG 3350 POWDER	SINGULAR DREAME
83324000208	polyethylene glycol 3350	QC LAXATIVE PEG 3350 POWDER	CHAIN DRUG
70677115701	polyethylene glycol 400	FT DRY EYE RELIEF 1% DROP	FT-STRATEGIC SO
00536132594	polyvinyl alcohol	POLYVINYL ALCOHOL 1.4% EYEDROP	RUGBY
00536140894	polyvinyl alcohol	POLYVINYL ALCOHOL 1.4% EYEDROP	RUGBY
50268067815	polyvinyl alcohol	POLYVINYL ALCOHOL 1.4% EYEDROP	AVPAK
24385000605	polyvinyl alcohol/povidone	ARTIFICIAL TEARS DROPS	AMERISOURCE-GNP
70000001101	polyvinyl alcohol/povidone	ARTIFICIAL TEARS DROPS	LEADER
71776000110	polyvinyl alcohol/povidone	FRESHKOTE EYE DROP	EYEVANCE PHARMA

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
83324018914	polyvinyl alcohol/povidone	QC ARTIFICIAL TEARS DROPS	CHAIN DRUG
00023050601	polyvinyl alcohol/povidone/PF	REFRESH CLASSIC EYE DROPS	ALLERGAN INC.
00023050650	polyvinyl alcohol/povidone/PF	REFRESH CLASSIC EYE DROPS	ALLERGAN INC.
75854031430	prenatal 114/iron a-g/folate 1	PRENATE ELITE TABLET	AVION PHARMACEU
75854032230	prenatal 118/iron/folate 6/dha	PRIMACARE SOFTGEL	AVION PHARMACEU
68308076030	prenatal 25/iron/folate 6/dha	VITAMEDMD ONE RX SOFTGEL	MAYNE PHARMA IN
00642007030	prenatal 26/iron ps/folic/dha	VITAFOL-ONE CAPSULE	EXELTIS USA, IN
00178083230	prenatal 48/iron/folic acid/B6	CITRANATAL B-CALM COMBO PACK	MISSION PHARM.
75854031230	prenatal 78/iron/folate 1/dha	PRENATE DHA SOFTGEL	AVION PHARMACEU
50967030930	prenatal 86/iron/folic/dha/epa	NESTABS ABC PRENATAL COMBO PK	WOMEN'S CHOICE
50967031730	prenatal 87/iron bis/folic/dha	NESTABS DHA COMBO PACK	WOMEN'S CHOICE
15370025030	prenatal 93/iron/folate 9/dha	TRISTART DHA SOFTGEL	CARWIN ASSOCIAT
69367023430	prenatal 93/iron/folate 9/dha	WESTGEL DHA SOFTGEL	WESTMINSTER PHA
00904531346	prenatal no.137/iron/folic acd	PRENATAL VITAMIN TABLET	MAJOR PHARMACEU
00904531360	prenatal no.137/iron/folic acd	PRENATAL VITAMIN TABLET	MAJOR PHARMACEU
75854031130	prenatal no.77/iron asp gly/FA	PRENATE STAR TABLET	AVION PHARMACEU
00642012090	prenatal no13/iron ps/folate 1	SELECT-OB CHEWABLE CAPLET	EXELTIS USA, IN
00642007912	prenatal vit 10/iron fum/folic	VITAFOL-OB CAPLET	EXELTIS USA, IN
00642007630	prenatal vit 10/iron/folic/dha	VITAFOL-OB+DHA COMBO PACK	EXELTIS USA, IN
13811001490	prenatal vit 14/iron fum/folic	COMPLETENATE TABLET CHEW	TRIGEN LABORATO
00642007530	prenatal vit 33/iron/folic/dha	SELECT-OB + DHA PACK	EXELTIS USA, IN
75854031630	prenatal vit 85/iron/FA 1/dha	PRENATE PIXIE SOFTGEL	AVION PHARMACEU
75854031530	prenatal vit 87/iron/folic/dha	PRENATE MINI SOFTGEL	AVION PHARMACEU
51645084001	prenatal vit no.124/iron/folic	PRENATAL VITAMIN TABLET	PLUS PHARMA,INC
51645084003	prenatal vit no.124/iron/folic	PRENATAL VITAMIN TABLET	PLUS PHARMA,INC
00536406301	prenatal vit no.126/iron/folic	CLASSIC PRENATAL TABLET	RUGBY
59088016654	prenatal vit no.170/iron/folic	DERMACINRX PRENATRIX CAPLET	PURETEK CORPORA
59088016954	prenatal vit no.170/iron/folic	DERMACINRX PRENATRYL CAPLET	PURETEK CORPORA
59088017854	prenatal vit no.170/iron/folic	DERMACINRX PRETRATE CAPLET	PURETEK CORPORA
