

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 6/02/2026

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
50027049269	0.9 % sodium chloride	NAVAGE SALINE NASAL MIST	RHINOSYSTEMS, I
50428033161	0.9 % sodium chloride	CVS NASAL MIST 0.9% SPRAY	CVS
56184000009	0.9 % sodium chloride	LITTLE REMEDIES SALINE MIST	MEDTECH LABS
00536147908	A,C,E/zinc/sod sel/copp/lutein	I-VITE TABLET	RUGBY
00536509008	A,C,E/zinc/sod sel/copp/lutein	I-VITE TABLET	RUGBY
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.
11845016905	A/C/E/zinc/copper ox/lut/zeax	LUTEIN PLUS WITH ZEAXANTHIN TB	MASON DISTRIB.
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
00113040378	acetaminophen	GS PAIN RELIEF 325 MG TABLET	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
00113048490	acetaminophen	GS PAIN RELIEF 500 MG CAPLET	PERRIGO/GOODSEN
00113054478	acetaminophen	GS ARTHRITIS PAIN ER 650 MG	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
00121131400	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	PAI HOLDING, LL
00121131411	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	PAI HOLDING, LL
00121188200	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	PAI HOLDING, LL
00121188211	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	PAI HOLDING, LL
00121209400	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	PAI HOLDING, LL
00121209411	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	PAI HOLDING, 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00485005708	acetaminophen	ED-APAP 160 MG/5 ML LIQUID	EDWARDS PHARM.
00536117201	acetaminophen	ACETAMINOPHEN 500 MG TABLET	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
00536141347	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	RUGBY
00536141348	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	RUGBY
00536142677	acetaminophen	INF ACETAMINOPHEN 160 MG/5 ML	RUGBY
00904198760	acetaminophen	MAPAP 500 MG CAPSULE	MAJOR PHARMACEU
00904579146	acetaminophen	CHILDREN'S MAPAP 80 MG TAB CHW	MAJOR PHARMACEU
00904664524	acetaminophen	CHILD'S MAPAP 160 MG TAB CHEW	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
00904677361	acetaminophen	ACETAMINOPHEN 325 MG TABLET	MAJOR PHARMACEU
00904701416	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00904701420	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	MAJOR PHARMACEU
00904731427	acetaminophen	ACETAMINOPHEN ER 650 MG CAPLET	MAJOR PHARMACEU
00904731460	acetaminophen	ACETAMINOPHEN ER 650 MG CAPLET	MAJOR PHARMACEU
00904732002	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	MAJOR PHARMACEU
00904732071	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	MAJOR PHARMACEU
00904744520	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	MAJOR PHARMACEU
00904748159	acetaminophen	ACETAMINOPHEN 1,000 MG/30 ML	MAJOR PHARMACEU
00904753259	acetaminophen	ACETAMINOPHEN 500 MG/15 ML LIQ	MAJOR PHARMACEU
00904756160	acetaminophen	8HR ARTHRITIS PAIN ER 650 MG	MAJOR PHARMACEU
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
39328003210	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	PATRIN PHARMA
39328003250	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	PATRIN PHARMA
39328003299	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	PATRIN PHARMA
45802020126	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	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
46122006271	acetaminophen	8 HOUR ACETAMINOPHEN ER 650 MG	AMERISOURCE-GNP
46122013165	acetaminophen	CHILD'S EASY-MELTS 80 MG TAB	AMERISOURCE-GNP
46122013365	acetaminophen	CHILD'S EASY-MELTS 80 MG TAB	AMERISOURCE-GNP
46122020926	acetaminophen	CHILD PAIN-FEVER 160 MG/5 ML	AMERISOURCE-GNP
46122021026	acetaminophen	CHILD PAIN-FEVER 160 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
46122021126	acetaminophen	CHILD PAIN-FEVER 160 MG/5 ML	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
46122042462	acetaminophen	GNP CHILD PAIN RELIEF 160 MG	AMERISOURCE-GNP
46122043078	acetaminophen	ACETAMINOPHEN 325 MG GELCAP	AMERISOURCE-GNP
46122062962	acetaminophen	GNP 8HR ARTHRIT PAIN ER 650 MG	AMERISOURCE-GNP
46122062971	acetaminophen	GNP 8HR ARTHRIT PAIN ER 650 MG	AMERISOURCE-GNP
46122062978	acetaminophen	8HR ARTHRITIS PAIN ER 650 MG	AMERISOURCE-GNP
46122062981	acetaminophen	GNP 8HR ARTHRIT PAIN ER 650 MG	AMERISOURCE-GNP
46122063071	acetaminophen	GNP 8 HOUR PAIN RLF ER 650 MG	AMERISOURCE-GNP
46122063078	acetaminophen	GNP 8 HOUR PAIN RELIEF 650 MG	AMERISOURCE-GNP
46122069662	acetaminophen	GNP PAIN RELIEF 500 MG GELCAP	AMERISOURCE-GNP
46122076434	acetaminophen	GNP INFANT PAIN-FEVER 160 MG/5	AMERISOURCE-GNP
49348004210	acetaminophen	SM PAIN RELIEVER 500 MG CAPLET	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
49483069901	acetaminophen	ACETAMINOPHEN ER 650 MG CAPLET	TIME-CAP LABS
51672211400	acetaminophen	FEVERALL 80 MG SUPPOSITORY	TARO/SUN PHARMA
51672211402	acetaminophen	FEVERALL 80 MG SUPPOSITORY	TARO/SUN PHARMA
51672211500	acetaminophen	FEVERALL 120 MG SUPPOSITORY	TARO/SUN PHARMA
51672211502	acetaminophen	FEVERALL 120 MG SUPPOSITORY	TARO/SUN PHARMA
51672211600	acetaminophen	FEVERALL 325 MG SUPPOSITORY	TARO/SUN PHARMA
51672211602	acetaminophen	FEVERALL 325 MG SUPPOSITORY	TARO/SUN PHARMA
51672211700	acetaminophen	FEVERALL 650 MG SUPPOSITORY	TARO/SUN PHARMA
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
57237034601	acetaminophen	ACETAMINOPHEN 325 MG TABLET	RISING PHARM
57237034610	acetaminophen	ACETAMINOPHEN 325 MG TABLET	RISING PHARM
57237034701	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	RISING PHARM
57237034705	acetaminophen	ACETAMINOPHEN 500 MG CAPLET	RISING 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
58657052404	acetaminophen	M-PAP 160 MG/5 ML LIQUID	METHOD PHARMACE
58657052416	acetaminophen	M-PAP 160 MG/5 ML LIQUID	METHOD PHARMACE
58657052516	acetaminophen	M-PAP 160 MG/5 ML LIQUID	METHOD PHARMACE
60687075142	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	AHP
60687075156	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	AHP
60687092411	acetaminophen	ACETAMINOPHEN ER 650 MG TABLET	AHP
60687092421	acetaminophen	ACETAMINOPHEN ER 650 MG TABLET	AHP
68001049500	acetaminophen	ACETAMINOPHEN ER 650 MG TABLET	BLUEPOINT LABOR
68094033059	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	PRECISION DOSE
68094033061	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	PRECISION DOSE
68094033062	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	PRECISION DOSE
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
70000030901	acetaminophen	CHILD ACETAMINOPHEN 160 MG	LEADER
70000031001	acetaminophen	CHILD ACETAMINOPHEN 160 MG	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
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
70000048101	acetaminophen	CHILD PAIN-FEVER 160 MG/5 ML	LEADER
70000067401	acetaminophen	INFANT PAIN-FEVER 160 MG/5 ML	LEADER
70000070901	acetaminophen	ACETAMINOPHEN 500 MG TABLET	LEADER
70000073301	acetaminophen	8HR ARTHRITIS PAIN ER 650 MG	LEADER
70000073401	acetaminophen	8HR MUSCLE ACHE-PAIN ER 650 MG	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
70010016001	acetaminophen	ACETAMINOPHEN ER 650 MG CAPLET	GRANULES PHARMA
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
70677112301	acetaminophen	FT 8 HOUR PAIN RLF ER 650 MG	FT-STRATEGIC SO
70677112401	acetaminophen	FT PAIN RELIEF 500 MG TABLET	FT-STRATEGIC SO
70677112701	acetaminophen	FT CHILD ACETAMINOPHEN 160 MG	FT-STRATEGIC SO
70677113001	acetaminophen	FT ARTHRITIS PAIN ER 650 MG TB	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
70677113805	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
70677125301	acetaminophen	FT INFANT PAIN-FEVER 160 MG/5	FT-STRATEGIC SO
70677127001	acetaminophen	FT CHILD PAIN REL 120 MG SUPP	FT-STRATEGIC SO
70677127101	acetaminophen	FT PAIN RELIEVER 650 MG SUPPOS	FT-STRATEGIC SO
70677127601	acetaminophen	FT PAIN RELIEF 500 MG CAPLET	FT-STRATEGIC SO
70677128601	acetaminophen	FT CHILD PAIN-FEVER 160 MG/5ML	FT-STRATEGIC SO
72888045901	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	ADVAGEN PHARMA
81033000210	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	KESIN PHARMA
81033000240	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	KESIN PHARMA
81033000254	acetaminophen	ACETAMINOPHEN 325 MG/10.15 ML	KESIN PHARMA
81033002602	acetaminophen	CHILD ACETAMINOPHEN 325/10.15	KESIN PHARMA
81033002610	acetaminophen	CHILD ACETAMINOPHEN 325/10.15	KESIN PHARMA
81033002639	acetaminophen	CHILD ACETAMINOPHEN 325/10.15	KESIN PHARMA
82568000101	acetaminophen	ACETAMINOPHEN 325 MG TABLET	AARNA USA INC
82568000102	acetaminophen	ACETAMINOPHEN 325 MG TABLET	AARNA USA INC
82568000103	acetaminophen	ACETAMINOPHEN 325 MG TABLET	AARNA USA INC
82568000201	acetaminophen	ACETAMINOPHEN 500 MG TABLET	AARNA USA INC
82568000202	acetaminophen	ACETAMINOPHEN 500 MG TABLET	AARNA USA 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
82568000804	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	AARNA USA INC
82568000806	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	AARNA USA INC
82568000808	acetaminophen	CHLD ACETAMINOPHEN 160 MG/5 ML	AARNA USA INC
83324003404	acetaminophen	QC CHILD PAIN RLF 160 MG/5 ML	CHAIN DRUG
83324007124	acetaminophen	QC CHILD PAIN-FEVER 160 MG CHW	CHAIN DRUG
83324007601	acetaminophen	QC PAIN RELIEF 325 MG TABLET	CHAIN DRUG
83324007801	acetaminophen	QC PAIN RELIEF 500 MG CAPLET	CHAIN DRUG
83324007950	acetaminophen	QC PAIN RELIEF 500 MG CAPLET	CHAIN DRUG
83324008001	acetaminophen	QC PAIN RELIEF 500 MG TABLET	CHAIN DRUG
83324008101	acetaminophen	QC PAIN RELIEF 500 MG TABLET	CHAIN DRUG
83324008110	acetaminophen	QC PAIN RELIEF 500 MG TABLET	CHAIN DRUG
83324008250	acetaminophen	QC 8 HOUR PAIN RLF ER 650 MG	CHAIN DRUG
83324008350	acetaminophen	QC 8HR ARTHRIT PAIN ER 650 MG	CHAIN DRUG
83324013850	acetaminophen	QC PAIN RELIEF 500 MG GELCAP	CHAIN DRUG
83324016104	acetaminophen	QC CHILD PAIN RLF 160 MG/5 ML	CHAIN DRUG
83474000104	acetaminophen	CHILD PAIN-FEVER 160 MG/5 ML	PURO PHARMA INC
83720050016	acetaminophen	CHILD PAIN-FEVER 160 MG/5 ML	ONCOR PHARMACEU
00299492030	adapalene	DIFFERIN 0.1% GEL	GALDERMA LABORA
00299492045	adapalene	DIFFERIN 0.1% GEL	GALDERMA LABORA
00536141220	adapalene	ADAPALENE 0.1% GEL	RUGBY
00536141226	adapalene	ADAPALENE 0.1% GEL	RUGBY
46122076836	adapalene	GNP ADAPALENE 0.1% GEL	AMERISOURCE-GNP
51672215001	adapalene	ADAPALENE 0.1% GEL	SUN PHARMACEUTI
51672215006	adapalene	ADAPALENE 0.1% GEL	SUN PHARMACEUTI
70000066602	adapalene	ADAPALENE 0.1% GEL	LEADER
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
71085007203	ammonium lactate	AMMONIUM LACTATE 12% CREAM	IPG PHARMACEUTI
71085007204	ammonium lactate	AMMONIUM LACTATE 12% CREAM	IPG PHARMACEUTI
98152000104	antiox.mv no.12/omeg3s/lut/zea	MACULAR BENEFITS COMBO PACK	PRN PHYSICIAN R
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
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
00904750930	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
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
46122079166	aspirin	GNP ASPIRIN EC 81 MG TABLET	AMERISOURCE-GNP
46122079167	aspirin	GNP ASPIRIN EC 81 MG TABLET	AMERISOURCE-GNP
49348075707	aspirin	SM ASPIRIN 81 MG CHEWABLE TAB	SM-STRATEGIC SO
49483001101	aspirin	ASPIRIN 325 MG TABLET	TIME-CAP LABS
49483001110	aspirin	ASPIRIN 325 MG TABLET	TIME-CAP LABS
49483033101	aspirin	ASPIRIN EC 325 MG TABLET	TIME-CAP LABS
49483033110	aspirin	ASPIRIN EC 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
57237034910	aspirin	ASPIRIN EC 81 MG TABLET	RISING PHARM
57237034912	aspirin	ASPIRIN EC 81 MG TABLET	RISING PHARM
68599131103	aspirin	ASPIRIN 325 MG TABLET	MCKESSON MEDICA
70000001401	aspirin	ASPIRIN EC 325 MG TABLET	LEADER
70000003501	aspirin	ASPIRIN EC 325 MG TABLET	LEADER
70000025302	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
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
70677115003	aspirin	FT ASPIRIN EC 81 MG TABLET	FT-STRATEGIC SO
70677118901	aspirin	FT ASPIRIN 325 MG TABLET	FT-STRATEGIC SO
70677126001	aspirin	FT ASPIRIN EC 81 MG TABLET	FT-STRATEGIC SO
70677131001	aspirin	FT ASPIRIN EC 81 MG TABLET	FT-STRATEGIC SO
82568000301	aspirin	ASPIRIN EC 81 MG TABLET	AARNA USA INC
82568000302	aspirin	ASPIRIN EC 81 MG TABLET	AARNA USA INC
83324005801	aspirin	QC ASPIRIN EC 325 MG TABLET	CHAIN DRUG
83324006601	aspirin	QC ASPIRIN 325 MG TABLET	CHAIN DRUG
83324007536	aspirin	QC ASPIRIN 81 MG CHEWABLE TAB	CHAIN DRUG
83324008905	aspirin	QC ASPIRIN EC 81 MG TABLET	CHAIN DRUG
83324009036	aspirin	QC ASPIRIN EC 81 MG TABLET	CHAIN DRUG
83324020501	aspirin	QC ASPIRIN 325 MG TABLET	CHAIN DRUG
00904201559	aspirin/calcium carb/magnesium	TRI-BUFFERED ASPIRIN 325 MG TB	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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, C no.20/folic acid	TRIPHROCAPS SOFTGEL	TRIGEN LABORATO
69367031401	B complex, C no.20/folic acid	WESCAPS CAPSULE	WESTMINSTER PHA
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
21922009104	bacitracin zinc	BACITRACIN ZN 500 UNIT/GM OINT	ENCUBE ETHICALS
21922009105	bacitracin zinc	BACITRACIN ZN 500 UNIT/GM OINT	ENCUBE ETHICALS
24385006003	bacitracin zinc	BACITRACIN ZN 500 UNIT/GM OINT	AMERISOURCE-GNP
51672207501	bacitracin zinc	BACITRACIN ZN 500 UNIT/GM OINT	TARO/SUN PHARMA
51672207502	bacitracin zinc	BACITRACIN ZN 500 UNIT/GM OINT	TARO/SUN PHARMA
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
83324004001	bacitracin zinc	QC BACITRACIN ZN 500 UNIT/GM	CHAIN DRUG
21922009205	bacitracin zinc/polymyxin B	DOUBLE ANTIBIOTIC OINTMENT	ENCUBE ETHICALS
49348027472	bacitracin zinc/polymyxin B	SM DOUBLE ANTIBIOTIC OINT	SM-STRATEGIC SO
51672204402	bacitracin zinc/polymyxin B	DOUBLE ANTIBIOTIC OINTMENT	TARO/SUN PHARMA
62011009701	bacitracin zinc/polymyxin B	HM DOUBLE ANTIBIOTIC OINTMENT	HM-STRATEGIC SO
70000009301	bacitracin zinc/polymyxin B	POLY BACITRACIN OINTMENT	LEADER
70000069401	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
00536145925	benzoyl peroxide	BENZOYL PEROXIDE 10% GEL	RUGBY
00536146625	benzoyl peroxide	BENZOYL PEROXIDE 2.5% GEL	RUGBY
00536146725	benzoyl peroxide	BENZOYL PEROXIDE 5% GEL	RUGBY
00536147442	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
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
45802030801	benzoyl peroxide	BENZOYL PEROXIDE 10% GEL	PADAGIS
45802030896	benzoyl peroxide	BENZOYL PEROXIDE 10% GEL	PADAGIS
00113601926	bromphenir mal/dextrometh HBr	GS CHILD COLD AND COUGH LIQUID	PERRIGO/GOODSEN
00904753120	bromphenir mal/dextrometh HBr	CHILDRENS COLD AND COUGH LIQ	MAJOR PHARMACEU
46122081329	bromphenir mal/dextrometh HBr	GNP CHILD COLD AND COUGH LIQ	AMERISOURCE-GNP
70000071501	bromphenir mal/dextrometh HBr	CHILDRENS COLD AND COUGH LIQ	LEADER
70677128701	bromphenir mal/dextrometh HBr	FT CHILD COLD-COUGH RLF DM LIQ	FT-STRATEGIC SO
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.

