

## Rebatable OTC Drug List for Maine Medicaid

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

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Cap 500 MG</b>				
	00904198760	Generic	MAPAP CAP 500MG	
	49348011610	Generic	SM PAIN REL CAP 500MG	
<b>Acetaminophen Chew Tab 160 MG</b>				
	70000030901	Generic	ACETAMIN JR CHW 160MG	
	00904664524	Generic	MAPAP CHW 160MG	
	46122042462	Generic	PAIN RELIEF CHW 160MG	
	70000031001	Generic	ACETAMINOPHE CHW 160MG	
	62011033901	Generic	ACETAMINOPHE CHW 160MG	
<b>Acetaminophen Chew Tab 80 MG</b>				
	00904579146	Generic	MAPAP CHILD CHW 80MG	
	00904525646	Generic	MAPAP CHW 80MG	
	00536101407	Generic	PAIN & FEVER CHW 80MG	
<b>Acetaminophen Liquid 160 MG/5ML</b>				
	00904198500	Generic	MAPAP LIQ 160/5ML	
	00904198520	Generic	MAPAP LIQ 160/5ML	
	00485005708	Generic	ED-APAP LIQ 80MG/2.5	
	58657052504	Generic	M-PAP LIQ 160/5ML	
	54838014440	Generic	CHLD SILAPAP LIQ 160/5ML	
	00904198516	Generic	MAPAP LIQ 160/5ML	
	58657052016	Generic	ACETAMIN LIQ 160/5ML	
	54838014470	Generic	CHLD SILAPAP LIQ 160/5ML	
	54838014480	Generic	CHLD SILAPAP LIQ 160/5ML	
	58657052516	Generic	M-PAP LIQ 160/5ML	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Soln 160 MG/5ML</b>				
	00904701416	Generic	ACETAMIN SOL 160/5ML	
	00904673870	Generic	ACETAMINOPHE SOL 160/5ML	
	00121197100	Generic	ACETAMIN SOL 650/20.3	
	66689005499	Generic	ACETAMIN SOL 160/5ML	
	00904673971	Generic	ACETAMINOPHE SOL 325MG	
	00121065700	Generic	ACETAMIN SOL 160/5ML	
	00121131400	Generic	ACETAMIN SOL 325MG	
	00536012285	Generic	PAIN & FEVER SOL 160/5ML	
	00121197121	Generic	ACETAMIN SOL 650/20.3	
	66689005599	Generic	ACETAMIN SOL 325MG	
	00904682076	Generic	ACETAMINOPHE SOL 650/20.3	
	00536012297	Generic	PAIN & FEVER SOL 160/5ML	
	00121131411	Generic	ACETAMIN SOL 325MG	
	66689005699	Generic	ACETAMIN SOL 650/20.3	
	00904701420	Generic	ACETAMIN SOL 160/5ML	
	00121065705	Generic	ACETAMIN SOL 160/5ML	
<b>Acetaminophen Suppos 120 MG</b>				
	45802073230	Generic	ACETAMIN SUP 120MG	
	45802073200	Generic	ACETAMIN SUP 120MG	
	45802073233	Generic	ACETAMIN SUP 120MG	
	51672211502	Generic	FEVERALL SUP 120MG	
	51672211504	Generic	FEVERALL SUP 120MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Suppos 325 MG</b>				
	51672211604	Brand	FEVERALL SUP 325MG	
	51672211602	Brand	FEVERALL SUP 325MG	
<b>Acetaminophen Suppos 650 MG</b>				
	51672211704	Generic	FEVERALL SUP 650MG	
	45802073030	Generic	ACETAMIN SUP 650MG	
	45802073032	Generic	ACETAMIN SUP 650MG	
	45802073033	Generic	ACETAMIN SUP 650MG	
<b>Acetaminophen Suppos 80 MG</b>				
	51672211404	Brand	FEVERALL INF SUP 80MG	
	51672211402	Brand	FEVERALL INF SUP 80MG	
<b>Acetaminophen Susp 160 MG/5ML</b>				
	36800017526	Generic	PAIN RELIEF SUS 160/5ML	
	00121178105	Generic	ACETAMINOPHN SUS 160/5ML	
	00113059010	Generic	PAIN & FEVER SUS 160/5ML	
	36800039726	Generic	PAIN & FEVER SUS 160/5ML	
	68094001561	Generic	ACETAMINOPHN SUS 160/5ML	
	46122032226	Generic	PAIN & FEVER SUS 160/5ML	
	36800076616	Generic	PAIN & FEVER SUS 160/5ML	
	68094003062	Generic	ACETAMINOPHN SUS 160/5ML	
	63868017526	Generic	NON-ASPIRIN SUS 160/5ML	
	62011000201	Generic	PAIN & FEVER SUS 160/5ML	
	68094033062	Generic	ACETAMINOPHN SUS 325MG	
	00904653620	Generic	MAPAP CHILDR SUS 160/5ML	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Susp 160 MG/5ML</b>				
	36800010526	Generic	PAIN RELIEF SUS 160/5ML	
	36800095926	Generic	PAIN & FEVER SUS 160/5ML	
	00113016110	Generic	PAIN & FEVER SUS 160/5ML	
	63868017626	Generic	NON-ASPIRIN SUS 160/5ML	
	00113021226	Generic	PAIN & FEVER SUS 160/5ML	
	68094023161	Generic	ACETAMINOPHN SUS 160/5ML	
	68094001559	Generic	ACETAMINOPHN SUS 160/5ML	
	45802020326	Generic	ACETAMINOPHN SUS 160/5ML	
	46122020926	Generic	PAIN & FEVER SUS 160/5ML	
	49348008130	Generic	PAIN & FEVER SUS 160/5ML	
	68094058658	Generic	ACETAMINOPHN SUS 160/5ML	
	46122005603	Generic	PAIN & FEVER SUS 160/5ML	
	46122021126	Generic	PAIN & FEVER SUS 160/5ML	
	68094023162	Generic	ACETAMINOPHN SUS 160/5ML	
	46122021026	Generic	PAIN & FEVER SUS 160/5ML	
	00113060826	Generic	PAIN & FEVER SUS 160/5ML	
	68094033061	Generic	ACETAMINOPHN SUS 325MG	
	62011024701	Generic	PAIN & FEVER SUS 160/5ML	
	00113895926	Generic	PAIN & FEVER SUS 160/5ML	
	36800013026	Generic	PAIN RELIEF SUS 160/5ML	
	00121178100	Generic	ACETAMINOPHN SUS 160/5ML	
	49348043030	Generic	PAIN & FEVER SUS 160/5ML	
	00113002026	Generic	PAIN & FEVER SUS 160/5ML	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Susp 160 MG/5ML</b>				
	62011024601	Generic	PAIN & FEVER SUS 160/5ML	
	00904676620	Generic	ACETAMINOPHN SUS 160/5ML	
	49348011934	Generic	PAIN & FEVER SUS 160/5ML	
	36800075926	Generic	PAIN & FEVER SUS 160/5ML	
	68094001562	Generic	ACETAMINOPHN SUS 160/5ML	
	49348012334	Generic	PAIN & FEVER SUS 160/5ML	
	70000049601	Generic	PAIN & FEVER SUS 160/5ML	
	45802020126	Generic	ACETAMINOPHN SUS 160/5ML	
	70000047201	Generic	PAIN & FEVER SUS 160/5ML	
	46122021226	Generic	PAIN & FEVER SUS 160/5ML	
	68094058758	Generic	ACETAMINOPHN SUS 160/5ML	
	62011000101	Generic	PAIN & FEVER SUS 160/5ML	
	70000030501	Generic	PAIN & FEVER SUS 160/5ML	
	46122032326	Generic	PAIN & FEVER SUS 160/5ML	
	00536121277	Generic	ACETAMINOPHN SUS 160/5ML	
	62011018301	Generic	PAIN & FEVER SUS 160/5ML	
	70000017301	Generic	PAIN & FEVER SUS 160/5ML	
	36800059016	Generic	PAIN & FEVER SUS 160/5ML	
	46122004203	Generic	PAIN & FEVER SUS 160/5ML	
	68094003059	Generic	ACETAMINOPHN SUS 160/5ML	
	00113094610	Generic	PAIN & FEVER SUS 160/5ML	
	63868017418	Generic	PAIN RELIEF SUS 160/5ML	
	49348009334	Generic	PAIN & FEVER SUS 160/5ML	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Susp 160 MG/5ML</b>				
	36800020226	Generic	PAIN & FEVER SUS 160/5ML	
	70000048101	Generic	PAIN/FEVER SUS 160/5ML	
	49348032534	Generic	PAIN & FEVER SUS 160/5ML	
<b>Acetaminophen Tab 325 MG</b>				
	63739044001	Generic	ACETAMIN TAB 325MG	
	63868008210	Generic	PAIN RELIEF TAB 325MG	
	16103035311	Generic	PHARBETOL TAB 325MG	
	00113040378	Generic	PAIN RELIEF TAB 325MG	
	62011003201	Generic	PAIN RELIEVE TAB 325MG	
	49483034010	Generic	ACETAMIN TAB 325MG	
	49348097310	Generic	PAIN RELIEVE TAB 325MG	
	00904198251	Generic	MAPAP TAB 325MG	
	00904198260	Generic	MAPAP TAB 325MG	
	62107005210	Generic	TACTINAL TAB 325MG	
	00536116401	Generic	ACETAMIN TAB 325MG	
	36800040378	Generic	PAIN RELIEF TAB 325MG	
	62107005201	Generic	TACTINAL TAB 325MG	
	49483034001	Generic	ACETAMIN TAB 325MG	
	00536322201	Generic	PAIN & FEVER TAB 325MG	
	16103035307	Generic	PHARBETOL TAB 325MG	
	62011003202	Generic	PAIN RELIEVE TAB 325MG	
	00904198261	Generic	MAPAP TAB 325MG	
	00904198280	Generic	MAPAP TAB 325MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab 325 MG</b>				
	00536322210	Generic	PAIN & FEVER TAB 325MG	
	00904198259	Generic	MAPAP TAB 325MG	
	70000037401	Generic	ACETAMINOPHE TAB 325MG	
	00904671960	Generic	ACETAMINOPHE TAB 325MG	
	00904671980	Generic	ACETAMINOPHE TAB 325MG	
	46122039078	Generic	PAIN RELIEF TAB 325MG	
	46122043078	Generic	GNP ACETAMIN TAB 325MG	
	49348097316	Generic	PAIN RELIEVE TAB 325MG	
	00904677361	Generic	ACETAMINOPHE TAB 325MG	
	00904671950	Generic	ACETAMINOPHE TAB 325MG	
	16103035308	Generic	PHARBETOL TAB 325MG	
<b>Acetaminophen Tab 500 MG</b>				
	63868050701	Generic	NON-ASPIRIN TAB 500MG	
	63868008360	Generic	PAIN RELIEF TAB 500MG	
	36800048462	Generic	PAIN RELIEF TAB 500MG	
	70000041002	Generic	ACETAMIN TAB 500MG	
	36800004683	Generic	PAIN RELIEVE TAB 500MG	
	00536117201	Generic	ACETAMIN TAB 500MG	
	00113048490	Generic	PAIN RELIEF TAB 500MG	
	00904673060	Generic	ACETAMIN TAB 500MG	
	00904672040	Generic	ACETAMIN TAB 500MG	
	36800001071	Generic	PAIN RELIEF TAB 500MG	
	00904198340	Generic	MAPAP TAB 500MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab 500 MG</b>				
	49348073009	Generic	PAIN RELIEVE TAB 500MG	
	36800040578	Generic	PAIN RELIEF TAB 500MG	
	36800048490	Generic	PAIN RELIEF TAB 500MG	
	00904672051	Generic	ACETAMIN TAB 500MG	
	36800022778	Generic	PAIN RELIEF TAB 500MG	
	62107005010	Generic	TACTINAL TAB 500MG	
	16103037606	Generic	PHARBETOL TAB 500MG	
	00113002562	Generic	PAIN RELIEF TAB 500MG	
	00904672060	Generic	ACETAMIN TAB 500MG	
	62011002701	Generic	PAIN RELIEF TAB 500MG	
	70000031203	Generic	ACETAMIN TAB 500MG	
	49483034110	Generic	ACETAMINOPHN TAB 500MG	
	00135060901	Generic	PANADOL TAB 500MG	
	00904674959	Generic	ACETAMINOPHN TAB 500MG	
	00904673059	Generic	ACETAMIN TAB 500MG	
	36800004671	Generic	PAIN RELIEVE TAB 500MG	
	00904198859	Generic	MAPAP TAB 500MG	
	70000037302	Generic	ACETAMINOPHN TAB 500MG	
	62107005110	Generic	TACTINAL TAB 500MG	
	49348004214	Generic	PAIN RELIEVE TAB 500MG	
	49348099810	Generic	PAIN RELIEVE TAB 500MG	
	00113048452	Generic	PAIN RELIEF TAB 500MG	
	70000044602	Generic	ACETAMIN TAB 500MG	



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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab 500 MG</b>				
	49348004210	Generic	PAIN RELIEVE TAB 500MG	
	36800004678	Generic	PAIN RELIEVE TAB 500MG	
	00536323110	Generic	PAIN & FEVER TAB 500MG	
	63868008410	Generic	PAIN RELIEF TAB 500MG	
	63868008450	Generic	PAIN RELIEF TAB 500MG	
	24385048447	Generic	PAIN RELIEF TAB 500MG	
	70000031202	Generic	ACETAMIN TAB 500MG	
	00904198860	Generic	MAPAP TAB 500MG	
	16103037611	Generic	PHARBETOL TAB 500MG	
	00904672024	Generic	ACETAMIN TAB 500MG	
	00113018771	Generic	PAIN RELIEF TAB 500MG	
	62011004901	Generic	PAIN RELIEF TAB 500MG	
	36800004662	Generic	PAIN RELIEVE TAB 500MG	
	49348004209	Generic	PAIN RELIEVE TAB 500MG	
	36800048471	Generic	PAIN RELIEF TAB 500MG	
	63868008405	Generic	PAIN RELIEF TAB 500MG	
	70000003601	Generic	ACETAMIN TAB 500MG	
	00904581660	Generic	MAPAP TAB 500MG/RR	
	00113022771	Generic	PAIN RELIEF TAB 500MG	
	00135060903	Generic	PANADOL TAB 500MG	
	36800001078	Generic	PAIN RELIEF TAB 500MG	
	16103037608	Generic	PHARBETOL TAB 500MG	
	62011002302	Generic	PAIN RELIEF TAB 500MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab 500 MG</b>				
	00113002578	Generic	PAIN RELIEF TAB 500MG	
	00904198880	Generic	MAPAP TAB 500MG	
	46122054382	Generic	PAIN RELIEF TAB 500MG	
	70000037301	Generic	ACETAMINOPHN TAB 500MG	
	00536323101	Generic	PAIN & FEVER TAB 500MG	
	24385048471	Generic	PAIN RELIEF TAB 500MG	
	70000037304	Generic	ACETAMINOPHN TAB 500MG	
	49483034101	Generic	ACETAMINOPHN TAB 500MG	
	00904672059	Generic	ACETAMIN TAB 500MG	
	36800040572	Generic	PAIN RELIEF TAB 500MG	
	00904673061	Generic	ACETAMIN TAB 500MG	
	63868098750	Generic	NON-ASPIRIN TAB 500MG/RR	
	00904198861	Generic	MAPAP TAB 500MG	
	36800048447	Generic	PAIN RELIEF TAB 500MG	
	00113048462	Generic	PAIN RELIEF TAB 500MG	
	62011002301	Generic	PAIN RELIEF TAB 500MG	
	00113002571	Generic	PAIN RELIEF TAB 500MG	
	63868008424	Generic	PAIN RELIEF TAB 500MG	
	00135060902	Generic	PANADOL TAB 500MG	
	36800048478	Generic	PAIN RELIEF TAB 500MG	
	62011002303	Generic	PAIN RELIEF TAB 500MG	
	70000044603	Generic	ACETAMIN TAB 500MG	
	49348073010	Generic	PAIN RELIEVE TAB 500MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab 500 MG</b>				
	24385048490	Generic	PAIN RELIEF TAB 500MG	
	70000041001	Generic	ACETAMIN TAB 500MG	
	24385014571	Generic	PAIN RELIEF TAB 500MG	
	70000037305	Generic	ACETAMINOPHN TAB 500MG	
	70000037303	Generic	ACETAMINOPHN TAB 500MG	
	63868050350	Generic	NON-ASPIRIN TAB 500MG	
	00904673080	Generic	ACETAMIN TAB 500MG	
	00113048471	Generic	PAIN RELIEF TAB 500MG	
	70000044601	Generic	ACETAMIN TAB 500MG	
	62107005001	Generic	TACTINAL TAB 500MG	
	36800022771	Generic	PAIN RELIEF TAB 500MG	
	00904672080	Generic	ACETAMIN TAB 500MG	
	00536117210	Generic	ACETAMIN TAB 500MG	
	63868098710	Generic	NON-ASPIRIN TAB 500MG/RR	
	00113048478	Generic	PAIN RELIEF TAB 500MG	
	49483034150	Generic	ACETAMINOPHN TAB 500MG	
	62107005101	Generic	TACTINAL TAB 500MG	
<b>Acetaminophen Tab ER 650 MG</b>				
	68084077795	Generic	ACETAMIN TAB 650MG	
	24385062971	Generic	ARTHRTS PAIN TAB 650MG	
	50268005211	Generic	ACETAMINOPHE TAB 650MG	
	63868009150	Generic	QC APAP 8 HR TAB 650MG	
	00113054478	Generic	ARTHRTS PAIN TAB 650MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab ER 650 MG</b>				
	70677001901	Generic	ARTHRTS PAIN TAB 650MG	
	63868041250	Generic	QC APAP 8 HR TAB 650MG	
	36800096647	Generic	ARTHRTS PAIN TAB 650MG	
	50268005215	Generic	ACETAMINOPHE TAB 650MG	PA REQUIRED
	51660033350	Generic	ARTHRTS PAIN TAB 650MG	
	70677001801	Generic	ARTHRTS PAIN TAB 650MG	
	00113054462	Generic	ARTHRTS PAIN TAB 650MG	
	46122006278	Generic	8 HOUR PAIN TAB 650MG	
	00113054471	Generic	ARTHRTS PAIN TAB 650MG	
	62011033601	Generic	HM PAIN RLF TAB 650MG	
	36800054478	Generic	ARTHRTS PAIN TAB 650MG	
	63868041350	Generic	QC APAP 8 HR TAB 650MG	
	62011002601	Generic	ARTHRTS PAIN TAB 650MG	
	62011033801	Generic	HM ARTHRTS TAB 650MG	
	49348092410	Generic	8 HOUR PAIN TAB 650MG	
	70000018003	Generic	8 HOUR PAIN TAB 650MG	
	70000030601	Generic	8 HOUR PAIN TAB 650MG	
	36800054462	Generic	ARTHRTS PAIN TAB 650MG	
	70000018002	Generic	8 HOUR PAIN TAB 650MG	
	63868008950	Generic	ARTHRTS PAIN TAB 650MG	
	68084077725	Generic	ACETAMIN TAB 650MG	PA REQUIRED
	36800021778	Generic	8 HOUR PAIN TAB 650MG	
	36800054471	Generic	ARTHRTS PAIN TAB 650MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab ER 650 MG</b>				
	70000018001	Generic	8 HOUR PAIN TAB 650MG	
	49348092110	Generic	ARTHRTS PAIN TAB 650MG	
	51660033301	Generic	ARTHRTS PAIN TAB 650MG	
	70677001701	Generic	SM PAIN RLVR TAB 650MG	
	24385062978	Generic	ARTHRTS PAIN TAB 650MG	
	00904688365	Generic	ACETAMINOPHE TAB 650MG ER	
	63868008901	Generic	ARTHRTS PAIN TAB 650MG	
	46122006271	Generic	8 HOUR PAIN TAB 650MG	
	62011033701	Generic	ARTHRTS PAIN TAB 650MG	
	00904576960	Generic	ARTHRTS PAIN TAB 650MG	
	63868041201	Generic	QC APAP 8 HR TAB 650MG	
	46122017081	Generic	ARTHRTS PAIN TAB 650MG	
<b>Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 325 MG</b>				
	70000014701	Generic	TRI-BUFF ASA TAB 325MG	
