

## 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	
<b>Acetaminophen Chew Tab 160 MG</b>				
	00904664524	Generic	MAPAP CHW 160MG	
	62011033901	Generic	ACETAMINOPHE CHW 160MG	
	70000030901	Generic	ACETAMIN JR CHW 160MG	
	46122042462	Generic	PAIN RELIEF CHW 160MG	
	70677112701	Generic	FT CHLD PAIN CHW 160MG	
	70000031001	Generic	ACETAMINOPHE CHW 160MG	
<b>Acetaminophen Chew Tab 80 MG</b>				
	00904579146	Generic	MAPAP CHILD CHW 80MG	
<b>Acetaminophen Liquid 160 MG/5ML</b>				
	69367032304	Generic	ACETAMIN LIQ 160/5ML	
	69367032316	Generic	ACETAMIN LIQ 160/5ML	
	58657052504	Generic	M-PAP LIQ 160/5ML	
	58657052516	Generic	M-PAP LIQ 160/5ML	
	58657052416	Generic	M-PAP LIQ 160/5ML	
	00485005708	Generic	ED-APAP LIQ 80MG/2.5	
	83720050016	Generic	PAIN & FEVER LIQ 160/5ML	
	54859080916	Generic	ACETAMINOPHE LIQ 160/5ML	
<b>Acetaminophen Soln 160 MG/5ML</b>				
	81033000240	Generic	ACETAMIN SOL 325MG	
	81033000250	Generic	ACETAMINOPHE SOL 160/5ML	
	00121065705	Generic	ACETAMIN SOL 160/5ML	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Soln 160 MG/5ML</b>				
	00121131400	Generic	ACETAMIN SOL 325MG	
	60687074024	Generic	ACETAMIN SOL 650MG	
	00904701416	Generic	ACETAMIN SOL 160/5ML	
	00121197121	Generic	ACETAMIN SOL 650/20.3	
	57237030416	Generic	ACETAMIN SOL 160/5ML	
	00121131411	Generic	ACETAMIN SOL 325MG	
	60687074037	Generic	ACETAMIN SOL 650MG	
	60687075156	Generic	ACETAMIN SOL 325MG	
	60687075142	Generic	ACETAMIN SOL 325MG	
	81033000253	Generic	ACETAMIN SOL 650/20.3	
	00904732103	Generic	ACETAMIN SOL 650/20.3	
	81033000254	Generic	ACETAMIN SOL 325MG	
	00121197100	Generic	ACETAMIN SOL 650/20.3	
	00121065700	Generic	ACETAMIN SOL 160/5ML	
	00904732071	Generic	ACETAMIN SOL 325MG	
	81033000230	Generic	ACETAMIN SOL 650/20.3	
	81033000255	Generic	ACETAMINOPHE SOL 160/5ML	
	00904731941	Generic	ACETAMIN SOL 160/5ML	
	00904731970	Generic	ACETAMIN SOL 160/5ML	
	00904701420	Generic	ACETAMIN SOL 160/5ML	
	00904732176	Generic	ACETAMIN SOL 650/20.3	
	00904732002	Generic	ACETAMIN SOL 325MG	
	57237030412	Generic	ACETAMIN SOL 160/5ML	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Suppos 120 MG</b>				
	51672211502	Generic	FEVERALL SUP 120MG	
	45802073230	Generic	ACETAMIN SUP 120MG	
	45802073200	Generic	ACETAMIN SUP 120MG	
	45802073233	Generic	ACETAMIN SUP 120MG	
<b>Acetaminophen Suppos 325 MG</b>				
	51672211602	Brand	FEVERALL SUP 325MG	
<b>Acetaminophen Suppos 650 MG</b>				
	45802073030	Generic	ACETAMIN SUP 650MG	
	45802073033	Generic	ACETAMIN SUP 650MG	
	45802073032	Generic	ACETAMIN SUP 650MG	
<b>Acetaminophen Suppos 80 MG</b>				
	51672211402	Brand	FEVERALL INF SUP 80MG	
	51672211400	Brand	FEVERALL INF SUP 80MG	
<b>Acetaminophen Susp 160 MG/5ML</b>				
	68094003059	Generic	ACETAMINOPHN SUS 160/5ML	
	00904727870	Generic	ACETAMINOPHN SUS 160/5ML	
	68094033062	Generic	ACETAMINOPHN SUS 325MG	
	68094003062	Generic	ACETAMINOPHN SUS 160/5ML	
	00904676620	Generic	ACETAMINOPHN SUS 160/5ML	
	46122021126	Generic	PAIN & FEVER SUS 160/5ML	
	68094006162	Generic	ACETAMINOPHN SUS 160/5ML	
	00121188294	Generic	ACETAMINOPHN SUS 160/5ML	
	46122005603	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>				
	68094023159	Generic	ACETAMINOPHN SUS 160/5ML	
	00121178105	Generic	ACETAMINOPHN SUS 160/5ML	
	00121178100	Generic	ACETAMINOPHN SUS 160/5ML	
	83474000104	Generic	PAIN & FEVER SUS 160/5ML	
	00121282321	Generic	ACETAMINOPHN SUS 160/5ML	
	68094006159	Generic	ACETAMINOPHN SUS 160/5ML	
	70677114201	Generic	PAIN & FEVER SUS 160/5ML	
	68094023161	Generic	ACETAMINOPHN SUS 160/5ML	
	60687076217	Generic	ACETAMINOPHN SUS 160/5ML	
	49348011934	Generic	PAIN & FEVER SUS 160/5ML	
	00121282394	Generic	ACETAMINOPHN SUS 160/5ML	
	00536121277	Generic	ACETAMINOPHN SUS 160/5ML	
	46122004203	Generic	PAIN & FEVER SUS 160/5ML	
	00121096605	Generic	ACETAMINOPHN SUS 160/5ML	
	70000002801	Generic	PAIN & FEVER SUS 160/5ML	
	68094006161	Generic	ACETAMINOPHN SUS 160/5ML	
	00904744520	Generic	ACETAMINOPHN SUS 160/5ML	
	00121188211	Generic	ACETAMINOPHN SUS 160/5ML	
	60687076240	Generic	ACETAMINOPHN SUS 160/5ML	
	00121096694	Generic	ACETAMINOPHN SUS 160/5ML	
	00113895926	Generic	PAIN & FEVER SUS 160/5ML	
	68094023101	Generic	ACETAMINOPHN SUS 160/5ML	
	46122021026	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>				
	46122032226	Generic	PAIN & FEVER SUS 160/5ML	
	68094033059	Generic	ACETAMINOPHN SUS 325MG	
	70000047201	Generic	PAIN & FEVER SUS 160/5ML	
	68094023162	Generic	ACETAMINOPHN SUS 160/5ML	
	70677114301	Generic	PAIN & FEVER SUS 160/5ML	
	68094033061	Generic	ACETAMINOPHN SUS 325MG	
	45802020326	Generic	ACETAMINOPHN SUS 160/5ML	
	46122055246	Generic	PAIN & FEVER SUS 160/5ML	
	00113021226	Generic	PAIN & FEVER SUS 160/5ML	
	00113094610	Generic	PAIN & FEVER SUS 160/5ML	
	00113060826	Generic	PAIN & FEVER SUS 160/5ML	
	45802020126	Generic	ACETAMINOPHN SUS 160/5ML	
	00536142677	Generic	ACETAMINOPHN SUS 160/5ML	
	00113002026	Generic	PAIN & FEVER SUS 160/5ML	
	68094013001	Generic	ACETAMINOPHN SUS 80/2.5ML	
	00536132197	Generic	ACETAMINOPHN SUS 160/5ML	
	00121188200	Generic	ACETAMINOPHN SUS 160/5ML	
	70677125301	Generic	PAIN & FEVER SUS 160/5ML	
	68094023158	Generic	ACETAMINOPHN SUS 160/5ML	
	49348043030	Generic	PAIN & FEVER SUS 160/5ML	
	00113016110	Generic	PAIN & FEVER SUS 160/5ML	
	00121096600	Generic	ACETAMINOPHN SUS 160/5ML	
	68094013058	Generic	ACETAMINOPHN SUS 80/2.5ML	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Susp 160 MG/5ML</b>				
	46122020926	Generic	PAIN & FEVER SUS 160/5ML	
	49348009334	Generic	PAIN & FEVER SUS 160/5ML	
<b>Acetaminophen Tab 325 MG</b>				
	00536132710	Generic	ACETAMINOPHE TAB 325MG	
	46122039078	Generic	PAIN RELIEF TAB 325MG	
	49483034001	Generic	ACETAMIN TAB 325MG	
	00536132701	Generic	ACETAMINOPHE TAB 325MG	
	00536132706	Generic	ACETAMINOPHE TAB 325MG	
	70000009201	Generic	ACETAMINOPHN TAB 325MG	
	00904677361	Generic	ACETAMINOPHE TAB 325MG	
	49483034010	Generic	ACETAMIN TAB 325MG	
	63739008702	Generic	ACETAMINOPHE TAB 325MG	
	70677124301	Generic	FT PAIN RELF TAB 325MG	
	70677111901	Generic	PAIN RELIEF TAB 325MG	
	00113040378	Generic	PAIN RELIEF TAB 325MG	
	62011003201	Generic	PAIN RELIEVE TAB 325MG	
	49348097310	Generic	PAIN RELIEVE TAB 325MG	
	46122043078	Generic	GNP ACETAMIN TAB 325MG	
<b>Acetaminophen Tab 500 MG</b>				
	70677113901	Generic	PAIN RELIEVR TAB 500MG	
	00904672060	Generic	ACETAMIN TAB 500MG	
	00904672024	Generic	ACETAMIN TAB 500MG	
	00113048478	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>				
	70677124201	Generic	PAIN RELIEVR TAB 500MG	
	70000037302	Generic	ACETAMINOPHN TAB 500MG	
	70000037303	Generic	ACETAMINOPHN TAB 500MG	
	49348004209	Generic	PAIN RELIEVE TAB 500MG	
	49483034110	Generic	ACETAMINOPHN TAB 500MG	
	46122031278	Generic	PAIN RELIEF TAB 500MG	
	70677112002	Generic	FT PAIN RELI TAB 500MG	
	49483034150	Generic	ACETAMINOPHN TAB 500MG	
	00536129229	Generic	ACETAMIN TAB 500MG	
	70000003601	Generic	ACETAMIN TAB 500MG	
	70677113801	Generic	PAIN RELIEVR TAB 500MG	
	00113048490	Generic	PAIN RELIEF TAB 500MG	
	00113002578	Generic	PAIN RELIEF TAB 500MG	
	00904672059	Generic	ACETAMIN TAB 500MG	
	24385048447	Generic	PAIN RELIEF TAB 500MG	
	70010016101	Generic	ACETAMINOPHN TAB 500MG	
	00113002571	Generic	PAIN RELIEF TAB 500MG	
	24385048490	Generic	PAIN RELIEF TAB 500MG	
	00113048452	Generic	PAIN RELIEF TAB 500MG	
	70677112401	Generic	FT PAIN RELI TAB 500MG	
	70000037305	Generic	ACETAMINOPHN TAB 500MG	
	00904672080	Generic	ACETAMIN TAB 500MG	
	46122069662	Generic	GNP PAIN REL TAB 500MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab 500 MG</b>				
	00113002562	Generic	PAIN RELIEF TAB 500MG	
	00536117201	Generic	ACETAMIN TAB 500MG	
	00904673061	Generic	ACETAMIN TAB 500MG	
	49348099810	Generic	PAIN RELIEVE TAB 500MG	
	70000041002	Generic	ACETAMIN TAB 500MG	
	00904672051	Generic	ACETAMIN TAB 500MG	
	70010016105	Generic	ACETAMINOPHN TAB 500MG	
	00904673059	Generic	ACETAMIN TAB 500MG	
	70677112001	Generic	FT PAIN RELI TAB 500MG	
	00113048471	Generic	PAIN RELIEF TAB 500MG	
	24385048471	Generic	PAIN RELIEF TAB 500MG	