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00904646320	brompheniram/phenylephrine/DM	DIMAPHEN DM ELIXIR	MAJOR PHARMACEU
24385051926	brompheniram/phenylephrine/DM	COLD-COUGH ELIXIR	AMERISOURCE-GNP
68047014316	brompheniram/phenylephrine/DM	ENDACOF-DM LIQUID	LARKEN LABS
70000063101	brompheniram/phenylephrine/DM	CHILDREN'S COLD-COUGH LIQUID	LEADER
00485020616	brompheniramin/pseudoephedrine	RYNEX PSE LIQUID	EDWARDS PHARM.
00485020216	brompheniramine/phenylephrine	RYNEX PE LIQUID	EDWARDS PHARM.
70000005701	brompheniramine/phenylephrine	CHILD COLD-ALLERGY LIQUID	LEADER
83324015604	brompheniramine/phenylephrine	QC CHILD'S DIBROMM COLD-ALLGY	CHAIN DRUG
11917016564	C,E,copper,zinc 11/omega3s/lut	50 PLUS ADULT EYE HEALTH SFTGL	WALGREEN CO.
11917017173	C,E,copper,zinc 11/omega3s/lut	EYE HEALTH ADULT 50 PLUS SFTGL	WALGREEN CO.
50428042741	C,E,copper,zinc 11/omega3s/lut	CVS ADULT 50 PLUS EYE HEALTH	CVS
50428053833	C,E,copper,zinc 11/omega3s/lut	CVS ADULT 50 PLUS EYE HEALTH	CVS
85656000008	C/D3/E/om3/dha/epa/fish/hrb367	EYEPROMISE MACULAR HLTH SFTGL	PRN PHYSICIAN R
91241045450	C/E/zinc/cop/sel/lut/zeax/glut	VISTA ADVANCED AREDS2 SOFTGEL	HI-HEALTH
24208069720	C/E/zinc/copper/lut/zeax/coQ10	PRESERVISION AREDS 2 CO Q-10	BAUSCH & LOMB I
24208069721	C/E/zinc/copper/lut/zeax/coQ10	PRESERVISION AREDS 2 CO Q-10	BAUSCH & LOMB I
82966000865	C/E/zinc/copper/lut/zeax/coQ10	VITEYES AREDS 2 COQ10 SOFTGEL	VITAMIN HEALTH,
00121076616	calcium carbonate	CALCIUM CARB 1,250 MG/5 ML SUS	PAI HOLDING, LL
00121476605	calcium carbonate	CALCIUM CARB 1,250 MG/5 ML CUP	PAI HOLDING, LL
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
50268014913	calcium carbonate	CALCIUM 500 MG CHEWABLE TABLET	AVPAK
68084098832	calcium carbonate	ANTACID 500 MG CHEWABLE TABLET	AHP
68084098833	calcium carbonate	ANTACID 500 MG CHEWABLE TABLET	AHP
70677107501	calcium carbonate	FT ANTACID 500 MG CHEW TABLET	FT-STRATEGIC SO
70677108101	calcium carbonate	FT ANTACID 500 MG CHEW TABLET	FT-STRATEGIC SO
71085007704	calcium carbonate	OYSTER SHELL CALCIUM 500 MG TB	IPG PHARMACEUTI
83035181205	calcium carbonate	TRUE OYSTER CALCIUM 500 MG TAB	SINGULAR DREAME
83324031515	calcium carbonate	QC ANTACID 500 MG CHEW TABLET	CHAIN DRUG
83324031615	calcium carbonate	QC ANTACID 500 MG CHEW TABLET	CHAIN DRUG
85633003200	calcium carbonate	OYSTER SHELL CALCIUM 500 MG TB	ESTIVA GENERICS
85633003205	calcium carbonate	OYSTER SHELL CALCIUM 500 MG TB	ESTIVA GENERICS
85633003236	calcium carbonate	OYSTER SHELL CALCIUM 500 MG TB	ESTIVA GENERICS
85633003260	calcium carbonate	OYSTER SHELL CALCIUM 500 MG TB	ESTIVA GENERICS
16500007706	calcium carbonate/multivitamin	FLINTSTONES + CALCIUM TAB	BAYER INC.
00536430605	calcium polycarbophil	FIBER-LAX 625 MG CAPLET	RUGBY
00536430608	calcium polycarbophil	FIBER-LAX 625 MG TABLET	RUGBY
00536430611	calcium polycarbophil	FIBER-LAX 625 MG CAPLET	RUGBY
00904250091	calcium polycarbophil	FIBER 625 MG CAPLET	MAJOR PHARMACEU
70000006701	calcium polycarbophil	FIBER LAXATIVE 625 MG CAPLET	LEADER
70677108301	calcium polycarbophil	FT FIBER LAXATIVE 625 MG CPLT	FT-STRATEGIC SO
83324013190	calcium polycarbophil	QC FIBER 625 MG CAPLET	CHAIN DRUG
83324027690	calcium polycarbophil	QC FIBER 625 MG CAPLET	CHAIN DRUG
00023398810	carboxymethyl/gly/poly80/PF	REFRESH OPTIVE MEGA-3 PF DROPS	ALLERGAN INC.
00023449130	carboxymethyl/gly/poly80/PF	REFRESH OPTIVE ADVANCED DROPS	ALLERGAN INC.
00023577330	carboxymethyl/gly/poly80/PF	REFRESH OPTIVE MEGA-3 PF DROPS	ALLERGAN INC.
00023695430	carboxymethyl/gly/poly80/PF	REFRESH DIGITAL PF EYE DROPS	ALLERGAN INC.
00023715160	carboxymethyl/gly/poly80/PF	REFRESH OPTIVE MEGA-3 PF 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.

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00023378220	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% DP	ALLERGAN INC.
00023663410	carboxymethylcell/glycerin/PF	REFRESH RELIEVA PF 0.5-0.9% DP	ALLERGAN INC.
00023663420	carboxymethylcell/glycerin/PF	REFRESH RELIEVA PF 0.5-0.9% DP	ALLERGAN INC.
00023324015	carboxymethylcellulos/glycerin	REFRESH OPTIVE EYE DROPS	ALLERGAN INC.
00023545910	carboxymethylcellulos/glycerin	REFRESH OPTIVE GEL EYE DROPS	ALLERGAN INC.
00023663004	carboxymethylcellulos/glycerin	REFRESH RELIEVA 0.5-0.9% DROP	ALLERGAN INC.
00023663010	carboxymethylcellulos/glycerin	REFRESH RELIEVA 0.5-0.9% DROP	ALLERGAN INC.
00023663208	carboxymethylcellulos/glycerin	REFRESH RELIEVA FOR CONTACTS	ALLERGAN/ABBVIE
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.
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
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
70000070501	carboxymethylcellulose sodium	LUBRICANT 0.5% EYE DROP	LEADER
70000070502	carboxymethylcellulose sodium	LUBRICANT 0.5% EYE DROP	LEADER
70677119001	carboxymethylcellulose sodium	FT LUBRICANT 0.5% EYE DROP	FT-STRATEGIC SO
07249022224	cellulose gum	THIK AND CLEAR NECTAR POWD PKT	NUTRA/BALANCE

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
00904751061	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
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.
51672210208	cetirizine HCl	CETIRIZINE HCL 1 MG/ML SOLN	TARO/SUN PHARMA
55111069990	cetirizine HCl	CETIRIZINE HCL 10 MG TABLET	DR.REDDY'S LAB
57237035712	cetirizine HCl	CHILD CETIRIZINE HCL 1 MG/ML	RISING PHARM
57237035812	cetirizine HCl	CHILD CETIRIZINE HCL 1 MG/ML	RISING PHARM
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
70000021401	cetirizine HCl	CHILD ALL DAY ALLERGY 1 MG/ML	LEADER
70000021501	cetirizine HCl	CHILD ALL DAY ALLERGY 1 MG/ML	LEADER
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
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
70677127901	cetirizine HCl	FT AD ALLERGY (CETRZN) 10MG TB	FT-STRATEGIC SO
70677127902	cetirizine HCl	FT AD ALLERGY (CETRZN) 10MG TB	FT-STRATEGIC SO
70677127903	cetirizine HCl	FT AD ALLERGY (CETRZN) 10MG TB	FT-STRATEGIC SO
70677127904	cetirizine HCl	FT AD ALLERGY (CETRZN) 10MG TB	FT-STRATEGIC SO
70677127905	cetirizine HCl	FT AD ALLERGY (CETRZN) 10MG TB	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
83745018804	cetirizine HCl	CETIRIZINE HCL 1 MG/ML SOLN	APOZEAL PHARMAC
00113014762	cetirizine HCl/pseudoephedrine	GS ALL DAY ALLERGY-D TABLET	PERRIGO/GOODSEN
00113214762	cetirizine HCl/pseudoephedrine	ALL DAY ALLERGY-D 5-120 MG TAB	PERRIGO CO.
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
70677102001	cetirizine HCl/pseudoephedrine	FT ALL DY ALLERGY-D 5-120MG TB	FT-STRATEGIC SO
70677102002	cetirizine HCl/pseudoephedrine	FT ALL DY ALLERGY-D 5-120MG TB	FT-STRATEGIC SO
00485009816	chlorpheniramine maleate	ED CHLORPED JR SYRUP	EDWARDS PHARM.
00536100610	chlorpheniramine maleate	ALLER-CHLOR 4 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
70000016002	chlorpheniramine maleate	ALLERGY RELIEF 4 MG TABLET	LEADER
70677101601	chlorpheniramine maleate	FT ALLERGY (CHLORPHEN) 4 MG TB	FT-STRATEGIC SO
83324006824	chlorpheniramine maleate	QC ALLERGY (CHLORPHEN) 4 MG TB	CHAIN DRUG
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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	FT-STRATEGIC SO
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
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.
11845016235	cholecalciferol (vitamin D3)	VITAMIN D3 250 MCG SOFTGEL	MASON DISTRIB.

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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.
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.

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
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
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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)	VITAJoy DAILY D GUMMY	21ST CENTURY HE
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

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. Prior authorization is required for drugs with cup packaging.

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
45861006701	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG CAPSULE	PHARMACEUTICA N
47469005889	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG DISSOLVE TAB	NATROL-VYTAGOLOGY
47469005891	cholecalciferol (vitamin D3)	VIT D3 5,000 UNIT FAST DISSOLV	NATROL-VYTAGOLOGY
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
5009052900	cholecalciferol (vitamin D3)	WEEKLY-D 1,250 MCG SOFTGEL	A-S MEDICATION
50268086311	cholecalciferol (vitamin D3)	VITAMIN D3 400 UNIT TABLET	AVPAK
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 SOFTGEL	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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
53191024401	cholecalciferol (vitamin D3)	VITAMIN D3 5,000 UNIT CAPSULE	BIO-TECH PHARMA
53191036201	cholecalciferol (vitamin D3)	D3-50 50,000 UNIT CAPSULE	BIO-TECH PHARMA
53191036212	cholecalciferol (vitamin D3)	D3-50 50,000 UNIT CAPSULE	BIO-TECH PHARMA
53191048901	cholecalciferol (vitamin D3)	D3-50 50,000 UNIT CAPSULE	BIO-TECH PHARMA
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.