	00904201559	Generic	TRI-BUFF ASA TAB 325MG	
<b>Aspirin Chew Tab 81 MG</b>				
	00904628889	Generic	ASPIRIN LOW CHW 81MG	
	24385036468	Generic	GNP ASPIRIN CHW 81MG	
	63739043401	Generic	ASPIRIN CHW 81MG	
	49348075707	Generic	SM ASPIRIN CHW 81MG	
	00113046708	Generic	ASPIRIN CHW 81MG	
	00113027468	Generic	ASPIRIN CHW 81MG	
	36800046768	Generic	ASPIRIN LOW CHW 81MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Chew Tab 81 MG</b>				
	70000017001	Generic	ASPIRIN CHW 81MG	
	62011002101	Generic	HM ASPIRIN CHW 81MG	
	16103036605	Generic	ASPIRIN CHW 81MG	
	62011021201	Generic	HM ASPIRIN CHW 81MG	
	16103036611	Generic	ASPIRIN CHW 81MG	
	62107002636	Generic	CHILD ASA LS CHW 81MG	
	49483033463	Generic	ASPIRIN LOW CHW 81MG	
	00113025968	Generic	ASPIRIN CHW 81MG	
	36800025968	Generic	ASPIRIN CHW 81MG	
	70000042001	Generic	ASPIRIN CHW 81MG	
	49348019107	Generic	SM CHILD ASA CHW 81MG	
	49348049807	Generic	SM ASPIRIN CHW 81MG	
	70000042002	Generic	ASPIRIN CHW 81MG	
	36800027468	Generic	ASPIRIN LOW CHW 81MG	
	00904679480	Generic	ASPIRIN LOW CHW 81MG	
	00904679489	Generic	ASPIRIN LOW CHW 81MG	
	70000041901	Generic	ASPIRIN CHW 81MG	
	00536100836	Generic	ASPIRIN CHW 81MG	
	00904404073	Generic	ASPIRIN CHW 81MG	
	62011002801	Generic	HM ASPIRIN CHW 81MG	
	63868024036	Generic	ASPIRIN LOW CHW 81MG	
	63868002936	Generic	ASPIRIN LOW CHW 81MG	
	24385002868	Generic	GNP ASPIRIN CHW 81MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Chew Tab 81 MG</b>				
	24385027868	Generic	GNP ASPIRIN CHW 81MG	
	00113046768	Generic	ASPIRIN CHW 81MG	
<b>Aspirin Tab 325 MG</b>				
	00113041678	Generic	ASPIRIN TAB 325MG	
	63868035203	Generic	QC ASPIRIN TAB 325MG	
	63868035210	Generic	QC ASPIRIN TAB 325MG	
	49348000114	Generic	SM ASPIRIN TAB 325MG	
	00113041690	Generic	ASPIRIN TAB 325MG	
	16103036511	Generic	ASPIRIN TAB 325MG	
	70000025303	Generic	ASPIRIN TAB 325MG	
	49483001110	Generic	ASPIRIN TAB 325MG	
	00536330501	Generic	ASPIRIN TAB 325MG	
	70000025302	Generic	ASPIRIN TAB 325MG	
	62011002002	Generic	HM ASPIRIN TAB 325MG	
	49348000123	Generic	SM ASPIRIN TAB 325MG	
	00536105429	Generic	ASPIRIN TAB 325MG	
	00536105301	Generic	ASPIRIN TAB 325MG	
	46122029278	Generic	GNP ASPIRIN TAB 325MG	
	00536105305	Generic	ASPIRIN TAB 325MG	
	16103036508	Generic	ASPIRIN TAB 325MG	
	00904680940	Generic	ASPIRIN TAB 325MG	
	62011002003	Generic	HM ASPIRIN TAB 325MG	
	62011002001	Generic	HM ASPIRIN TAB 325MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Tab 325 MG</b>				
	00536330510	Generic	ASPIRIN TAB 325MG	
	00904681180	Generic	ASPIRIN TAB 325MG	
	49348000110	Generic	SM ASPIRIN TAB 325MG	
	00904674460	Generic	ASPIRIN TAB 325MG	
<b>Aspirin Tab Delayed Release 325 MG</b>				
	62011004001	Generic	ASPIRIN TAB 325MG EC	
	00536123201	Generic	ASPIRIN TAB 325MG EC	
	49348093782	Generic	SM ASPIRIN TAB 325MG EC	
	63739052301	Generic	ASPIRIN TAB 325MG EC	
	00536114801	Generic	ASPIRIN TAB 325MG EC	
	00904678480	Generic	ASPIRIN TAB 325MG EC	
	62107002832	Generic	ECPIRIN TAB 325MG EC	
	49483033110	Generic	ASPIRIN TAB 325MG EC	
	50844022712	Generic	EQ ASPIRIN TAB 325MG EC	
	00904671260	Generic	ASPIRIN TAB 325MG EC	
	00904201360	Generic	ASPIRIN TAB 325MG EC	
	62107002801	Generic	ECPIRIN TAB 325MG EC	
	70000003501	Generic	ASPIRIN TAB 325MG	
	63868089810	Generic	ENTERIC ASA TAB 325MG EC	
	16103035708	Generic	ASPIRIN TAB 325MG EC	
	24385042902	Generic	GNP ASPIRIN TAB 325MG EC	
	49483033101	Generic	ASPIRIN TAB 325MG EC	
	36800042902	Generic	ASPIRIN TAB 325MG EC	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Tab Delayed Release 325 MG</b>				
	62011040501	Generic	HM ASPIRIN TAB 325MG EC	
	16103035711	Generic	ASPIRIN TAB 325MG EC	
	00904201380	Generic	ASPIRIN TAB 325MG EC	
	70000001401	Generic	ASPIRIN TAB 325MG EC	
<b>Aspirin Tab Delayed Release 81 MG</b>				
	49348098023	Generic	SM ASPIRIN TAB 81MG EC	
	00904770480	Generic	ASPIR-LOW TAB 81MG EC	
	16103035609	Generic	ASPIRIN TAB 81MG EC	
	36800003018	Generic	ASPIRIN TAB 81MG EC	
	70000021802	Generic	ASPIRIN LOW TAB 81MG EC	
	49348098115	Generic	SM ASPIRIN TAB 81MG EC	
	62107002732	Generic	ASPIRIN 81 TAB 81MG EC	
	63739021210	Generic	ASPIRIN TAB 81MG EC	
	49483038712	Generic	ASPIRIN LOW TAB 81MG EC	
	16103035611	Generic	ASPIRIN TAB 81MG EC	
	70000021801	Generic	ASPIRIN LOW TAB 81MG EC	
	46122026248	Generic	GNP ASPIRIN TAB 81MG EC	
	63739021201	Generic	ASPIRIN TAB 81MG EC	
	63868036320	Generic	ASPIRIN LOW TAB 81MG EC	
	00536100441	Generic	ASPIRIN TAB 81MG EC	
	00536123441	Generic	ASPIRIN LOW TAB 81MG EC	
	63739052201	Generic	ASPIRIN 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
<b>Aspirin Tab Delayed Release 81 MG</b>				
	63868037305	Generic	ASPIRIN LOW TAB 81MG EC	
	00536100410	Generic	ASPIRIN TAB 81MG EC	
	70000017801	Generic	ASPIRIN TAB 81MG EC	
	36800002712	Generic	ASPIRIN LOW TAB 81MG EC	
	00904770418	Generic	ASPIR-LOW TAB 81MG EC	
	70000017802	Generic	ASPIRIN TAB 81MG EC	
	70000017803	Generic	ASPIRIN TAB 81MG EC	
	49348098015	Generic	SM ASPIRIN TAB 81MG EC	
	49483048112	Generic	ASPIRIN LOW TAB 81MG EC	
	62107002726	Generic	ASPIRIN 81 TAB 81MG EC	
	00536114941	Generic	ASPIRIN TAB 81MG EC	
	46122018087	Generic	ASPIRIN LOW TAB 81MG EC	
	49348098053	Generic	SM ASPIRIN TAB 81MG EC	
	70000042801	Generic	ASPIRIN LOW TAB 81MG EC	
	00904671318	Generic	ASPIRIN LOW TAB 81MG EC	
	00904675180	Generic	ASPIRIN LOW TAB 81MG EC	
	62011000301	Generic	ASPIRIN LOW TAB 81MG EC	
	62011001901	Generic	ASPIRIN LOW TAB 81MG EC	
	46122061587	Generic	GNP ASPIRIN TAB 81MG EC	
	46122026287	Generic	GNP ASPIRIN TAB 81MG EC	
	49483048110	Generic	ASPIRIN LOW TAB 81MG EC	
	63868036336	Generic	ASPIRIN LOW TAB 81MG EC	
	46122018076	Generic	ASPIRIN LOW TAB 81MG EC	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Tab Delayed Release 81 MG</b>				
	62011001902	Generic	ASPIRIN LOW TAB 81MG EC	
	00904678370	Generic	ASPIRIN LOW TAB 81MG EC	
	49483038710	Generic	ASPIRIN LOW TAB 81MG EC	
	63739052210	Generic	ASPIRIN TAB 81MG EC	
<b>Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG</b>				
	00067203992	Brand	EXCEDRIN TAB MIGRAINE	
	36800037462	Generic	MIGRAINE TAB FORMULA	
	63868048501	Generic	QC HEADACHE TAB RELIEF	
	24385036571	Generic	GNP MIGRAINE TAB RELIEF	
	63868048524	Generic	QC HEADACHE TAB RELIEF	
	49348050610	Generic	SM MIGRAINE TAB RELIEF	
	00067203991	Brand	EXCEDRIN TAB MIGRAINE	
	00067203924	Brand	EXCEDRIN TAB MIGRAINE	
	00067200050	Brand	EXCEDRIN TAB EX ST	
	46122038278	Generic	GNP HEADACHE TAB EXTRA ST	
	70000024701	Generic	MIGRAINE TAB RELIEF	
	00904513559	Generic	PAIN RELIEVR TAB PLUS	
	00067203933	Brand	EXCEDRIN TAB MIGRAINE	
	00067200024	Brand	EXCEDRIN TAB EX ST	
	36800037478	Generic	MIGRAINE TAB FORMULA	
	00067200020	Brand	EXCEDRIN TAB EX ST	
	70000014601	Generic	HEADACHE TAB RELIEF	
	00067200033	Brand	EXCEDRIN TAB EX ST	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG</b>				
	00067200077	Brand	EXCEDRIN TAB EX ST	
	36800043078	Generic	HEADACHE FOR TAB ADDED ST	
	00067203950	Brand	EXCEDRIN TAB MIGRAINE	
	00113037478	Generic	MIGRAINE TAB FORMULA	
	70000024702	Generic	MIGRAINE TAB RELIEF	
	24385036578	Generic	GNP MIGRAINE TAB RELIEF	
	00067203977	Brand	EXCEDRIN TAB MIGRAINE	
	00067203983	Brand	EXCEDRIN TAB MIGRAINE	
	62011024301	Generic	HM MIGRAINE TAB FORMULA	
	70000025801	Generic	HEADACHE TAB RELIEF	
	00113037462	Generic	MIGRAINE TAB FORMULA	
<b>Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%)</b>				
	57782039726	Generic	CROMOLYN SOD SPR 5.2/ACT	
<b>Meclizine HCl Chew Tab 25 MG</b>				
	49483033301	Generic	MOTION-TIME CHW 25MG	
	00536101801	Generic	TRAVEL SICK CHW 25MG	
	49483033310	Generic	MOTION-TIME CHW 25MG	
	63868016316	Generic	TRAVEL EASE CHW 25MG	
	00536101810	Generic	TRAVEL SICK CHW 25MG	
	51645099401	Generic	MECLIZINE CHW 25MG	
	51645099410	Generic	MECLIZINE CHW 25MG	
<b>Meclizine HCl Tab 12.5 MG</b>				
	00536117801	Generic	MECLIZINE TAB 12.5MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Meclizine HCl Tab 12.5 MG</b>				
	00536117810	Generic	MECLIZINE TAB 12.5MG	
<b>Meclizine HCl Tab 25 MG</b>				
	70677002601	Generic	MOTION SICK TAB 25MG	
	49348036367	Generic	MOTION SICK TAB 25MG	
	62011034501	Generic	MOTION RELF TAB 25MG	
	24385038851	Generic	MOTION SICK TAB 25MG	
	62011003501	Generic	MOTION RELF TAB 25MG	
<b>Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)</b>				
	62011028501	Generic	ALL DAY ALLG SOL 5MG/5ML	
	70000018601	Generic	ALL DAY ALLG SOL 5MG/5ML	
	70000021501	Generic	ALL DAY ALLG SOL 1MG/ML	
	36800097426	Generic	ALL DAY ALLG SOL 5MG/5ML	
	70000021401	Generic	ALL DAY ALLG SOL 5MG/5ML	
	49348093434	Generic	ALL DAY ALLG SOL 5MG/5ML	
	49348007834	Generic	ALL DAY ALLG SOL 5MG/5ML	
	68094000462	Generic	CETIRIZINE SOL 1MG/ML	
	45802097426	Generic	CETIRIZINE SOL 1MG/ML	
	36800018926	Generic	ALL DAY ALLG SOL 1MG/ML	
	46122020326	Generic	ALL DAY ALLG SOL 1MG/ML	
	51672210208	Generic	CETIRIZINE SOL 5MG/5ML	
	00113018926	Generic	ALL DAY ALLG SOL 1MG/ML	
	49348032634	Generic	ALL DAY ALLG SOL 5MG/5ML	
	69230031611	Generic	ALLERGY RELF SOL 1MG/ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)</b>				
	46122010126	Generic	ALL DAY ALLG SOL 5MG/5ML	
	54838055240	Generic	CETIRIZINE SOL 5MG/5ML	
	62011009301	Generic	CETIRIZINE SOL 5MG/5ML	
	62011032301	Generic	ALL DAY ALLG SOL 5MG/5ML	
	46122002026	Generic	ALL DAY ALLG SOL 1MG/ML	
	63868043004	Generic	CHILD ALLRGY SOL 5MG/5ML	
	51672208808	Generic	CETIRIZINE SOL 1MG/ML	
	68094000459	Generic	CETIRIZINE SOL 1MG/ML	
	70677001501	Generic	ALL DAY ALLG SOL 5MG/5ML	
	00113050326	Generic	ALL DAY ALLG SOL 1MG/ML	
	62011032201	Generic	ALL DAY ALLG SOL 5MG/5ML	
	70677001401	Generic	ALL DAY ALLG SOL 5MG/5ML	
	00904676520	Generic	CETIRIZINE SOL 1MG/ML	
	36800047526	Generic	ALL-DAY ALLG SOL 5MG/5ML	
<b>Cetirizine HCl Tab 10 MG</b>				
	62011005201	Generic	ALL DAY ALLG TAB 10MG	
	00904671746	Generic	CETIRIZINE TAB 10MG	
	43598081112	Generic	CETIRIZINE TAB 10MG	
	70000038003	Generic	ALL DAY ALLG TAB 10MG	
	00904671761	Generic	CETIRIZINE TAB 10MG	
	00904671772	Generic	CETIRIZINE TAB 10MG	
	36800045895	Generic	ALL DAY ALLG TAB 10MG	
	62011038401	Generic	ALL DAY ALLG TAB 10MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Cetirizine HCl Tab 10 MG</b>				
	16714079902	Generic	CETIRIZINE TAB 10MG	
	45802091987	Generic	CETIRIZINE TAB 10MG	
	69230030405	Generic	ALLERGY RELI TAB 10MG	
	00113945839	Generic	ALL DAY ALLG TAB 10MG	
	00904671740	Generic	CETIRIZINE TAB 10MG	
	36800045847	Generic	ALL DAY ALLG TAB 10MG	
	51079059701	Generic	CETIRIZINE TAB 10MG	
	36800045839	Generic	ALL DAY ALLG TAB 10MG	
	16571040210	Generic	CETIRIZINE TAB 10MG	
	63868066514	Generic	ALLGY RELIEF TAB 10MG	
	00904671786	Generic	CETIRIZINE TAB 10MG	
	16714079903	Generic	CETIRIZINE TAB 10MG	
	36800045887	Generic	ALL DAY ALLG TAB 10MG	
	00904671743	Generic	CETIRIZINE TAB 10MG	
	00378363705	Generic	CETIRIZINE TAB 10MG	
	70677000602	Generic	ALL DAY ALLG TAB 10MG	
	62011031303	Generic	ALL DAY ALLG TAB 10MG	
	51079059720	Generic	CETIRIZINE TAB 10MG	
	70000038001	Generic	ALL DAY ALLG TAB 10MG	
	00113945866	Generic	ALL DAY ALLG TAB 10MG	
	60505263301	Generic	CETIRIZINE TAB 10MG	
	24385099865	Generic	GNP ALL DAY TAB ALLERGY	
	60505263308	Generic	CETIRIZINE TAB 10MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Cetirizine HCl Tab 10 MG</b>				
	24385099875	Generic	GNP ALL DAY TAB ALLERGY	
	51660093954	Generic	CETIRIZINE TAB 10MG	
	36800045872	Generic	ALL DAY ALLG TAB 10MG	
	70000038002	Generic	ALL DAY ALLG TAB 10MG	
	63868066590	Generic	ALLGY RELIEF TAB 10MG	
	00904671760	Generic	CETIRIZINE TAB 10MG	
	63868013230	Generic	QC ALLERGY TAB 10MG	
	62011030701	Generic	CETIRIZINE TAB 10MG	
	16571040250	Generic	CETIRIZINE TAB 10MG	
	43598081115	Generic	CETIRIZINE TAB 10MG	
	45802091939	Generic	CETIRIZINE TAB 10MG	
	00113945895	Generic	ALL DAY ALLG TAB 10MG	
	36800045813	Generic	ALL DAY ALLG TAB 10MG	
	69230030430	Generic	ALLERGY RELI TAB 10MG	
	55111069990	Generic	CETIRIZINE TAB 10MG	
	16714079904	Generic	CETIRIZINE TAB 10MG	
	62011031302	Generic	ALL DAY ALLG TAB 10MG	
	51660093990	Generic	CETIRIZINE TAB 10MG	
	00378363701	Generic	CETIRIZINE TAB 10MG	
	63868013214	Generic	QC ALLERGY TAB 10MG	
	00904671741	Generic	CETIRIZINE TAB 10MG	
	36800045866	Generic	ALL DAY ALLG TAB 10MG	
	51660093901	Generic	CETIRIZINE TAB 10MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Cetirizine HCl Tab 10 MG</b>				
	51660093930	Generic	CETIRIZINE TAB 10MG	
	69230030401	Generic	ALLERGY RELI TAB 10MG	
	16714027103	Generic	CETIRIZINE TAB 10MG	
	70677000601	Generic	ALL DAY ALLG TAB 10MG	
	49348098446	Generic	SM ALL DAY TAB ALLERGY	
	24385099874	Generic	GNP ALL DAY TAB ALLERGY	
	70677000603	Generic	ALL DAY ALLG TAB 10MG	
	62011031301	Generic	ALL DAY ALLG TAB 10MG	
	16714027102	Generic	CETIRIZINE TAB 10MG	
	16714079901	Generic	CETIRIZINE TAB 10MG	
	70000038004	Generic	ALL DAY ALLG TAB 10MG	
	00536104105	Generic	CETIRIZINE TAB 10MG	
	63868013290	Generic	QC ALLERGY TAB 10MG	
<b>Cetirizine HCl Tab 5 MG</b>				
	60505263201	Generic	CETIRIZINE TAB 5MG	
	16571040110	Generic	CETIRIZINE TAB 5MG	
	00378363501	Generic	CETIRIZINE TAB 5MG	
<b>Fexofenadine HCl Tab 180 MG</b>				
	63824092630	Generic	MUCINEX ALLR TAB 180MG	PA REQUIRED
	49348096856	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	46122046265	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	36800057195	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00113057139	Generic	ALLER-EASE TAB 180MG	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Fexofenadine HCl Tab 180 MG</b>				
	36800057122	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904705040	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904671110	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	51079054820	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	62011031502	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	16714089902	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00378078205	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	70677000802	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	69230020230	Generic	ALLERGY TAB 180MG	PA REQUIRED