	70000041001	Generic	ACETAMIN TAB 500MG	
	24385048478	Generic	PAIN RELIEF TAB 500MG	
	00904673060	Generic	ACETAMIN TAB 500MG	
	49483034101	Generic	ACETAMINOPHN TAB 500MG	
	70000037301	Generic	ACETAMINOPHN TAB 500MG	
	49348004214	Generic	PAIN RELIEVE TAB 500MG	
	70677113802	Generic	PAIN RELIEVR TAB 500MG	
	00113048462	Generic	PAIN RELIEF TAB 500MG	
	00904672040	Generic	ACETAMIN TAB 500MG	
	49348004210	Generic	PAIN RELIEVE TAB 500MG	
	70677113803	Generic	PAIN RELIEVR TAB 500MG	
	00904673080	Generic	ACETAMIN TAB 500MG	



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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Acetaminophen Tab ER 650 MG</b>				
	46122062962	Generic	8 HR ARTHRTS TAB 650MG	
	46122062981	Generic	8 HR ARTHRTS TAB 650MG	
	46122006271	Generic	8HR PAIN REL TAB 650MG	
	70677112301	Generic	FT 8HR PAIN TAB 650MG	
	00904731460	Generic	ACETAMINOPHE TAB 650MG ER	
	49483069901	Generic	ACETAMIN TAB 650MG	
	50268005215	Generic	ACETAMINOPHE TAB 650MG	
	00904731427	Generic	ACETAMINOPHE TAB 650MG ER	
	46122062971	Generic	8 HR ARTHRTS TAB 650MG	
	51660033301	Generic	ARTHRTS PAIN TAB 650MG	
	46122062978	Generic	8 HR ARTHRTS TAB 650MG	
	70010016001	Generic	ACETAMINOPHE TAB 650MG	
	68001049500	Generic	ACETAMINOPHE TAB 650MG ER	
	68084077795	Generic	ACETAMINOPHE TAB 650MG ER	
	46122063078	Generic	8HR PAIN REL TAB 650MG	
	51660033350	Generic	ARTHRTS PAIN TAB 650MG	
	50268005211	Generic	ACETAMINOPHE TAB 650MG	
	00113054471	Generic	ARTHRTS PAIN TAB 650MG	
	49483069905	Generic	ACETAMIN TAB 650MG	
	70677016801	Generic	SM 8 HR PAIN TAB 650MG	
	70677113001	Generic	ARTHRTS PAIN TAB 650MG ER	
	00113054478	Generic	ARTHRTS PAIN TAB 650MG	
	68084077725	Generic	ACETAMINOPHE TAB 650MG ER	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Buffered (Ca Carb-Mg Carb-Mg Ox) Tab 325 MG</b>				
	00904201559	Generic	TRI-BUFF ASA TAB 325MG	
	70000014701	Generic	TRI-BUFF ASA TAB 325MG	
<b>Aspirin Chew Tab 81 MG</b>				
	49483033463	Generic	ASPIRIN LOW CHW 81MG	
	70677113401	Generic	FT ASPIRIN CHW 81MG	
	00536100836	Generic	ASPIRIN CHW 81MG	
	63739043402	Generic	ASPIRIN CHW 81MG	
	00113027468	Generic	ASPIRIN CHW 81MG	
	00904679430	Generic	ASPIRIN LOW CHW 81MG	
	70000041901	Generic	ASPIRIN CHW 81MG	
	00113046708	Generic	ASPIRIN CHW 81MG	
	24385002868	Generic	GNP ASPIRIN CHW 81MG	
	00904679480	Generic	ASPIRIN LOW CHW 81MG	
	00113046768	Generic	ASPIRIN CHW 81MG	
	24385027868	Generic	GNP ASPIRIN CHW 81MG	
	70000042001	Generic	ASPIRIN CHW 81MG	
	00904679489	Generic	ASPIRIN LOW CHW 81MG	
	49348075707	Generic	SM ASPIRIN CHW 81MG	
	00904404073	Generic	ASPIRIN CHW 81MG	
<b>Aspirin Tab 325 MG</b>				
	83324006601	Generic	QC ASPIRIN TAB 325MG	
	70677118901	Generic	FT ASPIRIN TAB 325MG	
	46122069178	Generic	GNP ASPIRIN TAB 325MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Tab 325 MG</b>				
	70000025304	Generic	ASPIRIN TAB 325MG	
	70000025302	Generic	ASPIRIN TAB 325MG	
	00536105429	Generic	ASPIRIN TAB 325MG	
<b>Aspirin Tab Delayed Release 325 MG</b>				
	70677007101	Generic	SM ASPIRIN TAB 325MG EC	
	70000001401	Generic	ASPIRIN TAB 325MG EC	
	70677112201	Generic	FT ASPIRIN TAB 325MG EC	
	70000003501	Generic	ASPIRIN TAB 325MG	
	46122059602	Generic	GNP ASPIRIN TAB 325MG EC	
	00536123201	Generic	ASPIRIN TAB 325MG EC	
<b>Aspirin Tab Delayed Release 81 MG</b>				
	46122076158	Generic	GNP ASPIRIN TAB 81MG EC	
	70677115001	Generic	FT ASPIRIN TAB 81MG	
	70000060301	Generic	ASPIRIN REGI TAB 81MG	
	46122061576	Generic	GNP ASPIRIN TAB 81MG EC	
	46122061587	Generic	GNP ASPIRIN TAB 81MG EC	
	70677016302	Generic	SM ASPIRIN TAB 81MG EC	
	70000060303	Generic	ASPIRIN REGI TAB 81MG	
	57237030212	Generic	ASPIRIN 81 TAB 81MG EC	
	70677115003	Generic	FT ASPIRIN TAB 81MG	
	49348098115	Generic	SM ASPIRIN TAB 81MG EC	
	62011001901	Generic	ASPIRIN LOW TAB 81MG EC	
	00904678370	Generic	ASPIRIN LOW TAB 81MG EC	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin Tab Delayed Release 81 MG</b>				
	49483048112	Generic	ASPIRIN LOW TAB 81MG EC	
	46122059848	Generic	ASPIRIN LOW TAB 81MG EC	
	70677112101	Generic	FT ASPIRIN TAB 81MG	
	00904675180	Generic	ASPIRIN LOW TAB 81MG EC	
	70000060402	Generic	ASPIRIN REGI TAB 81MG	
	46122059887	Generic	ASPIRIN LOW TAB 81MG EC	
	70677016303	Generic	SM ASPIRIN TAB 81MG EC	
	63739021202	Generic	ASPIRIN LOW TAB 81MG EC	
	70000060302	Generic	ASPIRIN REGI TAB 81MG	
	70677016301	Generic	SM ASPIRIN TAB 81MG EC	
	49483048110	Generic	ASPIRIN LOW TAB 81MG EC	
	46122076161	Generic	GNP ASPIRIN TAB 81MG EC	
	57237030210	Generic	ASPIRIN 81 TAB 81MG EC	
	00536123441	Generic	ASPIRIN LOW TAB 81MG EC	
	70677115002	Generic	FT ASPIRIN TAB 81MG	
	70677124501	Generic	FT ASPIRIN TAB 81MG	
	70000060401	Generic	ASPIRIN REGI TAB 81MG	
<b>Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG</b>				
	70677113301	Generic	FT MIGRAINE TAB RELIEF	
	24385036571	Generic	GNP MIGRAINE TAB RELIEF	
	70000024701	Generic	MIGRAINE TAB RELIEF	
	24385036578	Generic	GNP MIGRAINE TAB RELIEF	
	70000061101	Generic	MIGRAINE TAB RELIEF	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Aspirin-Acetaminophen-Caffeine Tab 250-250-65 MG</b>				
	46122069078	Generic	GNP HEADACH TAB RELIEF	
	70000014601	Generic	HEADACHE TAB RELIEF	
	00113037478	Generic	MIGRAINE TAB FORMULA	
	70000006601	Generic	HEADACHE TAB RELIEF	
	70677011901	Generic	SM MIGRAINE TAB RELIEF	
	70000024702	Generic	MIGRAINE TAB RELIEF	
	00113037462	Generic	MIGRAINE TAB FORMULA	
	00536132601	Generic	PAIN RELIEVR TAB PLUS	
<b>Cromolyn Sodium Nasal Aerosol Soln 5.2 MG/ACT (4%)</b>				
	57782039726	Generic	CROMOLYN SOD SPR 5.2/ACT	
<b>Triamcinolone Acetonide Nasal Aerosol Suspension 55 MCG/ACT</b>				
	60505627507	Generic	TRIAMCINOLON SPR 55MCG/AC	
	62011032001	Generic	24 HR NASAL SPR ALLERGY	
	70677102301	Generic	FT 24 HOUR SPR 55MCG	
	45802010901	Generic	TRIAMCINOLON AER 55MCG/AC	
	46122038576	Generic	24 HR NASAL SPR ALLERGY	
	70000020401	Generic	NASAL ALLRGY SPR 55MCG/AC	
	00113044301	Generic	NASAL ALLRGY SPR 55MCG/AC	
<b>Budesonide Nasal Susp 32 MCG/ACT</b>				
	60505612902	Generic	BUDESONIDE SUS 32MCG	
	00536111248	Generic	BUDESONIDE SUS 32MCG	
<b>Meclizine HCl Chew Tab 25 MG</b>				
	49483033301	Generic	MOTION-TIME CHW 25MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Meclizine HCl Chew Tab 25 MG</b>				
	68001052908	Generic	MECLIZINE CHW 25MG	
	16571082410	Generic	MECLIZINE CHW 25MG	
	00536129901	Generic	MECLIZINE CHW 25MG	
	68001052900	Generic	MECLIZINE CHW 25MG	
	16571082401	Generic	MECLIZINE CHW 25MG	
	51645099401	Generic	MECLIZINE CHW 25MG	
	00536129910	Generic	MECLIZINE CHW 25MG	
	51645099410	Generic	MECLIZINE CHW 25MG	
	49483033310	Generic	MOTION-TIME CHW 25MG	
<b>Meclizine HCl Tab 12.5 MG</b>				
	16571075101	Generic	MECLIZINE TAB 12.5MG	
	00536129710	Generic	MECLIZINE TAB 12.5MG	
	00536129701	Generic	MECLIZINE TAB 12.5MG	
	68001052800	Generic	MECLIZINE TAB 12.5MG	
<b>Meclizine HCl Tab 25 MG</b>				
	70677108801	Generic	FT MOTION TAB 25MG	
	46122053551	Generic	MOTION SICK TAB 25MG	
	70000009701	Generic	MOTION SICKN TAB 25 MG	
	16571075201	Generic	MECLIZINE TAB 25MG	
<b>Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)</b>				
	70677123601	Generic	FT ALRGY CHD SOL 1MG/ML	
	70677104201	Generic	ALLERGY RELF SOL 1MG/ML	
	70000021501	Generic	ALL DAY ALLG SOL 1MG/ML	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Cetirizine HCl Oral Soln 1 MG/ML (5 MG/5ML)</b>				
	46122020326	Generic	ALL DAY ALLG SOL 1MG/ML	
	00904676520	Generic	CETIRIZINE SOL 1MG/ML	
	45802097426	Generic	CETIRIZINE SOL 1MG/ML	
	68094000462	Generic	CETIRIZINE SOL 1MG/ML	
	70000021401	Generic	ALL DAY ALLG SOL 5MG/5ML	
	68094000459	Generic	CETIRIZINE SOL 1MG/ML	
	51672210208	Generic	CETIRIZINE SOL 5MG/5ML	
	00113018926	Generic	ALL DAY ALLG SOL 1MG/ML	
	62011032301	Generic	ALL DAY ALLG SOL 5MG/5ML	
	69230031611	Generic	ALLERGY RELF SOL 1MG/ML	
	70752010406	Generic	CETIRIZINE SOL 1MG/ML	
	00113050326	Generic	ALL DAY ALLG SOL 1MG/ML	
	46122010126	Generic	ALL DAY ALLG SOL 5MG/5ML	
<b>Cetirizine HCl Tab 10 MG</b>				
	16571040210	Generic	CETIRIZINE TAB 10MG	