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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 CAPSULE	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
57896088001	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG TABLET	GERI-CARE
57896088101	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG TABLET	GERI-CARE
58438000531	cholecalciferol (vitamin D3)	BABY VITAMIN D3 10 MCG/0.25 ML	ZARBEE'S, INC.
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
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
69375001495	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG TABLET	NATIONWIDE PHAR
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
69618008401	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG TABLET	RELIABLE 1 LABO

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
71085010805	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG SOFTGEL	IPG PHARMACEUTI
71085010905	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	IPG PHARMACEUTI
71085011005	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG SOFTGEL	IPG PHARMACEUTI
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
71800001501	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG SOFTGEL	INNOVIDA PHARMA
71800001901	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG SOFTGEL	INNOVIDA PHARMA
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.

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
79854005023	cholecalciferol (vitamin D3)	VITAMIN D3 1,000 UNIT TABLET	NAT'L VIT. CO.
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.
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
84781086801	cholecalciferol (vitamin D3)	PUREVITA VITAMIN D3 25 MCG TAB	TRIVIA PHARMACE
84781086902	cholecalciferol (vitamin D3)	PUREVITA VITAMIN D3 10 MCG/2ML	TRIVIA PHARMACE
85633002000	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG SOFTGEL	ESTIVA GENERICS
85633002001	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG SOFTGEL	ESTIVA GENERICS
85633002030	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG CAPSULE	ESTIVA GENERICS
85633002036	cholecalciferol (vitamin D3)	VITAMIN D3 125 MCG CAPSULE	ESTIVA GENERICS
85633002100	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	ESTIVA GENERICS
85633002105	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	ESTIVA GENERICS
85633002130	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	ESTIVA GENERICS
85633002136	cholecalciferol (vitamin D3)	VITAMIN D3 50 MCG SOFTGEL	ESTIVA GENERICS
85633002200	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG SOFTGEL	ESTIVA GENERICS
85633002201	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG SOFTGEL	ESTIVA GENERICS
85633002230	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG SOFTGEL	ESTIVA GENERICS
85633002236	cholecalciferol (vitamin D3)	VITAMIN D3 25 MCG SOFTGEL	ESTIVA GENERICS
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
87701042639	cholecalciferol (vitamin D3)	GNP VITAMIN D3 250 MCG TABLET	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.

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
00536126511	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	RUGBY
00536126526	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	RUGBY
00536126595	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	RUGBY
00536144370	clotrimazole	CLOTRIMAZOLE 1% SOLUTION	RUGBY
11527007140	clotrimazole	ATHLETE'S FOOT 1% CREAM	SHEFFIELD PHARM
21922009404	clotrimazole	ATHLETE'S FOOT 1% CREAM	ENCUBE ETHICALS
21922009405	clotrimazole	ATHLETE'S FOOT 1% CREAM	ENCUBE ETHICALS
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
45802043411	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	PADAGIS
45861009908	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	PHARMACEUTICA N
49348037954	clotrimazole	SM 3-DAY VAGINAL CREAM	SM-STRATEGIC SO
50268004430	clotrimazole	CLOTRIMAZOLE 1% SOLUTION	AVPAK
51672200201	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	TARO/SUN PHARMA
51672200202	clotrimazole	CLOTRIMAZOLE 1% TOPICAL CREAM	TARO/SUN PHARMA
51672200306	clotrimazole	CLOTRIMAZOLE 1% VAGINAL CREAM	TARO/SUN PHARMA
51672203701	clotrimazole	CLOTRIMAZOLE 1% SOLUTION	TARO/SUN PHARMA
51672206200	clotrimazole	3-DAY VAGINAL CREAM	TARO/SUN PHARMA
51672215801	clotrimazole	ATHLETE'S FOOT 1% SOLUTION	TARO/SUN PHARMA
59088025103	clotrimazole	LASOLEX 1% SOLUTION	PURETEK CORPORA

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
70000072901	clotrimazole	CLOTRIMAZOLE 1% VAGINAL 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
70677123101	clotrimazole	FT CLOTRIMAZOLE-3 2% CREAM	FT-STRATEGIC SO
70677126201	clotrimazole	FT CLOTRIMAZOLE 1% VAG CREAM	FT-STRATEGIC SO
73352057001	clotrimazole	TRIMAZOLE 1% TOPICAL CREAM	TRIFLUENT PHARM
83035106203	clotrimazole	TM-CLOTRIMAZOLE 1% TOP CREAM	SINGULAR DREAME
83324004101	clotrimazole	QC CLOTRIMAZOLE 1% TOP CREAM	CHAIN DRUG
83324015415	clotrimazole	QC CLOTRIMAZOLE 1% VAG CREAM	CHAIN DRUG
83474000334	clotrimazole	CLOTRIMAZOLE 1% SOLUTION	PURO PHARMA INC
00121077504	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 100-10 MG/5 ML	PAI HOLDING, LL
00121077516	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 100-10 MG/5 ML	PAI HOLDING, LL
00121155010	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 200-20 MG/10ML	PAI HOLDING, LL
00121155040	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 200-20 MG/10ML	PAI HOLDING, LL
00121177505	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 100-10 MG/5 ML	PAI HOLDING, LL
00121177540	codeine phosphate/guaifenesin	GUAIFEN-CODEINE 100-10 MG/5 ML	PAI HOLDING, LL
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
43900022510	corn starch	RESOURCE THICKENUP POWDER	NESTLE NUTRITIO
43900022541	corn starch	RESOURCE THICKENUP POWDER PKT	NESTLE NUTRITIO
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
46122078429	dextromethorphan HBr	GNP TUSSIN LONG-ACTING LIQUID	AMERISOURCE-GNP
83324013404	dextromethorphan HBr	QC COUGH RELIEF 15 MG/5 ML LIQ	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
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 &

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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 &
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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 (DIPHEN) 25 MG TAB	PERRIGO/GOODSEN
00113047978	diphenhydramine HCl	GS ALLERGY (DIPHEN) 25 MG TAB	PERRIGO/GOODSEN
00113047979	diphenhydramine HCl	GS ALLERGY (DIPHEN) 25 MG TAB	PERRIGO/GOODSEN
00121086500	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	PAI HOLDING, LL
00121086505	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	PAI HOLDING, LL
00121173000	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	PAI HOLDING, LL
00121173010	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	PAI HOLDING, LL
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
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
00904732466	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	MAJOR PHARMACEU
00904732472	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	MAJOR PHARMACEU
00904753315	diphenhydramine HCl	CHILD ALLERGY RLF 12.5 MG/5 ML	MAJOR PHARMACEU
00904753320	diphenhydramine HCl	CHILD ALLERGY RLF 12.5 MG/5 ML	MAJOR PHARMACEU
00904755966	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	MAJOR PHARMACEU
00904755972	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG/10ML CUP	MAJOR PHARMACEU
00904756041	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML CUP	MAJOR PHARMACEU
00904756070	diphenhydramine HCl	DIPHENHYDRAMINE 12.5MG/5ML 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
46122068526	diphenhydramine HCl	GNP ALLERGY RELIEF 50 MG/20 ML	AMERISOURCE-GNP
46122069962	diphenhydramine HCl	GNP ALLERGY RELIEF 25 MG SFGL	AMERISOURCE-GNP
46122079329	diphenhydramine HCl	GNP CHILD ALLERGY 12.5 MG/5 ML	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
50844032907	diphenhydramine HCl	ALLERGY (DIPHEN) 25 MG MINITAB	LNK INTERNATION
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

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. Prior authorization is required for drugs with cup packaging.

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
57237036701	diphenhydramine HCl	DIMETANE 25 MG SOFTGEL	RISING PHARM
57237036799	diphenhydramine HCl	DIMETANE 25 MG SOFTGEL	RISING PHARM
57237036801	diphenhydramine HCl	DIMETANE 50 MG SOFTGEL	RISING PHARM
57237036899	diphenhydramine HCl	DIMETANE 50 MG SOFTGEL	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
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
70000013602	diphenhydramine HCl	ALLERGY RELIEF 25 MG TABLET	LEADER
70000013603	diphenhydramine HCl	ALLERGY RELIEF 25 MG TABLET	LEADER
70000047401	diphenhydramine HCl	CHILD ALLERGY RLF 12.5 MG/5 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
70000058501	diphenhydramine HCl	ALLERGY RELIEF 25 MG SOFTGEL	LEADER
70000059802	diphenhydramine HCl	ALLERGY 25 MG CAPSULE	LEADER
70000069301	diphenhydramine HCl	CHILD ALLERGY RLF 12.5 MG/5 ML	LEADER
70000070101	diphenhydramine HCl	CHILD ALLERGY RLF 12.5 MG/5 ML	LEADER
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
70677101402	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
70677126801	diphenhydramine HCl	FT CHILD ALLERGY 12.5 MG/5 ML	FT-STRATEGIC SO
70677126802	diphenhydramine HCl	FT CHILD ALLERGY 12.5 MG/5 ML	FT-STRATEGIC SO
71085010519	diphenhydramine HCl	DIPHENHYDRAMINE 12.5 MG/5 ML	IPG PHARMACEUTI
71800005819	diphenhydramine HCl	DIPHENHYDRAMINE 12.5 MG/5 ML	INNOVIDA PHARMA
81033002916	diphenhydramine HCl	DIPHENHYDRAMINE 12.5 MG/5 ML	KESIN PHARMA
82568000401	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG CAPSULE	AARNA USA INC
82568000402	diphenhydramine HCl	DIPHENHYDRAMINE 25 MG CAPSULE	AARNA USA INC
82568000501	diphenhydramine HCl	DIPHENHYDRAMINE 50 MG CAPSULE	AARNA USA INC
82568000502	diphenhydramine HCl	DIPHENHYDRAMINE 50 MG CAPSULE	AARNA USA INC
82568001604	diphenhydramine HCl	CHILD ALLERGY RLF 12.5 MG/5 ML	AARNA USA INC
82568001606	diphenhydramine HCl	CHILD ALLERGY RLF 12.5 MG/5 ML	AARNA USA INC
82568001608	diphenhydramine HCl	CHILD ALLERGY RLF 12.5 MG/5 ML	AARNA USA INC
83035107009	diphenhydramine HCl	DIPHENHYDRAMINE 12.5 MG/5 ML	SINGULAR DREAME
83324001604	diphenhydramine HCl	QC CHILD ALLERGY 12.5 MG/5 ML	CHAIN DRUG
83324008701	diphenhydramine HCl	QC ALLERGY (DIPHEN) 25 MG CAP	CHAIN DRUG
83324008801	diphenhydramine HCl	QC ALLERGY (DIPHEN) 25 MG TAB	CHAIN DRUG
83324011824	diphenhydramine HCl	QC ALLERGY (DIPHEN) 25 MG SFGL	CHAIN DRUG
83324028024	diphenhydramine HCl	QC ALLERGY (DIPHEN) 25 MG SFGL	CHAIN DRUG
83720050208	diphenhydramine HCl	DIPHENHYDRAMINE 12.5 MG/5 ML	ONCOR PHARMACEU
83720050216	diphenhydramine HCl	DIPHENHYDRAMINE 12.5 MG/5 ML	ONCOR PHARMACEU
46122068878	docusate calcium	GNP STOOL SOFTENER 240 MG SFGL	AMERISOURCE-GNP
00121093505	docusate sodium	DOCUSATE SODIUM 50 MG/5 ML CUP	PAI HOLDING, LL
00121093540	docusate sodium	DOCUSATE SODIUM 50 MG/5 ML CUP	PAI HOLDING, LL
00121187000	docusate sodium	DOCUSATE SOD 100 MG/10 ML CUP	PAI HOLDING, 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00121187010	docusate sodium	DOCUSATE SOD 100 MG/10 ML CUP	PAI HOLDING, LL
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
00904760961	docusate sodium	DOCUSATE SODIUM 100 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
45861007601	docusate sodium	DOCUSATE SODIUM 100 MG SOFTGEL	PHARMACEUTICA N
45861020160	docusate sodium	DOCUPRENE 100 MG TABLET	PHARMACEUTICA N
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
46122082674	docusate sodium	GNP STOOL SOFTENER 250 MG SFGL	AMERISOURCE-GNP
50268026811	docusate sodium	DOCUSATE SODIUM 250 MG SOFTGEL	AVPAK
50268026815	docusate sodium	DOCUSATE SODIUM 250 MG SOFTGEL	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
60687087842	docusate sodium	DOCUSATE SOD 100 MG/10 ML CUP	AHP
60687087856	docusate sodium	DOCUSATE SOD 100 MG/10 ML CUP	AHP
67618010101	docusate sodium	COLACE 100 MG CAPSULE	AVRIO/ATLANTIS
67618010110	docusate sodium	COLACE 100 MG CAPSULE	AVRIO/ATLANTIS
67618010130	docusate sodium	COLACE 100 MG CAPSULE	AVRIO/ATLANTIS
67618010152	docusate sodium	COLACE 100 MG CAPSULE	AVRIO/ATLANTIS
67618010160	docusate sodium	COLACE 100 MG CAPSULE	AVRIO/ATLANTIS
67618011128	docusate sodium	COLACE CLEAR 50 MG SOFTGEL	AVRIO/ATLANTIS
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
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
81033002210	docusate sodium	DOCUSATE SOD 100 MG/10 ML CUP	KESIN PHARMA
81033002250	docusate sodium	DOCUSATE SOD 100 MG/10 ML CUP	KESIN PHARMA
00113044164	doxylamine succinate	GS SLEEP AID 25 MG TABLET	PERRIGO/GOODSEN
00113044173	doxylamine succinate	GS SLEEP AID 25 MG TABLET	PERRIGO/GOODSEN
00113403262	doxylamine succinate	GS SLEEP AID ULTRA 25 MG TAB	PERRIGO/GOODSEN
00113403267	doxylamine succinate	GS SLEEP AID ULTRA 25 MG TAB	PERRIGO/GOODSEN
46122076351	doxylamine succinate	GNP SLEEP AID 25 MG TABLET	AMERISOURCE-GNP
46122078815	doxylamine succinate	GNP NIGHTTIME SLEEP 25 MG TAB	AMERISOURCE-GNP
70000056701	doxylamine succinate	SLEEP AID 25 MG TABLET	LEADER
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
50039028659	electrolytes	HYDRATION MULTIPLIER SF PWD PK	LIQUID I.V.
50039028660	electrolytes	HYDRATION MULTIPLIER SF PWD PK	LIQUID I.V.
50039028664	electrolytes	HYDRATION MULTIPLIER SF PWD PK	LIQUID I.V.
70074067969	electrolytes	PEDIALYTE ELECTROLYTE WATER	ABBOTT NUTRITIO
70074067970	electrolytes	PEDIALYTE ELECTROLYTE WATER	ABBOTT NUTRITIO
62403000051	electrolytes,oral/dextr/mv/AAs	SIMONE SUPER ENERGY POWDER	SIMONE

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
62403000052	electrolytes,oral/dextr/mv/AAs	SIMONE SUPER ENERGY POWDER	SIMONE
62403000053	electrolytes,oral/dextr/mv/AAs	SIMONE SUPER ENERGY POWDER	SIMONE
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
00536147117	electrolytes/dextrose	ORALYTE SOLUTION	RUGBY
00536147217	electrolytes/dextrose	ORALYTE SOLUTION	RUGBY
00536147317	electrolytes/dextrose	ORALYTE SOLUTION	RUGBY
10125097069	electrolytes/dextrose	HYDRATION MULTIPLIER POWDR PKT	LIQUID I.V.
10125097102	electrolytes/dextrose	HYDRATION MULTIPLIER POWDR PKT	LIQUID I.V.
10939020733	electrolytes/dextrose	SM PEDIATRIC ELECTROLYTE SOLN	SM-STRATEGIC SO
10939020833	electrolytes/dextrose	SM PEDIATRIC ELECTROLYTE SOLN	SM-STRATEGIC SO
10939020933	electrolytes/dextrose	SM PEDIATRIC ELECTROLYTE SOLN	SM-STRATEGIC SO
10939095905	electrolytes/dextrose	FT ELECTROLYTE SOLUTION	FT-STRATEGIC SO
10939095906	electrolytes/dextrose	FT ELECTROLYTE SOLUTION	FT-STRATEGIC SO
10939095907	electrolytes/dextrose	FT ELECTROLYTE SOLUTION	FT-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.

