

## Rebatable OTC Drug List for Maine Medicaid

*Note: Some OTC Diabetic Supplies, Nutritionals and Asthma Related DME are covered but not listed.  
Most over the counter products are subject to State of Maine Maximum Allowable Cost (SMAC) pricing.  
This list is subject to change and will be updated on a regular basis*

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Cap 500 MG</b>				
	00904198760	Generic	MAPAP CAP 500MG	
	46122038841	Generic	GNP ACETAMIN CAP 500MG	
	49348011610	Generic	SM PAIN REL CAP 500MG	
<b>Acetaminophen Chew Tab 160 MG</b>				
	46122042462	Generic	PAIN RELIEF CHW 160MG	
	62011033901	Generic	ACETAMINOPHE CHW 160MG	
	70000030901	Generic	ACETAMIN JR CHW 160MG	
	70000031001	Generic	ACETAMINOPHE CHW 160MG	
	00904664524	Generic	MAPAP CHW 160MG	
<b>Acetaminophen Chew Tab 80 MG</b>				
	00904525646	Generic	MAPAP CHW 80MG	
	00536101407	Generic	PAIN & FEVER CHW 80MG	
<b>Acetaminophen Liquid 160 MG/5ML</b>				
	00485005708	Generic	ED-APAP LIQ 80MG/2.5	
	00904198500	Generic	MAPAP LIQ 160/5ML	
	00904198516	Generic	MAPAP LIQ 160/5ML	
	00904198520	Generic	MAPAP LIQ 160/5ML	
	54838014440	Generic	CHLD SILAPAP LIQ 160/5ML	
	54838014470	Generic	CHLD SILAPAP LIQ 160/5ML	
	54838014480	Generic	CHLD SILAPAP LIQ 160/5ML	
	58657052016	Generic	ACETAMIN LIQ 160/5ML	
<b>Acetaminophen Soln 160 MG/5ML</b>				
	00536012285	Generic	PAIN & FEVER SOL 160/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Soln 160 MG/5ML</b>				
	00536012297	Generic	PAIN & FEVER SOL 160/5ML	
	00121065700	Generic	ACETAMIN SOL 160/5ML	
	00121065705	Generic	ACETAMIN SOL 160/5ML	
	00121131400	Generic	ACETAMIN SOL 325MG	
	00121131411	Generic	ACETAMIN SOL 325MG	
	00121197100	Generic	ACETAMIN SOL 650/20.3	
	00121197121	Generic	ACETAMIN SOL 650/20.3	
<b>Acetaminophen Suppos 120 MG</b>				
	00713011801	Generic	ACEPHEN SUP 120MG	
	00713011812	Generic	ACEPHEN SUP 120MG	
	00713011850	Generic	ACEPHEN SUP 120MG	
	45802073200	Generic	ACETAMIN SUP 120MG	
	45802073230	Generic	ACETAMIN SUP 120MG	
	45802073233	Generic	ACETAMIN SUP 120MG	
	51672211502	Generic	FEVERALL SUP 120MG	
	51672211504	Generic	FEVERALL SUP 120MG	
<b>Acetaminophen Suppos 325 MG</b>				
	51672211602	Generic	FEVERALL SUP 325MG	
	51672211604	Generic	FEVERALL SUP 325MG	
	00713016401	Generic	ACEPHEN SUP 325MG	
	00713016412	Generic	ACEPHEN SUP 325MG	
	00713016450	Generic	ACEPHEN SUP 325MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Suppos 650 MG</b>				
	00713016501	Generic	ACEPHEN SUP 650MG	
	00713016512	Generic	ACEPHEN SUP 650MG	
	00713016550	Generic	ACEPHEN SUP 650MG	
	45802073030	Generic	ACETAMIN SUP 650MG	
	45802073032	Generic	ACETAMIN SUP 650MG	
	45802073033	Generic	ACETAMIN SUP 650MG	
	51672211704	Generic	FEVERALL SUP 650MG	
<b>Acetaminophen Suppos 80 MG</b>				
	51672211402	Brand	FEVERALL INF SUP 80MG	
	51672211404	Brand	FEVERALL INF SUP 80MG	
<b>Acetaminophen Susp 160 MG/5ML</b>				
	62011000101	Generic	PAIN & FEVER SUS 160/5ML	
	62011000201	Generic	PAIN & FEVER SUS 160/5ML	
	62011018301	Generic	PAIN & FEVER SUS 160/5ML	
	62011024601	Generic	PAIN & FEVER SUS 160/5ML	
	62011024701	Generic	PAIN & FEVER SUS 160/5ML	
	46122031346	Generic	PAIN RELIEF SUS 160/5ML	
	46122020926	Generic	PAIN & FEVER SUS 160/5ML	
	46122021026	Generic	PAIN & FEVER SUS 160/5ML	
	46122021126	Generic	PAIN & FEVER SUS 160/5ML	
	46122021226	Generic	PAIN & FEVER SUS 160/5ML	
	46122021426	Generic	PAIN & FEVER SUS 160/5ML	
	46122032226	Generic	PAIN & FEVER SUS 160/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Susp 160 MG/5ML</b>				
	46122032326	Generic	PAIN & FEVER SUS 160/5ML	
	46122034046	Generic	PAIN RELIEF SUS 160/5ML	
	49348011934	Generic	PAIN & FEVER SUS 160/5ML	
	49348032534	Generic	PAIN & FEVER SUS 160/5ML	
	49348008130	Generic	PAIN & FEVER SUS 160/5ML	
	49348009334	Generic	PAIN & FEVER SUS 160/5ML	
	49348012334	Generic	PAIN & FEVER SUS 160/5ML	
	49348043030	Generic	PAIN & FEVER SUS 160/5ML	
	70000030501	Generic	PAIN & FEVER SUS 160/5ML	
	70000017301	Generic	PAIN & FEVER SUS 160/5ML	
	70000020501	Generic	PAIN & FEVER SUS 160/5ML	
	63868017418	Generic	PAIN RELIEF SUS 160/5ML	
	63868017526	Generic	NON-ASPIRIN SUS 160/5ML	
	63868017626	Generic	NON-ASPIRIN SUS 160/5ML	
	63868083560	Generic	PAIN RELIEF SUS 160/5ML	
	68094058658	Generic	ACETAMINOPHN SUS 160/5ML	
	68094058758	Generic	ACETAMINOPHN SUS 160/5ML	
	68094058759	Generic	ACETAMINOPHN SUS 160/5ML	
	68094058761	Generic	ACETAMINOPHN SUS 160/5ML	
	68094058762	Generic	ACETAMINOPHN SUS 160/5ML	
	68094058859	Generic	ACETAMINOPHN SUS 325MG	
	68094058862	Generic	ACETAMINOPHN SUS 325MG	
	68094001559	Generic	ACETAMINOPHN SUS 160/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Susp 160 MG/5ML</b>				
	68094001561	Generic	ACETAMINOPHN SUS 160/5ML	
	68094001562	Generic	ACETAMINOPHN SUS 160/5ML	
	70000014301	Generic	PAIN & FEVER SUS 160/5ML	
	46122004203	Generic	PAIN & FEVER SUS 160/5ML	
	46122005603	Generic	PAIN & FEVER SUS 160/5ML	
	46122010526	Generic	PAIN & FEVER SUS 160/5ML	
	46122010626	Generic	PAIN RELIEF SUS 160/5ML	
	45802020126	Generic	ACETAMINOPHN SUS 160/5ML	
	45802020326	Generic	ACETAMINOPHN SUS 160/5ML	
	36800095926	Generic	PAIN & FEVER SUS 160/5ML	
	37205057716	Generic	PAIN & FEVER SUS 160/5ML	
	36800010526	Generic	PAIN RELIEF SUS 160/5ML	
	36800013026	Generic	PAIN RELIEF SUS 160/5ML	
	36800017526	Generic	PAIN RELIEF SUS 160/5ML	
	36800020226	Generic	PAIN & FEVER SUS 160/5ML	
	36800039726	Generic	PAIN & FEVER SUS 160/5ML	
	36800059016	Generic	PAIN & FEVER SUS 160/5ML	
	36800075926	Generic	PAIN & FEVER SUS 160/5ML	
	36800076616	Generic	PAIN & FEVER SUS 160/5ML	
	00904653620	Generic	MAPAP CHILDR SUS 160/5ML	
	24385013026	Generic	PAIN RELIEF SUS 160/5ML	
	00536111196	Generic	PAIN/FEVER SUS 160/5ML	
	00121178100	Generic	ACETAMINOPHN SUS 160/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Susp 160 MG/5ML</b>				
	00121178105	Generic	ACETAMINOPHN SUS 160/5ML	
	00113895926	Generic	PAIN & FEVER SUS 160/5ML	
	00113094610	Generic	PAIN & FEVER SUS 160/5ML	
	00113002026	Generic	PAIN & FEVER SUS 160/5ML	
	00113010526	Generic	PAIN RELIEF SUS 160/5ML	
	00113016110	Generic	PAIN & FEVER SUS 160/5ML	
	00113021226	Generic	PAIN & FEVER SUS 160/5ML	
	00113059010	Generic	PAIN & FEVER SUS 160/5ML	
	00113060826	Generic	PAIN & FEVER SUS 160/5ML	
<b>Acetaminophen Tab 325 MG</b>				
	00536322201	Generic	PAIN & FEVER TAB 325MG	
	00536322210	Generic	PAIN & FEVER TAB 325MG	
	00904198251	Generic	MAPAP TAB 325MG	
	00904198259	Generic	MAPAP TAB 325MG	
	00904198260	Generic	MAPAP TAB 325MG	
	00904198261	Generic	MAPAP TAB 325MG	
	00904198280	Generic	MAPAP TAB 325MG	
	24385040378	Generic	PAIN RELIEF TAB 325MG	
	16103035307	Generic	PHARBETOL TAB 325MG	
	16103035308	Generic	PHARBETOL TAB 325MG	
	16103035311	Generic	PHARBETOL TAB 325MG	
	36800040378	Generic	PAIN RELIEF TAB 325MG	
	68016024600	Generic	NON-ASPIRIN TAB 325MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab 325 MG</b>				
	70000015201	Generic	ACETAMINOPHN TAB 325MG	
	70000015202	Generic	ACETAMINOPHN TAB 325MG	
	70000015203	Generic	ACETAMINOPHN TAB 325MG	
	70000015204	Generic	ACETAMINOPHN TAB 325MG	
	49348097310	Generic	PAIN RELIEVE TAB 325MG	
	49348097316	Generic	PAIN RELIEVE TAB 325MG	
	49483034001	Generic	ACETAMIN TAB 325MG	
	49483034010	Generic	ACETAMIN TAB 325MG	
	46122024778	Generic	PAIN RELIEF TAB 325MG	
	46122039078	Generic	PAIN RELIEF TAB 325MG	
	46122043078	Generic	GNP ACETAMIN TAB 325MG	
	62107005201	Generic	TACTINAL TAB 325MG	
	62107005210	Generic	TACTINAL TAB 325MG	
	63739044001	Generic	ACETAMIN TAB 325MG	
	63868008210	Generic	PAIN RELIEF TAB 325MG	
	62011003201	Generic	PAIN RELIEVE TAB 325MG	
	62011003202	Generic	PAIN RELIEVE TAB 325MG	
<b>Acetaminophen Tab 500 MG</b>				
	62011004901	Generic	PAIN RELIEF TAB 500MG	
	62011002301	Generic	PAIN RELIEF TAB 500MG	
	62011002302	Generic	PAIN RELIEF TAB 500MG	
	62011002303	Generic	PAIN RELIEF TAB 500MG	
	62011002701	Generic	PAIN RELIEF TAB 500MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab 500 MG</b>				
	63868008405	Generic	PAIN RELIEF TAB 500MG	
	63868008410	Generic	PAIN RELIEF TAB 500MG	
	63868008424	Generic	PAIN RELIEF TAB 500MG	
	63868008450	Generic	PAIN RELIEF TAB 500MG	
	62107005001	Generic	TACTINAL TAB 500MG	
	62107005010	Generic	TACTINAL TAB 500MG	
	62107005101	Generic	TACTINAL TAB 500MG	
	62107005110	Generic	TACTINAL TAB 500MG	
	49348004209	Generic	PAIN RELIEVE TAB 500MG	
	49348004210	Generic	PAIN RELIEVE TAB 500MG	
	49348004214	Generic	PAIN RELIEVE TAB 500MG	
	49483034101	Generic	ACETAMINOPHN TAB 500MG	
	49483034110	Generic	ACETAMINOPHN TAB 500MG	
	49483034150	Generic	ACETAMINOPHN TAB 500MG	
	49348099810	Generic	PAIN RELIEVE TAB 500MG	
	49348073009	Generic	PAIN RELIEVE TAB 500MG	
	49348073010	Generic	PAIN RELIEVE TAB 500MG	
	70000015301	Generic	ACETAMIN TAB 500MG	
	70000015001	Generic	ACETAMIN TAB 500MG	
	70000015002	Generic	ACETAMIN TAB 500MG	
	70000015003	Generic	ACETAMIN TAB 500MG	
	70000015101	Generic	ACETAMIN TAB 500MG	
	70000015102	Generic	ACETAMIN TAB 500MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab 500 MG</b>				
	70000015103	Generic	ACETAMIN TAB 500MG	
	70000015104	Generic	ACETAMIN TAB 500MG	
	70000015105	Generic	ACETAMIN TAB 500MG	
	70000031201	Generic	ACETAMIN TAB 500MG	
	70000031202	Generic	ACETAMIN TAB 500MG	
	63868098710	Generic	NON-ASPIRIN TAB 500MG/RR	
	63868098750	Generic	NON-ASPIRIN TAB 500MG/RR	
	63868050350	Generic	NON-ASPIRIN TAB 500MG	
	63868050701	Generic	NON-ASPIRIN TAB 500MG	
	36800040572	Generic	PAIN RELIEF TAB 500MG	
	36800040578	Generic	PAIN RELIEF TAB 500MG	
	36800022771	Generic	PAIN RELIEF TAB 500MG	
	36800022778	Generic	PAIN RELIEF TAB 500MG	
	36800048447	Generic	PAIN RELIEF TAB 500MG	
	36800048462	Generic	PAIN RELIEF TAB 500MG	
	36800048471	Generic	PAIN RELIEF TAB 500MG	
	36800048478	Generic	PAIN RELIEF TAB 500MG	
	36800048490	Generic	PAIN RELIEF TAB 500MG	
	37205098071	Generic	PAIN RELIEVE TAB 500MG/RR	
	00904672024	Generic	ACETAMIN TAB 500MG	
	00904672040	Generic	ACETAMIN TAB 500MG	
	00904672051	Generic	ACETAMIN TAB 500MG	
	00904672059	Generic	ACETAMIN TAB 500MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab 500 MG</b>				
	00904672080	Generic	ACETAMIN TAB 500MG	
	00904673059	Generic	ACETAMIN TAB 500MG	
	00904673080	Generic	ACETAMIN TAB 500MG	
	00904581660	Generic	MAPAP TAB 500MG/RR	
	24385048447	Generic	PAIN RELIEF TAB 500MG	
	24385048471	Generic	PAIN RELIEF TAB 500MG	
	24385048478	Generic	PAIN RELIEF TAB 500MG	
	24385048490	Generic	PAIN RELIEF TAB 500MG	
	36800001071	Generic	PAIN RELIEF TAB 500MG	
	36800001078	Generic	PAIN RELIEF TAB 500MG	
	36800004662	Generic	PAIN RELIEVE TAB 500MG	
	36800004671	Generic	PAIN RELIEVE TAB 500MG	
	36800004678	Generic	PAIN RELIEVE TAB 500MG	
	36800004683	Generic	PAIN RELIEVE TAB 500MG	
	24385014571	Generic	PAIN RELIEF TAB 500MG	
	16103037606	Generic	PHARBETOL TAB 500MG	
	16103037608	Generic	PHARBETOL TAB 500MG	
	16103037611	Generic	PHARBETOL TAB 500MG	
	00904198324	Generic	MAPAP TAB 500MG	
	00904198340	Generic	MAPAP TAB 500MG	
	00904198351	Generic	MAPAP TAB 500MG	
	00904198359	Generic	MAPAP TAB 500MG	
	00904198360	Generic	MAPAP TAB 500MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab 500 MG</b>				
	00904198380	Generic	MAPAP TAB 500MG	
	00904198394	Generic	MAPAP TAB 500MG	
	00904198859	Generic	MAPAP TAB 500MG	
	00904198860	Generic	MAPAP TAB 500MG	
	00904198861	Generic	MAPAP TAB 500MG	
	00904198880	Generic	MAPAP TAB 500MG	
	00536323101	Generic	PAIN & FEVER TAB 500MG	
	00536323110	Generic	PAIN & FEVER TAB 500MG	
	00536321801	Generic	PAIN & FEVER TAB 500MG	
	00536321810	Generic	PAIN & FEVER TAB 500MG	
	00113048452	Generic	PAIN RELIEF TAB 500MG	
	00113048462	Generic	PAIN RELIEF TAB 500MG	
	00113048471	Generic	PAIN RELIEF TAB 500MG	
	00113048478	Generic	PAIN RELIEF TAB 500MG	
	00113048490	Generic	PAIN RELIEF TAB 500MG	
	00113022771	Generic	PAIN RELIEF TAB 500MG	
	00113018771	Generic	PAIN RELIEF TAB 500MG	
	00113018778	Generic	PAIN RELIEF TAB 500MG	
	00113002562	Generic	PAIN RELIEF TAB 500MG	
	00113002571	Generic	PAIN RELIEF TAB 500MG	
	00113002578	Generic	PAIN RELIEF TAB 500MG	
<b>Acetaminophen Tab ER 650 MG</b>				
	00113021771	Generic	PAIN RELIEF TAB 650MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab ER 650 MG</b>				
	00113054462	Generic	ARTHRTS PAIN TAB 650MG	
	00113054471	Generic	ARTHRTS PAIN TAB 650MG	
	00113054478	Generic	ARTHRTS PAIN TAB 650MG	
	24385062971	Generic	ARTHRTS PAIN TAB 650MG	
	24385062978	Generic	ARTHRTS PAIN TAB 650MG	
	00904576960	Generic	ARTHRTS PAIN TAB 650MG	
	36800096647	Generic	ARTHRTS PAIN TAB 650MG	
	46122006271	Generic	8 HOUR PAIN TAB 650MG	
	46122006278	Generic	8 HOUR PAIN TAB 650MG	
	36800054462	Generic	ARTHRTS PAIN TAB 650MG	
	36800054471	Generic	ARTHRTS PAIN TAB 650MG	
	36800054478	Generic	ARTHRTS PAIN TAB 650MG	
	36800021778	Generic	8 HOUR PAIN TAB 650MG	
	68084077725	Generic	ACETAMIN TAB 650MG	PA REQUIRED
	68084077795	Generic	ACETAMIN TAB 650MG	
	70000030601	Generic	8 HOUR PAIN TAB 650MG	
	70000018001	Generic	8 HOUR PAIN TAB 650MG	
	70000018002	Generic	8 HOUR PAIN TAB 650MG	
	70000018003	Generic	8 HOUR PAIN TAB 650MG	
	70000018004	Generic	8 HOUR PAIN TAB 650MG	
	49348092110	Generic	ARTHRTS PAIN TAB 650MG	
	49348092410	Generic	8 HOUR PAIN TAB 650MG	
	50268005211	Generic	ACETAMINOPHE TAB 650MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab ER 650 MG</b>				
	50268005215	Generic	ACETAMINOPHE TAB 650MG	PA REQUIRED
	46122017081	Generic	ARTHRTS PAIN TAB 650MG	
	63868008901	Generic	ARTHRTS PAIN TAB 650MG	
	63868008950	Generic	ARTHRTS PAIN TAB 650MG	
	63868009150	Generic	QC APAP 8 HR TAB 650MG	
	62011033601	Generic	HM PAIN RLF TAB 650MG	