	70677100704	Generic	FT ALLERGY TAB 10MG	
	68001043604	Generic	CETIRIZINE TAB 10MG	
	51660093954	Generic	CETIRIZINE TAB 10MG	
	70000038001	Generic	ALL DAY ALLG TAB 10MG	
	70000038004	Generic	ALL DAY ALLG TAB 10MG	
	70677104701	Generic	FT ALLERGY TAB 10MG	
	68001043616	Generic	CETIRIZINE TAB 10MG	
	70677124101	Generic	FT ALLERGY TAB 10MG	

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Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Cetirizine HCl Tab 10 MG</b>				
	00113945895	Generic	ALL DAY ALLG TAB 10MG	
	62011041401	Generic	ALLERGY RELF TAB 10MG	
	69230030405	Generic	ALLERGY RELI TAB 10MG	
	00904671740	Generic	CETIRIZINE TAB 10MG	
	00904671772	Generic	CETIRIZINE TAB 10MG	
	45802091939	Generic	CETIRIZINE TAB 10MG	
	70010016305	Generic	CETIRIZINE TAB 10MG	
	43598081115	Generic	CETIRIZINE TAB 10MG	
	24385099875	Generic	GNP ALL DAY TAB ALLERGY	
	00904671746	Generic	CETIRIZINE TAB 10MG	
	00378363701	Generic	CETIRIZINE TAB 10MG	
	16714079902	Generic	CETIRIZINE TAB 10MG	
	51660093930	Generic	CETIRIZINE TAB 10MG	
	70677100701	Generic	FT ALLERGY TAB 10MG	
	00113945813	Generic	ALL DAY ALLG TAB 10MG	
	51079059701	Generic	CETIRIZINE TAB 10MG	
	00904671760	Generic	CETIRIZINE TAB 10MG	
	70010016309	Generic	CETIRIZINE TAB 10MG	
	16714079901	Generic	CETIRIZINE TAB 10MG	
	51660093990	Generic	CETIRIZINE TAB 10MG	
	51660093901	Generic	CETIRIZINE TAB 10MG	
	24385099865	Generic	GNP ALL DAY TAB ALLERGY	
	70677100702	Generic	FT ALLERGY 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>				
	70000038002	Generic	ALL DAY ALLG TAB 10MG	
	49483069250	Generic	ALLERGY RELI TAB 10MG	
	00113945866	Generic	ALL DAY ALLG TAB 10MG	
	70677014203	Generic	SM ALL DAY TAB ALLERGY	
	69230030430	Generic	ALLERGY RELI TAB 10MG	
	70677100703	Generic	FT ALLERGY TAB 10MG	
	68001043696	Generic	CETIRIZINE TAB 10MG	
	24385099874	Generic	GNP ALL DAY TAB ALLERGY	
	68001043697	Generic	CETIRIZINE TAB 10MG	
	62011030701	Generic	CETIRIZINE TAB 10MG	
	69230030401	Generic	ALLERGY RELI TAB 10MG	
	00904671761	Generic	CETIRIZINE TAB 10MG	
	00113945839	Generic	ALL DAY ALLG TAB 10MG	
	00904671743	Generic	CETIRIZINE TAB 10MG	
	70000004701	Generic	ALL DAY ALLG TAB 10MG	
	16714079904	Generic	CETIRIZINE TAB 10MG	
	00378363705	Generic	CETIRIZINE TAB 10MG	
	00904671741	Generic	CETIRIZINE TAB 10MG	
	00904671786	Generic	CETIRIZINE TAB 10MG	
	51079059720	Generic	CETIRIZINE TAB 10MG	
	16571040250	Generic	CETIRIZINE TAB 10MG	
	45802091987	Generic	CETIRIZINE TAB 10MG	
	43598081112	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>				
	55111069990	Generic	CETIRIZINE TAB 10MG	
	16714079903	Generic	CETIRIZINE TAB 10MG	
<b>Cetirizine HCl Tab 5 MG</b>				
	16571040110	Generic	CETIRIZINE TAB 5MG	
	00378363501	Generic	CETIRIZINE TAB 5MG	
	49483068201	Generic	ALLERGY RELF TAB 5MG	
<b>Fexofenadine HCl Tab 180 MG</b>				
	70000036103	Generic	24HR ALLERGY TAB 180MG	PA REQUIRED
	46122046261	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	70000036102	Generic	24HR ALLERGY TAB 180MG	PA REQUIRED
	00113084795	Generic	ALLER-EASE TAB 180MG	PA REQUIRED
	68001044004	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904671146	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	46122046265	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	68001044000	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	69230030030	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	70000036105	Generic	24HR ALLERGY TAB 180MG	PA REQUIRED
	69230030005	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	55111078401	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	55111078430	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904748660	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	70677123901	Generic	FT ALRGY RLF TAB 180MG	PA REQUIRED
	16714089901	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>				
	70000036101	Generic	24HR ALLERGY TAB 180MG	PA REQUIRED
	70677100903	Generic	FT ALRGY RLF TAB 180MG	PA REQUIRED
	46122077966	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	46122046222	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	69230030001	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	70000036104	Generic	24HR ALLERGY TAB 180MG	PA REQUIRED
	00904705060	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	16714089902	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	70677100901	Generic	FT ALRGY RLF TAB 180MG	PA REQUIRED
	46122046275	Generic	ALLERGY RELF TAB 180MG	PA REQUIRED
	00904748640	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	51660099830	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	00904705040	Generic	FEXOFENADINE TAB 180MG	PA REQUIRED
	70677100902	Generic	FT ALRGY RLF TAB 180MG	PA REQUIRED
<b>Fexofenadine HCl Tab 60 MG</b>				
	70677100801	Generic	FT ALLR RLF TAB 60MG	PA REQUIRED
	70000058601	Generic	12HR ALLERGY TAB 60MG	PA REQUIRED
	69230020101	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	55111078301	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	00904719240	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	62011047601	Generic	HM ALLERGY TAB 60MG	PA REQUIRED
	00904719260	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
	68001043900	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>				
	69230020105	Generic	FEXOFENADINE TAB 60MG	PA REQUIRED
<b>Loratadine Oral Soln 5 MG/5ML</b>				
	51672209208	Generic	LORATADINE SOL 5MG/5ML	
	69230032224	Generic	LORATADINE SOL 5MG/5ML	
	70677105701	Generic	ALLERGY CHLD SOL 5MG/5ML	
	69230032212	Generic	LORATADINE SOL 5MG/5ML	
	46122042326	Generic	LORATADINE SOL 5MG/5ML	
	54838055840	Generic	LORATADINE SOL 5MG/5ML	
	70677002901	Generic	SM ALLERGY SOL 5MG/5ML	
	70000047301	Generic	ALLERGY RELF SOL 5MG/5ML	
	00113067126	Generic	ALLERGY RLF LIQ CHILDREN	
	70000012501	Generic	ALLERGY CHLD SOL 5MG/5ML	
	00904676720	Generic	LORATADINE SOL 5MG/5ML	
	49348063634	Generic	LORATADINE SOL 5MG/5ML	
	70677105801	Generic	ALLERGY CHLD SOL 5MG/5ML	
	51672207308	Generic	LORATADINE SOL 5MG/5ML	
	68001044998	Generic	LORATADINE SOL 5MG/5ML	
	24385053126	Generic	LORATADINE SOL 5MG/5ML	
	51672213108	Generic	LORATADINE SOL 5MG/5ML	
<b>Loratadine Rapidly-Disintegrating Tab 10 MG</b>				
	46122053965	Generic	LORATADINE TAB 10MG	PA REQUIRED
	72888002911	Generic	LORATADINE TAB 10MG	PA REQUIRED
	00536136707	Generic	LORATADINE TAB 10MG	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Loratadine Rapidly-Disintegrating Tab 10 MG</b>				
	72888002909	Generic	LORATADINE TAB 10MG	PA REQUIRED
	46122053952	Generic	LORATADINE TAB 10MG	PA REQUIRED
<b>Loratadine Tab 10 MG</b>				
	00113061265	Generic	ALLERGY RELF TAB 10MG	
	70677014504	Generic	SM ALL DAY TAB ALLR REL	
	69230032801	Generic	ALLERGY RELF TAB 10MG	
	16571082203	Generic	LORATADINE TAB 10MG	
	00904685289	Generic	LORATADINE TAB 10MG	
	24385047152	Generic	LORATADINE TAB 10MG	
	00113061275	Generic	ALLERGY RELF TAB 10MG	
	70010016234	Generic	LORATADINE TAB 10MG	
	62011024802	Generic	LORATADINE TAB 10MG	
	70677013401	Generic	LORATADINE TAB 10MG	
	00113061246	Generic	ALLERGY RELF TAB 10MG	
	70000021306	Generic	ALLERGY RELF TAB 10MG	
	70677105303	Generic	FT ALLERGY TAB 10MG	
	16571082230	Generic	LORATADINE TAB 10MG	
	62011024805	Generic	LORATADINE TAB 10MG	
	00113061260	Generic	ALLERGY RELF TAB 10MG	
	51079024620	Generic	LORATADINE TAB 10MG	
	45802065065	Generic	LORATADINE TAB 10MG	
	24385047178	Generic	LORATADINE TAB 10MG	
	70000021301	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	
	70677124001	Generic	FT ALLERGY TAB 10MG	
	69230031703	Generic	ALLERGY RELF TAB 10MG	
	51660052631	Generic	ALLERGY RELF TAB 10MG	
	68001043804	Generic	LORATADINE TAB 10MG	
	70677014503	Generic	SM ALL DAY TAB ALLR REL	
	00904685261	Generic	LORATADINE TAB 10MG	
	51079024601	Generic	LORATADINE TAB 10MG	
	70677105302	Generic	FT ALLERGY TAB 10MG	
	00113061239	Generic	ALLERGY RELF TAB 10MG	
	68001043816	Generic	LORATADINE TAB 10MG	
	69230031701	Generic	ALLERGY RELF TAB 10MG	
	68001043896	Generic	LORATADINE TAB 10MG	
	51660052653	Generic	ALLERGY RELF TAB 10MG	
	69230032334	Generic	LORATADINE TAB 10MG	
