

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 |
|--|-------------|---------------|--------------------------|-------------|
| Acetaminophen Cap 500 MG | | | | |
| | 00904198760 | Generic | MAPAP CAP 500MG | |
| | 46122038841 | Generic | GNP ACETAMIN CAP 500MG | |
| | 49348011610 | Generic | SM PAIN REL CAP 500MG | |
| Acetaminophen Chew Tab 160 MG | | | | |
| | 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 | |
| Acetaminophen Chew Tab 80 MG | | | | |
| | 00904579146 | Generic | MAPAP CHILD CHW 80MG | |
| | 00904525646 | Generic | MAPAP CHW 80MG | |
| | 00536101407 | Generic | PAIN & FEVER CHW 80MG | |
| Acetaminophen Liquid 160 MG/5ML | | | | |
| | 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--------------------------------------|-------------|---------------|---------------------------|-------------|
| Acetaminophen Soln 160 MG/5ML | | | | |
| | 66689005499 | Generic | ACETAMIN SOL 160/5ML | |
| | 66689005599 | Generic | ACETAMIN SOL 325MG | |
| | 66689005699 | Generic | ACETAMIN SOL 650/20.3 | |
| | 00536012285 | Generic | PAIN & FEVER SOL 160/5ML | |
| | 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 | |
| | 00904673870 | Generic | ACETAMINOPHE SOL 160/5ML | |
| | 00904673971 | Generic | ACETAMINOPHE SOL 325MG | |
| | 00904682076 | Generic | ACETAMINOPHE SOL 650/20.3 | |
| Acetaminophen Suppos 120 MG | | | | |
| | 45802073200 | Generic | ACETAMIN SUP 120MG | |
| | 45802073230 | Generic | ACETAMIN SUP 120MG | |
| | 45802073233 | Generic | ACETAMIN SUP 120MG | |
| | 00713011801 | Generic | ACEPHEN SUP 120MG | |
| | 00713011812 | Generic | ACEPHEN SUP 120MG | |
| | 00713011850 | Generic | ACEPHEN SUP 120MG | |
| | 51672211502 | Generic | FEVERALL SUP 120MG | |
| | 51672211504 | Generic | FEVERALL SUP 120MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--------------------------------------|-------------|---------------|--------------------------|-------------|
| Acetaminophen Suppos 325 MG | | | | |
| | 51672211602 | Brand | FEVERALL SUP 325MG | |
| | 51672211604 | Brand | FEVERALL SUP 325MG | |
| | 00713016401 | Generic | ACEPHEN SUP 325MG | |
| | 00713016412 | Generic | ACEPHEN SUP 325MG | |
| | 00713016450 | Generic | ACEPHEN SUP 325MG | |
| Acetaminophen Suppos 650 MG | | | | |
| | 00713016501 | Generic | ACEPHEN SUP 650MG | |
| | 00713016506 | 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 | |
| Acetaminophen Suppos 80 MG | | | | |
| | 51672211402 | Brand | FEVERALL INF SUP 80MG | |
| | 51672211404 | Brand | FEVERALL INF SUP 80MG | |
| Acetaminophen Susp 160 MG/5ML | | | | |
| | 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--------------------------------------|-------------|---------------|--------------------------|-------------|
| Acetaminophen Susp 160 MG/5ML | | | | |
| | 46122032226 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 46122032326 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 46122034046 | 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 | |
| | 46122031346 | Generic | PAIN RELIEF SUS 160/5ML | |
| | 49348011934 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 49348012334 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 49348008130 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 49348009334 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 49348032534 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 49348043030 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 68094001559 | Generic | ACETAMINOPHN SUS 160/5ML | |
| | 68094001561 | Generic | ACETAMINOPHN SUS 160/5ML | |
| | 68094001562 | Generic | ACETAMINOPHN 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--------------------------------------|-------------|---------------|--------------------------|-------------|
| Acetaminophen Susp 160 MG/5ML | | | | |
| | 68094058859 | Generic | ACETAMINOPHN SUS 325MG | |
| | 68094058862 | Generic | ACETAMINOPHN SUS 325MG | |
| | 63868017418 | Generic | PAIN RELIEF SUS 160/5ML | |
| | 63868017526 | Generic | NON-ASPIRIN SUS 160/5ML | |
| | 63868017626 | Generic | NON-ASPIRIN SUS 160/5ML | |
| | 70000030501 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 70000017301 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 70000014301 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 70000020501 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 70000047201 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 70000048101 | Generic | PAIN/FEVER SUS 160/5ML | |
| | 70000049601 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 45802020126 | Generic | ACETAMINOPHN SUS 160/5ML | |
| | 45802020326 | Generic | ACETAMINOPHN 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 | |
| | 36800059016 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 36800075926 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 36800076616 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 36800095926 | Generic | PAIN & FEVER SUS 160/5ML | |
| | 36800010526 | Generic | PAIN RELIEF SUS 160/5ML | |

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| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--------------------------------------|-------------|---------------|--------------------------|-------------|
| Acetaminophen Susp 160 MG/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 | |
| | 00904676620 | Generic | ACETAMINOPHN SUS 160/5ML | |
| | 00904653620 | Generic | MAPAP CHILDR SUS 160/5ML | |
| | 24385013026 | Generic | PAIN RELIEF SUS 160/5ML | |
| | 00536111196 | Generic | PAIN/FEVER SUS 160/5ML | |
| | 00536121277 | Generic | ACETAMINOPHN SUS 160/5ML | |
| | 00121178100 | Generic | ACETAMINOPHN SUS 160/5ML | |
| | 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 | |
| Acetaminophen Tab 325 MG | | | | |
| | 00113040378 | Generic | PAIN RELIEF TAB 325MG | |
| | 00536116401 | Generic | ACETAMIN TAB 325MG | |
| | 00536322201 | Generic | PAIN & FEVER TAB 325MG | |

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| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---------------------------------|-------------|---------------|------------------------|-------------|
| Acetaminophen Tab 325 MG | | | | |
| | 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 | |
| | 00904677361 | Generic | ACETAMINOPHE TAB 325MG | |
| | 00904671950 | Generic | ACETAMINOPHE TAB 325MG | |
| | 00904671960 | Generic | ACETAMINOPHE TAB 325MG | |
| | 00904671980 | Generic | ACETAMINOPHE TAB 325MG | |
| | 36800040378 | Generic | PAIN RELIEF TAB 325MG | |
| | 70000015201 | Generic | ACETAMINOPHN TAB 325MG | |
| | 70000015202 | Generic | ACETAMINOPHN TAB 325MG | |
| | 70000015204 | Generic | ACETAMINOPHN TAB 325MG | |
| | 70000037401 | Generic | ACETAMINOPHE TAB 325MG | |
| | 49348097310 | Generic | PAIN RELIEVE TAB 325MG | |
| | 49348097316 | Generic | PAIN RELIEVE TAB 325MG | |
| | 49483034001 | Generic | ACETAMIN TAB 325MG | |
| | 49483034010 | Generic | ACETAMIN TAB 325MG | |

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| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---------------------------------|-------------|---------------|------------------------|-------------|
| Acetaminophen Tab 325 MG | | | | |
| | 46122043078 | Generic | GNP ACETAMIN TAB 325MG | |
| | 46122024778 | Generic | PAIN RELIEF TAB 325MG | |
| | 46122039078 | Generic | PAIN RELIEF 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 | |
| Acetaminophen Tab 500 MG | | | | |
| | 62011002701 | Generic | PAIN RELIEF TAB 500MG | |
| | 62011004901 | Generic | PAIN RELIEF TAB 500MG | |
| | 62011002301 | Generic | PAIN RELIEF TAB 500MG | |
| | 62011002302 | Generic | PAIN RELIEF TAB 500MG | |
| | 62011002303 | Generic | PAIN RELIEF TAB 500MG | |
| | 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 | |

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| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---------------------------------|-------------|---------------|------------------------|-------------|
| Acetaminophen Tab 500 MG | | | | |
| | 46122054382 | Generic | PAIN RELIEF 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 | |
| | 70000041001 | Generic | ACETAMIN TAB 500MG | |
| | 70000041002 | Generic | ACETAMIN TAB 500MG | |
| | 70000037301 | Generic | ACETAMINOPHN TAB 500MG | |
| | 70000037302 | Generic | ACETAMINOPHN TAB 500MG | |
| | 70000037303 | Generic | ACETAMINOPHN TAB 500MG | |
| | 70000037304 | Generic | ACETAMINOPHN TAB 500MG | |
| | 70000037305 | Generic | ACETAMINOPHN TAB 500MG | |
| | 70000031202 | Generic | ACETAMIN TAB 500MG | |
| | 70000031203 | Generic | ACETAMIN TAB 500MG | |
| | 70000015301 | Generic | ACETAMIN TAB 500MG | |
| | 70000015002 | Generic | ACETAMIN TAB 500MG | |
| | 70000015003 | Generic | ACETAMIN TAB 500MG | |
| | 70000015101 | Generic | ACETAMIN TAB 500MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---------------------------------|-------------|---------------|--------------------------|-------------|
| Acetaminophen Tab 500 MG | | | | |
| | 70000015102 | Generic | ACETAMIN TAB 500MG | |
| | 70000015103 | Generic | ACETAMIN TAB 500MG | |
| | 63868050350 | Generic | NON-ASPIRIN TAB 500MG | |
| | 63868050701 | Generic | NON-ASPIRIN TAB 500MG | |
| | 63868098710 | Generic | NON-ASPIRIN TAB 500MG/RR | |
| | 63868098750 | Generic | NON-ASPIRIN TAB 500MG/RR | |
| | 70000044601 | Generic | ACETAMIN TAB 500MG | |
| | 70000044602 | Generic | ACETAMIN TAB 500MG | |
| | 70000044603 | Generic | ACETAMIN TAB 500MG | |
| | 36800040572 | Generic | PAIN RELIEF TAB 500MG | |
| | 36800040578 | 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 | |
| | 36800022771 | Generic | PAIN RELIEF TAB 500MG | |
| | 36800022778 | 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 | |
| | 36800001071 | Generic | PAIN RELIEF TAB 500MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---------------------------------|-------------|---------------|------------------------|-------------|
| Acetaminophen Tab 500 MG | | | | |
| | 36800001078 | Generic | PAIN RELIEF TAB 500MG | |
| | 00904672024 | Generic | ACETAMIN TAB 500MG | |
| | 00904672040 | Generic | ACETAMIN TAB 500MG | |
| | 00904672051 | Generic | ACETAMIN TAB 500MG | |
| | 00904672059 | Generic | ACETAMIN TAB 500MG | |
| | 00904672060 | Generic | ACETAMIN TAB 500MG | |
| | 00904672080 | Generic | ACETAMIN TAB 500MG | |
| | 00904673059 | Generic | ACETAMIN TAB 500MG | |
| | 00904673060 | Generic | ACETAMIN TAB 500MG | |
| | 00904673061 | Generic | ACETAMIN TAB 500MG | |
| | 00904673080 | Generic | ACETAMIN TAB 500MG | |
| | 00904674959 | Generic | ACETAMINOPHN TAB 500MG | |
| | 00904581660 | Generic | MAPAP TAB 500MG/RR | |
| | 16103037606 | Generic | PHARBETOL TAB 500MG | |
| | 16103037608 | Generic | PHARBETOL TAB 500MG | |
| | 16103037611 | Generic | PHARBETOL TAB 500MG | |
| | 24385048447 | Generic | PAIN RELIEF TAB 500MG | |
| | 24385048471 | Generic | PAIN RELIEF TAB 500MG | |
| | 24385048478 | Generic | PAIN RELIEF TAB 500MG | |
| | 24385048490 | Generic | PAIN RELIEF TAB 500MG | |
| | 24385014571 | Generic | PAIN RELIEF TAB 500MG | |
| | 00904198324 | Generic | MAPAP TAB 500MG | |
| | 00904198340 | Generic | MAPAP TAB 500MG | |

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| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---------------------------------|-------------|---------------|------------------------|-------------|
| Acetaminophen Tab 500 MG | | | | |
| | 00904198351 | Generic | MAPAP TAB 500MG | |
| | 00904198359 | Generic | MAPAP TAB 500MG | |
| | 00904198360 | Generic | MAPAP TAB 500MG | |
| | 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 | |
| | 00536117201 | Generic | ACETAMIN TAB 500MG | |
| | 00536117210 | Generic | ACETAMIN TAB 500MG | |
| | 00113022771 | Generic | PAIN RELIEF 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 | |
| | 00113018771 | Generic | PAIN RELIEF TAB 500MG | |
| | 00113018778 | Generic | PAIN RELIEF TAB 500MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|------------------------------------|-------------|---------------|------------------------|-------------|
| Acetaminophen Tab 500 MG | | | | |
| | 00113002562 | Generic | PAIN RELIEF TAB 500MG | |
| | 00113002571 | Generic | PAIN RELIEF TAB 500MG | |
| | 00113002578 | Generic | PAIN RELIEF TAB 500MG | |
| Acetaminophen Tab ER 650 MG | | | | |
| | 00113054462 | Generic | ARTHRTS PAIN TAB 650MG | |
| | 00113054471 | Generic | ARTHRTS PAIN TAB 650MG | |
| | 00113054478 | Generic | ARTHRTS PAIN TAB 650MG | |
| | 00113021771 | Generic | PAIN RELIEF TAB 650MG | |
| | 24385062971 | Generic | ARTHRTS PAIN TAB 650MG | |
| | 24385062978 | Generic | ARTHRTS PAIN TAB 650MG | |
| | 00904576960 | Generic | ARTHRTS PAIN TAB 650MG | |
| | 36800021778 | Generic | 8 HOUR PAIN TAB 650MG | |
| | 36800054462 | Generic | ARTHRTS PAIN TAB 650MG | |
| | 36800054471 | Generic | ARTHRTS PAIN TAB 650MG | |
| | 36800054478 | 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 | |
| | 70677001701 | Generic | SM PAIN RLVR TAB 650MG | |
| | 70677001801 | Generic | ARTHRTS PAIN TAB 650MG | |
| | 70677001901 | Generic | ARTHRTS PAIN TAB 650MG | |
| | 68084077725 | Generic | ACETAMIN TAB 650MG | PA REQUIRED |
| | 68084077795 | Generic | ACETAMIN TAB 650MG | |

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| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|------------------------|-------------|
| Acetaminophen Tab ER 650 MG | | | | |
| | 63868008901 | Generic | ARTHRTS PAIN TAB 650MG | |
| | 63868008950 | Generic | ARTHRTS PAIN TAB 650MG | |
| | 63868009150 | Generic | QC APAP 8 HR TAB 650MG | |
| | 70000018001 | Generic | 8 HOUR PAIN TAB 650MG | |
| | 70000018002 | Generic | 8 HOUR PAIN TAB 650MG | |
| | 70000018003 | Generic | 8 HOUR PAIN TAB 650MG | |
| | 70000030601 | Generic | 8 HOUR PAIN TAB 650MG | |
| | 49348092110 | Generic | ARTHRTS PAIN TAB 650MG | |