50268067701	prenatal vit no.180/iron/folic	PRENATAL PLUS VITAMIN-MINERAL	AVPAK
58657013390	prenatal vit,calc76/iron/folic	THRIVITE RX TABLET	METHOD PHARMACE
67112010100	prenatal vit103/iron fum/folic	TRICARE PRENATAL TABLET	MEDECOR PHARMA
67112010130	prenatal vit103/iron fum/folic	TRICARE PRENATAL TABLET	MEDECOR PHARMA
00642007790	prenatal vit128/iron/folic acd	SELECT-OB CHEWABLE CAPLET	EXELTIS USA, IN
13811000710	prenatal vit27,calcium/iron/FA	TRINATAL RX 1 TABLET	TRIGEN LABORATO
75854030930	prenatal vit68/iron/FA no6/dha	PRENATE ENHANCE SOFTGEL	AVION PHARMACEU
75854030830	prenatal vit69/iron/folate6/dh	PRENATE RESTORE SOFTGEL	AVION PHARMACEU
50967021990	prenatal vit86/iron/folic acid	NESTABS TABLET	WOMEN'S CHOICE
00682157001	prenatal,calc no.65/iron/folic	MARNATAL-F CAPSULE	MARNEL/ALLEGIS
42192032090	prenatal,calc.40/iron/folate 1	PNV-SELECT TABLET	ACELLA PHARMACE

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
68025005930	prenatal56/iron/folic acid/dha	OB COMPLETE PETITE SOFTGEL	VERTICAL/AVION
68308076230	prenatal71/iron/folic acid/dha	VITAPEARL SOFTGEL	MAYNE PHARMA IN
00065042915	propylene glycol/peg 400	SYSTANE 0.4-0.3% EYE DROP	ALCON CONSUMER
00065042930	propylene glycol/peg 400	SYSTANE 0.4-0.3% EYE DROP	ALCON CONSUMER
00065045407	propylene glycol/peg 400	SYSTANE GEL EYE DROPS	ALCON CONSUMER
00065143105	propylene glycol/peg 400	SYSTANE ULTRA 0.4-0.3% EYE DRP	ALCON CONSUMER
00065143118	propylene glycol/peg 400	SYSTANE ULTRA 0.4-0.3% EYE DRP	ALCON CONSUMER
00065143128	propylene glycol/peg 400	SYSTANE ULTRA 0.4-0.3% EYE DRP	ALCON CONSUMER
00065143141	propylene glycol/peg 400	SYSTANE ULTRA 0.4-0.3% EYE DRP	ALCON CONSUMER
00065806701	propylene glycol/peg 400	GENTEAL TEARS SEVERE GEL DROPS	ALCON CONSUMER
00536121994	propylene glycol/peg 400	LUBRICATING EYE DROP	RUGBY
49348014929	propylene glycol/peg 400	SM LUBRICATING TEARS EYE DROPS	SM-STRATEGIC SO
49348094729	propylene glycol/peg 400	SM LUBRICANT EYE DROPS	SM-STRATEGIC SO
50268012615	propylene glycol/peg 400	LUBRICANT 0.4-0.3% EYE DROP	AVPAK
62011025401	propylene glycol/peg 400	HM LUBRICATING TEARS EYE DROPS	HM-STRATEGIC SO
70000045501	propylene glycol/peg 400	LUBRICANT EYE DROPS	LEADER
70000045701	propylene glycol/peg 400	ULTRA LUBRICANT EYE DROPS	LEADER
70677116001	propylene glycol/peg 400	FT LUBRICANT 0.4-0.3% EYE DROP	FT-STRATEGIC SO
70677116201	propylene glycol/peg 400	FT LUBRICANT 0.4-0.3% EYE DROP	FT-STRATEGIC SO
00065043133	propylene glycol/peg 400/PF	SYSTANE 0.3-0.4% EYE DROP	ALCON CONSUMER
00065143205	propylene glycol/peg 400/PF	SYSTANE ULTRA 0.4-0.3% EYE DRP	ALCON CONSUMER
00065143206	propylene glycol/peg 400/PF	SYSTANE ULTRA 0.4-0.3% EYE DRP	ALCON CONSUMER
00065143704	propylene glycol/peg 400/PF	SYSTANE HYDRATION PF 0.4-0.3%	ALCON CONSUMER
00065150782	propylene glycol/peg 400/PF	SYSTANE ULTRA PF 0.4-0.3% EYE	ALCON CONSUMER
00065150792	propylene glycol/peg 400/PF	SYSTANE ULTRA PF 0.4-0.3% EYE	ALCON CONSUMER
00065151000	propylene glycol/peg 400/PF	SYSTANE HYDRATION PF 0.4-0.3%	ALCON CONSUMER