	69230030030	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	70000036104	Generic	24HR ALLERGY TAB 180MG	PA REQUIRED
	00113057195	Generic	ALLER-EASE TAB 180MG	PA REQUIRED
	45802057178	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	63824092605	Generic	MUCINEX ALLR TAB 180MG	PA REQUIRED
	62011031501	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00113057122	Generic	ALLER-EASE TAB 180MG	PA REQUIRED
	00904697860	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	16714089901	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	63824092640	Generic	MUCINEX ALLR TAB 180MG	PA REQUIRED
	70000036102	Generic	24HR ALLERGY TAB 180MG	PA REQUIRED
	70000036101	Generic	24HR ALLERGY TAB 180MG	PA REQUIRED
	36800057175	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904671146	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Fexofenadine HCl Tab 180 MG</b>				
	36800057139	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	70000036103	Generic	24HR ALLERGY TAB 180MG	PA REQUIRED
	55111078430	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	69230020201	Generic	ALLERGY TAB 180MG	PA REQUIRED
	51079054801	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904705060	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	63824092610	Generic	MUCINEX ALLR TAB 180MG	PA REQUIRED
	63868014130	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	69230030001	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	36800057113	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904697840	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00378078293	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	63868066730	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	55111078401	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	62011023301	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	70677000801	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	69230030005	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
<b>Fexofenadine HCl Tab 60 MG</b>				
	45802042578	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	62011041301	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	51079054720	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	62011031401	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	70677000701	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Fexofenadine HCl Tab 60 MG</b>				
	00113042553	Generic	ALLER-EASE TAB 60MG	PA REQUIRED
	51079054701	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	00904697960	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	00378078191	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	00904697940	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	70677007901	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	00378078105	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	36800042553	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
<b>Loratadine Rapidly-Disintegrating Tab 10 MG</b>				
	51660052731	Generic	ALLERGY RELF TAB 10MG	PA REQUIRED
	46122053952	Generic	LORATADINE TAB 10MG	PA REQUIRED
<b>Loratadine Syrup 5 MG/5ML</b>				
	00121084910	Generic	LORATADINE SOL 10/10ML	
<b>Loratadine Tab 10 MG</b>				
	45802065087	Generic	LORATADINE TAB 10MG	
	16714048203	Generic	LORATADINE TAB 10MG	
	45802065065	Generic	LORATADINE TAB 10MG	
	00904572887	Generic	ALLERGY TAB 10MG	
	00113061246	Generic	ALLERGY RELF TAB 10MG	
	62011025801	Generic	LORATADINE TAB 10MG	
	51079024601	Generic	LORATADINE TAB 10MG	
	16714089802	Generic	LORATADINE TAB 10MG	
	00113061260	Generic	ALLERGY RELF TAB 10MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Loratadine Tab 10 MG</b>				
	70000021303	Generic	ALLERGY RELF TAB 10MG	
	49348011244	Generic	LORATADINE TAB 10MG	
	51079024620	Generic	LORATADINE TAB 10MG	
	16714089801	Generic	LORATADINE TAB 10MG	
	00904685260	Generic	LORATADINE TAB 10MG	
	00904579361	Generic	LORATADINE TAB 10MG	
	51660052601	Generic	ALLERGY RELF TAB 10MG	
	63868015110	Generic	LORATADINE TAB 10MG	
	16714089803	Generic	LORATADINE TAB 10MG	
	16714048201	Generic	LORATADINE TAB 10MG	
	63868015130	Generic	LORATADINE TAB 10MG	
	69230031203	Generic	ALLERGY RELF TAB 10MG	
	51660052631	Generic	ALLERGY RELF TAB 10MG	
	49348081845	Generic	SM LORATADIN TAB 10MG	
	00536109203	Generic	ALLERGY TAB 10MG	
	49348011201	Generic	LORATADINE TAB 10MG	
	36800061246	Generic	ALLERGY RELF TAB 10MG	
	00536109201	Generic	ALLERGY TAB 10MG	
	69230031703	Generic	ALLERGY RELF TAB 10MG	
	51660052605	Generic	ALLERGY RELF TAB 10MG	
	16714048202	Generic	LORATADINE TAB 10MG	
	00904572889	Generic	ALLERGY TAB 10MG	
	70000021302	Generic	ALLERGY RELF TAB 10MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Loratadine Tab 10 MG</b>				
	45802065078	Generic	LORATADINE TAB 10MG	
	24385047152	Generic	LORATADINE TAB 10MG	
	63868015101	Generic	LORATADINE TAB 10MG	
	62011024804	Generic	LORATADINE TAB 10MG	
	60505014708	Generic	LORATADINE TAB 10MG	
	49348011213	Generic	LORATADINE TAB 10MG	
	36800061265	Generic	ALLERGY RELF TAB 10MG	
	69230031201	Generic	ALLERGY RELF TAB 10MG	
	00904572872	Generic	ALLERGY TAB 10MG	
	00904685272	Generic	LORATADINE TAB 10MG	
	00904685261	Generic	LORATADINE TAB 10MG	
	36800061276	Generic	ALLERGY RELF TAB 10MG	
	62011025803	Generic	LORATADINE TAB 10MG	
	60505014701	Generic	LORATADINE TAB 10MG	
	68084024811	Generic	LORATADINE TAB 10MG	
	24385047199	Generic	LORATADINE TAB 10MG	
	68084024801	Generic	LORATADINE TAB 10MG	
	51660052653	Generic	ALLERGY RELF TAB 10MG	
	00113061239	Generic	ALLERGY RELF TAB 10MG	
	51660052611	Generic	ALLERGY RELF TAB 10MG	
	62011025804	Generic	LORATADINE TAB 10MG	
	62011024805	Generic	LORATADINE TAB 10MG	
	00904685289	Generic	LORATADINE TAB 10MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Loratadine Tab 10 MG</b>				
	00113061265	Generic	ALLERGY RELF TAB 10MG	
	24385047178	Generic	LORATADINE TAB 10MG	
	36800061287	Generic	ALLERGY RELF TAB 10MG	
	62011025802	Generic	LORATADINE TAB 10MG	
	00781507701	Generic	LORATADINE TAB 10MG	
	70000021304	Generic	ALLERGY RELF TAB 10MG	
	50268048915	Generic	LORATADINE TAB 10MG	
	70000021301	Generic	ALLERGY RELF TAB 10MG	
	49348081856	Generic	SM LORATADIN TAB 10MG	
	00904685207	Generic	LORATADINE TAB 10MG	
	69230031230	Generic	ALLERGY RELF TAB 10MG	
<b>Chlorpheniramine Maleate Syrup 2 MG/5ML</b>				
	00485009816	Generic	ED CHLORPED SYP JR	
<b>Chlorpheniramine Maleate Tab 4 MG</b>				
	00904001224	Generic	ALLERGY TAB 4MG	
	24385046362	Generic	GNP ALLERGY TAB 4MG	
	00904001280	Generic	ALLERGY TAB 4MG	
	00113004278	Generic	GS ALLERGY TAB 4MG	
	62011031101	Generic	ALLERGY RELF TAB 4MG	
	70677000401	Generic	SM ALLERGY TAB 4MG	
	70000016001	Generic	ALLERGY TAB 4MG	
	49483024201	Generic	ALLERGY-TIME TAB 4MG	
	00536100635	Generic	ALLER-CHLOR TAB 4MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Chlorpheniramine Maleate Tab 4 MG</b>				
	00536100610	Generic	ALLER-CHLOR TAB 4MG	
	62011005901	Generic	HM ALLERGY TAB 4MG	
	49483024210	Generic	ALLERGY-TIME TAB 4MG	
	70000016002	Generic	ALLERGY TAB 4MG	
	24385046378	Generic	GNP ALLERGY TAB 4MG	
	00536100601	Generic	ALLER-CHLOR TAB 4MG	
	63868083324	Generic	ALLERGY RELI TAB 4MG	
	36800046362	Generic	ALLERGY TAB 4MG	
	00904001259	Generic	ALLERGY TAB 4MG	
<b>Diphenhydramine HCl Cap 25 MG</b>				
	70000020702	Generic	ALLERGY RELF CAP 25MG	
	00904530661	Generic	DIPHENHYDRAM CAP 25MG	
	00904530680	Generic	BANOPHEN CAP 25MG	
	00904530660	Generic	BANOPHEN CAP 25MG	
	66424002001	Generic	DIPHENHYDRAM CAP 25MG	
	42806064810	Generic	DIPHENHYDRAM CAP 25MG	
	00113046262	Generic	ALLERGY RELF CAP 25MG	
	46122042762	Generic	GNP ALLERGY CAP 25MG	
	00536101001	Generic	DIPHENHIST CAP 25MG	
	63868008724	Generic	COMP ALLERGY CAP 25MG	
	70677000201	Generic	ALLERGY RELF CAP 25MG	
	42806064801	Generic	DIPHENHYDRAM CAP 25MG	
	46122044062	Generic	GNP ALLERGY CAP 25MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Diphenhydramine HCl Cap 25 MG</b>				
	46122044078	Generic	GNP ALLERGY CAP 25MG	
	63868008701	Generic	COMP ALLERGY CAP 25MG	
	16103034803	Generic	PHARBEDRYL CAP 25MG	
	62011030901	Generic	HM ALLERGY CAP 25MG	
	00904530624	Generic	BANOPHEN CAP 25MG	
	36800046278	Generic	ALLERGY CAP 25MG	
	16103034811	Generic	PHARBEDRYL CAP 25MG	
	36800046267	Generic	ALLERGY CAP 25MG	
	36800046262	Generic	ALLERGY CAP 25MG	
	62011031701	Generic	ALLERGY RELF CAP 25MG	
	70000014401	Generic	ALLERGY RELF CAP 25MG	
	00904203524	Generic	BANOPHEN CAP 25MG	
	66424002010	Generic	DIPHENHYDRAM CAP 25MG	
	70000020701	Generic	ALLERGY RELF CAP 25MG	
	16103034808	Generic	PHARBEDRYL CAP 25MG	
	70677001001	Generic	ALLERGY RELF CAP 25MG	
<b>Diphenhydramine HCl Cap 50 MG</b>				
	00904205661	Generic	DIPHENHYDRAM CAP 50MG	
	16103034711	Generic	PHARBEDRYL CAP 50MG	
	42806064910	Generic	DIPHENHYDRAM CAP 50MG	
	42806064901	Generic	DIPHENHYDRAM CAP 50MG	
	66424002110	Generic	DIPHENHYDRAM CAP 50MG	
	66424002101	Generic	DIPHENHYDRAM CAP 50MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Diphenhydramine HCl Cap 50 MG</b>				
	00904530760	Generic	BANOPHEN CAP 50MG	
	00904530780	Generic	BANOPHEN CAP 50MG	
<b>Diphenhydramine HCl Liquid 12.5 MG/5ML</b>				
	46122036126	Generic	ALLERGY CHLD LIQ 12.5/5ML	
	62011028401	Generic	ALLERGY RELF LIQ 12.5/5ML	
	70000024502	Generic	ALLERGY RELF LIQ 12.5/5ML	
	54838013580	Generic	SILADRYL ALR LIQ 12.5/5ML	
	00904698520	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	00113037926	Generic	ALLERGY RELF LIQ 12.5/5ML	
	00536077085	Generic	DIPHENHIST LIQ 12.5/5ML	
	68094002459	Generic	DIPHENHYDRAM LIQ 25/10ML	
	36800037926	Generic	ALLERGY RELF LIQ 12.5/5ML	
	00904122800	Generic	BANOPHEN LIQ 12.5/5ML	
	00904674070	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	49348004534	Generic	ALLERGY RELF LIQ 12.5/5ML	
	58657052816	Generic	M-DRYL LIQ 12.5/5ML	
	70000024601	Generic	ALLERGY RELF LIQ 12.5/5ML	
	63868037004	Generic	ALLERGY CHLD LIQ 12.5/5ML	
	24385037926	Generic	CHLD ALLERGY LIQ 12.5/5ML	
	63868082354	Generic	ALLERGY CHLD LIQ 12.5/5ML	
	70000049201	Generic	ALLERGY RELF LIQ 12.5/5ML	
	68094002259	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	49348004537	Generic	ALLERGY RELF LIQ 12.5/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Diphenhydramine HCl Liquid 12.5 MG/5ML</b>				
	00904698516	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	70000024501	Generic	ALLERGY RELF LIQ 12.5/5ML	
	36800037934	Generic	ALLERGY RELF LIQ 12.5/5ML	
	68094002262	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	58657052804	Generic	M-DRYL LIQ 12.5/5ML	
	54838013540	Generic	SILADRYL ALR LIQ 12.5/5ML	
	00904517416	Generic	BANOPHEN LIQ 12.5/5ML	
	00904674172	Generic	DIPHENHYDRAM LIQ 25/10ML	
	00536077097	Generic	DIPHENHIST LIQ 12.5/5ML	
	54838013570	Generic	SILADRYL ALR LIQ 12.5/5ML	
	68094002462	Generic	DIPHENHYDRAM LIQ 25/10ML	
<b>Diphenhydramine HCl Tab 25 MG</b>				
	63868049224	Generic	QC ALLERGY TAB 25MG	
	62011031601	Generic	ALLERGY RELF TAB 25MG	
	70677000301	Generic	SM ALLERGY TAB 25MG	
	00536101601	Generic	DIPHENHIST TAB 25MG	
	70000013603	Generic	ALLERGY RELF TAB 25MG	
	00113047953	Generic	ALLERGY RELF TAB 25MG	
	00904555124	Generic	BANOPHEN TAB 25MG	
	49483006101	Generic	DIPHENHYDRAM TAB 25MG	
	00113047978	Generic	ALLERGY RELF TAB 25MG	
	00904555159	Generic	BANOPHEN TAB 25MG	
	68094001861	Generic	DIPHENHYDRAM TAB 25MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Diphenhydramine HCl Tab 25 MG</b>				
	70677000901	Generic	ALLERGY RELF TAB 25MG	
	70000013602	Generic	ALLERGY RELF TAB 25MG	
	00536121429	Generic	DIPHENHYDRAM TAB 25MG	
	62011031001	Generic	ALLERGY RELF TAB 25MG	
	68094001859	Generic	DIPHENHYDRAM TAB 25MG	
	49483006110	Generic	DIPHENHYDRAM TAB 25MG	
	24385047978	Generic	GNP ALLERGY TAB 25MG	
	00113047962	Generic	ALLERGY RELF TAB 25MG	
	70000013601	Generic	ALLERGY RELF TAB 25MG	
<b>Loratadine Syrup 5 MG/5ML</b>				
	46122042326	Generic	LORATADINE SOL 5MG/5ML	
	36800009208	Generic	LORATADINE SOL 5MG/5ML	
	62011030501	Generic	LORATADINE SYP 5MG/5ML	
	70677002901	Generic	SM ALLERGY SYP 5MG/5ML	
	62011018101	Generic	LORATADINE SYP 5MG/5ML	
	51672209208	Generic	LORATADINE SOL 5MG/5ML	
	51672208508	Generic	LORATADINE SYP 5MG/5ML	
	51672207308	Generic	LORATADINE SYP 5MG/5ML	
	62011034801	Generic	LORATADINE SYP 5MG/5ML	
	51672213108	Generic	LORATADINE SOL 5MG/5ML	
	49348033334	Generic	LORATADINE SYP 5MG/5ML	
	70000025201	Generic	ALLERGY CHLD SOL 5MG/5ML	
	00904663220	Generic	LORATADINE SOL 5MG/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Loratadine Syrup 5 MG/5ML</b>				
	00121084940	Generic	LORATADINE SOL 10/10ML	
	00904623420	Generic	LORATADINE SOL 5MG/5ML	
	24385053126	Generic	LORATADINE SYP 5MG/5ML	
	54838055440	Generic	LORATADINE SOL 5MG/5ML	
	49348063634	Generic	LORATADINE SYP 5MG/5ML	
	00904676720	Generic	LORATADINE SOL 5MG/5ML	
	70000012501	Generic	ALLERGY CHLD SYP 5MG/5ML	
	54838055840	Generic	LORATADINE SOL 5MG/5ML	
<b>Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML</b>				
	49348086137	Generic	SM TUSSIN SYP DM	
	49348001739	Generic	SM TUSSIN DM SYP 100-10/5	
	00121063800	Generic	GUAIFENESIN SYP DM	
	54838020980	Generic	SILTUSSIN-DM SYP ALC FREE	
	00121063805	Generic	GUAIFENESIN SYP DM	
	49348001737	Generic	SM TUSSIN DM SYP 100-10/5	
	49348086134	Generic	SM TUSSIN SYP DM	
	00113035926	Generic	TUSSIN DM SYP 100-10/5	
	00121127610	Generic	GUAIFENESIN SYP DM	
	54838020970	Generic	SILTUSSIN-DM SYP ALC FREE	
	00121127600	Generic	GUAIFENESIN SYP DM	
	00904005309	Generic	ROBAFEN DM SYP 100-10/5	
	49348001734	Generic	SM TUSSIN DM SYP 100-10/5	
	00904005316	Generic	ROBAFEN DM SYP 100-10/5	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML</b>				
	00536118485	Generic	EXTRA ACTION SYP 10-100/5	