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
50021047447	electrolytes/dextrose	HYDRATION MULTIPLIER POWDR PKT	LIQUID I.V.
50021047494	electrolytes/dextrose	HYDRATION MULTIPLIER POWDR PKT	LIQUID I.V.
50039028641	electrolytes/dextrose	HYDRATION MULTIPLIER POWDR PKT	LIQUID I.V.
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
50428045606	electrolytes/dextrose	CVS PEDIATRIC ELECTROLYTE SOLN	CVS
50428047092	electrolytes/dextrose	CVS PEDIATRIC ELECTROLYTE SOLN	CVS
50428272877	electrolytes/dextrose	CVS PEDIATRIC ELECTROLYTE POPS	CVS
51741000833	electrolytes/dextrose	HYDRATION MULTIPLIER POWDR PKT	LIQUID I.V.
51741000883	electrolytes/dextrose	HYDRATION MULTIPLIER POWDR PKT	LIQUID I.V.
51741000894	electrolytes/dextrose	HYDRATION MULTIPLIER POWDR PKT	LIQUID I.V.
51741000898	electrolytes/dextrose	HYDRATION MULTIPLIER POWDR PKT	LIQUID I.V.
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
63737000016	electrolytes/dextrose	HYDRATION MULTIPLIER POWDR PKT	LIQUID I.V.
70030012715	electrolytes/dextrose	GS PEDIATRIC ELECTROLYTE SOLN	PERRIGO/GOODSEN
70074000240	electrolytes/dextrose	PEDIALYTE SOLUTION	ABBOTT NUTRITIO
70074000246	electrolytes/dextrose	PEDIALYTE FREEZER POPS	ABBOTT NUTRITIO
70074000336	electrolytes/dextrose	PEDIALYTE SOLUTION	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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
70074066641	electrolytes/dextrose	PEDIALYTE ADVANC CARE PLUS SOL	ABBOTT NUTRITIO
70074066642	electrolytes/dextrose	PEDIALYTE ADVANC CARE PLUS SOL	ABBOTT NUTRITIO
70074066643	electrolytes/dextrose	PEDIALYTE ADVANC CARE PLUS SOL	ABBOTT NUTRITIO
70074066644	electrolytes/dextrose	PEDIALYTE ADVANC CARE PLUS SOL	ABBOTT NUTRITIO
70074066645	electrolytes/dextrose	PEDIALYTE ADVANC CARE PLUS SOL	ABBOTT NUTRITIO
70074066646	electrolytes/dextrose	PEDIALYTE ADVANC CARE PLUS SOL	ABBOTT NUTRITIO
70074066855	electrolytes/dextrose	PEDIALYTE ADVANC CARE PLUS SOL	ABBOTT NUTRITIO
70074066856	electrolytes/dextrose	PEDIALYTE ADVANC CARE PLUS SOL	ABBOTT NUTRITIO
70074068995	electrolytes/dextrose	PEDIALYTE IMMUNE SUPPORT SOLN	ABBOTT NUTRITIO
70074068996	electrolytes/dextrose	PEDIALYTE IMMUNE SUPPORT SOLN	ABBOTT NUTRITIO
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
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
87701064394	electrolytes/dextrose	GNP ELECTROLYTE SOLUTION	AMERISOURCE-GNP
87701090588	electrolytes/dextrose	GNP ELECTROLYTE SOLUTION	AMERISOURCE-GNP
96295013815	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	LEADER
96295013816	electrolytes/dextrose	PEDIATRIC ELECTROLYTE SOLUTION	LEADER
51741000887	electrolytes/dextrose/B comp/C	HYDRATION MULTIPLIER IMMUNE PK	LIQUID I.V.
50015072316	electrolytes/dextrose/C/elderb	HYDRALYTE PLUS POWDER PACKET	HYDRALYTE LLC
00436960042	e-lytes/carboxymethylcellulose	MOI-STIR DRY MOUTH SPRAY	CENTURY PHARMAC
55299060101	e-lytes/carboxymethylcellulose	MOI-STIR DRY MOUTH SPRAY	CENTURY PHARMAC
55299060104	e-lytes/carboxymethylcellulose	MOI-STIR DRY MOUTH SPRAY	CENTURY PHARMAC
39328035760	ergocalciferol (vitamin D2)	CALCIDOL DROPS	PATRIN 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
69367028302	ergocalciferol (vitamin D2)	ERGOCALCIFEROL 200 MCG/ML DROP	WESTMINSTER PHA
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
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	PAI HOLDING, LL
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
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
00904756541	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	MAJOR PHARMACEU
00904756570	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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
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
17856748004	ferrous sulfate	FE-VITE 15 MG/ML ENFIT SYRINGE	ATLANTIC BIOLOG
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
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
43292056505	ferrous sulfate	IRON 65 MG TABLET	MAGNO-HUMPHRIES
45861007001	ferrous sulfate	FERROUS SULF EC 324 MG TABLET	PHARMACEUTICA N
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.
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
57237036501	ferrous sulfate	FERROUS SULF EC 324 MG TABLET	RISING PHARM
57237036510	ferrous sulfate	FERROUS SULF EC 324 MG TABLET	RISING PHARM
57237036601	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	RISING PHARM
57237036610	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	RISING PHARM
57629010020	ferrous sulfate	FERROUS SULFATE 325 MG TABLET	KMR PHARMACEUTI
57629010121	ferrous sulfate	FERROUS SULF 220 MG/5 ML ELIX	KMR 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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
71085011105	ferrous sulfate	FERROUS SULF EC 324 MG TABLET	IPG PHARMACEUTI
71321080116	ferrous sulfate	FERROUS SULF 220 MG/5 ML ELIX	BRANDYWINE PHAR
71399004006	ferrous sulfate	ONEVITE FERROUS SULF 220MG/5ML	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
72789043601	ferrous sulfate	FERROUS SULF EC 324 MG TABLET	PD-RX PHARM
73057041408	ferrous sulfate	IRON EC 65MG (FE SUL 324MG) TB	ULAI HEALTH LLC
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.
81033001105	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	KESIN PHARMA
81033001150	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	KESIN PHARMA
81131009371	ferrous sulfate	SV IRON 65 MG TABLET	WAL-MART STORES
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
84415002301	ferrous sulfate	FERROUS SULF 300 MG/5 ML CUP	EVERPHARM LLC
84415002311	ferrous sulfate	FERROUS SULF 220 MG/5 ML ELIX	EVERPHARM LLC
85633001100	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	ESTIVA GENERICS
85633001101	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	ESTIVA GENERICS
85633001105	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	ESTIVA GENERICS
85633001136	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	ESTIVA GENERICS
85633001160	ferrous sulfate	FERROUS SULF EC 325 MG TABLET	ESTIVA GENERICS
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)	SODIUM FLUORIDE 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
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
00536141501	folic acid/vit B complex and C	NEPHRO-VITE TABLET	RUGBY
10542007010	folic acid/vit B complex and C	DIALYVITE 800 TABLET	HILLESTAD PHARM
71121096179	geraniol/soybean oil	CUTTER NATURAL REPELLENT2 SPRY	SPECTRUM GROUP
71121095917	geraniol/soybean/sls/pot sorb	CUTTER NATURAL REPELLENT SPRAY	SPECTRUM GROUP
00121148800	guaifenesin	GUAIFENESIN 200 MG/10 ML CUP	PAI HOLDING, LL
00121148810	guaifenesin	GUAIFENESIN 200 MG/10 ML CUP	PAI HOLDING, LL
00121174400	guaifenesin	GUAIFENESIN 100MG/5ML SOLN CUP	PAI HOLDING, 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00121174405	guaifenesin	GUAIFENESIN 100MG/5ML SOLN CUP	PAI HOLDING, LL
00121223200	guaifenesin	GUAIFENESIN 300 MG/15 ML CUP	PAI HOLDING, LL
00121223215	guaifenesin	GUAIFENESIN 300 MG/15 ML CUP	PAI HOLDING, LL
00536131485	guaifenesin	CHEST CONGESTION RELIEF SOLN	RUGBY
00536143097	guaifenesin	MUCUS-CHEST CONG 200 MG/10 ML	RUGBY
46122078529	guaifenesin	GNP TUSSIN MUCUS-CON 200 MG/10	AMERISOURCE-GNP
46122078534	guaifenesin	GNP TUSSIN MUCUS-CON 200 MG/10	AMERISOURCE-GNP
54859050704	guaifenesin	TUSNEL-EX 100 MG/5 ML LIQUID	LLORENS PHARM
54859051016	guaifenesin	TUSSIN 100 MG/5 ML LIQUID	LLORENS PHARM
57237035912	guaifenesin	MUCOLYTE 100 MG/5 ML LIQUID	RISING PHARM
57237035916	guaifenesin	MUCOLYTE 100 MG/5 ML LIQUID	RISING PHARM
58657050816	guaifenesin	GUAIFENESIN 100 MG/5 ML SOLN	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
70000069601	guaifenesin	TUSSIN MUCUS-CONG 200 MG/10 ML	LEADER
70000069602	guaifenesin	TUSSIN MUCUS-CONG 200 MG/10 ML	LEADER
70677118601	guaifenesin	FT ADULT TUSSIN 200 MG/10 ML	FT-STRATEGIC SO
70677118602	guaifenesin	FT ADULT TUSSIN 200 MG/10 ML	FT-STRATEGIC SO
71085010619	guaifenesin	GUAIFENESIN 100 MG/5 ML LIQUID	IPG PHARMACEUTI
71800005105	guaifenesin	GUAIFENESIN 200 MG/10 ML LIQ	INNOVIDA PHARMA
71800005919	guaifenesin	GUAIFENESIN 100 MG/5 ML LIQUID	INNOVIDA PHARMA
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
81033010216	guaifenesin	GUAIFENESIN 100 MG/5 ML SOLN	KESIN PHARMA
81033010251	guaifenesin	GUAIFENESIN 100MG/5ML SOLN CUP	KESIN 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
81033010252	guaifenesin	GUAIFENESIN 200 MG/10 ML CUP	KESIN PHARMA
81033010253	guaifenesin	GUAIFENESIN 300 MG/15 ML CUP	KESIN PHARMA
82568001204	guaifenesin	TUSSIN MUCUS-CONG 200 MG/10 ML	AARNA USA INC
82568001206	guaifenesin	TUSSIN MUCUS-CONG 200 MG/10 ML	AARNA USA INC
82568001208	guaifenesin	TUSSIN MUCUS-CONG 200 MG/10 ML	AARNA USA INC
83324002404	guaifenesin	QC ADULT TUSSIN 200 MG/10 ML	CHAIN DRUG
83720050316	guaifenesin	GUAIFENESIN 100 MG/5 ML SOLN	ONCOR PHARMACEU
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	PAI HOLDING, LL
00121063805	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	PAI HOLDING, LL
00121127600	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-20 MG/10 ML	PAI HOLDING, LL
00121127610	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-20 MG/10 ML	PAI HOLDING, LL
00536131385	guaifenesin/dextromethorphan	CHEST CONGESTION RELIEF DM LIQ	RUGBY
00904751241	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	MAJOR PHARMACEU
00904751270	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	MAJOR PHARMACEU
00904751366	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-20 MG/10 ML	MAJOR PHARMACEU
00904751372	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-20 MG/10 ML	MAJOR PHARMACEU
46122054134	guaifenesin/dextromethorphan	GNP TUSSIN DM MAX LIQUID	AMERISOURCE-GNP
46122078629	guaifenesin/dextromethorphan	GNP CHILD CGH RLF 5-100 MG/5ML	AMERISOURCE-GNP
54859050504	guaifenesin/dextromethorphan	TUSNEL DIABETIC LIQUID	LLORENS PHARM
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
57237036012	guaifenesin/dextromethorphan	MUCOLYTE-DM 100-10 MG/5 ML LIQ	RISING PHARM
57237036016	guaifenesin/dextromethorphan	MUCOLYTE-DM 100-10 MG/5 ML LIQ	RISING 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
58657050408	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
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
70000062801	guaifenesin/dextromethorphan	TUSSIN DM 400-20 MG/20 ML LIQ	LEADER
70000062802	guaifenesin/dextromethorphan	TUSSIN DM 400-20 MG/20 ML LIQ	LEADER
70000070701	guaifenesin/dextromethorphan	MUCUS RLF DM MAX 400-20MG/20ML	LEADER
70677103601	guaifenesin/dextromethorphan	FT TUSSIN DM 400-20 MG/20 ML	FT-STRATEGIC SO
71085010719	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	IPG PHARMACEUTI
71800005705	guaifenesin/dextromethorphan	GUAIFENESIN-DM 100-10 MG/5 ML	INNOVIDA PHARMA
81033010305	guaifenesin/dextromethorphan	GUAIFENESN-DM 100-10MG/5ML CUP	KESIN PHARMA
81033010310	guaifenesin/dextromethorphan	GUAIFENSN-DM 200-20MG/10ML CUP	KESIN PHARMA
81033010350	guaifenesin/dextromethorphan	GUAIFENESN-DM 100-10MG/5ML CUP	KESIN PHARMA
81033010351	guaifenesin/dextromethorphan	GUAIFENSN-DM 200-20MG/10ML CUP	KESIN PHARMA
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
82568001504	guaifenesin/dextromethorphan	TUSSIN DM 20-200 MG/10 ML LIQ	AARNA USA INC
82568001506	guaifenesin/dextromethorphan	TUSSIN DM 20-200 MG/10 ML LIQ	AARNA USA INC
82568001508	guaifenesin/dextromethorphan	TUSSIN DM 20-200 MG/10 ML LIQ	AARNA USA INC
83324002606	guaifenesin/dextromethorphan	QC MUCUS RLF MAX 400-20MG/20ML	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
83720050504	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-10 MG/5 ML	ONCOR PHARMACEU
83720050516	guaifenesin/dextromethorphan	GUAIFENESIN-DM 200-10 MG/5 ML	ONCOR PHARMACEU
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
21922009805	hydrocortisone	HYDROCORTISONE 1% OINTMENT	ENCUBE ETHICALS
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/SUN PHARMA
51672201802	hydrocortisone	HYDROCORTISONE 1% OINTMENT	TARO/SUN PHARMA
51672206302	hydrocortisone	HYDROCORTISONE 1% CREAM	TARO/SUN PHARMA
51672206902	hydrocortisone	HYDROCORTISONE 1% CREAM	TARO/SUN PHARMA
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
00113029827	ibuprofen	GS IBUPROFEN 200 MG LIQUID GEL	PERRIGO/GOODSEN
00113029858	ibuprofen	GS IBUPROFEN 200 MG LIQUID GEL	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00113051771	ibuprofen	GS IBUPROFEN 200 MG CAPLET	PERRIGO/GOODSEN
00113060462	ibuprofen	GS IBUPROFEN 200 MG TABLET	PERRIGO/GOODSEN
00113060471	ibuprofen	GS IBUPROFEN 200 MG TABLET	PERRIGO/GOODSEN
00113060478	ibuprofen	GS IBUPROFEN 200 MG TABLET	PERRIGO/GOODSEN
00113060490	ibuprofen	GS IBUPROFEN 200 MG TABLET	PERRIGO/GOODSEN
00113064762	ibuprofen	GS IBUPROFEN 200 MG CAPLET	PERRIGO/GOODSEN
00113064771	ibuprofen	GS IBUPROFEN 200 MG CAPLET	PERRIGO/GOODSEN
00113064778	ibuprofen	GS IBUPROFEN 200 MG CAPLET	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
00113121285	ibuprofen	GS IBUPROFEN 200 MG TABLET	PERRIGO/GOODSEN
00113246162	ibuprofen	GS IBUPROFEN 100 MG CHEW TAB	PERRIGO/GOODSEN
00121083300	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	PAI HOLDING, LL
00121083305	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	PAI HOLDING, LL
00121091400	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	PAI HOLDING, LL
00121091405	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	PAI HOLDING, LL
00121166600	ibuprofen	CHILD IBUPROFEN 200MG/10ML CUP	PAI HOLDING, LL
00121166610	ibuprofen	CHILD IBUPROFEN 200MG/10ML CUP	PAI HOLDING, LL
00121182800	ibuprofen	CHILD IBUPROFEN 200MG/10ML CUP	PAI HOLDING, LL
00121182810	ibuprofen	CHILD IBUPROFEN 200MG/10ML CUP	PAI HOLDING, LL
00121204400	ibuprofen	CHILD IBUPROFEN 200MG/10ML CUP	PAI HOLDING, LL
00121204410	ibuprofen	CHILD IBUPROFEN 200MG/10ML CUP	PAI HOLDING, LL
00536114730	ibuprofen	IBUPROFEN 200 MG SOFTGEL	RUGBY
00536139047	ibuprofen	IBUPROFEN 200 MG TABLET	RUGBY
00536139048	ibuprofen	IBUPROFEN 200 MG TABLET	RUGBY
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00904557720	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	MAJOR PHARMACEU
00904674724	ibuprofen	IBUPROFEN 200 MG TABLET	MAJOR PHARMACEU
00904674740	ibuprofen	IBUPROFEN 200 MG TABLET	MAJOR PHARMACEU
00904674751	ibuprofen	IBUPROFEN 200 MG TABLET	MAJOR PHARMACEU
00904674759	ibuprofen	IBUPROFEN 200 MG TABLET	MAJOR PHARMACEU
00904674770	ibuprofen	IBUPROFEN 200 MG TABLET	MAJOR PHARMACEU
00904674780	ibuprofen	IBUPROFEN 200 MG TABLET	MAJOR PHARMACEU
00904791251	ibuprofen	IBUPROFEN 200 MG CAPLET	MAJOR PHARMACEU
00904791259	ibuprofen	IBUPROFEN 200 MG CAPLET	MAJOR PHARMACEU
00904791459	ibuprofen	IBU-200 200 MG TABLET	MAJOR PHARMACEU
00904791461	ibuprofen	IBUPROFEN 200 MG TABLET	MAJOR PHARMACEU
24385000926	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	AMERISOURCE-GNP
24385000934	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	AMERISOURCE-GNP
24385005878	ibuprofen	IBUPROFEN 200 MG CAPLET	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
24385060471	ibuprofen	IBUPROFEN 200 MG TABLET	AMERISOURCE-GNP
24385060478	ibuprofen	IBUPROFEN 200 MG TABLET	AMERISOURCE-GNP
24385060485	ibuprofen	IBUPROFEN 200 MG TABLET	AMERISOURCE-GNP
24385064771	ibuprofen	IBUPROFEN 200 MG CAPLET	AMERISOURCE-GNP
24385064778	ibuprofen	IBUPROFEN 200 MG CAPLET	AMERISOURCE-GNP
24385090526	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	AMERISOURCE-GNP
24385090534	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	AMERISOURCE-GNP
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
46122054890	ibuprofen	GNP IBUPROFEN 200 MG TABLET	AMERISOURCE-GNP
46122058055	ibuprofen	GNP IBUPROFEN 200 MG SOFTGEL	AMERISOURCE-GNP
46122058058	ibuprofen	GNP IBUPROFEN 200 MG SOFTGEL	AMERISOURCE-GNP
46122059341	ibuprofen	GNP IBUPROFEN 200 MG MINI SFGL	AMERISOURCE-GNP
46122059360	ibuprofen	GNP IBUPROFEN 200 MG MINI SFGL	AMERISOURCE-GNP
46122061762	ibuprofen	GNP IBUPROFEN 100 MG CHEW TAB	AMERISOURCE-GNP
46122063262	ibuprofen	GNP IBUPROFEN 100 MG CHEW TAB	AMERISOURCE-GNP
49348019609	ibuprofen	SM IBUPROFEN 200 MG CAPLET	SM-STRATEGIC SO
49348019610	ibuprofen	SM IBUPROFEN 200 MG CAPLET	SM-STRATEGIC SO
49348019635	ibuprofen	SM IBUPROFEN 200 MG CAPLET	SM-STRATEGIC SO
49348070614	ibuprofen	SM IBUPROFEN 200 MG TABLET	SM-STRATEGIC SO
49483060101	ibuprofen	IBUPROFEN 200 MG TABLET	TIME-CAP LABS
49483060110	ibuprofen	IBUPROFEN 200 MG TABLET	TIME-CAP LABS
51672213008	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	TARO/SUN PHARMA
51672532108	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	TARO/SUN PHARMA
60687074317	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	AHP
60687074340	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	AHP
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	CHILD IBUPROFEN 100 MG/5ML CUP	PRECISION DOSE
68094049461	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	PRECISION DOSE
68094049462	ibuprofen	CHILD IBUPROFEN 100 MG/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	CHILD IBUPROFEN 100 MG/5ML CUP	PRECISION DOSE
68094060061	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	PRECISION DOSE
68094060062	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	PRECISION DOSE
68599805104	ibuprofen	IBUPROFEN 200 MG TABLET	MCKESSON MEDICA
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
69230030912	ibuprofen	CHILDREN IBUPROFEN 100 MG/5 ML	CAMBER CONSUMER
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
7000000301	ibuprofen	IBUPROFEN 200 MG CAPLET	LEADER
70000017501	ibuprofen	IBUPROFEN 200 MG TABLET	LEADER
70000017502	ibuprofen	IBUPROFEN 200 MG TABLET	LEADER
70000017503	ibuprofen	IBUPROFEN 200 MG TABLET	LEADER
70000017505	ibuprofen	IBUPROFEN 200 MG TABLET	LEADER
70000017508	ibuprofen	IBUPROFEN 200 MG TABLET	LEADER
70000017601	ibuprofen	IBUPROFEN 200 MG CAPLET	LEADER
70000017604	ibuprofen	IBUPROFEN 200 MG CAPLET	LEADER
70000017605	ibuprofen	IBUPROFEN 200 MG CAPLET	LEADER
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
70000029101	ibuprofen	IBUPROFEN 200 MG TABLET	LEADER
70000029801	ibuprofen	INFANT IBUPROFEN 50 MG/1.25 ML	LEADER
70000057101	ibuprofen	IBUPROFEN 200 MG SOFTGEL	LEADER
70000057102	ibuprofen	IBUPROFEN 200 MG SOFTGEL	LEADER
70000057103	ibuprofen	IBUPROFEN 200 MG SOFTGEL	LEADER
70000059701	ibuprofen	IBUPROFEN 200 MG TABLET	LEADER
70000059702	ibuprofen	IBUPROFEN 200 MG TABLET	LEADER
70677007201	ibuprofen	SM IBUPROFEN IB 100 MG CHEW TB	SM-STRATEGIC SO
70677015002	ibuprofen	SM CHILD IBUPROFEN 100 MG/5 ML	SM-STRATEGIC SO
70677015301	ibuprofen	SM CHILD IBUPROFEN 100 MG/5 ML	SM-STRATEGIC SO
70677111301	ibuprofen	FT IBUPROFEN 200 MG MINI SFGL	FT-STRATEGIC SO
70677111401	ibuprofen	FT IBUPROFEN 200 MG SOFTGEL	FT-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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
70677113201	ibuprofen	FT IBUPROFEN 200 MG TABLET	FT-STRATEGIC SO
70677113202	ibuprofen	FT IBUPROFEN 200 MG TABLET	FT-STRATEGIC SO
70677113203	ibuprofen	FT IBUPROFEN 200 MG TABLET	FT-STRATEGIC SO
70677113204	ibuprofen	FT IBUPROFEN 200 MG TABLET	FT-STRATEGIC SO
70677113205	ibuprofen	FT IBUPROFEN 200 MG TABLET	FT-STRATEGIC SO
70677113601	ibuprofen	FT IBUPROFEN 200 MG CAPLET	FT-STRATEGIC SO
70677113602	ibuprofen	FT IBUPROFEN 200 MG CAPLET	FT-STRATEGIC SO
70677113603	ibuprofen	FT IBUPROFEN 200 MG CAPLET	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
70677124401	ibuprofen	FT PAIN RELIEF 200 MG TABLET	FT-STRATEGIC SO
70677128201	ibuprofen	FT IBUPROFEN 200 MG LIQUID GEL	FT-STRATEGIC SO
81033001901	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	KESIN PHARMA
81033001902	ibuprofen	CHILD IBUPROFEN 200MG/10ML CUP	KESIN PHARMA
81033001905	ibuprofen	CHILD IBUPROFEN 100 MG/5ML CUP	KESIN PHARMA
81033001910	ibuprofen	CHILD IBUPROFEN 200MG/10ML CUP	KESIN PHARMA
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
83324005624	ibuprofen	QC IBUPROFEN 200 MG TABLET	CHAIN DRUG
83324005924	ibuprofen	QC IBUPROFEN 200 MG TABLET	CHAIN DRUG
83324010050	ibuprofen	QC IBUPROFEN 200 MG TABLET	CHAIN DRUG
83324010250	ibuprofen	QC IBUPROFEN 200 MG TABLET	CHAIN DRUG
83324020648	ibuprofen	QC IBUPROFEN 200 MG SOFTGEL	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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
00002821501	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
00169300312	insulin regular, human	RELION NOVOLIN R U-100 FLEXPEN	NOVO NORDISK-WA
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
61269091060	iron,carbonyl	IRON CHEWS 15 MG TABLET CHEW	H2 PHARMA LLC
24338018504	ivermectin	SKLICE 0.5% LOTION	ARBOR PHARMACEU
51672423008	ivermectin	IVERMECTIN 0.5% LOTION	TARO/SUN PHARMA
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
24208060190	ketotifen fumarate	ALAWAY 0.025% EYE DROPS	BAUSCH & LOMB I
70000052201	ketotifen fumarate	EYE ITCH RELIEF 0.025% DROPS	LEADER
72485061710	ketotifen fumarate	KETOTIFEN 0.025% (0.035%) DROP	ARMAS PHARMACEU
76385010617	ketotifen fumarate	KETOTIFEN 0.025% (0.035%) DROP	BAYSHORE PHARMA
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
00536135795	lidocaine	LIDOCAINE 4% CREAM	RUGBY
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
71085007519	lidocaine	LIDOCAINE 4% CREAM	IPG PHARMACEUTI
71085007558	lidocaine	LIDOCAINE 4% CREAM	IPG PHARMACEUTI
71085007560	lidocaine	LIDOCAINE 4% CREAM	IPG PHARMACEUTI
71800002606	lidocaine	LIDOCAINE 4% CREAM	INNOVIDA PHARMA
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
73352020460	lidocaine HCl	LIDOCAINE HCL 4% CREAM	TRIFLUENT PHARM
83035113003	lidocaine HCl	TRUE LIDO 4% CREAM	SINGULAR DREAME
87137010107	lidocaine HCl	LIDOCAINE HCL 4% CREAM	MATTHIAS THERAP
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.
00113222468	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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
70000058901	loperamide HCl	ANTI-DIARRHEAL 2 MG CAPLET	LEADER
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
83324006412	loperamide HCl	QC ANTI-DIARRHEAL 2 MG CAPLET	CHAIN DRUG
83324006424	loperamide HCl	QC ANTI-DIARRHEAL 2 MG CAPLET	CHAIN DRUG
83324020812	loperamide HCl	QC ANTI-DIARRHEAL 2 MG SOFTGEL	CHAIN DRUG
83324020924	loperamide HCl	QC ANTI-DIARRHEAL 2 MG SOFTGEL	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
00113061288	loratadine	GS ALLERGY (LORAT) 10 MG TAB	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
00904685272	loratadine	LORATADINE 10 MG TABLET	MAJOR PHARMACEU
00904685289	loratadine	LORATADINE 10 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00904742646	loratadine	LORATADINE 10 MG TABLET	MAJOR PHARMACEU
00904742659	loratadine	LORATADINE 10 MG TABLET	MAJOR PHARMACEU
00904751161	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
24385047152	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
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
46122078734	loratadine	GNP CHILD LORATADINE 5 MG/5 ML	AMERISOURCE-GNP
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.
51672207308	loratadine	LORATADINE 5 MG/5 ML SYRUP	TARO/SUN PHARMA
51672213108	loratadine	CHILD LORATADINE 5 MG/5 ML SOL	TARO/SUN PHARMA
60505014708	loratadine	LORATADINE 10 MG TABLET	APOTEX CORP
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
68599478506	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
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
70000021307	loratadine	ALLERGY (LORATADINE) 10 MG TAB	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
70677102201	loratadine	FT ALLERGY (LORAT) 10 MG TAB	FT-STRATEGIC SO
70677102202	loratadine	FT ALLERGY (LORAT) 10 MG TAB	FT-STRATEGIC SO
70677102203	loratadine	FT ALLERGY (LORAT) 10 MG TAB	FT-STRATEGIC SO
70677102204	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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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.
00113777760	loratadine/pseudoephedrine	ALLERGY D-12HR 5-120 MG TABLET	PERRIGO CO.
00113900422	loratadine/pseudoephedrine	ALLERGY D-24HR 10-240 MG 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
46122045514	loratadine/pseudoephedrine	GNP LORATADINE-D 12 HR TABLET	AMERISOURCE-GNP
49348054357	loratadine/pseudoephedrine	SM LORATA-DINE D 24HR TABLET	SM-STRATEGIC SO
51660049169	loratadine/pseudoephedrine	ALLERGY RELIEF-NASAL DECONG TB	OHM LABS.
51660072404	loratadine/pseudoephedrine	ALLERGY RELIEF-NASAL DECONG TB	OHM LABS.
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
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
70677102402	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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
00121176130	mag hydrox/aluminum hyd/simeth	MAG-AL PLUS SUSPENS 30 ML CUP	PAI HOLDING, LL
00121176230	mag hydrox/aluminum hyd/simeth	MAG-AL PLUS XS SUSP 30 ML CUP	PAI HOLDING, LL
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
00904755762	mag hydrox/aluminum hyd/simeth	ALUM-MAG HYDROXIDE-SIMETH CUP	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00904755773	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
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
60687087745	mag hydrox/aluminum hyd/simeth	ALUM-MAG HYDROXIDE-SIMETH CUP	AHP
60687087776	mag hydrox/aluminum hyd/simeth	ALUM-MAG HYDROXIDE-SIMETH CUP	AHP
60687088845	mag hydrox/aluminum hyd/simeth	ALUM-MAG HYDROXIDE-SIMETH CUP	AHP
60687088876	mag hydrox/aluminum hyd/simeth	ALUM-MAG HYDROXIDE-SIMETH CUP	AHP
7000006201	mag hydrox/aluminum hyd/simeth	ANTACID ANTI-GAS MAX STR LIQ	LEADER
7000006301	mag hydrox/aluminum hyd/simeth	ANTACID-ANTIGAS LIQUID	LEADER
70000042201	mag hydrox/aluminum hyd/simeth	ANTACID ANTI-GAS MAX STR LIQ	LEADER
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
81033000601	mag hydrox/aluminum hyd/simeth	MAG-AL PLUS SUSPENS 30 ML CUP	KESIN PHARMA
81033000630	mag hydrox/aluminum hyd/simeth	MAG-AL PLUS SUSPENS 30 ML CUP	KESIN PHARMA
81033000701	mag hydrox/aluminum hyd/simeth	MAG-AL PLUS XS SUSP 30 ML CUP	KESIN PHARMA
81033000730	mag hydrox/aluminum hyd/simeth	MAG-AL PLUS XS SUSP 30 ML CUP	KESIN PHARMA
83324012112	mag hydrox/aluminum hyd/simeth	QC ANTACID-ANTIGAS LIQUID	CHAIN DRUG
83324012212	mag hydrox/aluminum hyd/simeth	QC ANTACID-ANTIGAS MAX STR LIQ	CHAIN DRUG
00603020922	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	ENDO/PAR HEALTH
00603021321	magnesium oxide	MAGNESIUM OXIDE 420 MG TABLET	ENDO/PAR HEALTH
00904423960	magnesium oxide	MAGNESIUM OXIDE 500 MG TABLET	MAJOR PHARMACEU
24689013201	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	APNAR PHARMA, L