00065151006	propylene glycol/peg 400/PF	SYSTANE HYDRATION PF 0.4-0.3%	ALCON CONSUMER
70000001701	propylene glycol/peg 400/PF	LUBRICANT EYE 0.4%-0.3% DROP	LEADER
70000050101	propylene glycol/peg 400/PF	ULTRA LUBRICANT 0.4-0.3% DROP	LEADER
00113043262	pseudoephedrine HCl	GS NASAL DECONGEST 30 MG TAB	PERRIGO/GOODSEN
00536360735	pseudoephedrine HCl	NASAL DECONGESTANT 30 MG TAB	RUGBY
00904505359	pseudoephedrine HCl	SUDOGEST 30 MG TABLET	MAJOR PHARMACEU
00904633724	pseudoephedrine HCl	SUDOGEST 30 MG TABLET	MAJOR PHARMACEU
00904672760	pseudoephedrine HCl	SUDOGEST 30 MG TABLET	MAJOR PHARMACEU
00904699061	pseudoephedrine HCl	PSEUDOEPHEDRINE 30 MG TABLET	MAJOR PHARMACEU
24385043262	pseudoephedrine HCl	SUPHEDRIN 30 MG TABLET	AMERISOURCE-GNP
24385043280	pseudoephedrine HCl	NASAL DECONGESTANT 30 MG TAB	AMERISOURCE-GNP
24385050726	pseudoephedrine HCl	SUPHEDRIN LIQUID	AMERISOURCE-GNP
45802043262	pseudoephedrine HCl	PSEUDOEPHEDRINE 30 MG TABLET	PADAGIS
46122042862	pseudoephedrine HCl	NASAL DECONGESTANT 30 MG TAB	AMERISOURCE-GNP

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
50844011215	pseudoephedrine HCl	PSEUDOEPHEDRINE 30 MG TABLET	LNK INTERNATION
50844021114	pseudoephedrine HCl	PSEUDOEPHEDRINE 30 MG TABLET	LNK INTERNATION
62011031201	pseudoephedrine HCl	HM NASAL DECONGEST 30 MG TAB	HM-STRATEGIC SO
70000000201	pseudoephedrine HCl	NASAL DECONGESTANT 30 MG TAB	LEADER
70000000202	pseudoephedrine HCl	NASAL DECONGESTANT 30 MG TAB	LEADER
70677000501	pseudoephedrine HCl	SM NASAL DECONGEST 30 MG TAB	SM-STRATEGIC SO
70677000502	pseudoephedrine HCl	SM NASAL DECONGEST 30 MG TAB	SM-STRATEGIC SO
70677000503	pseudoephedrine HCl	SM NASAL DECONGEST 30 MG TAB	SM-STRATEGIC SO
70677101701	pseudoephedrine HCl	FT NASAL DECONGEST 30 MG TAB	FT-STRATEGIC SO
70677101702	pseudoephedrine HCl	FT NASAL DECONGEST 30 MG TAB	FT-STRATEGIC SO
70677101703	pseudoephedrine HCl	FT NASAL DECONGEST 30 MG TAB	FT-STRATEGIC SO
00224180180	psyllium husk	KONSYL ORIGINAL FIBER POWDER	KONSYL
24385029950	psyllium seed (with sugar)	NATURAL FIBER POWDER	AMERISOURCE-GNP
24385036638	psyllium seed/aspartame	NATURAL FIBER POWDER	AMERISOURCE-GNP
00363061801	pyrantel pamoate	PINWORM MEDICINE 144 MG/ML	WALGREEN CO.
10956061801	pyrantel pamoate	REESE'S PINWORM 144 MG/ML SUSP	REESE PHARM CO
10956061821	pyrantel pamoate	REESE'S PINWORM 144 MG/ML SUSP	REESE PHARM CO
11917018294	pyrantel pamoate	PINWORM MEDICINE 144 MG/ML	WALGREEN CO.
23513061801	pyrantel pamoate	REESE'S PINWORM 144 MG/ML SUSP	REESE PHARM CO
23513061821	pyrantel pamoate	REESE'S PINWORM 144 MG/ML SUSP	REESE PHARM CO
50428027600	pyrantel pamoate	CVS PINWORM TREATMENT 50 MG/ML	CVS
69842061802	pyrantel pamoate	CVS PINWORM TREATMENT 50 MG/ML	CVS
70309008002	pyrantel pamoate	PINAWAY 50 MG/ML SUSPENSION	CARA INCORPORAT
00536440601	pyridoxine HCl (vitamin B6)	VITAMIN B-6 25 MG TABLET	RUGBY
10135011901	pyridoxine HCl (vitamin B6)	PYRIDOXINE 25 MG TABLET	MARLEX PHARM.
10135011930	pyridoxine HCl (vitamin B6)	PYRIDOXINE 25 MG TABLET	MARLEX PHARM.