	68084024811	Generic	LORATADINE TAB 10MG	
	00904742659	Generic	LORATADINE TAB 10MG	
	60505014708	Generic	LORATADINE TAB 10MG	
	50268048911	Generic	LORATADINE TAB 10MG	
	69230032333	Generic	LORATADINE TAB 10MG	
	70677014501	Generic	SM ALL DAY TAB ALLR REL	
	69230032803	Generic	ALLERGY RELF TAB 10MG	
	00904742646	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>				
	16571082201	Generic	LORATADINE TAB 10MG	
	70677102201	Generic	FT ALLERGY TAB 10MG	
	70000021304	Generic	ALLERGY RELF TAB 10MG	
	68001043800	Generic	LORATADINE TAB 10MG	
	24385047199	Generic	LORATADINE TAB 10MG	
	68084024801	Generic	LORATADINE TAB 10MG	
	69230032330	Generic	LORATADINE TAB 10MG	
	51660052605	Generic	ALLERGY RELF TAB 10MG	
	45802065075	Generic	LORATADINE TAB 10MG	
	00904685272	Generic	LORATADINE TAB 10MG	
	68001043897	Generic	LORATADINE TAB 10MG	
	70010016201	Generic	LORATADINE TAB 10MG	
	70000058301	Generic	ALLERGY RELF TAB 10MG	
	70677105301	Generic	FT ALLERGY TAB 10MG	
	50268048915	Generic	LORATADINE TAB 10MG	
	51660052601	Generic	ALLERGY RELF TAB 10MG	
	70677014502	Generic	SM ALL DAY TAB ALLR REL	
	45802065087	Generic	LORATADINE TAB 10MG	
	51660052630	Generic	ALLERGY RELF TAB 10MG	
	16714089803	Generic	LORATADINE TAB 10MG	
<b>Chlorpheniramine Maleate Syrup 2 MG/5ML</b>				
	00485009816	Generic	ED CHLORPED SYP JR	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Chlorpheniramine Maleate Tab 4 MG</b>				
	00904001224	Generic	ALLERGY TAB 4MG	
	62011031101	Generic	ALLERGY RELF TAB 4MG	
	00536100610	Generic	ALLER-CHLOR TAB 4MG	
	70677000401	Generic	SM ALLERGY TAB 4MG	
	00536100601	Generic	ALLER-CHLOR TAB 4MG	
	00904001280	Generic	ALLERGY TAB 4MG	
	00904001261	Generic	ALLERGY TAB 4MG	
	46122061862	Generic	GNP ALLERGY TAB 4MG	
	00904001259	Generic	ALLERGY TAB 4MG	
	70000016002	Generic	ALLERGY TAB 4MG	
	70677101601	Generic	FT ALRGY RLF TAB 4MG	
<b>Diphenhydramine HCl Cap 25 MG</b>				
	00904723780	Generic	BANOPHEN CAP 25MG	
	00904723761	Generic	DIPHENHYDRAM CAP 25MG	
	00904530661	Generic	DIPHENHYDRAM CAP 25MG	
	00904530624	Generic	BANOPHEN CAP 25MG	
	70000020701	Generic	ALLERGY RELF CAP 25MG	
	00904530680	Generic	BANOPHEN CAP 25MG	
	00904723760	Generic	BANOPHEN CAP 25MG	
	00904723724	Generic	BANOPHEN CAP 25MG	
	70677101502	Generic	FT ALRGY RLF CAP 25MG	
	70677101501	Generic	FT ALRGY RLF 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>				
	70000059802	Generic	ALLERGY CAP 25MG	
	46122069962	Generic	GNP ALLERGY CAP 25MG	
	70000058501	Generic	ALLERGY RELF CAP 25MG	
	46122044078	Generic	GNP ALLERGY CAP 25MG	
	62011030901	Generic	HM ALLERGY CAP 25MG	
	00904530660	Generic	BANOPHEN CAP 25MG	
<b>Diphenhydramine HCl Cap 50 MG</b>				
	00904205661	Generic	DIPHENHYDRAM CAP 50MG	
	00904530780	Generic	BANOPHEN CAP 50MG	
	00904530760	Generic	BANOPHEN CAP 50MG	
<b>Diphenhydramine HCl Liquid 12.5 MG/5ML</b>				
	57237031751	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	69339015117	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	60687083008	Generic	DIPHENHYDRAM LIQ 25/10ML	
	00904732472	Generic	DIPHENHYDRAM LIQ 25/10ML	
	46122068526	Generic	ALLERGY RLF LIQ 50/20ML	
	00904732341	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	69339015119	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	70000049201	Generic	ALLERGY RELF LIQ 12.5/5ML	
	00121086500	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	57237030516	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	60687082940	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	58657052804	Generic	M-DRYL 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>				
	00904732370	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	69339015219	Generic	DIPHENHYDRAM LIQ 25/10ML	
	24385037926	Generic	CHLD ALLERGY LIQ 12.5/5ML	
	57237030512	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	00904698516	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	58657052816	Generic	M-DRYL LIQ 12.5/5ML	
	00904732466	Generic	DIPHENHYDRAM LIQ 25/10ML	
	00121173000	Generic	DIPHENHYDRAM LIQ 25/10ML	
	70677101201	Generic	FT ALRGY RLF LIQ 12.5/5ML	
	70677101202	Generic	FT ALRGY RLF LIQ 12.5/5ML	
	70677014402	Generic	ALLERGY RELF LIQ 12.5/5ML	
	60687083056	Generic	DIPHENHYDRAM LIQ 25/10ML	
	54859081116	Generic	LIQUID ALLER LIQ 12.5/5ML	
	00904698520	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
	57237031811	Generic	DIPHENHYDRAM LIQ 25/10ML	
	69339015217	Generic	DIPHENHYDRAM LIQ 25/10ML	
	46122067426	Generic	GNP ALLERGY LIQ CHILDREN	
	70677014401	Generic	ALLERGY RELF LIQ 12.5/5ML	
	70000047401	Generic	ALLERGY RELF LIQ 12.5/5ML	
	00113037926	Generic	ALLERGY RELF LIQ 12.5/5ML	
	60687082986	Generic	DIPHENHYDRAM LIQ 12.5/5ML	
<b>Diphenhydramine HCl Tab 25 MG</b>				
	24385047978	Generic	GNP ALLERGY TAB 25MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Diphenhydramine HCl Tab 25 MG</b>				
	70000013603	Generic	ALLERGY RELF TAB 25MG	
	62011031001	Generic	ALLERGY RELF TAB 25MG	
	68094001859	Generic	DIPHENHYDRAM TAB 25MG	
	00536121429	Generic	DIPHENHYDRAM TAB 25MG	
	00113047978	Generic	ALLERGY RELF TAB 25MG	
	49483006101	Generic	DIPHENHYDRAM TAB 25MG	
	70677123801	Generic	FT ALRGY RLF TAB 25MG	
	46122044162	Generic	GNP ALLERGY TAB 25MG	
	00904555159	Generic	BANOPHEN TAB 25MG	
	70677000301	Generic	SM ALLERGY TAB 25MG	
	70677101401	Generic	FT ALRGY RLF TAB 25MG	
	70000013601	Generic	ALLERGY RELF TAB 25MG	
	70000013602	Generic	ALLERGY RELF TAB 25MG	
	00113047979	Generic	ALLERGY RELF TAB 25MG	
	00904555124	Generic	BANOPHEN TAB 25MG	
	68094001861	Generic	DIPHENHYDRAM TAB 25MG	
	00113047962	Generic	ALLERGY RELF TAB 25MG	
<b>Norgestrel Tab 0.075 MG</b>				
	00113810106	Brand	OPILL TAB 0.075MG	
	00113810101	Brand	OPILL TAB 0.075MG	
	00113810104	Brand	OPILL TAB 0.075MG	
	00113810103	Brand	OPILL TAB 0.075MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Dextromethorphan HBr Cap 15 MG</b>				
	00536133434	Generic	DEXTROMETHOR CAP 15MG	PA REQUIRED
<b>Dextromethorphan-Guaifenesin Syrup 10-100 MG/5ML</b>				
	00904751366	Generic	GUAIFEN/DM SYP 20-200MG	
	58657050508	Generic	GG/DM SYP 100-10/5	
	69339015019	Generic	GUAIF/DM HBR SYP 100-10/5	
	00121063800	Generic	GUAIFENESIN SYP DM	
	00121063805	Generic	GUAIFENESIN SYP DM	
	00904713470	Generic	GG/DM SYP 100-10/5	PA REQUIRED
	63739050601	Generic	GG/DM SYP 200-10MG	
	00536131385	Generic	CHEST CONGES SYP REL DM	
	00121127600	Generic	GUAIFENESIN SYP DM	
	00113035926	Generic	TUSSIN DM SYP 100-10/5	
	63739050501	Generic	GG/DM SYP 100-10/5	
	69339015001	Generic	GUAIF/DM HBR SYP 100-10/5	
	00121127610	Generic	GUAIFENESIN SYP DM	
	00904713572	Generic	GG/DM SYP 100-10/5	PA REQUIRED
	63739050610	Generic	GG/DM SYP 200-10MG	
	58657050408	Generic	GG/DM SYP 100-10/5	
	60687082842	Generic	GUAIFEN/DM SYP 20-200MG	
	63739050510	Generic	GG/DM SYP 100-10/5	
	69339014919	Generic	GUAIF/DM HBR SYP 100-10/5	
	60687082856	Generic	GUAIFEN/DM SYP 20-200MG	
	60687081740	Generic	GUAIFEN/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>				
	60687081717	Generic	GUAIFEN/DM SYP 100-10/5	
	00904751372	Generic	GUAIFEN/DM SYP 20-200MG	
	69339014905	Generic	GUAIF/DM HBR SYP 100-10/5	
	00904751241	Generic	GUAIF/DM HBR SYP 100-10/5	
	00904751270	Generic	GUAIF/DM HBR SYP 100-10/5	
<b>Guaifenesin Liquid 100 MG/5ML</b>				
	58657050916	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	60687085217	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	81033010252	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	46122029934	Generic	TUSSIN MUCUS LIQ 100/5ML	PA REQUIRED
	00121223200	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	00536143097	Generic	MUCUS/CHEST LIQ 200/10ML	PA REQUIRED
	00121148810	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	49348013534	Generic	MUCUS+CHST LIQ 100/5ML	PA REQUIRED
	58657050816	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	81033010205	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	81033010251	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	60687087444	Generic	GUAIFENESIN LIQ 300/15ML	PA REQUIRED
	60687086342	Generic	GUAIFENESIN LIQ 200/10ML	PA REQUIRED