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
71085011205	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	IPG PHARMACEUTI
71800001301	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	INNOVIDA PHARMA
81033002701	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	KESIN PHARMA
81033002712	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	KESIN PHARMA
81033002741	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	KESIN PHARMA
83035182201	magnesium oxide	TRUE MAGNESIUM OXIDE 400 MG TB	SINGULAR DREAME
83035182205	magnesium oxide	TRUE MAGNESIUM OXIDE 400 MG TB	SINGULAR DREAME
85633004000	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	ESTIVA GENERICS
85633004005	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	ESTIVA GENERICS
85633004012	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	ESTIVA GENERICS
85633004030	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	ESTIVA GENERICS
85633004036	magnesium oxide	MAGNESIUM OXIDE 400 MG TABLET	ESTIVA GENERICS
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
43900015191	maltodextrin/xanthan gum	THICKEN UP CLEAR POWDER PACKET	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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
24385046678	methylcellulose	FIBER THERAPY 500 MG CAPLET	AMERISOURCE-GNP
49348054110	methylcellulose	SM FIBER LAXATIVE 500 MG CPLT	SM-STRATEGIC SO
83324022801	methylcellulose	QC FIBER THERAPY 500 MG CAPLET	CHAIN DRUG
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
00536137575	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	RUGBY
00536142541	miconazole nitrate	MICONAZOLE 3 COMBO PACK	RUGBY
00713059377	miconazole nitrate	MICONAZOLE 3-DAY COMBO PACK	COSETTE PHARMAC
00904773445	miconazole nitrate	MICONAZOLE 7 CREAM	MAJOR PHARMACEU
21922009506	miconazole nitrate	ANTIFUNGAL 2% TOPICAL CREAM	ENCUBE ETHICALS
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
49348053077	miconazole nitrate	SM MICONAZOLE 7 CREAM	SM-STRATEGIC SO
51672200101	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	TARO/SUN PHARMA
51672200102	miconazole nitrate	MICONAZOLE 2% TOPICAL CREAM	TARO/SUN PHARMA
51672203506	miconazole nitrate	MICONAZOLE 2% VAGINAL CREAM	TARO/SUN PHARMA
61269073041	miconazole nitrate	MICONAZOLE 7 CREAM	H2 PHARMA LLC
61269073063	miconazole nitrate	MICONAZOLE 7 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
70000071801	miconazole nitrate	ANTIFUNGAL 2% TOPICAL CREAM	LEADER
70677100001	miconazole nitrate	FT ANTIFUNGAL 2% TOPICAL CREAM	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
70677129401	miconazole nitrate	FT MICONAZOLE 1 COMBO PACK	FT-STRATEGIC SO
83324016015	miconazole nitrate	QC MICONAZOLE 7 CREAM	CHAIN DRUG
00023066704	mineral oil/petrolatum,white	REFRESH P.M. OINTMENT	ALLERGAN INC.
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
00904754012	mineral oil/petrolatum,white	LUBRIFRESH PM EYE 15-83% OINT	MAJOR PHARMACEU
46122075737	mineral oil/petrolatum,white	NIGHTTIME LUBRICANT EYE OINT	AMERISOURCE-GNP
70000072401	mineral oil/petrolatum,white	NIGHTTIME LUBRICANT EYE OINT	LEADER
00113172001	mometasone furoate	NASONEX 24HR ALLERGY 50MCG SPR	PERRIGO CO.
00113172002	mometasone furoate	NASONEX 24HR ALLERGY 50MCG SPR	PERRIGO CO.
00113172011	mometasone furoate	NASONEX 24HR ALLERGY 50MCG SPR	PERRIGO CO.
00536138130	mometasone furoate	MOMETASONE FUROATE 50 MCG SPRY	RUGBY
00536138170	mometasone furoate	MOMETASONE FUROATE 50 MCG SPRY	RUGBY
70000063502	mometasone furoate	ALLERGY NASAL 50 MCG SPRAY	LEADER
13925011890	multivit no.18/iron no.1/folic	SE-TAN PLUS CAPSULE	SETON PHARMACEU
59088011266	multivit no.18/iron no.1/folic	PUREVIT DUALFE PLUS CAPSULE	PURETEK CORPORA
16500050603	multivit with iron,minerals	SCOOBY-DOO ONE A DAY TABLET	BAYER INC.
52083084306	multivit with iron,minerals	LYSIPLX PLUS LIQUID	KRAMER-NOVIS
52083084316	multivit with iron,minerals	LYSIPLX PLUS LIQUID	KRAMER-NOVIS
55289086801	multivit with iron,minerals	MULTIVIT WITH IRON TAB CHEW	PD-RX PHARM
46122012378	multivit,calc,mins/iron/folic	ONE DAILY WOMEN'S HEALTH TAB	AMERISOURCE-GNP
46122009575	multivit/iron/folic acid/hb179	MEGA MULTI FOR WOMEN TAB	AMERISOURCE-GNP
11845091805	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.