	62011033701	Generic	ARTHRTS PAIN TAB 650MG	
	62011033801	Generic	HM ARTHRTS TAB 650MG	
	62011002601	Generic	ARTHRTS PAIN TAB 650MG	
	51660033301	Generic	ARTHRTS PAIN TAB 650MG	
	51660033350	Generic	ARTHRTS PAIN TAB 650MG	
<b>Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 325 MG</b>				
	70000014701	Generic	TRI-BUFF ASA TAB 325MG	
	00904201559	Generic	TRI-BUFF ASA TAB 325MG	
<b>Aspirin Chew Tab 81 MG</b>				
	00904404073	Generic	ASPIRIN CHW 81MG	
	00603002436	Generic	ASPIRIN CHW 81MG	
	00536100836	Generic	ASPIRIN CHW 81MG	
	00536100862	Generic	ASPIRIN CHW 81MG	
	00113046708	Generic	ASPIRIN CHW 81MG	
	00113046768	Generic	ASPIRIN CHW 81MG	
	00113025968	Generic	ASPIRIN CHW 81MG	
	00113027468	Generic	ASPIRIN CHW 81MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Chew Tab 81 MG</b>				
	36800025968	Generic	ASPIRIN CHW 81MG	
	36800027468	Generic	ASPIRIN LOW CHW 81MG	
	36800046768	Generic	ASPIRIN LOW CHW 81MG	
	00904628880	Generic	ASPIRIN LOW CHW 81MG	
	00904628889	Generic	ASPIRIN LOW CHW 81MG	
	24385036468	Generic	GNP ASPIRIN CHW 81MG	
	16103036605	Generic	ASPIRIN CHW 81MG	
	16103036611	Generic	ASPIRIN CHW 81MG	
	24385002868	Generic	GNP ASPIRIN CHW 81MG	
	24385027868	Generic	GNP ASPIRIN CHW 81MG	
	70000017001	Generic	ASPIRIN CHW 81MG	
	69536028136	Generic	ST JOSEPH CHW LOW 81MG	
	70000010201	Generic	ASPIRIN LOW CHW 81MG	
	70000010301	Generic	ASPIRIN LOW CHW 81MG	
	70000010303	Generic	ASPIRIN LOW CHW 81MG	
	63868024036	Generic	ASPIRIN LOW CHW 81MG	
	62011002801	Generic	HM ASPIRIN CHW 81MG	
	62011002101	Generic	HM ASPIRIN CHW 81MG	
	62011021201	Generic	HM ASPIRIN CHW 81MG	
	63739043401	Generic	ASPIRIN CHW 81MG	
	62107002636	Generic	CHILD ASA LS CHW 81MG	
	49348019107	Generic	SM CHILD ASA CHW 81MG	
	49483033463	Generic	ASPIRIN LOW CHW 81MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Chew Tab 81 MG</b>				
	49348075707	Generic	SM ASPIRIN CHW 81MG	
	49348049807	Generic	SM ASPIRIN CHW 81MG	
<b>Aspirin Tab 325 MG</b>				
	49483001110	Generic	ASPIRIN TAB 325MG	
	49348000110	Generic	SM ASPIRIN TAB 325MG	
	49348000114	Generic	SM ASPIRIN TAB 325MG	
	49348000123	Generic	SM ASPIRIN TAB 325MG	
	46122029278	Generic	GNP ASPIRIN TAB 325MG	
	62011002001	Generic	HM ASPIRIN TAB 325MG	
	62011002002	Generic	HM ASPIRIN TAB 325MG	
	62011002003	Generic	HM ASPIRIN TAB 325MG	
	63868035203	Generic	QC ASPIRIN TAB 325MG	
	63868035210	Generic	QC ASPIRIN TAB 325MG	
	70000025301	Generic	ASPIRIN TAB 325MG	
	70000025302	Generic	ASPIRIN TAB 325MG	
	70000025303	Generic	ASPIRIN TAB 325MG	
	16103036508	Generic	ASPIRIN TAB 325MG	
	16103036511	Generic	ASPIRIN TAB 325MG	
	15127073805	Generic	SB ASPIRIN TAB 325MG	
	15127073821	Generic	SB ASPIRIN TAB 325MG	
	37205066887	Generic	ASPIRIN TAB 325MG	
	00113041678	Generic	ASPIRIN TAB 325MG	
	00113041687	Generic	ASPIRIN TAB 325MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Tab 325 MG</b>				
	00113041690	Generic	ASPIRIN TAB 325MG	
	00536105301	Generic	ASPIRIN TAB 325MG	
	00536105305	Generic	ASPIRIN TAB 325MG	
	00536105429	Generic	ASPIRIN TAB 325MG	
	00536330501	Generic	ASPIRIN TAB 325MG	
	00536330510	Generic	ASPIRIN TAB 325MG	
<b>Aspirin Tab Delayed Release 325 MG</b>				
	00536331301	Generic	ASPIRIN TAB 325MG EC	
	00536331310	Generic	ASPIRIN TAB 325MG EC	
	00603016921	Generic	ASPIRIN TAB 325MG EC	
	00603016932	Generic	ASPIRIN TAB 325MG EC	
	00904201159	Generic	ASPIRIN TAB 325MG EC	
	00904201360	Generic	ASPIRIN TAB 325MG EC	
	00904201372	Generic	ASPIRIN TAB 325MG EC	
	00904201380	Generic	ASPIRIN TAB 325MG EC	
	00536114801	Generic	ASPIRIN TAB 325MG EC	
	36800042902	Generic	ASPIRIN TAB 325MG EC	
	16103035708	Generic	ASPIRIN TAB 325MG EC	
	16103035711	Generic	ASPIRIN TAB 325MG EC	
	00904671260	Generic	ASPIRIN TAB 325MG	
	24385042902	Generic	GNP ASPIRIN TAB 325MG EC	
	24385042990	Generic	GNP ASPIRIN TAB 325MG EC	
	70000023701	Generic	ASPIRIN TAB 325MG EC	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Tab Delayed Release 325 MG</b>				
	70000023702	Generic	ASPIRIN TAB 325MG EC	
	63868089810	Generic	ENTERIC ASA TAB 325MG	
	68084084825	Generic	ASPIRIN TAB 325MG	
	68084084895	Generic	ASPIRIN TAB 325MG	
	62011004001	Generic	ASPIRIN TAB 325MG EC	
	62107002801	Generic	ECPIRIN TAB 325MG EC	
	62107002832	Generic	ECPIRIN TAB 325MG EC	
	63739052301	Generic	ASPIRIN TAB 325MG EC	
	50844022712	Generic	EQ ASPIRIN TAB 325MG EC	
	49483033101	Generic	ASPIRIN TAB 325MG EC	
	49483033110	Generic	ASPIRIN TAB 325MG EC	
	49348093782	Generic	SM ASPIRIN TAB 325MG EC	
<b>Aspirin Tab Delayed Release 81 MG</b>				
	49348098015	Generic	SM ASPIRIN TAB 81MG EC	
	49348098023	Generic	SM ASPIRIN TAB 81MG EC	
	49348098053	Generic	SM ASPIRIN TAB 81MG EC	
	49348098115	Generic	SM ASPIRIN TAB 81MG EC	
	49483038710	Generic	ASPIRIN LOW TAB 81MG EC	
	49483038712	Generic	ASPIRIN LOW TAB 81MG EC	
	49483048110	Generic	ASPIRIN LOW TAB 81MG EC	
	49483048112	Generic	ASPIRIN LOW TAB 81MG EC	
	46122018076	Generic	ASPIRIN LOW TAB 81MG EC	
	46122018087	Generic	ASPIRIN LOW TAB 81MG EC	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Tab Delayed Release 81 MG</b>				
	62107002726	Generic	ASPIR-81 TAB 81MG EC	
	62107002732	Generic	ASPIR-81 TAB 81MG EC	
	62011001901	Generic	ASPIRIN LOW TAB 81MG EC	
	62011001902	Generic	ASPIRIN LOW TAB 81MG EC	
	62011000301	Generic	ASPIRIN LOW TAB 81MG EC	
	63868036320	Generic	ASPIRIN LOW TAB 81MG EC	
	63868036336	Generic	ASPIRIN LOW TAB 81MG EC	
	63739052201	Generic	ASPIRIN TAB 81MG EC	
	63739052210	Generic	ASPIRIN TAB 81MG EC	
	70000021801	Generic	ASPIRIN LOW TAB 81MG EC	
	70000020202	Generic	ASPIRIN LOW TAB 81MG EC	
	70000020203	Generic	ASPIRIN LOW TAB 81MG EC	
	70000020301	Generic	ASPIRIN LOW TAB 81MG EC	
	70000017801	Generic	ASPIRIN TAB 81MG EC	
	36800002712	Generic	ASPIRIN LOW TAB 81MG EC	
	16103035609	Generic	ASPIRIN TAB 81MG EC	
	16103035611	Generic	ASPIRIN TAB 81MG EC	
	00904770418	Generic	ASPIR-LOW TAB 81MG EC	
	00904770470	Generic	ASPIR-LOW TAB 81MG EC	
	00904770480	Generic	ASPIR-LOW TAB 81MG EC	
	36800027748	Generic	ASPIRIN LOW TAB 81MG EC	
	36800003018	Generic	ASPIRIN TAB 81MG EC	
	00536114941	Generic	ASPIRIN TAB 81MG EC	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Tab Delayed Release 81 MG</b>				
	00536100410	Generic	ASPIRIN TAB 81MG EC	
	00536100441	Generic	ASPIRIN TAB 81MG EC	
	00603002622	Generic	ASPIRIN LOW TAB 81MG EC	
	00603002632	Generic	ASPIRIN LOW TAB 81MG EC	
<b>Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG</b>				
	00113037462	Generic	MIGRAINE TAB FORMULA	
	00113037478	Generic	MIGRAINE TAB FORMULA	
	00067810324	Brand	EXCEDRIN TAB MIGRAINE	
	00067810333	Brand	EXCEDRIN TAB MIGRAINE	
	00067810391	Brand	EXCEDRIN TAB MIGRAINE	
	00067810392	Brand	EXCEDRIN TAB MIGRAINE	
	00067810424	Brand	EXCEDRIN TAB EX ST	
	00067810433	Brand	EXCEDRIN TAB EX ST	
	00067810491	Brand	EXCEDRIN TAB EX ST	
	00067810492	Brand	EXCEDRIN TAB EX ST	
	00067200020	Brand	EXCEDRIN TAB EX ST	
	00067200024	Brand	EXCEDRIN TAB EX ST	
	00067200033	Brand	EXCEDRIN TAB EX ST	
	00067200050	Brand	EXCEDRIN TAB EX ST	
	00067200077	Brand	EXCEDRIN TAB EX ST	
	00067203924	Brand	EXCEDRIN TAB MIGRAINE	
	00067203933	Brand	EXCEDRIN TAB MIGRAINE	
	00067203950	Brand	EXCEDRIN TAB MIGRAINE	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG</b>				
	00067203977	Brand	EXCEDRIN TAB MIGRAINE	
	00067203991	Brand	EXCEDRIN TAB MIGRAINE	
	00067203992	Brand	EXCEDRIN TAB MIGRAINE	
	36800043078	Generic	HEADACHE FOR TAB ADDED ST	
	36800037462	Generic	MIGRAINE TAB FORMULA	
	36800037478	Generic	MIGRAINE TAB FORMULA	
	46122010478	Generic	GNP HEADACHE TAB RELIEF	
	00904513559	Generic	PAIN RELIEVR TAB PLUS	
	24385036571	Generic	GNP MIGRAINE TAB RELIEF	
	24385036578	Generic	GNP MIGRAINE TAB RELIEF	
	70000025801	Generic	HEADACHE TAB RELIEF	
	70000014601	Generic	HEADACHE TAB RELIEF	
	70000024701	Generic	MIGRAINE TAB RELIEF	
	70000024702	Generic	MIGRAINE TAB RELIEF	
	63868048501	Generic	QC HEADACHE TAB RELIEF	
	62011024301	Generic	HM MIGRAINE TAB FORMULA	
	46122038278	Generic	GNP HEADACHE TAB EXTRA ST	
	50268005311	Generic	APAP/ASA/ TAB CAFFEINE	
	50268005315	Generic	APAP/ASA/ TAB CAFFEINE	PA REQUIRED
	49348050610	Generic	SM MIGRAINE TAB RELIEF	
<b>Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%)</b>				
	57782039726	Generic	CROMOLYN SOD SPR 5.2/ACT	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Meclizine HCl Chew Tab 25 MG</b>				
	51645099401	Generic	MECLIZINE CHW 25MG	
	51645099410	Generic	MECLIZINE CHW 25MG	
	49483033301	Generic	MOTION-TIME CHW 25MG	
	49483033310	Generic	MOTION-TIME CHW 25MG	
	00536101801	Generic	TRAVEL SICK CHW 25MG	
	00536101810	Generic	TRAVEL SICK CHW 25MG	
<b>Meclizine HCl Tab 12.5 MG</b>				
	00536101701	Generic	MECLIZINE TAB 12.5MG	
	00536101710	Generic	MECLIZINE TAB 12.5MG	
	00536117801	Generic	MECLIZINE TAB 12.5MG	
	00536117810	Generic	MECLIZINE TAB 12.5MG	
<b>Meclizine HCl Tab 25 MG</b>				
	24385038851	Generic	MOTION SICK TAB 25MG	
	49348036367	Generic	MOTION SICK TAB 25MG	
	62011003501	Generic	MOTION RELF TAB 25MG	
	62011034501	Generic	MOTION RELF TAB 25MG	
<b>Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)</b>				
	62011032201	Generic	ALL DAY ALLG SOL 5MG/5ML	
	62011032301	Generic	ALL DAY ALLG SOL 5MG/5ML	
	62011028501	Generic	ALL DAY ALLG SOL 5MG/5ML	
	62011009301	Generic	CETIRIZINE SOL 5MG/5ML	
	51672208808	Generic	CETIRIZINE SOL 1MG/ML	
	51672210208	Generic	CETIRIZINE SOL 5MG/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)</b>				
	54838055240	Generic	CETIRIZINE SOL 5MG/5ML	
	49348093434	Generic	ALL DAY ALLG SOL 5MG/5ML	
	49348007834	Generic	ALL DAY ALLG SOL 5MG/5ML	
	49348032634	Generic	ALL DAY ALLG SOL 5MG/5ML	
	63868043004	Generic	CHILD ALLRGY SOL 5MG/5ML	
	68094000459	Generic	CETIRIZINE SOL 1MG/ML	
	68094000462	Generic	CETIRIZINE SOL 1MG/ML	
	70000021401	Generic	ALL DAY ALLG SOL 5MG/5ML	
	70000021501	Generic	ALL DAY ALLG SOL 1MG/ML	
	70000018601	Generic	ALL DAY ALLG SOL 5MG/5ML	
	24385018826	Generic	ALL DAY ALLG SOL 1MG/ML	
	00904637220	Generic	ALL DAY ALLG SOL 1MG/ML	
	46122010126	Generic	ALL DAY ALLG SOL 5MG/5ML	
	46122002026	Generic	ALL DAY ALLG SOL 1MG/ML	
	45802097426	Generic	CETIRIZINE SOL 1MG/ML	
	36800097426	Generic	ALL DAY ALLG SOL 5MG/5ML	
	36800018926	Generic	ALL DAY ALLG SOL 1MG/ML	
	36800047526	Generic	ALL-DAY ALLG SOL 5MG/5ML	
	00113018926	Generic	ALL DAY ALLG SOL 1MG/ML	
	00113050326	Generic	ALL DAY ALLG SOL 1MG/ML	
	00113097426	Generic	ALL DAY ALLG SOL 5MG/5ML	
<b>Cetirizine HCl Tab 10 MG</b>				
	00113945839	Generic	ALL DAY ALLG TAB 10MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Cetirizine HCl Tab 10 MG</b>				
	00113945866	Generic	ALL DAY ALLG TAB 10MG	
	00113945895	Generic	ALL DAY ALLG TAB 10MG	
	00536104105	Generic	CETIRIZINE TAB 10MG	
	00378363701	Generic	CETIRIZINE TAB 10MG	
	00378363705	Generic	CETIRIZINE TAB 10MG	
	00536408807	Generic	CETIRIZINE TAB 10MG	
	00536408811	Generic	CETIRIZINE TAB 10MG	
	00536408888	Generic	CETIRIZINE TAB 10MG	
	00781168401	Generic	CETIRIZINE TAB 10MG	
	36800045813	Generic	ALL DAY ALLG TAB 10MG	
	36800045839	Generic	ALL DAY ALLG TAB 10MG	
	36800045847	Generic	ALL DAY ALLG TAB 10MG	
	36800045866	Generic	ALL DAY ALLG TAB 10MG	
	36800045872	Generic	ALL DAY ALLG TAB 10MG	
	36800045887	Generic	ALL DAY ALLG TAB 10MG	
	36800045895	Generic	ALL DAY ALLG TAB 10MG	
	45802091939	Generic	CETIRIZINE TAB 10MG	
	45802091987	Generic	CETIRIZINE TAB 10MG	
	00904585241	Generic	ALL DAY ALLG TAB 10MG	
	00904585243	Generic	ALL DAY ALLG TAB 10MG	
	00904585246	Generic	ALL DAY ALLG TAB 10MG	
	00904585260	Generic	ALL DAY ALLG TAB 10MG	
	00904585261	Generic	CETIRIZINE TAB 10MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Cetirizine HCl Tab 10 MG</b>				
	00904585272	Generic	ALL DAY ALLG TAB 10MG	
	00904585289	Generic	ALL DAY ALLG TAB 10MG	
	00904671741	Generic	CETIRIZINE TAB 10MG	
	00904671746	Generic	CETIRIZINE TAB 10MG	
	00904671772	Generic	CETIRIZINE TAB 10MG	
	16571040210	Generic	CETIRIZINE TAB 10MG	
	16571040250	Generic	CETIRIZINE TAB 10MG	
	16714027102	Generic	CETIRIZINE TAB 10MG	
	16714027103	Generic	CETIRIZINE TAB 10MG	
	16714079901	Generic	CETIRIZINE TAB 10MG	
	16714079902	Generic	CETIRIZINE TAB 10MG	
	16714079903	Generic	CETIRIZINE TAB 10MG	
	16714079904	Generic	CETIRIZINE TAB 10MG	
	24385099865	Generic	GNP ALL DAY TAB ALLERGY	
	24385099874	Generic	GNP ALL DAY TAB ALLERGY	
	24385099875	Generic	GNP ALL DAY TAB ALLERGY	
	70000014801	Generic	ALL DAY ALLG TAB 10MG	
	70000014802	Generic	ALL DAY ALLG TAB 10MG	
	70000014803	Generic	ALL DAY ALLG TAB 10MG	
	70000014804	Generic	ALL DAY ALLG TAB 10MG	
	49348098446	Generic	SM ALL DAY TAB ALLERGY	
	51079059701	Generic	CETIRIZINE TAB 10MG	
	51079059720	Generic	CETIRIZINE TAB 10MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Cetirizine HCl Tab 10 MG</b>				
	49348093912	Generic	SM ALL DAY TAB ALLERGY	
	55111069990	Generic	CETIRIZINE TAB 10MG	
	51660093901	Generic	CETIRIZINE TAB 10MG	
	51660093930	Generic	CETIRIZINE TAB 10MG	
	51660093954	Generic	CETIRIZINE TAB 10MG	
	51660093990	Generic	CETIRIZINE TAB 10MG	
	62011005201	Generic	ALL DAY ALLG TAB 10MG	
	60505263301	Generic	CETIRIZINE TAB 10MG	
	60505263308	Generic	CETIRIZINE TAB 10MG	
	60687016501	Generic	CETIRIZINE TAB 10MG	
	60687016511	Generic	CETIRIZINE TAB 10MG	
	62011030701	Generic	CETIRIZINE TAB 10MG	
	62011031301	Generic	ALL DAY ALLG TAB 10MG	
	62011031302	Generic	ALL DAY ALLG TAB 10MG	
	62011031303	Generic	ALL DAY ALLG TAB 10MG	
	63868013214	Generic	QC ALLERGY TAB 10MG	
	63868013230	Generic	QC ALLERGY TAB 10MG	
	63868013290	Generic	QC ALLERGY TAB 10MG	
<b>Cetirizine HCl Tab 5 MG</b>				
	60505263201	Generic	CETIRIZINE TAB 5MG	