	60687086356	Generic	GUAIFENESIN LIQ 200/10ML	PA REQUIRED
	60687087416	Generic	GUAIFENESIN LIQ 300/15ML	PA REQUIRED
	54859050704	Generic	TUSNEL-EX LIQ 100/5ML	PA REQUIRED
	00121174400	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Guaifenesin Liquid 100 MG/5ML</b>				
	70677118601	Generic	FT TUSSIN LIQ 200/10ML	PA REQUIRED
	00121223215	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	00121174405	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	70677118602	Generic	FT TUSSIN LIQ 200/10ML	PA REQUIRED
	00121148800	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	60687085240	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	83720050316	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	81033010210	Generic	GUAIFENESIN LIQ 100/5ML	PA REQUIRED
	00536131485	Generic	CHEST CONGES LIQ 100/5ML	
<b>Pseudoephedrine HCl Tab 30 MG</b>				
	70677000501	Generic	NASAL DECONG TAB 30MG	
	00904672760	Generic	SUDOGEST TAB 30MG	
	24385043280	Generic	NASAL DECONG TAB 30MG	
	70677101702	Generic	FT NSL DECON TAB 30MG	
	62011031201	Generic	NASAL DECONG TAB 30MG	
	00536360735	Generic	NASAL DECONG TAB 30MG	
	00113043262	Generic	NASAL DECONG TAB 30MG	
	46122042862	Generic	GNP DECONGE TAB 30MG	
	70000000202	Generic	NASAL DECONG TAB 30MG	
	00904505359	Generic	SUDOGEST TAB 30MG	
	70677101703	Generic	FT NSL DECON TAB 30MG	
	24385043262	Generic	NASAL DECONG TAB 30MG	
	70000000201	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>				
	45802043262	Generic	PSEUDOEPHEDR TAB 30MG	
	70677000503	Generic	NASAL DECONG TAB 30MG	
	70677101701	Generic	FT NSL DECON TAB 30MG	
	00904633724	Generic	SUDOGEST MAX TAB 30MG	
	00904699061	Generic	PSEUDOEPHEDR TAB 30MG	
	70677000502	Generic	NASAL DECONG TAB 30MG	
<b>Pseudoephedrine HCl Tab 60 MG</b>				
	00904672846	Generic	SUDOGEST TAB 60MG	
	00904690706	Generic	PSEUDOEPHEDR TAB 60MG	
	00904672852	Generic	SUDOGEST TAB 60MG	
<b>Carbamide Peroxide 6.5% Otic Soln</b>				
	70000049002	Generic	EARWAX SOL REMOVAL	
	46122055605	Generic	GNP EARWAX SOL 6.5% OT	
	46122055705	Generic	GNP EARWAX SOL REMOVAL	
	70677115401	Generic	FT EARWAX SOL REMOVAL	
	62011048301	Generic	HM EARWAX SOL 6.5%	
	70000049001	Generic	EARWAX SOL REMOVAL	
	00904662735	Generic	EAR DROPS DRO 6.5%	
	62011048401	Generic	HM EARWAX RE DRO KIT	
	70677115301	Generic	FT EARWAX SOL REMOVAL	
<b>Polyethylene Glycol 3350 Oral Packet 17 GM</b>				
	46122001452	Generic	GNP CLEARLAX PAK 3350	PA REQUIRED
	69230032437	Generic	POLYETH GLYC POW 3350	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Polyethylene Glycol 3350 Oral Packet 17 GM</b>				
	69230032431	Generic	POLYETH GLYC POW 3350	PA REQUIRED
	51079030601	Generic	POLYETH GLYC POW 3350	PA REQUIRED
	62559015710	Generic	POLYETH GLYC POW 3350	PA REQUIRED
	63739019862	Generic	PEG 3350 POW	PA REQUIRED
	00904693126	Generic	PEG 3350 POW	PA REQUIRED
	00904693186	Generic	PEG 3350 POW	PA REQUIRED
	62559015730	Generic	POLYETH GLYC POW 3350	PA REQUIRED
	51079030630	Generic	POLYETH GLYC POW 3350	PA REQUIRED
	63739019861	Generic	PEG 3350 POW	PA REQUIRED
	45802086866	Generic	POLYETH GLYC POW 3350	PA REQUIRED
	00904693176	Generic	PEG 3350 POW	PA REQUIRED
	60687043192	Generic	HEALTHYLAX POW	PA REQUIRED
	45802086800	Generic	POLYETH GLYC POW 3350	PA REQUIRED
	00904693181	Generic	PEG 3350 POW	PA REQUIRED
	60687043198	Generic	HEALTHYLAX POW	PA REQUIRED
	60687043127	Generic	HEALTHYLAX POW	PA REQUIRED
<b>Polyethylene Glycol 3350 Oral Powder 17 GM/SCOOP</b>				
	43386031214	Generic	GAVILAX POW	
	49348014392	Generic	SM CLEARLAX POW	
	00113030601	Generic	CLEARLAX POW	
	46122001433	Generic	GNP CLEARLAX POW	
	70677106801	Generic	FT CLEARLAX POW	
	62011015304	Generic	HM 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>				
	45802086803	Generic	POLYETH GLYC POW 3350 NF	
	11534018019	Generic	POLYETH GLYC POW 3350 NF	
	68001050555	Generic	POLYETH GLYC POW 3350 NF	
	11534018028	Generic	POLYETH GLYC POW 3350 NF	
	00536105260	Generic	PEG 3350 POW	
	69230032435	Generic	POLYETH GLYC POW 3350	
	70000041501	Generic	CLEARLAX POW	
	00536105224	Generic	PEG 3350 POW	
	70677110901	Generic	FT CLEARLAX POW	
	49348014370	Generic	SM CLEARLAX POW	
	68001060755	Generic	POLYETH GLYC POW 3350	
	69230032436	Generic	POLYETH GLYC POW 3350	
	11534018050	Generic	POLYETH GLYC POW 3350 NF	
	68001060769	Generic	POLYETH GLYC POW 3350	
	00113030602	Generic	CLEARLAX POW	
	70000041502	Generic	CLEARLAX POW	
	43386031208	Generic	GAVILAX POW	
	68001050569	Generic	POLYETH GLYC POW 3350 NF	
	69230032434	Generic	POLYETH GLYC POW 3350	
	45802086802	Generic	POLYETH GLYC POW 3350 NF	
	00536105284	Generic	PEG 3350 POW	
	83035106402	Generic	TRUE LAXATIV POW 3350	
	70000041503	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>				
	49348089350	Generic	SM CLEARLAX POW	
	00536105227	Generic	PEG 3350 POW	
	45802086801	Generic	POLYETH GLYC POW 3350 NF	
	46122001471	Generic	GNP CLEARLAX POW	
	70677106802	Generic	FT CLEARLAX POW	
	46122001431	Generic	GNP CLEARLAX POW	
	00113030603	Generic	CLEARLAX POW	
<b>Simethicone Chew Tab 125 MG</b>				
	70677107701	Generic	FT GAS RELIE CHW 125MG	
	24385030789	Generic	GNP GAS RELF CHW 125MG	
	49348086348	Generic	SM GAS REL CHW 125MG	
	00536122308	Generic	GAS RELIEF CHW 125MG	
<b>Simethicone Chew Tab 80 MG</b>				
	00904720660	Generic	SIMETHICONE CHW 80MG	
	70000043401	Generic	GAS RELIEF CHW 80MG	
	24385011878	Generic	GNP GAS RELF CHW 80MG	
	62011029101	Generic	HM GAS RELF CHW 80MG	
	70677106702	Generic	FT GAS RELF CHW 80MG	
	49348018810	Generic	SM GAS RELF CHW 80MG	
	49348014707	Generic	SM GAS RELIE CHW 80MG	
	70677106701	Generic	FT GAS RELF CHW 80MG	
<b>Simethicone Susp 40 MG/0.6ML</b>				
	70000005101	Generic	GAS RELIEF DRO INFANTS	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Simethicone Susp 40 MG/0.6ML</b>				
	46122054703	Generic	GAS RELIEF DRO 20/0.3ML	
	70677107801	Generic	GAS RELIEF DRO 20/0.3ML	
	00536130375	Generic	SIMETHICONE DRO INFANTS	
	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>				
	49348095344	Generic	STOMACH RELF CHW 262MG	
	70677108001	Generic	FT STOMACH CHW 262MG	
	70000059102	Generic	STOMACH RELF CHW 262MG	
	46122070165	Generic	PINK BISMUTH CHW 262MG	
	00904720546	Generic	BISMUTH CHW 262MG	
	70000059101	Generic	STOMACH RELF CHW 262MG	
	24385002465	Generic	PINK BISMUTH CHW 262MG	
	70677013801	Generic	SM STOMACH CHW 262MG	
<b>Bismuth Subsalicylate Susp 262 MG/15ML</b>				
	70677119101	Generic	STOMACH RELF SUS 525/30ML	
	70000004402	Generic	STOMACH RELF SUS 525/30ML	
	70000004401	Generic	STOMACH RELF SUS 525/30ML	
	46122070326	Generic	STOMACH RELF SUS 262/15ML	
	00536128636	Generic	STOMACH RELF SUS 525/30ML	
<b>Bismuth Subsalicylate Tab 262 MG</b>				
	49348051159	Generic	STOMACH RELF TAB 262MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Bismuth Subsalicylate Tab 262 MG</b>				
	70000059401	Generic	STOMACH RELE TAB 262MG	
	70677108201	Generic	STOMACH RELF TAB 262MG	
<b>Calcium Carbonate (Antacid) Chew Tab 1000 MG</b>				
	70000043601	Generic	ANTACID CHW 1000MG	
	70000045901	Generic	ANTACID CHW 1000MG	
	24385059523	Generic	GNP ANTACID CHW 1000MG	
<b>Calcium Carbonate (Antacid) Chew Tab 500 MG</b>				
	68084098832	Generic	ANTACID CHW 500MG	
	70000003401	Generic	ANTACID CHW 500MG	
	70677107501	Generic	FT ANTACID CHW 500MG	
	00536104815	Generic	ANTACID CHW 500MG	
	24385048547	Generic	ANTACID CHW 500MG	
	68084098833	Generic	ANTACID CHW 500MG	
	00536100715	Generic	CAL-GEST CHW 500MG	
	00904641292	Generic	CALC ANTACID CHW 500MG	
	70677006701	Generic	SM ANTACID CHW 500MG	
	70677108101	Generic	FT ANTACID CHW 500MG	
	24385047847	Generic	ANTACID CHW 500MG	
	70677013701	Generic	SM ANTACID CHW 500MG	
<b>Calcium Carbonate (Antacid) Chew Tab 750 MG</b>				
	46122022575	Generic	GNP ANTACID CHW 750MG	
	70677107901	Generic	FT ANTACID CHW 750MG	
	70677006501	Generic	ANTACID EXTR 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>				
	70000043101	Generic	ANTACID CHW 750MG	
	00536122922	Generic	CALC ANTACID CHW 750MG	
	70000046001	Generic	ANTACID CHW 750MG	
	00536105022	Generic	CALC ANTACID CHW 750MG	