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
37864000042	multivitamin	ANIMAL CHEWS TABLET	PLUS PHARMA,INC
51645070801	multivitamin	ANIMAL CHEWS TABLET	PLUS PHARMA,INC
00904053061	multivitamin with folic acid	TAB-A-VITE TABLET	MAJOR PHARMACEU
00904053961	multivitamin with folic acid	THERA TABLET	MAJOR PHARMACEU
11845091905	multivitamin with iron	LITTLE ANIMALS-IRON TAB CHEW	MASON DISTRIB.
11845091916	multivitamin with iron	LITTLE ANIMALS-IRON TAB CHEW	MASON DISTRIB.
58487003341	multivitamin with iron	VITALETS TABLET CHEWABLE	FREEDA HEALTH
58487003342	multivitamin with iron	VITALETS TABLET CHEWABLE	FREEDA HEALTH
00904026252	multivitamin, stress formula	STRESS FORMULA TABLET	MAJOR PHARMACEU
00178055001	multivitamin, therapeutic	ONCOVITE TABLET	MISSION PHARM.
00904264172	multivitamin/iron/folic acid	CERTAVITE-ANTIOXIDANT TABLET	MAJOR PHARMACEU
98152000130	multivit-min/FA/lutein/zeaxant	NUMAQUA VITAMIN CAPLET	PRN PHYSICIAN R
00904548652	multivit-min/FA/lycopen/lutein	CERTAVITE SENIOR TABLET	MAJOR PHARMACEU
68094012059	multivit-min/ferrous gluconate	LIQUID MULTIVITAMIN 15 ML CUP	PRECISION DOSE
68094012061	multivit-min/ferrous gluconate	LIQUID MULTIVITAMIN 15 ML CUP	PRECISION DOSE
68094012062	multivit-min/ferrous gluconate	LIQUID MULTIVITAMIN 15 ML CUP	PRECISION DOSE
81033050108	multivit-min/ferrous gluconate	MULTIVITAMIN-MINERAL LIQUID	KESIN PHARMA
00904752713	multivit-min/iron/folic acid/K	THERA-M TABLET	MAJOR PHARMACEU
00904752780	multivit-min/iron/folic acid/K	THERA-M TABLET	MAJOR PHARMACEU
85656000016	multivit-min/lutein/zeaxanthin	EYEPROMISE VIZUAL EDGE CHEW TB	PRN PHYSICIAN R
46122009678	multivit-minerals/FA/lycopene	ONE DAILY TABLET	AMERISOURCE-GNP
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
82966000134	mv-min/FA/vit K/lutein/zeaxant	VITEYES AREDS 2 PLUS MULTIVIT	VITAMIN HEALTH,
24208073510	mv-min/FA/vit K/lycop/lut/zeax	OCUVITE EYE PLUS MULTI TABLET	BAUSCH & LOMB I
83076000001	mv-min/folic/vit K/lycop/coQ10	DAILY MULTIVITAMIN CAPSULE	GOOD THINGS HEA
46122012271	mv-mins/folic/lycopene/ginkgo	ONE DAILY MEN'S 50+ TABLET	AMERISOURCE-GNP
45737040260	mv-mn/FA/acys/ALA/Q10/grape sd	BIOTECT PLUS SOFTGEL	ADVANCED GENERI
85656000034	mv-mn/FA/K/om3/dha/epa/fish/hb	EYEPROMISE MACULAR HLTH CMPLT	PRN PHYSICIAN R
85656000004	mvmn/FA/o3/dha/epa/fish/hrb369	EYEPROMISE VIZUAL EDGE PRO	PRN PHYSICIAN R