	00113035934	Generic	TUSSIN DM SYP 100-10/5	
	00904005300	Generic	ROBAFEN DM SYP 100-10/5	
	54838020940	Generic	SILTUSSIN-DM SYP ALC FREE	
	58657050508	Generic	GG/DM SYP 100-10/5	
	00536118497	Generic	COUGH/CHEST SYP DM	
<b>Guaifenesin Syrup 100 MG/5ML</b>				
	54838011740	Generic	SILTUSSIN SA SYP 100/5ML	
	36800031026	Generic	TUSSIN CHEST SYP 100/5ML	
	00904676316	Generic	ROBAFEN SYP 100/5ML	
	00904006116	Generic	ROBAFEN SYP 100/5ML	
	54838011770	Generic	SILTUSSIN SA SYP 100/5ML	
	00536082585	Generic	COUGH SYP 100/5ML	
	00113006134	Generic	TUSSIN CHEST SYP 100/5ML	
	54838011780	Generic	SILTUSSIN SA SYP 100/5ML	
	00536109597	Generic	COUGH SYP	
	00113006126	Generic	TUSSIN CHEST SYP 100/5ML	
<b>Pseudoephedrine HCl Liq 30 MG/5ML</b>				
	00536185097	Brand	NASAL DECONG LIQ 30MG/5ML	PA REQUIRED
<b>Pseudoephedrine HCl Syrup 30 MG/5ML</b>				
	00536185085	Brand	NASAL DECON SYP 30MG/5ML	
<b>Pseudoephedrine HCl Tab 30 MG</b>				
	70677000502	Generic	NASAL DECONG TAB 30MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Pseudoephedrine HCl Tab 30 MG</b>				
	36800043267	Generic	NASAL DECONG TAB 30MG	
	24385043262	Generic	NASAL DECONG TAB 30MG	
	00904505324	Generic	SUDOGEST TAB 30MG	
	45802043262	Generic	PSEUDOEPHEDR TAB 30MG	
	62011031203	Generic	NASAL DECONG TAB 30MG	
	00113243280	Generic	NASAL DECONG TAB 30MG	
	00536360735	Generic	NASAL DECONG TAB 30MG	
	70000013502	Generic	NASAL DECONG TAB 30MG	
	62011031202	Generic	NASAL DECONG TAB 30MG	
	70677000501	Generic	NASAL DECONG TAB 30MG	
	00904699061	Generic	PSEUDOEPHEDR TAB 30MG	
	70000013501	Generic	NASAL DECONG TAB 30MG	
	70677000503	Generic	NASAL DECONG TAB 30MG	
	00904672760	Generic	SUDOGEST TAB 30MG	
	62011031201	Generic	NASAL DECONG TAB 30MG	
	00904633724	Generic	SUDOGEST MAX TAB 30MG	
	36800043262	Generic	NASAL DECONG TAB 30MG	
	00113043262	Generic	NASAL DECONG TAB 30MG	
	00904505359	Generic	SUDOGEST TAB 30MG	
	46122042862	Generic	GNP DECONGE TAB 30MG	
	24385043280	Generic	NASAL DECONG TAB 30MG	
<b>Pseudoephedrine HCl Tab 60 MG</b>				
	00904512559	Generic	SUDOGEST TAB 60MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Pseudoephedrine HCl Tab 60 MG</b>				
	00904672852	Generic	SUDOGEST TAB 60MG	
	00904512546	Generic	SUDOGEST TAB 60MG	
	00904672846	Generic	SUDOGEST TAB 60MG	
	00904690706	Generic	PSEUDOEPHEDR TAB 60MG	
<b>Carbamide Peroxide 6.5% Otic Soln</b>				
	63868002615	Generic	EARWAX REMVL DRO 6.5% OT	
	62011016901	Generic	EARWAX REMV SOL 6.5% OT	
	63868002616	Generic	EARWAX REMVL DRO 6.5% OT	
	49348096029	Generic	SM EAR DRO 6.5% OT	
	00904662735	Generic	EAR DROPS DRO 6.5%	
	36800083533	Generic	EARWAX SOL REMOVAL	
	62011016701	Generic	EARWAX REMV SOL 6.5% OT	
<b>Polyethylene Glycol 3350 Oral Powder 17 GM/SCOOP</b>				
	11534018028	Generic	POLYETH GLYC POW 3350 NF	
	00536105284	Generic	PEG3350 POW	
	63868000214	Generic	NATURA-LAX POW 3350 NF	
	36800030603	Generic	CLEARLAX POW	
	70000041502	Generic	CLEARLAX POW	
	00113030602	Generic	CLEARLAX POW	
	62175019031	Generic	GLYCOLAX POW 3350 NF	
	45802086803	Generic	POLYETH GLYC POW 3350 NF	
	51991096257	Generic	POLYETH GLYC POW 3350 NF	
	00113030619	Generic	CLEARLAX POW	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Polyethylene Glycol 3350 Oral Powder 17 GM/SCOOP</b>				
	51991096158	Generic	POLYETH GLYC POW 3350 NF	
	37205061272	Generic	CLEARLAX POW	
	62011028701	Generic	HM CLEARLAX POW	
	00113030617	Generic	CLEARLAX POW	
	00904602576	Generic	PEG 3350 POW	
	11534018019	Generic	POLYETH GLYC POW 3350 NF	
	63868000230	Generic	NATURA-LAX POW 3350 NF	
	49348089350	Generic	SM CLEARLAX POW	
	62175019515	Generic	POLYETH GLYC POW 3350 NF	
	62175019015	Generic	GLYCOLAX POW 3350 NF	
	43386031208	Generic	GAVILAX POW	
	36800030601	Generic	CLEARLAX POW	
	46122001431	Generic	GNP CLEARLAX POW	
	00113030603	Generic	CLEARLAX POW	
	62011028702	Generic	HM CLEARLAX POW	
	46122001471	Generic	GNP CLEARLAX POW	
	36800030602	Generic	CLEARLAX POW	
	62175019531	Generic	POLYETH GLYC POW 3350 NF	
	00536105227	Generic	PEG3350 POW	
	11534018050	Generic	POLYETH GLYC POW 3350 NF	
	36800018104	Generic	CLEARLAX POW	
	45802086802	Generic	POLYETH GLYC POW 3350 NF	
	43386031214	Generic	GAVILAX POW	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Polyethylene Glycol 3350 Oral Powder 17 GM/SCOOP</b>				
	46122001433	Generic	GNP CLEARLAX POW	
	62175019507	Generic	POLYETH GLYC POW 3350 NF	
	00536105224	Generic	PEG3350 POW	
	62011015304	Generic	HM CLEARLAX POW	
	70000041503	Generic	CLEARLAX POW	
	00113030601	Generic	CLEARLAX POW	
	70000041501	Generic	CLEARLAX POW	
	45802086801	Generic	POLYETH GLYC POW 3350 NF	
<b>Simethicone Chew Tab 125 MG</b>				
	00067012918	Brand	GAS-X EX-STR CHW 125MG	
	49348086348	Generic	SM GAS REL CHW 125MG	
	00536122308	Generic	GAS RELIEF CHW 125MG	
	00067011701	Brand	GAS-X EX-STR CHW 125MG	
	00067011748	Brand	GAS-X EX-STR CHW 125MG	
	62011018901	Generic	HM GAS RELF CHW 125MG	
	00067011718	Brand	GAS-X EX-STR CHW 125MG	
	24385030789	Generic	GNP GAS RELF CHW 125MG	
<b>Simethicone Chew Tab 80 MG</b>				
	49348014707	Generic	SM GAS RELIE CHW 80MG	
	24385011878	Generic	GNP GAS RELF CHW 80MG	
	00904506860	Generic	MI-ACID GAS CHW 80MG	
	62011029101	Generic	HM GAS RELF CHW 80MG	
	49348018810	Generic	SM GAS RELF CHW 80MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Simethicone Chew Tab 80 MG</b>				
	00536101901	Generic	GAS RELIEF CHW 80MG	
	00536120704	Generic	GAS RELIEF CHW 80MG	
	37205011278	Generic	GAS RELIEF CHW 80MG	
	70000043401	Generic	GAS RELIEF CHW 80MG	
<b>Simethicone Susp 40 MG/0.6ML</b>				
	36800088210	Generic	GAS RELIEF DRO 40/0.6ML	
	70000042301	Generic	GAS RELIEF DRO 20/0.3ML	
	00113088210	Generic	SIMETHICONE DRO 20/0.3ML	
	00904589430	Generic	GAS RELIEF DRO 20/0.3ML	
	62011018701	Generic	GAS RELIEF DRO 20/0.3ML	
	00536222075	Generic	GAS RELIEF DRO 20/0.3ML	
	49348074027	Generic	GAS RELIEF DRO 20/0.3ML	
<b>Aluminum Hydroxide Gel Susp 320 MG/5ML</b>				
	00536009185	Generic	ALUM HYDROX SUS 320/5ML	
<b>Bismuth Subsalicylate Chew Tab 262 MG</b>				
	36800046965	Generic	STOMACH RELF CHW 262MG	
	62011014001	Generic	STOMACH RELF CHW 262MG	
	70000043301	Generic	STOMACH RELF CHW 262MG	
	00904131546	Generic	BISMATROL CHW 262MG	
	00113046991	Generic	STOMACH RELF CHW 262MG	
	37205072065	Generic	PINK BISMUTH CHW 262MG	
	70000043302	Generic	STOMACH RELF CHW 262MG	
	24385002465	Generic	PINK BISMUTH CHW 262MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Bismuth Subsalicylate Chew Tab 262 MG</b>				
	49348095344	Generic	STOMACH RELF CHW 262MG	
	00536102107	Generic	PEPTIC RELF CHW 262MG	
<b>Bismuth Subsalicylate Susp 262 MG/15ML</b>				
	62011039301	Generic	STOMACH RELF SUS 262/15ML	
	00536181059	Generic	PEPTIC RELF SUS 262/15ML	
	36800030240	Generic	STOMACH RELF SUS 262/15ML	
	70000043901	Generic	STOMACH RELF SUS 525/30ML	
	00904131309	Generic	BISMATROL SUS 262/15ML	
	70677006201	Generic	SM STOMACH SUS 525/30ML	
	24385030226	Generic	STOMACH RELF SUS 262/15ML	
	62011027801	Generic	HM STOMACH SUS 262/15ML	
	49348001441	Generic	SM STOMACH SUS 525/30ML	
	00113030234	Generic	STOMACH RELF SUS 262/15ML	
	70000043902	Generic	STOMACH RELF SUS 525/30ML	
	36800030234	Generic	STOMACH RELF SUS 262/15ML	
<b>Bismuth Subsalicylate Tab 262 MG</b>				
	24385001758	Generic	PINK BISMUTH TAB 262MG	
	49348051159	Generic	STOMACH RELF TAB 262MG	
<b>Calcium Carbonate (Antacid) Chew Tab 1000 MG</b>				
	70000043601	Generic	ANTACID CHW 1000MG	
	00135011814	Brand	TUMS ULTRA CHW 1000MG	
	00113059523	Generic	CAL ANTACID CHW 1000MG	
	62011029401	Generic	CAL ANTACID CHW 1000MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Calcium Carbonate (Antacid) Chew Tab 1000 MG</b>				
	00135018114	Brand	TUMS ULTRA CHW 1000MG	
	00135011883	Brand	TUMS ULTRA CHW 1000MG	
	00135022801	Brand	TUMS ULTRA CHW 1000MG	
	00135018002	Brand	TUMS ULTRA CHW 1000MG	
	00135061202	Brand	TUMS ULTRA CHW 1000MG	
	36800059523	Generic	CALC ANTACID CHW 1000MG	
	70000045901	Generic	ANTACID CHW 1000MG	
	00135061201	Brand	TUMS ULTRA CHW 1000MG	
	62011030001	Generic	CAL ANTACID CHW 1000MG	
	00135018105	Brand	TUMS ULTRA CHW 1000MG	
	37205033369	Generic	CAL ANTACID CHW 1000MG	
	49348095916	Generic	SM ANTACID CHW 1000MG	
	00135018101	Brand	TUMS ULTRA CHW 1000MG	
	00135018014	Brand	TUMS ULTRA CHW 1000MG	
	00135018102	Brand	TUMS ULTRA CHW 1000MG	
<b>Calcium Carbonate (Antacid) Chew Tab 500 MG</b>				
	49348010621	Generic	CALCIUM ANTA CHW 500MG	
	00135007003	Brand	TUMS CHW 500MG	
	00536104815	Generic	ANTACID CHW 500MG	
	36800047847	Generic	ANTACID CHW 500MG	
	49348010821	Generic	CALCIUM ANTA CHW 500MG	
	00113047847	Generic	CALC ANTACID CHW 500MG	
	00113048547	Generic	ANTACID CHW 500MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Calcium Carbonate (Antacid) Chew Tab 500 MG</b>				
	00904641292	Generic	CALC ANTACID CHW 500MG	
	00135007048	Brand	TUMS CHW 500MG	
	62011028101	Generic	CALC ANTACID CHW 500MG	
	70000003401	Generic	ANTACID CHW 500MG	
	63868004715	Generic	QC ANTACID CHW 500MG	
	00536100715	Generic	CAL-GEST CHW 500MG	
	00135007127	Brand	TUMS CHW 500MG	
	68084098833	Generic	ANTACID CHW 500MG	
	37205020047	Generic	ANTACID CHW 500MG	
	00135061101	Brand	TUMS CHW 500MG	
	00135007027	Brand	TUMS CHW 500MG	
	36800048547	Generic	CALC ANTACID CHW 500MG	
	68084098832	Generic	ANTACID CHW 500MG	
	37205021047	Generic	ANTACID CHW 500MG	
<b>Calcium Carbonate (Antacid) Chew Tab 750 MG</b>				
	00536122922	Generic	CALC ANTACID CHW 750MG	
	00135017809	Brand	TUMS E-X CHW 750MG	
	70000046001	Generic	ANTACID CHW 750MG	
	00135007407	Brand	TUMS EXTRA CHW 750MG	
	37205070680	Generic	ANTACID CHW 750MG	
	62011029501	Generic	CAL ANTACID CHW 750MG	
	46122031780	Generic	GNP ANTACID CHW 750MG	
	00113048980	Generic	ANTACID CHW 750MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Calcium Carbonate (Antacid) Chew Tab 750 MG</b>				
	36800017980	Generic	CALC ANTACID CHW 750MG	
	00135007422	Brand	TUMS EXTRA CHW 750MG	
	00135017802	Brand	TUMS E-X CHW 750MG	
	00135045603	Brand	TUMS SMOOTHI CHW 750MG	
	00536105022	Generic	CALC ANTACID CHW 750MG	
	00113046880	Generic	ANTACID CHW 750MG	
	00113017980	Generic	CALC ANTACID CHW 750MG	
	00135060602	Brand	TUMS CHEWY CHW BITES	
	00135024601	Brand	TUMS SMOOTHI CHW 750MG	
	00135015501	Brand	TUMS EXTRA CHW 750MG	
	00135060601	Brand	TUMS CHEWY CHW BITES	
	36800046880	Generic	CALC ANTACID CHW 750MG	
	49348009434	Generic	CALCIUM ANTA CHW 750MG	
	70000043002	Generic	ANTACID CHW 750MG	
	00536104922	Generic	CALC ANTACID CHW 750MG	
	00135014003	Brand	TUMS E-X CHW 750MG	
	37205020580	Generic	ANTACID CHW 750MG	
	70000043101	Generic	ANTACID CHW 750MG	
	00135007425	Brand	TUMS EXTRA CHW 750MG	
	00536122522	Generic	ANTACID CHW 750MG	
	62011030101	Generic	CALC ANTACID CHW 750MG	
	00135024602	Brand	TUMS SMOOTHI CHW 750MG	
	00135017803	Brand	TUMS E-X CHW 750MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Calcium Carbonate (Antacid) Chew Tab 750 MG</b>				
	00135007401	Brand	TUMS EXTRA CHW 750MG	
	62011028001	Generic	CAL ANTACID CHW 750MG	
	62011022901	Generic	CALC ANTACID CHW 750MG	
	00135007424	Brand	TUMS EXTRA CHW 750MG	
	00135017808	Brand	TUMS E-X CHW 750MG	
	36800048980	Generic	CALC ANTACID CHW 750MG	
	00135007446	Brand	TUMS EXTRA CHW 750MG	
	24385010680	Generic	ANTACID CHW 750MG	
	00135024302	Brand	TUMS SMOOTHI CHW 750MG	
	00135024607	Brand	TUMS SMOOTHI CHW 750MG	
<b>Calcium Carbonate (Antacid) Susp 1250 MG/5ML</b>				
	00121076616	Generic	CALCIUM CARB SUS 1250/5ML	
	00121476605	Generic	CALCIUM CARB SUS 1250/5ML	
	00054311763	Generic	CALCIUM CARB SUS 1250/5ML	
<b>Magnesium Oxide Tab 400 MG</b>				
	58657012012	Generic	MAG OXIDE TAB 400MG	
	69543021712	Generic	MAG OXIDE TAB 400MG	
	00603020922	Generic	MAG OXIDE TAB 400MG	
<b>Sodium Bicarbonate Tab 325 MG</b>				
	00536104610	Generic	SODIUM BICAR TAB 325MG	
<b>Sodium Bicarbonate Tab 650 MG</b>				
	00536104710	Generic	SODIUM BICAR TAB 650MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Loperamide HCl Cap 2 MG</b>				
	62011039001	Generic	ANTI-DIARRHE CAP 2MG	
	63868087624	Generic	QC ANTI-DIAR CAP 2MG	
	36800052012	Generic	ANTI-DIARRHE CAP 2MG	
	70677006001	Generic	ANTI-DIARRHE CAP 2MG	
	36800052024	Generic	ANTI-DIARRHE CAP 2MG	
	70000046101	Generic	ANTI-DIARRHE CAP 2MG	
	63868087612	Generic	QC ANTI-DIAR CAP 2MG	
	49348075204	Generic	ANTI-DIARRHE CAP 2MG	
	46122058162	Generic	ANTI-DIARRHE CAP 2MG	
	62011015801	Generic	LOPERAMIDE CAP 2MG	
<b>Loperamide HCl Liq 1 MG/5ML (0.2 MG/ML)</b>				
	50383061810	Generic	LOPERAMIDE LIQ 1MG/5ML	
	50383061811	Generic	LOPERAMIDE LIQ 1MG/5ML	
	50383061806	Generic	LOPERAMIDE LIQ 1MG/5ML	
	50383061804	Generic	LOPERAMIDE LIQ 1MG/5ML	
	50383061805	Generic	LOPERAMIDE LIQ 1MG/5ML	
<b>Famotidine Tab 10 MG</b>				
	46122039472	Generic	ACID REDUCER TAB 10MG	
	00093274865	Generic	FAMOTIDINE TAB 10MG	
	36800014172	Generic	ACID REDUCER TAB 10MG	
	37205061465	Generic	ACID REDUCER TAB 10MG	
	00904552952	Generic	HEARTBURN TAB RELIEF	
	63868071430	Generic	ACID CONTROL TAB 10MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Famotidine Tab 10 MG</b>				
	00113014165	Generic	ACID REDUCER TAB 10MG	
	00093274894	Generic	FAMOTIDINE TAB 10MG	
	51660003531	Generic	ACID CONTROL TAB 10MG	
	49348012813	Generic	ACID REDUCER TAB 10MG	
	62011014201	Generic	FAMOTIDINE TAB 10MG	
	00904552987	Generic	HEARTBURN TAB RELIEF	
	46122039465	Generic	ACID REDUCER TAB 10MG	
	00093274892	Generic	FAMOTIDINE TAB 10MG	
	49348012844	Generic	ACID REDUCER TAB 10MG	
	49348012812	Generic	ACID REDUCER TAB 10MG	
	36800014165	Generic	ACID REDUCER TAB 10MG	
<b>Ranitidine HCl Tab 75 MG</b>				
	00904671546	Generic	RANITIDINE TAB 75MG	
	00113087665	Generic	ACID REDUCER TAB 75MG	
	51660035230	Generic	ACID REDUCER TAB 75MG	
	36800027172	Generic	HEARTBRN REL TAB 75MG	
	70000037502	Generic	ACID REDUCER TAB 75MG	
	36800027139	Generic	HEARTBRN REL TAB 75MG	
	49348013644	Generic	ACID REDUCER TAB 75MG	
	00904671552	Generic	RANITIDINE TAB 75MG	
	55111013160	Generic	RANITIDINE TAB 75MG	