| | 49348092410 | Generic | 8 HOUR PAIN TAB 650MG | |
| | 50268005211 | Generic | ACETAMINOPHE TAB 650MG | |
| | 50268005215 | Generic | ACETAMINOPHE TAB 650MG | PA REQUIRED |
| | 46122017081 | Generic | ARTHRTS PAIN 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 | |
| Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 325 MG | | | | |
| | 70000014701 | Generic | TRI-BUFF ASA TAB 325MG | |
| | 00904201559 | Generic | TRI-BUFF ASA TAB 325MG | |
| Aspirin Chew Tab 81 MG | | | | |
| | 00904404073 | Generic | ASPIRIN CHW 81MG | |

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| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-------------------------------|-------------|---------------|----------------------|-------------|
| Aspirin Chew Tab 81 MG | | | | |
| | 00536100836 | Generic | ASPIRIN CHW 81MG | |
| | 00536100862 | Generic | ASPIRIN CHW 81MG | |
| | 00113025968 | Generic | ASPIRIN CHW 81MG | |
| | 00113027468 | Generic | ASPIRIN CHW 81MG | |
| | 00113046708 | Generic | ASPIRIN CHW 81MG | |
| | 00113046768 | Generic | ASPIRIN CHW 81MG | |
| | 36800046768 | Generic | ASPIRIN LOW CHW 81MG | |
| | 36800025968 | Generic | ASPIRIN CHW 81MG | |
| | 36800027468 | Generic | ASPIRIN LOW CHW 81MG | |
| | 00904628880 | Generic | ASPIRIN LOW CHW 81MG | |
| | 00904628889 | Generic | ASPIRIN LOW CHW 81MG | |
| | 00904679480 | Generic | ASPIRIN LOW CHW 81MG | |
| | 00904679489 | Generic | ASPIRIN LOW CHW 81MG | |
| | 24385027868 | Generic | GNP ASPIRIN CHW 81MG | |
| | 24385036468 | Generic | GNP ASPIRIN CHW 81MG | |
| | 16103036605 | Generic | ASPIRIN CHW 81MG | |
| | 16103036611 | Generic | ASPIRIN CHW 81MG | |
| | 24385002868 | Generic | GNP ASPIRIN CHW 81MG | |
| | 70000017001 | Generic | ASPIRIN CHW 81MG | |
| | 70000041901 | Generic | ASPIRIN CHW 81MG | |
| | 70000042001 | Generic | ASPIRIN CHW 81MG | |
| | 70000042002 | Generic | ASPIRIN CHW 81MG | |
| | 63868002936 | Generic | ASPIRIN LOW CHW 81MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-------------------------------|-------------|---------------|------------------------|-------------|
| Aspirin Chew Tab 81 MG | | | | |
| | 63868024036 | Generic | ASPIRIN LOW 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 | |
| | 62011002801 | Generic | HM ASPIRIN CHW 81MG | |
| | 62011002101 | Generic | HM ASPIRIN CHW 81MG | |
| | 62107002636 | Generic | CHILD ASA LS CHW 81MG | |
| | 63739043401 | Generic | ASPIRIN CHW 81MG | |
| | 62011021201 | Generic | HM ASPIRIN CHW 81MG | |
| | 49348019107 | Generic | SM CHILD ASA CHW 81MG | |
| | 49483033463 | Generic | ASPIRIN LOW CHW 81MG | |
| | 49348075707 | Generic | SM ASPIRIN CHW 81MG | |
| | 49348049807 | Generic | SM ASPIRIN CHW 81MG | |
| Aspirin Tab 325 MG | | | | |
| | 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|----------------------|-------------|
| Aspirin Tab 325 MG | | | | |
| | 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 | |
| | 00904680940 | Generic | ASPIRIN TAB 325MG | |
| | 00904681180 | Generic | ASPIRIN TAB 325MG | |
| | 00904674460 | Generic | ASPIRIN TAB 325MG | |
| | 00113041678 | Generic | ASPIRIN TAB 325MG | |
| | 00113041687 | Generic | ASPIRIN TAB 325MG | |
| | 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 | |
| Aspirin Tab Delayed Release 325 MG | | | | |
| | 00536331301 | Generic | ASPIRIN TAB 325MG EC | |
| | 00536331310 | Generic | ASPIRIN TAB 325MG EC | |
| | 00904201159 | Generic | ASPIRIN TAB 325MG EC | |
| | 00904201360 | Generic | ASPIRIN TAB 325MG EC | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|--------------------------|-------------|
| Aspirin Tab Delayed Release 325 MG | | | | |
| | 00904201380 | Generic | ASPIRIN TAB 325MG EC | |
| | 00536114801 | Generic | ASPIRIN TAB 325MG EC | |
| | 00904671260 | Generic | ASPIRIN TAB 325MG EC | |
| | 16103035708 | Generic | ASPIRIN TAB 325MG EC | |
| | 16103035711 | Generic | ASPIRIN TAB 325MG EC | |
| | 24385042902 | Generic | GNP ASPIRIN TAB 325MG EC | |
| | 24385042990 | Generic | GNP ASPIRIN TAB 325MG EC | |
| | 36800042902 | Generic | ASPIRIN TAB 325MG EC | |
| | 70000035901 | Generic | ASPIRIN TAB 325MG EC | |
| | 63868089810 | Generic | ENTERIC ASA TAB 325MG EC | |
| | 62011004001 | Generic | ASPIRIN TAB 325MG EC | |
| | 63739052301 | Generic | ASPIRIN TAB 325MG EC | |
| | 62107002801 | Generic | ECPIRIN TAB 325MG EC | |
| | 62107002832 | Generic | ECPIRIN TAB 325MG EC | |
| | 49348093782 | Generic | SM ASPIRIN TAB 325MG EC | |
| | 50844022712 | Generic | EQ ASPIRIN TAB 325MG EC | |
| | 49483033101 | Generic | ASPIRIN TAB 325MG EC | |
| | 49483033110 | Generic | ASPIRIN TAB 325MG EC | |
| Aspirin Tab Delayed Release 81 MG | | | | |
| | 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|-------------------------|-------------|
| Aspirin Tab Delayed Release 81 MG | | | | |
| | 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 | |
| | 46122026248 | Generic | GNP ASPIRIN TAB 81MG EC | |
| | 46122018076 | Generic | ASPIRIN LOW TAB 81MG EC | |
| | 46122018087 | Generic | ASPIRIN LOW TAB 81MG EC | |
| | 62107002726 | Generic | ASPIRIN 81 TAB 81MG EC | |
| | 62107002732 | Generic | ASPIRIN 81 TAB 81MG EC | |
| | 63739052201 | Generic | ASPIRIN TAB 81MG EC | |
| | 63739052210 | Generic | ASPIRIN 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 | |
| | 63868037305 | Generic | ASPIRIN LOW TAB 81MG EC | |
| | 70000021801 | Generic | ASPIRIN LOW TAB 81MG EC | |
| | 70000020301 | Generic | ASPIRIN LOW TAB 81MG EC | |
| | 69536018112 | Generic | ASPIRIN TAB 81MG EC | |
| | 70000017801 | Generic | ASPIRIN TAB 81MG EC | |
| | 70000042801 | Generic | ASPIRIN LOW TAB 81MG EC | |
| | 36800027748 | Generic | ASPIRIN LOW TAB 81MG EC | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|-------------------------|-------------|
| Aspirin Tab Delayed Release 81 MG | | | | |
| | 36800002712 | Generic | ASPIRIN LOW TAB 81MG EC | |
| | 36800003018 | Generic | ASPIRIN TAB 81MG EC | |
| | 16103035609 | Generic | ASPIRIN TAB 81MG EC | |
| | 16103035611 | Generic | ASPIRIN TAB 81MG EC | |
| | 00904671318 | Generic | ASPIRIN LOW TAB 81MG EC | |
| | 00904675180 | Generic | ASPIRIN LOW TAB 81MG EC | |
| | 00904678370 | Generic | ASPIRIN LOW TAB 81MG EC | |
| | 00904770418 | Generic | ASPIR-LOW TAB 81MG EC | |
| | 00904770470 | Generic | ASPIR-LOW TAB 81MG EC | |
| | 00904770480 | Generic | ASPIR-LOW TAB 81MG EC | |
| | 00536114941 | Generic | ASPIRIN TAB 81MG EC | |
| | 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 | |
| Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG | | | | |
| | 00904513559 | Generic | PAIN RELIEVR TAB PLUS | |
| | 00113037462 | Generic | MIGRAINE TAB FORMULA | |
| | 00113037478 | Generic | MIGRAINE TAB FORMULA | |
| | 00067200020 | Brand | EXCEDRIN TAB EX ST | |
| | 00067200024 | Brand | EXCEDRIN TAB EX ST | |
| | 00067200033 | Brand | EXCEDRIN TAB EX ST | |
| | 00067200050 | Brand | EXCEDRIN TAB EX ST | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG | | | | |
| | 00067200077 | Brand | EXCEDRIN TAB EX ST | |
| | 00067203924 | Brand | EXCEDRIN TAB MIGRAINE | |
| | 00067203933 | Brand | EXCEDRIN TAB MIGRAINE | |
| | 00067203950 | Brand | EXCEDRIN TAB MIGRAINE | |
| | 00067203977 | Brand | EXCEDRIN TAB MIGRAINE | |
| | 00067203983 | Brand | EXCEDRIN TAB MIGRAINE | |
| | 00067203991 | Brand | EXCEDRIN TAB MIGRAINE | |
| | 00067203992 | Brand | EXCEDRIN TAB MIGRAINE | |
| | 24385036571 | Generic | GNP MIGRAINE TAB RELIEF | |
| | 24385036578 | Generic | GNP MIGRAINE TAB RELIEF | |
| | 36800037462 | Generic | MIGRAINE TAB FORMULA | |
| | 36800037478 | Generic | MIGRAINE TAB FORMULA | |
| | 36800043078 | Generic | HEADACHE FOR TAB ADDED ST | |
| | 70000014601 | Generic | HEADACHE TAB RELIEF | |
| | 70000024701 | Generic | MIGRAINE TAB RELIEF | |
| | 70000024702 | Generic | MIGRAINE TAB RELIEF | |
| | 70000025801 | Generic | HEADACHE TAB RELIEF | |
| | 63868048501 | Generic | QC HEADACHE TAB RELIEF | |
| | 62011024301 | Generic | HM MIGRAINE TAB FORMULA | |
| | 46122010478 | Generic | GNP HEADACHE TAB RELIEF | |
| | 46122038278 | Generic | GNP HEADACHE TAB EXTRA ST | |
| | 50268005311 | Generic | APAP/ASA/ TAB CAFFEINE | |
| | 50268005315 | Generic | APAP/ASA/ TAB CAFFEINE | PA REQUIRED |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|--------------------------|-------------|
| Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG | | | | |
| | 49348050610 | Generic | SM MIGRAINE TAB RELIEF | |
| Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%) | | | | |
| | 57782039726 | Generic | CROMOLYN SOD SPR 5.2/ACT | |
| Meclizine HCl Chew Tab 25 MG | | | | |
| | 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 | |
| Meclizine HCl Tab 12.5 MG | | | | |
| | 00536101701 | Generic | MECLIZINE TAB 12.5MG | |
| | 00536101710 | Generic | MECLIZINE TAB 12.5MG | |
| | 00536117801 | Generic | MECLIZINE TAB 12.5MG | |
| | 00536117810 | Generic | MECLIZINE TAB 12.5MG | |
| Meclizine HCl Tab 25 MG | | | | |
| | 24385038851 | Generic | MOTION SICK TAB 25MG | |
| | 49348036367 | Generic | MOTION SICK TAB 25MG | |
| | 62011003501 | Generic | MOTION RELF TAB 25MG | |
| | 62011034501 | Generic | MOTION RELF TAB 25MG | |
| | 70677002601 | Generic | MOTION SICK TAB 25MG | |
| Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML) | | | | |
| | 70677001401 | Generic | ALL DAY ALLG SOL 5MG/5ML | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|--------------------------|-------------|
| Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML) | | | | |
| | 70677001501 | 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 | |
| | 69230031611 | Generic | ALLERGY RELF SOL 1MG/ML | |
| | 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 | |
| | 54838055240 | Generic | CETIRIZINE SOL 5MG/5ML | |
| | 49348032634 | Generic | ALL DAY ALLG SOL 5MG/5ML | |
| | 49348093434 | Generic | ALL DAY ALLG SOL 5MG/5ML | |
| | 49348007834 | Generic | ALL DAY ALLG SOL 5MG/5ML | |
| | 24385018826 | Generic | ALL DAY ALLG SOL 1MG/ML | |
| | 00904676520 | Generic | CETIRIZINE SOL 1MG/ML | |
| | 36800047526 | Generic | ALL-DAY ALLG SOL 5MG/5ML | |
| | 36800018926 | Generic | ALL DAY ALLG SOL 1MG/ML | |
| | 46122010126 | Generic | ALL DAY ALLG SOL 5MG/5ML | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|--------------------------|-------------|
| Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML) | | | | |
| | 46122002026 | Generic | ALL DAY ALLG SOL 1MG/ML | |
| | 45802097426 | Generic | CETIRIZINE SOL 1MG/ML | |
| | 36800097426 | 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 | |
| Cetirizine HCl Tab 10 MG | | | | |
| | 00113945839 | Generic | ALL DAY ALLG TAB 10MG | |
| | 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 | |
| | 45802091939 | Generic | CETIRIZINE TAB 10MG | |
| | 45802091987 | Generic | CETIRIZINE TAB 10MG | |
| | 43598081112 | Generic | CETIRIZINE TAB 10MG | |
| | 43598081115 | 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---------------------------------|-------------|---------------|-----------------------|-------------|
| Cetirizine HCl Tab 10 MG | | | | |
| | 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 | |
| | 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 | |
| | 00904585272 | Generic | ALL DAY ALLG TAB 10MG | |
| | 00904585289 | Generic | ALL DAY ALLG TAB 10MG | |
| | 00904671740 | Generic | CETIRIZINE TAB 10MG | |
| | 00904671741 | Generic | CETIRIZINE TAB 10MG | |
| | 00904671743 | Generic | CETIRIZINE TAB 10MG | |
| | 00904671746 | Generic | CETIRIZINE TAB 10MG | |
| | 00904671760 | Generic | CETIRIZINE TAB 10MG | |
| | 00904671761 | Generic | CETIRIZINE TAB 10MG | |
| | 00904671772 | Generic | CETIRIZINE TAB 10MG | |
| | 00904671786 | Generic | CETIRIZINE TAB 10MG | |
| | 16571040210 | Generic | CETIRIZINE TAB 10MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---------------------------------|-------------|---------------|------------------------|-------------|
| Cetirizine HCl Tab 10 MG | | | | |
| | 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 | |
| | 49348098446 | Generic | SM ALL DAY TAB ALLERGY | |
| | 51079059701 | Generic | CETIRIZINE TAB 10MG | |
| | 51079059720 | 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 | |
| | 55111069990 | Generic | CETIRIZINE TAB 10MG | |
| | 60505263301 | Generic | CETIRIZINE TAB 10MG | |
| | 60505263308 | Generic | CETIRIZINE TAB 10MG | |
| | 60687016501 | Generic | CETIRIZINE TAB 10MG | |
| | 60687016511 | 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---------------------------------|-------------|---------------|-----------------------|-------------|
| Cetirizine HCl Tab 10 MG | | | | |
| | 62011030701 | Generic | CETIRIZINE TAB 10MG | |
| | 62011038401 | Generic | ALL DAY ALLG TAB 10MG | |
| | 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 | |
| | 70000038001 | Generic | ALL DAY ALLG TAB 10MG | |
| | 70000038002 | Generic | ALL DAY ALLG TAB 10MG | |
| | 70000038003 | Generic | ALL DAY ALLG TAB 10MG | |
| | 70000038004 | Generic | ALL DAY ALLG TAB 10MG | |
| | 69230030401 | Generic | ALLERGY RELI TAB 10MG | |
| | 69230030405 | Generic | ALLERGY RELI TAB 10MG | |
| | 69230030430 | Generic | ALLERGY RELI TAB 10MG | |
| | 63868013214 | Generic | QC ALLERGY TAB 10MG | |
| | 63868013230 | Generic | QC ALLERGY TAB 10MG | |
| | 63868013290 | Generic | QC ALLERGY TAB 10MG | |
| | 63868066514 | Generic | ALLGY RELIEF TAB 10MG | |
| | 63868066590 | Generic | ALLGY RELIEF TAB 10MG | |
| | 70677000601 | Generic | ALL DAY ALLG TAB 10MG | |
| | 70677000602 | Generic | ALL DAY ALLG TAB 10MG | |
| | 70677000603 | Generic | ALL DAY ALLG TAB 10MG | |
| Cetirizine HCl Tab 5 MG | | | | |
| | 60505263201 | Generic | CETIRIZINE TAB 5MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|------------------------------------|-------------|---------------|------------------------|-------------|
| Cetirizine HCl Tab 5 MG | | | | |
| | 16571040110 | Generic | CETIRIZINE TAB 5MG | |
