MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 8/5/2025.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

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

Allowed Administration Fee for pharmacy providers is 90% of the Primary Care Enhanced (PCE) rate.

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
42515000301	CHIKUNGUNYA VACCINE, LIVE/PF	IXCHIQ VIAL	VALNEVA	275.00000	EA	
50632001802	CHIKUNGUNYA VACCINE, RECOMB/PF	VIMKUNYA 40 MCG/0.8 ML SYRINGE	BAVARIAN NORDIC	343.75000	ML	
80777011001	COVID VAC 24-25 (12UP)(MOD)/PF	SPIKEVAX 2024-25 (12Y UP) SYRG	MODERNA US, INC	283.60000	ML	
80777011093	COVID VAC 24-25 (12UP)(MOD)/PF	SPIKEVAX 2024-25 (12Y UP) SYRG	MODERNA US, INC	283.60000	ML	VFC
80777011096	COVID VAC 24-25 (12UP)(MOD)/PF	SPIKEVAX 2024-25 (12Y UP) SYRG	MODERNA US, INC	283.60000	ML	
00069243210	COVID VAC 24-25 (12UP)(PFI)/PF	COMIRNATY 2024-25(12Y UP) SYRG	PFIZER US PHARM	455.83333	ML	VFC
80631010701	COVID VAC 24-25(12Y UP)/ADJ/PF	NOVAVAX COVID 2024-25 SYR(EUA)	NOVAVAX INC.	283.40000	ML	
80631010710	COVID VAC 24-25(12Y UP)/ADJ/PF	NOVAVAX COVID 2024-25 SYR(EUA)	NOVAVAX INC.	283.40000	ML	VFC
59267443802	COVID VAC 24-25(5-11Y)(PFI)/PF	PFIZER COVID 2024-25(5-11Y)EUA	PFIZER MANUFACT	256.66666	ML	VFC
80777029109	COVID VAC 24-25(6M-11Y)(MOD)PF	MODERNA COVID 24-25(6M-11Y)EUA	MODERNA US, INC	516.00000	ML	
80777029180	COVID VAC 24-25(6M-11Y)(MOD)PF	MODERNA COVID 24-25(6M-11Y)EUA	MODERNA US, INC	516.00000	ML	VFC
80777029181	COVID VAC 24-25(6M-11Y)(MOD)PF	MODERNA COVID 24-25(6M-11Y)EUA	MODERNA US, INC	516.00000	ML	

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 8/5/2025.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
63361024310	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE VIAL	MSP VACCINE COM	304.41000	ML	
63361024315	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE SYRINGE	MSP VACCINE COM	304.41000	ML	VFC
63361024358	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE VIAL	MSP VACCINE COM	304.24000	ML	
63361024388	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE SYRINGE	MSP VACCINE COM	304.24000	ML	
49281056210	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	123.14800	ML	
49281056258	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	123.14000	ML	
49281056410	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	123.14800	ML	VFC
49281056415	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV SYRINGE	SANOFI-PASTEUR	123.14800	ML	VFC
49281056458	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	123.14000	ML	
49281056488	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV SYRINGE	SANOFI-PASTEUR	123.14000	ML	
58160081252	DIPH,PERTUS(ACEL),TET,POLIO/PF	KINRIX TIP-LOK SYRINGE	GLAXOSMITHKLINE	119.64200	ML	VFC
49281028610	DIPH,PERTUSS(ACELL),TET PED/PF	DAPTACEL DTAP VACCINE	SANOFI-PASTEUR	56.28600	ML	VFC
49281028658	DIPH,PERTUSS(ACELL),TET PED/PF	DAPTACEL DTAP VACCINE	SANOFI-PASTEUR	56.28000	ML	
58160081052	DIPH,PERTUSS(ACELL),TET PED/PF	INFANRIX DTAP SYRINGE	GLAXOSMITHKLINE	54.68200	ML	VFC
49281040010	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP VIAL	SANOFI-PASTEUR	93.90000	ML	VFC
49281040020	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP SYRINGE	SANOFI-PASTEUR	93.90000	ML	VFC