66267021330	pyridoxine HCl (vitamin B6)	VITAMIN B-6 25 MG TABLET	NUCARE PHARMACE
83035182701	pyridoxine HCl (vitamin B6)	TRUE VITAMIN B-6 25 MG TABLET	SINGULAR DREAME
83035182705	pyridoxine HCl (vitamin B6)	TRUE VITAMIN B-6 25 MG TABLET	SINGULAR DREAME
61846000001	sod chl/sod cit/pot chl/dextr	NORMALYTE ORS POWDER PACKET	SIX SIGMA LABOR
61846000002	sod chl/sod cit/pot chl/dextr	NORMALYTE ORS POWDER PACKET	SIX SIGMA LABOR
61846000003	sod chl/sod cit/pot chl/dextr	NORMALYTE ORS POWDER PACKET	SIX SIGMA LABOR
61846000004	sod chl/sod cit/pot chl/dextr	NORMALYTE PURE POWDER PACKET	SIX SIGMA LABOR
00486112501	sod phos di, mono/K phos mono	K-PHOS NEUTRAL TABLET	BEACH PRODUCTS
00486112505	sod phos di, mono/K phos mono	K-PHOS NEUTRAL TABLET	BEACH PRODUCTS
39328010710	sod phos di, mono/K phos mono	PHOSPHO-TRIN 250 NEUTRAL TAB	PATRIN PHARMA
64980010401	sod phos di, mono/K phos mono	PHOSPHA 250 NEUTRAL TABLET	RISING PHARM
69367025001	sod phos di, mono/K phos mono	WES-PHOS 250 MG NEUTRAL TABLET	WESTMINSTER PHA
71351001101	sod phos di, mono/K phos mono	PHOSPHOROUS 250 MG TABLET	BROOKFIELD PHAR
00851023000	sod,pot chlo/sod cit/rice/whey	CERASPORT ENDURANCE POWD PCKT	CERA PRODUCTS

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00851023001	sod,pot chlo/sod cit/rice/whey	CERASPORT ENDURANCE POWD PCKT	CERA PRODUCTS
00851000005	sod,pot chlor/sod cit/rice syr	CERALYTE-70 POWDER PACKET	CERA PRODUCTS
00851000009	sod,pot chlor/sod cit/rice syr	CERALYTE-50 POWDER PACKET	CERA PRODUCTS
00851000010	sod,pot chlor/sod cit/rice syr	CERALYTE-70 POWDER PACKET	CERA PRODUCTS
00851000012	sod,pot chlor/sod cit/rice syr	CERALYTE-70 POWDER PACKET	CERA PRODUCTS
00851020001	sod,pot chlor/sod cit/rice syr	CERASPORT POWDER PACKET	CERA PRODUCTS
00851020003	sod,pot chlor/sod cit/rice syr	CERASPORT POWDER PACKET	CERA PRODUCTS
00851020009	sod,pot chlor/sod cit/rice syr	CERASPORT EX1 POWDER PACKET	CERA PRODUCTS
00851020010	sod,pot chlor/sod cit/rice syr	CERASPORT EX1 POWDER PACKET	CERA PRODUCTS
00851020012	sod,pot chlor/sod cit/rice syr	CERASPORT EX1 POWDER PACKET	CERA PRODUCTS
00851020020	sod,pot chlor/sod cit/rice syr	CERASPORT PLUS POWDER PACKET	CERA PRODUCTS
00851022003	sod,pot chlor/sod cit/rice syr	CERASPORT POWDER	CERA PRODUCTS
00851022005	sod,pot chlor/sod cit/rice syr	CERASPORT EX1 POWDER	CERA PRODUCTS
00851022010	sod,pot chlor/sod cit/rice syr	CERASPORT POWDER	CERA PRODUCTS
00851050012	sod,pot chlor/sod cit/rice syr	CERASPORT LIQUID	CERA PRODUCTS
00851050013	sod,pot chlor/sod cit/rice syr	CERASPORT EX1 LIQUID	CERA PRODUCTS
38485086335	sod.chlorid/potassium chloride	THERMOTABS TABLET	NUMARK LABS INC
50379000302	sod/pot/Cl/cit/Zn/mag/carbohyd	DRIPDROP POWDER PACKET	DRIP DROP, INC
50379000312	sod/pot/Cl/cit/Zn/mag/carbohyd	DRIPDROP POWDER PACKET	DRIP DROP, INC
50379000315	sod/pot/Cl/cit/Zn/mag/carbohyd	DRIPDROP POWDER PACKET	DRIP DROP, INC
50379000316	sod/pot/Cl/cit/Zn/mag/carbohyd	DRIPDROP POWDER PACKET	DRIP DROP, INC
69928021104	sod/pot/Cl/cit/Zn/mag/carbohyd	DRIPDROP POWDER PACKET	DRIP DROP, INC
69928021204	sod/pot/Cl/cit/Zn/mag/carbohyd	DRIPDROP POWDER PACKET	DRIP DROP, INC
16514091463	sod/potass/chlor/zinc/dex/fruc	PEDIAVANCE LIQUID STICK	NATURE'S ONE, I
16514092460	sod/potass/chlor/zinc/dex/fruc	PEDIAVANCE LIQUID STICK	NATURE'S ONE, I
00225038080	sodium chloride	AYR SALINE 0.65% NOSE SPRAY	B.F ASCHER & CO
00225038280	sodium chloride	AYR SALINE 0.65% NOSE DROPS	B.F ASCHER & CO
00225055050	sodium chloride	BABY AYR SALINE 0.65% DROPS	B.F ASCHER & CO
00363032003	sodium chloride	SALINE 0.65% NASAL SPRAY	WALGREEN CO.