| | 00781168301 | Generic | CETIRIZINE TAB 5MG | |
| | 00378363501 | Generic | CETIRIZINE TAB 5MG | |
| Fexofenadine HCl Tab 180 MG | | | | |
| | 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 |
| | 00904671152 | Generic | FEXOFENADINE TAB 180MG | PA REQUIRED |
| | 00904671189 | Generic | FEXOFENADINE TAB 180MG | PA REQUIRED |
| | 00904671192 | Generic | FEXOFENADINE TAB 180MG | PA REQUIRED |
| | 00904621446 | Generic | FEXOFENADINE TAB 180MG | PA REQUIRED |
| | 00904621452 | 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 |
| | 45802057178 | Generic | FEXOFENADINE TAB 180MG | PA REQUIRED |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|------------------------------------|-------------|---------------|------------------------|-------------|
| Fexofenadine HCl Tab 180 MG | | | | |
| | 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 |
| | 55111078401 | Generic | FEXOFENADINE TAB 180MG | PA REQUIRED |
| | 55111078430 | 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 |
| | 49348096856 | Generic | FEXOFENADINE TAB 180MG | PA REQUIRED |
| | 50268031611 | Generic | FEXOFENADINE TAB 180MG | PA REQUIRED |
| | 50268031615 | Generic | FEXOFENADINE TAB 180MG | PA REQUIRED |
| | 70677000801 | Generic | FEXOFENADINE TAB 180MG | PA REQUIRED |
| | 70677000802 | Generic | FEXOFENADINE TAB 180MG | PA REQUIRED |
| | 63868014130 | Generic | FEXOFENADINE TAB 180MG | PA REQUIRED |
| | 69230030001 | Generic | ALLERGY RELF TAB 180MG | PA REQUIRED |
| | 69230030005 | Generic | ALLERGY RELF TAB 180MG | PA REQUIRED |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|------------------------|-------------|
| Fexofenadine HCl Tab 180 MG | | | | |
| | 69230030030 | Generic | ALLERGY RELF TAB 180MG | PA REQUIRED |
| | 70000036101 | Generic | 24HR ALLERGY 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 |
| | 70000021201 | Generic | ALLERGY RELF TAB 180MG | PA REQUIRED |
| | 70000021202 | Generic | ALLERGY RELF TAB 180MG | PA REQUIRED |
| | 70000021203 | Generic | ALLERGY RELF TAB 180MG | PA REQUIRED |
| Fexofenadine HCl Tab 60 MG | | | | |
| | 70677000701 | Generic | FEXOFENADINE TAB 60MG | PA REQUIRED |
| | 51079054701 | Generic | FEXOFENADINE TAB 60MG | PA REQUIRED |
| | 51079054720 | Generic | FEXOFENADINE TAB 60MG | PA REQUIRED |
| | 62011031401 | Generic | FEXOFENADINE TAB 60MG | PA REQUIRED |
| | 45802042578 | Generic | FEXOFENADINE TAB 60MG | PA REQUIRED |
| | 36800042553 | 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 |
| Loratadine Rapidly-Disintegrating Tab 10 MG | | | | |
| | 24385016152 | Generic | ALLERGY RELF TAB 10MG | PA REQUIRED |
| | 24385054053 | Generic | ALLERGY RELF TAB 10MG | PA REQUIRED |
| | 51660052731 | Generic | ALLERGY RELF TAB 10MG | PA REQUIRED |
| | 46122053952 | Generic | LORATADINE TAB 10MG | PA REQUIRED |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-----------------------------|-------------|---------------|-----------------------|-------------|
| Loratadine Tab 10 MG | | | | |
| | 49348011201 | Generic | LORATADINE TAB 10MG | |
| | 49348011213 | Generic | LORATADINE TAB 10MG | |
| | 49348011244 | Generic | LORATADINE TAB 10MG | |
| | 46122015865 | Generic | LORATADINE TAB 10MG | |
| | 51079024601 | Generic | LORATADINE TAB 10MG | |
| | 51079024620 | Generic | LORATADINE TAB 10MG | |
| | 50268048811 | Generic | LORATADINE TAB 10MG | |
| | 50268048815 | Generic | LORATADINE TAB 10MG | |
| | 49348081845 | Generic | SM LORATADIN TAB 10MG | |
| | 49348081856 | Generic | SM LORATADIN TAB 10MG | |
| | 51660052601 | Generic | ALLERGY RELF TAB 10MG | |
| | 51660052605 | Generic | ALLERGY RELF TAB 10MG | |
| | 51660052611 | 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 | |
| | 62011024804 | Generic | LORATADINE TAB 10MG | |
| | 62011024805 | Generic | LORATADINE TAB 10MG | |
| | 62011025801 | Generic | LORATADINE TAB 10MG | |
| | 62011025802 | Generic | LORATADINE TAB 10MG | |
| | 62011025803 | Generic | LORATADINE TAB 10MG | |
| | 62011025804 | Generic | LORATADINE TAB 10MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-----------------------------|-------------|---------------|-----------------------|-------------|
| Loratadine Tab 10 MG | | | | |
| | 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 | |
| | 70000031701 | Generic | ALLERGY RELF TAB 10MG | |
| | 69230031201 | Generic | ALLERGY RELF TAB 10MG | |
| | 69230031203 | Generic | ALLERGY RELF TAB 10MG | |
| | 69230031230 | Generic | ALLERGY RELF TAB 10MG | |
| | 68084024801 | Generic | LORATADINE TAB 10MG | |
| | 68084024811 | Generic | LORATADINE TAB 10MG | |
| | 63868015101 | Generic | LORATADINE TAB 10MG | |
| | 63868015110 | Generic | LORATADINE TAB 10MG | |
| | 63868015130 | Generic | LORATADINE TAB 10MG | |
| | 24385047152 | Generic | LORATADINE TAB 10MG | |
| | 24385047178 | Generic | LORATADINE TAB 10MG | |
| | 24385047199 | Generic | LORATADINE TAB 10MG | |
| | 16714089801 | Generic | LORATADINE TAB 10MG | |
| | 16714089802 | Generic | LORATADINE TAB 10MG | |
| | 16714089803 | Generic | LORATADINE TAB 10MG | |
| | 16714048201 | Generic | LORATADINE TAB 10MG | |
| | 16714048202 | Generic | LORATADINE TAB 10MG | |
| | 16714048203 | Generic | LORATADINE TAB 10MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|-----------------------|-------------|
| Loratadine Tab 10 MG | | | | |
| | 00904579361 | Generic | LORATADINE TAB 10MG | |
| | 00904572872 | Generic | ALLERGY TAB 10MG | |
| | 00904572887 | Generic | ALLERGY TAB 10MG | |
| | 00904572889 | Generic | ALLERGY TAB 10MG | |
| | 00904685207 | Generic | LORATADINE TAB 10MG | |
| | 00904685260 | Generic | LORATADINE TAB 10MG | |
| | 00904685261 | Generic | LORATADINE TAB 10MG | |
| | 36800061246 | Generic | ALLERGY RELF TAB 10MG | |
| | 36800061265 | Generic | ALLERGY RELF TAB 10MG | |
| | 36800061276 | Generic | ALLERGY RELF TAB 10MG | |
| | 36800061287 | Generic | ALLERGY RELF TAB 10MG | |
| | 45802065065 | Generic | LORATADINE TAB 10MG | |
| | 45802065078 | Generic | LORATADINE TAB 10MG | |
| | 45802065087 | Generic | LORATADINE 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 | |
| Chlorpheniramine Maleate Syrup 2 MG/5ML | | | | |
| | 00485009804 | Generic | ED CHLORPED SYP JR | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|----------------------|-------------|
| Chlorpheniramine Maleate Syrup 2 MG/5ML | | | | |
| | 00485009816 | Generic | ED CHLORPED SYP JR | |
| Chlorpheniramine Maleate Tab 4 MG | | | | |
| | 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 | |
| | 00904001280 | Generic | ALLERGY TAB 4MG | |
| | 00113004278 | Generic | GS ALLERGY TAB 4MG | |
| | 36800046362 | 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 | |
| | 70677000401 | Generic | SM ALLERGY TAB 4MG | |
| | 62011031101 | Generic | ALLERGY RELF TAB 4MG | |
| | 62011005901 | Generic | HM ALLERGY TAB 4MG | |
| | 49483024201 | Generic | ALLERGY-TIME TAB 4MG | |
| | 49483024210 | Generic | ALLERGY-TIME TAB 4MG | |
| Diphenhydramine HCl Cap 25 MG | | | | |
| | 46122042762 | Generic | GNP ALLERGY CAP 25MG | |
| | 46122044062 | Generic | GNP ALLERGY CAP 25MG | |
| | 46122044078 | Generic | GNP ALLERGY CAP 25MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--------------------------------------|-------------|---------------|-----------------------|-------------|
| Diphenhydramine HCl Cap 25 MG | | | | |
| | 62011030901 | Generic | HM ALLERGY CAP 25MG | |
| | 63868008701 | Generic | COMP ALLERGY CAP 25MG | |
| | 63868008724 | Generic | COMP ALLERGY CAP 25MG | |
| | 62011031701 | Generic | ALLERGY RELF CAP 25MG | |
| | 70677001001 | Generic | ALLERGY RELF CAP 25MG | |
| | 70677000201 | Generic | ALLERGY RELF 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 | |
| | 16103034803 | Generic | PHARBEDRYL CAP 25MG | |
| | 16103034808 | Generic | PHARBEDRYL CAP 25MG | |
| | 16103034811 | Generic | PHARBEDRYL CAP 25MG | |
| | 36800046262 | Generic | ALLERGY CAP 25MG | |
| | 36800046267 | Generic | ALLERGY CAP 25MG | |
| | 36800046278 | Generic | ALLERGY CAP 25MG | |
| | 42806064801 | Generic | DIPHENHYDRAM CAP 25MG | |
| | 42806064810 | Generic | DIPHENHYDRAM CAP 25MG | |
| | 00113046262 | Generic | ALLERGY RELF CAP 25MG | |
| | 00904203524 | Generic | BANOPHEN CAP 25MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Diphenhydramine HCl Cap 25 MG | | | | |
| | 00904530624 | Generic | BANOPHEN CAP 25MG | |
| | 00904530660 | Generic | BANOPHEN CAP 25MG | |
| | 00904530661 | Generic | DIPHENHYDRAM CAP 25MG | |
| | 00904530680 | Generic | BANOPHEN CAP 25MG | |
| | 00536101001 | Generic | DIPHENHIST CAP 25MG | |
| Diphenhydramine HCl Cap 50 MG | | | | |
| | 00904530760 | Generic | BANOPHEN CAP 50MG | |
| | 00904530780 | Generic | BANOPHEN CAP 50MG | |
| | 00904205661 | Generic | DIPHENHYDRAM CAP 50MG | |
| | 42806064901 | Generic | DIPHENHYDRAM CAP 50MG | |
| | 42806064910 | Generic | DIPHENHYDRAM CAP 50MG | |
| | 16103034711 | Generic | PHARBEDRYL CAP 50MG | |
| | 66424002101 | Generic | DIPHENHYDRAM CAP 50MG | |
| | 66424002110 | Generic | DIPHENHYDRAM CAP 50MG | |
| Diphenhydramine HCl Liquid 12.5 MG/5ML | | | | |
| | 63868082354 | Generic | CHLD ALLERGY LIQ 12.5/5ML | |
| | 68094002259 | Generic | DIPHENHYDRAM LIQ 12.5/5ML | |
| | 68094002262 | Generic | DIPHENHYDRAM LIQ 12.5/5ML | |
| | 68094002459 | Generic | DIPHENHYDRAM LIQ 25/10ML | |
| | 68094002462 | Generic | DIPHENHYDRAM LIQ 25/10ML | |
| | 70000024501 | Generic | ALLERGY RELF LIQ 12.5/5ML | |
| | 70000024502 | Generic | ALLERGY RELF LIQ 12.5/5ML | |
| | 70000024601 | Generic | ALLERGY RELF LIQ 12.5/5ML | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Diphenhydramine HCl Liquid 12.5 MG/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 | |
| | 49348004534 | Generic | ALLERGY RELF LIQ 12.5/5ML | |
| | 49348004537 | Generic | ALLERGY RELF LIQ 12.5/5ML | |
| | 46122036126 | Generic | ALLERGY CHLD LIQ 12.5/5ML | |
| | 24385037926 | Generic | CHLD ALLERGY LIQ 12.5/5ML | |
| | 00904674070 | Generic | DIPHENHYDRAM LIQ 12.5/5ML | |
| | 00904674172 | Generic | DIPHENHYDRAM LIQ 25/10ML | |
| | 36800037926 | Generic | CHLD ALLERGY LIQ 12.5/5ML | |
| | 36800037934 | Generic | CHLD ALLERGY LIQ 12.5/5ML | |
| | 00904517416 | Generic | BANOPHEN 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 | |
| Diphenhydramine HCl Tab 25 MG | | | | |
| | 00113047953 | Generic | ALLERGY RELF TAB 25MG | |
| | 00113047962 | Generic | ALLERGY RELF TAB 25MG | |
| | 00113047978 | Generic | ALLERGY RELF TAB 25MG | |
| | 00536101601 | Generic | DIPHENHIST TAB 25MG | |
| | 00536121429 | Generic | DIPHENHYDRAM TAB 25MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--------------------------------------|-------------|---------------|--------------------------|-------------|
| Diphenhydramine HCl Tab 25 MG | | | | |
| | 00904555124 | Generic | BANOPHEN TAB 25MG | |
| | 00904555159 | Generic | BANOPHEN TAB 25MG | |
| | 24385047962 | Generic | GNP ALLERGY TAB 25MG | |
| | 24385047978 | Generic | GNP ALLERGY TAB 25MG | |
| | 49483006101 | Generic | DIPHENHYDRAM TAB 25MG | |
| | 49483006110 | Generic | DIPHENHYDRAM TAB 25MG | |
| | 62011031001 | Generic | ALLERGY RELF TAB 25MG | |
| | 62011031601 | Generic | ALLERGY RELF TAB 25MG | |
| | 70000013601 | Generic | ALLERGY RELF TAB 25MG | |
| | 70000013602 | Generic | ALLERGY RELF TAB 25MG | |
| | 70000013603 | Generic | ALLERGY RELF TAB 25MG | |
| | 70677000301 | Generic | SM ALLERGY TAB 25MG | |
| | 70677000901 | Generic | ALLERGY RELF TAB 25MG | |
| Loratadine Syrup 5 MG/5ML | | | | |
| | 70677002901 | Generic | SM ALLERGY SYP 5MG/5ML | |
| | 70000012501 | Generic | ALLERGY CHLD SYP 5MG/5ML | |
| | 70000025201 | Generic | ALLERGY CHLD SOL 5MG/5ML | |
| | 62011018101 | Generic | LORATADINE SYP 5MG/5ML | |
| | 62011030501 | Generic | LORATADINE SYP 5MG/5ML | |
| | 62011034801 | Generic | LORATADINE SYP 5MG/5ML | |
| | 54838055440 | Generic | LORATADINE SOL 5MG/5ML | |
| | 54838055840 | Generic | LORATADINE SOL 5MG/5ML | |
| | 51672209208 | Generic | LORATADINE SOL 5MG/5ML | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|-------------------------|-------------|
| Loratadine Syrup 5 MG/5ML | | | | |
| | 51672213108 | Generic | LORATADINE SOL 5MG/5ML | |
| | 51672207308 | Generic | LORATADINE SYP 5MG/5ML | |
| | 51672208508 | Generic | LORATADINE SYP 5MG/5ML | |
| | 49348063634 | Generic | LORATADINE SYP 5MG/5ML | |
| | 49348033334 | Generic | LORATADINE SYP 5MG/5ML | |
| | 46122016426 | Generic | LORATADINE SYP 5MG/5ML | |
| | 46122042326 | Generic | LORATADINE SOL 5MG/5ML | |
| | 00904676720 | Generic | LORATADINE SOL 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 | |
| Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML | | | | |
| | 00121127600 | Generic | GUAIFENESIN SYP DM | |
| | 00121127610 | Generic | GUAIFENESIN SYP DM | |
| | 00121063800 | Generic | GUAIFENESIN SYP DM | |
| | 00121063805 | Generic | GUAIFENESIN SYP DM | |
| | 00113035926 | Generic | TUSSIN DM SYP 100-10/5 | |
| | 00113035934 | Generic | TUSSIN DM 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 |
|---|-------------|---------------|---------------------------|-------------|
| Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML | | | | |
| | 00536118485 | Generic | EXTRA ACTION SYP 10-100/5 | |
| | 00536118497 | Generic | COUGH/CHEST SYP DM | |
| | 00536097085 | Generic | EXTRA ACTION SYP 100-10/5 | |
| | 00536097097 | Generic | EXTRA ACTION SYP 100-10/5 | |
| | 00904630620 | Generic | ROBAFEN 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 | |
| | 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 | |
| Guaifenesin Syrup 100 MG/5ML | | | | |
| | 54838011740 | Generic | SILTUSSIN SA SYP 100/5ML | |
| | 54838011770 | Generic | SILTUSSIN SA SYP 100/5ML | |
| | 54838011780 | Generic | SILTUSSIN SA SYP 100/5ML | |
| | 00904676316 | Generic | ROBAFEN SYP 100/5ML | |
| | 24385031034 | Generic | GNP TUSSIN SYP 100/5ML | |