	16571040110	Generic	CETIRIZINE TAB 5MG	
	00781168301	Generic	CETIRIZINE TAB 5MG	
	00378363501	Generic	CETIRIZINE TAB 5MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Fexofenadine HCl Tab 180 MG</b>				
	00378078205	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00378078293	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00536106615	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00113057122	Generic	ALLER-EASE TAB 180MG	PA REQUIRED
	00113057139	Generic	ALLER-EASE TAB 180MG	PA REQUIRED
	00113057195	Generic	ALLER-EASE TAB 180MG	PA REQUIRED
	00904671110	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904671146	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904671189	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904621446	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904621448	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904621452	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904621489	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	46122004022	Generic	GNP ALLERGY TAB 180MG	PA REQUIRED
	46122004061	Generic	GNP ALLERGY TAB 180MG	PA REQUIRED
	46122004065	Generic	GNP ALLERGY TAB 180MG	PA REQUIRED
	46122004075	Generic	GNP ALLERGY TAB 180MG	PA REQUIRED
	45802057178	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	36800057113	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	36800057122	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	36800057139	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	36800057175	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	36800057195	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Fexofenadine HCl Tab 180 MG</b>				
	55111078430	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	63868014130	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	63824092605	Generic	MUCINEX ALLR TAB 180MG	PA REQUIRED
	63824092610	Generic	MUCINEX ALLR TAB 180MG	PA REQUIRED
	63824092630	Generic	MUCINEX ALLR TAB 180MG	PA REQUIRED
	63824092640	Generic	MUCINEX ALLR TAB 180MG	PA REQUIRED
	62011031501	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	62011031502	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	62011023301	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	51079054801	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	51079054820	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	50268031611	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	50268031615	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	49348096856	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	70000021201	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	70000021202	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	70000021203	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	70000021204	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	70000036102	Generic	24HR ALLERGY TAB 180MG	PA REQUIRED
	70000036103	Generic	24HR ALLERGY TAB 180MG	PA REQUIRED
	70000036104	Generic	24HR ALLERGY TAB 180MG	PA REQUIRED
<b>Fexofenadine HCl Tab 60 MG</b>				
	51079054701	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Fexofenadine HCl Tab 60 MG</b>				
	51079054720	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	62011031401	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	36800042553	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	45802042578	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	00113042553	Generic	ALLER-EASE TAB 60MG	PA REQUIRED
	00378078105	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	00378078191	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
<b>Loratadine Rapidly-Disintegrating Tab 10 MG</b>				
	24385016152	Generic	ALLERGY RELF TAB 10MG	PA REQUIRED
	24385054053	Generic	ALLERGY RELF TAB 10MG	PA REQUIRED
	51660052731	Generic	ALLERGY RELF TAB 10MG	PA REQUIRED
<b>Loratadine Tab 10 MG</b>				
	51660052601	Generic	ALLERGY RELF TAB 10MG	
	51660052605	Generic	ALLERGY RELF TAB 10MG	
	51660052631	Generic	ALLERGY RELF TAB 10MG	
	51660052653	Generic	ALLERGY RELF TAB 10MG	
	60505014701	Generic	LORATADINE TAB 10MG	
	60505014708	Generic	LORATADINE TAB 10MG	
	62011025801	Generic	LORATADINE TAB 10MG	
	62011025802	Generic	LORATADINE TAB 10MG	
	62011025803	Generic	LORATADINE TAB 10MG	
	62011025804	Generic	LORATADINE TAB 10MG	
	63868015101	Generic	LORATADINE TAB 10MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Loratadine Tab 10 MG</b>				
	63868015110	Generic	LORATADINE TAB 10MG	
	63868015130	Generic	LORATADINE TAB 10MG	
	51079024601	Generic	LORATADINE TAB 10MG	
	51079024620	Generic	LORATADINE TAB 10MG	
	50268048811	Generic	LORATADINE TAB 10MG	
	50268048815	Generic	LORATADINE TAB 10MG	
	49348081856	Generic	ALLERGY RELF TAB 10MG	
	49348011201	Generic	LORATADINE TAB 10MG	
	49348011213	Generic	LORATADINE TAB 10MG	
	49348011244	Generic	LORATADINE TAB 10MG	
	70000031701	Generic	ALLERGY RELF TAB 10MG	
	70000021301	Generic	ALLERGY RELF TAB 10MG	
	70000021302	Generic	ALLERGY RELF TAB 10MG	
	70000021303	Generic	ALLERGY RELF TAB 10MG	
	70000021304	Generic	ALLERGY RELF TAB 10MG	
	70000021305	Generic	ALLERGY RELF TAB 10MG	
	68084024801	Generic	LORATADINE TAB 10MG	
	68084024811	Generic	LORATADINE TAB 10MG	
	24385047152	Generic	LORATADINE TAB 10MG	
	24385047178	Generic	LORATADINE TAB 10MG	
	24385047199	Generic	LORATADINE TAB 10MG	
	16714048201	Generic	LORATADINE TAB 10MG	
	16714048202	Generic	LORATADINE TAB 10MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Loratadine Tab 10 MG</b>				
	16714048203	Generic	LORATADINE TAB 10MG	
	00904579361	Generic	LORATADINE TAB 10MG	
	00904572887	Generic	ALLERGY TAB 10MG	
	00904572889	Generic	ALLERGY TAB 10MG	
	45802065065	Generic	LORATADINE TAB 10MG	
	45802065078	Generic	LORATADINE TAB 10MG	
	45802065087	Generic	LORATADINE TAB 10MG	
	46122015865	Generic	LORATADINE TAB 10MG	
	36800061246	Generic	ALLERGY RELF TAB 10MG	
	36800061265	Generic	ALLERGY RELF TAB 10MG	
	36800061272	Generic	ALLERGY RELF TAB 10MG	
	36800061276	Generic	ALLERGY RELF TAB 10MG	
	36800061287	Generic	ALLERGY RELF TAB 10MG	
	00536109201	Generic	ALLERGY TAB 10MG	
	00536109203	Generic	ALLERGY TAB 10MG	
	00781507701	Generic	LORATADINE TAB 10MG	
	00113061239	Generic	ALLERGY RELF TAB 10MG	
	00113061246	Generic	ALLERGY RELF TAB 10MG	
	00113061260	Generic	ALLERGY RELF TAB 10MG	
	00113061265	Generic	ALLERGY RELF TAB 10MG	
<b>Chlorpheniramine Maleate Syrup 2 MG/5ML</b>				
	00536102547	Generic	ALLER-CHLOR SYP 2MG/5ML	
	00485009804	Generic	ED CHLORPED SYP JR	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Chlorpheniramine Maleate Syrup 2 MG/5ML</b>				
	00485009816	Generic	ED CHLORPED SYP JR	
<b>Chlorpheniramine Maleate Tab 4 MG</b>				
	00536100601	Generic	ALLER-CHLOR TAB 4MG	
	00536100610	Generic	ALLER-CHLOR TAB 4MG	
	00536100635	Generic	ALLER-CHLOR TAB 4MG	
	00904001224	Generic	ALLERGY TAB 4MG	
	00904001259	Generic	ALLERGY TAB 4MG	
	00904001261	Generic	ALLERGY TAB 4MG	
	00904001280	Generic	ALLERGY TAB 4MG	
	36800046362	Generic	ALLERGY TAB 4MG	
	37205021578	Generic	ALLERGY TAB 4MG	
	24385046362	Generic	GNP ALLERGY TAB 4MG	
	24385046378	Generic	GNP ALLERGY TAB 4MG	
	70000016001	Generic	ALLERGY TAB 4MG	
	70000016002	Generic	ALLERGY TAB 4MG	
	49348002504	Generic	SM ALLERGY TAB 4MG	
	49483024201	Generic	ALLERGY-TIME TAB 4MG	
	49483024210	Generic	ALLERGY-TIME TAB 4MG	
	62011031101	Generic	ALLERGY RELF TAB 4MG	
	62011005901	Generic	HM ALLERGY TAB 4MG	
<b>Diphenhydramine HCl Cap 25 MG</b>				
	62011030901	Generic	HM ALLERGY CAP 25MG	
	62011026401	Generic	HM ALLERGY CAP 25MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Diphenhydramine HCl Cap 25 MG</b>				
	62011026402	Generic	HM ALLERGY CAP 25MG	
	63868008701	Generic	COMP ALLERGY CAP 25MG	
	63868008724	Generic	COMP ALLERGY CAP 25MG	
	62011031701	Generic	ALLERGY RELF CAP 25MG	
	46122042762	Generic	GNP ALLERGY CAP 25MG	
	46122044078	Generic	GNP ALLERGY CAP 25MG	
	70000020701	Generic	ALLERGY RELF CAP 25MG	
	70000020702	Generic	ALLERGY RELF CAP 25MG	
	70000014401	Generic	ALLERGY RELF CAP 25MG	
	66424002001	Generic	DIPHENHYDRAM CAP 25MG	
	66424002010	Generic	DIPHENHYDRAM CAP 25MG	
	24385046262	Generic	GNP ALLERGY CAP 25MG	
	24385046278	Generic	GNP ALLERGY CAP 25MG	
	00904530660	Generic	BANOPHEN CAP 25MG	
	00904530661	Generic	DIPHENHYDRAM CAP 25MG	
	00904530680	Generic	BANOPHEN CAP 25MG	
	16103034803	Generic	PHARBEDRYL CAP 25MG	
	16103034808	Generic	PHARBEDRYL CAP 25MG	
	16103034811	Generic	PHARBEDRYL CAP 25MG	
	42806064801	Generic	DIPHENHYDRAM CAP 25MG	
	42806064810	Generic	DIPHENHYDRAM CAP 25MG	
	36800046262	Generic	ALLERGY CAP 25MG	
	36800046267	Generic	ALLERGY CAP 25MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Diphenhydramine HCl Cap 25 MG</b>				
	36800046278	Generic	ALLERGY CAP 25MG	
	00904203524	Generic	BANOPHEN CAP 25MG	
	00536101001	Generic	DIPHENHIST CAP 25MG	
	00185064801	Generic	DIPHENHYDRAM CAP 25MG	
	00185064810	Generic	DIPHENHYDRAM CAP 25MG	
	00113046262	Generic	ALLERGY RELF CAP 25MG	
<b>Diphenhydramine HCl Cap 50 MG</b>				
	00185064901	Generic	DIPHENHYDRAM CAP 50MG	
	00185064910	Generic	DIPHENHYDRAM CAP 50MG	
	00904205661	Generic	DIPHENHYDRAM CAP 50MG	
	42806064901	Generic	DIPHENHYDRAM CAP 50MG	
	42806064910	Generic	DIPHENHYDRAM CAP 50MG	
	16103034711	Generic	PHARBEDRYL CAP 50MG	
	00904530760	Generic	BANOPHEN CAP 50MG	
	00904530780	Generic	BANOPHEN CAP 50MG	
	66424002101	Generic	DIPHENHYDRAM CAP 50MG	
	66424002110	Generic	DIPHENHYDRAM CAP 50MG	
<b>Diphenhydramine HCl Liquid 12.5 MG/5ML</b>				
	63868082354	Generic	CHLD ALLERGY LIQ 12.5/5ML	
	70000024501	Generic	ALLERGY RELF LIQ 12.5/5ML	
	70000024502	Generic	ALLERGY RELF LIQ 12.5/5ML	
	70000024601	Generic	ALLERGY RELF LIQ 12.5/5ML	
	46122036126	Generic	ALLERGY CHLD LIQ 12.5/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Diphenhydramine HCl Liquid 12.5 MG/5ML</b>				
	49348004534	Generic	ALLERGY RELF LIQ 12.5/5ML	
	49348004537	Generic	ALLERGY RELF LIQ 12.5/5ML	
	62011028401	Generic	ALLERGY RELF LIQ 12.5/5ML	
	54838013540	Generic	SILADRYL ALR LIQ 12.5/5ML	
	54838013570	Generic	SILADRYL ALR LIQ 12.5/5ML	
	54838013580	Generic	SILADRYL ALR LIQ 12.5/5ML	
	00904517416	Generic	BANOPHEN LIQ 12.5/5ML	
	24385037926	Generic	CHLD ALLERGY LIQ 12.5/5ML	
	36800037926	Generic	CHLD ALLERGY LIQ 12.5/5ML	
	36800037934	Generic	CHLD ALLERGY LIQ 12.5/5ML	
	00904122800	Generic	BANOPHEN LIQ 12.5/5ML	
	00536077085	Generic	DIPHENHIST LIQ 12.5/5ML	
	00536077097	Generic	DIPHENHIST LIQ 12.5/5ML	
	00113037926	Generic	ALLERGY RELF LIQ 12.5/5ML	
<b>Diphenhydramine HCl Tab 25 MG</b>				
	00113047953	Generic	ALLERGY RELF TAB 25MG	
	00113047962	Generic	ALLERGY RELF TAB 25MG	
	00113047978	Generic	ALLERGY RELF TAB 25MG	
	00536101601	Generic	DIPHENHIST TAB 25MG	
	36800047962	Generic	ALLERGY TAB 25MG	
	36800047967	Generic	ALLERGY TAB 25MG	
	36800047978	Generic	ALLERGY TAB 25MG	
	36800047979	Generic	ALLERGY TAB 25MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Diphenhydramine HCl Tab 25 MG</b>				
	24385047962	Generic	GNP ALLERGY TAB 25MG	
	24385047978	Generic	GNP ALLERGY TAB 25MG	
	00904555124	Generic	BANOPHEN TAB 25MG	
	00904555159	Generic	BANOPHEN TAB 25MG	
	62011005801	Generic	HM ALLERGY TAB 25MG	
	62011031001	Generic	ALLERGY RELF TAB 25MG	
	62011031601	Generic	ALLERGY RELF TAB 25MG	
	49348098310	Generic	SM ALLERGY TAB 25MG RLF	
	49483006101	Generic	DIPHENHYDRAM TAB 25MG	
	49483006110	Generic	DIPHENHYDRAM TAB 25MG	
	70000013601	Generic	ALLERGY RELF TAB 25MG	
	70000013602	Generic	ALLERGY RELF TAB 25MG	
	70000013603	Generic	ALLERGY RELF TAB 25MG	
<b>Loratadine Syrup 5 MG/5ML</b>				
	70000012501	Generic	ALLERGY CHLD SYP 5MG/5ML	
	49348063634	Generic	LORATADINE SYP 5MG/5ML	
	49348033334	Generic	LORATADINE SYP 5MG/5ML	
	46122042326	Generic	LORATADINE SOL 5MG/5ML	
	46122016426	Generic	LORATADINE SYP 5MG/5ML	
	62011030501	Generic	LORATADINE SYP 5MG/5ML	
	62011018101	Generic	LORATADINE SYP 5MG/5ML	
	62011034801	Generic	LORATADINE SYP 5MG/5ML	
	54838055440	Generic	LORATADINE SOL 5MG/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Loratadine Syrup 5 MG/5ML</b>				
	54838055840	Generic	LORATADINE SOL 5MG/5ML	
	51672213108	Generic	LORATADINE SOL 5MG/5ML	
	51672209208	Generic	LORATADINE SOL 5MG/5ML	
	51672207308	Generic	LORATADINE SYP 5MG/5ML	
	51672208508	Generic	LORATADINE SYP 5MG/5ML	
	00904623420	Generic	LORATADINE SOL 5MG/5ML	
	00904663220	Generic	LORATADINE SOL 5MG/5ML	
	24385053126	Generic	LORATADINE SYP 5MG/5ML	
	36800009208	Generic	LORATADINE SOL 5MG/5ML	
	00121084940	Generic	LORATADINE SOL 10/10ML	
<b>Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML</b>				
	00121127600	Generic	GUAIFENESIN SYP DM	
	00121127610	Generic	GUAIFENESIN SYP DM	
	00121063800	Generic	GUAIFENESIN SYP DM	
	00121063805	Generic	GUAIFENESIN SYP DM	
	00121063810	Generic	GUAIFENESIN SYP DM	
	00113035926	Generic	TUSSIN DM SYP 100-10/5	
	00113035934	Generic	TUSSIN DM SYP 100-10/5	
	00536097085	Generic	EXTRA ACTION SYP 100-10/5	
	00536097097	Generic	EXTRA ACTION SYP 100-10/5	
	00904005300	Generic	ROBAFEN DM SYP 100-10/5	
	00904005309	Generic	ROBAFEN DM SYP 100-10/5	
	00904005316	Generic	ROBAFEN DM SYP 100-10/5	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML</b>				
	37205097026	Generic	TUSSIN DM SYP 100-10/5	
	37205097034	Generic	TUSSIN DM SYP 100-10/5	
	00904630620	Generic	ROBAFEN DM SYP 100-10/5	
	54838020940	Generic	SILTUSSIN-DM SYP ALC FREE	
	54838020970	Generic	SILTUSSIN-DM SYP ALC FREE	
	54838020980	Generic	SILTUSSIN-DM SYP ALC FREE	
	58657050508	Generic	GG/DM SYP 100-10/5	
	49348001734	Generic	SM TUSSIN DM SYP 100-10/5	
	49348001737	Generic	SM TUSSIN DM SYP 100-10/5	
	49348001739	Generic	SM TUSSIN DM SYP 100-10/5	