00363070530	sodium chloride	CHILD SALINE 0.65% NASAL SPRAY	WALGREEN CO.
00536250676	sodium chloride	SALINE MIST 0.65% NOSE SPRY	RUGBY
00904386575	sodium chloride	DEEP SEA 0.65% NOSE SPRAY	MAJOR PHARMACEU
05388066113	sodium chloride	EQ NASAL 0.65% SPRAY	WAL-MART STORES
10939040233	sodium chloride	SM SALINE 0.65% NASAL SPRAY	SM-STRATEGIC SO
10939040333	sodium chloride	SM SALINE 0.65% NASAL SPRAY	SM-STRATEGIC SO
10939095585	sodium chloride	FT SALINE 0.65% NASAL SPRAY	FT-STRATEGIC SO
11383019031	sodium chloride	ULTRA SALINE 0.65% NASAL SPRAY	WEEKS & LEO CO.
11822042030	sodium chloride	RA SALINE 0.65% NASAL SPRAY	RITE AID CORP.
11822320300	sodium chloride	RA SALINE 0.65% NOSE SPRAY	RITE AID CORP.
11917001257	sodium chloride	SALINE 0.65% NASAL SPRAY	WALGREEN CO.

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
11917002642	sodium chloride	SALINE 0.65% NASAL SPRAY	WALGREEN CO.
11917003728	sodium chloride	SALINE 0.65% NASAL SPRAY	WALGREEN CO.
11917003730	sodium chloride	SALINE 0.65% NASAL SPRAY	WALGREEN CO.
11917009784	sodium chloride	SALINE 0.65% NASAL SPRAY	WALGREEN CO.
11917013329	sodium chloride	CHILD SALINE 0.65% NASAL SPRAY	WALGREEN CO.
24385032521	sodium chloride	NASAL MOISTURIZING 0.65% SPRAY	AMERISOURCE-GNP
24385032558	sodium chloride	SALINE 0.65% NOSE SPRAY	AMERISOURCE-GNP
32363019060	sodium chloride	ULTRA SALINE 0.65% NASAL SPRAY	WEEKS & LEO CO.
32953068965	sodium chloride	SALINE 0.65% NASAL SPRAY	SHEFFIELD PHARM
36800013029	sodium chloride	NASAL MOISTURIZING 0.65% SPRAY	TOPCO
41163023330	sodium chloride	EQL SALINE 0.65% NASAL SPRAY	EQUALINE VITAMI
41163023331	sodium chloride	EQL SALINE 0.65% NASAL SPRAY	EQUALINE VITAMI
41415023873	sodium chloride	PUB SALINE 0.65% NASAL SPRAY	PUBLIX SUPERMKT
45802035758	sodium chloride	SALINE MIST 0.65% NOSE SPRY	PADAGIS
49348035625	sodium chloride	SM SALINE 0.65% NASAL SPRAY	SM-STRATEGIC SO
49348035684	sodium chloride	SM SALINE 0.65% NASAL SPRAY	SM-STRATEGIC SO
50428006205	sodium chloride	CVS SALINE 0.65% NASAL SPRAY	CVS
50428031180	sodium chloride	CVS SALINE 0.65% NASAL SPRAY	CVS
52569013385	sodium chloride	HM SALINE 0.65% NASAL SPRAY	HM-STRATEGIC SO
52569013752	sodium chloride	HM SALINE 0.65% NASAL SPRAY	HM-STRATEGIC SO
56184012011	sodium chloride	LITTLE REMEDIES 0.65% SPRAY	PRESTIGE BRANDS
56184012015	sodium chloride	LITTLE REMEDIES SALINE SPRAY	MEDTECH LABS
57896033345	sodium chloride	SALINE 0.65% NASAL SPRAY	GERI-CARE
59390003526	sodium chloride	ALTAMIST 0.65% NOSE SPRAY	ALTAIRE PHARM
62011008601	sodium chloride	HM SALINE 0.65% NASAL SPRAY	HM-STRATEGIC SO
62011008602	sodium chloride	HM SALINE 0.65% NASAL SPRAY	HM-STRATEGIC SO
63187096144	sodium chloride	SALINE 0.65% NASAL SPRAY	PROFICIENT RX L
69618005153	sodium chloride	SALINE 0.65% NASAL SPRAY	RELIABLE 1 LABO
70030013173	sodium chloride	GS NASAL MOIST 0.65% SPRAY	PERRIGO/GOODSEN
81131070024	sodium chloride	EQ NASAL 0.65% SPRAY	WAL-MART STORES
83035106305	sodium chloride	TRUE NASAL MOISTURIZING SPRAY	SINGULAR DREAME
83592004405	sodium chloride	WELL NASAL MOIST 0.65% SPRAY	TRUE MARKER PHA
87701040085	sodium chloride	GNP NASAL MOIST 0.65% SPRAY	AMERISOURCE-GNP
87701055205	sodium chloride	GNP SALINE 0.65% NOSE SPRAY	AMERISOURCE-GNP
96295013160	sodium chloride	SALINE 0.65% NASAL SPRAY	LEADER
00851000019	sodium/chloride/citrate	CERALYTE 50 POTASSIUM FREE PKT	CERA PRODUCTS
00851000001	sodium/chloride/potass/citrate	CERALYTE-70 POWDER PACKET	CERA PRODUCTS
00851000002	sodium/chloride/potass/citrate	CERALYTE-90 POWDER PACKET	CERA PRODUCTS
00851000014	sodium/chloride/potass/citrate	CERALYTE-70 POWDER PACKET	CERA PRODUCTS
00851050030	sodium/chloride/potass/citrate	CERALYTE-70 ELECTROLYTE DRINK	CERA PRODUCTS

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>



## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
29135011620	sodium/potas/chlor/magnes/phos	REPLACE SR TABLET	ENDURANCE PRODU
29135011690	sodium/potas/chlor/magnes/phos	REPLACE SR TABLET	ENDURANCE PRODU
11917010943	sodium/potas/chloride/dextrose	PEDIATRIC ELECTROLYTE PWD PACK	WALGREEN CO.