	70000043002	Generic	ANTACID CHW 750MG	
	70000059201	Generic	ANTACID CHW 750MG	
	46122000741	Generic	ANTACID CHW 750MG	
	00536122522	Generic	ANTACID CHW 750MG	
	49348005539	Generic	CALC ANTACID CHW 750MG	
	70677107601	Generic	FT ANTACID CHW 750MG	
	70000059301	Generic	SMOOTH ANTA CHW FRUIT	
	24385010680	Generic	ANTACID 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	
<b>Magnesium Oxide Tab 400 MG</b>				
	00603020922	Generic	MAG OXIDE TAB 400MG	
	58657012012	Generic	MAG OXIDE TAB 400MG	
	69367029820	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>				
	64980052810	Generic	SODIUM BICAR TAB 650MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Sodium Bicarbonate Tab 650 MG</b>				
	00904726161	Generic	SODIUM BICAR TAB 650MG	
	64980029410	Generic	SODIUM BICAR TAB 10GR	
	00536104710	Generic	SODIUM BICAR TAB 650MG	
	69367025810	Generic	SODIUM BICAR TAB 650MG	
<b>Loperamide HCl Cap 2 MG</b>				
	70677106201	Generic	FT ANTI-DIAR CAP 2MG	
	70677006001	Generic	ANTI-DIARRHE CAP 2MG	
	70000046101	Generic	ANTI-DIARRHE CAP 2MG	
	46122058162	Generic	ANTI-DIARRHE CAP 2MG	
<b>Famotidine Tab 10 MG</b>				
	70677110203	Generic	ACID REDUCER TAB 10MG	
	46122073575	Generic	ACID REDUCER TAB 10MG	
	00113014165	Generic	ACID REDUCER TAB 10MG	
	55111011890	Generic	FAMOTIDINE TAB 10MG	
	70677110201	Generic	ACID REDUCER TAB 10MG	
	70677110202	Generic	ACID REDUCER TAB 10MG	
	69230032605	Generic	FAMOTIDINE TAB 10MG	
	00904552987	Generic	HEARTBURN TAB RELIEF	
	68001049406	Generic	FAMOTIDINE TAB 10MG	
	46122073565	Generic	ACID REDUCER TAB 10MG	
	46122039465	Generic	ACID REDUCER TAB 10MG	
	69230032630	Generic	FAMOTIDINE TAB 10MG	
	70000004801	Generic	ACID REDUCER TAB 10MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Famotidine Tab 10 MG</b>				
	49348012844	Generic	ACID REDUCER TAB 10MG	
	00904552952	Generic	HEARTBURN TAB RELIEF	
	69230032660	Generic	FAMOTIDINE TAB 10MG	
	69230032601	Generic	FAMOTIDINE TAB 10MG	
	68001049404	Generic	FAMOTIDINE TAB 10MG	
	69230032610	Generic	FAMOTIDINE TAB 10MG	
	49348012813	Generic	ACID REDUCER TAB 10MG	
<b>*Sodium Phosphates - Enema***</b>				
	62011027101	Generic	HM ENEMA ENE R-T-U	
	62011027102	Generic	HM ENEMA ENE R-T-U	
	70677108902	Generic	ENEMA READY- ENE TO-USE	
	70677108901	Generic	ENEMA READY- ENE TO-USE	
	49348018614	Generic	SM ENEMA ENE	
	00132020142	Brand	FLEET ENE	
	70000010802	Generic	ENEMA READY- ENE TO-USE	
	00132020145	Brand	FLEET ENE	
	00904632078	Generic	ENEMA READY- ENE -TO-USE	
	70000010801	Generic	ENEMA READY- ENE TO-USE	
	00132020140	Brand	FLEET ENE	
	00536741551	Generic	ENEMA READY- ENE -TO-USE	
	49348018620	Generic	SM ENEMA ENE	
<b>Alum &amp; Mag Hydroxide-Simethicone Susp 200-200-20 MG/5ML</b>				
	70000006301	Generic	ANTACID SUS MINT	

## 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>				
	62011029201	Generic	HM ANTACID SUS	
	57237031603	Generic	ALUM/MAGNES/ SUS SIMETH	
	70677106301	Generic	FT ANTACID SUS ANTIGAS	
	00904732562	Generic	ALUM/MAGNES/ SUS SIMETH	
	57237031631	Generic	ALUM/MAGNES/ SUS SIMETH	
	00904732573	Generic	ALUM/MAGNES/ SUS SIMETH	
	46122043440	Generic	GNP ANTACID SUS COOLMINT	
	63739015910	Generic	MAG-AL PLUS LIQ	
	70677106601	Generic	FT ANTACID SUS ANTIGAS	
	00536129383	Generic	ANTACID SUS REG ST	
	00121176130	Generic	MAG-AL PLUS LIQ	
	70677011501	Generic	SM ANTACID SUS	
	49348015339	Generic	SM ANTACID SUS ADVANCED	
	46122043340	Generic	GNP ANTACID SUS REG ST	
	00536131783	Generic	ANTACID SUS ANTIGAS	
<b>Alum &amp; Mag Hydroxide-Simethicone Susp 400-400-40 MG/5ML</b>				
	00904732662	Generic	MAGNES/ALUM/ SUS SIMETH	PA REQUIRED
	62011014901	Generic	HM ANTACID SUS ANTI-GAS	
	49348030339	Generic	SM ANTACID SUS MAX ST	
	57237032431	Generic	ANTACID SUS ANTI-GAS	PA REQUIRED
	00121176230	Generic	MAG-AL PLUS LIQ XS	PA REQUIRED
	70677106401	Generic	FT ANTACID SUS ANTIGAS	
	70000042201	Generic	ANTACID MAX SUS CHERRY	



## 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>				
	00536001583	Generic	ALMACONE DBL SUS STRENGTH	
	70000006201	Generic	ANTACID SUS MAX ST	
	00904572514	Generic	MINTOX SUS MAX ST	
	46122043140	Generic	GNP ANTACID SUS ORIGINAL	
	46122043240	Generic	GNP ANTACID SUS CHERRY	
	70677106501	Generic	FT ANTACID SUS ANTIGAS	
<b>Bisacodyl Suppos 10 MG</b>				
	57237032721	Generic	BISACODYL SUP 10MG	
	70000057302	Generic	GENTLE LAXAT SUP 10MG	
	46122060851	Generic	GENTLE LAXAT SUP 10MG	
	70677109101	Generic	FT GNTLE LAX SUP 10MG	
	57237032703	Generic	BISACODYL SUP 10MG	
	00904714212	Generic	BISACODYL SUP 10MG	
	70000057301	Generic	GENTLE LAXAT SUP 10MG	
	00574705050	Generic	BISACODYL SUP 10MG	
	00574705012	Generic	BISACODYL SUP 10MG	
<b>Bisacodyl Tab Delayed Release 5 MG</b>				
	70677108603	Generic	FT LAXATIVE TAB 5MG EC	
	49483000310	Generic	BISACODYL TAB 5MG EC	
	70000022102	Generic	GENTLE LAXAT TAB 5MG EC	
	00904674860	Generic	BISACODYL TAB 5MG EC	
	70000022103	Generic	GENTLE LAXAT TAB 5MG EC	
	49483000301	Generic	BISACODYL 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>				
	49348003205	Generic	SM GENTLE TAB LAXATIVE	
	49348003210	Generic	SM GENTLE TAB LAXATIVE	
	62011027703	Generic	HM LAXATIVE TAB 5MG	
	00904640761	Generic	BISACODYL TAB 5MG EC	
	46122042963	Generic	GNP LAXATIVE TAB 5MG EC	
	70677108602	Generic	FT LAXATIVE TAB 5MG EC	
	46122052963	Generic	GNP GNTL LAX TAB 5MG EC	
	00904674817	Generic	BISACODYL TAB 5MG EC	
	70677108601	Generic	FT LAXATIVE TAB 5MG EC	
	00904674880	Generic	BISACODYL TAB 5MG EC	
	46122052978	Generic	GNP GNTL LAX TAB 5MG EC	
	70000053801	Generic	GENTLE LAXAT TAB 5MG EC	
	49483000355	Generic	BISACODYL TAB 5MG EC	
	62011027702	Generic	HM LAXATIVE TAB 5MG	
	70000022101	Generic	GENTLE LAXAT TAB 5MG EC	
	62011027701	Generic	HM LAXATIVE TAB 5MG	
<b>Calcium Polycarbophil Tab 625 MG</b>				
	00536430611	Generic	FIBER-LAX TAB 625MG	
	00536430608	Generic	FIBER-LAX TAB 625MG	
	70677108301	Generic	FT FIBER LAX TAB 625MG	
	00536430605	Generic	FIBER-LAX TAB 625MG	
	00904250091	Generic	FIBER TAB 625MG	
	70000006701	Generic	FIBR LAX+CAL 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>				
	49348019013	Generic	SM FIBER TAB 625MG	
<b>Docusate Calcium Cap 240 MG</b>				
	00904699740	Generic	DOCUSATE CAL CAP 240MG	
	46122068878	Generic	STOOL SOFT CAP 240MG	
	00904699760	Generic	DOCUSATE CAL CAP 240MG	
	00904699780	Generic	DOCUSATE CAL CAP 240MG	
<b>Docusate Sodium Cap 100 MG</b>				
	63739047802	Generic	DOCUSATE SOD CAP 100MG	
	46122069278	Generic	STOOL SOFTNR CAP 100MG	
	67618010101	Brand	COLACE CAP 100MG	PA REQUIRED
	70677109502	Generic	STOOL SOFTEN CAP 100MG	
	46122069272	Generic	STOOL SOFTNR CAP 100MG	
	60687012911	Generic	DOCUSATE SOD CAP 100MG	
	00904728080	Generic	DOCUSATE SOD CAP 100MG	
	67618010152	Brand	COLACE CAP 100MG	PA REQUIRED
	00904699880	Generic	DOCUSATE SOD CAP 100MG	
	70677003402	Generic	STOOL SOFTNR CAP 100MG	
	46122069285	Generic	STOOL SOFTNR CAP 100MG	
	70677003401	Generic	STOOL SOFTNR CAP 100MG	
	70000009101	Generic	STOOL SOFTEN CAP 100MG	
	67618010160	Brand	COLACE CAP 100MG	PA REQUIRED
	70000009103	Generic	STOOL SOFTEN CAP 100MG	
	62011042101	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>				
	67618010110	Brand	COLACE CAP 100MG	PA REQUIRED
	70677109501	Generic	STOOL SOFTEN CAP 100MG	
	67618010130	Brand	COLACE CAP 100MG	PA REQUIRED
	45802048678	Generic	DOCUSATE SOD CAP 100MG	
	60687012901	Generic	DOCUSATE SOD CAP 100MG	
	62011042102	Generic	STOOL SOFTNR CAP 100MG	
	00904728060	Generic	DOCUSATE SOD CAP 100MG	
	00904699860	Generic	DOCUSATE SOD CAP 100MG	
	00904718361	Generic	DOCUSATE SOD CAP 100MG	
	70000009102	Generic	STOOL SOFTEN CAP 100MG	
<b>Docusate Sodium Cap 250 MG</b>				
	46122069378	Generic	STOOL SOFTNR CAP 250MG	
	00904728180	Generic	DOCUSATE SOD CAP 250MG	
	70677109601	Generic	STOOL SOFTEN CAP 250MG	
	00904728160	Generic	DOCUSATE SOD CAP 250MG	
	50268026811	Generic	DOCUSATE SOD CAP 250MG	
	62011047401	Generic	STOOL SOFTEN CAP 250MG	
	50268026815	Generic	DOCUSATE SOD CAP 250MG	
<b>Docusate Sodium Cap 50 MG</b>				
	67618011128	Brand	COLACE CLEAR CAP 50MG	PA REQUIRED