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 8/5/2025.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
49281040058	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP VIAL	SANOFI-PASTEUR	93.90000	ML	
49281040089	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP SYRINGE	SANOFI-PASTEUR	93.90000	ML	
49281051105	DIPHT,PERT(A),TET-POLIO/HIB/PF	PENTACEL VIAL KIT	SANOFI-PASTEUR	116.31200	EA	VFC
58160084211	DIPHTH,PERTUSS(ACELL),TET VAC	BOOSTRIX TDAP VACCINE VIAL	GLAXOSMITHKLINE	92.99200	ML	
58160084252	DIPHTH,PERTUSS(ACELL),TET VAC	BOOSTRIX TDAP VACCINE SYRINGE	GLAXOSMITHKLINE	92.99200	ML	VFC
49281056101	DTAP-IPV COMPONENT 1 OF 2/PF	PENTACEL DTAP-IPV COMPONENT VL	SANOFI-PASTEUR	215.10000	ML	
70461055510	FLU VAC TS 25-26 (6MS UP) CELL	FLUCELVAX 2025-2026 VIAL	SEQIRUS, INC.	85.58400	ML	VFC
70461065503	FLU VAC TS 25-26(6MS UP)CEL/PF	FLUCELVAX 2025-2026 SYRINGE	SEQIRUS, INC.	85.58400	ML	VFC
49281072510	FLU VAC TV 2025(18YR UP)RCM/PF	FLUBLOK 2025-2026 SYRINGE	SANOFI-PASTEUR	156.84400	ML	
49281072588	FLU VAC TV 2025(18YR UP)RCM/PF	FLUBLOK 2025-2026 SYRINGE	SANOFI-PASTEUR	156.84000	ML	
33332012510	FLU VACC TS 2025-26 (6 MOS UP)	AFLURIA 2025-2026 VIAL	SEQIRUS, INC.	39.96000	ML	VFC
49281064315	FLU VACC TS 2025-26 (6 MOS UP)	FLUZONE 2025-2026 VIAL	SANOFI-PASTEUR	37.46600	ML	VFC
49281064378	FLU VACC TS 2025-26 (6 MOS UP)	FLUZONE 2025-2026 VIAL	SANOFI-PASTEUR	37.46600	ML	
70461002503	FLU VACC TS2025(65UP)/MF59C/PF	FLUAD 2025-2026 SYRINGE	SEQIRUS, INC.	156.84000	ML	
33332002503	FLU VACC TS2025-26 36MOS UP/PF	AFLURIA 2025-2026 SYR (3YR UP)	SEQIRUS, INC.	43.35600	ML	VFC
49281012565	FLU VACC TS2025-26(65YR UP)/PF	FLUZONE HIGH-DOSE 2025-26 SYR	SANOFI-PASTEUR	156.84400	ML	