70074056079	sodium/potas/chloride/dextrose	PEDIALYTE POWDER PACK	ABBOTT NUTRITIO
70074056082	sodium/potas/chloride/dextrose	PEDIALYTE POWDER PACK	ABBOTT NUTRITIO
70074056091	sodium/potas/chloride/dextrose	PEDIALYTE POWDER PACK	ABBOTT NUTRITIO
70074064174	sodium/potas/chloride/dextrose	PEDIALYTE POWDER PACKET	ABBOTT NUTRITIO
70074064179	sodium/potas/chloride/dextrose	PEDIALYTE POWDER PACKET	ABBOTT NUTRITIO
70074064594	sodium/potas/chloride/dextrose	PEDIALYTE POWDER PACKET	ABBOTT NUTRITIO
70074064597	sodium/potas/chloride/dextrose	PEDIALYTE POWDER PACKET	ABBOTT NUTRITIO
70074067220	sodium/potas/chloride/dextrose	PEDIALYTE SPARKLN RUSH PWD PKT	ABBOTT NUTRITIO
70074067221	sodium/potas/chloride/dextrose	PEDIALYTE SPARKLN RUSH PWD PKT	ABBOTT NUTRITIO
70074067222	sodium/potas/chloride/dextrose	PEDIALYTE SPARKLN RUSH PWD PKT	ABBOTT NUTRITIO
70074067225	sodium/potas/chloride/dextrose	PEDIALYTE SPARKLN RUSH PWD PKT	ABBOTT NUTRITIO
70074067226	sodium/potas/chloride/dextrose	PEDIALYTE SPARKLN RUSH PWD PKT	ABBOTT NUTRITIO
70074067227	sodium/potas/chloride/dextrose	PEDIALYTE SPARKLN RUSH PWD PKT	ABBOTT NUTRITIO
70074067473	sodium/potas/chloride/dextrose	ENSURE RAPID HYDRATION PWD PKT	ABBOTT NUTRITIO
11917013237	starch	THICK NOW POWDER	WALGREEN CO.
11917013238	starch	THICK NOW POWDER	WALGREEN CO.
50428028396	starch	CVS INSTANT FOOD THICKENER	CVS
50428044672	starch	CVS INSTANT FOOD THICKENER	CVS
72058004075	starch	THICK-IT POWDER	PRECISION FOODS
72058004076	starch	THICK-IT POWDER	PRECISION FOODS
72058004080	starch	THICK-IT #2 POWDER	PRECISION FOODS
72058004081	starch	THICK-IT #2 POWDER	PRECISION FOODS
72058004085	starch	THICK-IT PACKET	PRECISION FOODS
72058004086	starch	THICK-IT #2 PACKET	PRECISION FOODS
72058061078	starch	THICK-IT POWDER	PRECISION FOODS
72058061079	starch	THICK-IT POWDER	PRECISION FOODS
72058061080	starch	THICK-IT #2 POWDER	PRECISION FOODS
72058061081	starch	THICK-IT #2 POWDER	PRECISION FOODS
72058061115	starch	THICK-IT PACKET	PRECISION FOODS
72058061116	starch	THICK-IT #2 PACKET	PRECISION FOODS
99429017938	starch	THICK AND EASY THICKENER POWD	HORMEL HEALTH
99429021929	starch	THICK AND EASY THICKENER PACKT	HORMEL HEALTH
24385052403	terbinafine HCl	TERBINAFINE 1% CREAM	AMERISOURCE-GNP
24385052405	terbinafine HCl	TERBINAFINE 1% CREAM	AMERISOURCE-GNP
49348079072	terbinafine HCl	SM ATHLETE'S 1% FOOT CREAM	SM-STRATEGIC SO
51672208001	terbinafine HCl	TERBINAFINE 1% CREAM	TARO PHARM USA
51672208002	terbinafine HCl	TERBINAFINE 1% CREAM	TARO PHARM USA

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
70000033801	terbinafine HCl	ATHLETE'S FOOT 1% CREAM	LEADER
70677100301	terbinafine HCl	FT ATHLETE'S FOOT 1% CREAM	FT-STRATEGIC SO
00536131543	tolnaftate	TOLNAFTATE 1% CREAM	RUGBY