| | 36800031026 | Generic | TUSSIN CHEST SYP 100/5ML | |
| | 00536082585 | Generic | COUGH SYP 100/5ML | |
| | 00536109597 | Generic | COUGH SYP | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|---------------------------|-------------|
| Guaifenesin Syrup 100 MG/5ML | | | | |
| | 00904006100 | Generic | ROBAFEN SYP 100/5ML | |
| | 00904006116 | Generic | ROBAFEN SYP 100/5ML | |
| | 00113006126 | Generic | TUSSIN CHEST SYP 100/5ML | |
| | 00113006134 | Generic | TUSSIN CHEST SYP 100/5ML | |
| Pseudoephedrine HCl Liq 30 MG/5ML | | | | |
| | 00536185097 | Brand | NASAL DECONG LIQ 30MG/5ML | PA REQUIRED |
| Pseudoephedrine HCl Syrup 30 MG/5ML | | | | |
| | 00536185085 | Brand | NASAL DECON SYP 30MG/5ML | |
| Pseudoephedrine HCl Tab 30 MG | | | | |
| | 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 | |
| | 00904633724 | Generic | SUDOGEST MAX TAB 30MG | |
| | 00904633860 | Generic | SUDOGEST TAB 30MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|--------------------------|-------------|
| Pseudoephedrine HCl Tab 30 MG | | | | |
| | 62011031201 | Generic | NASAL DECONG TAB 30MG | |
| | 62011031202 | Generic | NASAL DECONG TAB 30MG | |
| | 62011031203 | Generic | NASAL DECONG TAB 30MG | |
| | 46122042862 | Generic | GNP DECONGE TAB 30MG | |
| | 70000013501 | Generic | NASAL DECONG TAB 30MG | |
| | 70000013502 | Generic | NASAL DECONG TAB 30MG | |
| | 70677000501 | Generic | NASAL DECONG TAB 30MG | |
| | 70677000502 | Generic | NASAL DECONG TAB 30MG | |
| | 70677000503 | Generic | NASAL DECONG TAB 30MG | |
| Pseudoephedrine HCl Tab 60 MG | | | | |
| | 00904512546 | Generic | SUDOGEST TAB 60MG | |
| | 00904512559 | Generic | SUDOGEST TAB 60MG | |
| Carbamide Peroxide 6.5% Otic Soln | | | | |
| | 00536112494 | Generic | EARWAX TRMNT DRO 6.5% OT | |
| | 00904662735 | Generic | EAR DROPS DRO 6.5% | |
| | 24385050305 | Generic | GNP EAR SYS SOL 6.5% OT | |
| | 36800083533 | Generic | EARWAX SOL REMOVAL | |
| | 63868002616 | Generic | EARWAX REMVL 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 | |
| Polyethylene Glycol 3350 Oral Powder | | | | |
| | 62011028701 | Generic | HM CLEARLAX POW | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|--------------------------|-------------|
| Polyethylene Glycol 3350 Oral Powder | | | | |
| | 62011028702 | Generic | HM CLEARLAX POW | |
| | 63868000214 | Generic | NATURA-LAX POW 3350 NF | |
| | 63868000230 | Generic | NATURA-LAX POW 3350 NF | |
| | 62175019015 | Generic | GLYCOLAX POW 3350 NF | |
| | 62175019031 | Generic | GLYCOLAX POW 3350 NF | |
| | 62175019507 | Generic | POLYETH GLYC POW 3350 NF | |
| | 62175019515 | Generic | POLYETH GLYC POW 3350 NF | |
| | 62175019531 | Generic | POLYETH GLYC POW 3350 NF | |
| | 51991096158 | Generic | POLYETH GLYC POW 3350 NF | |
| | 51991096257 | Generic | POLYETH GLYC POW 3350 NF | |
| | 62011015304 | Generic | HM CLEARLAX POW | |
| | 49348089350 | Generic | SM CLEARLAX POW | |
| | 70000041501 | Generic | CLEARLAX POW | |
| | 70000041502 | Generic | CLEARLAX POW | |
| | 70000041503 | Generic | CLEARLAX POW | |
| | 43386031208 | Generic | GAVILAX POW | |
| | 43386031214 | Generic | GAVILAX POW | |
| | 37205061271 | Generic | CLEARLAX POW | |
| | 37205061272 | Generic | CLEARLAX POW | |
| | 37205061273 | Generic | CLEARLAX POW | |
| | 46122001431 | Generic | GNP CLEARLAX POW | |
| | 46122001433 | Generic | GNP CLEARLAX POW | |
| | 46122001438 | Generic | GNP CLEARLAX POW | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|--------------------------|-------------|
| Polyethylene Glycol 3350 Oral Powder | | | | |
| | 46122001471 | Generic | GNP CLEARLAX POW | |
| | 45802086801 | Generic | POLYETH GLYC POW 3350 NF | |
| | 45802086802 | Generic | POLYETH GLYC POW 3350 NF | |
| | 45802086803 | Generic | POLYETH GLYC POW 3350 NF | |
| | 36800030601 | Generic | CLEARLAX POW | |
| | 36800030602 | Generic | CLEARLAX POW | |
| | 36800030603 | Generic | CLEARLAX POW | |
| | 36800018104 | Generic | CLEARLAX POW | |
| | 11534018019 | Generic | POLYETH GLYC POW 3350 NF | |
| | 11534018028 | Generic | POLYETH GLYC POW 3350 NF | |
| | 11534018050 | Generic | POLYETH GLYC POW 3350 NF | |
| | 00904602576 | Generic | PEG 3350 POW | |
| | 00536105224 | Generic | PEG3350 POW | |
| | 00536105227 | Generic | PEG3350 POW | |
| | 00536105284 | Generic | PEG3350 POW | |
| | 00113030602 | Generic | CLEARLAX POW | |
| | 00113030603 | Generic | CLEARLAX POW | |
| | 00113030617 | Generic | CLEARLAX POW | |
| | 00113030619 | Generic | CLEARLAX POW | |
| Simethicone Chew Tab 125 MG | | | | |
| | 00067011701 | Brand | GAS-X EX-STR CHW 125MG | |
| | 00067011718 | Brand | GAS-X EX-STR CHW 125MG | |
| | 00067011748 | Brand | GAS-X EX-STR CHW 125MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-------------------------------------|-------------|---------------|--------------------------|-------------|
| Simethicone Chew Tab 125 MG | | | | |
| | 00067012918 | Brand | GAS-X EX-STR CHW 125MG | |
| | 00536102008 | Generic | GAS RELIEF CHW 125MG | |
| | 24385030789 | Generic | GNP GAS RELF CHW 125MG | |
| | 49348086348 | Generic | SM GAS REL CHW 125MG | |
| | 62011018901 | Generic | HM GAS RELF CHW 125MG | |
| Simethicone Chew Tab 80 MG | | | | |
| | 62011029101 | Generic | HM GAS RELF CHW 80MG | |
| | 49348014707 | Generic | SM GAS RELIE CHW 80MG | |
| | 49348018810 | Generic | SM GAS RELF CHW 80MG | |
| | 24385011878 | Generic | GNP GAS RELF CHW 80MG | |
| | 37205011278 | Generic | GAS RELIEF CHW 80MG | |
| | 00536101901 | Generic | GAS RELIEF CHW 80MG | |
| | 00536120704 | Generic | GAS RELIEF CHW 80MG | |
| | 00904506860 | Generic | MI-ACID GAS CHW 80MG | |
| Simethicone Susp 40 MG/0.6ML | | | | |
| | 00536222075 | Generic | GAS RELIEF DRO 20/0.3ML | |
| | 00113088210 | Generic | SIMETHICONE DRO 20/0.3ML | |
| | 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 | |
| | 49348074027 | Generic | GAS RELIEF DRO 20/0.3ML | |
| | 62011018701 | Generic | GAS RELIEF DRO 20/0.3ML | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Simethicone Susp 40 MG/0.6ML | | | | |
| | 70000042301 | Generic | GAS RELIEF DRO 20/0.3ML | |
| Aluminum Hydroxide Gel Susp 320 MG/5ML | | | | |
| | 00536009185 | Generic | ALUM HYDROX SUS 320/5ML | |
| Bismuth Subsalicylate Chew Tab 262 MG | | | | |
| | 00536102107 | Generic | PEPTIC RELF CHW 262MG | |
| | 00904131546 | Generic | BISMATROL CHW 262MG | |
| | 00603023516 | Generic | PINK BISMUTH 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 | |
| | 49348095344 | Generic | STOMACH RELF CHW 262MG | |
| Bismuth Subsalicylate Susp 262 MG/15ML | | | | |
| | 49348001441 | Generic | SM STOMACH SUS 525/30ML | |
| | 62011027801 | Generic | HM STOMACH SUS 262/15ML | |
| | 62011039301 | Generic | STOMACH RELF 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 | |
| | 00113030234 | Generic | STOMACH RELF SUS 262/15ML | |
| | 00113030240 | Generic | STOMACH RELF SUS 262/15ML | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|--------------------------|-------------|
| Bismuth Subsalicylate Susp 262 MG/15ML | | | | |
| | 00904131309 | Generic | BISMATROL SUS 262/15ML | |
| | 00536181059 | Generic | PEPTIC RELF SUS 262/15ML | |
| Bismuth Subsalicylate Tab 262 MG | | | | |
| | 24385001758 | Generic | PINK BISMUTH TAB 262MG | |
| | 49348051159 | Generic | STOMACH RELF TAB 262MG | |
| Calcium Carbonate (Antacid) Chew Tab 1000 MG | | | | |
| | 49348095916 | Generic | SM ANTACID CHW 1000MG | |
| | 62011029401 | Generic | CAL ANTACID CHW 1000MG | |
| | 62011030001 | Generic | CAL ANTACID CHW 1000MG | |
| | 70000045901 | Generic | ANTACID CHW 1000MG | |
| | 37205033369 | Generic | CAL ANTACID CHW 1000MG | |
| | 36800059523 | Generic | CALC ANTACID 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 | |
| | 00135022801 | Brand | TUMS ULTRA CHW 1000MG | |
| | 00135061201 | Brand | TUMS ULTRA CHW 1000MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|------------------------|-------------|
| Calcium Carbonate (Antacid) Chew Tab 1000 MG | | | | |
| | 00135061202 | Brand | TUMS ULTRA CHW 1000MG | |
| Calcium Carbonate (Antacid) Chew Tab 500 MG | | | | |
| | 00135061101 | Brand | TUMS CHW 500MG | |
| | 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 | |
| | 00113047847 | Generic | CALC ANTACID CHW 500MG | |
| | 00113048547 | Generic | ANTACID CHW 500MG | |
| | 00536104815 | Generic | ANTACID CHW 500MG | |
| | 00536100715 | Generic | CAL-GEST CHW 500MG | |
| | 36800047847 | Generic | ANTACID CHW 500MG | |
| | 37205020047 | Generic | ANTACID CHW 500MG | |
| | 37205021047 | Generic | ANTACID CHW 500MG | |
| | 36800048547 | Generic | CALC ANTACID CHW 500MG | |
| | 00904641292 | Generic | CALC ANTACID CHW 500MG | |
| | 63868004715 | Generic | QC ANTACID CHW 500MG | |
| | 68084098832 | Generic | ANTACID CHW 500MG | |
| | 68084098833 | Generic | ANTACID CHW 500MG | |
| | 62011028101 | Generic | CALC ANTACID CHW 500MG | |
| | 49348010821 | Generic | CALCIUM ANTA CHW 500MG | |
| | 49348010621 | Generic | CALCIUM ANTA CHW 500MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|------------------------|-------------|
| Calcium Carbonate (Antacid) Chew Tab 750 MG | | | | |
| | 49348009434 | Generic | CALCIUM ANTA CHW 750MG | |
| | 46122031780 | Generic | GNP ANTACID 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 | |
| | 70000046001 | Generic | ANTACID CHW 750MG | |
| | 24385010680 | Generic | ANTACID CHW 750MG | |
| | 36800046880 | Generic | CALC ANTACID CHW 750MG | |
| | 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 | |
| | 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Calcium Carbonate (Antacid) Chew Tab 750 MG | | | | |
| | 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 | |
| | 00135015501 | Brand | TUMS EXTRA CHW 750MG | |
| | 00113048980 | Generic | ANTACID CHW 750MG | |
| | 00135060601 | Brand | TUMS CHEWY CHW BITES | |
| | 00135060602 | Brand | TUMS CHEWY CHW BITES | |
| | 00135024302 | Brand | 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 | |
| | 00135017802 | Brand | TUMS E-X CHW 750MG | |
| | 00135017803 | Brand | TUMS E-X CHW 750MG | |
| | 00135017808 | Brand | TUMS E-X CHW 750MG | |
| | 00135017809 | Brand | TUMS E-X CHW 750MG | |
| Calcium Carbonate (Antacid) Susp 1250 MG/5ML | | | | |
| | 00121476605 | Generic | CALCIUM CARB SUS 1250/5ML | |
| | 00121076616 | Generic | CALCIUM CARB SUS 1250/5ML | |
| | 00054311763 | Generic | CALCIUM CARB SUS 1250/5ML | |
| Magnesium Oxide Tab 400 MG | | | | |
| | 00603020922 | Generic | MAG OXIDE TAB 400MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|------------------------|-------------|
| Magnesium Oxide Tab 400 MG | | | | |
| | 58657012012 | Generic | MAG OXIDE TAB 400MG | |
| Sodium Bicarbonate Tab 325 MG | | | | |
| | 00536104610 | Generic | SODIUM BICAR TAB 325MG | |
| Sodium Bicarbonate Tab 650 MG | | | | |
| | 00536104710 | Generic | SODIUM BICAR TAB 650MG | |
| | 64980018210 | Generic | SODIUM BICAR TAB 10GR | |
| Loperamide HCl Cap 2 MG | | | | |
| | 63868087612 | Generic | QC ANTI-DIAR CAP 2MG | |
| | 63868087624 | Generic | QC ANTI-DIAR CAP 2MG | |
| | 70000023001 | Generic | ANTI-DIARRHE CAP 2MG | |
| | 70000046101 | Generic | ANTI-DIARRHE CAP 2MG | |
| | 70677006001 | Generic | ANTI-DIARRHE CAP 2MG | |
| | 62011015801 | Generic | LOPERAMIDE CAP 2MG | |
| | 62011039001 | Generic | ANTI-DIARRHE CAP 2MG | |
| | 46122020762 | Generic | ANTI-DIARRHE CAP 2MG | |
| | 46122058162 | Generic | ANTI-DIARRHE CAP 2MG | |
| | 49348075204 | Generic | ANTI-DIARRHE CAP 2MG | |
| | 36800052012 | Generic | ANTI-DIARRHE CAP 2MG | |
| | 36800052024 | Generic | ANTI-DIARRHE CAP 2MG | |
| Loperamide HCl Liq 1 MG/5ML (0.2 MG/ML) | | | | |
| | 50383061804 | Generic | LOPERAMIDE LIQ 1MG/5ML | |
| | 50383061805 | Generic | LOPERAMIDE LIQ 1MG/5ML | |
| | 50383061806 | Generic | LOPERAMIDE LIQ 1MG/5ML | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|------------------------|-------------|
| Loperamide HCl Liq 1 MG/5ML (0.2 MG/ML) | | | | |
| | 50383061810 | Generic | LOPERAMIDE LIQ 1MG/5ML | |
| | 50383061811 | Generic | LOPERAMIDE LIQ 1MG/5ML | |
| Famotidine Tab 10 MG | | | | |
| | 50268030211 | Generic | FAMOTIDINE TAB 10MG | |
| | 50268030215 | Generic | FAMOTIDINE TAB 10MG | |
| | 49348012812 | Generic | ACID REDUCER TAB 10MG | |
| | 49348012813 | Generic | ACID REDUCER TAB 10MG | |
| | 49348012844 | Generic | ACID REDUCER TAB 10MG | |
| | 46122039465 | Generic | ACID REDUCER TAB 10MG | |
| | 46122039472 | Generic | ACID REDUCER TAB 10MG | |
| | 46122020565 | Generic | ACID REDUCER TAB 10MG | |
| | 62011014201 | Generic | FAMOTIDINE TAB 10MG | |
| | 51660003531 | Generic | ACID CONTROL TAB 10MG | |
| | 63868071430 | Generic | ACID CONTROL TAB 10MG | |
| | 36800014165 | Generic | ACID REDUCER TAB 10MG | |
| | 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 | |
| | 00113014165 | Generic | ACID REDUCER TAB 10MG | |
| | 00093274865 | Generic | FAMOTIDINE TAB 10MG | |
| | 00093274892 | Generic | FAMOTIDINE TAB 10MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--------------------------------------|-------------|---------------|-----------------------|-------------|
| Famotidine Tab 10 MG | | | | |
| | 00093274894 | Generic | FAMOTIDINE TAB 10MG | |
| Ranitidine HCl Tab 75 MG | | | | |
| | 00113087665 | Generic | ACID REDUCER TAB 75MG | |
| | 00904634946 | Generic | RANITIDINE TAB 75MG | |
| | 00904634952 | Generic | RANITIDINE TAB 75MG | |
| | 00904671546 | Generic | RANITIDINE TAB 75MG | |
| | 00904671552 | Generic | RANITIDINE TAB 75MG | |
| | 36800027139 | Generic | HEARTBRN REL TAB 75MG | |
| | 36800027172 | Generic | HEARTBRN REL TAB 75MG | |
| | 70000037501 | Generic | ACID REDUCER TAB 75MG | |
| | 70000037502 | Generic | ACID REDUCER TAB 75MG | |
| | 51660035230 | Generic | ACID REDUCER TAB 75MG | |
| | 51660035260 | Generic | ACID REDUCER TAB 75MG | |
| | 55111013160 | Generic | RANITIDINE TAB 75MG | |