	70000037501	Generic	ACID REDUCER TAB 75MG	
	62011028301	Generic	ACID REDUCER TAB 75MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ranitidine HCl Tab 75 MG</b>				
	49348013612	Generic	ACID REDUCER TAB 75MG	
	51660035260	Generic	ACID REDUCER TAB 75MG	
	62011028302	Generic	ACID REDUCER TAB 75MG	
<b>*Sodium Phosphates - Enema***</b>				
	70000010801	Generic	ENEMA READY- ENE TO-USE	
	00132020142	Brand	FLEET ENE	
	00536741551	Generic	ENEMA READY- ENE -TO-USE	
	63868038045	Generic	QC ENEMA ENE	
	49348018614	Generic	SM ENEMA ENE	
	49348018620	Generic	SM ENEMA ENE	
	63868038090	Generic	QC ENEMA ENE	
	00904632078	Generic	ENEMA READY- ENE -TO-USE	
	70000010802	Generic	ENEMA READY- ENE TO-USE	
	00132020140	Brand	FLEET ENE	
	46122036428	Generic	GNP ENEMA ENE	
	36800000202	Generic	ENEMA ENE SINGLE	
	62011027101	Generic	HM ENEMA ENE R-T-U	
	36800000236	Generic	ENEMA ENE SINGLE	
	00132020145	Brand	FLEET ENE	
	62011027102	Generic	HM ENEMA ENE R-T-U	
	46122036436	Generic	GNP ENEMA ENE	
<b>Alum &amp; Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML</b>				
	49348015339	Generic	SM ANTACID SUS ADVANCED	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Alum &amp; Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML</b>				
	63868071257	Generic	QC ANTACID SUS ANTI-GAS	
	70000048601	Generic	ANTACID SUS REG STR	
	37205031440	Generic	ANTACID SUS REG ST	
	63868069457	Generic	QC ANTACID SUS	
	46122043440	Generic	GNP ANTACID SUS COOLMINT	
	46122043340	Generic	GNP ANTACID SUS REG ST	
	37205053040	Generic	ANTACID FAST SUS ACTING	
	00536194583	Generic	RULOX SUS	
	62011029201	Generic	HM ANTACID SUS	
	00904676414	Generic	MINTOX REGUL SUS MINT	
	00904683314	Generic	MI-ACID SUS	
	00536118583	Generic	ALMACONE SUS	
	70000047601	Generic	ANTACID SUS REG STR	
	00121176130	Generic	MAG-AL PLUS LIQ	
	00904572114	Generic	MINTOX SUS	
	00113085140	Generic	ANTACID SUS	
	00113035740	Generic	ANTACID PLUS SUS GAS REL	
	49348001939	Generic	SM ANTACID/ SUS ANTIGAS	
	00536002583	Generic	ALMACONE SUS	
	62011014801	Generic	HM ANTACID SUS ANTI-GAS	
	36800035740	Generic	ANTACID PLUS SUS GAS REL	
	36800085140	Generic	ANTACID FAST SUS RELIEF	
	00904000414	Generic	MI-ACID SUS	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Alum &amp; Mag Hydroxide-Simethicone Susp 400-400-40 MG/5ML</b>				
	63868071557	Generic	QC ANTACID SUS ANTI-GAS	
	49348030239	Generic	SM ANTACID SUS ADVANCED	
	46122043140	Generic	GNP ANTACID SUS ORIGINAL	
	00121176230	Generic	MAG-AL PLUS LIQ XS	
	70000048201	Generic	ANTACID MAX SUS ORIGINA	
	36800034040	Generic	ANTACID PLUS SUS ANTI-GAS	
	70000042201	Generic	ANTACID MAX SUS CHERRY	
	36800058840	Generic	ANTACID SUS MAX ST	
	00536001583	Generic	ALMACONE DBL SUS STRENGTH	
	37205053540	Generic	ANTACID SUS MAX ST	
	00904000514	Generic	MI-ACID SUS MAX ST	
	00904572514	Generic	MINTOX SUS MAX ST	
	00113034040	Generic	ANTACID PLUS SUS GAS REL	
	00113058840	Generic	ANTACID SUS ANTI-GAS	
	62011012201	Generic	ADVANCED SUS ANTACID	
	62011014901	Generic	HM ANTACID SUS ANTI-GAS	
	46122043240	Generic	GNP ANTACID SUS CHERRY	
	00904675514	Generic	MI-ACID SUS MAX ST	
<b>Bisacodyl Suppos 10 MG</b>				
	46122060851	Generic	GENTLE LAXAT SUP 10MG	
	00904698160	Generic	BISACODYL SUP 10MG	
	00536135512	Generic	LAXATIVE SUP 10MG	
	70000045102	Generic	GENTLE LAXAT SUP 10MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Bisacodyl Suppos 10 MG</b>				
	00904698112	Generic	BISACODYL SUP 10MG	
	00574705050	Generic	BISACODYL SUP 10MG	
	00904505812	Generic	BISCOLAX SUP 10MG	
	00536123801	Generic	BISACODYL SUP 10MG	
	63868032808	Generic	QC LAXATIVE SUP 10MG	
	00904505860	Generic	BISCOLAX SUP 10MG	
	70000045101	Generic	GENTLE LAXAT SUP 10MG	
	00536135501	Generic	LAXATIVE SUP 10MG	
	00574705012	Generic	BISACODYL SUP 10MG	
<b>Bisacodyl Tab Delayed Release 5 MG</b>				
	24385090378	Generic	GNP BISA-LAX TAB 5MG EC	
	62107003010	Generic	DUCODYL TAB 5MG EC	
	00904792760	Generic	BISACODYL TAB 5MG EC	
	00904792780	Generic	BISACODYL TAB 5MG EC	
	62011027701	Generic	HM LAXATIVE TAB 5MG	
	00904640761	Generic	BISACODYL TAB 5MG EC	
	37205012863	Generic	BISACODYL TAB 5MG EC	
	70000022102	Generic	GENTLE LAXAT TAB 5MG EC	
	37205029865	Generic	FEMININE LAX TAB 5MG EC	
	49348003210	Generic	SM GENTLE TAB LAXATIVE	
	00536338101	Generic	STIM LAXAT TAB 5MG EC	
	24385090363	Generic	GNP LAXATIVE TAB 5MG EC	
	00536338110	Generic	STIM LAXAT TAB 5MG EC	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Bisacodyl Tab Delayed Release 5 MG</b>				
	00904674880	Generic	BISACODYL TAB 5MG EC	
	36800017465	Generic	WOMANS LAXAT TAB 5MG EC	
	70000022101	Generic	GENTLE LAXAT TAB 5MG EC	
	46122052978	Generic	GNP GNTL LAX TAB 5MG EC	
	00904674860	Generic	BISACODYL TAB 5MG EC	
	00904674817	Generic	BISACODYL TAB 5MG EC	
	62107003001	Generic	DUCODYL TAB 5MG EC	
	49483000310	Generic	BISACODYL TAB 5MG EC	
	46122042963	Generic	GNP LAXATIVE TAB 5MG EC	
	00904792717	Generic	BISACODYL TAB 5MG EC	
	62011027702	Generic	HM LAXATIVE TAB 5MG	
	49348003205	Generic	SM GENTLE TAB LAXATIVE	
	70000053801	Generic	GENTLE LAXAT TAB 5MG EC	
	49483000301	Generic	BISACODYL TAB 5MG EC	
	62011027703	Generic	HM LAXATIVE TAB 5MG	
	70000044401	Generic	WOMENS LAXAT TAB 5MG EC	
	70000022103	Generic	GENTLE LAXAT TAB 5MG EC	
	36800008663	Generic	LAXATIVE TAB 5MG EC	
<b>Calcium Polycarbophil Tab 625 MG</b>				
	00536430605	Generic	FIBER-LAX TAB 625MG	
	36800047792	Generic	FIBER LAXATV TAB 625MG	
	36800047775	Generic	FIBER LAXATV TAB 625MG	
	00536430608	Generic	FIBER-LAX TAB 625MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Calcium Polycarbophil Tab 625 MG</b>				
	37205021375	Generic	FIBER LAXATV TAB 625MG	
	70000043201	Generic	FIBER LAXATV TAB 625MG	
	00536430611	Generic	FIBER-LAX TAB 625MG	
	00904250091	Generic	FIBER TAB 625MG	
	24385012576	Generic	FIBER-CAPS TAB 625MG	
	49348019013	Generic	SM FIBER TAB 625MG	
<b>Docusate Calcium Cap 240 MG</b>				
	00904645959	Generic	KAO-TIN CAP 240MG	
	00536106510	Generic	STOOL SOFTNR CAP 240MG	
	49348012210	Generic	STOOL SOFTNR CAP 240MG	
	00536106505	Generic	STOOL SOFTNR CAP 240MG	
	00536106501	Generic	STOOL SOFTNR CAP 240MG	
<b>Docusate Sodium Cap 100 MG</b>				
	67618010160	Brand	COLACE CAP 100MG	PA REQUIRED
	46122023185	Generic	STOOL SOFTNR CAP 100MG	
	36800048672	Generic	STOOL SOFTNR CAP 100MG	
	62107003310	Generic	DOCUSIL CAP 100MG	
	00904645561	Generic	DOK CAP 100MG	
	60687012911	Generic	DOCUSATE SOD CAP 100MG	
	46122045178	Generic	STOOL SOFTNR CAP 100MG	
	67618010130	Brand	COLACE CAP 100MG	PA REQUIRED
	67618010110	Brand	COLACE CAP 100MG	PA REQUIRED
	46122023178	Generic	STOOL SOFTNR CAP 100MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Docusate Sodium Cap 100 MG</b>				
	62107003301	Generic	DOCUSIL CAP 100MG	
	60687012901	Generic	DOCUSATE SOD CAP 100MG	
	63739047801	Generic	DOCUSATE SOD CAP 100MG	
	66424003010	Generic	STOOL SOFTNR CAP 100MG	
	00113048672	Generic	STOOL SOFTNR CAP 100MG	
	62011036101	Generic	HM STOOL SOF CAP 100MG	
	70000036503	Generic	STOOL SOFTNR CAP 100MG	
	49348048319	Generic	STOOL SOFTNR CAP 100MG	
	67618010152	Brand	COLACE CAP 100MG	PA REQUIRED
	70000036502	Generic	STOOL SOFTNR CAP 100MG	
	16103038411	Generic	DOCUSATE SOD CAP 100MG	
	36800048678	Generic	STOOL SOFTNR CAP 100MG	
	00536106229	Generic	STOOL SOFTNR CAP 100MG	
	45802048678	Generic	DOCUSATE SOD CAP 100MG	
	70000036501	Generic	STOOL SOFTNR CAP 100MG	
	00536106210	Generic	STOOL SOFTNR CAP 100MG	
	49348012105	Generic	STOOL SOFTNR CAP 100MG	
	46122023172	Generic	STOOL SOFTNR CAP 100MG	
	00904645780	Generic	DOK CAP 100MG	
	63739047848	Generic	DOCUSATE SOD CAP 100MG	
	70677003401	Generic	STOOL SOFTNR CAP 100MG	
	16103038408	Generic	DOCUSATE SOD CAP 100MG	
	36800023825	Generic	STOOL SOFTNR CAP 100MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Docusate Sodium Cap 100 MG</b>				
	63739047840	Generic	DOCUSATE SOD CAP 100MG	
	62011022401	Generic	STOOL SOFTNR CAP 100MG	
	63868011625	Generic	STOOL SOFTNR CAP 100MG	
	00904645760	Generic	DOK CAP 100MG	
	62011038601	Generic	STOOL SOFTNR CAP 100MG	
	63739047810	Generic	DOCUSATE SOD CAP 100MG	
	49348048310	Generic	STOOL SOFTNR CAP 100MG	
<b>Docusate Sodium Cap 250 MG</b>				
	00904645859	Generic	DOK CAP 250MG	
	62011024401	Generic	STOOL SOFTNR CAP 250MG	
	70000038501	Generic	STOOL SOFTEN CAP 250MG	
	00536106401	Generic	STOOL SOFTNR CAP 250MG	
	68094002561	Generic	DOCUSATE SOD CAP 250MG	
	68094002559	Generic	DOCUSATE SOD CAP 250MG	
	46122026378	Generic	STOOL SOFTNR CAP 250MG	
	00536106410	Generic	STOOL SOFTNR CAP 250MG	
	00904699960	Generic	DOCUSATE SOD CAP 250MG	
	00904699980	Generic	DOCUSATE SOD CAP 250MG	
<b>Docusate Sodium Enema 283 MG/5ML</b>				
	00904692093	Generic	DOCUSATE MIN ENE 283MG	PA REQUIRED
	17433987805	Generic	DOCUSOL MINI ENE	PA REQUIRED
	17433987603	Generic	ENEMEEZ MINI ENE	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Docusate Sodium Liquid 150 MG/15ML</b>				
	00121054410	Generic	DOCUSATE SOD LIQ 50MG/5ML	
	50383077111	Generic	DOCU LIQ 50MG/5ML	
	50383077110	Generic	DOCU LIQ 50MG/5ML	
	54838011680	Generic	SILACE LIQ 10MG/ML	
	46122039943	Generic	DOCUSATE SOD LIQ 50MG/5ML	
	50383077116	Generic	DOCU LIQ 50MG/5ML	
<b>Docusate Sodium Syrup 60 MG/15ML</b>				
	46122040043	Generic	STOOL SOFTNR SYP 60/15ML	
	54838010780	Generic	SILACE SYP 60/15ML	
<b>Magnesium Citrate Soln</b>				
	62011038001	Generic	MAG CITRATE SOL LEMON	
	62011017400	Generic	MAG CITRATE SOL CHERRY	
	70677005301	Generic	SM MAGNESIUM SOL CHERRY	
	70000042401	Generic	MAG CITRATE SOL LEMON	
	70677005101	Generic	MAG CITRATE SOL LEMON	
	49348050449	Generic	MAG CITRATE SOL CHERRY	
	00904678744	Generic	MAG CITRATE SOL LEMON	
	36800062610	Generic	MAG CITRATE SOL CHERRY	
	63868093510	Generic	MAG CITRATE SOL LEMON	
	63868094210	Generic	MAG CITRATE SOL CHERRY	
	36800032910	Generic	MAG CITRATE SOL LEMON	
	49348069649	Generic	MAG CITRATE SOL LEMON	
	00904630477	Generic	MAG CITRATE SOL LEMON	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Magnesium Citrate Soln</b>				
	62011038101	Generic	MAG CITRATE SOL CHERRY	
	62011016601	Generic	MAG CITRATE SOL LEMON	
	24385067510	Generic	MAG CITRATE SOL LEMON	
	63868094410	Generic	MAG CITRATE SOL GRAPE	
<b>Magnesium Hydroxide Susp 400 MG/5ML</b>				
	66689005399	Generic	MILK OF MAGN SUS 2400/30	
	00113039640	Generic	MILK OF MAGN SUS	
	63868078757	Generic	MILK OF MAGN SUS 400/5ML	
	63868078857	Generic	MILK OF MAGN SUS 400/5ML	
	00904675714	Generic	MILK OF MAGN SUS 1200/15	
	00904684673	Generic	MILK OF MAGN SUS 2400MG	
	00904078814	Generic	MILK OF MAGN SUS 1200/15	
	70000048401	Generic	MILK OF MAGN SUS CHERRY	
	00536247085	Generic	MILK OF MAGN SUS	
	46122043640	Generic	GNP MILK MAG SUS MINT	
	36800033240	Generic	MILK OF MAGN SUS 1200/15	
	62011012401	Generic	MILK OF MAGN SUS 400/5ML	
	70000048301	Generic	MILK OF MAGN SUS 1200/15	
	00904078816	Generic	MILK OF MAGN SUS 1200/15	
	63868031012	Generic	MILK OF MAGN SUS 400/5ML	
	46122043740	Generic	GNP MILK MAG SUS ORIGINAL	
	36800094940	Generic	MILK OF MAGN SUS CHERRY	
	62011012301	Generic	MILK OF MAGN SUS 400/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Magnesium Hydroxide Susp 400 MG/5ML</b>				
	49348030539	Generic	MILK OF MAGN SUS 1200/15	
	00904675614	Generic	MILK OF MAGN SUS	
	46122043540	Generic	GNP MILK MAG SUS CHERRY	
	49348030739	Generic	MILK OF MAGN SUS 1200/15	
	49348017138	Generic	MILK OF MAGN SUS 1200/15	
	36800039640	Generic	MILK OF MAGN SUS	
	49348030839	Generic	MILK OF MAGN SUS 1200/15	
	00904078914	Generic	MILK OF MAGN SUS MINT	
	70000002701	Generic	MILK OF MAGN SUS 1200/15	
	00113033240	Generic	MILK OF MAGN SUS FRSH MNT	
	00121043130	Generic	MILK OF MAGN SUS	
	37205083340	Generic	MILK OF MAGN SUS 400/5ML	
<b>Methylcellulose Powder Laxative</b>				
	00135008971	Brand	CITRUCEL POW ORANGE	
	00135008969	Brand	CITRUCEL POW ORANGE	
	00135009070	Brand	CITRUCEL POW SF ORANG	
	00135009075	Brand	CITRUCEL POW SF ORANG	
	00904567516	Generic	SOLUBLE FIB POW THERAPY	
	00135009074	Brand	CITRUCEL POW SF ORANG	
<b>Methylcellulose Tab 500 MG</b>				
	49348054110	Generic	SM FIBER LAX TAB 500MG	
	00135019901	Brand	CITRUCEL TAB 500MG	
	24385046678	Generic	FIBER THERAP TAB 500MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Methylcellulose Tab 500 MG</b>				
	00135019907	Brand	CITRUCEL TAB 500MG	
	00135019902	Brand	CITRUCEL TAB 500MG	
	62011013401	Generic	HM FIBER TAB 500MG	
<b>Mineral Oil</b>				
	63868093816	Generic	QC MINERAL OIL HEAVY	
	70000044801	Generic	MINERAL OIL	
	46122039516	Generic	GNP MINERAL OIL	
<b>Mineral Oil Enema</b>				
	49348018520	Generic	SM ENEMA ENE	
	62011027001	Generic	MINERAL OIL ENE	
	46122036328	Generic	MINERAL OIL ENE	
	00132030140	Brand	FLEET OIL ENE	
	70000010901	Generic	MINERAL OIL ENE	
<b>Psyllium Cap 0.52 GM</b>				
	37205037278	Generic	FIBER LAXTIV CAP 0.52GM	
<b>Sennosides Cap 8.6 MG</b>				
	70000044101	Generic	SENNA CAP 8.6MG	
<b>Sennosides Chew Tab 15 MG</b>				
	00067000524	Brand	EX-LAX CHW 15MG	PA REQUIRED
	00067000512	Brand	EX-LAX CHW 15MG	PA REQUIRED
	00067000548	Brand	EX-LAX CHW 15MG	PA REQUIRED
	70000047701	Generic	CHOC LAXATIV CHW 15MG	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Sennosides Syrup 8.8 MG/5ML</b>				
	00536126659	Generic	SENNA LIQ 8.8/5ML	
<b>Sennosides Tab 15 MG</b>				
	00067000308	Brand	EX-LAX TAB 15MG	PA REQUIRED
	00067000330	Brand	EX-LAX TAB 15MG	PA REQUIRED
	00067602560	Generic	PERDIEM OVER TAB 15MG	
	70000044301	Generic	LAXATIVE REG TAB 15MG	PA REQUIRED
<b>Sennosides Tab 17.2 MG</b>				
	67618012012	Generic	SENNOKOT EXTR TAB 17.2MG	PA REQUIRED
<b>Sennosides Tab 25 MG</b>				
	49348019304	Generic	SM LAXATIVE TAB 25MG	PA REQUIRED
	00067001648	Brand	EX-LAX TAB MAX ST	PA REQUIRED
	37205029462	Generic	LAXATIVE TAB 25MG	PA REQUIRED
	00067001624	Brand	EX-LAX TAB MAX ST	PA REQUIRED
	70000038601	Generic	LAXATIVE MAX TAB 25MG	PA REQUIRED
<b>Sennosides Tab 8.6 MG</b>				
	62011036301	Generic	HM SENNA TAB 8.6MG	