00536132926	tolnaftate	TOLNAFTATE 1% POWDER	RUGBY
11527005140	tolnaftate	ANTIFUNGAL 1% CREAM	SHEFFIELD PHARM
24385003203	tolnaftate	TOLNAFTATE 1% CREAM	AMERISOURCE-GNP
49348015529	tolnaftate	SM ANTIFUNGAL 1% CREAM	SM-STRATEGIC SO
51672202001	tolnaftate	TOLNAFTATE 1% CREAM	TARO PHARM USA
51672202002	tolnaftate	TOLNAFTATE 1% CREAM	TARO PHARM USA
70000008401	tolnaftate	TOLNAFTATE 1% CREAM	LEADER
70000032201	tolnaftate	ATHLETE'S FOOT 1% POWDER SPRAY	LEADER
70677100101	tolnaftate	FT ANTIFUNGAL 1% CREAM	FT-STRATEGIC SO
73352056110	tolnaftate	TRITOLNACIDE C 1% CREAM	TRIFLUENT PHARM
00904730224	triprolidine/pseudoephedrine	APRODINE TABLET	MAJOR PHARMACEU
00904730260	triprolidine/pseudoephedrine	APRODINE TABLET	MAJOR PHARMACEU
00087040303	vit A palmitate/vit C/vit D3	TRI-VI-SOL DROPS	MJ NUTRITIONAL
00536134780	vit A palmitate/vit C/vit D3	INFANT-TODDLER VIT A-C-D DROP	RUGBY
71399075045	vit A palmitate/vit C/vit D3	PEDIATRIC TRI-VIT DROPS	AKRON PHARMA IN
71399750405	vit A palmitate/vit C/vit D3	PEDIATRIC TRI-VITE DROPS	AKRON PHARMA IN
76518002050	vit A palmitate/vit C/vit D3	PEDIA TRI-VITE DROP	BAYSHORE FL
96295014063	vit A palmitate/vit C/vit D3	INFANT VITAMIN A-C-D DROP	LEADER
98302014003	vit A palmitate/vit C/vit D3	PHARMACIST CHOICE PED TRI-VIT	SIMPLE DIAGNOST
11917017653	vit A,C,D3,E/omega-3/ala/dha	CHILD'S OMEGA-3 DHA MULTIVITAM	WALGREEN CO.
58204000445	vit A/C/D3/vit E mixed/K1/zinc	MVW MODULATOR FORMUL PEDIA DRP	MVW NUTRITIONAL
58204000451	vit A/C/D3/vit E mixed/K1/zinc	MVW MODULATOR FORMUL PEDIA DRP	MVW NUTRITIONAL
51645099712	vit A/C/E ac/ZnOx/cupric oxide	EYEPROTECT TABLET	PLUS PHARMA,INC
00179803212	vit A/C/E/zinc/selenium/copper	VISION FORMULA TABLET	KAISER FOUNDATI
80681002300	vit A/vit C/vit E/selenium yst	ANTIOXIDANT FORMULA TABLET	RUGBY
24208043262	vit A/vit C/vit E/zinc/copper	PRESERVISION AREDS TABLET	BAUSCH & LOMB I
24208043272	vit A/vit C/vit E/zinc/copper	PRESERVISION AREDS TABLET	BAUSCH & LOMB I
24208053210	vit A/vit C/vit E/zinc/copper	PRESERVISION AREDS SOFTGEL	BAUSCH & LOMB I
24208053230	vit A/vit C/vit E/zinc/copper	PRESERVISION AREDS SOFTGEL	BAUSCH & LOMB I
24208053293	vit A/vit C/vit E/zinc/copper	PRESERVISION AREDS SOFTGEL	BAUSCH & LOMB I
46122009372	vit A/vit C/vit E/zinc/copper	HEALTHY EYES SUPERVISION SFTGL	AMERISOURCE-GNP
80681005200	vit A/vit C/vit E/zinc/copper	EYE MULTIVITAMIN TABLET	RUGBY
87701040787	vit A/vit C/vit E/zinc/copper	GNP HEALTHY EYES SUPERVISION	AMERISOURCE-GNP
24208063210	vit C/E/cuperic/zinc/lutein	PRESERVISION LUTEIN SOFTGEL	BAUSCH & LOMB I
24208063211	vit C/E/cuperic/zinc/lutein	PRESERVISION LUTEIN SOFTGEL	BAUSCH & LOMB I
11845015121	vitamin A/C/D3/cod liver oil	KIDS COD LIVER OIL +D TAB CHEW	MASON DISTRIB.