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 8/5/2025.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
49281012588	FLU VACC TS2025-26(65YR UP)/PF	FLUZONE HIGH-DOSE 2025-26 SYR	SANOFI-PASTEUR	156.84000	ML	
19515090452	FLU VACC TS2025-26(6MOS UP)/PF	FLULAVAL 2025-2026 SYRINGE	GSK-ID BIOMEDIC	39.47800	ML	VFC
49281042550	FLU VACC TS2025-26(6MOS UP)/PF	FLUZONE 2025-2026 SYRINGE	SANOFI-PASTEUR	40.25600	ML	VFC
49281042588	FLU VACC TS2025-26(6MOS UP)/PF	FLUZONE 2025-2026 SYRINGE	SANOFI-PASTEUR	40.26000	ML	
58160091252	FLU VACC TS2025-26(6MOS UP)/PF	FLUARIX 2025-2026 SYRINGE	GLAXOSMITHKLINE	39.47800	ML	VFC
66019011210	FLU VACC TV LIVE 2025(2-49YRS)	FLUMIST 2025-2026 NASAL SPRAY	MEDIMMUNE/ASTRA	25.44000	EA	VFC
66019011251	FLU VACC TV LIVE 2025(2-49YRS)	FLUMIST HOME 2025-2026 NASAL	MEDIMMUNE/ASTRA	67.60000	EA	
49281054503	HAEMOPH B POLY CONJ-TET TOX/PF	ACTHIB VACCINE WITH DILUENT	SANOFI-PASTEUR	12.65600	EA	VFC
49281054758	HAEMOPH B POLY CONJ-TET TOX/PF	ACTHIB VACCINE VIAL	SANOFI-PASTEUR	12.66000	EA	
58160072615	HAEMOPH B POLY CONJ-TET TOX/PF	HIBERIX VIAL AND DILUENT SYRG	GLAXOSMITHKLINE	12.41500	EA	VFC
58160081811	HAEMOPH B POLY CONJ-TET TOX/PF	HIBERIX VIAL WITH DILUENT VIAL	GLAXOSMITHKLINE	12.41500	EA	
00006489700	HAEMPH B POLYSAC CONJ-MENIN/PF	PEDVAXHIB VACCINE VIAL	MERCK SHARP & D	59.65600	ML	VFC
58160081152	HEP B VACCINE/DP(A)T-POLIO/PF	PEDIARIX 0.5 ML SYRINGE	GLAXOSMITHKLINE	199.74000	ML	VFC
58160081552	HEPATITIS A AND B VACCINE/PF	TWINRIX VACCINE SYRINGE	GLAXOSMITHKLINE	130.93100	ML	VFC
00006409502	HEPATITIS A VIRUS VACCINE/PF	VAQTA 25 UNITS/0.5 ML SYRINGE	MERCK SHARP & D	76.19000	ML	VFC

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 8/5/2025.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
00006409602	HEPATITIS A VIRUS VACCINE/PF	VAQTA 50 UNITS/ML SYRINGE	MERCK SHARP & D	80.56700	ML	
00006483141	HEPATITIS A VIRUS VACCINE/PF	VAQTA 25 UNITS/0.5 ML VIAL	MERCK SHARP & D	76.19000	ML	
00006484100	HEPATITIS A VIRUS VACCINE/PF	VAQTA 50 UNITS/ML VIAL	MERCK SHARP & D	81.87000	ML	
00006484141	HEPATITIS A VIRUS VACCINE/PF	VAQTA 50 UNITS/ML VIAL	MERCK SHARP & D	80.56700	ML	
58160082552	HEPATITIS A VIRUS VACCINE/PF	HAVRIX 720 UNIT/0.5 ML SYRINGE	GLAXOSMITHKLINE	76.75400	ML	VFC
58160082652	HEPATITIS A VIRUS VACCINE/PF	HAVRIX 1,440 UNIT/ML SYRINGE	GLAXOSMITHKLINE	85.40100	ML	
43528000305	HEPATITIS B VACCINE/CPG1018/PF	HEPLISAV-B 20 MCG/0.5 ML SYRNG	DYNAVAX TECHNOL	311.50000	ML	
75052000110	HEPATITIS B VIRUS VAC S,M,L/PF	PREHEVBRIO 10 MCG/ML VIAL	VBI VACCINES (D	64.75000	ML	
00006409302	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 5 MCG/0.5 ML SYR	MERCK SHARP & D	54.31400	ML	VFC
00006409402	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 10 MCG/ML SYR	MERCK SHARP & D	68.06000	ML	
00006498100	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 5 MCG/0.5 ML VL	MERCK SHARP & D	54.31400	ML	
00006499200	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 40 MCG/ML VIAL	MERCK SHARP & D	186.04000	ML	
00006499541	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 10 MCG/ML VIAL	MERCK SHARP & D	68.06000	ML	
58160082052	HEPATITIS B VIRUS VACCINE/PF	ENGERIX-B PEDI 10 MCG/0.5 SYRN	GLAXOSMITHKLINE	57.00400	ML	VFC