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
85656000020	mvmn/FA/o3/dha/epa/fish/Q10/hb	EYEPROMISE RESTORE SOFTGEL	PRN PHYSICIAN R
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
24208046535	mv-mn/om3/dha/epa/fish/lut/zea	OCUVITE EYE HEALTH SOFTGEL	BAUSCH & LOMB I
24208046545	mv-mn/om3/dha/epa/fish/lut/zea	OCUVITE EYE PERFORMANCE SFTGL	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
85656000007	mvmn/om3/dha/epa/fsh/lu/ze/hrb	EYEPROMISE DVS SOFTGEL	PRN PHYSICIAN R
52747062030	mvn-min 74/iron fum/iron/FA	CONCEPT OB CAPSULE	US PHARMACEUTIC
52747062130	mvn-min75/iron/iron ps/om3/dha	CONCEPT DHA CAPSULE	US PHARMACEUTIC
00480347819	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	TEVA PHARM
00480347868	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	TEVA PHARM
00591387154	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	ACTAVIS/TEVA
00591387199	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	ACTAVIS/TEVA
45802057800	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	PADAGIS
45802057824	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	PADAGIS
45802057884	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	PADAGIS
46122081271	naloxone HCl	GNP NALOXONE HCL 4 MG NASAL SP	AMERISOURCE-GNP
60219210401	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	AMNEAL PHARMACE
60219210407	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	AMNEAL PHARMACE
68001064545	naloxone HCl	NALOXONE HCL 4 MG NASAL SPRAY	BLUEPOINT LABOR
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
69547062705	naloxone HCl	NARCAN 4 MG NASAL SPRAY	EMERGENT DEVICE
69547062706	naloxone HCl	NARCAN 4 MG NASAL SPRAY	EMERGENT DEVICE
69547062724	naloxone HCl	NARCAN 4 MG NASAL SPRAY	EMERGENT DEVICE
70677128301	naloxone HCl	FT NALOXONE HCL 4 MG NASAL SPR	FT-STRATEGIC SO
00113090162	naproxen sodium	GS NAPROXEN SOD 220 MG TABLET	PERRIGO/GOODSEN
00113090175	naproxen sodium	GS NAPROXEN SOD 220 MG TABLET	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
00113436862	naproxen sodium	GS NAPROXEN SOD 220 MG CAPLET	PERRIGO/GOODSEN
00113436875	naproxen sodium	GS NAPROXEN SOD 220 MG CAPLET	PERRIGO/GOODSEN
00113436879	naproxen sodium	GS NAPROXEN SOD 220 MG CAPLET	PERRIGO/GOODSEN
00536109306	naproxen sodium	ALL DAY RELIEF 220 MG CAPLET	RUGBY
00536109311	naproxen sodium	ALL DAY RELIEF 220 MG CAPLET	RUGBY
00536109406	naproxen sodium	ALL DAY RELIEF 220 MG TABLET	RUGBY
00536109411	naproxen sodium	ALL DAY RELIEF 220 MG TABLET	RUGBY
45802049075	naproxen sodium	NAPROXEN SODIUM 220 MG TABLET	PADAGIS
46122053460	naproxen sodium	NAPROXEN SODIUM 220 MG CAPSULE	AMERISOURCE-GNP
46122056258	naproxen sodium	GNP NAPROXEN SOD 220 MG TABLET	AMERISOURCE-GNP
46122056271	naproxen sodium	GNP NAPROXEN SOD 220 MG TABLET	AMERISOURCE-GNP
46122056278	naproxen sodium	NAPROXEN SODIUM 220 MG TABLET	AMERISOURCE-GNP
46122056471	naproxen sodium	GNP NAPROXEN SOD 220 MG CAPLET	AMERISOURCE-GNP
46122056478	naproxen sodium	GNP NAPROXEN SOD 220 MG CAPLET	AMERISOURCE-GNP
46122056481	naproxen sodium	GNP NAPROXEN SOD 220 MG CAPLET	AMERISOURCE-GNP
46122078064	naproxen sodium	GNP NAPROXEN SODIUM 220 MG CAP	AMERISOURCE-GNP
49483060901	naproxen sodium	NAPROXEN SODIUM 220 MG TABLET	TIME-CAP LABS
49483060905	naproxen sodium	NAPROXEN SODIUM 220 MG TABLET	TIME-CAP LABS
69230032901	naproxen sodium	NAPROXEN SODIUM 220 MG TABLET	CAMBER CONSUMER
69230032902	naproxen sodium	NAPROXEN SODIUM 220 MG TABLET	CAMBER CONSUMER
69230032905	naproxen sodium	NAPROXEN SODIUM 220 MG TABLET	CAMBER CONSUMER
69230032910	naproxen sodium	NAPROXEN SODIUM 220 MG TABLET	CAMBER CONSUMER
69230032924	naproxen sodium	NAPROXEN SODIUM 220 MG TABLET	CAMBER CONSUMER
69230032950	naproxen sodium	NAPROXEN SODIUM 220 MG TABLET	CAMBER CONSUMER
70000017103	naproxen sodium	ALL DAY PAIN RELIEF 220 MG TAB	LEADER
70000017105	naproxen sodium	ALL DAY PAIN RELIEF 220 MG TAB	LEADER
70000017106	naproxen sodium	ALL DAY PAIN RELIEF 220 MG TAB	LEADER
70000020102	naproxen sodium	ALL DAY PAIN RLF 220 MG CAPLET	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
70000020105	naproxen sodium	ALL DAY PAIN RLF 220 MG CAPLET	LEADER
70000020106	naproxen sodium	ALL DAY PAIN RLF 220 MG CAPLET	LEADER
70677113701	naproxen sodium	FT ALL DAY PAIN 220 MG CAPLET	FT-STRATEGIC SO
70677113702	naproxen sodium	FT ALL DAY PAIN 220 MG CAPLET	FT-STRATEGIC SO
70677114801	naproxen sodium	FT NAPROXEN SODIUM 220 MG CAP	FT-STRATEGIC SO
83324010850	naproxen sodium	QC NAPROXEN SOD 220 MG CAPLET	CHAIN DRUG
83324010950	naproxen sodium	QC NAPROXEN SOD 220 MG TABLET	CHAIN DRUG
00113008464	neomycin/bacitracin/polymyxinB	GS FIRST AID ANTIBIOTIC OINT	PERRIGO/GOODSEN
00713026831	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	COSETTE PHARMAC
00904880531	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	MAJOR PHARMACEU
00904880567	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT PKT	MAJOR PHARMACEU
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
21922009305	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	ENCUBE ETHICALS
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/SUN PHARMA
51672212002	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	TARO/SUN PHARMA
68001048345	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	BLUEPOINT LABOR
68001048346	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	BLUEPOINT LABOR
70000009401	neomycin/bacitracin/polymyxinB	TRIPLE ANTIBIOTIC OINTMENT	LEADER
70677121701	neomycin/bacitracin/polymyxinB	FT TRIPLE ANTIBIOTIC OINTMENT	FT-STRATEGIC SO
83324005001	neomycin/bacitracin/polymyxinB	QC TRIPLE ANTIBIOTIC OINTMENT	CHAIN DRUG
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
50742066914	nicotine	NICOTINE 14 MG/24HR PATCH	INGENUS PHARMAC
50742066928	nicotine	NICOTINE 14 MG/24HR PATCH	INGENUS PHARMAC
50742067007	nicotine	NICOTINE 21 MG/24HR PATCH	INGENUS PHARMAC
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
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
68001069788	nicotine	NICOTINE 7 MG/24HR PATCH	BLUEPOINT LABOR
68001069790	nicotine	NICOTINE 7 MG/24HR PATCH	BLUEPOINT LABOR

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
68001069888	nicotine	NICOTINE 14 MG/24HR PATCH	BLUEPOINT LABOR
68001069890	nicotine	NICOTINE 14 MG/24HR PATCH	BLUEPOINT LABOR
68001069988	nicotine	NICOTINE 21 MG/24HR PATCH	BLUEPOINT LABOR
68001069990	nicotine	NICOTINE 21 MG/24HR PATCH	BLUEPOINT LABOR
68001069991	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
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
70677126401	nicotine	NICOTINE 7 MG/24HR PATCH	FT-STRATEGIC SO
70677126501	nicotine	NICOTINE 14 MG/24HR PATCH	FT-STRATEGIC SO
70677126601	nicotine	NICOTINE 21 MG/24HR PATCH	FT-STRATEGIC SO
70677126602	nicotine	NICOTINE 21 MG/24HR PATCH	FT-STRATEGIC SO
76282078140	nicotine	NICOTINE 7 MG/24HR PATCH	EXELAN PHARMACE
76282078240	nicotine	NICOTINE 14 MG/24HR PATCH	EXELAN PHARMACE
76282078340	nicotine	NICOTINE 21 MG/24HR PATCH	EXELAN PHARMACE
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
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
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
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
00536136225	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
00536137225	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
00536311225	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
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
43598048724	nicotine polacrilex	NICOTINE 4 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. Prior authorization is required for drugs with cup packaging.

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
46122073462	nicotine polacrilex	GNP NICOTINE 2 MG LOZENGE	AMERISOURCE-GNP
49348057208	nicotine polacrilex	SM NICOTINE 4 MG CHEWING GUM	SM-STRATEGIC SO
49348085316	nicotine polacrilex	SM NICOTINE 4 MG LOZENGE	SM-STRATEGIC SO
57237032072	nicotine polacrilex	NICOTINE 2 MG MINI LOZENGE	RISING 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
57237032081	nicotine polacrilex	NICOTINE 2 MG MINI LOZENGE	RISING PHARM
57237032172	nicotine polacrilex	NICOTINE 4 MG MINI LOZENGE	RISING PHARM
57237032181	nicotine polacrilex	NICOTINE 4 MG MINI LOZENGE	RISING PHARM
57237032201	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RISING PHARM
57237032211	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RISING PHARM
57237032250	nicotine polacrilex	NICOTINE 2 MG CHEWING GUM	RISING PHARM
57237032301	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RISING PHARM
57237032311	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RISING PHARM
57237032350	nicotine polacrilex	NICOTINE 4 MG CHEWING GUM	RISING PHARM
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
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

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. Prior authorization is required for drugs with cup packaging.

## MS Medicaid Covered OTC NDC List

To search document, press Ctrl + F.

This list is updated weekly.

Generated Date: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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.
00113030410	oxymetazoline HCl	GS NASAL SPRAY 0.05%	PERRIGO/GOODSEN
00113038810	oxymetazoline HCl	GS NO DRIP 0.05% NASAL SPRAY	PERRIGO/GOODSEN
00904742730	oxymetazoline HCl	NASAL DECONGESTANT 0.05% SPRAY	MAJOR PHARMACEU
00904743535	oxymetazoline HCl	NASAL DECONGESTANT 0.05% SPRAY	MAJOR PHARMACEU
11527014055	oxymetazoline HCl	NASAL SPRAY 0.05%	SHEFFIELD PHARM
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
46122079235	oxymetazoline HCl	GNP NO DRIP NASAL MIST 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
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
83324021101	oxymetazoline HCl	QC NO DRIP NASAL MIST 0.05%	CHAIN DRUG
83324023801	oxymetazoline HCl	QC NASAL SPRAY 0.05%	CHAIN DRUG
83324027401	oxymetazoline HCl	QC NO DRIP NASAL MIST 0.05%	CHAIN DRUG
23594052530	ped multivit 175/fluoride/iron	POLY-VI-FLOR-IRON 0.5-10MG CHW	AYTU BIOPHARMA,
23594060550	ped multivit 220/fluoride/iron	POLY-VI-FLOR-IRON 0.25 MG/ML	AYTU BIOPHARMA,
81279010150	ped multivit 257/fluoride/iron	FLORAFOL FE PEDI 0.25MG/ML DRP	PANGEA PHARMACE
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
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
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
58657032750	pedi multivit 45/fluoride/iron	MULTIVIT-FLUOR-IRON 0.25 MG/ML	METHOD PHARMACE
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
57771000148	pedi multivit no.15/iron/folic	NANO VM 4-8 POWDER	SOLACE NUTRITIO
79854073311	pedi multivit no.159/iron sulf	HONEY BEARS 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
59088001554	pedi multivit no.17 w-fluoride	FLOTREX 0.5 MG TABLET CHEW	PURETEK CORPORA
59088001754	pedi multivit no.17 w-fluoride	FLOTREX 0.25 MG TABLET CHEW	PURETEK CORPORA
59088002054	pedi multivit no.17 w-fluoride	FLOTREX 1 MG TABLET CHEW	PURETEK CORPORA
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,
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
75826016655	pedi multivit no.2 w-fluoride	MULTIVIT-FLUOR 0.25 MG/ML DROP	WINDER LABORATO
33674015789	pedi multivit no.204/herb 293	ALIVE PREMIUM KIDS GUMMY	SCHWABE NORTH A
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,
62542080550	pedi multivit no.220/fluoride	MULTIVIT-FLUOR 0.25 MG/ML DROP	NEOS THERAPEUTI
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
33674015788	pedi multivit no.252/herb 293	ALIVE KIDS MULTIVITAMIN GUMMY	SCHWABE NORTH A
62542070050	pedi multivit no.265/fluoride	TRI-VIT-FLUOR 0.25 MG/ML DROP	NEOS THERAPEUTI
16500053082	pedi multivit no.27/folic acid	FLINTSTONES EXTRA C GUMMIES	BAYER INC.
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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 YUM PED MV-IRON DRP	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
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
17856003901	pedi mv no.207/ferrous sulfate	PEDIA POLY-VITE IRON 5MG/0.5ML	ATLANTIC BIOLOG
17856003904	pedi mv no.207/ferrous sulfate	PEDIA POLY-VITE IRON 1 ML SYR	ATLANTIC BIOLOG
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/iron/hrb/biofl	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
81279010050	pedi mv no.257/sodium fluoride	FLORAFOL PEDI 0.25 MG/ML DROPS	PANGEA PHARMACE
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
58204000418	pediatric multivit no.163/D3/K	MVW COMPLETE FORM MULTIVI SFGL	MVW NUTRITIONAL
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	NANOVM T-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
87701043345	pediatric multivitamin no.111	GNP CHILDRENS CHEWABLES MVI	AMERISOURCE-GNP
87701043346	pediatric multivitamin no.111	GNP CHILDRENS CHEWABLES MVI	AMERISOURCE-GNP
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.
62403000201	pediatric multivitamin no.121	KIDSTART CHEWABLE TABLET	SIMONE
76314030404	pediatric multivitamin no.127	EMERGEN-C KIDZ 250 MG PACKET	HALEON US HOLDI
76314030405	pediatric multivitamin no.127	EMERGEN-C KIDZ 250 MG PACKET	HALEON US HOLDI
76314030406	pediatric multivitamin no.127	EMERGEN-C KIDZ 250 MG PACKET	HALEON US HOLDI
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 MMM PED MULTIVIT DROP	GENSAVIS PHARMA
00087040203	pediatric multivitamin no.192	POLY-VI-SOL 250MCG-50MG/ML DRP	MJ NUTRITIONAL
00536134580	pediatric multivitamin no.192	INFANT-TODDLER MULTIVIT DROP	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
17856040204	pediatric multivitamin no.192	POLY-VI-SOL 0.5 ML ENFIT SYRNG	ATLANTIC BIOLOG
71399744005	pediatric multivitamin no.197	PEDIATRIC POLY-VITE DROPS	AKRON PHARMA IN
50428036823	pediatric multivitamin no.202	CVS CHILD GUMMY DINOS GUMMIES	CVS
96295014157	pediatric multivitamin no.209	CHILDREN'S MULTIVITAMIN GUMMY	LEADER
17856023001	pediatric multivitamin no.212	PEDIA POLY-VITE 0.5 ML SYRING	ATLANTIC BIOLOG
17856023002	pediatric multivitamin no.212	PEDIA POLY-VITE 1 ML ENFIT SYR	ATLANTIC BIOLOG
17856023003	pediatric multivitamin no.212	PEDIA POLY-VITE 1 ML SYRINGE	ATLANTIC BIOLOG
17856023004	pediatric multivitamin no.212	PEDI POLY-VITE 0.5ML ENFIT SYR	ATLANTIC BIOLOG
17856023005	pediatric multivitamin no.212	PEDI POLY-VITE 0.5ML ENFIT SYR	ATLANTIC BIOLOG
76518003050	pediatric multivitamin no.212	PEDIA POLY-VITE DROPS	BAYSHORE FL
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
00573134814	pediatric multivitamin no.258	CENTRUM KIDS MULTIGUMMY	HALEON US HOLDI
00573134836	pediatric multivitamin no.258	CENTRUM KIDS MULTIGUMMY	HALEON US HOLDI
85898029164	pediatric multivitamin no.261	EMERGEN-C KIDZ IMMUNE PLUS GMY	HALEON US HOLDI
85898029894	pediatric multivitamin no.261	EMERGEN-C KIDZ IMMUNE PLUS GMY	HALEON US HOLDI
85898030138	pediatric multivitamin no.261	EMERGEN-C KIDZ IMMUNE PLUS GMY	HALEON US HOLDI
76314054230	pediatric multivitamin no.262	EMERGEN-C KIDZ DAILY IMMUN GMY	HALEON US HOLDI
76314060842	pediatric multivitamin no.262	EMERGEN-C KIDZ DAILY IMMUN GMY	HALEON US HOLDI
76314060844	pediatric multivitamin no.262	EMERGEN-C KIDZ DAILY IMMUN GMY	HALEON US HOLDI
11845009185	pediatric multivitamin no.28	LITTLE ANIMALS CHILD TB CHW	MASON DISTRIB.
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.