	49348086134	Generic	SM TUSSIN SYP DM	
	49348086137	Generic	SM TUSSIN SYP DM	
<b>Guaifenesin Syrup 100 MG/5ML</b>				
	54838011740	Generic	SILTUSSIN SA SYP 100/5ML	
	54838011770	Generic	SILTUSSIN SA SYP 100/5ML	
	54838011780	Generic	SILTUSSIN SA SYP 100/5ML	
	24385031034	Generic	GNP TUSSIN SYP 100/5ML	
	36800031026	Generic	TUSSIN CHEST SYP 100/5ML	
	00904006100	Generic	ROBAFEN SYP 100/5ML	
	00904006116	Generic	ROBAFEN SYP 100/5ML	
	00536109597	Generic	COUGH SYP	
	00536082585	Generic	COUGH SYP 100/5ML	
	00113006126	Generic	TUSSIN CHEST SYP 100/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Guaifenesin Syrup 100 MG/5ML</b>				
	00113006134	Generic	TUSSIN CHEST SYP 100/5ML	
<b>Pseudoephedrine HCl Liq 30 MG/5ML</b>				
	00536185097	Brand	NASAL DECONG LIQ 30MG/5ML	PA REQUIRED
<b>Pseudoephedrine HCl Syrup 30 MG/5ML</b>				
	00536185085	Brand	NASAL DECON SYP 30MG/5ML	
<b>Pseudoephedrine HCl Tab 30 MG</b>				
	00536360735	Generic	NASAL DECONG TAB 30MG	
	00904505324	Generic	SUDOGEST TAB 30MG	
	00904505359	Generic	SUDOGEST TAB 30MG	
	00113043262	Generic	NASAL DECONG TAB 30MG	
	00113243262	Generic	NASAL DECONG TAB 30MG	
	00113243267	Generic	NASAL DECONG TAB 30MG	
	00113243280	Generic	NASAL DECONG TAB 30MG	
	36800043262	Generic	NASAL DECONG TAB 30MG	
	36800043267	Generic	NASAL DECONG TAB 30MG	
	45802043262	Generic	PSEUDOEPHEDR TAB 30MG	
	24385043262	Generic	NASAL DECONG TAB 30MG	
	24385043280	Generic	NASAL DECONG TAB 30MG	
	00904633860	Generic	SUDOGEST TAB 30MG	
	62011031201	Generic	NASAL DECONG TAB 30MG	
	62011031202	Generic	NASAL DECONG TAB 30MG	
	62011031203	Generic	NASAL DECONG TAB 30MG	
	46122042862	Generic	GNP DECONGE TAB 30MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Pseudoephedrine HCl Tab 30 MG</b>				
	70000013501	Generic	NASAL DECONG TAB 30MG	
	70000013502	Generic	NASAL DECONG TAB 30MG	
<b>Pseudoephedrine HCl Tab 60 MG</b>				
	00904512546	Generic	SUDOGEST TAB 60MG	
	00904512559	Generic	SUDOGEST TAB 60MG	
<b>Carbamide Peroxide 6.5% Otic Soln</b>				
	00904322035	Generic	EAR DROPS SOL 6.5% OT	
	00904662735	Generic	EAR DROPS DRO 6.5%	
	24385050305	Generic	GNP EAR SYS SOL 6.5% OT	
	36800083533	Generic	EARWAX SOL REMOVAL	
	00536112494	Generic	EARWAX TRMNT DRO 6.5% OT	
	49348096029	Generic	SM EAR DRO 6.5% OT	
	62011016701	Generic	EARWAX REMV SOL 6.5% OT	
	62011016901	Generic	EARWAX REMV SOL 6.5% OT	
<b>Polyethylene Glycol 3350 Oral Powder</b>				
	62011015304	Generic	HM CLEARLAX POW	PA REQUIRED
	62011028701	Generic	HM CLEARLAX POW	PA REQUIRED
	62011028702	Generic	HM CLEARLAX POW	PA REQUIRED
	62175019015	Generic	GLYCOLAX POW 3350 NF	PA REQUIRED
	62175019031	Generic	GLYCOLAX POW 3350 NF	PA REQUIRED
	62175019507	Generic	POLYETH GLYC POW 3350 NF	PA REQUIRED
	62175019515	Generic	POLYETH GLYC POW 3350 NF	PA REQUIRED
	62175019531	Generic	POLYETH GLYC POW 3350 NF	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Polyethylene Glycol 3350 Oral Powder</b>				
	63868000214	Generic	NATURA-LAX POW 3350 NF	PA REQUIRED
	63868000230	Generic	NATURA-LAX POW 3350 NF	PA REQUIRED
	49348089350	Generic	SM CLEARLAX POW	PA REQUIRED
	49348089370	Generic	SM CLEARLAX POW	PA REQUIRED
	00536105224	Generic	PEG3350 POW	PA REQUIRED
	00536105227	Generic	PEG3350 POW	PA REQUIRED
	00536105284	Generic	PEG3350 POW	PA REQUIRED
	00113030602	Generic	CLEARLAX POW	PA REQUIRED
	00113030603	Generic	CLEARLAX POW	PA REQUIRED
	36800030601	Generic	CLEARLAX POW	PA REQUIRED
	36800030602	Generic	CLEARLAX POW	PA REQUIRED
	36800030603	Generic	CLEARLAX POW	PA REQUIRED
	36800018104	Generic	CLEARLAX POW	PA REQUIRED
	45802086801	Generic	POLYETH GLYC POW 3350 NF	PA REQUIRED
	45802086802	Generic	POLYETH GLYC POW 3350 NF	PA REQUIRED
	45802086803	Generic	POLYETH GLYC POW 3350 NF	PA REQUIRED
	46122001431	Generic	GNP CLEARLAX POW	PA REQUIRED
	46122001433	Generic	GNP CLEARLAX POW	PA REQUIRED
	46122001438	Generic	GNP CLEARLAX POW	PA REQUIRED
	46122001471	Generic	GNP CLEARLAX POW	PA REQUIRED
	43386031208	Generic	GAVILAX POW	PA REQUIRED
	43386031214	Generic	GAVILAX POW	PA REQUIRED
	37205061271	Generic	CLEARLAX POW	PA REQUIRED



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Polyethylene Glycol 3350 Oral Powder</b>				
	37205061272	Generic	CLEARLAX POW	PA REQUIRED
	37205061273	Generic	CLEARLAX POW	PA REQUIRED
	11534018028	Generic	POLYETH GLYC POW 3350 NF	PA REQUIRED
	11534018050	Generic	POLYETH GLYC POW 3350 NF	PA REQUIRED
	00904602576	Generic	PEG 3350 POW	PA REQUIRED
<b>Simethicone Chew Tab 125 MG</b>				
	24385030789	Generic	GNP GAS RELF CHW 125MG	
	00067011701	Brand	GAS-X EX-STR CHW 125MG	
	00067011718	Brand	GAS-X EX-STR CHW 125MG	
	00067011748	Brand	GAS-X EX-STR CHW 125MG	
	00067012918	Brand	GAS-X EX-STR CHW 125MG	
	00536102008	Generic	GAS RELIEF CHW 125MG	
	00603021120	Generic	MYTAB GAS CHW 125MG	
	49348086348	Generic	SM GAS REL CHW 125MG	
	62011018901	Generic	HM GAS RELF CHW 125MG	
<b>Simethicone Chew Tab 80 MG</b>				
	62011029101	Generic	HM GAS RELF CHW 80MG	
	49348018810	Generic	SM GAS RELF CHW 80MG	
	49348014707	Generic	SM GAS RELIE CHW 80MG	
	00603021021	Generic	MYTAB GAS CHW 80MG	
	00536101901	Generic	GAS RELIEF CHW 80MG	
	00067011336	Brand	GAS-X CHW 80MG	
	00067011636	Brand	GAS-X CHW 80MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Simethicone Chew Tab 80 MG</b>				
	24385011878	Generic	GNP GAS RELF CHW 80MG	
	00904506860	Generic	MI-ACID GAS CHW 80MG	
	37205011278	Generic	GAS RELIEF CHW 80MG	
<b>Simethicone Susp 40 MG/0.6ML</b>				
	37205011910	Generic	SIMETHICONE DRO 40/0.6ML	
	36800088210	Generic	GAS RELIEF DRO 40/0.6ML	
	46122005103	Generic	GAS RELIEF DRO 20/0.3ML	
	00904589430	Generic	GAS RELIEF DRO 20/0.3ML	
	00113088210	Generic	SIMETHICONE DRO 20/0.3ML	
	00536222075	Generic	GAS RELIEF DRO 20/0.3ML	
	49348074027	Generic	GAS RELIEF DRO 20/0.3ML	
	62011018701	Generic	GAS RELIEF DRO 20/0.3ML	
<b>Aluminum Hydroxide Gel Susp 320 MG/5ML</b>				
	00536009185	Generic	ALUM HYDROX SUS 320/5ML	
<b>Bismuth Subsalicylate Chew Tab 262 MG</b>				
	00536102107	Generic	PEPTIC RELF CHW 262MG	
	00603023516	Generic	PINK BISMUTH CHW 262MG	
	00904131546	Generic	BISMATROL CHW 262MG	
	00113046991	Generic	STOMACH RELF CHW 262MG	
	24385002465	Generic	PINK BISMUTH CHW 262MG	
	37205072065	Generic	PINK BISMUTH CHW 262MG	
	36800046965	Generic	STOMACH RELF CHW 262MG	
	62011014001	Generic	STOMACH RELF CHW 262MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Bismuth Subsalicylate Chew Tab 262 MG</b>				
	49348095344	Generic	STOMACH RELF CHW 262MG	
<b>Bismuth Subsalicylate Susp 262 MG/15ML</b>				
	49348092237	Generic	SM STOMACH SUS 262/15ML	
	49348001441	Generic	SM STOMACH SUS 525/30ML	
	62011027801	Generic	HM STOMACH SUS 262/15ML	
	36800030234	Generic	STOMACH RELF SUS 262/15ML	
	36800030240	Generic	STOMACH RELF SUS 262/15ML	
	24385030226	Generic	STOMACH RELF SUS 262/15ML	
	00904570909	Generic	KAO-TIN SUS 262/15ML	
	00904570916	Generic	KAO-TIN SUS 262/15ML	
	00113030234	Generic	STOMACH RELF SUS 262/15ML	
	00113030240	Generic	STOMACH RELF SUS 262/15ML	
	00904131309	Generic	BISMATROL SUS 262/15ML	
	00536181059	Generic	PEPTIC RELF SUS 262/15ML	
<b>Bismuth Subsalicylate Tab 262 MG</b>				
	24385001758	Generic	PINK BISMUTH TAB 262MG	
	49348051159	Generic	STOMACH RELF TAB 262MG	
<b>Calcium Carbonate (Antacid) Chew Tab 1000 MG</b>				
	49348095916	Generic	SM ANTACID CHW 1000MG	
	62011029401	Generic	CAL ANTACID CHW 1000MG	
	62011030001	Generic	CAL ANTACID CHW 1000MG	
	36800059523	Generic	CALC ANTACID CHW 1000MG	
	37205033369	Generic	CAL ANTACID CHW 1000MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Calcium Carbonate (Antacid) Chew Tab 1000 MG</b>				
	00135022801	Brand	TUMS ULTRA CHW 1000MG	
	00135061201	Brand	TUMS ULTRA CHW 1000MG	
	00135061202	Brand	TUMS ULTRA CHW 1000MG	
	00113059523	Generic	CAL ANTACID CHW 1000MG	
	00135011814	Brand	TUMS ULTRA CHW 1000MG	
	00135011883	Brand	TUMS ULTRA CHW 1000MG	
	00135018002	Brand	TUMS ULTRA CHW 1000MG	
	00135018014	Brand	TUMS ULTRA CHW 1000MG	
	00135018101	Brand	TUMS ULTRA CHW 1000MG	
	00135018102	Brand	TUMS ULTRA CHW 1000MG	
	00135018105	Brand	TUMS ULTRA CHW 1000MG	
	00135018114	Brand	TUMS ULTRA CHW 1000MG	
<b>Calcium Carbonate (Antacid) Chew Tab 500 MG</b>				
	00135007003	Brand	TUMS CHW 500MG	
	00135007027	Brand	TUMS CHW 500MG	
	00135007048	Brand	TUMS CHW 500MG	
	00135007127	Brand	TUMS CHW 500MG	
	00135007148	Brand	TUMS CHW 500MG	
	00113048547	Generic	ANTACID CHW 500MG	
	00113047847	Generic	CALC ANTACID CHW 500MG	
	00135054103	Generic	TUMS FRESHER CHW 500MG	
	00135052203	Generic	TUMS FRESHER CHW 500MG	
	00135061101	Brand	TUMS CHW 500MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Calcium Carbonate (Antacid) Chew Tab 500 MG</b>				
	00536104815	Generic	ANTACID CHW 500MG	
	00536100715	Generic	CAL-GEST CHW 500MG	
	37205020047	Generic	ANTACID CHW 500MG	
	37205021047	Generic	ANTACID CHW 500MG	
	36800047847	Generic	ANTACID CHW 500MG	
	36800048547	Generic	CALC ANTACID CHW 500MG	
	00904641292	Generic	CALC ANTACID CHW 500MG	
	62011028101	Generic	CALC ANTACID CHW 500MG	
	63868004715	Generic	QC ANTACID CHW 500MG	
	49348095721	Generic	CALC ANTACID CHW 500MG	
	49348010621	Generic	CALCIUM ANTA CHW 500MG	
	49348010821	Generic	CALCIUM ANTA CHW 500MG	
	68084098832	Generic	ANTACID CHW 500MG	
	68084098833	Generic	ANTACID CHW 500MG	
<b>Calcium Carbonate (Antacid) Chew Tab 750 MG</b>				
	49348009434	Generic	CALCIUM ANTA CHW 750MG	
	46122031972	Generic	ANTACID CHW 750MG	
	62011028001	Generic	CAL ANTACID CHW 750MG	
	62011030101	Generic	CALC ANTACID CHW 750MG	
	62011029501	Generic	CAL ANTACID CHW 750MG	
	62011022901	Generic	CALC ANTACID CHW 750MG	
	24385010680	Generic	ANTACID CHW 750MG	
	36800046880	Generic	CALC ANTACID CHW 750MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Calcium Carbonate (Antacid) Chew Tab 750 MG</b>				
	36800048980	Generic	CALC ANTACID CHW 750MG	
	36800017980	Generic	CALC ANTACID CHW 750MG	
	37205020580	Generic	ANTACID CHW 750MG	
	37205070680	Generic	ANTACID CHW 750MG	
	00536104922	Generic	CALC ANTACID CHW 750MG	
	00536105022	Generic	CALC ANTACID CHW 750MG	
	00135060601	Brand	TUMS CHEWY CHW BITES	
	00135060602	Brand	TUMS CHEWY CHW BITES	
	00113048980	Generic	ANTACID CHW 750MG	
	00113046880	Generic	ANTACID CHW 750MG	
	00113017980	Generic	CALC ANTACID CHW 750MG	
	00135007401	Brand	TUMS EXTRA CHW 750MG	
	00135007407	Brand	TUMS EXTRA CHW 750MG	
	00135007422	Brand	TUMS EXTRA CHW 750MG	
	00135007424	Brand	TUMS EXTRA CHW 750MG	
	00135007425	Brand	TUMS EXTRA CHW 750MG	
	00135007446	Brand	TUMS EXTRA CHW 750MG	
	00135007625	Brand	TUMS E-X CHW 750MG	
	00135014001	Brand	TUMS E-X CHW 750MG	
	00135014003	Brand	TUMS E-X CHW 750MG	
	00135017802	Brand	TUMS E-X CHW 750MG	
	00135017803	Brand	TUMS E-X CHW 750MG	
	00135017808	Brand	TUMS E-X CHW 750MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Calcium Carbonate (Antacid) Chew Tab 750 MG</b>				
	00135017809	Brand	TUMS E-X CHW 750MG	
	00135015405	Brand	TUMS E-X CHW 750MG	
	00135015501	Brand	TUMS EXTRA CHW 750MG	
	00135024302	Brand	TUMS SMOOTHI CHW 750MG	
	00135024502	Generic	TUMS SMOOTHI CHW 750MG	
	00135024601	Brand	TUMS SMOOTHI CHW 750MG	
	00135024602	Brand	TUMS SMOOTHI CHW 750MG	
	00135024607	Brand	TUMS SMOOTHI CHW 750MG	
	00135045603	Brand	TUMS SMOOTHI CHW 750MG	
	00135046901	Brand	TUMS KIDS CHW 750MG	
<b>Calcium Carbonate (Antacid) Susp 1250 MG/5ML</b>				
	00121476605	Generic	CALCIUM CARB SUS 1250/5ML	
	00121076616	Generic	CALCIUM CARB SUS 1250/5ML	
	00054311763	Generic	CALCIUM CARB SUS 1250/5ML	
<b>Magnesium Oxide Tab 400 MG</b>				
	00603020922	Generic	MAG OXIDE TAB 400MG	
<b>Sodium Bicarbonate Tab 325 MG</b>				
	00536104610	Generic	SODIUM BICAR TAB 325MG	
<b>Sodium Bicarbonate Tab 650 MG</b>				
	00536104710	Generic	SODIUM BICAR TAB 650MG	
	64980018210	Generic	SODIUM BICAR TAB 10GR	
<b>Loperamide HCl Cap 2 MG</b>				
	70000023001	Generic	ANTI-DIARRHE CAP 2MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Loperamide HCl Cap 2 MG</b>				
	62011015801	Generic	LOPERAMIDE CAP 2MG	
	46122020762	Generic	ANTI-DIARRHE CAP 2MG	
	49348075204	Generic	ANTI-DIARRHE CAP 2MG	
	36800052012	Generic	ANTI-DIARRHE CAP 2MG	
	36800052024	Generic	ANTI-DIARRHE CAP 2MG	
<b>Loperamide HCl Liq 1 MG/5ML (0.2 MG/ML)</b>				
	50383061804	Generic	LOPERAMIDE LIQ 1MG/5ML	
	50383061805	Generic	LOPERAMIDE LIQ 1MG/5ML	
	50383061806	Generic	LOPERAMIDE LIQ 1MG/5ML	
	50383061810	Generic	LOPERAMIDE LIQ 1MG/5ML	
	50383061811	Generic	LOPERAMIDE LIQ 1MG/5ML	
<b>Famotidine Tab 10 MG</b>				
	50268030211	Generic	FAMOTIDINE TAB 10MG	
	50268030215	Generic	FAMOTIDINE TAB 10MG	
	46122020565	Generic	ACID REDUCER TAB 10MG	
	46122039465	Generic	ACID REDUCER TAB 10MG	
	46122039472	Generic	ACID REDUCER TAB 10MG	
	49348012812	Generic	ACID REDUCER TAB 10MG	
	49348012813	Generic	ACID REDUCER TAB 10MG	
	49348012844	Generic	ACID REDUCER TAB 10MG	
	62011014201	Generic	FAMOTIDINE TAB 10MG	
	63868071430	Generic	ACID CONTROL TAB 10MG	
	36800014165	Generic	ACID REDUCER TAB 10MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Famotidine Tab 10 MG</b>				
	36800014172	Generic	ACID REDUCER TAB 10MG	
	37205061465	Generic	ACID REDUCER TAB 10MG	
	24385025572	Generic	ACID REDUCER TAB 10MG	
	00904552952	Generic	HEARTBURN TAB RELIEF	
	00904552987	Generic	HEARTBURN TAB RELIEF	
	00093274865	Generic	FAMOTIDINE TAB 10MG	
	00093274892	Generic	FAMOTIDINE TAB 10MG	
	00093274894	Generic	FAMOTIDINE TAB 10MG	
	00113014165	Generic	ACID REDUCER TAB 10MG	
<b>Ranitidine HCl Tab 75 MG</b>				
	00113087665	Generic	ACID REDUCER TAB 75MG	
	00597012213	Brand	ZANTAC TAB 75MG	PA REQUIRED
	00597012254	Brand	ZANTAC TAB 75MG	
	00904634946	Generic	RANITIDINE TAB 75MG	
	00904634952	Generic	RANITIDINE TAB 75MG	