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 8/5/2025.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
58160082111	HEPATITIS B VIRUS VACCINE/PF	ENGERIX-B 20 MCG/ML VIAL	GLAXOSMITHKLINE	71.49000	ML	
58160082152	HEPATITIS B VIRUS VACCINE/PF	ENGERIX-B 20 MCG/ML SYRN	GLAXOSMITHKLINE	71.49000	ML	
49281054458	HIB CONJ-TET,COMPONENT 2OF2/PF	PENTACEL ACTHIB COMPONENT VIAL	SANOFI-PASTEUR	116.31000	EA	
00006411903	HPV VACCINE 9-VALENT/PF	GARDASIL 9 VIAL	MERCK SHARP & D	613.72000	ML	
00006412102	HPV VACCINE 9-VALENT/PF	GARDASIL 9 SYRINGE	MERCK SHARP & D	613.72000	ML	VFC
00006417100	MEASLES,MUMPS,RUB,VARICELLA/PF	PROQUAD VIAL	MERCK SHARP & D	275.16200	EA	VFC
00006468100	MEASLES,MUMPS,RUBELLA VACC/PF	M-M-R II VACCINE VIAL	MERCK SHARP & D	92.95100	EA	VFC
58160082415	MEASLES,MUMPS,RUBELLA VACC/PF	PRIORIX VIAL	GLAXOSMITHKLINE	92.95100	EA	VFC
00069060001	MENING A,C,Y,W COMP/N.MEN B/PF	PENBRAYA KIT	PFIZER LABS.	236.90000	EA	VFC
00069060005	MENING A,C,Y,W COMP/N.MEN B/PF	PENBRAYA KIT	PFIZER LABS.	236.90000	EA	VFC
58160082730	MENING VAC A,C,Y,W-135 DIP/PF	MENVEO 1 VIAL-A-C-Y-W-135-DIP	GLAXOSMITHKLINE	331.99400	ML	VFC
58160095509	MENING VAC A,C,Y,W-135 DIP/PF	MENVEO A-C-Y-W-135-DIP VIAL KT	GLAXOSMITHKLINE	165.99800	EA	VFC
49281059005	MENING VAC A,C,Y,W135,C-TET/PF	MENQUADFI VIAL	SANOFI-PASTEUR	342.44400	ML	
49281059010	MENING VAC A,C,Y,W135,C-TET/PF	MENQUADFI VIAL	SANOFI-PASTEUR	342.44400	ML	VFC
49281059058	MENING VAC A,C,Y,W135,C-TET/PF	MENQUADFI VIAL	SANOFI-PASTEUR	342.44000	ML	
58160097620	MENINGOCOCCAL B VACCINE,4-COMP	BEXSERO PREFILLED SYRINGE	GLAXOSMITHKLINE	472.75200	ML	VFC

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 8/5/2025.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
00005010005	N.MENINGITIDIS B,LIPID FHBP RC	TRUMENBA 120 MCG/0.5 ML VACCIN	WYETH/PFIZER	413.13600	ML	
00005010010	N.MENINGITIDIS B,LIPID FHBP RC	TRUMENBA 120 MCG/0.5 ML VACCIN	WYETH/PFIZER	413.13600	ML	VFC
00005197101	PNEUMOC 13-VAL CONJ-DIP CRM/PF	PREVNAR 13 SYRINGE	WYETH/PFIZER	226.80000	ML	
00005197102	PNEUMOC 13-VAL CONJ-DIP CRM/PF	PREVNAR 13 SYRINGE	WYETH/PFIZER	451.36200	ML	
00005197105	PNEUMOC 13-VAL CONJ-DIP CRM/PF	PREVNAR 13 SYRINGE	WYETH/PFIZER	465.52000	ML	
00006432902	PNEUMOC 15-VAL CONJ-DIP CRM/PF	VAXNEUVANCE 0.5 ML SYRINGE	MERCK SHARP & D	471.22000	ML	
00006432903	PNEUMOC 15-VAL CONJ-DIP CRM/PF	VAXNEUVANCE 0.5 ML SYRINGE	MERCK SHARP & D	456.90000	ML	VFC
00005200002	PNEUMOC 20-VAL CONJ-DIP CRM/PF	PREVNAR 20 SYRINGE	WYETH/PFIZER	564.92000	ML	
00005200010	PNEUMOC 20-VAL CONJ-DIP CRM/PF	PREVNAR 20 SYRINGE	WYETH/PFIZER	547.70200	ML	VFC
00006434702	PNEUMOC 21-VAL CONJ-DIP CRM/PF	CAPVAXIVE 0.5 ML SYRINGE	MERCK SHARP & D	574.00000	ML	
00006483703	PNEUMOCOCCAL 23-VAL P-SAC VAC	PNEUMOVAX 23 SYRINGE	MERCK SHARP & D	234.16200	ML	VFC
00006494300	PNEUMOCOCCAL 23-VAL P-SAC VAC	PNEUMOVAX 23 VIAL	MERCK SHARP & D	234.16200	ML	
49281086010	POLIOMYELITIS VACCINE, KILLED	IPOL VIAL	SANOFI-PASTEUR	87.96400	ML	VFC
49281086078	POLIOMYELITIS VACCINE, KILLED	IPOL VIAL	SANOFI-PASTEUR	87.96400	ML	
58160074021	ROTAVIRUS VAC,LIVE ATT, 89-12	ROTARIX VACCINE ORAL SYRINGE	GLAXOSMITHKLINE	97.51333	ML	VFC
00006404720	ROTAVIRUS VACCINE,LIVE ORAL PV	ROTATEQ VACCINE	MERCK SHARP & D	49.03420	ML	VFC
00006404741	ROTAVIRUS VACCINE,LIVE ORAL PV	ROTATEQ VACCINE	MERCK SHARP & D	49.03400	ML	VFC