55571091232	vitamin D3/soy isoflavone	ISO D3 2,000 UNIT TABLET	METAGENICS, INC

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 1/14/2024

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00179803160	vits A,C,E/lutein/minerals	VISION FORMULA WITH LUTEIN TAB	KAISER FOUNDATI
00536509008	vits A,C,E/lutein/minerals	I-VITE TABLET	RUGBY
10939095702	vits A,C,E/lutein/minerals	FT EYE HEALTH WITH LUTEIN TAB	FT-STRATEGIC SO
24208038760	vits A,C,E/lutein/minerals	OCUVITE WITH LUTEIN TABLET	BAUSCH & LOMB I
24208038762	vits A,C,E/lutein/minerals	OCUVITE WITH LUTEIN TABLET	BAUSCH & LOMB I
40985027452	vits A,C,E/lutein/minerals	HEALTHY EYES TABLET	21ST CENTURY HE
41163026643	vits A,C,E/lutein/minerals	EQL EYE HEALTH PLUS LUTEIN TAB	EQUALINE VITAMI
46122009272	vits A,C,E/lutein/minerals	HEALTHY EYES TABLET	AMERISOURCE-GNP
50428028220	vits A,C,E/lutein/minerals	CVS EYE HEALTH AND LUTEIN TAB	CVS
81131074219	vits A,C,E/lutein/minerals	EQ VISION FORMULA TABLET	WAL-MART STORES
87701040786	vits A,C,E/lutein/minerals	GNP HEALTHY EYES TABLET	AMERISOURCE-GNP
96295013574	vits A,C,E/lutein/minerals	EYE HEALTH PLUS LUTEIN TABLET	LEADER
38485050060	vits A/C/E/B complx/min/lutein	LIPOTRIAD CAPLET	LIPOTRIAD LLC
46122013248	wheat dextrin	BEST FIBER POWDER	AMERISOURCE-GNP
20513004001	xanthan gum	SIMPLYTHICK 4 GM PACKET	SIMPLYTHICK, LL
20513006005	xanthan gum	SIMPLYTHICK 6 GM GEL PUMP	SIMPLYTHICK, LL
20513007001	xanthan gum	SIMPLYTHICK 6 GM PACKET	SIMPLYTHICK, LL
20513007004	xanthan gum	SIMPLYTHICK 48 GM PACKET	SIMPLYTHICK, LL
20513007005	xanthan gum	SIMPLYTHICK 6 GM PACKET	SIMPLYTHICK, LL
20513008001	xanthan gum	SIMPLYTHICK 12 GM PACKET	SIMPLYTHICK, LL
20513008004	xanthan gum	SIMPLYTHICK 96 GM PACKET	SIMPLYTHICK, LL
20513008005	xanthan gum	SIMPLYTHICK 12 GM PACKET	SIMPLYTHICK, LL
00178033003	zinc oxide	DR. SMITH'S DIAPER 10% OINTMNT	MISSION PHARM.
00536131625	zinc oxide	ZINC OXIDE 20% OINTMENT	RUGBY
00536131628	zinc oxide	ZINC OXIDE 20% OINTMENT	RUGBY
00536131698	zinc oxide	ZINC OXIDE 20% OINTMENT	RUGBY
46122067646	zinc oxide	GNP ZINC OXIDE 20% OINTMENT	AMERISOURCE-GNP
68001053245	zinc oxide	ZINC OXIDE 20% OINTMENT	BLUEPOINT LABOR
68001053246	zinc oxide	ZINC OXIDE 20% OINTMENT	BLUEPOINT LABOR
68001053350	zinc oxide	ZINC OXIDE 20% OINTMENT	BLUEPOINT LABOR
70000033401	zinc oxide	ZINC OXIDE 20% OINTMENT	LEADER
70000048801	zinc oxide	ZINC OXIDE 25% OINTMENT	LEADER
71269000602	zinc oxide	DR. SMITH'S DIAPER 10% OINTMNT	MAINPOINTE PHAR
71269000603	zinc oxide	DR. SMITH'S DIAPER 10% OINTMNT	MAINPOINTE PHAR
71269000608	zinc oxide	DR. SMITH'S DIAPER 10% OINTMNT	MAINPOINTE PHAR
75834017001	zinc oxide	ZINC OXIDE 20% OINTMENT	NIVAGEN PHARMAC
75834017002	zinc oxide	ZINC OXIDE 20% OINTMENT	NIVAGEN PHARMAC
75834017015	zinc oxide	ZINC OXIDE 20% OINTMENT	NIVAGEN PHARMAC

MS Medicaid covers these OTC drugs pursuant to a prescription. Coverage of acne agents, laxatives and multivitamin/mineral supplements is limited to Age < 21. Calcium carbonate and renal vitamins are covered only for dialysis patients (prescriber must document 'For Dialysis Pt.' on Rx.). Doxylamine & pyridoxine covered only for women of childbearing age.

For more OTC List information see the Pharmacy page at <http://www.medicaid.ms.gov/providers/pharmacy/>