	00904671546	Generic	RANITIDINE TAB 75MG	
	36800027139	Generic	HEARTBRN REL TAB 75MG	
	36800027172	Generic	HEARTBRN REL TAB 75MG	
	51660035230	Generic	ACID REDUCER TAB 75MG	
	51660035260	Generic	ACID REDUCER TAB 75MG	
	62011028301	Generic	ACID REDUCER TAB 75MG	
	62011028302	Generic	ACID REDUCER TAB 75MG	
	49348013612	Generic	ACID REDUCER TAB 75MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ranitidine HCl Tab 75 MG</b>				
	49348013644	Generic	ACID REDUCER TAB 75MG	
	46122022365	Generic	ACID REDUCER TAB 75MG	
	46122022372	Generic	ACID REDUCER TAB 75MG	
<b>*Sodium Phosphates - Enema***</b>				
	46122036428	Generic	GNP ENEMA ENE	
	46122036436	Generic	GNP ENEMA ENE	
	49348018614	Generic	SM ENEMA ENE	
	49348018620	Generic	SM ENEMA ENE	
	49348086420	Generic	SM ENEMA ENE	
	62011019101	Generic	HM ENEMA ENE R-T-U	
	62011027101	Generic	HM ENEMA ENE R-T-U	
	62011027102	Generic	HM ENEMA ENE R-T-U	
	62011015401	Generic	HM ENEMA ENE	
	63868038045	Generic	QC ENEMA ENE	
	63868038090	Generic	QC ENEMA ENE	
	70000010801	Generic	ENEMA READY- ENE TO-USE	
	70000010802	Generic	ENEMA READY- ENE TO-USE	
	46122016128	Generic	GNP ENEMA ENE	
	46122016136	Generic	GNP ENEMA ENE	
	00904632078	Generic	ENEMA READY- ENE -TO-USE	
	24385003936	Generic	GNP ENEMA ENE	
	36800000202	Generic	ENEMA ENE SINGLE	
	36800000236	Generic	ENEMA ENE SINGLE	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>*Sodium Phosphates - Enema***</b>				
	00536741551	Generic	ENEMA READY- ENE -TO-USE	
	00132020140	Brand	FLEET ENE	
	00132020142	Brand	FLEET ENE	
	00132020145	Brand	FLEET ENE	
	00132020220	Brand	FLEET ENE PED	
<b>Alum &amp; Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML</b>				
	00121176130	Generic	MAG-AL PLUS LIQ	
	00113085140	Generic	ANTACID SUS	
	00113035740	Generic	ANTACID PLUS SUS GAS REL	
	00536194583	Generic	RULOX SUS	
	00904000414	Generic	MI-ACID SUS	
	00536002583	Generic	ALMACONE SUS	
	24385035640	Generic	GNP ANTACID SUS ANTI-GAS	
	24385035740	Generic	GNP MASANTI SUS REG ST	
	00904572114	Generic	MINTOX SUS	
	37205031440	Generic	ANTACID SUS REG ST	
	37205053040	Generic	ANTACID FAST SUS ACTING	
	36800035740	Generic	ANTACID PLUS SUS GAS REL	
	36800085140	Generic	ANTACID FAST SUS RELIEF	
	63868069457	Generic	QC ANTACID SUS	
	63868071257	Generic	QC ANTACID SUS ANTI-GAS	
	62011014801	Generic	HM ANTACID SUS ANTI-GAS	
	62011029201	Generic	HM ANTACID SUS	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Alum &amp; Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML</b>				
	49348015339	Generic	SM ANTACID SUS ADVANCED	
	49348001939	Generic	SM ANTACID/ SUS ANTIGAS	
	46122043340	Generic	GNP ANTACID SUS REG ST	
	46122043440	Generic	GNP ANTACID SUS COOLMINT	
<b>Alum &amp; Mag Hydroxide-Simethicone Susp 400-400-40 MG/5ML</b>				
	46122043140	Generic	GNP ANTACID SUS ORIGINAL	
	46122043240	Generic	GNP ANTACID SUS CHERRY	
	49348030239	Generic	SM ANTACID SUS ADVANCED	
	62011014901	Generic	HM ANTACID SUS ANTI-GAS	
	62011012201	Generic	ADVANCED SUS ANTACID	
	36800058840	Generic	ANTACID SUS MAX ST	
	36800034040	Generic	ANTACID PLUS SUS ANTI-GAS	
	37205053540	Generic	ANTACID SUS MAX ST	
	37205053640	Generic	ANTACID SUS MAX ST	
	00904572514	Generic	MINTOX SUS MAX ST	
	24385036240	Generic	GNP ANTACID SUS CHERRY	
	24385034040	Generic	GNP MASANTI SUS MAX ST	
	00536001583	Generic	ALMACONE DBL SUS STRENGTH	
	00904000514	Generic	MI-ACID SUS MAX ST	
	00113034040	Generic	ANTACID PLUS SUS GAS REL	
	00113058840	Generic	ANTACID SUS ANTI-GAS	
	00121176230	Generic	MAG-AL PLUS LIQ XS	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Bisacodyl Suppos 10 MG</b>				
	00713010901	Generic	BISAC-EVAC SUP 10MG	
	00713010905	Generic	BISAC-EVAC SUP 10MG	
	00713010906	Generic	BISAC-EVAC SUP 10MG	
	00713010908	Generic	BISAC-EVAC SUP 10MG	
	00713010910	Generic	BISAC-EVAC SUP 10MG	
	00713010912	Generic	BISAC-EVAC SUP 10MG	
	00713010950	Generic	BISAC-EVAC SUP 10MG	
	00904505812	Generic	BISCOLAX SUP 10MG	
	00904505860	Generic	BISCOLAX SUP 10MG	
	00574705012	Generic	BISACODYL SUP 10MG	
	00574705050	Generic	BISACODYL SUP 10MG	
	00536135501	Generic	LAXATIVE SUP 10MG	
	00536135512	Generic	LAXATIVE SUP 10MG	
	63868032808	Generic	QC LAXATIVE SUP 10MG	
<b>Bisacodyl Tab Delayed Release 5 MG</b>				
	62011027701	Generic	HM LAXATIVE TAB 5MG	
	62011027702	Generic	HM LAXATIVE TAB 5MG	
	62011027703	Generic	HM LAXATIVE TAB 5MG	
	62107003001	Generic	DUCODYL TAB 5MG EC	
	62107003010	Generic	DUCODYL TAB 5MG EC	
	49348003205	Generic	SM GENTLE TAB LAXATIVE	
	49348003210	Generic	SM GENTLE TAB LAXATIVE	
	46122042963	Generic	GNP LAXATIVE TAB 5MG EC	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Bisacodyl Tab Delayed Release 5 MG</b>				
	49483000301	Generic	BISACODYL TAB 5MG EC	
	49483000310	Generic	BISACODYL TAB 5MG EC	
	00536338101	Generic	STIM LAXAT TAB 5MG EC	
	00536338110	Generic	STIM LAXAT TAB 5MG EC	
	24385019365	Generic	GNP LAXATIVE TAB 5MG EC	
	24385090363	Generic	GNP LAXATIVE TAB 5MG EC	
	24385090378	Generic	GNP BISA-LAX TAB 5MG EC	
	00904640761	Generic	BISACODYL TAB 5MG EC	
	00904792717	Generic	BISACODYL TAB 5MG EC	
	00904792760	Generic	BISACODYL TAB 5MG EC	
	00904792780	Generic	BISACODYL TAB 5MG EC	
	37205029865	Generic	FEMININE LAX TAB 5MG EC	
	37205012863	Generic	BISACODYL TAB 5MG EC	
	36800017465	Generic	WOMANS LAXAT TAB 5MG EC	
	36800008663	Generic	LAXATIVE TAB 5MG EC	
<b>Calcium Polycarbophil Tab 625 MG</b>				
	36800047775	Generic	FIBER LAXATV TAB 625MG	
	36800047792	Generic	FIBER LAXATV TAB 625MG	
	37205021375	Generic	FIBER LAXATV TAB 625MG	
	24385012576	Generic	FIBER-CAPS TAB 625MG	
	00536430605	Generic	FIBER-LAX TAB 625MG	
	00536430608	Generic	FIBER-LAX TAB 625MG	
	00536430611	Generic	FIBER-LAX TAB 625MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Calcium Polycarbophil Tab 625 MG</b>				
	00904250091	Generic	FIBER TAB 625MG	
	00224050080	Generic	KONSYL FIBER TAB 625MG	
	00224050090	Generic	KONSYL FIBER TAB 625MG	
	00113047775	Generic	FIBER LAXATV TAB 625MG	
	49348019013	Generic	SM FIBER TAB 625MG	
<b>Docosate Calcium Cap 240 MG</b>				
	49348012210	Generic	STOOL SOFTNR CAP 240MG	
	00536106501	Generic	STOOL SOFTNR CAP 240MG	
	00536106505	Generic	STOOL SOFTNR CAP 240MG	
	00536106510	Generic	STOOL SOFTNR CAP 240MG	
	24385043578	Generic	DOCUSATE CAL CAP 240MG	
	00904645959	Generic	KAO-TIN CAP 240MG	
<b>Docosate Sodium Cap 100 MG</b>				
	00904645561	Generic	DOK CAP 100MG	
	00904645760	Generic	DOK CAP 100MG	
	00904645780	Generic	DOK CAP 100MG	
	24385043678	Generic	STOOL SOFTNR CAP 100MG	
	16103038408	Generic	DOCUSATE SOD CAP 100MG	
	16103038411	Generic	DOCUSATE SOD CAP 100MG	
	45802048678	Generic	DOCUSATE SOD CAP 100MG	
	36800048672	Generic	STOOL SOFTNR CAP 100MG	
	36800048678	Generic	STOOL SOFTNR CAP 100MG	
	36800023825	Generic	STOOL SOFTNR CAP 100MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Docusate Sodium Cap 100 MG</b>				
	00536106210	Generic	STOOL SOFTNR CAP 100MG	
	00536106229	Generic	STOOL SOFTNR CAP 100MG	
	00603015021	Generic	DOCQLACE CAP 100MG	
	00603015032	Generic	DOCQLACE CAP 100MG	
	00113048672	Generic	STOOL SOFTNR CAP 100MG	
	49348012105	Generic	STOOL SOFTNR CAP 100MG	
	46122045178	Generic	STOOL SOFTNR CAP 100MG	
	46122023172	Generic	STOOL SOFTNR CAP 100MG	
	46122023178	Generic	STOOL SOFTNR CAP 100MG	
	46122023185	Generic	STOOL SOFTNR CAP 100MG	
	49348048310	Generic	STOOL SOFTNR CAP 100MG	
	49348048319	Generic	STOOL SOFTNR CAP 100MG	
	49348048390	Generic	STOOL SOFTNR CAP 100MG	
	62107003301	Generic	DOCUSIL CAP 100MG	
	62107003310	Generic	DOCUSIL CAP 100MG	
	63739047801	Generic	DOCUSATE SOD CAP 100MG	
	63739047810	Generic	DOCUSATE SOD CAP 100MG	
	63739047840	Generic	DOCUSATE SOD CAP 100MG	
	63739047848	Generic	DOCUSATE SOD CAP 100MG	
	62011022401	Generic	STOOL SOFTNR CAP 100MG	
	60687012901	Generic	DOCUSATE SOD CAP 100MG	
	60687012911	Generic	DOCUSATE SOD CAP 100MG	
	63868011625	Generic	STOOL SOFTNR CAP 100MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Docusate Sodium Cap 100 MG</b>				
	66424003010	Generic	STOOL SOFTNR CAP 100MG	
	67618010110	Brand	COLACE CAP 100MG	PA REQUIRED
	67618010130	Brand	COLACE CAP 100MG	PA REQUIRED
	67618010152	Brand	COLACE CAP 100MG	PA REQUIRED
	67618010160	Brand	COLACE CAP 100MG	PA REQUIRED
<b>Docusate Sodium Cap 250 MG</b>				
	62011024401	Generic	STOOL SOFTNR CAP 250MG	
	46122026378	Generic	STOOL SOFTNR CAP 250MG	
	00536106401	Generic	STOOL SOFTNR CAP 250MG	
	00536106410	Generic	STOOL SOFTNR CAP 250MG	
	00904645859	Generic	DOK CAP 250MG	
<b>Docusate Sodium Enema 283 MG</b>				
	17433987603	Brand	ENEMEEZ MINI ENE	PA REQUIRED
	17433987805	Brand	DOCUSOL MINI ENE	PA REQUIRED
<b>Docusate Sodium Liquid 150 MG/15ML</b>				
	00536059085	Generic	DIOCTO LIQ 50MG/5ML	
	00121054410	Generic	DOCUSATE SOD LIQ 50MG/5ML	
	46122039943	Generic	DOCUSATE SOD LIQ 50MG/5ML	
	50383077110	Generic	DOCU LIQ 50MG/5ML	
	50383077111	Generic	DOCU LIQ 50MG/5ML	
	50383077116	Generic	DOCU LIQ 50MG/5ML	
	54838011680	Generic	SILACE LIQ 10MG/ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Docusate Sodium Syrup 60 MG/15ML</b>				
	54838010780	Generic	SILACE SYP 60/15ML	
	46122040043	Generic	STOOL SOFTNR SYP 60/15ML	
	00536100185	Generic	DIOCTO SYP 60/15ML	
<b>Magnesium Citrate Soln</b>				
	24385067510	Generic	MAG CITRATE SOL LEMON	
	00904630477	Generic	MAG CITRATE SOL LEMON	
	36800062610	Generic	MAG CITRATE SOL CHERRY	
	49348050449	Generic	MAG CITRATE SOL CHERRY	
	49348069649	Generic	MAG CITRATE SOL LEMON	
	62011016601	Generic	MAG CITRATE SOL LEMON	
	62011017400	Generic	MAG CITRATE SOL CHERRY	
	63868094210	Generic	MAG CITRATE SOL CHERRY	
	63868093510	Generic	MAG CITRATE SOL LEMON	
<b>Magnesium Hydroxide Susp 400 MG/5ML</b>				
	63868031012	Generic	MILK OF MAGN SUS 400/5ML	
	63868078757	Generic	MILK OF MAGN SUS 400/5ML	
	63868078857	Generic	MILK OF MAGN SUS 400/5ML	
	62011012301	Generic	MILK OF MAGN SUS 400/5ML	
	62011012401	Generic	MILK OF MAGN SUS 400/5ML	
	46122043540	Generic	GNP MILK MAG SUS CHERRY	
	46122043640	Generic	GNP MILK MAG SUS MINT	
	46122043740	Generic	GNP MILK MAG SUS ORIGINAL	
	49348017138	Generic	MILK OF MAGN SUS 1200/15	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Magnesium Hydroxide Susp 400 MG/5ML</b>				
	49348030539	Generic	MILK OF MAGN SUS 1200/15	
	49348030739	Generic	MILK OF MAGN SUS 1200/15	
	49348030839	Generic	MILK OF MAGN SUS 1200/15	
	36800033240	Generic	MILK OF MAGN SUS 1200/15	
	36800039640	Generic	MILK OF MAGN SUS	
	36800094940	Generic	MILK OF MAGN SUS CHERRY	
	37205083340	Generic	MILK OF MAGN SUS 400/5ML	
	37205083440	Generic	MILK OF MAGN SUS MINT	
	24385060840	Generic	GNP MILK MAG SUS	
	24385039640	Generic	GNP MILK MAG SUS	
	24385033240	Generic	GNP MILK MAG SUS	
	00536247083	Generic	MILK OF MAGN SUS	
	00536247085	Generic	MILK OF MAGN SUS	
	00904078814	Generic	MILK OF MAGN SUS 1200/15	
	00904078816	Generic	MILK OF MAGN SUS 1200/15	
	00904078914	Generic	MILK OF MAGN SUS MINT	
	00121043130	Generic	MILK OF MAGN SUS	
	00113033240	Generic	MILK OF MAGN SUS FRSH MNT	
	00113039640	Generic	MILK OF MAGN SUS	
<b>Methylcellulose Powder Laxative</b>				
	00135008969	Brand	CITRUCEL POW ORANGE	
	00135008971	Brand	CITRUCEL POW ORANGE	
	00135009070	Brand	CITRUCEL POW SF ORANG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Methylcellulose Powder Laxative</b>				
	00135009074	Brand	CITRUCEL POW SF ORANG	
	00135009075	Brand	CITRUCEL POW SF ORANG	
	00904567516	Generic	SOLUBLE FIB POW THERAPY	
<b>Methylcellulose Tab 500 MG</b>				
	24385046678	Generic	FIBER THERAP TAB 500MG	
	00135019901	Brand	CITRUCEL TAB 500MG	
	00135019902	Brand	CITRUCEL TAB 500MG	
	00135019907	Brand	CITRUCEL TAB 500MG	
	49348054110	Generic	SM FIBER LAX TAB 500MG	
	62011013401	Generic	HM FIBER TAB 500MG	
<b>Mineral Oil</b>				
	63868093816	Generic	QC MINERAL OIL HEAVY	
	00574061816	Generic	MINERAL OIL	
	24385068516	Generic	GNP MINERAL OIL HEAVY	
<b>Mineral Oil Enema</b>				
	00132030140	Brand	FLEET OIL ENE	
	70000010901	Generic	MINERAL OIL ENE	
	62011027001	Generic	MINERAL OIL ENE	
	49348018520	Generic	SM ENEMA ENE	
	46122036328	Generic	MINERAL OIL ENE	
<b>Psyllium Cap 0.52 GM</b>				
	49348063349	Generic	SM FIBER LAX CAP 0.52GM	
	62011005301	Generic	HM FIBER CAP 0.52GM	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Psyllium Cap 0.52 GM</b>				
	00536150060	Generic	REGULOID CAP 0.52GM	
	00224184710	Generic	KONSYL CAP 520MG	
	00224184780	Generic	KONSYL CAP 520MG	
	37205037278	Generic	FIBER LAXTIV CAP 0.52GM	
<b>Sennosides Chew Tab 15 MG</b>				
	00067000512	Brand	EX-LAX CHW 15MG	PA REQUIRED
	00067000524	Brand	EX-LAX CHW 15MG	PA REQUIRED
	00067000548	Brand	EX-LAX CHW 15MG	PA REQUIRED
<b>Sennosides Syrup 8.8 MG/5ML</b>				
	00536100059	Generic	SENEXON LIQ 8.8MG/5	
	00904628909	Generic	SENNA SYP 8.8MG/5	
<b>Sennosides Tab 15 MG</b>				
	00067000308	Brand	EX-LAX TAB 15MG	PA REQUIRED
	00067000330	Brand	EX-LAX TAB 15MG	PA REQUIRED
	00067602560	Generic	PERDIEM OVER TAB 15MG	
<b>Sennosides Tab 17.2 MG</b>				
	67618012012	Generic	SENOKOT EXTR TAB 17.2MG	PA REQUIRED
	67618031512	Brand	SENOKOT XTRA TAB 17.2MG	PA REQUIRED
<b>Sennosides Tab 25 MG</b>				
	49348019304	Generic	SM LAXATIVE TAB 25MG	PA REQUIRED
	00067001624	Brand	EX-LAX TAB MAX ST	PA REQUIRED
	00067001648	Brand	EX-LAX TAB MAX ST	PA REQUIRED
	00067001690	Brand	EX-LAX TAB MAX ST	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Sennosides Tab 25 MG</b>				
	24385036962	Generic	GNP LAXATIVE TAB 25MG	PA REQUIRED
	37205029462	Generic	LAXATIVE TAB 25MG	PA REQUIRED
<b>Sennosides Tab 8.6 MG</b>				
	36800078601	Generic	SENNALAX TAB 8.6MG	
	24385040471	Generic	SENNALAX TAB 8.6MG	
	00904652261	Generic	SENNALAX TAB 8.6MG	