| | 62011028301 | Generic | ACID REDUCER TAB 75MG | |
| | 62011028302 | Generic | ACID REDUCER TAB 75MG | |
| | 46122022365 | Generic | ACID REDUCER TAB 75MG | |
| | 46122022372 | Generic | ACID REDUCER TAB 75MG | |
| | 49348013612 | Generic | ACID REDUCER TAB 75MG | |
| | 49348013644 | Generic | ACID REDUCER TAB 75MG | |
| *Sodium Phosphates - Enema*** | | | | |
| | 49348018614 | Generic | SM ENEMA ENE | |
| | 49348018620 | Generic | SM ENEMA ENE | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|--------------------------|-------------|
| *Sodium Phosphates - Enema*** | | | | |
| | 46122016128 | Generic | GNP ENEMA ENE | |
| | 46122016136 | Generic | GNP ENEMA ENE | |
| | 46122036428 | Generic | GNP ENEMA ENE | |
| | 46122036436 | Generic | GNP ENEMA ENE | |
| | 49348086420 | Generic | SM ENEMA ENE | |
| | 62011027101 | Generic | HM ENEMA ENE R-T-U | |
| | 62011027102 | Generic | HM ENEMA ENE R-T-U | |
| | 62011019101 | 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 | |
| | 36800000202 | Generic | ENEMA ENE SINGLE | |
| | 36800000236 | Generic | ENEMA ENE SINGLE | |
| | 00904632078 | Generic | ENEMA READY- ENE -TO-USE | |
| | 24385003936 | Generic | GNP ENEMA ENE | |
| | 00132020140 | Brand | FLEET ENE | |
| | 00132020142 | Brand | FLEET ENE | |
| | 00132020145 | Brand | FLEET ENE | |
| | 00536741551 | Generic | ENEMA READY- ENE -TO-USE | |
| Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML | | | | |
| | 00904000414 | Generic | MI-ACID SUS | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|--------------------------|-------------|
| Alum & Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML | | | | |
| | 00536194583 | Generic | RULOX SUS | |
| | 00536002583 | Generic | ALMACONE SUS | |
| | 00536118583 | Generic | ALMACONE SUS | |
| | 00113085140 | Generic | ANTACID SUS | |
| | 00121176130 | Generic | MAG-AL PLUS LIQ | |
| | 00113035740 | Generic | ANTACID PLUS SUS GAS REL | |
| | 24385035640 | Generic | GNP ANTACID SUS ANTI-GAS | |
| | 24385035740 | Generic | GNP MASANTI SUS REG ST | |
| | 00904572114 | Generic | MINTOX SUS | |
| | 00904676414 | Generic | MINTOX REGUL SUS MINT | |
| | 36800035740 | Generic | ANTACID PLUS SUS GAS REL | |
| | 37205053040 | Generic | ANTACID FAST SUS ACTING | |
| | 37205031440 | Generic | ANTACID SUS REG ST | |
| | 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 | |
| | 46122043340 | Generic | GNP ANTACID SUS REG ST | |
| | 46122043440 | Generic | GNP ANTACID SUS COOLMINT | |
| | 49348015339 | Generic | SM ANTACID SUS ADVANCED | |
| | 49348001939 | Generic | SM ANTACID/ SUS ANTIGAS | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|---------------------------|-------------|
| Alum & Mag Hydroxide-Simethicone Susp 400-400-40 MG/5ML | | | | |
| | 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 | |
| | 63868071557 | Generic | QC ANTACID SUS ANTI-GAS | |
| | 70000042201 | Generic | ANTACID MAX SUS CHERRY | |
| | 37205053540 | Generic | ANTACID SUS MAX ST | |
| | 37205053640 | Generic | ANTACID SUS MAX ST | |
| | 36800034040 | Generic | ANTACID PLUS SUS ANTI-GAS | |
| | 36800058840 | Generic | ANTACID SUS MAX ST | |
| | 00904572514 | Generic | MINTOX SUS MAX ST | |
| | 24385034040 | Generic | GNP MASANTI SUS MAX ST | |
| | 24385036240 | Generic | GNP ANTACID SUS CHERRY | |
| | 00113034040 | Generic | ANTACID PLUS SUS GAS REL | |
| | 00113058840 | Generic | ANTACID SUS ANTI-GAS | |
| | 00121176230 | Generic | MAG-AL PLUS LIQ XS | |
| | 00536001583 | Generic | ALMACONE DBL SUS STRENGTH | |
| | 00904000514 | Generic | MI-ACID SUS MAX ST | |
| Bisacodyl Suppos 10 MG | | | | |
| | 00574705012 | Generic | BISACODYL SUP 10MG | |
| | 00574705050 | Generic | BISACODYL SUP 10MG | |
| | 00713010901 | Generic | BISAC-EVAC SUP 10MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|-------------------------|-------------|
| Bisacodyl Suppos 10 MG | | | | |
| | 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 | |
| | 00536135501 | Generic | LAXATIVE SUP 10MG | |
| | 00536135512 | Generic | LAXATIVE SUP 10MG | |
| | 63868032808 | Generic | QC LAXATIVE SUP 10MG | |
| | 46122060851 | Generic | GENTLE LAXAT SUP 10MG | |
| | 46122038451 | Generic | GENTLE LAXAT SUP 10MG | |
| Bisacodyl Tab Delayed Release 5 MG | | | | |
| | 46122042963 | Generic | GNP LAXATIVE TAB 5MG EC | |
| | 49348003205 | Generic | SM GENTLE TAB LAXATIVE | |
| | 49348003210 | Generic | SM GENTLE TAB LAXATIVE | |
| | 49483000301 | Generic | BISACODYL TAB 5MG EC | |
| | 49483000310 | Generic | BISACODYL TAB 5MG EC | |
| | 62011027701 | Generic | HM LAXATIVE TAB 5MG | |
| | 62011027702 | Generic | HM LAXATIVE TAB 5MG | |
| | 62011027703 | Generic | HM LAXATIVE TAB 5MG | |
| | 62107003001 | Generic | DUCODYL TAB 5MG EC | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|-------------------------|-------------|
| Bisacodyl Tab Delayed Release 5 MG | | | | |
| | 62107003010 | Generic | DUCODYL TAB 5MG EC | |
| | 70000022101 | Generic | GENTLE LAXAT TAB 5MG EC | |
| | 70000022102 | Generic | GENTLE LAXAT TAB 5MG EC | |
| | 00536338101 | Generic | STIM LAXAT TAB 5MG EC | |
| | 00536338110 | Generic | STIM LAXAT TAB 5MG EC | |
| | 24385019365 | Generic | GNP LAXATIVE TAB 5MG EC | |
| | 00904640761 | Generic | BISACODYL TAB 5MG EC | |
| | 00904674817 | Generic | BISACODYL TAB 5MG EC | |
| | 00904674860 | Generic | BISACODYL TAB 5MG EC | |
| | 00904674880 | Generic | BISACODYL TAB 5MG EC | |
| | 00904792717 | Generic | BISACODYL TAB 5MG EC | |
| | 00904792760 | Generic | BISACODYL TAB 5MG EC | |
| | 00904792780 | Generic | BISACODYL TAB 5MG EC | |
| | 36800017465 | Generic | WOMANS LAXAT TAB 5MG EC | |
| | 24385090363 | Generic | GNP LAXATIVE TAB 5MG EC | |
| | 24385090378 | Generic | GNP BISA-LAX TAB 5MG EC | |
| | 36800008663 | Generic | LAXATIVE TAB 5MG EC | |
| | 37205029865 | Generic | FEMININE LAX TAB 5MG EC | |
| | 37205012863 | Generic | BISACODYL TAB 5MG EC | |
| Calcium Polycarbophil Tab 625 MG | | | | |
| | 37205021375 | Generic | FIBER LAXATV TAB 625MG | |
| | 36800047775 | Generic | FIBER LAXATV TAB 625MG | |
| | 36800047792 | Generic | FIBER LAXATV TAB 625MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|------------------------|-------------|
| Calcium Polycarbophil Tab 625 MG | | | | |
| | 24385012576 | Generic | FIBER-CAPS TAB 625MG | |
| | 00536430605 | Generic | FIBER-LAX TAB 625MG | |
| | 00536430608 | Generic | FIBER-LAX TAB 625MG | |
| | 00536430611 | Generic | FIBER-LAX TAB 625MG | |
| | 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 | |
| Docosate Calcium Cap 240 MG | | | | |
| | 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 | |
| Docosate Sodium Cap 100 MG | | | | |
| | 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-----------------------------------|-------------|---------------|------------------------|-------------|
| Docusate Sodium Cap 100 MG | | | | |
| | 36800048672 | Generic | STOOL SOFTNR CAP 100MG | |
| | 36800048678 | Generic | STOOL SOFTNR CAP 100MG | |
| | 36800023825 | Generic | STOOL SOFTNR CAP 100MG | |
| | 45802048678 | Generic | DOCUSATE SOD CAP 100MG | |
| | 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 | |
| | 62011038601 | Generic | STOOL SOFTNR CAP 100MG | |
| | 62011036101 | Generic | HM STOOL SOF 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-----------------------------------|-------------|---------------|------------------------|-------------|
| Docosate Sodium Cap 100 MG | | | | |
| | 62107003301 | Generic | DOCUSIL CAP 100MG | |
| | 62107003310 | Generic | DOCUSIL CAP 100MG | |
| | 62011022401 | Generic | STOOL SOFTNR CAP 100MG | |
| | 60687012901 | Generic | DOCUSATE SOD CAP 100MG | |
| | 60687012911 | Generic | DOCUSATE SOD CAP 100MG | |
| | 70000036501 | Generic | STOOL SOFTNR CAP 100MG | |
| | 70000036502 | Generic | STOOL SOFTNR CAP 100MG | |
| | 70000036503 | Generic | STOOL SOFTNR CAP 100MG | |
| | 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 |
| | 63868011625 | Generic | STOOL SOFTNR CAP 100MG | |
| | 70677003401 | Generic | STOOL SOFTNR CAP 100MG | |
| Docosate Sodium Cap 250 MG | | | | |
| | 70000038501 | Generic | STOOL SOFTEN CAP 250MG | |
| | 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Docusate Sodium Enema 283 MG | | | | |
| | 17433987603 | Generic | ENEMEEZ MINI ENE | PA REQUIRED |
| | 17433987805 | Generic | DOCUSOL MINI ENE | PA REQUIRED |
| Docusate Sodium Liquid 150 MG/15ML | | | | |
| | 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 | |
| Docusate Sodium Syrup 60 MG/15ML | | | | |
| | 54838010780 | Generic | SILACE SYP 60/15ML | |
| | 46122040043 | Generic | STOOL SOFTNR SYP 60/15ML | |
| Magnesium Citrate Soln | | | | |
| | 49348050449 | Generic | MAG CITRATE SOL CHERRY | |
| | 49348069649 | Generic | MAG CITRATE SOL LEMON | |
| | 62011016601 | Generic | MAG CITRATE SOL LEMON | |
| | 62011017400 | Generic | MAG CITRATE SOL CHERRY | |
| | 62011038001 | Generic | MAG CITRATE SOL LEMON | |
| | 62011038101 | Generic | MAG CITRATE SOL CHERRY | |
| | 70000042401 | Generic | MAG CITRATE SOL LEMON | |
| | 63868093510 | Generic | MAG CITRATE SOL LEMON | |
| | 63868094210 | Generic | MAG CITRATE SOL CHERRY | |
| | 63868094410 | Generic | MAG CITRATE SOL GRAPE | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|---------------------------|-------------|
| Magnesium Citrate Soln | | | | |
| | 70677005101 | Generic | MAG CITRATE SOL LEMON | |
| | 70677005301 | Generic | SM MAGNESIUM SOL CHERRY | |
| | 00904630477 | Generic | MAG CITRATE SOL LEMON | |
| | 00904678744 | Generic | MAG CITRATE SOL LEMON | |
| | 36800032910 | Generic | MAG CITRATE SOL LEMON | |
| | 24385067510 | Generic | MAG CITRATE SOL LEMON | |
| | 36800062610 | Generic | MAG CITRATE SOL CHERRY | |
| Magnesium Hydroxide Susp 400 MG/5ML | | | | |
| | 24385060840 | Generic | GNP MILK MAG SUS | |
| | 36800033240 | Generic | MILK OF MAGN SUS 1200/15 | |
| | 36800039640 | Generic | MILK OF MAGN SUS | |
| | 37205083340 | Generic | MILK OF MAGN SUS 400/5ML | |
| | 37205083440 | Generic | MILK OF MAGN SUS MINT | |
| | 36800094940 | Generic | MILK OF MAGN SUS CHERRY | |
| | 00904684673 | Generic | MILK OF MAGN SUS 2400MG | |
| | 00904675714 | Generic | MILK OF MAGN SUS 1200/15 | |
| | 24385033240 | Generic | GNP MILK MAG SUS | |
| | 24385039640 | Generic | GNP MILK MAG SUS | |
| | 00121043130 | Generic | MILK OF MAGN SUS | |
| | 00113033240 | Generic | MILK OF MAGN SUS FRSH MNT | |
| | 00113039640 | Generic | MILK OF MAGN SUS | |
| | 00536247083 | Generic | MILK OF MAGN SUS | |
| | 00536247085 | Generic | MILK OF MAGN SUS | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|---------------------------|-------------|
| Magnesium Hydroxide Susp 400 MG/5ML | | | | |
| | 00904078814 | Generic | MILK OF MAGN SUS 1200/15 | |
| | 00904078816 | Generic | MILK OF MAGN SUS 1200/15 | |
| | 00904078914 | Generic | MILK OF MAGN SUS MINT | |
| | 70000048301 | Generic | MILK OF MAGN SUS 1200/15 | |
| | 70000048401 | Generic | MILK OF MAGN SUS CHERRY | |
| | 63868078757 | Generic | MILK OF MAGN SUS 400/5ML | |
| | 63868078857 | Generic | MILK OF MAGN SUS 400/5ML | |
| | 63868031012 | Generic | MILK OF MAGN SUS 400/5ML | |
| | 66689005399 | Generic | MILK OF MAGN SUS 2400/30 | |
| | 62011012301 | Generic | MILK OF MAGN SUS 400/5ML | |
| | 62011012401 | Generic | MILK OF MAGN SUS 400/5ML | |
| | 49348030539 | Generic | MILK OF MAGN SUS 1200/15 | |
| | 49348030739 | Generic | MILK OF MAGN SUS 1200/15 | |
| | 49348030839 | Generic | MILK OF MAGN SUS 1200/15 | |
| | 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 | |
| Methylcellulose Powder Laxative | | | | |
| | 00904567516 | Generic | SOLUBLE FIB POW THERAPY | |
| | 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 |
|--|-------------|---------------|-------------------------|-------------|
| Methylcellulose Powder Laxative | | | | |
| | 00135009074 | Brand | CITRUCEL POW SF ORANG | |
| | 00135009075 | Brand | CITRUCEL POW SF ORANG | |
| Methylcellulose Tab 500 MG | | | | |
| | 00135019901 | Brand | CITRUCEL TAB 500MG | |
| | 00135019902 | Brand | CITRUCEL TAB 500MG | |
| | 00135019907 | Brand | CITRUCEL TAB 500MG | |
| | 24385046678 | Generic | FIBER THERAP TAB 500MG | |
| | 49348054110 | Generic | SM FIBER LAX TAB 500MG | |
| | 62011013401 | Generic | HM FIBER TAB 500MG | |
| Mineral Oil | | | | |
| | 46122039516 | Generic | GNP MINERAL OIL | |
| | 63868093816 | Generic | QC MINERAL OIL HEAVY | |
| | 70000044801 | Generic | MINERAL OIL | |
| | 24385068516 | Generic | GNP MINERAL OIL HEAVY | |
| Mineral Oil Enema | | | | |
| | 00132030140 | Brand | FLEET OIL ENE | |
| | 70000010901 | Generic | MINERAL OIL ENE | |
| | 46122036328 | Generic | MINERAL OIL ENE | |
| | 49348018520 | Generic | SM ENEMA ENE | |
| | 62011027001 | Generic | MINERAL OIL ENE | |
| Psyllium Cap 0.52 GM | | | | |
| | 62011005301 | Generic | HM FIBER CAP 0.52GM | |
| | 49348063349 | Generic | SM FIBER LAX CAP 0.52GM | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|----------------------------------|-------------|---------------|-------------------------|-------------|
| Psyllium Cap 0.52 GM | | | | |
| | 00224184710 | Generic | KONSYL CAP 520MG | |
| | 00224184780 | Generic | KONSYL CAP 520MG | |
| | 37205037278 | Generic | FIBER LAXTIV CAP 0.52GM | |
| Sennosides Chew Tab 15 MG | | | | |
| | 00067000512 | Brand | EX-LAX CHW 15MG | PA REQUIRED |
| | 00067000524 | Brand | EX-LAX CHW 15MG | PA REQUIRED |
| | 00067000548 | Brand | EX-LAX CHW 15MG | PA REQUIRED |
| | 70000047701 | Generic | CHOC LAXATIV CHW 15MG | PA REQUIRED |
| Sennosides Tab 15 MG | | | | |
| | 70000044301 | Generic | LAXATIVE REG TAB 15MG | PA REQUIRED |
| | 00067000308 | Brand | EX-LAX TAB 15MG | PA REQUIRED |
| | 00067000330 | Brand | EX-LAX TAB 15MG | PA REQUIRED |
| | 00067602560 | Generic | PERDIEM OVER TAB 15MG | |
| Sennosides Tab 17.2 MG | | | | |