	49483008001	Generic	SENNA-TIME TAB 8.6MG	
	49348016510	Generic	SENNA LAXATI TAB 8.6MG	
	16103036308	Generic	SENNA-TABS TAB 8.6MG	
	70000044702	Generic	SENNA TAB 8.6MG	
	67618030050	Brand	SENNOKOT TAB 8.6MG	
	63868025710	Generic	NAT VEG LAX TAB 8.6MG	
	36800078601	Generic	SENNA LAX TAB 8.6MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Sennosides Tab 8.6 MG</b>				
	62011028901	Generic	HM SENNA TAB 8.6MG	
	00904652261	Generic	SENNALAX TAB 8.6MG	
	46122039678	Generic	GNP SENNA TAB 8.6MG	
	00904643459	Generic	SENNALAX TAB 8.6MG	
	00904672580	Generic	SENNALAX TAB 8.6MG	
	00904672559	Generic	SENNALAX TAB 8.6MG	
	67618030010	Brand	SENNALAX TAB 8.6MG	
	62011038701	Generic	HM SENNA TAB 8.6MG	
	16103036311	Generic	SENNALAX TAB 8.6MG	
	51645085199	Generic	SENNALAX TAB 8.6MG	
	70000044701	Generic	SENNALAX TAB 8.6MG	
	70677004101	Generic	SM SENNA LAX TAB 8.6MG	
	00904643480	Generic	SENNALAX TAB 8.6MG	
	49483008010	Generic	SENNALAX TAB 8.6MG	
	70677005801	Generic	SM SENNA LAX TAB 8.6MG	
	46122057578	Generic	SENNALAX TAB 8.6MG	
	62107003101	Generic	SENNALAX TAB 8.6MG	
	67618030020	Brand	SENNALAX TAB 8.6MG	
<b>Sennosides-Docusate Sodium Cap 8.6-50 MG</b>				
	70000044201	Brand	STL SOFT/LAX CAP 8.5-50MG	PA REQUIRED
	70000044501	Brand	SENNALAX CAP 8.6-50MG	PA REQUIRED
<b>Sennosides-Docusate Sodium Tab 8.6-50 MG</b>				
	67618011060	Generic	COLACE 2IN1 TAB 8.6-50MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Sennosides-Docusate Sodium Tab 8.6-50 MG</b>				
	67618031001	Brand	SENOKOT S TAB 8.6-50MG	
	00536116701	Generic	DSS/SENNA TAB 50-8.6MG	
	62011029001	Generic	HM SENNA-S TAB 8.6-50MG	
	49483008101	Generic	SENNA-TIME S TAB 8.6-50MG	
	46122034478	Generic	STOOL SOFTNR TAB 8.6-50MG	
	00536124710	Generic	SENEXON-S TAB 8.6-50MG	
	36800008560	Generic	LAX/STL SOFT TAB 8.6-50MG	
	46122034372	Generic	SENNA PLUS TAB 8.6-50MG	
	00536116710	Generic	DSS/SENNA TAB 50-8.6MG	
	00904564361	Generic	DOK PLUS TAB 8.6-50MG	
	63868013510	Generic	STOOL SOFTNR TAB 8.6-50MG	
	70677004201	Generic	SM SENNA-S TAB 8.6-50MG	
	67618031030	Brand	SENOKOT S TAB 8.6-50MG	
	46122056778	Generic	STOOL SOFTNR TAB 8.6-50MG	
	00536116901	Generic	SENEXON-S TAB 8.6-50MG	
	00536408610	Generic	SENEXON-S TAB 8.6-50MG	
	00536116910	Generic	SENEXON-S TAB 8.6-50MG	
	60258095106	Generic	SENNA-S TAB 8.6-50MG	
	49348018719	Generic	SM STOOL TAB SOFTENER	
	70000040501	Generic	SENNA PLUS TAB 8.6-50MG	
	70677005901	Generic	SENNA/DSS TAB 8.6-50MG	
	62011027301	Generic	HM STOOL SOF TAB 8.6-50MG	
	67618011030	Generic	COLACE 2IN1 TAB 8.6-50MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Sennosides-Docusate Sodium Tab 8.6-50 MG</b>				
	00904672461	Generic	SENNA PLUS TAB 8.6-50MG	
	00904633961	Generic	SENNA PLUS TAB 8.6-50MG	
	36800016260	Generic	SENNA-S TAB 8.6-50MG	
	63739043201	Generic	SENNA/DSS TAB 8.6-50MG	
	00904672360	Generic	DOK PLUS TAB 50-8.6MG	
	00536124701	Generic	SENEXON-S TAB 8.6-50MG	
	49348015619	Generic	SM SENNA-S TAB 8.6-50MG	
	67618031060	Brand	SENNOKOT S TAB 8.6-50MG	
	00904564360	Generic	DOK PLUS TAB 8.6-50MG	
	00536124810	Generic	STIMULANT TAB 8.6-50MG	
	36800008401	Generic	STOOL SOFTNR TAB 8.6-50MG	
	62011039501	Generic	HM STOOL SOF TAB 8.6-50MG	
	00904672361	Generic	DOK PLUS TAB 50-8.6MG	
	62011036401	Generic	HM SENNA-S TAB 8.6-50MG	
	00536124801	Generic	STIMULANT TAB 8.6-50MG	
	70000052601	Generic	STOOL SOFTNR TAB 8.6-50MG	
	49483008110	Generic	SENNA-TIME S TAB 8.6-50MG	
	67618011010	Generic	COLACE 2IN1 TAB 8.6-50MG	
	63739043210	Generic	SENNA/DSS TAB 8.6-50MG	
	00536408601	Generic	SENEXON-S TAB 8.6-50MG	
<b>Sennosides-Psyllium Cap 9-500 MG</b>				
	00224186081	Brand	SENNA PROMPT CAP 9-500MG	PA REQUIRED
	00224186060	Brand	SENNA PROMPT CAP 9-500MG	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Omeprazole Magnesium Delayed Release Tab 20 MG (Base Equiv)</b>				
	70000052101	Generic	OMEPRAZOLE TAB 20MG DR	PA REQUIRED
<b>Polysaccharide Iron Complex Cap 150 MG (Iron Equivalent)</b>				
	63044020361	Generic	IFEREX 150 CAP	PA REQUIRED
	63044020301	Generic	IFEREX 150 CAP	PA REQUIRED
<b>Clemastine Fumarate Tab 1.34 MG (1 MG Base Equiv)</b>				
	36800028251	Generic	DAYHIST ALRG TAB 12 HOUR	
<b>Coal Tar Shampoo 0.5%</b>				
	00096073708	Brand	DHS TAR SHA	
	49348060247	Generic	ANTI-DANDRUF SHA COAL TAR	
	00096073704	Brand	DHS TAR SHA	
	00904525944	Generic	THERAPEUTIC SHA	
	00096073608	Brand	DHS TAR GEL SHA 0.5%	
<b>Diphenhydramine HCl Syrup 12.5 MG/5ML</b>				
	54838015440	Brand	SILPHEN COUG SYP 12.5/5ML	PA REQUIRED
	54838015470	Brand	SILPHEN COUG SYP 12.5/5ML	PA REQUIRED
	54838015480	Brand	SILPHEN COUG SYP 12.5/5ML	PA REQUIRED
<b>Diphenhydramine-Acetaminophen Tab 25-500 MG (sleep)</b>				
	62011025601	Generic	PAIN RELIEVR TAB 25-500MG	
	46122041971	Generic	GNP PAIN PM TAB 25-500MG	
	49348014010	Generic	PAIN RELIEVE TAB 25-500	
	00113035571	Generic	HEADACHE PM TAB 25-500MG	
	49348015109	Generic	PAIN RELIEVE TAB 25-500MG	
	00135060802	Generic	PANADOL PM TAB 25-500MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Diphenhydramine-Acetaminophen Tab 25-500 MG (sleep)</b>				
	36800043771	Generic	PAIN RELIEF TAB 25-500MG	
	00135060801	Generic	PANADOL PM TAB 25-500MG	
	36800043778	Generic	PAIN RELIEF TAB 25-500MG	
	70000041101	Generic	ACETAMIN PM TAB 25-500MG	
	00904765151	Generic	MAPAP PM TAB 25-500MG	
	36800035571	Generic	HEADACHE TAB 25-500MG	
	00904673151	Generic	ACETAMIN PM TAB 25-500MG	
	63868032550	Generic	PAIN RELIEVE TAB 25-500MG	
	70000030301	Generic	HEADACHE PM TAB 500-25MG	
	63868032501	Generic	PAIN RELIEVE TAB 25-500MG	
	00113043771	Generic	PAIN RELIEF TAB 25-500MG	
	63868009450	Generic	PAIN RELIEF TAB PM	
	70000041103	Generic	ACETAMIN PM TAB 25-500MG	
	70000041102	Generic	ACETAMIN PM TAB 25-500MG	
	00536101506	Generic	APAP/DIPHEN TAB 25-500MG	
	62011025001	Generic	PAIN RELIEVE TAB 25-500	
<b>Nicotine TD Patch 24HR 14 MG/24HR</b>				
	70677003101	Generic	SM NICOTINE DIS 14MG/24H	
	00536589571	Generic	NICOTINE TD DIS 14MG/24H	
	49348014546	Generic	SM NICOTINE DIS 14MG/24H	
	70000011401	Generic	NICOTINE TD DIS 14MG/24H	
	46122035274	Generic	GNP 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
<b>Nicotine TD Patch 24HR 14 MG/24HR</b>				
	62011017201	Generic	HM NICOTINE DIS 14MG/24H	
	43598044774	Generic	NICOTINE TD DIS 14MG/24H	
	43598044770	Generic	NICOTINE TD DIS 14MG/24H	
	70000051102	Generic	NICOTINE TD DIS 14MG/24H	
	00135019502	Brand	NICODERM CQ DIS 14MG/24H	PA REQUIRED
	00135019505	Brand	NICODERM CQ DIS 14MG/24H	PA REQUIRED
	70000011402	Generic	NICOTINE TD DIS 14MG/24H	
	00536589553	Generic	NICOTINE TD DIS 14MG/24H	
	00536110788	Generic	NICOTINE TD DIS 14MG/24H	
	00536589588	Generic	NICOTINE TD DIS 14MG/24H	
	00135019503	Brand	NICODERM CQ DIS 14MG/24H	PA REQUIRED
<b>Nicotine TD Patch 24HR 21 MG/24HR</b>				
	70000011501	Generic	NICOTINE TD DIS 21MG/24H	
	00135019401	Brand	NICODERM CQ DIS 21MG/24H	PA REQUIRED
	49348014446	Generic	SM NICOTINE DIS 21MG/24H	
	62011035101	Generic	HM NICOTINE DIS 21MG/24H	
	43598044874	Generic	NICOTINE TD DIS 21MG/24H	
	00536110888	Generic	NICOTINE TD DIS 21MG/24H	
	00135019402	Brand	NICODERM CQ DIS 21MG/24H	PA REQUIRED
	62011017301	Generic	HM NICOTINE DIS 21MG/24H	
	43598044828	Generic	NICOTINE TD DIS 21MG/24H	
	00536589671	Generic	NICOTINE TD DIS 21MG/24H	
	00135019403	Brand	NICODERM CQ DIS 21MG/24H	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine TD Patch 24HR 21 MG/24HR</b>				
	70000051201	Generic	NICOTINE TD DIS 21MG/24H	
	00536589653	Generic	NICOTINE TD DIS 21MG/24H	
	70000051202	Generic	NICOTINE TD DIS 21MG/24H	
	00135019405	Brand	NICODERM CQ DIS 21MG/24H	PA REQUIRED
	70677003201	Generic	SM NICOTINE DIS 21MG/24H	
	00536589688	Generic	NICOTINE TD DIS 21MG/24H	
	70000011502	Generic	NICOTINE TD DIS 21MG/24H	
	43598044870	Generic	NICOTINE TD DIS 21MG/24H	
	46122035374	Generic	GNP NICOTINE DIS 21MG/24H	
<b>Nicotine TD Patch 24HR 7 MG/24HR</b>				
	70000011302	Generic	NICOTINE TD DIS 7MG/24HR	
	46122035474	Generic	GNP NICOTINE DIS 7MG/24HR	
	00536589453	Generic	NICOTINE TD DIS 7MG/24HR	
	62011005001	Generic	NICOTINE TD DIS 7MG/24HR	
	70000011301	Generic	NICOTINE TD DIS 7MG/24HR	
	62011034901	Generic	HM NICOTINE DIS 7MG/24HR	
	00536110688	Generic	NICOTINE TD DIS 7MG/24HR	
	00536589488	Generic	NICOTINE TD DIS 7MG/24HR	
	00135019605	Brand	NICODERM CQ DIS 7MG/24HR	PA REQUIRED
	00135019602	Brand	NICODERM CQ DIS 7MG/24HR	PA REQUIRED
	43598044670	Generic	NICOTINE TD DIS 7MG/24HR	
	49348014646	Generic	SM NICOTINE DIS 7MG/24HR	
	70677003001	Generic	SM NICOTINE DIS 7MG/24HR	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine TD Patch 24HR 7 MG/24HR</b>				
	43598044674	Generic	NICOTINE TD DIS 7MG/24HR	
	70000051001	Generic	NICOTINE TD DIS 7MG/24HR	
<b>Nicotine Polacrilex Gum 2 MG</b>				
	36800045660	Generic	NICOTINE POL GUM 2MG MINT	
	00135047401	Brand	NICORETTE GUM 2MG MINT	PA REQUIRED
	00536338601	Generic	NICOTINE POL GUM 2MGFRUIT	
	00113020625	Generic	NICOTINE POL GUM 2MG MINT	
	00536302934	Generic	NICOTINE POL GUM 2MG ORIG	
	70677008501	Generic	SM NICOTINE GUM 2MG	
	49348078710	Generic	SM NICOTINE GUM 2MG MINT	
	24385059471	Generic	GNP NICOTINE GUM 2MG MINT	
	00135053203	Brand	NICORETTE GUM 2MG	PA REQUIRED
	00135046602	Brand	NICORETTE GUM 2MG CINN	PA REQUIRED
	36800002925	Generic	NICOTINE POL GUM 2MG ORIG	
	00135024106	Brand	NICORETTE GUM 2MGFRUIT	PA REQUIRED
	36800020625	Generic	NICOTINE POL GUM 2MG MINT	
	00135053202	Brand	NICORETTE GUM 2MG	PA REQUIRED
	46122017125	Generic	GNP NICOTINE GUM 2MG MINT	
	00536311237	Generic	NICOTINE POL GUM 2MG MINT	
	00135015707	Brand	NICORETTE ST GUM 2MG ORIG	PA REQUIRED
	45802020625	Generic	NICOTINE POL GUM 2MG MINT	
	00536136223	Generic	NICOTINE POL GUM 2MG	
	00135015710	Brand	NICORETTE GUM 2MG ORIG	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Gum 2 MG</b>				
	49348057308	Generic	SM NICOTINE GUM 2MG	
	62011004702	Generic	HM NICOTINE GUM 2MG MINT	
	70000034501	Generic	NICOTINE POL GUM 2MG ORIG	
	00536136206	Generic	NICOTINE POL GUM 2MG	
	00135024105	Brand	NICORETTE GUM 2MGFRUIT	PA REQUIRED
	00135047405	Brand	NICORETTE GUM 2MG MINT	PA REQUIRED
	00135015711	Brand	NICORETTE GUM 2MG ORIG	PA REQUIRED
	49348057336	Generic	SM NICOTINE GUM 2MG	
	00536136234	Generic	NICOTINE POL GUM 2MG	
	00536302923	Generic	NICOTINE POL GUM 2MG ORIG	
	00135047408	Brand	NICORETTE GUM 2MG MINT	PA REQUIRED
	00135022502	Brand	NICORETTE ST GUM 2MG MINT	PA REQUIRED
	70000034801	Generic	NICOTINE POL GUM 2MG MINT	
	49348069136	Generic	SM NICOTINE GUM 2MG MINT	
	00536340401	Generic	NICOTINE POL GUM 2MG CINN	
	62011042501	Generic	HM NICOTINE GUM 2MG	
	36800035278	Generic	NICOTINE POL GUM 2MGFRUIT	
	00135024108	Brand	NICORETTE GUM 2MGFRUIT	PA REQUIRED
	00135022905	Brand	NICORETTE GUM 2MG MINT	PA REQUIRED
	00135046601	Brand	NICORETTE GUM 2MG CINN	PA REQUIRED
	00135024102	Brand	NICORETTE GUM 2MGFRUIT	PA REQUIRED
	70000034701	Generic	NICOTINE POL GUM 2MG MINT	
	00536302906	Generic	NICOTINE POL GUM 2MG ORIG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Gum 2 MG</b>				
	36800045678	Generic	NICOTINE POL GUM 2MG MINT	
	70000034802	Generic	NICOTINE POL GUM 2MG MINT	
	46122017320	Generic	GNP NICOTINE GUM 2MG ORIG	
	70000034601	Generic	NICOTINE POL GUM 2MGFRUIT	
	00536311201	Generic	NICOTINE POL GUM 2MG MINT	
	00113002971	Generic	NICOTINE GUM 2MG	
	00135046605	Brand	NICORETTE GUM 2MG CINN	PA REQUIRED
	00135047402	Brand	NICORETTE GUM 2MG MINT	PA REQUIRED
	00113045660	Generic	NICOTINE GUM 2MG	
<b>Nicotine Polacrilex Gum 4 MG</b>				
	36800017071	Generic	NICOTINE POL GUM 4MG ORIG	
	00135015810	Brand	NICORETTE GUM 4MG ORIG	PA REQUIRED
	00135024205	Brand	NICORETTE GUM 4MGFRUIT	PA REQUIRED
	70000034401	Generic	NICOTINE POL GUM 4MG MINT	
	45802000125	Generic	NICOTINE POL GUM 4MG MINT	
	49348057208	Generic	SM NICOTINE GUM 4MG	
	00113053260	Generic	NICOTINE GUM 4MG	
	36800017025	Generic	NICOTINE POL GUM 4MG ORIG	
	00536311337	Generic	NICOTINE POL GUM 4MG MINT	
	70677008601	Generic	SM NICOTINE GUM 4MG	
	00536303023	Generic	NICOTINE POL GUM 4MG ORIG	
	24385059871	Generic	GNP NICOTINE GUM 4MG MINT	
	49348057236	Generic	SM NICOTINE GUM 4MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Gum 4 MG</b>				
	00135023005	Brand	NICORETTE GUM 4MG MINT	PA REQUIRED
	00135047508	Brand	NICORETTE GUM 4MG MINT	PA REQUIRED
	62011042601	Generic	HM NICOTINE GUM 4MG FRT	
	36800085478	Generic	NICOTINE POL GUM 4MGFRUIT	
	70000034201	Generic	NICOTINE POL GUM 4MGFRUIT	
	00113017060	Generic	NICOTINE GUM 4MG	
	00135015807	Brand	NICORETTE ST GUM 4MG ORIG	PA REQUIRED
	00135046702	Brand	NICORETTE GUM 4MG CINN	PA REQUIRED
	00536137234	Generic	NICOTINE POL GUM 4MG MINT	
	00135024206	Brand	NICORETTE GUM 4MGFRUIT	PA REQUIRED
	00135024208	Brand	NICORETTE GUM 4MGFRUIT	PA REQUIRED
	70000034301	Generic	NICOTINE POL GUM 4MG MINT	
	00135047502	Brand	NICORETTE GUM 4MG MINT	PA REQUIRED
	36800053278	Generic	NICOTINE POL GUM 4MG MINT	
	36800053260	Generic	NICOTINE POL GUM 4MG MINT	
	00135024202	Brand	NICORETTE GUM 4MGFRUIT	PA REQUIRED
	00135022602	Brand	NICORETTE GUM 4MG MINT	PA REQUIRED
	00113053278	Generic	NICOTINE GUM 4MG	
	46122017225	Generic	GNP NICOTINE GUM 4MG MINT	
	00113017071	Generic	NICOTINE GUM 4MG	
	70000034101	Generic	NICOTINE POL GUM 4MG ORIG	
	00536137223	Generic	NICOTINE POL GUM 4MG MINT	
	49348069236	Generic	SM NICOTINE GUM 4MG MINT	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Gum 4 MG</b>				
	00135035503	Brand	NICORETTE GUM 4MG	PA REQUIRED
	49348078810	Generic	SM NICOTINE GUM 4MG MINT	
	00135053302	Brand	NICORETTE GUM 4MG	PA REQUIRED
	00135047505	Brand	NICORETTE GUM 4MG MINT	PA REQUIRED
	00135047501	Brand	NICORETTE GUM 4MG MINT	PA REQUIRED
	00536137206	Generic	NICOTINE POL GUM 4MG MINT	
	00113042225	Generic	NICOTINE POL GUM 4MG MINT	
	46122028660	Generic	GNP NICOTINE GUM 4MG MINT	
	00536303006	Generic	NICOTINE POL GUM 4MG ORIG	
	46122017460	Generic	GNP NICOTINE GUM 4MG ORIG	