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 8/5/2025.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
00069034401	RSV VACC, PREF A AND PREF B/PF	ABRYSVO VIAL WITH DILUENT SYRG	PFIZER US PHARM	306.80000	EA	VFC
00069034405	RSV VACC, PREF A AND PREF B/PF	ABRYSVO VIAL WITH DILUENT SYRG	PFIZER US PHARM	306.80000	EA	
00069246501	RSV VACC, PREF A AND PREF B/PF	ABRYSVO ACT-O-VIAL	PFIZER LABS.	306.80000	EA	
00069246510	RSV VACC, PREF A AND PREF B/PF	ABRYSVO ACT-O-VIAL	PFIZER LABS.	306.80000	EA	
80777034501	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	580.00000	ML	
80777034590	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	580.00000	ML	
80777034596	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	580.00000	ML	
58160084811	RSVPREF3 ANTIGEN/AS01E/PF	AREXVY VIAL KIT	GLAXOSMITHKLINE	306.34800	EA	
50632000101	SMALLPOX AND MPOX LIVE VACC/PF	JYNNEOS 0.5 ML VIAL	BAVARIAN NORDIC	.02000	ML	
50632000102	SMALLPOX AND MPOX LIVE VACC/PF	JYNNEOS 0.5 ML VIAL(STOCKPILE)	BAVARIAN NORDIC	.02000	ML	
50632000103	SMALLPOX AND MPOX LIVE VACC/PF	JYNNEOS 0.5 ML VIAL	BAVARIAN NORDIC	540.00000	ML	VFC
13533013101	TETANUS, DIPHTHERIA TOX,ADULT	TDVAX VIAL	GRIFOLS THERAPE	55.97000	ML	
14362011103	TETANUS, DIPHTHERIA TOX,ADULT	TDVAX VIAL	MASS BIOLOGICS	35.98000	ML	
49281021510	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC VIAL	SANOFI-PASTEUR	81.49200	ML	VFC
49281021515	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC SYRINGE	SANOFI-PASTEUR	81.49200	ML	VFC
49281021558	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC VIAL	SANOFI-PASTEUR	81.50000	ML	

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 8/5/2025.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
49281021588	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC SYRINGE	SANOFI-PASTEUR	81.50000	ML	
00006482700	VARICELLA VACCINE LIVE/PF	VARIVAX VACCINE WITH DILUENT	MERCK SHARP & D	182.25200	EA	VFC
58160081912	VARICELLA-ZOSTER GE/AS01B/PF	SHINGRIX VIAL KIT	GLAXOSMITHKLINE	215.51000	EA	
58160082311	VARICELLA-ZOSTER GE/AS01B/PF	SHINGRIX VIAL KIT	GLAXOSMITHKLINE	215.50800	EA	

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.