| | 67618031512 | Brand | SENOKOT XTRA TAB 17.2MG | PA REQUIRED |
| | 67618012012 | Generic | SENOKOT EXTR TAB 17.2MG | PA REQUIRED |
| Sennosides Tab 25 MG | | | | |
| | 70000038601 | Generic | LAXATIVE MAX TAB 25MG | PA REQUIRED |
| | 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 |
| | 37205029462 | Generic | LAXATIVE TAB 25MG | PA REQUIRED |
| | 24385036962 | Generic | GNP LAXATIVE TAB 25MG | PA REQUIRED |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|------------------------------|-------------|---------------|---------------------|-------------|
| Sennosides Tab 8.6 MG | | | | |
| | 24385040471 | Generic | SENNALAX TAB 8.6MG | |
| | 16103036308 | Generic | SENNALAX TAB 8.6MG | |
| | 16103036311 | Generic | SENNALAX TAB 8.6MG | |
| | 00904672559 | Generic | SENNALAX TAB 8.6MG | |
| | 00904672580 | Generic | SENNALAX TAB 8.6MG | |
| | 00904643459 | Generic | SENNALAX TAB 8.6MG | |
| | 00904643480 | Generic | SENNALAX TAB 8.6MG | |
| | 00904652261 | Generic | SENNALAX TAB 8.6MG | |
| | 36800078601 | Generic | SENNALAX TAB 8.6MG | |
| | 00603028221 | Generic | SENNALAX TAB 8.6MG | |
| | 00603028232 | Generic | SENNALAX TAB 8.6MG | |
| | 00536590401 | Generic | SENNALAX TAB 8.6MG | |
| | 00536590410 | Generic | SENNALAX TAB 8.6MG | |
| | 49348016510 | Generic | SENNALAX TAB 8.6MG | |
| | 46122039678 | 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 | SENNALAX TAB 8.6MG | |
| | 62011036301 | Generic | SENNALAX TAB 8.6MG | |
| | 62011038701 | Generic | SENNALAX TAB 8.6MG | |
| | 62107003101 | Generic | SENNALAX TAB 8.6MG | |
| | 67618030010 | Brand | SENNALAX TAB 8.6MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Sennosides Tab 8.6 MG | | | | |
| | 67618030020 | Brand | SENOKOT TAB 8.6MG | |
| | 67618030050 | Brand | SENOKOT TAB 8.6MG | |
| | 63868025710 | Generic | NAT VEG LAX TAB 8.6MG | |
| | 70000044702 | Generic | SENNA TAB 8.6MG | |
| | 70677005801 | Generic | SM SENNA LAX TAB 8.6MG | |
| | 70677004101 | Generic | SM SENNA LAX TAB 8.6MG | |
| Sennosides-Docusate Sodium Tab 8.6-50 MG | | | | |
| | 70677004201 | Generic | SM SENNA-S TAB 8.6-50MG | |
| | 63868013510 | Generic | STOOL SOFTNR TAB 8.6-50MG | |
| | 63868013760 | Generic | STOOL SOFTNR TAB 8.6-50MG | |
| | 67618010630 | 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 | |
| | 67618031001 | Brand | SENOKOT S TAB 8.6-50MG | |
| | 67618031030 | Brand | SENOKOT S TAB 8.6-50MG | |
| | 67618031060 | Brand | SENOKOT S TAB 8.6-50MG | |
| | 70000040501 | Generic | SENNA PLUS TAB 8.6-50MG | |
| | 62011039501 | Generic | HM STOOL SOF TAB 8.6-50MG | |
| | 62011036401 | Generic | HM SENNA-S TAB 8.6-50MG | |
| | 63739043201 | Generic | SENNA/DSS TAB 8.6-50MG | |
| | 63739043210 | Generic | SENNA/DSS TAB 8.6-50MG | |
| | 62011029001 | Generic | HM SENNA-S TAB 8.6-50MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|----------------------------|-------------|
| Sennosides-Docusate Sodium Tab 8.6-50 MG | | | | |
| | 62011027301 | Generic | HM STOOL SOF TAB 8.6-50MG | |
| | 60258095106 | Generic | SENNAS TAB 8.6-50MG | |
| | 49483008101 | Generic | SENNAS-TIME S TAB 8.6-50MG | |
| | 49483008110 | Generic | SENNAS-TIME S TAB 8.6-50MG | |
| | 46122034372 | Generic | SENNAS PLUS TAB 8.6-50MG | |
| | 46122034478 | Generic | STOOL SOFTNR TAB 8.6-50MG | |
| | 49348015619 | Generic | SM SENNAS TAB 8.6-50MG | |
| | 49348018719 | Generic | SM STOOL TAB SOFTENER | |
| | 00536408601 | Generic | SENNAS-S TAB 8.6-50MG | |
| | 00536408610 | Generic | SENNAS-S TAB 8.6-50MG | |
| | 00904564360 | Generic | DOK PLUS TAB 8.6-50MG | |
| | 00904564361 | Generic | DOK PLUS TAB 8.6-50MG | |
| | 00536035501 | Generic | DSS/SENNAS TAB 8.6-50MG | |
| | 00536035510 | Generic | DSS/SENNAS TAB 8.6-50MG | |
| | 00536116701 | Generic | DSS/SENNAS TAB 50-8.6MG | |
| | 00536116710 | Generic | DSS/SENNAS TAB 50-8.6MG | |
| | 00536116901 | Generic | SENNAS-S TAB 8.6-50MG | |
| | 00536116910 | Generic | SENNAS-S TAB 8.6-50MG | |
| | 36800016260 | Generic | SENNAS-S TAB 8.6-50MG | |
| | 36800008401 | Generic | STOOL SOFTNR TAB 8.6-50MG | |
| | 36800008560 | Generic | LAX/STL SOFT TAB 8.6-50MG | |
| | 00904633961 | Generic | SENNAS PLUS TAB 8.6-50MG | |
| | 00904672360 | Generic | DOK PLUS TAB 50-8.6MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Sennosides-Docusate Sodium Tab 8.6-50 MG | | | | |
| | 00904672361 | Generic | DOK PLUS TAB 50-8.6MG | |
| | 00904672461 | Generic | SENNAPLUS TAB 8.6-50MG | |
| | 24385050572 | Generic | SENNAPLUS TAB 8.6-50MG | |
| Sennosides-Psyllium Cap 9-500 MG | | | | |
| | 00224186060 | Brand | SENNAPLUS CAP 9-500MG | PA REQUIRED |
| | 00224186081 | Brand | SENNAPLUS CAP 9-500MG | PA REQUIRED |
| Polysaccharide Iron Complex Cap 150 MG (Iron Equivalent) | | | | |
| | 63044020301 | Generic | IFEREX 150 CAP | PA REQUIRED |
| | 63044020361 | Generic | IFEREX 150 CAP | PA REQUIRED |
| Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv) | | | | |
| | 49348068603 | Generic | ALLERGY RELF TAB 1.34MG | |
| | 00113028273 | Generic | DAYHIST ALRG TAB 12 HOUR | |
| | 24385018351 | Generic | GNP DAYHIST TAB 1.34MG | |
| | 36800028251 | Generic | DAYHIST ALRG TAB 12 HOUR | |
| Coal Tar Shampoo 0.5% | | | | |
| | 00096073608 | Brand | DHS TAR GEL SHA 0.5% | |
| | 00096073704 | Brand | DHS TAR SHA | |
| | 00096073708 | Brand | DHS TAR SHA | |
| | 00904525944 | Generic | THERAPEUTIC SHA | |
| | 49348060247 | Generic | ANTI-DANDRUF SHA COAL TAR | |
| Diphenhydramine HCl Syrup 12.5 MG/5ML | | | | |
| | 54838015440 | Brand | SILPHEN COUG SYP 12.5/5ML | PA REQUIRED |
| | 54838015470 | Brand | SILPHEN COUG SYP 12.5/5ML | PA REQUIRED |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|---------------------------|-------------|
| Diphenhydramine HCl Syrup 12.5 MG/5ML | | | | |
| | 54838015480 | Brand | SILPHEN COUG SYP 12.5/5ML | PA REQUIRED |
| Diphenhydramine-Acetaminophen Tab 25-500 MG (sleep) | | | | |
| | 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 | |
| | 46122041971 | Generic | GNP PAIN PM TAB 25-500MG | |
| | 46122017971 | Generic | PAIN RELIEF TAB 25-500MG | |
| | 46122013471 | Generic | HEADACHE PM TAB 25-500MG | |
| | 70000041101 | Generic | ACETAMIN PM TAB 25-500MG | |
| | 70000041102 | Generic | ACETAMIN PM TAB 25-500MG | |
| | 70000041103 | Generic | ACETAMIN PM TAB 25-500MG | |
| | 70000030301 | Generic | HEADACHE PM TAB 500-25MG | |
| | 70000014901 | Generic | PAIN RELIEVE TAB 25-500MG | |
| | 63868032501 | Generic | PAIN RELIEVE TAB 25-500MG | |
| | 63868032550 | Generic | PAIN RELIEVE TAB 25-500MG | |
| | 00536101506 | Generic | APAP/DIPHEN 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 | |
| | 36800043771 | Generic | PAIN RELIEF TAB 25-500MG | |
| | 36800043778 | Generic | PAIN RELIEF TAB 25-500MG | |
| | 36800035571 | Generic | HEADACHE TAB 25-500MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|---------------------------|-------------|
| Diphenhydramine-Acetaminophen Tab 25-500 MG (sleep) | | | | |
| | 36800082927 | Generic | PAIN RELIEF TAB 25-500MG | |
| | 36800082949 | Generic | PAIN RELIEF TAB 25-500MG | |
| | 36800082960 | Generic | PAIN RELIEF TAB 25-500MG | |
| | 37205067771 | Generic | HEADACHE PM TAB 25-500MG | |
| | 46122002658 | Generic | PAIN RELIEF TAB 25-500MG | |
| | 00904765151 | Generic | MAPAP PM TAB 25-500MG | |
| | 00904673151 | Generic | ACETAMIN PM TAB 25-500MG | |
| Nicotine TD Patch 24HR 14 MG/24HR | | | | |
| | 43598044770 | Generic | NICOTINE TD DIS 14MG/24H | |
| | 43598044774 | 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 |
| | 00536110788 | Generic | NICOTINE TD DIS 14MG/24H | |
| | 00536589553 | Generic | NICOTINE TD DIS 14MG/24H | |
| | 00536589588 | Generic | NICOTINE TD DIS 14MG/24H | |
| | 70000011401 | Generic | NICOTINE TD DIS 14MG/24H | |
| | 70000011402 | Generic | NICOTINE TD DIS 14MG/24H | |
| | 70677003101 | Generic | SM NICOTINE DIS 14MG/24H | |
| | 46122035274 | Generic | GNP NICOTINE DIS 14MG/24H | |
| | 49348014546 | Generic | SM NICOTINE DIS 14MG/24H | |
| | 62011017201 | Generic | HM NICOTINE DIS 14MG/24H | |
| | 62011035001 | Generic | HM NICOTINE DIS 14MG/24H | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|---------------------------|-------------|
| Nicotine TD Patch 24HR 21 MG/24HR | | | | |
| | 62011035101 | Generic | HM NICOTINE DIS 21MG/24H | |
| | 62011017301 | Generic | HM NICOTINE DIS 21MG/24H | |
| | 49348014446 | Generic | SM NICOTINE DIS 21MG/24H | |
| | 46122035374 | Generic | GNP NICOTINE DIS 21MG/24H | |
| | 70677003201 | Generic | SM NICOTINE DIS 21MG/24H | |
| | 70000011501 | Generic | NICOTINE TD DIS 21MG/24H | |
| | 70000011502 | Generic | NICOTINE TD DIS 21MG/24H | |
| | 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 | |
| | 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 |
| | 00135019405 | Brand | NICODERM CQ DIS 21MG/24H | PA REQUIRED |
| | 43598044828 | Generic | NICOTINE TD DIS 21MG/24H | |
| | 43598044870 | Generic | NICOTINE TD DIS 21MG/24H | |
| | 43598044874 | Generic | NICOTINE TD DIS 21MG/24H | |
| Nicotine TD Patch 24HR 7 MG/24HR | | | | |
| | 43598044670 | Generic | NICOTINE TD DIS 7MG/24HR | |
| | 43598044674 | Generic | NICOTINE TD DIS 7MG/24HR | |
| | 00135019602 | Brand | NICODERM CQ DIS 7MG/24HR | PA REQUIRED |
| | 00135019605 | Brand | NICODERM CQ DIS 7MG/24HR | PA REQUIRED |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Nicotine TD Patch 24HR 7 MG/24HR | | | | |
| | 00536110688 | Generic | NICOTINE TD DIS 7MG/24HR | |
| | 00536589453 | Generic | NICOTINE TD DIS 7MG/24HR | |
| | 00536589488 | Generic | NICOTINE TD DIS 7MG/24HR | |
| | 70000011301 | Generic | NICOTINE TD DIS 7MG/24HR | |
| | 70000011302 | Generic | NICOTINE TD DIS 7MG/24HR | |
| | 70677003001 | Generic | SM NICOTINE 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 | |
| Nicotine Polacrilex Gum 2 MG | | | | |
| | 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 | |
| | 70000012201 | Generic | NICOTINE POL GUM 2MG MINT | |
| | 70000034501 | Generic | NICOTINE POL GUM 2MG ORIG | |
| | 70000034601 | Generic | NICOTINE POL GUM 2MGFRUIT | |
| | 70000034701 | Generic | NICOTINE POL GUM 2MG MINT | |
| | 70000034801 | Generic | NICOTINE POL GUM 2MG MINT | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-------------------------------------|-------------|---------------|---------------------------|-------------|
| Nicotine Polacrilex Gum 2 MG | | | | |
| | 70000034802 | Generic | NICOTINE POL GUM 2MG MINT | |
| | 00536340401 | Generic | NICOTINE POL GUM 2MG CINN | |
| | 00536338601 | Generic | NICOTINE POL GUM 2MGFRUIT | |
| | 00536302906 | Generic | NICOTINE POL GUM 2MG ORIG | |
| | 00536302923 | Generic | NICOTINE POL GUM 2MG ORIG | |
| | 00536302934 | Generic | NICOTINE POL GUM 2MG ORIG | |
| | 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 | |
| | 00135022502 | Brand | NICORETTE ST GUM 2MG MINT | PA REQUIRED |
| | 00135024102 | 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 |
| | 00135022905 | Brand | NICORETTE GUM 2MG MINT | PA REQUIRED |
| | 00135053202 | Brand | NICORETTE GUM 2MG | PA REQUIRED |
| | 00135053203 | Brand | NICORETTE GUM 2MG | PA REQUIRED |
| | 00135046601 | Brand | NICORETTE GUM 2MG CINN | PA REQUIRED |
| | 00135046602 | Brand | NICORETTE GUM 2MG CINN | PA REQUIRED |
| | 00135046605 | Brand | NICORETTE GUM 2MG CINN | PA REQUIRED |
| | 00135047401 | Brand | NICORETTE GUM 2MG MINT | PA REQUIRED |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-------------------------------------|-------------|---------------|---------------------------|-------------|
| Nicotine Polacrilex Gum 2 MG | | | | |
| | 00135047402 | Brand | NICORETTE GUM 2MG MINT | PA REQUIRED |
| | 00135047405 | Brand | NICORETTE GUM 2MG MINT | PA REQUIRED |
| | 00135047408 | 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 |
| | 00113020625 | Generic | NICOTINE POL GUM 2MG MINT | |
| | 45802020625 | Generic | NICOTINE POL GUM 2MG MINT | |
| | 36800035278 | Generic | NICOTINE POL GUM 2MGFRUIT | |
| | 36800045660 | Generic | NICOTINE POL GUM 2MG MINT | |
| | 36800045678 | Generic | NICOTINE POL GUM 2MG MINT | |
| | 36800020625 | Generic | NICOTINE POL GUM 2MG MINT | |
| | 36800002925 | Generic | NICOTINE POL GUM 2MG ORIG | |
| | 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 | |
| Nicotine Polacrilex Gum 4 MG | | | | |
| | 24385059871 | Generic | GNP NICOTINE GUM 4MG MINT | |
| | 00904573711 | Generic | NICORELIEF GUM 4MG MINT | |
| | 00904573751 | Generic | NICORELIEF GUM 4MG MINT | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-------------------------------------|-------------|---------------|---------------------------|-------------|
| Nicotine Polacrilex Gum 4 MG | | | | |
| | 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 | |
| | 36800053260 | Generic | NICOTINE POL GUM 4MG MINT | |
| | 36800053278 | Generic | NICOTINE POL GUM 4MG MINT | |
| | 45802000125 | Generic | NICOTINE POL GUM 4MG MINT | |
| | 36800085478 | Generic | NICOTINE POL GUM 4MGFRUIT | |
| | 00113017060 | Generic | NICOTINE GUM 4MG | |
| | 00113042225 | Generic | NICOTINE POL GUM 4MG MINT | |
| | 00113053278 | Generic | NICOTINE POL GUM 4MG MINT | |
| | 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 |
| | 00135047501 | Brand | NICORETTE GUM 4MG MINT | PA REQUIRED |
| | 00135047502 | Brand | NICORETTE GUM 4MG MINT | PA REQUIRED |
| | 00135047505 | Brand | NICORETTE GUM 4MG MINT | PA REQUIRED |
| | 00135047508 | Brand | NICORETTE GUM 4MG MINT | 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 |
| | 00135053302 | Brand | NICORETTE GUM 4MG | PA REQUIRED |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-------------------------------------|-------------|---------------|---------------------------|-------------|
| Nicotine Polacrilex Gum 4 MG | | | | |
| | 00135023005 | Brand | NICORETTE GUM 4MG MINT | PA REQUIRED |
| | 00135024202 | 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 |