	36800042271	Generic	NICOTINE POL GUM 4MG MINT	
	70000034402	Generic	NICOTINE POL GUM 4MG MINT	
	00135015811	Brand	NICORETTE GUM 4MG ORIG	PA REQUIRED
	00536311301	Generic	NICOTINE POL GUM 4MG MINT	
	00536340501	Generic	NICOTINE POL GUM 4MG	
	00135046705	Brand	NICORETTE GUM 4MG CINN	PA REQUIRED
	62011017001	Generic	HM NICOTINE GUM 4MG MINT	
	00536338701	Generic	NICOTINE POL GUM 4MG	
<b>Nicotine Polacrilex Lozenge 2 MG</b>				
	45802034403	Generic	NICOTINE POL LOZ 2MG MINT	
	46122025415	Generic	GNP NICOTINE LOZ MINI 2MG	
	45802034405	Generic	NICOTINE POL LOZ 2MG MINT	
	00135050803	Brand	NICORETTE LOZ 2MG MINT	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Lozenge 2 MG</b>				
	70000034901	Generic	NICOTINE LOZ 2MG MINT	
	45802008901	Generic	NICOTINE LOZ 2MG MINT	
	00135050802	Brand	NICORETTE LOZ 2MG MINT	PA REQUIRED
	00135051006	Brand	NICORETTE LOZ 2MG MINT	PA REQUIRED
	36800034405	Generic	NICOTINE POL LOZ 2MG MINT	
	00536123981	Generic	NICOTINE LOZ MINI 2MG	
	45802008902	Generic	NICOTINE LOZ 2MG MINT	
	00113073402	Generic	NICOTINE LOZ 2MG MINT	
	62011019901	Generic	HM NICOTINE LOZ 2MG MINT	
	00135051001	Brand	NICORETTE LOZ 2MG MINT	PA REQUIRED
	70000011701	Generic	NICOTINE POL LOZ 2MG MINT	
	46122025460	Generic	GNP NICOTINE LOZ MINI 2MG	
	36800073402	Generic	NICOTINE POL LOZ 2MG MINT	
	46122017608	Generic	GNP NICOTINE LOZ 2MG MINT	
	00135051007	Brand	NICORETTE LOZ 2MG MINT	PA REQUIRED
	00113034405	Generic	NICOTINE POL LOZ 2MG MINT	
	37205098769	Generic	NICOTINE POL LOZ 2MG MINT	
	62011004801	Generic	HM NICOTINE LOZ 2MG MINT	
	62011042901	Generic	HM NICOTINE LOZ 2MG	
	49348085216	Generic	SM NICOTINE LOZ 2MG MINT	
	00135050804	Brand	NICORETTE LOZ 2MG MINT	PA REQUIRED
<b>Nicotine Polacrilex Lozenge 4 MG</b>				
	00536124181	Generic	NICOTINE POL LOZ 4MG MINT	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Lozenge 4 MG</b>				
	49348085316	Generic	SM NICOTINE LOZ 4MG MINT	
	00135051106	Brand	NICORETTE LOZ 4MG MINT	PA REQUIRED
	36800087305	Generic	NICOTINE POL LOZ 4MG MINT	
	70677009001	Generic	SM NICOTINE LOZ 4MG	
	62011017101	Generic	HM NICOTINE LOZ 4MG MINT	
	00135051107	Brand	NICORETTE LOZ 4MG MINT	PA REQUIRED
	62011020001	Generic	HM NICOTINE LOZ 4MG MINT	
	36800053905	Generic	NICOTINE POL LOZ 4MG CHRY	
	45802087305	Generic	NICOTINE POL LOZ 4MG MINT	
	70000012100	Generic	NICOTINE POL LOZ 4MG MINT	
	00113095702	Generic	NICOTINE LOZ 4MG MINT	
	62011043001	Generic	HM NICOTINE LOZ 4MG MINT	
	46122025560	Generic	GNP NICOTINE LOZ 4MG MINT	
	00113087306	Generic	NICOTINE POL LOZ 4MG MINT	
	45802095702	Generic	NICOTINE LOZ 4MG MINT	
	45802095701	Generic	NICOTINE LOZ 4MG MINT	
	00135050904	Brand	NICORETTE LOZ 4MG MINT	PA REQUIRED
	70000035001	Generic	NICOTINE LOZ 4MG MINT	
	00113087305	Generic	NICOTINE POL LOZ 4MG MINT	
	00135051101	Brand	NICORETTE LOZ 4MG MINT	PA REQUIRED
	46122017708	Generic	GNP NICOTINE LOZ 4MG MINT	
	00135050902	Brand	NICORETTE LOZ 4MG MINT	PA REQUIRED
	46122025515	Generic	GNP NICOTINE LOZ 4MG MINT	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Lozenge 4 MG</b>				
	37205098869	Generic	NICOTINE POL LOZ 4MG MINT	
<b>Ibuprofen Susp 100 MG/5ML</b>				
	00904530920	Generic	IBUPROFEN SUS 100/5ML	
	62011003001	Generic	IBUPROFEN SUS 100/5ML	
	00113089734	Generic	IBUPROFEN SUS 100/5ML	
	36800089726	Generic	IBUPROFEN SUS 100/5ML	
	00121183605	Generic	IBUPROFEN SUS 100/5ML	
	68094060062	Generic	IBUPROFEN SUS 100/5ML	
	70000026401	Generic	IBUPROFEN SUS 100/5ML	
	36800016626	Generic	IBUPROFEN SUS 100/5ML	
	49348087634	Generic	IBUPROFEN SUS 100/5ML	
	62011001001	Generic	IBUPROFEN SUS 100/5ML	
	24385000934	Generic	IBUPROFEN SUS 100/5ML	
	68094060061	Generic	IBUPROFEN SUS 100/5ML	
	24385037226	Generic	IBUPROFEN SUS 100/5ML	
	49348022937	Generic	IBUPROFEN SUS 100/5ML	
	68094060059	Generic	IBUPROFEN SUS 100/5ML	
	68094050359	Generic	IBUPROFEN SUS 100/5ML	
	45802013326	Generic	IBUPROFEN SUS 100/5ML	
	24385000926	Generic	IBUPROFEN SUS 100/5ML	
	00472176494	Generic	IBUPROFEN SUS 100/5ML	
	00472176094	Generic	IBUPROFEN SUS 100/5ML	
	00472176194	Generic	IBUPROFEN CH SUS 100/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Susp 100 MG/5ML</b>				
	45802089726	Generic	IBUPROFEN SUS 100/5ML	
	63868077908	Generic	IBUPROFEN SUS 100/5ML	
	68094050362	Generic	IBUPROFEN SUS 100/5ML	
	62011003003	Generic	IBUPROFEN SUS 100/5ML	
	68094049462	Generic	IBUPROFEN SUS 100/5ML	
	70000026201	Generic	IBUPROFEN SUS 100/5ML	
	24385036126	Generic	IBUPROFEN SUS 100/5ML	
	63868075818	Generic	IBUPROFEN SUS 100/5ML	
	63868077904	Generic	IBUPROFEN SUS 100/5ML	
	24385090526	Generic	IBUPROFEN SUS 100/5ML	
	49348049934	Generic	IBUPROFEN SUS 100/5ML	
	63868077604	Generic	IBUPROFEN SUS 100/5ML	
	70000018101	Generic	IBUPROFEN SUS 100/5ML	
	69230030811	Generic	IBUPROFEN SUS 100/5ML	
	24385090534	Generic	IBUPROFEN SUS 100/5ML	
	62011021401	Generic	IBUPROFEN SUS 100/5ML	
	68094049459	Generic	IBUPROFEN SUS 100/5ML	
	00904530909	Generic	IBUPROFEN SUS 100/5ML	
	49348022934	Generic	IBUPROFEN SUS 100/5ML	
	68094049458	Generic	IBUPROFEN SUS 100/5ML	
	45802014026	Generic	IBUPROFEN SUS 100/5ML	
	51672213008	Generic	IBUPROFEN SUS 100/5ML	
	00113068526	Generic	IBUPROFEN SUS 100/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Susp 100 MG/5ML</b>				
	36800068526	Generic	IBUPROFEN SUS 100/5ML	
	70000026301	Generic	IBUPROFEN SUS 100/5ML	
	00113016626	Generic	IBUPROFEN SUS 100/5ML	
	62011001101	Generic	IBUPROFEN SUS 100/5ML	
	36800066026	Generic	IBUPROFEN SUS 100/5ML	
	49348050034	Generic	IBUPROFEN SUS 100/5ML	
	70000025901	Generic	IBUPROFEN SUS 100/5ML	
	69230030812	Generic	IBUPROFEN SUS 100/5ML	
	63868075618	Generic	IBUPROFEN SUS 100/5ML	
	00113089726	Generic	IBUPROFEN SUS 100/5ML	
	00113066026	Generic	IBUPROFEN SUS 100/5ML	
	70000026302	Generic	IBUPROFEN SUS 100/5ML	
	51672213001	Generic	IBUPROFEN SUS 100/5ML	
	45802089734	Generic	IBUPROFEN SUS 100/5ML	
	24385036134	Generic	IBUPROFEN SUS 100/5ML	
	68094049461	Generic	IBUPROFEN SUS 100/5ML	
	00472176394	Generic	IBUPROFEN SUS 100/5ML	
	46122011026	Generic	IBUPROFEN SUS 100/5ML	
	00904557720	Generic	IBUPROFEN SUS 100/5ML	
	68094050361	Generic	IBUPROFEN SUS 100/5ML	
	00472176098	Generic	IBUPROFEN SUS 100/5ML	
<b>Ibuprofen Tab 200 MG</b>				
	70000017602	Generic	IBUPROFEN TAB 200MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Tab 200 MG</b>				
	00904674759	Generic	IBUPROFEN TAB 200MG	
	00113064771	Generic	IBUPROFEN TAB 200MG	
	62011022201	Generic	HM IBUPROFEN TAB 200MG	
	63868077324	Generic	QC IBUPROFEN TAB 200MG	
	62107000201	Generic	PROVIL TAB 200MG	
	49348092710	Generic	SM IBUPROFEN TAB 200MG	
	49348070610	Generic	IBUPROFEN TAB 200MG	
	00904674751	Generic	IBUPROFEN TAB 200MG	
	63868079050	Generic	QC IBUPROFEN TAB 200MG	
	62011001407	Generic	HM IBUPROFEN TAB 200MG	
	49483060101	Generic	IBUPROFEN TAB 200MG	
	00113060478	Generic	IBUPROFEN TAB 200MG	
	62011001401	Generic	HM IBUPROFEN TAB 200MG	
	00113060471	Generic	IBUPROFEN TAB 200MG	
	00904674740	Generic	IBUPROFEN TAB 200MG	
	16103039308	Generic	IBUPROFEN TAB 200MG	
	49348092709	Generic	SM IBUPROFEN TAB 200MG	
	00904791559	Generic	IBUPROFEN TAB 200MG	
	00113060452	Generic	IBUPROFEN TAB 200MG	
	49348019635	Generic	IBUPROFEN TAB 200MG	
	49348070614	Generic	IBUPROFEN TAB 200MG	
	24385064771	Generic	IBUPROFEN TAB 200MG	
	49483060110	Generic	IBUPROFEN TAB 200MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Tab 200 MG</b>				
	36800064790	Generic	IBUPROFEN TAB 200MG	
	49348072710	Generic	SM IBUPROFEN TAB 200MG	
	70000029201	Generic	IBUPROFEN TAB 200MG	
	00536108901	Generic	IBUPROFEN TAB 200MG	
	49348019609	Generic	IBUPROFEN TAB 200MG	
	49348070604	Generic	IBUPROFEN TAB 200MG	
	70000017603	Generic	IBUPROFEN TAB 200MG	
	36800060471	Generic	IBUPROFEN TAB 200MG	
	36800060490	Generic	IBUPROFEN TAB 200MG	
	63868098350	Generic	QC IBUPROFEN TAB 200MG	
	16103039306	Generic	IBUPROFEN TAB 200MG	
	66424039610	Generic	IBUPROFEN TAB 200MG	
	24385005878	Generic	IBUPROFEN TAB 200MG	
	00904791251	Generic	IBUPROFEN TAB 200MG	
	70000029101	Generic	IBUPROFEN TAB 200MG	
	36800060462	Generic	IBUPROFEN TAB 200MG	
	00904674724	Generic	IBUPROFEN TAB 200MG	
	36800018383	Generic	IBUPROFEN TAB 200MG	
	24385060471	Generic	IBUPROFEN TAB 200MG	
	00113007471	Generic	IBUPROFEN TAB 200MG	
	66424099610	Generic	IBUPROFEN TAB 200MG	
	70000017601	Generic	IBUPROFEN TAB 200MG	
	63868079150	Generic	QC IBUPROFEN TAB 200MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Tab 200 MG</b>				
	00113060490	Generic	IBUPROFEN TAB 200MG	
	36800064778	Generic	IBUPROFEN TAB 200MG	
	70000017605	Generic	IBUPROFEN TAB 200MG	
	00904674780	Generic	IBUPROFEN TAB 200MG	
	00113051771	Generic	IBUPROFEN TAB 200MG	
	62107000250	Generic	PROVIL TAB 200MG	
	36800051771	Generic	IBUPROFEN TAB 200MG	
	49348072709	Generic	SM IBUPROFEN TAB 200MG	
	00904674770	Generic	IBUPROFEN TAB 200MG	
	00113060462	Generic	IBUPROFEN TAB 200MG	
	49348070616	Generic	IBUPROFEN TAB 200MG	
	70000017502	Generic	IBUPROFEN TAB 200MG	
	53746014010	Generic	IBUPROFEN TAB 200MG	
	70000017505	Generic	IBUPROFEN TAB 200MG	
	36800060478	Generic	IBUPROFEN TAB 200MG	
	36800064771	Generic	IBUPROFEN TAB 200MG	
	53746014001	Generic	IBUPROFEN TAB 200MG	
	63868079301	Generic	QC IBUPROFEN TAB 200MG	
	63868097924	Generic	QC IBUPROFEN TAB 200MG	
	62011001501	Generic	HM IBUPROFEN TAB 200MG	
	62011001503	Generic	HM IBUPROFEN TAB 200MG	
	62011021301	Generic	HM IBUPROFEN TAB 200MG	
	24385005882	Generic	IBUPROFEN TAB 200MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Tab 200 MG</b>				
	70000017504	Generic	IBUPROFEN TAB 200MG	
	49348019610	Generic	IBUPROFEN TAB 200MG	
	62011001402	Generic	HM IBUPROFEN TAB 200MG	
	24385060478	Generic	IBUPROFEN TAB 200MG	
	70000030801	Generic	IBUPROFEN TAB 200MG	
	00113064762	Generic	IBUPROFEN TAB 200MG	
	00113064778	Generic	IBUPROFEN TAB 200MG	
	00904791451	Generic	IBU-200 TAB 200MG	
	36800064762	Generic	IBUPROFEN TAB 200MG	
	62011001403	Generic	HM IBUPROFEN TAB 200MG	
	70000017501	Generic	IBUPROFEN TAB 200MG	
	24385060490	Generic	IBUPROFEN TAB 200MG	
	00904791461	Generic	IBUPROFEN TAB 200MG	
	00904791580	Generic	IBUPROFEN TAB 200MG	
	00904791459	Generic	IBU-200 TAB 200MG	
	36800060485	Generic	IBUPROFEN TAB 200MG	
	62011022202	Generic	HM IBUPROFEN TAB 200MG	
	00904791480	Generic	IBU-200 TAB 200MG	
	46122054890	Generic	IBUPROFEN TAB 200MG	
	24385064778	Generic	IBUPROFEN TAB 200MG	
	00904791259	Generic	IBUPROFEN TAB 200MG	
	24385005978	Generic	IBUPROFEN TAB 200MG	
	63868079401	Generic	QC IBUPROFEN TAB 200MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Tab 200 MG</b>				
	70000028801	Generic	IBUPROFEN TAB 200MG	
	62011001502	Generic	HM IBUPROFEN TAB 200MG	
	36800007478	Generic	IBUPROFEN TAB 200MG	
	00113007478	Generic	IBUPROFEN TAB 200MG	
	70000017604	Generic	IBUPROFEN TAB 200MG	
	49348070609	Generic	IBUPROFEN TAB 200MG	
	70000017503	Generic	IBUPROFEN TAB 200MG	
	36800007471	Generic	IBUPROFEN TAB 200MG	
	36800051778	Generic	IBUPROFEN TAB 200MG	
<b>Naproxen Sodium Tab 220 MG</b>				
	00113949078	Generic	NAPROXEN SOD TAB 220MG	
	00536109301	Generic	ALL DAY RELF TAB 220MG	
	63868046501	Generic	NAPROXEN SOD TAB 220MG	
	36800036862	Generic	ALL DAY PAIN TAB 220MG	
	24385049071	Generic	ALL DAY PAIN TAB 220MG	
	45802049071	Generic	NAPROXEN SOD TAB 220MG	
	70000017103	Generic	ALL DAY PAIN TAB 220MG	
	62011001701	Generic	NAPROXEN SOD TAB 220MG	
	24385036881	Generic	ALL DAY PAIN TAB 220MG	
	00113090178	Generic	NAPROXEN SOD TAB 220MG	
	49348030609	Generic	NAPROXEN SOD TAB 220MG	
	15127046624	Generic	NAPROXEN SOD 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
<b>Naproxen Sodium Tab 220 MG</b>				
	00113436862	Generic	NAPROXEN SOD TAB 220MG	
	49483060901	Generic	NAPROXEN SOD TAB 220MG	
	36800049062	Generic	ALL DAY PAIN TAB 220MG	
	62011001702	Generic	NAPROXEN SOD TAB 220MG	
	00113436871	Generic	NAPROXEN SOD TAB 220MG	
	36800049078	Generic	ALL DAY PAIN TAB 220MG	
	36800036878	Generic	ALL DAY PAIN TAB 220MG	
	00113090162	Generic	NAPROXEN SOD TAB 220MG	
	36800036871	Generic	ALL DAY PAIN TAB 220MG	
	70000020103	Generic	ALL DAY PAIN TAB 220MG	
	63868046650	Generic	NAPROXEN SOD TAB 220MG	
	63868046550	Generic	NAPROXEN SOD TAB 220MG	
	49348030610	Generic	NAPROXEN SOD TAB 220MG	
	70000017101	Generic	ALL DAY PAIN TAB 220MG	
	46122056481	Generic	NAPROXEN TAB 220MG	
	36800036882	Generic	ALL DAY PAIN TAB 220MG	
	46122056278	Generic	NAPROXEN TAB 220MG	
	46122030971	Generic	NAPROXEN SOD TAB 220MG	
	36800049071	Generic	ALL DAY PAIN TAB 220MG	
	15127046650	Generic	NAPROXEN SOD TAB 220MG	
	46122030978	Generic	NAPROXEN SOD TAB 220MG	
	46122056478	Generic	NAPROXEN TAB 220MG	
	70000020102	Generic	ALL DAY PAIN TAB 220MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Naproxen Sodium Tab 220 MG</b>				
	45802049078	Generic	NAPROXEN SOD TAB 220MG	
	00536109306	Generic	ALL DAY RELF TAB 220MG	
	49483060905	Generic	NAPROXEN SOD TAB 220MG	
	70000020101	Generic	ALL DAY PAIN TAB 220MG	
	00536109406	Generic	ALL DAY RELF TAB 220MG	
	46122056471	Generic	NAPROXEN TAB 220MG	
	46122056271	Generic	NAPROXEN TAB 220MG	
	00113436878	Generic	NAPROXEN SOD TAB 220MG	
<b>Ketotifen Fumarate Opth Soln 0.025% (Base Equiv)</b>				
	17478071710	Generic	KETOTIF FUM DRO 0.025%OP	
	00065401106	Brand	ZADITOR DRO 0.025%OP	PA REQUIRED
	24208060110	Generic	ALAWAY DRO 0.025%OP	
	00536109640	Generic	EYE ITCH SOL RELIEF	
	49348010717	Generic	EYE ITCH REL DRO 0.025%OP	
	00065401105	Brand	ZADITOR DRO 0.025%OP	PA REQUIRED
	62011023201	Generic	EYE ITCH REL DRO 0.025%OP	
	24208060105	Generic	ALAWAY CHILD DRO 0.025%OP	
	70000012401	Generic	EYE ITCH REL DRO 0.025%OP	
<b>*Artificial Tear Opth Ointment***</b>				
	17478006235	Generic	AKWA TEARS OIN OP	
<b>*Artificial Tear Opth Solution***</b>				
	00065042637	Generic	GENTEAL TEAR SOL MODERATE	
	00065042636	Generic	GENTEAL TEAR SOL MODERATE	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>*White Petrolatum-Mineral Oil Ophth Ointment***</b>				