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
46122060505	peg 400/hypromellose/glycerin	GNP DRY EYE RELIEF EYE DROPS	AMERISOURCE-GNP
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.
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
00113064810	phenylephrine HCl	GS NASAL FOUR 1% NASAL SPRAY	PERRIGO/GOODSEN
00225080047	phenylephrine HCl	NEO-SYNEPHRINE 0.25% SPRAY	B.F ASCHER & CO
46122065068	phenylephrine HCl	GNP NASAL DECONG PE 10 MG TAB	AMERISOURCE-GNP
56184012105	phenylephrine HCl	LITTLE NOSES 0.125% NOSE DROPS	PRESTIGE BRANDS
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
83324007336	phenylephrine HCl	QC SINUS CONGEST PE 10 MG TAB	CHAIN DRUG
83324021501	phenylephrine HCl	QC NASAL SPRAY 1%	CHAIN DRUG
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
81131073209	piperonyl but/pyrethins/permet	EQ COMPLETE LICE TREATMENT KIT	WAL-MART STORES
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.
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
35515095399	piperonyl butoxide/pyrethrins	QC LICE KILLING SHAMPOO	CHAIN DRUG
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
50428042075	piperonyl butoxide/pyrethrins	CVS LICE KILLING SHAMPOO	CVS
50804025304	piperonyl butoxide/pyrethrins	GS LICE KILLING SHAMPOO	GEISS, DESTIN &
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
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
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
82568014109	PNV no.154/iron fum/folic acid	ONE NATAL RX PRENATAL TABLET	AARNA USA INC
71741007230	PNV no.163/iron/folate no.10	PREGENNA TABLET	REDMONT PHARMAC
71741009130	PNV no.163/iron/folate no.10	PNV TABS 20-1 TABLET	REDMONT PHARMAC
73352089130	PNV no.197/iron/folate no.10	NEOMATERNA PRENATAL TABLET	TRIFLUENT PHARM
13811001030	PNV no.52/iron/FA/omega-3/dha	COMPLETE NATAL DHA	TRIGEN LABORATO
69367025130	PNV no.52/iron/FA/omega-3/dha	WESNATAL DHA COMPLETE	WESTMINSTER PHA
00642403030	PNV no.63/iron,carb/folic/dha	STUART ONE CAPSULE	EXELTIS USA, IN
46122009878	PNV no.95/ferrous fum/folic ac	GNP PRENATAL TABLET	AMERISOURCE-GNP
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
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
45861008305	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	PHARMACEUTICA N
45861008306	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	PHARMACEUTICA N
46122001431	polyethylene glycol 3350	CLEARLAX POWDER	AMERISOURCE-GNP
46122001433	polyethylene glycol 3350	CLEARLAX POWDER	AMERISOURCE-GNP
46122001471	polyethylene glycol 3350	CLEARLAX POWDER	AMERISOURCE-GNP
46122080529	polyethylene glycol 3350	GNP CLEARLAX POWDER	AMERISOURCE-GNP
49348089350	polyethylene glycol 3350	SM CLEARLAX POWDER	SM-STRATEGIC SO
51672210403	polyethylene glycol 3350	INSTALAX POWDER	SUN PHARMACEUTI
68001050555	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	BLUEPOINT LABOR

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
70000070401	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
70677110902	polyethylene glycol 3350	FT CLEARLAX POWDER	FT-STRATEGIC SO
70677110903	polyethylene glycol 3350	FT CLEARLAX POWDER	FT-STRATEGIC SO
70677110904	polyethylene glycol 3350	FT CLEARLAX POWDER	FT-STRATEGIC SO
83324000208	polyethylene glycol 3350	QC LAXATIVE PEG 3350 POWDER	CHAIN DRUG
83324000216	polyethylene glycol 3350	QC LAXATIVE PEG 3350 POWDER	CHAIN DRUG
84386012508	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	AUROBINDO PHARM
84386012524	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	AUROBINDO PHARM
84386012554	polyethylene glycol 3350	POLYETHYLENE GLYCOL 3350 POWD	AUROBINDO PHARM
70677115701	polyethylene glycol 400	FT DRY EYE RELIEF 1% DROP	FT-STRATEGIC SO
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
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.
82584070112	povidone/PF	IVIZIA 0.5% EYE GEL	THEA PHARMA INC
75854031430	prenatal 114/iron a-g/folate 1	PRENATE ELITE TABLET	AVION PHARMACEU
69499034430	prenatal 147/iron/folic acid	AZESCO TABLET	SOLUBIOMIX, 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
73308034430	prenatal 147/iron/folic acid	ZIPHEX TABLET	AYURAX
85477032230	prenatal 147/iron/folic acid	EMBRIVA PRENATAL TABLET	ONCORA PHARMA L
85477092230	prenatal 147/iron/folic acid	GESTYRA PRENATAL TABLET	ONCORA PHARMA L
28595072130	prenatal 181/iron fum/folate	ALTRIXA OB PRENATAL TABLET	ALLEGIS PHARMAC
73352089230	prenatal 199/iron/folate no.10	FOLATEXCEL PRENATAL TABLET	TRIFLUENT PHARM
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
68025005930	prenatal 56/iron/folic ac/dha	OB COMPLETE PETITE SOFTGEL	VERTICAL/AVION
75854030830	prenatal 69/iron/folate 6/dha	PRENATE RESTORE SOFTGEL	AVION PHARMACEU
68308076230	prenatal 71/iron/folic ac/dha	VITAPEARL SOFTGEL	MAYNE PHARMA IN
75854031230	prenatal 78/iron/folate 1/dha	PRENATE DHA SOFTGEL	AVION PHARMACEU
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
67112010100	prenatal no.103/iron fum/folic	TRICARE PRENATAL TABLET	MEDECOR PHARMA
67112010130	prenatal no.103/iron fum/folic	TRICARE PRENATAL TABLET	MEDECOR PHARMA
00904531346	prenatal no.137/iron/folic ac	PRENATAL VITAMIN TABLET	MAJOR PHARMACEU
00904531360	prenatal no.137/iron/folic ac	PRENATAL VITAMIN TABLET	MAJOR PHARMACEU
75854030930	prenatal no.68/iron/FA no6/dha	PRENATE ENHANCE SOFTGEL	AVION PHARMACEU
75854031130	prenatal no.77/iron asp gly/FA	PRENATE STAR TABLET	AVION PHARMACEU
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
00642007790	prenatal vit 128/iron/folic ac	SELECT-OB CHEWABLE CAPLET	EXELTIS USA, IN
13811001490	prenatal vit 14/iron fum/folic	COMPLETENATE TABLET CHEW	TRIGEN LABORATO
13811000710	prenatal vit 27,calc/iron/FA	TRINATAL RX 1 TABLET	TRIGEN LABORATO
00642007530	prenatal vit 33/iron/folic/dha	SELECT-OB + DHA PACK	EXELTIS USA, IN
52747050430	prenatal vit 65/iron fum,ps/FA	PROVIDA OB CAPSULE	US PHARMACEUTIC
75854031530	prenatal vit 87/iron/folic/dha	PRENATE MINI SOFTGEL	AVION PHARMACEU
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
85622020030	prenatal vit no.204/iron/folic	MATRONEX PRENATAL TABLET	BLUE HERON PHAR
58657013390	prenatal vit,cal 76/iron/folic	THRIVITE RX TABLET	METHOD PHARMACE
75854031630	prenatal vits 85/iron/FA 1/dha	PRENATE PIXIE SOFTGEL	AVION 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
50967021990	prenatal vits 86/iron/folic ac	NESTABS TABLET	WOMEN'S CHOICE
42192032090	prenatal,calc 40/iron/folate 1	PNV-SELECT TABLET	ACELLA PHARMACE
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
00065143121	propylene glycol/peg 400	SYSTANE ULTRA 0.4-0.3% EYE DRP	ALCON LABORATOR
00065143128	propylene glycol/peg 400	SYSTANE ULTRA 0.4-0.3% EYE DRP	ALCON CONSUMER
00065143131	propylene glycol/peg 400	SYSTANE ULTRA 0.4-0.3% EYE DRP	ALCON LABORATOR
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
46122060705	propylene glycol/peg 400	GNP LUBRICANT 0.4-0.3% EYE DRP	AMERISOURCE-GNP
50268012615	propylene glycol/peg 400	LUBRICANT 0.4-0.3% EYE DROP	AVPAK
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
83324002915	propylene glycol/peg 400	QC LUBRICANT 0.4-0.3% EYE DROP	CHAIN DRUG
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
00904699061	pseudoephedrine HCl	PSEUDOEPHEDRINE 30 MG TABLET	MAJOR PHARMACEU
24385050726	pseudoephedrine HCl	SUPHEDRIN LIQUID	AMERISOURCE-GNP
45802043262	pseudoephedrine HCl	PSEUDOEPHEDRINE 30 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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
46122042861	pseudoephedrine HCl	GNP NASAL DECONGEST 30 MG TAB	AMERISOURCE-GNP
46122042862	pseudoephedrine HCl	NASAL DECONGESTANT 30 MG TAB	AMERISOURCE-GNP
50844011215	pseudoephedrine HCl	PSEUDOEPHEDRINE 30 MG TABLET	LNK INTERNATION
50844021114	pseudoephedrine HCl	PSEUDOEPHEDRINE 30 MG TABLET	LNK INTERNATION
70000000201	pseudoephedrine HCl	NASAL DECONGESTANT 30 MG TAB	LEADER
70000000202	pseudoephedrine HCl	NASAL DECONGESTANT 30 MG TAB	LEADER
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
71800005408	pseudoephedrine HCl	PSEUDOEPHEDRINE 30 MG TABLET	INNOVIDA PHARMA
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
70677131201	pyrantel pamoate	FT PINWORM TREATMENT 50 MG/ML	FT-STRATEGIC SO
73581010512	pyrantel pamoate	PINRID 250 MG (BASE) TAB CHEW	YYBA CORP
73581010524	pyrantel pamoate	PINRID 250 MG (BASE) TAB CHEW	YYBA CORP
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
00851023000	sod,pot chlo/sod cit/rice/whey	CERASPORT ENDURANCE POWD PCKT	CERA PRODUCTS
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
10939095585	sodium chloride	FT SALINE 0.65% NASAL SPRAY	FT-STRATEGIC SO
10939095586	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.
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
50428006205	sodium chloride	CVS SALINE 0.65% NASAL SPRAY	CVS
50428031180	sodium chloride	CVS SALINE 0.65% NASAL SPRAY	CVS
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
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
71800002104	sodium chloride	NASAL MOISTURIZING 0.65% SPRAY	INNOVIDA PHARMA
71800002105	sodium chloride	NASAL MOISTURIZING 0.65% SPRAY	INNOVIDA PHARMA
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
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
70074069121	sodium/potas/chloride/dextrose	PEDIALYTE ELECTROLYTE PACKET	ABBOTT NUTRITIO
70074069122	sodium/potas/chloride/dextrose	PEDIALYTE ELECTROLYTE PACKET	ABBOTT NUTRITIO
70074069123	sodium/potas/chloride/dextrose	PEDIALYTE ELECTROLYTE PACKET	ABBOTT NUTRITIO
70074069124	sodium/potas/chloride/dextrose	PEDIALYTE ELECTROLYTE PACKET	ABBOTT NUTRITIO
70074069125	sodium/potas/chloride/dextrose	PEDIALYTE ELECTROLYTE PACKET	ABBOTT NUTRITIO
70074069126	sodium/potas/chloride/dextrose	PEDIALYTE ELECTROLYTE PACKET	ABBOTT NUTRITIO
70074069127	sodium/potas/chloride/dextrose	PEDIALYTE ELECTROLYTE PACKET	ABBOTT NUTRITIO
70074069128	sodium/potas/chloride/dextrose	PEDIALYTE ELECTROLYTE PACKET	ABBOTT NUTRITIO
70074069129	sodium/potas/chloride/dextrose	PEDIALYTE ELECTROLYTE PACKET	ABBOTT NUTRITIO
11917013237	starch	THICK NOW POWDER	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
51672208001	terbinafine HCl	TERBINAFINE 1% CREAM	TARO/SUN PHARMA
51672208002	terbinafine HCl	TERBINAFINE 1% CREAM	TARO/SUN PHARMA
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
00536145326	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/SUN PHARMA
51672202002	tolnaftate	TOLNAFTATE 1% CREAM	TARO/SUN PHARMA
70000008401	tolnaftate	TOLNAFTATE 1% CREAM	LEADER
70000032201	tolnaftate	ATHLETE'S FOOT 1% POWDER SPRAY	LEADER
70677100101	tolnaftate	FT ANTIFUNGAL 1% CREAM	FT-STRATEGIC SO
71800005609	tolnaftate	TOLNAFTATE 1% CREAM	INNOVIDA PHARMA
73352056110	tolnaftate	TRITOLNACIDE C 1% CREAM	TRIFLUENT PHARM
83324004901	tolnaftate	QC ANTIFUNGAL 1% CREAM	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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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
00179803160	vits A,C,E/lutein/minerals	VISION FORMULA WITH LUTEIN TAB	KAISER FOUNDATI
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

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. Prior authorization is required for drugs with cup packaging.

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: 6/02/2026

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name
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
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. Prior authorization is required for drugs with cup packaging.

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