| | 00135022602 | Brand | NICORETTE GUM 4MG MINT | 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 | |
| | 00536303006 | Generic | NICOTINE POL GUM 4MG ORIG | |
| | 00536303023 | Generic | NICOTINE POL GUM 4MG ORIG | |
| | 00536338701 | Generic | NICOTINE POL GUM 4MG | |
| | 00536340501 | Generic | NICOTINE POL GUM 4MG | |
| | 70000034101 | Generic | NICOTINE POL GUM 4MG ORIG | |
| | 70000034201 | Generic | NICOTINE POL GUM 4MGFRUIT | |
| | 70000034301 | Generic | NICOTINE POL GUM 4MG MINT | |
| | 70000034401 | Generic | NICOTINE POL GUM 4MG MINT | |
| | 70000034402 | Generic | NICOTINE POL GUM 4MG MINT | |
| | 70000012301 | Generic | NICOTINE POL GUM 4MG MINT | |
| | 70000012302 | Generic | NICOTINE POL GUM 4MG MINT | |
| | 49348078810 | Generic | SM NICOTINE GUM 4MG MINT | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Nicotine Polacrilex Gum 4 MG | | | | |
| | 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 | |
| Nicotine Polacrilex Lozenge 2 MG | | | | |
| | 62011019901 | Generic | HM NICOTINE LOZ 2MG MINT | |
| | 62011004801 | Generic | HM NICOTINE LOZ 2MG MINT | |
| | 46122025415 | Generic | GNP NICOTINE LOZ MINI 2MG | |
| | 46122025460 | Generic | GNP NICOTINE LOZ MINI 2MG | |
| | 46122017608 | Generic | GNP NICOTINE LOZ 2MG MINT | |
| | 49348085216 | Generic | SM NICOTINE LOZ 2MG MINT | |
| | 70000011701 | Generic | NICOTINE POL LOZ 2MG MINT | |
| | 70000034901 | Generic | NICOTINE LOZ 2MG MINT | |
| | 00135051001 | Brand | NICORETTE LOZ 2MG MINT | PA REQUIRED |
| | 00135051006 | Brand | NICORETTE LOZ 2MG MINT | PA REQUIRED |
| | 00135051007 | Brand | NICORETTE 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 |
| | 00113073402 | Generic | NICOTINE LOZ 2MG MINT | |
| | 00113034405 | Generic | NICOTINE POL LOZ 2MG MINT | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Nicotine Polacrilex Lozenge 2 MG | | | | |
| | 36800073402 | Generic | NICOTINE POL LOZ 2MG MINT | |
| | 37205098769 | Generic | NICOTINE POL LOZ 2MG MINT | |
| | 45802008901 | Generic | NICOTINE LOZ 2MG MINT | |
| | 45802008902 | Generic | NICOTINE LOZ 2MG MINT | |
| | 45802034403 | Generic | NICOTINE POL LOZ 2MG MINT | |
| | 45802034405 | Generic | NICOTINE POL LOZ 2MG MINT | |
| | 36800034405 | Generic | NICOTINE POL LOZ 2MG MINT | |
| Nicotine Polacrilex Lozenge 4 MG | | | | |
| | 36800053905 | Generic | NICOTINE POL LOZ 4MG CHRY | |
| | 45802087305 | Generic | NICOTINE POL LOZ 4MG MINT | |
| | 45802095701 | Generic | NICOTINE LOZ 4MG MINT | |
| | 45802095702 | Generic | NICOTINE LOZ 4MG MINT | |
| | 37205098869 | Generic | NICOTINE POL LOZ 4MG MINT | |
| | 36800087305 | Generic | NICOTINE POL LOZ 4MG MINT | |
| | 00113095702 | Generic | NICOTINE LOZ 4MG MINT | |
| | 00113087305 | Generic | NICOTINE POL LOZ 4MG MINT | |
| | 00113087306 | Generic | NICOTINE POL LOZ 4MG MINT | |
| | 00135050902 | Brand | NICORETTE LOZ 4MG MINT | PA REQUIRED |
| | 00135050904 | Brand | NICORETTE LOZ 4MG MINT | PA REQUIRED |
| | 00135051101 | Brand | NICORETTE LOZ 4MG MINT | PA REQUIRED |
| | 00135051106 | Brand | NICORETTE LOZ 4MG MINT | PA REQUIRED |
| | 00135051107 | Brand | NICORETTE LOZ 4MG MINT | PA REQUIRED |
| | 70000012100 | Generic | NICOTINE POL LOZ 4MG MINT | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Nicotine Polacrilex Lozenge 4 MG | | | | |
| | 49348085316 | Generic | SM NICOTINE LOZ 4MG MINT | |
| | 46122017708 | Generic | GNP NICOTINE LOZ 4MG MINT | |
| | 46122025515 | Generic | GNP NICOTINE LOZ 4MG MINT | |
| | 46122025560 | Generic | GNP NICOTINE LOZ 4MG MINT | |
| | 62011020001 | Generic | HM NICOTINE LOZ 4MG MINT | |
| | 62011017101 | Generic | HM NICOTINE LOZ 4MG MINT | |
| Ibuprofen Susp 100 MG/5ML | | | | |
| | 62011021401 | Generic | IBUPROFEN SUS 100/5ML | |
| | 62011003001 | Generic | IBUPROFEN SUS 100/5ML | |
| | 62011003003 | Generic | IBUPROFEN SUS 100/5ML | |
| | 62011001001 | Generic | IBUPROFEN SUS 100/5ML | |
| | 62011001101 | Generic | IBUPROFEN SUS 100/5ML | |
| | 51672213001 | Generic | IBUPROFEN SUS 100/5ML | |
| | 51672213008 | Generic | IBUPROFEN SUS 100/5ML | |
| | 49348087634 | Generic | IBUPROFEN SUS 100/5ML | |
| | 49348049934 | Generic | IBUPROFEN SUS 100/5ML | |
| | 49348050034 | Generic | IBUPROFEN SUS 100/5ML | |
| | 49348022934 | Generic | IBUPROFEN SUS 100/5ML | |
| | 49348022937 | Generic | IBUPROFEN SUS 100/5ML | |
| | 70000018101 | Generic | IBUPROFEN SUS 100/5ML | |
| | 70000025901 | Generic | IBUPROFEN SUS 100/5ML | |
| | 70000026201 | Generic | IBUPROFEN SUS 100/5ML | |
| | 70000026301 | Generic | IBUPROFEN SUS 100/5ML | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|----------------------------------|-------------|---------------|-----------------------|-------------|
| Ibuprofen Susp 100 MG/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 | |
| | 69230030811 | 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 | |
| | 63868075618 | Generic | IBUPROFEN SUS 100/5ML | |
| | 63868075818 | Generic | IBUPROFEN SUS 100/5ML | |
| | 63868077604 | Generic | IBUPROFEN SUS 100/5ML | |
| | 63868077904 | Generic | IBUPROFEN SUS 100/5ML | |
| | 63868077908 | Generic | IBUPROFEN SUS 100/5ML | |
| | 00113089726 | Generic | IBUPROFEN SUS 100/5ML | |
| | 00113089734 | Generic | IBUPROFEN SUS 100/5ML | |
| | 00113066026 | Generic | IBUPROFEN SUS 100/5ML | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|----------------------------------|-------------|---------------|--------------------------|-------------|
| Ibuprofen Susp 100 MG/5ML | | | | |
| | 00113068526 | Generic | IBUPROFEN SUS 100/5ML | |
| | 00121183605 | Generic | IBUPROFEN SUS 100/5ML | |
| | 00113016626 | Generic | IBUPROFEN SUS 100/5ML | |
| | 00904557720 | Generic | IBUPROFEN SUS 100/5ML | |
| | 00904530909 | Generic | IBUPROFEN SUS 100/5ML | |
| | 00904530920 | 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 | |
| | 36800089726 | Generic | IBUPROFEN SUS 100/5ML | |
| | 36800066026 | Generic | IBUPROFEN SUS 100/5ML | |
| | 36800068526 | Generic | IBUPROFEN SUS 100/5ML | |
| | 45802089726 | Generic | IBUPROFEN SUS 100/5ML | |
| | 45802089734 | Generic | IBUPROFEN SUS 100/5ML | |
| | 46122011026 | Generic | IBUPROFEN SUS 100/5ML | |
| | 45802013326 | Generic | IBUPROFEN SUS 100/5ML | |
| | 45802014026 | Generic | IBUPROFEN SUS 100/5ML | |
| | 24385090526 | Generic | IBUPROFEN SUS 100/5ML | |
| | 24385090534 | Generic | IBUPROFEN SUS 100/5ML | |
| | 36800016626 | Generic | IBUPROFEN SUS 100/5ML | |
| | 24385037226 | Generic | IBUPROFEN SUS 100/5ML | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|----------------------------------|-------------|---------------|-----------------------|-------------|
| Ibuprofen Susp 100 MG/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 | |
| Ibuprofen Tab 200 MG | | | | |
| | 24385005878 | Generic | IBUPROFEN TAB 200MG | |
| | 24385005882 | Generic | IBUPROFEN TAB 200MG | |
| | 24385005978 | Generic | IBUPROFEN TAB 200MG | |
| | 16103039306 | Generic | IBUPROFEN TAB 200MG | |
| | 16103039308 | Generic | IBUPROFEN TAB 200MG | |
| | 24385060471 | Generic | IBUPROFEN TAB 200MG | |
| | 24385060478 | Generic | IBUPROFEN TAB 200MG | |
| | 24385060490 | Generic | IBUPROFEN TAB 200MG | |
| | 24385064771 | Generic | IBUPROFEN TAB 200MG | |
| | 24385064778 | Generic | IBUPROFEN TAB 200MG | |
| | 00904674724 | Generic | IBUPROFEN TAB 200MG | |
| | 00904674740 | Generic | IBUPROFEN TAB 200MG | |
| | 00904674751 | Generic | IBUPROFEN TAB 200MG | |
| | 00904674770 | Generic | IBUPROFEN TAB 200MG | |
| | 00904674780 | Generic | IBUPROFEN TAB 200MG | |
| | 00904791251 | Generic | IBUPROFEN TAB 200MG | |
| | 00904791259 | Generic | IBUPROFEN TAB 200MG | |
| | 00904791451 | Generic | IBU-200 TAB 200MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-----------------------------|-------------|---------------|---------------------|-------------|
| Ibuprofen Tab 200 MG | | | | |
| | 00904791459 | Generic | IBU-200 TAB 200MG | |
| | 00904791461 | Generic | IBUPROFEN TAB 200MG | |
| | 00904791480 | Generic | IBU-200 TAB 200MG | |
| | 00904791559 | Generic | IBUPROFEN TAB 200MG | |
| | 00904791580 | Generic | IBUPROFEN TAB 200MG | |
| | 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 | |
| | 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 |
|-----------------------------|-------------|---------------|------------------------|-------------|
| Ibuprofen Tab 200 MG | | | | |
| | 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 | |
| | 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 | |
| | 70000028801 | Generic | IBUPROFEN TAB 200MG | |
| | 70000029101 | Generic | IBUPROFEN TAB 200MG | |
| | 70000029201 | Generic | IBUPROFEN TAB 200MG | |
| | 70000030801 | 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-----------------------------|-------------|---------------|------------------------|-------------|
| Ibuprofen Tab 200 MG | | | | |
| | 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 | |
| | 49348092710 | Generic | SM 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 | |
| | 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 | |
| | 46122054890 | Generic | IBUPROFEN TAB 200MG | |
| | 53746014001 | Generic | IBUPROFEN TAB 200MG | |
| | 53746014010 | Generic | IBUPROFEN TAB 200MG | |
| | 62011001401 | Generic | HM IBUPROFEN TAB 200MG | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-----------------------------------|-------------|---------------|------------------------|-------------|
| Ibuprofen Tab 200 MG | | | | |
| | 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 | |
| | 62011022201 | Generic | HM IBUPROFEN TAB 200MG | |
| | 62011022202 | Generic | HM IBUPROFEN TAB 200MG | |
| | 62011021301 | Generic | HM IBUPROFEN TAB 200MG | |
| | 62107000201 | Generic | PROVIL TAB 200MG | |
| | 62107000250 | Generic | PROVIL TAB 200MG | |
| Naproxen Sodium Tab 220 MG | | | | |
| | 62011001701 | Generic | NAPROXEN SOD TAB 220MG | |
| | 62011001702 | Generic | NAPROXEN SOD TAB 220MG | |
| | 46122056271 | Generic | NAPROXEN TAB 220MG | |
| | 46122056278 | Generic | NAPROXEN TAB 220MG | |
| | 46122056471 | Generic | NAPROXEN TAB 220MG | |
| | 46122056478 | Generic | NAPROXEN TAB 220MG | |
| | 46122056481 | Generic | NAPROXEN 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|-----------------------------------|-------------|---------------|------------------------|-------------|
| Naproxen Sodium Tab 220 MG | | | | |
| | 49348030609 | Generic | NAPROXEN SOD TAB 220MG | |
| | 49348030610 | Generic | NAPROXEN SOD TAB 220MG | |
| | 70000020101 | Generic | ALL DAY PAIN TAB 220MG | |
| | 70000020102 | Generic | ALL DAY PAIN TAB 220MG | |
| | 70000020103 | Generic | ALL DAY PAIN TAB 220MG | |
| | 70000017101 | Generic | ALL DAY PAIN TAB 220MG | |
| | 70000017102 | Generic | ALL DAY PAIN TAB 220MG | |
| | 70000017103 | Generic | ALL DAY PAIN TAB 220MG | |
| | 63868046501 | Generic | NAPROXEN SOD TAB 220MG | |
| | 63868046550 | Generic | NAPROXEN SOD 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Naproxen Sodium Tab 220 MG | | | | |
| | 00536109406 | Generic | ALL DAY RELF TAB 220MG | |
| | 45802049071 | Generic | NAPROXEN SOD TAB 220MG | |
| | 45802049078 | Generic | NAPROXEN SOD TAB 220MG | |
| | 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 | |
| | 24385049071 | Generic | ALL DAY PAIN TAB 220MG | |
| | 24385049078 | Generic | ALL DAY PAIN TAB 220MG | |
| | 24385036881 | Generic | ALL DAY PAIN TAB 220MG | |
| | 15127046624 | Generic | NAPROXEN SOD TAB 220MG | |
| | 15127046650 | Generic | NAPROXEN SOD TAB 220MG | |
| Ketotifen Fumarate Opth Soln 0.025% (Base Equiv) | | | | |
| | 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv) | | | | |
| | 49348010717 | Generic | EYE ITCH REL DRO 0.025%OP | |
| | 62011023201 | Generic | EYE ITCH REL DRO 0.025%OP | |
| *Artificial Tear Ophth Ointment*** | | | | |
| | 17478006235 | Generic | AKWA TEARS OIN OP | |
| *Artificial Tear Ophth Solution*** | | | | |
| | 00065042636 | Generic | GENTEAL TEAR SOL MODERATE | |
| | 00065042637 | Generic | GENTEAL TEAR SOL MODERATE | |
| *White Petrolatum-Mineral Oil Ophth Ointment*** | | | | |
| | 00065050935 | Generic | SYSTANE OIN | PA REQUIRED |
| | 00023024004 | Generic | REFRESH P.M. OIN OP | PA REQUIRED |
| | 00023031204 | Generic | REFRESH LACR OIN OP | PA REQUIRED |
| | 00023031207 | Generic | REFRESH LACR OIN OP | PA REQUIRED |
| | 00536108691 | Generic | ARTIFI TEARS OIN OP | PA REQUIRED |
| | 00574402511 | Generic | PURALUBE OIN | PA REQUIRED |
| | 00574402520 | Generic | PURALUBE OIN | PA REQUIRED |
| | 00574402535 | Generic | PURALUBE OIN | PA REQUIRED |
| | 00904648838 | Generic | LUBRIFRESH OIN P.M. | |
| | 46122020204 | Generic | LUBRICANT OIN EYE | PA REQUIRED |
| Carboxymethylcellulose Sodium (PF) Ophth Soln 0.5% | | | | |
| | 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 |
| | 00904632946 | Generic | LUBRICNT EYE DRO 0.5% OP | PA REQUIRED |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|--------------------------|-------------|
| Carboxymethylcellulose Sodium (PF) Ophth Soln 0.5% | | | | |
| | 00904632951 | Generic | LUBRICNT EYE DRO 0.5% OP | PA REQUIRED |
| | 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 |
| Carboxymethylcellulose Sodium Ophth Gel 1% | | | | |
| | 00023920502 | Brand | REFRESH LIQU DRO 1% OP | PA REQUIRED |
| | 00023920515 | Brand | REFRESH LIQU DRO 1% OP | PA REQUIRED |
| Carboxymethylcellulose Sodium Ophth Soln 0.5% | | | | |
| | 00023079801 | Brand | REFRESH TEAR DRO 0.5% OP | |
| | 00023079802 | Brand | REFRESH TEAR DRO 0.5% OP | |
| | 00023079815 | Brand | REFRESH TEAR DRO 0.5% OP | |
| | 46122037705 | Generic | GNP EYE DROP SOL 0.5% OP | |
| Dextran 70-Hypromellose (PF) Ophth Soln 0.1-0.3% | | | | |
| | 00065041663 | Brand | GENTEAL TEAR SOL PF | PA REQUIRED |
| | 00065806301 | Brand | GENTEAL TEAR SOL MOD PF | PA REQUIRED |
| | 00065041928 | Generic | BION TEARS SOL OP | |