	00023024004	Generic	REFRESH P.M. OIN OP	PA REQUIRED
	00065051801	Generic	GENTEAL TEAR OIN NT-TIME	PA REQUIRED
	00023031204	Generic	REFRESH LACR OIN OP	PA REQUIRED
	00536108691	Generic	ARTIFI TEARS OIN OP	PA REQUIRED
	00574402535	Generic	PURALUBE OIN	PA REQUIRED
	00904648838	Generic	LUBRIFRESH OIN P.M.	
	00023031207	Generic	REFRESH LACR OIN OP	PA REQUIRED
	00574402520	Generic	PURALUBE OIN	PA REQUIRED
	00574402511	Generic	PURALUBE OIN	PA REQUIRED
	00065050935	Generic	SYSTANE OIN	PA REQUIRED
<b>Carboxymethylcellulose Sodium (PF) Ophth Soln 0.5%</b>				
	00113032365	Generic	LUBRICATING DRO 0.5%	PA REQUIRED
	46122019565	Generic	LUBRICNT EYE DRO 0.5% OP	PA REQUIRED
	49348032944	Generic	LUBRICATING DRO 0.5%	PA REQUIRED
	00023040370	Brand	REFRESH PLUS DRO 0.5% OP	
	00904632951	Generic	LUBRICNT EYE DRO 0.5% OP	PA REQUIRED
	00904632946	Generic	LUBRICNT EYE DRO 0.5% OP	PA REQUIRED
	00023040350	Brand	REFRESH PLUS DRO 0.5% OP	
	62011020301	Generic	LUBRICATING DRO 0.5%	PA REQUIRED
	00023040330	Brand	REFRESH PLUS DRO 0.5% OP	
<b>Carboxymethylcellulose Sodium Ophth Gel 1%</b>				
	00023920515	Brand	REFRESH LIQU DRO 1% OP	PA REQUIRED



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Carboxymethylcellulose Sodium Opth Soln 0.5%</b>				
	00023079801	Brand	REFRESH TEAR DRO 0.5% OP	
	00023079815	Brand	REFRESH TEAR DRO 0.5% OP	
<b>Dextran 70-Hypromellose (PF) Opth Soln 0.1-0.3%</b>				
	00065041928	Generic	BION TEARS SOL OP	
	00065806301	Brand	GENTEAL TEAR SOL MOD PF	PA REQUIRED
<b>Dextran 70-Hypromellose Opth Soln 0.1-0.3%</b>				
	00536108794	Generic	NATURES SOL TEARS	
	00065041880	Generic	GENTEAL TEAR SOL MILD	
	00904649335	Generic	NATURAL BAL SOL TEARS	
	00065041881	Generic	GENTEAL TEAR SOL MILD	
<b>Polyvinyl Alcohol Opth Soln 1.4%</b>				
	17478006012	Generic	ARTIFI TEARS SOL 1.4% OP	
	00904649235	Generic	LIQUITEARS SOL	
	00536108494	Generic	ARTIFI TEARS SOL 1.4% OP	
<b>Naphazoline w/ Pheniramine Opth Soln 0.025-0.3%</b>				
	00065008542	Brand	NAPHCON-A SOL OP	
	00065008515	Brand	NAPHCON-A SOL OP	
<b>Sodium Chloride Hypertonic Opth Oint 5%</b>				
	00904648938	Generic	SOD CHLORIDE OIN 5% OP	
	17478062235	Generic	SOD CHLORIDE OIN 5% OP	
	24208038555	Brand	MURO 128 OIN 5% OP	
	24208038556	Brand	MURO 128 OIN 5% OP	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Sodium Chloride Hypertonic Opth Soln 5%</b>				
	17478062312	Generic	SOD CHLORIDE SOL 5% OP	
	24208027715	Brand	MURO 128 SOL 5% OP	
	00904649035	Generic	SOD CHLORIDE SOL 5% OP	
<b>Tetrahydrozoline HCl Opth Soln 0.05%</b>				
	00904633435	Generic	OPTI-CLEAR SOL 0.05%	
	70000045401	Generic	EYE DROPS SOL 0.05% OP	
	24385007505	Generic	GNP EYE DROP SOL 0.05% OP	
	00536121794	Generic	EYE DROPS SOL 0.05% OP	
	00536100294	Generic	EYE DROPS SOL 0.05% OP	
	62011010201	Generic	HM EYE DROPS SOL 0.05% OP	
	37205013905	Generic	EYE DROPS SOL 0.05% OP	
<b>Benzoyl Peroxide Gel 10%</b>				
	45802030896	Generic	BENZOYL PER GEL 10%	PA REQUIRED
	45802030801	Generic	BENZOYL PER GEL 10%	PA REQUIRED
	00536105656	Generic	ACNE MEDICAT GEL 10%	PA REQUIRED
	00536105625	Generic	ACNE MEDICAT GEL 10%	PA REQUIRED
<b>Benzoyl Peroxide Gel 5%</b>				
	45802021601	Generic	BENZOYL PER GEL 5%	PA REQUIRED
	45802021696	Generic	BENZOYL PER GEL 5%	PA REQUIRED
	00536105525	Generic	ACNE MEDICAT GEL 5%	PA REQUIRED
	00536105556	Generic	ACNE MEDICAT GEL 5%	PA REQUIRED
<b>Benzoyl Peroxide Liq 10%</b>				
	67405083005	Generic	BENZOYL PER LIQ 10% WASH	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Benzoyl Peroxide Liq 10%</b>				
	45802031801	Generic	BENZOYL PER LIQ 10% WASH	PA REQUIRED
	00536126163	Generic	BENZOYL PER LIQ 10% WASH	PA REQUIRED
	45802031834	Generic	BENZOYL PER LIQ 10% WASH	PA REQUIRED
	67405083008	Generic	BENZOYL PER LIQ 10% WASH	PA REQUIRED
	00145098505	Generic	PANOXYL WASH LIQ 10%	PA REQUIRED
<b>Benzoyl Peroxide Lotion 5%</b>				
	00536105775	Brand	ACNE MEDICAT LOT 5%	PA REQUIRED
<b>*Neomycin-Bacitracin-Polymyxin Oint***</b>				
	45802014370	Generic	TRIPLE ANTIB OIN	
	51672201602	Generic	TRIPLE ANTIB OIN	
	00472017956	Generic	TRIPLE ANTIB OIN	
	51672212001	Generic	TRIPLE ANTIB OIN	
	00904668067	Generic	TRIPLE ANTIB OIN FRST AID	
	00113008464	Generic	FIRST AID OIN ANTIBIOT	
	51672201601	Generic	TRIPLE ANTIB OIN	
	70000038901	Generic	TRIPLE ANTIB OIN	
	70677001301	Generic	SM TRIPLE OIN ANTIBIOT	
	00472017934	Generic	TRIPLE ANTIB OIN	
	51672212002	Generic	TRIPLE ANTIB OIN	
	46122041403	Generic	GNP TRIPLE OIN ANTIBIOT	
	62011009801	Generic	HM TRIPLE OIN ANTIBIOT	
	49348002972	Generic	SM TRIPLE OIN ANTIBIOT	
	00904073431	Generic	TRIPLE ANTIB OIN	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>*Neomycin-Bacitracin-Polymyxin Oint***</b>				
	45802014303	Generic	TRIPLE ANTIB OIN	
	45802014301	Generic	TRIPLE ANTIB OIN	
	62011032101	Generic	HM TRIPLE OIN ANTIBIOT	
	46122041405	Generic	GNP TRIPLE OIN ANTIBIOT	
<b>Bacitracin Oint 500 Unit/GM</b>				
	37205027510	Generic	BACITRACIN OIN 500/GM	
	45802006070	Generic	BACITRACIN OIN 500/GM	
	45802006003	Generic	BACITRACIN OIN 500/GM	
	63868096028	Generic	BACITRACIN OIN 500/GM	
	45802006001	Generic	BACITRACIN OIN 500/GM	
<b>Bacitracin Zinc Oint 500 Unit/GM</b>				
	00472110556	Generic	BACITR ZINC OIN 500/GM	PA REQUIRED
	62011009401	Generic	BACITRACIN OIN 500/GM	PA REQUIRED
	51672207502	Generic	BACITR ZINC OIN 500/GM	PA REQUIRED
	49348015472	Generic	SM ANTIBIOTI OIN 500/GM	PA REQUIRED
	24385006003	Generic	BACITR ZINC OIN 500/GM	PA REQUIRED
	51672207501	Generic	BACITR ZINC OIN 500/GM	PA REQUIRED
	00472110534	Generic	BACITR ZINC OIN 500/GM	PA REQUIRED
	70000047001	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
<b>Clotrimazole Cream 1%</b>				
	00904782236	Generic	CLOTRIMAZOLE CRE 1%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Clotrimazole Cream 1%</b>				
	70000049301	Generic	ATHLETE FOOT CRE 1%	
	49348027972	Generic	CLOTRIMAZOLE CRE 1%	
	24385020503	Generic	ATHLETE FOOT CRE 1%	
	24385020501	Generic	ATHLETE FOOT CRE 1%	
	45802043401	Generic	CLOTRIMAZOLE CRE 1%	
	51672200201	Generic	CLOTRIMAZOLE CRE 1%	
	00904782231	Generic	CLOTRIMAZOLE CRE 1%	
	51672200202	Generic	CLOTRIMAZOLE CRE 1%	
	00472035056	Generic	CLOTRIMAZOLE CRE 1%	
	45802043411	Generic	CLOTRIMAZOLE CRE 1%	
<b>Miconazole Nitrate Cream 2%</b>				
	00472073556	Generic	ANTIFUNGAL CRE 2%	
	00472073542	Generic	ANTIFUNGAL CRE 2%	
	70000034001	Generic	MICONAZOLE CRE 2%	
	49348068972	Generic	SM ANTIFUNGL CRE 2%	
	51672200102	Generic	MICONAZOLE CRE 2%	
	00536113428	Generic	MICONAZOLE CRE 2%	
	51672200101	Generic	MICONAZOLE CRE 2%	
	00472073514	Generic	ANTIFUNGAL CRE 2%	
<b>Terbinafine HCl Cream 1%</b>				
	49348079072	Generic	ATHLETE FOOT CRE 1%	PA REQUIRED
	24385052403	Generic	TERBINAFINE CRE 1%	PA REQUIRED
	24385052405	Generic	TERBINAFINE CRE 1%	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Terbinafine HCl Cream 1%</b>				
	37205094199	Generic	ATHLETE FOOT CRE AF	PA REQUIRED
	00067810030	Brand	LAMISIL AT CRE 1%	PA REQUIRED
	51672208002	Generic	TERBINAFINE CRE 1%	PA REQUIRED
	00067810012	Brand	LAMISIL AT CRE 1%	PA REQUIRED
	70000033801	Generic	ATHLETE FOOT CRE 1%	PA REQUIRED
	00536111728	Generic	TERBINAFINE CRE 1%	PA REQUIRED
	51672208001	Generic	TERBINAFINE CRE 1%	PA REQUIRED
	00067811412	Brand	LAMISIL AT CRE 1%	PA REQUIRED
<b>Tolnaftate Aerosol Pow 1%</b>				
	00113069590	Generic	JOCK ITCH AER 1%	
	70000032201	Generic	ATHLETES FT AER 1% POW	
	00067611446	Generic	LAMISIL AF AER 1%	
<b>Tolnaftate Cream 1%</b>				
	63868010446	Generic	TOLNAFTATE CRE 1%	
	51672202002	Generic	TOLNAFTATE CRE 1%	
	49348015529	Generic	SM ANTIFUNGL CRE 1%	
	24385003203	Generic	TOLNAFTATE CRE 1%	
	00904072236	Generic	ANTIFUNGAL CRE 1%	
	51672202001	Generic	TOLNAFTATE CRE 1%	
	70000049401	Generic	TOLNAFTATE CRE 1%	
<b>Selenium Sulfide Lotion 1%</b>				
	00536199553	Generic	ANTI-DANDRUF SHA 1%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Chlorhexidine Gluconate Liquid 4%</b>				
	67618020032	Generic	BETASEPT LIQ 4%	
	67618020004	Generic	BETASEPT LIQ 4%	
	67618020016	Generic	BETASEPT LIQ 4%	
	67618020008	Generic	BETASEPT LIQ 4%	
	67618020030	Generic	BETASEPT LIQ 4%	
<b>Povidone-Iodine Soln 10%</b>				
	49348062237	Generic	SM POVID-IOD SOL 10%	
	63868023008	Generic	POVIDONE/IOD SOL 10%	
	24385005355	Generic	POVIDONE-IOD SOL 10%	
	67618015008	Brand	BETADINE SOL 10%	PA REQUIRED
	62011011801	Generic	HM POVID-IOD SOL 10%	
	67618015001	Brand	BETADINE SOL 10%	PA REQUIRED
	70000040201	Generic	POVIDONE-IOD SOL 10%	
	67618015009	Brand	BETADINE SOL 10%	PA REQUIRED
	67618015032	Brand	BETADINE SOL 10%	PA REQUIRED
	67618015017	Brand	BETADINE SOL 10%	PA REQUIRED
	00904110309	Generic	POVIDONE-IOD SOL 10%	
	67618015005	Brand	BETADINE SOL 10%	PA REQUIRED
	67618015004	Brand	BETADINE SOL 10%	PA REQUIRED
	49348062238	Generic	SM POVID-IOD SOL 10%	
<b>Zinc Oxide Oint 20%</b>				
	00536570025	Generic	ZINC OXIDE OIN 20%	
	00536570028	Generic	ZINC OXIDE OIN 20%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Zinc Oxide Oint 20%</b>				
	70000033401	Generic	ZINC OXIDE OIN 20%	
	46122011846	Generic	ZINC OXIDE OIN 20%	
	00168006231	Generic	ZINC OXIDE OIN 20%	
	00168006216	Generic	ZINC OXIDE OIN 20%	
	00168006202	Generic	ZINC OXIDE OIN 20%	
	00536570098	Generic	ZINC OXIDE OIN 20%	
<b>Hydrocortisone Cream 0.5%</b>				
	24385019003	Generic	HYDROCORT CRE 0.5%	
<b>Hydrocortisone Cream 1%</b>				
	00904762331	Generic	HYDROCORT CRE 1%	
	24385002103	Generic	GNP HYDROCOR CRE 1% PLUS	
	51672201301	Generic	HYDROCORT CRE 1%	
	00472034356	Generic	HYDROCORT CRE 1%	
	49348052178	Generic	SM HYDROCORT CRE 1%	
	00113097364	Generic	ANTI-ITCH CRE 1%	
	51672206302	Generic	HYDROCORT CRE 1%	
	70000048501	Generic	HYDROCORT CRE 1%	
	51672201302	Generic	HYDROCORT CRE 1%	
	45802043803	Generic	HYDROCORT CRE 1%	
	45802043805	Generic	HYDROCORT CRE 1%	
	51672206902	Generic	HYDROCORT CRE 1%	
	49348052172	Generic	SM HYDROCORT CRE 1%	
	00113054164	Generic	ANTI-ITCH CRE 1%	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Hydrocortisone Oint 0.5%</b>				
	00168001631	Generic	HYDROCORT OIN 0.5%	
<b>Hydrocortisone Oint 1%</b>				
	49348052272	Generic	SM HYDROCORT OIN 1%	
	00168018131	Generic	HYDROCORT OIN 1%	
	45802027603	Generic	HYDROCORT OIN 1%	
	24385027603	Generic	HYDROCORT OIN 1%	
	00472034556	Generic	HYDROCORT OIN 1%	
	51672201802	Generic	HYDROCORT OIN 1%	
<b>Lactic Acid (Ammonium Lactate) Cream 12%</b>				
	63044040420	Generic	AMMONIUM LAC CRE 12%	
<b>Lactic Acid (Ammonium Lactate) Lotion 12%</b>				
	63044048409	Generic	AMMONIUM LAC LOT 12%	
<b>Capsaicin Cream 0.025%</b>				
	00536252525	Generic	CAPSAICIN CRE 0.025%	
<b>Capsaicin Cream 0.075%</b>				
	00536111825	Brand	ARTH PAIN CRE 0.075%	PA REQUIRED
<b>Dibucaine Oint 1%</b>				
	00536121195	Generic	DIBUCAINE OIN 1%	
<b>Permethrin Creme Rinse 1%</b>				
	46122010846	Generic	LICE TRTMNT LIQ 1%	
	62011025501	Generic	LICE TRTMNT LIQ 1%	
<b>Permethrin Lotion 1%</b>				
	49348015078	Generic	LICE TREATMT LOT 1%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Permethrin Lotion 1%</b>				
	36800095526	Generic	LICE TREATMT LOT 1%	
<b>Pyrethrins-Piperonyl Butoxide Shampoo 0.33-4%</b>				
	00113086626	Generic	LICE KILLING SHA 0.33-4%	
	70000035301	Generic	LICE KILLING SHA 0.33-4%	
	49348044334	Generic	LICE KILLING SHA 0.33-4%	
	00904252820	Generic	LICE KILLING SHA 0.33-4%	
	36800086634	Generic	LICE KILLING SHA	
	62011011902	Generic	LICE KILLING SHA 0.33-4%	
	24385011603	Generic	LICE TREATMT SHA 0.33-4%	
<b>Clotrimazole Vaginal Cream 1%</b>				
	49348079376	Generic	CLOTRIMAZOLE CRE 1% VAG	
	00472022063	Generic	CLOTRIMAZOLE CRE 1%	
	51672200306	Generic	CLOTRIMAZOLE CRE 1% VAG	
	00472022041	Generic	CLOTRIMAZOLE CRE 1%	
<b>Clotrimazole Vaginal Cream 2%</b>				
	24385011009	Generic	CLOTRIMAZOLE CRE 3 DAY	
	51672206200	Generic	3 DAY VAGINL CRE 2%	
	49348037954	Generic	3 DAY VAGINL CRE 2%	
	36800006200	Generic	CLOTRIMAZOLE CRE 2%	
<b>Miconazole Nitrate Vaginal Cream 2%</b>				
	70000000901	Generic	MICONAZOLE 7 CRE 2%	
	00113021429	Generic	MICONAZOLE 7 CRE TUBE/KIT	
	00113082529	Generic	MICONAZOLE 7 CRE 2%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Miconazole Nitrate Vaginal Cream 2%</b>				
	49348053077	Generic	MICONAZOLE 7 CRE 2%	
	63868019845	Generic	MICONAZOLE 7 CRE 2%	
	00904773445	Generic	MICONAZOLE 7 CRE 2%	
	51672203506	Generic	MICONAZOLE CRE 2%	
	24385059029	Generic	MICONAZOLE 7 CRE 2%	
	00472073041	Generic	MICONAZOLE CRE 2%	
	49348087277	Generic	MICONAZOLE 7 CRE 2%	
	00472073063	Generic	MICONAZOLE CRE 2%	
	36800082529	Generic	MICONAZOLE 7 CRE 2%	
<b>Miconazole Nitrate Vaginal Cream 4% (200 MG/5GM)</b>				
	63868019725	Generic	3 DAY VAGNAL CRE 4%	
	36800007009	Generic	MICONAZOLE 3 CRE 4%	
<b>Miconazole Nitrate Vaginal Supp 200 MG &amp; 2% Cream 9 GM Kit</b>				
	24385060602	Generic	MICONAZOLE 3 KIT COMBO PK	
	00113008100	Generic	MICONAZOLE 3 KIT COMBO PK	
	70000002501	Generic	MICONAZOLE 3 KIT COMBO PK	
	37205058903	Generic	MICONAZOLE 3 KIT COMBO PK	
	36800008100	Generic	MICONAZOLE 3 KIT COMBO PK	
	49348035543	Generic	MICONAZOLE 3 KIT COMBO PK	
	00904541501	Generic	MICONAZOLE 3 KIT COMBO PK	
<b>Miconazole Nitrate Vaginal Suppos 100 MG</b>				
	00472173607	Generic	MICONAZOLE 7 SUP 100MG	
	49348083361	Generic	SM MICON 7 SUP 100MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Levonorgestrel Tab 1.5 MG</b>				
	51285014619	Brand	PLAN B TAB 1.5MG	
	51285016288	Brand	PLAN B TAB 1.5MG	
	50102021116	Generic	ECONTRA OS TAB 1.5MG	
	62756072060	Generic	MY CHOICE TAB 1.5MG	
	68180085211	Generic	MY WAY TAB 1.5MG	
	00113200312	Generic	OPTION 2 TAB 1.5MG	
	51285010088	Generic	TAKE ACTION TAB 1.5MG	
	00536114263	Generic	LEVONORGESTR TAB 1.5MG	
	62756071860	Generic	OPCICON TAB 1.5MG	
	50102011112	Generic	ECONTRA EZ TAB 1.5MG	
	50102021111	Generic	ECONTRA OS TAB 1.5MG	
	51285010388	Generic	AFTERA TAB 1.5MG	
	43386062230	Generic	MY WAY TAB 1.5MG	
	16714080901	Generic	NEW DAY TAB 1.5MG	
	50102011101	Generic	ECONTRA EZ TAB 1.5MG	
	68180085313	Generic	FALLBACK TAB 1.5MG	
	68180085212	Generic	MY WAY TAB 1.5MG	
<b>Cholecalciferol Cap 250 MCG (10000 Unit)</b>				
	63044040101	Generic	VITAMIN D3 CAP 10000UNT	PA REQUIRED
<b>Niacin Cap ER 250 MG</b>				
	49483001401	Generic	NIACIN CAP 250MG SR	
	49483001410	Generic	NIACIN CAP 250MG SR	

# Rebatable OTC Drug List for Maine Medicaid

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