	00904643459	Generic	SENNALAX TAB 8.6MG	
	00904643480	Generic	SENNALAX TAB 8.6MG	
	16103036308	Generic	SENNALAX TAB 8.6MG	
	16103036311	Generic	SENNALAX TAB 8.6MG	
	00536590401	Generic	SENNALAX TAB 8.6MG	
	00536590410	Generic	SENNALAX TAB 8.6MG	
	00603028221	Generic	SENNALAX TAB 8.6MG	
	00603028232	Generic	SENNALAX TAB 8.6MG	
	46122039678	Generic	GNP SENNALAX TAB 8.6MG	
	49348016510	Generic	SENNALAX TAB 8.6MG	
	49483008001	Generic	SENNALAX TAB 8.6MG	
	49483008010	Generic	SENNALAX TAB 8.6MG	
	51645085199	Generic	SENNALAX TAB 8.6MG	
	62011028901	Generic	HM SENNALAX TAB 8.6MG	
	62107003101	Generic	SENNALAX TAB 8.6MG	
	62011036301	Generic	HM SENNALAX TAB 8.6MG	
	63868025710	Generic	NAT VEG LAX TAB 8.6MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Sennosides Tab 8.6 MG</b>				
	67618030010	Brand	SENOKOT TAB 8.6MG	
	67618030020	Brand	SENOKOT TAB 8.6MG	
	67618030050	Brand	SENOKOT TAB 8.6MG	
<b>Sennosides-Docusate Sodium Tab 8.6-50 MG</b>				
	67618031001	Brand	SENOKOT S TAB 8.6-50MG	
	67618031030	Brand	SENOKOT S TAB 8.6-50MG	
	67618031060	Brand	SENOKOT S TAB 8.6-50MG	
	67618010610	Generic	PERI-COLACE TAB 8.6-50MG	
	67618010630	Generic	PERI-COLACE TAB 8.6-50MG	
	67618010660	Generic	PERI-COLACE TAB 8.6-50MG	
	67618011010	Generic	COLACE 2IN1 TAB 8.6-50MG	
	67618011030	Generic	COLACE 2IN1 TAB 8.6-50MG	
	67618011060	Generic	COLACE 2IN1 TAB 8.6-50MG	
	63739043201	Generic	SENNA/DSS TAB 8.6-50MG	
	63739043210	Generic	SENNA/DSS TAB 8.6-50MG	
	63868013510	Generic	STOOL SOFTNR TAB 8.6-50MG	
	63868013760	Generic	STOOL SOFTNR TAB 8.6-50MG	
	62011029001	Generic	HM SENNA-S TAB 8.6-50MG	
	62011027301	Generic	STOOL SOFTNR TAB 8.6-50MG	
	60258095106	Generic	SENNA-S TAB 8.6-50MG	
	49483008101	Generic	SENNA-TIME S TAB 8.6-50MG	
	49483008110	Generic	SENNA-TIME S TAB 8.6-50MG	
	49348054410	Generic	STOOL SOFTNR TAB 8.6-50MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Sennosides-Docusate Sodium Tab 8.6-50 MG</b>				
	46122034372	Generic	SENNA PLUS TAB 8.6-50MG	
	46122034478	Generic	STOOL SOFTNR TAB 8.6-50MG	
	49348018719	Generic	SM STOOL TAB SOFTENER	
	49348015619	Generic	SM SENNA-S TAB 8.6-50MG	
	00536408601	Generic	SENEXON-S TAB 8.6-50MG	
	00536408610	Generic	SENEXON-S TAB 8.6-50MG	
	00536035501	Generic	DSS/SENNA TAB 8.6-50MG	
	00536035510	Generic	DSS/SENNA TAB 8.6-50MG	
	00904633961	Generic	SENNA PLUS TAB 8.6-50MG	
	00904564360	Generic	DOK PLUS TAB 8.6-50MG	
	00904564361	Generic	DOK PLUS TAB 8.6-50MG	
	24385050572	Generic	SENNA PLUS TAB 8.6-50MG	
	36800016260	Generic	SENNA-S TAB 8.6-50MG	
	36800008401	Generic	STOOL SOFTNR TAB 8.6-50MG	
<b>Sennosides-Psyllium Cap 9-500 MG</b>				
	00224186060	Brand	SENNA PROMPT CAP 9-500MG	PA REQUIRED
	00224186081	Brand	SENNA PROMPT CAP 9-500MG	PA REQUIRED
<b>Calcium Carbonate Tab 1250 MG (500 MG Elemental Ca)</b>				
	00054412025	Generic	CALCIUM CARB TAB 1250MG	
	00054812025	Generic	CALCIUM CARB TAB 1250MG	
<b>Polysaccharide Iron Complex Cap 150 MG (Iron Equivalent)</b>				
	63044020301	Generic	IFEREX 150 CAP	PA REQUIRED
	63044020361	Generic	IFEREX 150 CAP	PA REQUIRED



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv)</b>				
	49348068603	Generic	ALLERGY RELF TAB 1.34MG	
	70000021601	Generic	ALLERHIST TAB 1.34MG	
	00113028273	Generic	DAYHIST ALRG TAB 12 HOUR	
	36800028251	Generic	DAYHIST ALRG TAB 12 HOUR	
	24385018351	Generic	GNP DAYHIST TAB 1.34MG	
<b>Coal Tar Shampoo 0.5%</b>				
	00904525944	Generic	THERAPEUTIC SHA	
	00096073608	Brand	DHS TAR GEL SHA 0.5%	
	00096073704	Brand	DHS TAR SHA	
	00096073708	Brand	DHS TAR SHA	
	49348060247	Generic	ANTI-DANDRUF SHA COAL TAR	
<b>Diphenhydramine HCl Syrup 12.5 MG/5ML</b>				
	54838015440	Brand	SILPHEN COUG SYP 12.5/5ML	PA REQUIRED
	54838015470	Brand	SILPHEN COUG SYP 12.5/5ML	PA REQUIRED
	54838015480	Brand	SILPHEN COUG SYP 12.5/5ML	PA REQUIRED
<b>Diphenhydramine-Acetaminophen Tab 25-500 MG (sleep)</b>				
	62011025601	Generic	PAIN RELIEVR TAB 25-500MG	
	62011025001	Generic	PAIN RELIEVE TAB 25-500	
	49348015109	Generic	PAIN RELIEVE TAB 25-500MG	
	49348014010	Generic	PAIN RELIEVE TAB 25-500	
	46122017971	Generic	PAIN RELIEF TAB 25-500MG	
	46122013471	Generic	HEADACHE PM TAB 25-500MG	
	46122041971	Generic	GNP PAIN PM TAB 25-500MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Diphenhydramine-Acetaminophen Tab 25-500 MG (sleep)</b>				
	70000014901	Generic	PAIN RELIEVE TAB 25-500MG	
	70000014902	Generic	PAIN RELIEVE TAB 25-500MG	
	70000014903	Generic	PAIN RELIEVE TAB 25-500MG	
	70000030301	Generic	HEADACHE PM TAB 500-25MG	
	63868032501	Generic	PAIN RELIEVE TAB 25-500MG	
	63868032550	Generic	PAIN RELIEVE TAB 25-500MG	
	00113035571	Generic	HEADACHE PM TAB 25-500MG	
	00113043771	Generic	PAIN RELIEF TAB 25-500MG	
	00113075171	Generic	PAIN RELF PM TAB 25-500MG	
	00536101506	Generic	APAP/DIPHEN TAB 25-500MG	
	00904765151	Generic	MAPAP PM TAB 25-500MG	
	36800043771	Generic	PAIN RELIEF TAB 25-500MG	
	36800043778	Generic	PAIN RELIEF TAB 25-500MG	
	36800035571	Generic	HEADACHE TAB 25-500MG	
	36800082927	Generic	PAIN RELIEF TAB 25-500MG	
	36800082949	Generic	PAIN RELIEF TAB 25-500MG	
	36800082960	Generic	PAIN RELIEF TAB 25-500MG	
	37205075971	Generic	PAIN RELIEVE TAB 25-500MG	
	37205075978	Generic	PAIN RELIEVE TAB 25-500MG	
	37205067771	Generic	HEADACHE PM TAB 25-500MG	
	46122002658	Generic	PAIN RELIEF TAB 25-500MG	
<b>Nicotine TD Patch 24HR 14 MG/24HR</b>				
	43598044770	Generic	NICOTINE TD DIS 14MG/24H	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine TD Patch 24HR 14 MG/24HR</b>				
	43598044774	Generic	NICOTINE TD DIS 14MG/24H	
	00536110788	Generic	NICOTINE TD DIS 14MG/24H	
	00536589553	Generic	NICOTINE TD DIS 14MG/24H	
	00536589588	Generic	NICOTINE TD DIS 14MG/24H	
	00135019502	Brand	NICODERM CQ DIS 14MG/24H	PA REQUIRED
	00135019503	Brand	NICODERM CQ DIS 14MG/24H	PA REQUIRED
	00135019505	Brand	NICODERM CQ DIS 14MG/24H	PA REQUIRED
	70000011401	Generic	NICOTINE TD DIS 14MG/24H	
	70000011402	Generic	NICOTINE TD DIS 14MG/24H	
	46122035274	Generic	GNP NICOTINE DIS 14MG/24H	
	49348014546	Generic	SM NICOTINE DIS 14MG/24H	
	62011035001	Generic	HM NICOTINE DIS 14MG/24H	
	62011017201	Generic	HM NICOTINE DIS 14MG/24H	
<b>Nicotine TD Patch 24HR 21 MG/24HR</b>				
	62011017301	Generic	HM NICOTINE DIS 21MG/24H	
	62011035101	Generic	HM NICOTINE DIS 21MG/24H	
	49348014446	Generic	SM NICOTINE DIS 21MG/24H	
	46122035374	Generic	GNP NICOTINE DIS 21MG/24H	
	70000011501	Generic	NICOTINE TD DIS 21MG/24H	
	70000011502	Generic	NICOTINE TD DIS 21MG/24H	
	00135019401	Brand	NICODERM CQ DIS 21MG/24H	PA REQUIRED
	00135019402	Brand	NICODERM CQ DIS 21MG/24H	PA REQUIRED
	00135019403	Brand	NICODERM CQ DIS 21MG/24H	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine TD Patch 24HR 21 MG/24HR</b>				
	00135019405	Brand	NICODERM CQ DIS 21MG/24H	PA REQUIRED
	00135014502	Brand	NICODERM CQ DIS 21MG/24H	PA REQUIRED
	00536589653	Generic	NICOTINE TD DIS 21MG/24H	
	00536589671	Generic	NICOTINE TD DIS 21MG/24H	
	00536589688	Generic	NICOTINE TD DIS 21MG/24H	
	00536110888	Generic	NICOTINE TD DIS 21MG/24H	
	43598044828	Generic	NICOTINE TD DIS 21MG/24H	
	43598044870	Generic	NICOTINE TD DIS 21MG/24H	
	43598044874	Generic	NICOTINE TD DIS 21MG/24H	
<b>Nicotine TD Patch 24HR 7 MG/24HR</b>				
	43598044670	Generic	NICOTINE TD DIS 7MG/24HR	
	43598044674	Generic	NICOTINE TD DIS 7MG/24HR	
	00536110688	Generic	NICOTINE TD DIS 7MG/24HR	
	00536589453	Generic	NICOTINE TD DIS 7MG/24HR	
	00536589488	Generic	NICOTINE TD DIS 7MG/24HR	
	00135019602	Brand	NICODERM CQ DIS 7MG/24HR	PA REQUIRED
	00135019605	Brand	NICODERM CQ DIS 7MG/24HR	PA REQUIRED
	70000011301	Generic	NICOTINE TD DIS 7MG/24HR	
	70000011302	Generic	NICOTINE TD DIS 7MG/24HR	
	46122035474	Generic	GNP NICOTINE DIS 7MG/24HR	
	49348014646	Generic	SM NICOTINE DIS 7MG/24HR	
	62011034901	Generic	HM NICOTINE DIS 7MG/24HR	
	62011005001	Generic	NICOTINE TD DIS 7MG/24HR	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Gum 2 MG</b>				
	62011004702	Generic	HM NICOTINE GUM 2MG MINT	
	46122017125	Generic	GNP NICOTINE GUM 2MG MINT	
	46122017320	Generic	GNP NICOTINE GUM 2MG ORIG	
	49348057308	Generic	SM NICOTINE GUM 2MG	
	49348057336	Generic	SM NICOTINE GUM 2MG	
	49348069136	Generic	SM NICOTINE GUM 2MG MINT	
	49348078710	Generic	SM NICOTINE GUM 2MG MINT	
	70000011601	Generic	NICOTINE POL GUM 2MG ORIG	
	70000012201	Generic	NICOTINE POL GUM 2MG MINT	
	70000012202	Generic	NICOTINE POL GUM 2MG MINT	
	00135022502	Brand	NICORETTE ST GUM 2MG MINT	PA REQUIRED
	00135022503	Brand	NICORETTE GUM 2MG MINT	PA REQUIRED
	00135015707	Brand	NICORETTE ST GUM 2MG ORIG	PA REQUIRED
	00135015710	Brand	NICORETTE GUM 2MG ORIG	PA REQUIRED
	00135015711	Brand	NICORETTE GUM 2MG ORIG	PA REQUIRED
	00135047401	Brand	NICORETTE GUM 2MG MINT	PA REQUIRED
	00135047402	Brand	NICORETTE GUM 2MG MINT	PA REQUIRED
	00135047405	Brand	NICORETTE GUM 2MG MINT	PA REQUIRED
	00135047408	Brand	NICORETTE GUM 2MG MINT	PA REQUIRED
	00135046601	Brand	NICORETTE GUM 2MG CINN	PA REQUIRED
	00135046602	Brand	NICORETTE GUM 2MG CINN	PA REQUIRED
	00135046603	Brand	NICORETTE GUM 2MG CINN	PA REQUIRED
	00135046605	Brand	NICORETTE GUM 2MG CINN	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Gum 2 MG</b>				
	00135024102	Brand	NICORETTE GUM 2MGFRUIT	PA REQUIRED
	00135024103	Brand	NICORETTE GUM 2MGFRUIT	PA REQUIRED
	00135024105	Brand	NICORETTE GUM 2MGFRUIT	PA REQUIRED
	00135024106	Brand	NICORETTE GUM 2MGFRUIT	PA REQUIRED
	00135024108	Brand	NICORETTE GUM 2MGFRUIT	PA REQUIRED
	00113020625	Generic	NICOTINE POL GUM 2MG MINT	
	00536302906	Generic	NICOTINE POL GUM 2MG ORIG	
	00536302923	Generic	NICOTINE POL GUM 2MG ORIG	
	00536302934	Generic	NICOTINE POL GUM 2MG ORIG	
	00536338601	Generic	NICOTINE POL GUM 2MGFRUIT	
	00536340401	Generic	NICOTINE POL GUM 2MG CINN	
	00536311201	Generic	NICOTINE POL GUM 2MG MINT	
	00536311237	Generic	NICOTINE POL GUM 2MG MINT	
	00536136206	Generic	NICOTINE POL GUM 2MG	
	00536136223	Generic	NICOTINE POL GUM 2MG	
	00536136234	Generic	NICOTINE POL GUM 2MG	
	00135053202	Brand	NICORETTE GUM 2MG	PA REQUIRED
	00135053203	Brand	NICORETTE GUM 2MG	PA REQUIRED
	00135022905	Brand	NICORETTE GUM 2MG MINT	PA REQUIRED
	45802020625	Generic	NICOTINE POL GUM 2MG MINT	
	37205096778	Generic	NICOTINE POL GUM 2MG MINT	
	36800045660	Generic	NICOTINE POL GUM 2MG MINT	
	36800045678	Generic	NICOTINE POL GUM 2MG MINT	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Gum 2 MG</b>				
	36800035278	Generic	NICOTINE POL GUM 2MGFRUIT	
	36800020625	Generic	NICOTINE POL GUM 2MG MINT	
	00904573411	Generic	NICORELIEF GUM 2MG ORIG	
	00904573451	Generic	NICORELIEF GUM 2MG ORIG	
	00904573611	Generic	NICORELIEF GUM 2MG MINT	
	00904573651	Generic	NICORELIEF GUM 2MG MINT	
	24385017058	Generic	GNP NICOTINE GUM 2MG MINT	
	24385059471	Generic	GNP NICOTINE GUM 2MG MINT	
	36800002925	Generic	NICOTINE POL GUM 2MG ORIG	
<b>Nicotine Polacrilex Gum 4 MG</b>				
	24385059871	Generic	GNP NICOTINE GUM 4MG MINT	
	00904573711	Generic	NICORELIEF GUM 4MG MINT	
	00904573751	Generic	NICORELIEF GUM 4MG MINT	
	00904573511	Generic	NICORELIEF GUM 4MG ORIG	
	00904573551	Generic	NICORELIEF GUM 4MG ORIG	
	36800017025	Generic	NICOTINE POL GUM 4MG ORIG	
	36800017071	Generic	NICOTINE POL GUM 4MG ORIG	
	36800042271	Generic	NICOTINE POL GUM 4MG MINT	
	36800085478	Generic	NICOTINE POL GUM 4MGFRUIT	
	36800053260	Generic	NICOTINE POL GUM 4MG MINT	
	36800053278	Generic	NICOTINE POL GUM 4MG MINT	
	37205096878	Generic	NICOTINE POL GUM 4MG MINT	
	45802000125	Generic	NICOTINE POL GUM 4MG MINT	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Gum 4 MG</b>				
	00135023005	Brand	NICORETTE GUM 4MG MINT	PA REQUIRED
	00135053302	Brand	NICORETTE GUM 4MG	PA REQUIRED
	00536137206	Generic	NICOTINE POL GUM 4MG MINT	
	00536137223	Generic	NICOTINE POL GUM 4MG MINT	
	00536137234	Generic	NICOTINE POL GUM 4MG MINT	
	00536311301	Generic	NICOTINE POL GUM 4MG MINT	
	00536311337	Generic	NICOTINE POL GUM 4MG MINT	
	00536340501	Generic	NICOTINE POL GUM 4MG	
	00536338701	Generic	NICOTINE POL GUM 4MG	
	00536303006	Generic	NICOTINE POL GUM 4MG ORIG	
	00536303023	Generic	NICOTINE POL GUM 4MG ORIG	
	00113017060	Generic	NICOTINE GUM 4MG	
	00113042225	Generic	NICOTINE POL GUM 4MG MINT	
	00113053278	Generic	NICOTINE POL GUM 4MG MINT	
	00135024202	Brand	NICORETTE GUM 4MGFRUIT	PA REQUIRED
	00135024203	Brand	NICORETTE GUM 4MGFRUIT	PA REQUIRED
	00135024205	Brand	NICORETTE GUM 4MGFRUIT	PA REQUIRED
	00135024206	Brand	NICORETTE GUM 4MGFRUIT	PA REQUIRED
	00135024208	Brand	NICORETTE GUM 4MGFRUIT	PA REQUIRED
	00135046702	Brand	NICORETTE GUM 4MG CINN	PA REQUIRED
	00135046705	Brand	NICORETTE GUM 4MG CINN	PA REQUIRED
	00135035503	Brand	NICORETTE GUM 4MG	PA REQUIRED
	00135047501	Brand	NICORETTE GUM 4MG MINT	PA REQUIRED



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Gum 4 MG</b>				
	00135047502	Brand	NICORETTE GUM 4MG MINT	PA REQUIRED
	00135047505	Brand	NICORETTE GUM 4MG MINT	PA REQUIRED
	00135047508	Brand	NICORETTE GUM 4MG MINT	PA REQUIRED
	00135015807	Brand	NICORETTE ST GUM 4MG ORIG	PA REQUIRED
	00135015810	Brand	NICORETTE GUM 4MG ORIG	PA REQUIRED
	00135015811	Brand	NICORETTE GUM 4MG ORIG	PA REQUIRED
	00135022602	Brand	NICORETTE GUM 4MG MINT	PA REQUIRED
	00135022603	Brand	NICORETTE GUM 4MG MINT	PA REQUIRED
	70000012301	Generic	NICOTINE POL GUM 4MG MINT	
	70000012302	Generic	NICOTINE POL GUM 4MG MINT	
	70000012001	Generic	NICOTINE POL GUM 4MG ORIG	
	49348078810	Generic	SM NICOTINE GUM 4MG MINT	
	49348069236	Generic	SM NICOTINE GUM 4MG MINT	
	49348057208	Generic	SM NICOTINE GUM 4MG	
	49348057236	Generic	SM NICOTINE GUM 4MG	
	46122017460	Generic	GNP NICOTINE GUM 4MG ORIG	
	46122028660	Generic	GNP NICOTINE GUM 4MG MINT	