| Dextran 70-Hypromellose Ophth Soln 0.1-0.3% | | | | |
| | 00065041880 | Generic | GENTEAL TEAR SOL MILD | |
| | 00065041881 | Generic | GENTEAL TEAR SOL MILD | |
| | 00536108794 | Generic | NATURES SOL TEARS | |
| | 00904649335 | Generic | NATURAL BAL SOL TEARS | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|---------------------------|-------------|
| Polyvinyl Alcohol Opth Soln 1.4% | | | | |
| | 00904649235 | Generic | LIQUITEARS SOL | |
| | 17478006012 | Generic | ARTIFI TEARS SOL 1.4% OP | |
| | 00536108494 | Generic | ARTIFI TEARS SOL 1.4% OP | |
| Naphazoline w/ Pheniramine Opth Soln 0.025-0.3% | | | | |
| | 00065008515 | Brand | NAPHCON-A SOL OP | |
| | 00065008542 | Brand | NAPHCON-A SOL OP | |
| Sodium Chloride Hypertonic Opth Oint 5% | | | | |
| | 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 | |
| Sodium Chloride Hypertonic Opth Soln 5% | | | | |
| | 00904649035 | Generic | SOD CHLORIDE SOL 5% OP | |
| | 17478062312 | Generic | SOD CHLORIDE SOL 5% OP | |
| | 24208027715 | Brand | MURO 128 SOL 5% OP | |
| | 24208027730 | Brand | MURO 128 SOL 5% OP | |
| Tetrahydrozoline HCl Opth Soln 0.05% | | | | |
| | 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|--------------------------|-------------|
| Benzoyl Peroxide Gel 10% | | | | |
| | 00536105656 | Generic | ACNE MEDICAT GEL 10% | PA REQUIRED |
| | 45802030801 | Generic | BENZOYL PER GEL 10% | PA REQUIRED |
| | 45802030896 | Generic | BENZOYL PER GEL 10% | PA REQUIRED |
| Benzoyl Peroxide Gel 5% | | | | |
| | 45802021601 | Generic | BENZOYL PER GEL 5% | PA REQUIRED |
| | 45802021696 | Generic | BENZOYL PER GEL 5% | PA REQUIRED |
| | 00536105556 | Generic | ACNE MEDICAT GEL 5% | PA REQUIRED |
| Benzoyl Peroxide Liq 10% | | | | |
| | 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 |
| | 67405083008 | Generic | BENZOYL PER LIQ 10% WASH | PA REQUIRED |
| Benzoyl Peroxide Lotion 5% | | | | |
| | 00536105775 | Brand | ACNE MEDICAT LOT 5% | PA REQUIRED |
| *Neomycin-Bacitracin-Polymyxin Oint*** | | | | |
| | 00472017934 | Generic | TRIPLE ANTIB OIN | |
| | 00472017956 | Generic | TRIPLE ANTIB OIN | |
| | 00713026831 | Generic | TRIPLE ANTIB OIN | |
| | 00904073431 | Generic | TRIPLE ANTIB OIN | |
| | 00113008464 | Generic | FIRST AID OIN ANTIBIOT | |
| | 00113006764 | Generic | TRIPLE ANTIB OIN | |
| | 45802014301 | Generic | TRIPLE ANTIB OIN | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| *Neomycin-Bacitracin-Polymyxin Oint*** | | | | |
| | 45802014303 | Generic | TRIPLE ANTIB OIN | |
| | 45802014370 | Generic | TRIPLE ANTIB OIN | |
| | 37205027310 | Generic | TRIPLE ANTIB OIN | |
| | 00904668067 | Generic | TRIPLE ANTIB OIN FRST AID | |
| | 70677001301 | Generic | SM TRIPLE OIN ANTIBIOT | |
| | 62011009801 | Generic | HM TRIPLE OIN ANTIBIOT | |
| | 51672212001 | Generic | TRIPLE ANTIB OIN | |
| | 51672212002 | Generic | TRIPLE ANTIB OIN | |
| | 51672201601 | Generic | TRIPLE ANTIB OIN | |
| | 51672201602 | Generic | TRIPLE ANTIB OIN | |
| | 46122041403 | Generic | GNP TRIPLE OIN ANTIBIOT | |
| | 46122041405 | Generic | GNP TRIPLE OIN ANTIBIOT | |
| | 49348002972 | Generic | SM TRIPLE OIN ANTIBIOT | |
| Bacitracin Oint 500 Unit/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 | |
| Bacitracin Zinc Oint 500 Unit/GM | | | | |
| | 00472110534 | Generic | BACITR ZINC OIN 500/GM | PA REQUIRED |
| | 00472110556 | Generic | BACITR ZINC OIN 500/GM | PA REQUIRED |
| | 36800008902 | Generic | BACITR ZINC OIN 500/GM | PA REQUIRED |
| | 00904667967 | Generic | BACITR ZINC OIN 500/GM | PA REQUIRED |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|-------------------------|-------------|
| Bacitracin Zinc Oint 500 Unit/GM | | | | |
| | 24385006003 | Generic | BACITR ZINC OIN 500/GM | PA REQUIRED |
| | 49348015472 | Generic | SM ANTIBIOTI OIN 500/GM | PA REQUIRED |
| | 51672207501 | Generic | BACITR ZINC OIN 500/GM | PA REQUIRED |
| | 51672207502 | Generic | BACITR ZINC OIN 500/GM | PA REQUIRED |
| | 62011009401 | Generic | BACITRACIN OIN 500/GM | PA REQUIRED |
| | 70000047001 | Generic | BACITR ZINC OIN 500/GM | PA REQUIRED |
| Clotrimazole Cream 1% | | | | |
| | 51672200201 | Generic | CLOTRIMAZOLE CRE 1% | |
| | 51672200202 | Generic | CLOTRIMAZOLE CRE 1% | |
| | 49348027972 | 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% | |
| | 45802043401 | Generic | CLOTRIMAZOLE CRE 1% | |
| | 45802043411 | Generic | CLOTRIMAZOLE CRE 1% | |
| | 37205076010 | Generic | CLOTRIMAZOLE CRE 1% | |
| | 00472035056 | Generic | CLOTRIMAZOLE CRE 1% | |
| Miconazole Nitrate Cream 2% | | | | |
| | 00472073514 | Generic | ANTIFUNGAL CRE 2% | |
| | 00472073542 | Generic | ANTIFUNGAL CRE 2% | |
| | 00472073556 | Generic | ANTIFUNGAL CRE 2% | |
| | 00536113428 | Generic | MICONAZOLE CRE 2% | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|------------------------------------|-------------|---------------|-------------------------|-------------|
| Miconazole Nitrate Cream 2% | | | | |
| | 49348068972 | Generic | SM ANTIFUNGL CRE 2% | |
| | 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 | |
| | 70000034001 | Generic | MICONAZOLE CRE 2% | |
| Terbinafine HCl Cream 1% | | | | |
| | 70000033801 | Generic | ATHLETE FOOT CRE 1% | PA REQUIRED |
| | 51672208001 | Generic | TERBINAFINE CRE 1% | PA REQUIRED |
| | 51672208002 | Generic | TERBINAFINE CRE 1% | PA REQUIRED |
| | 49348079072 | Generic | ATHLETE FOOT CRE 1% | PA REQUIRED |
| | 00536111728 | Generic | TERBINAFINE CRE 1% | PA REQUIRED |
| | 00067810012 | Brand | LAMISIL AT CRE 1% | PA REQUIRED |
| | 00067810030 | Brand | LAMISIL AT CRE 1% | PA REQUIRED |
| | 00067811412 | Brand | LAMISIL AT CRE 1% | PA REQUIRED |
| | 37205094199 | Generic | ATHLETE FOOT CRE AF | PA REQUIRED |
| | 24385052403 | Generic | TERBINAFINE CRE 1% | PA REQUIRED |
| | 24385052405 | Generic | TERBINAFINE CRE 1% | PA REQUIRED |
| Tolnaftate Aerosol Pow 1% | | | | |
| | 00067611446 | Generic | LAMISIL AF AER 1% | |
| | 00113069590 | Generic | JOCK ITCH AER 1% | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|------------------------|-------------|
| Tolnaftate Aerosol Pow 1% | | | | |
| | 70000032201 | Generic | ATHLETES FT AER 1% POW | |
| Tolnaftate Cream 1% | | | | |
| | 63868010446 | Generic | TOLNAFTATE CRE 1% | |
| | 49348015529 | Generic | SM ANTIFUNGL CRE 1% | |
| | 51672202001 | Generic | TOLNAFTATE CRE 1% | |
| | 51672202002 | Generic | TOLNAFTATE CRE 1% | |
| | 00904072236 | Generic | ANTIFUNGAL CRE 1% | |
| | 24385003203 | Generic | TOLNAFTATE CRE 1% | |
| | 37205019710 | Generic | ANTIFUNGAL CRE 1% | |
| Selenium Sulfide Lotion 1% | | | | |
| | 00536199553 | Generic | ANTI-DANDRUF SHA 1% | |
| Chlorhexidine Gluconate Liquid 4% | | | | |
| | 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% | |
| Povidone-Iodine Soln 10% | | | | |
| | 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 |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|----------------------------------|-------------|---------------|--------------------------|-------------|
| Povidone-Iodine Soln 10% | | | | |
| | 67618015017 | Brand | BETADINE SOL 10% | PA REQUIRED |
| | 67618015032 | Brand | BETADINE SOL 10% | PA REQUIRED |
| | 63868023008 | Generic | POVIDONE/IOD SOL 10% | |
| | 70000040201 | Generic | POVIDONE-IOD SOL 10% | |
| | 62011011801 | Generic | HM POVID-IOD SOL 10% | |
| | 49348062237 | Generic | SM POVID-IOD SOL 10% | |
| | 49348062238 | Generic | SM POVID-IOD SOL 10% | |
| | 00904110309 | Generic | POVIDONE-IOD SOL 10% | |
| | 24385005355 | Generic | POVIDONE-IOD SOL 10% | |
| Zinc Oxide Oint 20% | | | | |
| | 46122011846 | Generic | ZINC OXIDE OIN 20% | |
| | 00536570025 | Generic | ZINC OXIDE OIN 20% | |
| | 00536570028 | Generic | ZINC OXIDE OIN 20% | |
| | 00536570098 | Generic | ZINC OXIDE OIN 20% | |
| | 00168006202 | Generic | ZINC OXIDE OIN 20% | |
| | 00168006216 | Generic | ZINC OXIDE OIN 20% | |
| | 00168006231 | Generic | ZINC OXIDE OIN 20% | |
| | 70000033401 | Generic | ZINC OXIDE OIN 20% | |
| Hydrocortisone Cream 0.5% | | | | |
| | 00168001431 | Generic | HYDROCORT CRE 0.5% | |
| | 24385019003 | Generic | HYDROCORT CRE 0.5% | |
| Hydrocortisone Cream 1% | | | | |
| | 24385002103 | Generic | GNP HYDROCOR CRE 1% PLUS | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---------------------------------|-------------|---------------|---------------------|-------------|
| Hydrocortisone Cream 1% | | | | |
| | 00904762331 | Generic | HYDROCORT CRE 1% | |
| | 45802043803 | Generic | HYDROCORT CRE 1% | |
| | 45802043805 | Generic | HYDROCORT CRE 1% | |
| | 37205016210 | Generic | HYDROCORT CRE 1% | |
| | 00113097364 | Generic | ANTI-ITCH CRE 1% | |
| | 00113054164 | Generic | ANTI-ITCH CRE 1% | |
| | 00168015431 | Generic | HYDROCORT CRE 1% | |
| | 00472034356 | Generic | HYDROCORT CRE 1% | |
| | 49348052172 | Generic | SM HYDROCORT CRE 1% | |
| | 49348052178 | Generic | SM HYDROCORT CRE 1% | |
| | 51672201301 | Generic | HYDROCORT CRE 1% | |
| | 51672201302 | Generic | HYDROCORT CRE 1% | |
| | 51672206302 | Generic | HYDROCORT CRE 1% | |
| | 51672206902 | Generic | HYDROCORT CRE 1% | |
| Hydrocortisone Lotion 1% | | | | |
| | 24385028306 | Generic | HYDRO-LOTION LOT 1% | |
| Hydrocortisone Oint 0.5% | | | | |
| | 00168001631 | Generic | HYDROCORT OIN 0.5% | |
| Hydrocortisone Oint 1% | | | | |
| | 00472034556 | Generic | HYDROCORT OIN 1% | |
| | 00168018131 | Generic | HYDROCORT OIN 1% | |
| | 24385027603 | Generic | HYDROCORT OIN 1% | |
| | 45802027603 | Generic | HYDROCORT OIN 1% | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|--------------------------|-------------|
| Hydrocortisone Oint 1% | | | | |
| | 51672201802 | Generic | HYDROCORT OIN 1% | |
| | 49348052272 | Generic | SM HYDROCORT OIN 1% | |
| Lactic Acid (Ammonium Lactate) Cream 12% | | | | |
| | 63044040420 | Generic | AMMONIUM LAC CRE 12% | |
| Lactic Acid (Ammonium Lactate) Lotion 12% | | | | |
| | 63044048409 | Generic | AMMONIUM LAC LOT 12% | |
| Capsaicin Cream 0.025% | | | | |
| | 00536252525 | Generic | CAPSAICIN CRE 0.025% | |
| Capsaicin Cream 0.075% | | | | |
| | 00536111825 | Brand | ARTH PAIN CRE 0.075% | PA REQUIRED |
| Permethrin Creme Rinse 1% | | | | |
| | 46122010846 | Generic | LICE TRTMNT LIQ 1% | |
| | 62011025501 | Generic | LICE TRTMNT LIQ 1% | |
| Permethrin Lotion 1% | | | | |
| | 49348015078 | Generic | LICE TREATMT LOT 1% | |
| | 36800095526 | Generic | LICE TREATMT LOT 1% | |
| Pyrethrins-Piperonyl Butoxide Shampoo 0.33-4% | | | | |
| | 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% | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|--|-------------|---------------|--------------------------|-------------|
| Pyrethrins-Piperonyl Butoxide Shampoo 0.33-4% | | | | |
| | 62011011902 | Generic | LICE KILLING SHA 0.33-4% | |
| | 70000035301 | Generic | LICE KILLING SHA 0.33-4% | |
| Clotrimazole Vaginal Cream 1% | | | | |
| | 51672200306 | Generic | CLOTRIMAZOLE CRE 1% VAG | |
| | 49348079376 | Generic | CLOTRIMAZOLE CRE 1% VAG | |
| | 00472022041 | Generic | CLOTRIMAZOLE CRE 1% | |
| | 00472022063 | Generic | CLOTRIMAZOLE CRE 1% | |
| Clotrimazole Vaginal Cream 2% | | | | |
| | 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% | |
| Miconazole Nitrate Vaginal Cream 2% | | | | |
| | 51672203506 | Generic | MICONAZOLE CRE 2% | |
| | 49348053077 | Generic | MICONAZOLE 7 CRE 2% | |
| | 49348087277 | Generic | MICONAZOLE 7 CRE 2% | |
| | 63868019845 | Generic | MICONAZOLE 7 CRE 2% | |
| | 36800082529 | Generic | MICONAZOLE 7 CRE 2% | |
| | 24385059029 | Generic | MICONAZOLE 7 CRE 2% | |
| | 00904773445 | Generic | MICONAZOLE 7 CRE 2% | |
| | 00472073041 | Generic | MICONAZOLE CRE 2% | |
| | 00472073063 | Generic | MICONAZOLE CRE 2% | |
| | 00713025237 | Generic | MICONAZOLE CRE 2% | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|---|-------------|---------------|---------------------------|-------------|
| Miconazole Nitrate Vaginal Cream 2% | | | | |
| | 00113082529 | Generic | MICONAZOLE 7 CRE 2% | |
| | 00113021429 | Generic | MICONAZOLE 7 CRE TUBE/KIT | |
| Miconazole Nitrate Vaginal Cream 4% (200 MG/5GM) | | | | |
| | 36800007009 | Generic | MICONAZOLE 3 CRE 4% | |
| | 63868019725 | Generic | 3 DAY VAGNAL CRE 4% | |
| Miconazole Nitrate Vaginal Supp 200 MG & 2% Cream 9 GM Kit | | | | |
| | 49348035543 | Generic | MICONAZOLE 3 KIT COMBO PK | |
| | 36800008100 | Generic | MICONAZOLE 3 KIT COMBO PK | |
| | 37205058903 | Generic | MICONAZOLE 3 KIT COMBO PK | |
| | 24385060602 | Generic | MICONAZOLE 3 KIT COMBO PK | |
| | 00113008100 | Generic | MICONAZOLE 3 KIT COMBO PK | |
| | 00904541501 | Generic | MICONAZOLE 3 KIT COMBO PK | |
| Miconazole Nitrate Vaginal Suppos 100 MG | | | | |
| | 00713019757 | Generic | MICONAZOLE SUP 100MG | |
| | 00472173607 | Generic | MICONAZOLE 7 SUP 100MG | |
| | 49348083361 | Generic | SM MICON 7 SUP 100MG | |
| Levonorgestrel Tab 1.5 MG | | | | |
| | 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 | |

Rebatable OTC Drug List for Maine Medicaid

| Generic Drug Description | NDC | Brand/Generic | Product Description | PA Required |
|----------------------------------|-------------|---------------|------------------------|-------------|
| Levonorgestrel Tab 1.5 MG | | | | |
| | 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 | |
| | 69536010388 | Generic | AFTERA TAB 1.5MG | |
| | 69536016288 | Brand | PLAN B TAB 1.5MG | |
| | 69536020088 | Generic | TAKE ACTION TAB 1.5MG | |
| | 00536114263 | Generic | LEVONORGESTR TAB 1.5MG | |
| | 00113200312 | Generic | OPTION 2 TAB 1.5MG | |
| | 16714080901 | Generic | NEW DAY TAB 1.5MG | |
| | 43386062230 | Generic | MY WAY TAB 1.5MG | |
| Niacin Cap ER 250 MG | | | | |
| | 49483001401 | Generic | NIACIN CAP 250MG SR | |
| | 49483001410 | Generic | NIACIN CAP 250MG SR | |
| Niacin Cap ER 500 MG | | | | |
| | 49483001801 | Generic | NIACIN CAP 500MG SR | |