<b>Docusate Sodium Enema 283 MG/5ML</b>				
	17433987805	Generic	DOCUSOL MINI ENE	PA REQUIRED
	00904692093	Generic	DOCUSATE MIN ENE 283MG	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Docusate Sodium Enema 283 MG/5ML</b>				
	17433987603	Generic	ENEMEEZ MINI ENE	PA REQUIRED
	17433987605	Generic	ENEMEEZ MINI ENE	PA REQUIRED
<b>Docusate Sodium Liquid 150 MG/15ML</b>				
	00121093505	Generic	DOCUSATE SOD LIQ 50MG/5ML	
	00904727966	Generic	DOCUSATE SOD LIQ 100/10ML	
	00121093540	Generic	DOCUSATE SOD LIQ 50MG/5ML	
	00121093516	Generic	DOCUSATE SOD LIQ 50MG/5ML	
	00536130485	Generic	DOCUSATE SOD LIQ 50MG/5ML	
	63739097610	Generic	DOCUSATE SOD LIQ 100/10ML	
	00121187010	Generic	DOCUSATE SOD LIQ 50MG/5ML	
	00121187000	Generic	DOCUSATE SOD LIQ 50MG/5ML	
	63739097601	Generic	DOCUSATE SOD LIQ 100/10ML	
	00904727972	Generic	DOCUSATE SOD LIQ 100/10ML	
<b>Magnesium Citrate Soln</b>				
	00904741844	Generic	MAG CITRATE SOL LEMON	
	70677111101	Generic	FT MAG CITRA SOL LEMON	
	70677111201	Generic	FT MAG CITRA SOL CHERRY	
	46122074038	Generic	MAG CITRATE SOL LEMON	
	46122074138	Generic	GNP MAG CITR SOL CHERRY	
<b>Magnesium Hydroxide Susp 400 MG/5ML</b>				
	00904078816	Generic	MILK OF MAGN SUS 1200/15	
	70000006501	Generic	MILK OF MAGN SUS 1200/15	
	69339015317	Generic	MILK OF MAGN SUS 2400/30	

## 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>				
	00536131983	Generic	MILK OF MAGN SUS	
	60687042976	Generic	MILK OF MAGN SUS 400/5ML	
	00536247085	Generic	MILK OF MAGN SUS	
	63739019601	Generic	MILK OF MAGN SUS 2400/30	
	00904732762	Generic	MILK OF MAGN SUS 2400/30	
	70677107301	Generic	MILK OF MAGN SUS 1200/15	
	70677107401	Generic	MILK OF MAGN SUS 1200/15	
	62011012301	Generic	MILK OF MAGN SUS 400/5ML	
	00121043130	Generic	MILK OF MAGN SUS	
	46122043540	Generic	GNP MILK MAG SUS CHERRY	
	63739019610	Generic	MILK OF MAGN SUS 2400/30	
	60687042945	Generic	MILK OF MAGN SUS 400/5ML	
	46122043740	Generic	GNP MILK MAG SUS ORIGINAL	
	70677004401	Generic	MILK OF MAGN SUS 1200/15	
	69339015301	Generic	MILK OF MAGN SUS 2400/30	
	00904732773	Generic	MILK OF MAGN SUS 2400/30	
	46122043640	Generic	GNP MILK MAG SUS MINT	
	70677107201	Generic	MILK OF MAGN SUS 1200/15	
	70000006101	Generic	MILK OF MAGN SUS 1200/15	
	49348017138	Generic	MILK OF MAGN SUS 1200/15	
	57237031431	Generic	MILK OF MAGN SUS 2400/30	
	70677004301	Generic	SM MILK MAGN SUS ORIGINAL	
	49348030539	Generic	MILK OF MAGN SUS 1200/15	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Magnesium Hydroxide Susp 400 MG/5ML</b>				
	70677107402	Generic	MILK OF MAGN SUS 1200/15	
<b>Methylcellulose Powder Laxative</b>				
	00904567516	Generic	SOLUBLE FIB POW THERAPY	
<b>Methylcellulose Tab 500 MG</b>				
	24385046678	Generic	FIBER THERAP TAB 500MG	
	49348054110	Generic	SM FIBER LAX TAB 500MG	
<b>Mineral Oil</b>				
	70000044801	Generic	MINERAL OIL	
	70677111001	Generic	FT MINERAL OIL	
	46122039516	Generic	GNP MINERAL OIL	
<b>Mineral Oil Enema</b>				
	70000010901	Generic	MINERAL OIL ENE	
	70677109001	Generic	FT MINERAL ENE	
	49348018520	Generic	SM ENEMA ENE	
	62011027001	Generic	MINERAL OIL ENE	
	00132030140	Brand	FLEET OIL ENE	
<b>Sennosides Cap 8.6 MG</b>				
	70000044101	Generic	SENNA CAP 8.6MG	
<b>Sennosides Chew Tab 15 MG</b>				
	70000047701	Generic	CHOC LAXATIV CHW 15MG	PA REQUIRED
<b>Sennosides Syrup 8.8 MG/5ML</b>				
	50268073124	Generic	SENNA SYP 8.8/5ML	
	57237031054	Generic	SENNA SYP 8.8/5ML	

## 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>				
	68094004962	Generic	SENNA SYP 8.8MG/5	
	58657051808	Generic	SENNA SYP 8.8/5ML	
	00536126659	Generic	SENNA LIQ 8.8/5ML	
	00121496740	Generic	SENNA SYP 8.8MG	
	68094004959	Generic	SENNA SYP 8.8MG/5	
	39328002008	Generic	SENNA SYP 8.8/5ML	
	00121496705	Generic	SENNA SYP 8.8MG	
	57237030124	Generic	SENNA SYP 8.8/5ML	
	57237031005	Generic	SENNA SYP 8.8/5ML	
	54859080808	Generic	SENNA SYP 8.8/5ML	
<b>Sennosides Tab 15 MG</b>				
	70000044301	Generic	LAXATIVE REG TAB 15MG	PA REQUIRED
<b>Sennosides Tab 17.2 MG</b>				
	67618012006	Generic	SENNOKOT EXTR TAB 17.2MG	PA REQUIRED
	67618012012	Generic	SENNOKOT EXTR TAB 17.2MG	PA REQUIRED
<b>Sennosides Tab 25 MG</b>				
	70000007701	Generic	LAXATIVE MAX TAB 25MG	PA REQUIRED
<b>Sennosides Tab 8.6 MG</b>				
	49483008010	Generic	SENNA-TIME TAB 8.6MG	
	00904725280	Generic	SENNA TAB 8.6MG	
	00904725260	Generic	SENNA TAB 8.6MG	
	67618030020	Brand	SENNOKOT TAB 8.6MG	
	70000061001	Generic	SENNA TAB 8.6MG	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Sennosides Tab 8.6 MG</b>				
	67618030010	Brand	SENOKOT TAB 8.6MG	
	70677109701	Generic	FT SENNA LAX TAB 8.6MG	
	70677124701	Generic	FT SENNA LAX TAB 8.6MG	
	70677016401	Generic	SM SENNA LAX TAB 8.6MG	
	46122070278	Generic	GNP SENNA LX TAB 8.6MG	
	00904652261	Generic	SENNALAX TAB 8.6MG	
	00904672580	Generic	SENNALAX TAB 8.6MG	
	49483008001	Generic	SENNALAX TAB 8.6MG	
	67618030050	Brand	SENOKOT TAB 8.6MG	
	70000061003	Generic	SENNALAX TAB 8.6MG	
	70000061002	Generic	SENNALAX TAB 8.6MG	
	00904725261	Generic	SENNALAX TAB 8.6MG	
<b>Sennosides-Docusate Sodium Cap 8.6-50 MG</b>				
	70000044501	Brand	SENNALAX CAP 8.6-50MG	PA REQUIRED
	70000044201	Brand	STL SOFT/LAX CAP 8.6-50MG	PA REQUIRED
<b>Sennosides-Docusate Sodium Tab 8.6-50 MG</b>				
	67618011060	Generic	COLACE 2IN1 TAB 8.6-50MG	
	70000052601	Generic	STOOL SOFTNR TAB 8.6-50MG	
	00536124801	Generic	STIMULANT LX TAB 8.6-50MG	
	70000052001	Generic	SENNALAX TAB 8.6-50MG	
	67618011030	Generic	COLACE 2IN1 TAB 8.6-50MG	
	46122062572	Generic	SENNALAX TAB 8.6-50MG	
	00536124701	Generic	SENNALAX 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>				
	67618011010	Generic	COLACE 2IN1 TAB 8.6-50MG	
	70677008301	Generic	SM STOOL SOF TAB 8.6-50MG	
	49483008110	Generic	SENNA-TIME S TAB 8.6-50MG	
	46122066978	Generic	STOOL SOFTNR TAB 8.6-50MG	
	62011041701	Generic	HM STOOL SOF TAB 8.6-50MG	
	00536124810	Generic	STIMULANT LX TAB 8.6-50MG	
	67618031001	Brand	SENNOKOT S TAB 8.6-50MG	
	63739043202	Generic	SENNA/DSS TAB 8.6-50MG	
	70677109401	Generic	FT STL SOFT TAB 8.6-50MG	
	00536124710	Generic	SENNEXON-S TAB 8.6-50MG	
	00904744061	Generic	SENNA/DSS TAB 8.6-50MG	
	67618031060	Brand	SENNOKOT S TAB 8.6-50MG	
	60687062211	Generic	SENNA/DSS TAB 8.6-50MG	
	67618031030	Brand	SENNOKOT S TAB 8.6-50MG	
	70677016701	Generic	SM SENNA-S TAB 8.6-50MG	
	49483008101	Generic	SENNA-TIME S TAB 8.6-50MG	
	70677106901	Generic	FT SENNA-S TAB 8.6-50MG	
	60687062201	Generic	SENNA/DSS TAB 8.6-50MG	
	70677124601	Generic	FT SENNA-S TAB 8.6-50MG	
<b>Omeprazole Magnesium Delayed Release Tab 20 MG (Base Equiv)</b>				
	70000052102	Generic	OMEPRAZOLE TAB 20MG DR	PA REQUIRED
	69230031836	Generic	OMEPRAZOLE TAB 20MG	PA REQUIRED
	00536132271	Generic	OMEPRAZOLE TAB 20MG DR	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>				
	70000052103	Generic	OMEPRAZOLE TAB 20MG DR	PA REQUIRED
	69230031837	Generic	OMEPRAZOLE TAB 20MG	PA REQUIRED
	70000052101	Generic	OMEPRAZOLE TAB 20MG DR	PA REQUIRED
	69230031835	Generic	OMEPRAZOLE TAB 20MG	PA REQUIRED
	00536132213	Generic	OMEPRAZOLE TAB 20MG DR	PA REQUIRED
	00536132288	Generic	OMEPRAZOLE TAB 20MG DR	PA REQUIRED
	70000052104	Generic	OMEPRAZOLE TAB 20MG DR	PA REQUIRED
<b>Sodium Chloride Tab 1 GM</b>				
	58657011801	Generic	SOD CHLORIDE TAB 1GM	PA REQUIRED
<b>Coal Tar Shampoo 0.5%</b>				
	00096073608	Brand	DHS TAR GEL SHA 0.5%	
	00904525944	Generic	THERAPEUTIC SHA	
	00096073708	Brand	DHS TAR SHA	
	00096073704	Brand	DHS TAR SHA	
<b>Diclofenac Sodium Gel 1% (1.16% Diethylamine Equiv)</b>				
	76282010339	Generic	DICLOFENAC GEL 1%	
	00113118901	Generic	GOODSENSE GEL ART PAIN	
	43598097710	Generic	DICLOFENAC GEL 1%	
	70512010610	Generic	DICLOFENAC GEL 1%	
	45802095301	Generic	DICLOFENAC GEL 1%	
	69238205301	Generic	DICLOFENAC GEL 1%	
	70000055502	Generic	ARTHR PAIN GEL 1%	
	00536129497	Generic	DICLOFENAC GEL 1%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Diclofenac Sodium Gel 1% (1.16% Diethylamine Equiv)</b>				
	70677014301	Generic	ARTHR PAIN GEL 1%	
	46122075253	Generic	GNP DICLOFEN GEL 1%	
	00113118903	Generic	GOODSENSE GEL ART PAIN	