	62011017001	Generic	HM NICOTINE GUM 4MG MINT	
<b>Nicotine Polacrilex Lozenge 2 MG</b>				
	62011004801	Generic	HM NICOTINE LOZ 2MG MINT	PA REQUIRED
	62011019901	Generic	HM NICOTINE LOZ 2MG MINT	PA REQUIRED
	46122017608	Generic	GNP NICOTINE LOZ 2MG MINT	PA REQUIRED
	46122025415	Generic	GNP NICOTINE LOZ MINI 2MG	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Lozenge 2 MG</b>				
	46122025460	Generic	GNP NICOTINE LOZ MINI 2MG	PA REQUIRED
	49348085216	Generic	SM NICOTINE LOZ 2MG MINT	PA REQUIRED
	70000011701	Generic	NICOTINE POL LOZ 2MG MINT	PA REQUIRED
	00135050802	Brand	NICORETTE LOZ 2MG MINT	PA REQUIRED
	00135050803	Brand	NICORETTE LOZ 2MG MINT	PA REQUIRED
	00135050804	Brand	NICORETTE LOZ 2MG MINT	PA REQUIRED
	00135051001	Brand	NICORETTE LOZ 2MG MINT	PA REQUIRED
	00135051003	Brand	NICORETTE LOZ 2MG MINT	PA REQUIRED
	00135051006	Brand	NICORETTE LOZ 2MG MINT	PA REQUIRED
	00135051007	Brand	NICORETTE LOZ 2MG MINT	PA REQUIRED
	00113073402	Generic	NICOTINE LOZ 2MG MINT	PA REQUIRED
	00113034405	Generic	NICOTINE POL LOZ 2MG MINT	PA REQUIRED
	00135051201	Brand	NICORETTE LOZ 2MG CHRY	PA REQUIRED
	00135051403	Brand	NICORETTE LOZ 2MG ORIG	PA REQUIRED
	37205098769	Generic	NICOTINE POL LOZ 2MG MINT	PA REQUIRED
	45802008901	Generic	NICOTINE LOZ 2MG MINT	PA REQUIRED
	45802008902	Generic	NICOTINE LOZ 2MG MINT	PA REQUIRED
	45802034403	Generic	NICOTINE POL LOZ 2MG MINT	PA REQUIRED
	45802034405	Generic	NICOTINE POL LOZ 2MG MINT	PA REQUIRED
	36800034405	Generic	NICOTINE POL LOZ 2MG MINT	PA REQUIRED
<b>Nicotine Polacrilex Lozenge 4 MG</b>				
	36800053905	Generic	NICOTINE POL LOZ 4MG CHRY	PA REQUIRED
	45802087305	Generic	NICOTINE POL LOZ 4MG MINT	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Lozenge 4 MG</b>				
	45802095701	Generic	NICOTINE LOZ 4MG MINT	PA REQUIRED
	45802095702	Generic	NICOTINE LOZ 4MG MINT	PA REQUIRED
	37205098869	Generic	NICOTINE POL LOZ 4MG MINT	PA REQUIRED
	36800087305	Generic	NICOTINE POL LOZ 4MG MINT	PA REQUIRED
	00135051503	Brand	NICORETTE LOZ 4MG ORIG	PA REQUIRED
	00135051301	Brand	NICORETTE LOZ 4MG CHRY	PA REQUIRED
	00113095702	Generic	NICOTINE LOZ 4MG MINT	PA REQUIRED
	00113087305	Generic	NICOTINE POL LOZ 4MG MINT	PA REQUIRED
	00113087306	Generic	NICOTINE POL LOZ 4MG MINT	PA REQUIRED
	00135051101	Brand	NICORETTE LOZ 4MG MINT	PA REQUIRED
	00135051102	Brand	NICORETTE LOZ 4MG MINT	PA REQUIRED
	00135051106	Brand	NICORETTE LOZ 4MG MINT	PA REQUIRED
	00135051107	Brand	NICORETTE LOZ 4MG MINT	PA REQUIRED
	00135050902	Brand	NICORETTE LOZ 4MG MINT	PA REQUIRED
	00135050903	Brand	NICORETTE LOZ 4MG MINT	PA REQUIRED
	00135050904	Brand	NICORETTE LOZ 4MG MINT	PA REQUIRED
	70000012100	Generic	NICOTINE POL LOZ 4MG MINT	PA REQUIRED
	49348085316	Generic	SM NICOTINE LOZ 4MG MINT	PA REQUIRED
	46122025515	Generic	GNP NICOTINE LOZ 4MG MINT	PA REQUIRED
	46122025560	Generic	GNP NICOTINE LOZ 4MG MINT	PA REQUIRED
	46122017708	Generic	GNP NICOTINE LOZ 4MG MINT	PA REQUIRED
	62011020001	Generic	HM NICOTINE LOZ 4MG MINT	PA REQUIRED
	62011017101	Generic	HM NICOTINE LOZ 4MG MINT	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Susp 100 MG/5ML</b>				
	62011001001	Generic	IBUPROFEN SUS 100/5ML	
	62011001101	Generic	IBUPROFEN SUS 100/5ML	
	62011003001	Generic	IBUPROFEN SUS 100/5ML	
	62011003002	Generic	IBUPROFEN SUS 100/5ML	
	62011003003	Generic	IBUPROFEN SUS 100/5ML	
	51672213001	Generic	IBUPROFEN SUS 100/5ML	
	51672213008	Generic	IBUPROFEN SUS 100/5ML	
	62011021401	Generic	IBUPROFEN SUS 100/5ML	
	49348022934	Generic	IBUPROFEN SUS 100/5ML	
	49348022937	Generic	IBUPROFEN SUS 100/5ML	
	49348087634	Generic	IBUPROFEN SUS 100/5ML	
	49348049934	Generic	IBUPROFEN SUS 100/5ML	
	49348050034	Generic	IBUPROFEN SUS 100/5ML	
	68094049458	Generic	IBUPROFEN SUS 100/5ML	
	68094049459	Generic	IBUPROFEN SUS 100/5ML	
	68094049461	Generic	IBUPROFEN SUS 100/5ML	
	68094049462	Generic	IBUPROFEN SUS 100/5ML	
	68094050359	Generic	IBUPROFEN SUS 100/5ML	
	68094050361	Generic	IBUPROFEN SUS 100/5ML	
	68094050362	Generic	IBUPROFEN SUS 100/5ML	
	68094060059	Generic	IBUPROFEN SUS 100/5ML	
	68094060061	Generic	IBUPROFEN SUS 100/5ML	
	68094060062	Generic	IBUPROFEN SUS 100/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Susp 100 MG/5ML</b>				
	63868075618	Generic	IBUPROFEN SUS 100/5ML	
	63868075818	Generic	IBUPROFEN SUS 100/5ML	
	70000025901	Generic	IBUPROFEN SUS 100/5ML	
	70000026201	Generic	IBUPROFEN SUS 100/5ML	
	70000026301	Generic	IBUPROFEN SUS 100/5ML	
	70000026302	Generic	IBUPROFEN SUS 100/5ML	
	70000026303	Generic	IBUPROFEN SUS 100/5ML	
	70000026401	Generic	IBUPROFEN SUS 100/5ML	
	70000026402	Generic	IBUPROFEN SUS 100/5ML	
	70000018101	Generic	IBUPROFEN SUS 100/5ML	
	70000018102	Generic	IBUPROFEN SUS 100/5ML	
	00113066026	Generic	IBUPROFEN SUS 100/5ML	
	00113068526	Generic	IBUPROFEN SUS 100/5ML	
	00113089726	Generic	IBUPROFEN SUS 100/5ML	
	00113089734	Generic	IBUPROFEN SUS 100/5ML	
	00121183605	Generic	IBUPROFEN SUS 100/5ML	
	00113016626	Generic	IBUPROFEN SUS 100/5ML	
	00472176094	Generic	IBUPROFEN SUS 100/5ML	
	00472176098	Generic	IBUPROFEN SUS 100/5ML	
	00472176194	Generic	IBUPROFEN CH SUS 100/5ML	
	00472176394	Generic	IBUPROFEN SUS 100/5ML	
	00472176494	Generic	IBUPROFEN SUS 100/5ML	
	00472125594	Generic	IBUPROFEN SUS 100/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Susp 100 MG/5ML</b>				
	00472126194	Generic	IBUPROFEN SUS 100/5ML	
	00472126394	Generic	IBUPROFEN SUS 100/5ML	
	36800089726	Generic	IBUPROFEN SUS 100/5ML	
	37205028226	Generic	IBUPROFEN SUS 100/5ML	
	37205064326	Generic	IBUPROFEN SUS 100/5ML	
	46122011026	Generic	IBUPROFEN SUS 100/5ML	
	45802089726	Generic	IBUPROFEN SUS 100/5ML	
	45802089734	Generic	IBUPROFEN SUS 100/5ML	
	45802013326	Generic	IBUPROFEN SUS 100/5ML	
	45802014026	Generic	IBUPROFEN SUS 100/5ML	
	36800066026	Generic	IBUPROFEN SUS 100/5ML	
	36800068526	Generic	IBUPROFEN SUS 100/5ML	
	36800016626	Generic	IBUPROFEN SUS 100/5ML	
	00904557720	Generic	IBUPROFEN SUS 100/5ML	
	00904530909	Generic	IBUPROFEN SUS 100/5ML	
	00904530920	Generic	IBUPROFEN SUS 100/5ML	
	24385090526	Generic	IBUPROFEN SUS 100/5ML	
	24385090534	Generic	IBUPROFEN SUS 100/5ML	
	24385037226	Generic	IBUPROFEN SUS 100/5ML	
	24385036126	Generic	IBUPROFEN SUS 100/5ML	
	24385036134	Generic	IBUPROFEN SUS 100/5ML	
	24385000926	Generic	IBUPROFEN SUS 100/5ML	
	24385000934	Generic	IBUPROFEN SUS 100/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Tab 200 MG</b>				
	16103039306	Generic	IBUPROFEN TAB 200MG	
	16103039308	Generic	IBUPROFEN TAB 200MG	
	24385005878	Generic	IBUPROFEN TAB 200MG	
	24385005882	Generic	IBUPROFEN TAB 200MG	
	24385005978	Generic	IBUPROFEN TAB 200MG	
	24385060471	Generic	IBUPROFEN TAB 200MG	
	24385060478	Generic	IBUPROFEN TAB 200MG	
	24385060485	Generic	IBUPROFEN TAB 200MG	
	24385060490	Generic	IBUPROFEN TAB 200MG	
	24385064771	Generic	IBUPROFEN TAB 200MG	
	24385064778	Generic	IBUPROFEN TAB 200MG	
	00904791251	Generic	IBUPROFEN TAB 200MG	
	00904791259	Generic	IBUPROFEN TAB 200MG	
	00904791451	Generic	IBU-200 TAB 200MG	
	00904791459	Generic	IBU-200 TAB 200MG	
	00904791461	Generic	IBUPROFEN TAB 200MG	
	00904791480	Generic	IBU-200 TAB 200MG	
	00904791524	Generic	IBUPROFEN TAB 200MG	
	00904791540	Generic	IBUPROFEN TAB 200MG	
	00904791551	Generic	IBUPROFEN TAB 200MG	
	00904791559	Generic	IBUPROFEN TAB 200MG	
	00904791570	Generic	IBUPROFEN TAB 200MG	
	00904791580	Generic	IBUPROFEN TAB 200MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Tab 200 MG</b>				
	36800007471	Generic	IBUPROFEN TAB 200MG	
	36800007478	Generic	IBUPROFEN TAB 200MG	
	36800018383	Generic	IBUPROFEN TAB 200MG	
	36800051771	Generic	IBUPROFEN TAB 200MG	
	36800051778	Generic	IBUPROFEN TAB 200MG	
	36800064762	Generic	IBUPROFEN TAB 200MG	
	36800064771	Generic	IBUPROFEN TAB 200MG	
	36800064778	Generic	IBUPROFEN TAB 200MG	
	36800064790	Generic	IBUPROFEN TAB 200MG	
	36800060462	Generic	IBUPROFEN TAB 200MG	
	36800060471	Generic	IBUPROFEN TAB 200MG	
	36800060478	Generic	IBUPROFEN TAB 200MG	
	36800060485	Generic	IBUPROFEN TAB 200MG	
	36800060490	Generic	IBUPROFEN TAB 200MG	
	36800060493	Generic	IBUPROFEN TAB 200MG	
	37205067090	Generic	IBUPROFEN TAB 200MG	
	00536108801	Generic	IBUPROFEN TAB 200MG	
	00536108802	Generic	IBUPROFEN TAB 200MG	
	00536108805	Generic	IBUPROFEN TAB 200MG	
	00536108806	Generic	IBUPROFEN TAB 200MG	
	00536108901	Generic	IBUPROFEN TAB 200MG	
	00113007471	Generic	IBUPROFEN TAB 200MG	
	00113007478	Generic	IBUPROFEN TAB 200MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Tab 200 MG</b>				
	00113051771	Generic	IBUPROFEN TAB 200MG	
	00113060452	Generic	IBUPROFEN TAB 200MG	
	00113060462	Generic	IBUPROFEN TAB 200MG	
	00113060471	Generic	IBUPROFEN TAB 200MG	
	00113060478	Generic	IBUPROFEN TAB 200MG	
	00113060490	Generic	IBUPROFEN TAB 200MG	
	00113064762	Generic	IBUPROFEN TAB 200MG	
	00113064771	Generic	IBUPROFEN TAB 200MG	
	00113064778	Generic	IBUPROFEN TAB 200MG	
	70000017501	Generic	IBUPROFEN TAB 200MG	
	70000017502	Generic	IBUPROFEN TAB 200MG	
	70000017503	Generic	IBUPROFEN TAB 200MG	
	70000017504	Generic	IBUPROFEN TAB 200MG	
	70000017505	Generic	IBUPROFEN TAB 200MG	
	70000017507	Generic	IBUPROFEN TAB 200MG	
	70000017601	Generic	IBUPROFEN TAB 200MG	
	70000017602	Generic	IBUPROFEN TAB 200MG	
	70000017603	Generic	IBUPROFEN TAB 200MG	
	70000017604	Generic	IBUPROFEN TAB 200MG	
	70000017605	Generic	IBUPROFEN TAB 200MG	
	70000017606	Generic	IBUPROFEN TAB 200MG	
	70000028801	Generic	IBUPROFEN TAB 200MG	
	70000029101	Generic	IBUPROFEN TAB 200MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Tab 200 MG</b>				
	70000029201	Generic	IBUPROFEN TAB 200MG	
	70000030801	Generic	IBUPROFEN TAB 200MG	
	63868079050	Generic	QC IBUPROFEN TAB 200MG	
	63868079150	Generic	QC IBUPROFEN TAB 200MG	
	63868098350	Generic	QC IBUPROFEN TAB 200MG	
	66424039610	Generic	IBUPROFEN TAB 200MG	
	66424099610	Generic	IBUPROFEN TAB 200MG	
	49348070604	Generic	IBUPROFEN TAB 200MG	
	49348070609	Generic	IBUPROFEN TAB 200MG	
	49348070610	Generic	IBUPROFEN TAB 200MG	
	49348070614	Generic	IBUPROFEN TAB 200MG	
	49348070616	Generic	IBUPROFEN TAB 200MG	
	49348072709	Generic	SM IBUPROFEN TAB 200MG	
	49348072710	Generic	SM IBUPROFEN TAB 200MG	
	49348092710	Generic	SM IBUPROFEN TAB 200MG	
	49483060101	Generic	IBUPROFEN TAB 200MG	
	49483060110	Generic	IBUPROFEN TAB 200MG	
	49348019609	Generic	IBUPROFEN TAB 200MG	
	49348019610	Generic	IBUPROFEN TAB 200MG	
	49348019635	Generic	IBUPROFEN TAB 200MG	
	62011022201	Generic	HM IBUPROFEN TAB 200MG	
	62011022202	Generic	HM IBUPROFEN TAB 200MG	
	62011021301	Generic	HM IBUPROFEN TAB 200MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Tab 200 MG</b>				
	62107000201	Generic	PROVIL TAB 200MG	
	62107000250	Generic	PROVIL TAB 200MG	
	53746014001	Generic	IBUPROFEN TAB 200MG	
	53746014010	Generic	IBUPROFEN TAB 200MG	
	62011001401	Generic	HM IBUPROFEN TAB 200MG	
	62011001402	Generic	HM IBUPROFEN TAB 200MG	
	62011001403	Generic	HM IBUPROFEN TAB 200MG	
	62011001407	Generic	HM IBUPROFEN TAB 200MG	
	62011001501	Generic	HM IBUPROFEN TAB 200MG	
	62011001502	Generic	HM IBUPROFEN TAB 200MG	
	62011001503	Generic	HM IBUPROFEN TAB 200MG	
<b>Naproxen Sodium Tab 220 MG</b>				
	62011001701	Generic	NAPROXEN SOD TAB 220MG	
	62011001702	Generic	NAPROXEN SOD TAB 220MG	
	49348030609	Generic	NAPROXEN SOD TAB 220MG	
	49348030610	Generic	NAPROXEN SOD TAB 220MG	
	46122030971	Generic	NAPROXEN SOD TAB 220MG	
	46122030978	Generic	NAPROXEN SOD TAB 220MG	
	49483060901	Generic	NAPROXEN SOD TAB 220MG	
	49483060905	Generic	NAPROXEN SOD TAB 220MG	
	63868046501	Generic	NAPROXEN SOD TAB 220MG	
	63868046550	Generic	NAPROXEN SOD TAB 220MG	
	70000017101	Generic	ALL DAY PAIN TAB 220MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Naproxen Sodium Tab 220 MG</b>				
	70000017102	Generic	ALL DAY PAIN TAB 220MG	
	70000017103	Generic	ALL DAY PAIN TAB 220MG	
	70000017104	Generic	ALL DAY PAIN TAB 220MG	
	70000020101	Generic	ALL DAY PAIN TAB 220MG	
	70000020102	Generic	ALL DAY PAIN TAB 220MG	
	70000020103	Generic	ALL DAY PAIN TAB 220MG	
	70000020104	Generic	ALL DAY PAIN TAB 220MG	
	00113036862	Generic	NAPROXEN SOD TAB 220MG	
	00113036871	Generic	NAPROXEN SOD TAB 220MG	
	00113036878	Generic	NAPROXEN SOD TAB 220MG	
	00113090162	Generic	NAPROXEN SOD TAB 220MG	
	00113436862	Generic	NAPROXEN SOD TAB 220MG	
	00113436871	Generic	NAPROXEN SOD TAB 220MG	
	00113436878	Generic	NAPROXEN SOD TAB 220MG	
	00113949062	Generic	NAPROXEN SOD TAB 220MG	
	00113949071	Generic	NAPROXEN SOD TAB 220MG	
	00113949078	Generic	NAPROXEN SOD TAB 220MG	
	00536109301	Generic	ALL DAY RELF TAB 220MG	
	00536109306	Generic	ALL DAY RELF TAB 220MG	
	00536109401	Generic	ALL DAY RELF TAB 220MG	
	00536109406	Generic	ALL DAY RELF TAB 220MG	
	45802049071	Generic	NAPROXEN SOD TAB 220MG	
	45802049078	Generic	NAPROXEN SOD TAB 220MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Naproxen Sodium Tab 220 MG</b>				
	36800049062	Generic	ALL DAY PAIN TAB 220MG	
	36800049071	Generic	ALL DAY PAIN TAB 220MG	
	36800049078	Generic	ALL DAY PAIN TAB 220MG	
	36800036862	Generic	ALL DAY PAIN TAB 220MG	
	36800036871	Generic	ALL DAY PAIN TAB 220MG	
	36800036878	Generic	ALL DAY PAIN TAB 220MG	
	36800036882	Generic	ALL DAY PAIN TAB 220MG	
	15127046624	Generic	NAPROXEN SOD TAB 220MG	
	15127046650	Generic	NAPROXEN SOD TAB 220MG	
	24385036881	Generic	ALL DAY PAIN TAB 220MG	
	24385049071	Generic	ALL DAY PAIN TAB 220MG	
	24385049078	Generic	ALL DAY PAIN TAB 220MG	
<b>Ketotifen Fumarate Opth Soln 0.025% (Base Equiv)</b>				
	24208060105	Generic	ALAWAY CHILD DRO 0.025%OP	
	24208060110	Generic	ALAWAY DRO 0.025%OP	
	17478071710	Generic	KETOTIF FUM DRO 0.025%OP	
	00536109640	Generic	EYE ITCH SOL RELIEF	
	00065401105	Brand	ZADITOR DRO 0.025%OP	PA REQUIRED
	00065401106	Brand	ZADITOR DRO 0.025%OP	PA REQUIRED
	70000012401	Generic	EYE ITCH REL DRO 0.025%OP	
	49348010717	Generic	EYE ITCH REL DRO 0.025%OP	
	62011023201	Generic	EYE ITCH REL DRO 0.025%OP	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>*Artificial Tear Opth Ointment***</b>				
	46122020204	Generic	LUBRICANT OIN EYE	
	00023024004	Generic	REFRESH P.M. OIN OP	
	00023031204	Generic	REFRESH LACR OIN OP	
	00023031207	Generic	REFRESH LACR OIN OP	
	17478006235	Generic	AKWA TEARS OIN OP	
<b>*Artificial Tear Opth Solution***</b>				
	00065042636	Generic	GENTEAL TEAR SOL MODERATE	
	00065042637	Generic	GENTEAL TEAR SOL MODERATE	
<b>Carboxymethylcellulose Sodium (PF) Opth Soln 0.5%</b>				
	00023040330	Brand	REFRESH PLUS DRO 0.5% OP	
	00023040350	Brand	REFRESH PLUS DRO 0.5% OP	
	00023040370	Brand	REFRESH PLUS DRO 0.5% OP	
	00113032365	Generic	LUBRICATING DRO 0.5%	PA REQUIRED
	00904632946	Generic	LUBRICNT EYE DRO 0.5% OP	PA REQUIRED
	00904632951	Generic	LUBRICNT EYE DRO 0.5% OP	PA REQUIRED
	46122019565	Generic	LUBRICNT EYE DRO 0.5% OP	PA REQUIRED
	49348032944	Generic	LUBRICATING DRO 0.5%	PA REQUIRED
	62011020301	Generic	LUBRICATING DRO 0.5%	PA REQUIRED
<b>Carboxymethylcellulose Sodium Opth Soln 0.5%</b>				
	46122037705	Generic	GNP EYE DROP SOL 0.5% OP	
	00023079801	Brand	REFRESH TEAR DRO 0.5% OP	
	00023079802	Brand	REFRESH TEAR DRO 0.5% OP	
	00023079815	Brand	REFRESH TEAR DRO 0.5% OP	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Carboxymethylcellulose Sodium Opth Soln 1%</b>				
	00023920502	Brand	REFRESH LIQU DRO 1% OP	
	00023920515	Brand	REFRESH LIQU DRO 1% OP	
<b>Dextran 70-Hypromellose (PF) Opth Soln 0.1-0.3%</b>				
	00065041663	Brand	GENTEAL TEAR SOL PF	PA REQUIRED
	00065806301	Brand	GENTEAL TEAR SOL MOD PF	PA REQUIRED
	00065041928	Generic	BION TEARS SOL OP	
<b>Dextran 70-Hypromellose Opth Soln 0.1-0.3%</b>				
	00065041881	Generic	GENTEAL TEAR SOL MILD	
	00536108794	Generic	NATURES SOL TEARS	
	00904649335	Generic	NATURAL BAL SOL TEARS	
<b>Polyvinyl Alcohol Opth Soln 1.4%</b>				
	00904649235	Generic	LIQUITEARS SOL	
	17478006012	Generic	ARTIFI TEARS SOL 1.4% OP	
	00536108494	Generic	ARTIFI TEARS SOL 1.4% OP	
<b>Naphazoline w/ Pheniramine Opth Soln 0.025-0.3%</b>				
	00065008515	Brand	NAPHCON-A SOL OP	
	00065008542	Brand	NAPHCON-A SOL OP	
<b>Sodium Chloride Hypertonic Opth Oint 5%</b>				
	17478062235	Generic	SOD CHLORIDE OIN 5% OP	
	24208038555	Brand	MURO 128 OIN 5% OP	
	24208038556	Brand	MURO 128 OIN 5% OP	
	00904648938	Generic	SOD CHLORIDE OIN 5% OP	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Sodium Chloride Hypertonic Opth Soln 5%</b>				
	00904649035	Generic	SOD CHLORIDE SOL 5% OP	
	24208027715	Brand	MURO 128 SOL 5% OP	
	24208027730	Brand	MURO 128 SOL 5% OP	
	17478062312	Generic	SOD CHLORIDE SOL 5% OP	
<b>Tetrahydrozoline HCl Opth Soln 0.05%</b>				
	24385007505	Generic	GNP EYE DROP SOL 0.05% OP	
	00904633435	Generic	OPTI-CLEAR SOL 0.05%	
	37205013905	Generic	EYE DROPS SOL 0.05% OP	
	00536100294	Generic	EYE DROPS SOL 0.05% OP	
	62011010201	Generic	HM EYE DROPS SOL 0.05% OP	
<b>Benzoyl Peroxide Gel 10%</b>				
	00536105656	Generic	ACNE MEDICAT GEL 10%	PA REQUIRED
	45802030801	Generic	BENZOYL PER GEL 10%	PA REQUIRED
	45802030896	Generic	BENZOYL PER GEL 10%	PA REQUIRED
<b>Benzoyl Peroxide Gel 5%</b>				
	45802021601	Generic	BENZOYL PER GEL 5%	PA REQUIRED
	45802021696	Generic	BENZOYL PER GEL 5%	PA REQUIRED
	00536105556	Generic	ACNE MEDICAT GEL 5%	PA REQUIRED
<b>Benzoyl Peroxide Liq 10%</b>				
	00145098505	Generic	PANOXYL WASH LIQ 10%	PA REQUIRED
	45802031801	Generic	BENZOYL PER LIQ 10% WASH	PA REQUIRED
	45802031834	Generic	BENZOYL PER LIQ 10% WASH	PA REQUIRED
	67405083005	Generic	BENZOYL PER LIQ 10% WASH	PA REQUIRED



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Benzoyl Peroxide Liq 10%</b>				
	67405083008	Generic	BENZOYL PER LIQ 10% WASH	PA REQUIRED
<b>Benzoyl Peroxide Lotion 5%</b>				
	00536105775	Brand	ACNE MEDICAT LOT 5%	PA REQUIRED
<b>*Neomycin-Bacitracin-Polymyxin Oint***</b>				
	00168001231	Generic	BAC/NEO/POLY OIN	
	00168001235	Generic	BAC/NEO/POLY OIN	
	00472017934	Generic	TRIPLE ANTIB OIN	
	00472017956	Generic	TRIPLE ANTIB OIN	
	00713026831	Generic	TRIPLE ANTIB OIN	
	00904073431	Generic	TRIPLE ANTIB OIN	
	00113006764	Generic	TRIPLE ANTIB OIN	
	45802014301	Generic	TRIPLE ANTIB OIN	
	45802014303	Generic	TRIPLE ANTIB OIN	
	45802014370	Generic	TRIPLE ANTIB OIN	
	37205027310	Generic	TRIPLE ANTIB OIN	
	24385006101	Generic	GNP TRIPLE OIN ANTIBIOT	
	24385006103	Generic	GNP TRIPLE OIN ANTIBIOT	
	51672212001	Generic	TRIPLE ANTIB OIN	
	51672212002	Generic	TRIPLE ANTIB OIN	
	51672201601	Generic	TRIPLE ANTIB OIN	
	51672201602	Generic	TRIPLE ANTIB OIN	
	62011009801	Generic	HM TRIPLE OIN ANTIBIOT	
	46122041403	Generic	GNP TRIPLE OIN ANTIBIOT	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>*Neomycin-Bacitracin-Polymyxin Oint***</b>				
	46122041405	Generic	GNP TRIPLE OIN ANTIBIOT	
	49348002972	Generic	SM TRIPLE OIN ANTIBIOT	
<b>Bacitracin Oint 500 Unit/GM</b>				
	62011009401	Generic	BACITRACIN OIN 500/GM	
	37205027510	Generic	BACITRACIN OIN 500/GM	
	45802006001	Generic	BACITRACIN OIN 500/GM	
	45802006003	Generic	BACITRACIN OIN 500/GM	
	45802006070	Generic	BACITRACIN OIN 500/GM	
	00713028031	Generic	BACITRACIN OIN 500/GM	
<b>Clotrimazole Cream 1%</b>				
	00472035056	Generic	CLOTRIMAZOLE CRE 1%	
	37205076010	Generic	CLOTRIMAZOLE CRE 1%	
	45802043401	Generic	CLOTRIMAZOLE CRE 1%	
	45802043411	Generic	CLOTRIMAZOLE CRE 1%	
	24385020501	Generic	ATHLETE FOOT CRE 1%	
	24385020503	Generic	ATHLETE FOOT CRE 1%	
	00904782231	Generic	CLOTRIMAZOLE CRE 1%	
	00904782236	Generic	CLOTRIMAZOLE CRE 1%	
	51672200201	Generic	CLOTRIMAZOLE CRE 1%	
	51672200202	Generic	CLOTRIMAZOLE CRE 1%	
	49348027972	Generic	CLOTRIMAZOLE CRE 1%	
<b>Miconazole Nitrate Cream 2%</b>				
	49348068972	Generic	SM ANTIFUNGL CRE 2%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Miconazole Nitrate Cream 2%</b>				
	51672200101	Generic	MICONAZOLE CRE 2%	
	51672200102	Generic	MICONAZOLE CRE 2%	
	53329007964	Generic	ANTIFUNGAL CRE 2%	
	53329008057	Generic	SOOTHE&COOL CRE INZO 2%	
	53329008058	Generic	SOOTHE&COOL CRE INZO 2%	
	53329016204	Generic	REMEDY CRE ANTIFUNG	
	00472073514	Generic	ANTIFUNGAL CRE 2%	
	00472073542	Generic	ANTIFUNGAL CRE 2%	
	00472073556	Generic	ANTIFUNGAL CRE 2%	
	00536113428	Generic	MICONAZOLE CRE 2%	
<b>Tolnaftate Aerosol Pow 1%</b>				
	00067611446	Generic	LAMISIL AF AER 1%	
	00113069590	Generic	JOCK ITCH AER 1%	
<b>Tolnaftate Cream 1%</b>				
	00904072236	Generic	ANTIFUNGAL CRE 1%	
	24385003203	Generic	TOLNAFTATE CRE 1%	
	37205019710	Generic	ANTIFUNGAL CRE 1%	
	51672202001	Generic	TOLNAFTATE CRE 1%	
	51672202002	Generic	TOLNAFTATE CRE 1%	
	63868010446	Generic	TOLNAFTATE CRE 1%	
	49348015529	Generic	SM ANTIFUNGL CRE 1%	
<b>Selenium Sulfide Lotion 1%</b>				
	00536199553	Generic	ANTI-DANDRUF SHA 1%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Chlorhexidine Gluconate Liquid 4%</b>				
	67618020004	Generic	BETASEPT LIQ 4%	
	67618020008	Generic	BETASEPT LIQ 4%	
	67618020016	Generic	BETASEPT LIQ 4%	
	67618020030	Generic	BETASEPT LIQ 4%	
	67618020032	Generic	BETASEPT LIQ 4%	
<b>Povidone-Iodine Soln 10%</b>				
	67618015001	Brand	BETADINE SOL 10%	PA REQUIRED
	67618015004	Brand	BETADINE SOL 10%	PA REQUIRED
	67618015005	Brand	BETADINE SOL 10%	PA REQUIRED
	67618015008	Brand	BETADINE SOL 10%	PA REQUIRED
	67618015009	Brand	BETADINE SOL 10%	PA REQUIRED
	67618015017	Brand	BETADINE SOL 10%	PA REQUIRED
	67618015032	Brand	BETADINE SOL 10%	PA REQUIRED
	63868023008	Generic	POVIDONE/IOD SOL 10%	
	49348062237	Generic	SM POVID-IOD SOL 10%	
	49348062238	Generic	SM POVID-IOD SOL 10%	
	62011011801	Generic	HM POVID-IOD SOL 10%	
	00904110309	Generic	POVIDONE-IOD SOL 10%	
	24385005355	Generic	POVIDONE-IOD SOL 10%	
<b>Zinc Oxide Oint 20%</b>				
	46122011846	Generic	ZINC OXIDE OIN 20%	
	00536570025	Generic	ZINC OXIDE OIN 20%	
	00536570098	Generic	ZINC OXIDE OIN 20%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Zinc Oxide Oint 20%</b>				
	00168006202	Generic	ZINC OXIDE OIN 20%	
	00168006216	Generic	ZINC OXIDE OIN 20%	
	00168006231	Generic	ZINC OXIDE OIN 20%	
<b>Hydrocortisone Cream 0.5%</b>				
	00168001431	Generic	HYDROCORT CRE 0.5%	
	24385019003	Generic	HYDROCORT CRE 0.5%	
<b>Hydrocortisone Cream 1%</b>				
	24385002103	Generic	GNP HYDROCORT CRE 1% PLUS	
	00904762331	Generic	HYDROCORT CRE 1%	
	45802043803	Generic	HYDROCORT CRE 1%	
	45802043805	Generic	HYDROCORT CRE 1%	
	37205016210	Generic	HYDROCORT CRE 1%	
	00168015408	Generic	HYDROCORT CRE 1%	
	00168015431	Generic	HYDROCORT CRE 1%	
	00472034356	Generic	HYDROCORT CRE 1%	
	00113097364	Generic	ANTI-ITCH CRE 1%	
	00113054164	Generic	ANTI-ITCH CRE 1%	
	51672201301	Generic	HYDROCORT CRE 1%	
	51672201302	Generic	HYDROCORT CRE 1%	
	51672206302	Generic	HYDROCORT CRE 1%	
	51672206902	Generic	HYDROCORT CRE 1%	
	49348052172	Generic	SM HYDROCORT CRE 1%	
	49348052178	Generic	SM HYDROCORT CRE 1%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Hydrocortisone Lotion 1%</b>				
	00536107997	Generic	HYDROSKIN LOT 1%	
	24385028306	Generic	HYDRO-LOTION LOT 1%	
<b>Hydrocortisone Oint 0.5%</b>				
	00168001631	Generic	HYDROCORT OIN 0.5%	
<b>Hydrocortisone Oint 1%</b>				
	00168018131	Generic	HYDROCORT OIN 1%	
	00472034556	Generic	HYDROCORT OIN 1%	
	24385027603	Generic	HYDROCORT OIN 1%	
	45802027603	Generic	HYDROCORT OIN 1%	
	49348052272	Generic	SM HYDROCORT OIN 1%	
	51672201802	Generic	HYDROCORT OIN 1%	
<b>Lactic Acid (Ammonium Lactate) Cream 12%</b>				
	63044040420	Generic	AMMONIUM LAC CRE 12%	
<b>Lactic Acid (Ammonium Lactate) Lotion 12%</b>				
	63044048409	Generic	AMMONIUM LAC LOT 12%	
<b>Capsaicin Cream 0.025%</b>				
	00536252525	Generic	CAPSAICIN CRE 0.025%	
<b>Capsaicin Cream 0.075%</b>				
	00536111825	Brand	ARTH PAIN CRE 0.075%	PA REQUIRED
<b>Permethrin Creme Rinse 1%</b>				
	46122010846	Generic	LICE TRTMNT LIQ 1%	
	62011025501	Generic	LICE TRTMNT LIQ 1%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Permethrin Lotion 1%</b>				
	49348015078	Generic	LICE TREATMT LOT 1%	
	36800095526	Generic	LICE TREATMT LOT 1%	
<b>Pyrethrins-Piperonyl Butoxide Shampoo 0.33-4%</b>				
	37205016526	Generic	LICE KILLING SHA 0.33-4%	
	36800086634	Generic	LICE KILLING SHA	
	24385011603	Generic	LICE TREATMT SHA 0.33-4%	
	00904252820	Generic	LICE KILLING SHA 0.33-4%	
	00113086626	Generic	LICE KILLING SHA 0.33-4%	
	49348044334	Generic	LICE KILLING SHA 0.33-4%	
	62011011902	Generic	LICE KILLING SHA 0.33-4%	
<b>Clotrimazole Vaginal Cream 1%</b>				
	51672200306	Generic	CLOTRIMAZOLE CRE 1% VAG	
	49348079376	Generic	CLOTRIMAZOLE CRE 1% VAG	
	00472022041	Generic	CLOTRIMAZOLE CRE 1%	
	00472022063	Generic	CLOTRIMAZOLE CRE 1%	
<b>Clotrimazole Vaginal Cream 2%</b>				
	24385011009	Generic	CLOTRIMAZOLE CRE 3 DAY	
	36800006200	Generic	CLOTRIMAZOLE CRE 2%	
	49348037954	Generic	3 DAY VAGINL CRE 2%	
	51672206200	Generic	3 DAY VAGINL CRE 2%	
<b>Miconazole Nitrate Vaginal Cream 2%</b>				
	51672203506	Generic	MICONAZOLE CRE 2%	
	49348053077	Generic	MICONAZOLE 7 CRE 2%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Miconazole Nitrate Vaginal Cream 2%</b>				
	49348087277	Generic	MICONAZOLE 7 CRE 2%	
	63868019845	Generic	MICONAZOLE 7 CRE 2%	
	24385059029	Generic	MICONAZOLE 7 CRE 2%	
	00904773445	Generic	MICONAZOLE 7 CRE 2%	
	36800082529	Generic	MICONAZOLE 7 CRE 2%	
	00472073041	Generic	MICONAZOLE CRE 2%	
	00472073063	Generic	MICONAZOLE CRE 2%	
	00713025237	Generic	MICONAZOLE CRE 2%	
	00113082529	Generic	MICONAZOLE 7 CRE 2%	
	00113021429	Generic	MICONAZOLE 7 CRE TUBE/KIT	
<b>Miconazole Nitrate Vaginal Cream 4% (200 MG/5GM)</b>				
	36800007009	Generic	MICONAZOLE 3 CRE 4%	
	63868019725	Generic	3 DAY VAGNAL CRE 4%	
<b>Miconazole Nitrate Vaginal Supp 200 MG &amp; 2% Cream 9 GM Kit</b>				
	49348035543	Generic	MICONAZOLE 3 KIT COMBO PK	
	24385060602	Generic	MICONAZOLE 3 KIT COMBO PK	
	00904541501	Generic	MICONAZOLE 3 KIT COMBO PK	
	36800008100	Generic	MICONAZOLE 3 KIT COMBO PK	
	37205058903	Generic	MICONAZOLE 3 KIT COMBO PK	
	00113008100	Generic	MICONAZOLE 3 KIT COMBO PK	
	00067209103	Generic	VAGISTAT-3 KIT COMBO PK	
<b>Miconazole Nitrate Vaginal Suppos 100 MG</b>				
	00713019757	Generic	MICONAZOLE SUP 100MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Miconazole Nitrate Vaginal Suppos 100 MG</b>				
	00472173607	Generic	MICONAZOLE 7 SUP 100MG	
	49348083361	Generic	SM MICON 7 SUP 100MG	
<b>Levonorgestrel Tab 1.5 MG</b>				
	50102011101	Generic	ECONTRA EZ TAB 1.5MG	
	50102011112	Generic	ECONTRA EZ TAB 1.5MG	
	50102021111	Generic	ECONTRA OS TAB 1.5MG	
	50102021116	Generic	ECONTRA OS TAB 1.5MG	
	51285010088	Generic	TAKE ACTION TAB 1.5MG	
	51285010388	Generic	AFTERA TAB 1.5MG	
	51285014619	Brand	PLAN B TAB 1.5MG	
	51285016288	Brand	PLAN B TAB 1.5MG	
	62756071860	Generic	OPCICON TAB 1.5MG	
	62756072060	Generic	MY CHOICE TAB 1.5MG	
	68180085211	Generic	MY WAY TAB 1.5MG	
	68180085212	Generic	MY WAY TAB 1.5MG	
	68180085313	Generic	FALLBACK TAB 1.5MG	
	68462012340	Generic	LEVONORGESTR TAB 1.5MG	
	69536010388	Generic	AFTERA TAB 1.5MG	
	69536016288	Brand	PLAN B TAB 1.5MG	
	69536020088	Generic	TAKE ACTION TAB 1.5MG	
	00113200312	Generic	OPTION 2 TAB 1.5MG	
	43386062230	Generic	MY WAY TAB 1.5MG	
	16714080901	Generic	NEW DAY TAB 1.5MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Niacin Cap ER 250 MG</b>				
	49483001401	Generic	NIACIN CAP 250MG SR	
	49483001410	Generic	NIACIN CAP 250MG SR	
<b>Niacin Cap ER 500 MG</b>				
	49483001801	Generic	NIACIN CAP 500MG SR	