	21922004409	Generic	DICLOFENAC GEL 1%	
	70677112501	Generic	FT ARTHRITIS GEL 1%	
	69097072044	Generic	DICLOFENAC GEL 1%	
	70000055503	Generic	ARTHR PAIN GEL 1%	
	70000055501	Generic	ARTHR PAIN GEL 1%	
	46122075237	Generic	GNP DICLOFEN GEL 1%	
	00536129434	Generic	DICLOFENAC GEL 1%	
	46122075252	Generic	GNP DICLOFEN GEL 1%	
<b>Diphenhydramine HCl (Sleep) Tab 25 MG</b>				
	00904427451	Generic	SLEEP TAB 25MG	PA REQUIRED
	46122065162	Generic	SLEEP AID TAB 25MG	PA REQUIRED
	83324011324	Generic	REST SIMPLY TAB 25MG	PA REQUIRED
	70000024401	Generic	SLEEP AID TAB 25MG	PA REQUIRED
	00113043162	Generic	SLEEP AID TAB 25MG	PA REQUIRED
	46122065178	Generic	SLEEP AID TAB 25MG	PA REQUIRED
	62011034301	Generic	HM NIGHTTIME TAB 25MG	PA REQUIRED
	70677112801	Generic	FT NITE SLP TAB 25MG	PA REQUIRED
	70677002401	Generic	SM NIGHTTIME TAB 25MG	PA REQUIRED
	83324011301	Generic	REST SIMPLY TAB 25MG	PA REQUIRED

## 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>				
	46122070762	Generic	PAIN RELF NT TAB 25-500MG	
	00113043771	Generic	PAIN RELIEF TAB 25-500MG	
	70000041102	Generic	ACETAMIN PM TAB 25-500MG	
	62011025601	Generic	PAIN RELIEVR TAB 25-500MG	
	00904673151	Generic	ACETAMIN PM TAB 25-500MG	
	70000041101	Generic	ACETAMIN PM TAB 25-500MG	
	70000041103	Generic	ACETAMIN PM TAB 25-500MG	
	46122070771	Generic	PAIN RELF NT TAB 25-500MG	
	46122070778	Generic	PAIN RELF NT TAB 25-500MG	
	70677114901	Generic	FT PAIN RELI TAB 25-500MG	
<b>Naloxone HCl Nasal Spray 4 MG/0.1ML</b>				
	69547062702	Brand	NARCAN SPR 4MG	
	45802057884	Generic	NALOXONE HCL SPR 4MG	
	45802057800	Generic	NALOXONE HCL SPR 4MG	
<b>Nicotine TD Patch 24HR 14 MG/24HR</b>				
	00536589553	Generic	NICOTINE TD DIS 14MG/24H	
	70000051101	Generic	NICOTINE TD DIS 14MG/24H	
	70677003101	Generic	SM NICOTINE DIS 14MG/24H	
	70677118101	Generic	FT NICOTINE DIS 14MG/24H	
	60505708900	Generic	NICOTINE TD DIS 14MG/24H	
	68001043390	Generic	NICOTINE TD DIS 14MG/24H	
	00536110788	Generic	NICOTINE TD DIS 14MG/24H	
	43598044770	Generic	NICOTINE TD DIS 14MG/24H	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine TD Patch 24HR 14 MG/24HR</b>				
	43598044774	Generic	NICOTINE TD DIS 14MG/24H	
	00536589588	Generic	NICOTINE TD DIS 14MG/24H	
	70000051102	Generic	NICOTINE TD DIS 14MG/24H	
	46122035274	Generic	GNP NICOTINE DIS 14MG/24H	
	68001043388	Generic	NICOTINE TD DIS 14MG/24H	
	00536589571	Generic	NICOTINE TD DIS 14MG/24H	
<b>Nicotine TD Patch 24HR 21 MG/24HR</b>				
	43598044828	Generic	NICOTINE TD DIS 21MG/24H	
	70000051202	Generic	NICOTINE TD DIS 21MG/24H	
	68001043490	Generic	NICOTINE TD DIS STEP 1	
	00536110888	Generic	NICOTINE TD DIS 21MG/24H	
	43598044874	Generic	NICOTINE TD DIS 21MG/24H	
	70000051201	Generic	NICOTINE TD DIS 21MG/24H	
	46122056803	Generic	GNP NICOTINE DIS 21MG/24H	
	70677118201	Generic	FT NICOTINE DIS 21MG/24H	
	00536589688	Generic	NICOTINE TD DIS 21MG/24H	
	43598044870	Generic	NICOTINE TD DIS 21MG/24H	
	00536589653	Generic	NICOTINE TD DIS 21MG/24H	
	62011035101	Generic	HM NICOTINE DIS 21MG/24H	
	46122035374	Generic	GNP NICOTINE DIS 21MG/24H	
	68001043488	Generic	NICOTINE TD DIS STEP 1	
	60505709000	Generic	NICOTINE TD DIS 21MG/24H	
	00536589671	Generic	NICOTINE TD DIS 21MG/24H	

## 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>				
	68001043491	Generic	NICOTINE TD DIS STEP 1	
	46122056807	Generic	GNP NICOTINE DIS 21MG/24H	
<b>Nicotine TD Patch 24HR 7 MG/24HR</b>				
	70000051001	Generic	NICOTINE TD DIS 7MG/24HR	
	00536589488	Generic	NICOTINE TD DIS 7MG/24HR	
	68001043288	Generic	NICOTINE TD DIS STEP 3	
	60505708800	Generic	NICOTINE TD DIS 7MG/24HR	
	70677003001	Generic	SM NICOTINE DIS 7MG/24HR	
	43598044670	Generic	NICOTINE TD DIS 7MG/24HR	
	70000051002	Generic	NICOTINE TD DIS 7MG/24HR	
	43598044674	Generic	NICOTINE TD DIS 7MG/24HR	
	00536589453	Generic	NICOTINE TD DIS 7MG/24HR	
	68001043290	Generic	NICOTINE TD DIS STEP 3	
	46122035474	Generic	GNP NICOTINE DIS 7MG/24HR	
	70677118001	Generic	FT NICOTINE DIS 7MG/24HR	
	00536110688	Generic	NICOTINE TD DIS 7MG/24HR	
<b>Nicotine Polacrilex Gum 2 MG</b>				
	00113020625	Generic	NICOTINE POL GUM 2MG MINT	
	70000034801	Generic	NICOTINE POL GUM 2MG MINT	
	00536311201	Generic	NICOTINE POL GUM 2MG MINT	
	46122072425	Generic	GNP NICOTINE GUM 2MG MINT	
	00113002960	Generic	NICOTINE GUM 2MG	
	00536340401	Generic	NICOTINE POL GUM 2MG CINN	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Gum 2 MG</b>				
	70677116602	Generic	FT NICOTINE GUM 2MG	
	70677117001	Generic	FT NICOTINE GUM 2MG	
	45802082725	Generic	NICOTINE POL GUM 2MG MINT	
	63739037163	Generic	NICOTINE POL GUM 2MG	
	00113810025	Generic	NICOTINE GUM 2MG	
	46122028460	Generic	GNP NICOTINE GUM 2MG MINT	
	70677119201	Generic	FT NICOTINE GUM 2MG	
	49348057336	Generic	SM NICOTINE GUM 2MG	
	46122044858	Generic	GNP NICOTINE GUM 2MG MINT	
	70000034802	Generic	NICOTINE POL GUM 2MG MINT	
	49348078710	Generic	SM NICOTINE GUM 2MG MINT	
	70000034601	Generic	NICOTINE POL GUM 2MGFRUIT	
	00536136206	Generic	NICOTINE POL GUM 2MG	
	57237032201	Generic	NICOTINE POL GUM 2MG MINT	
	00536338601	Generic	NICOTINE POL GUM 2MGFRUIT	
	70000034701	Generic	NICOTINE POL GUM 2MG MINT	
	00536302923	Generic	NICOTINE POL GUM 2MG ORIG	
	46122071760	Generic	GNP NICOTINE GUM 2MG MINT	
	70677008501	Generic	SM NICOTINE GUM 2MG	
	46122071960	Generic	GNP NICOTINE GUM 2MG ORIG	
	70677116401	Generic	FT NICOTINE GUM 2MG	
	00113002925	Generic	NICOTINE GUM 2MG	
	00536311237	Generic	NICOTINE POL GUM 2MG MINT	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Gum 2 MG</b>				
	70677116601	Generic	FT NICOTINE GUM 2MG	
	00113045660	Generic	NICOTINE GUM 2MG	
	00536136223	Generic	NICOTINE POL GUM 2MG	
	70000034501	Generic	NICOTINE POL GUM 2MG ORIG	
	00113002971	Generic	NICOTINE GUM 2MG	
	00536136234	Generic	NICOTINE POL GUM 2MG	
	49348057308	Generic	SM NICOTINE GUM 2MG	
	00536302934	Generic	NICOTINE POL GUM 2MG ORIG	
	00536302906	Generic	NICOTINE POL GUM 2MG ORIG	
	63739037010	Generic	NICOTINE POL GUM 2MG CINN	
<b>Nicotine Polacrilex Gum 4 MG</b>				
	70000034301	Generic	NICOTINE POL GUM 4MG MINT	
	00113053278	Generic	NICOTINE GUM 4MG	
	70677119301	Generic	FT NICOTINE GUM 4MG	
	46122072571	Generic	GNP NICOTINE GUM 4MG MINT	
	00113042225	Generic	NICOTINE POL GUM 4MG MINT	
	49348057236	Generic	SM NICOTINE GUM 4MG	
	70000034402	Generic	NICOTINE POL GUM 4MG MINT	
	70677008601	Generic	SM NICOTINE GUM 4MG	
	70000034101	Generic	NICOTINE POL GUM 4MG ORIG	
	00536137234	Generic	NICOTINE POL GUM 4MG MINT	
	57237032301	Generic	NICOTINE POL GUM 4MG MINT	
	49348078810	Generic	SM NICOTINE GUM 4MG MINT	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Gum 4 MG</b>				
	00113017071	Generic	NICOTINE GUM 4MG	
	00113005306	Generic	NICOTINE GUM 4MG	
	46122072025	Generic	GNP NICOTINE GUM 4MG MINT	
	46122071860	Generic	GNP NICOTINE GUM 4MG MINT	
	70677116701	Generic	FT NICOTINE GUM 4MG	
	00536311337	Generic	NICOTINE POL GUM 4MG MINT	
	63739036910	Generic	NICOTINE POL GUM 4MG CINN	
	63739036810	Generic	NICOTINE POL GUM 4MGFRUIT	
	46122066678	Generic	GNP NICOTINE GUM 4MG FRT	
	00536311301	Generic	NICOTINE POL GUM 4MG MINT	
	00536137206	Generic	NICOTINE POL GUM 4MG MINT	
	00536303006	Generic	NICOTINE POL GUM 4MG ORIG	
	46122044958	Generic	GNP NICOTINE GUM 4MG MINT	
	70677117101	Generic	FT NICOTINE GUM 4MG	
	46122073360	Generic	GNP NICOTINE GUM 4MG ORIG	
	49348057208	Generic	SM NICOTINE GUM 4MG	
	45802065125	Generic	NICOTINE POL GUM 4MG MINT	
	00536137223	Generic	NICOTINE POL GUM 4MG MINT	
	00536303023	Generic	NICOTINE POL GUM 4MG ORIG	
	70677116702	Generic	FT NICOTINE GUM 4MG	
	00113017060	Generic	NICOTINE GUM 4MG	
	00113053260	Generic	NICOTINE GUM 4MG	
	70000034401	Generic	NICOTINE POL GUM 4MG MINT	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Gum 4 MG</b>				
	00113017025	Generic	NICOTINE GUM 4MG	
	00536340501	Generic	NICOTINE POL GUM 4MG	
	00536338701	Generic	NICOTINE POL GUM 4MG	
	70000034201	Generic	NICOTINE POL GUM 4MGFRUIT	
<b>Nicotine Polacrilex Lozenge 2 MG</b>				
	45802008901	Generic	NICOTINE LOZ 2MG MINT	
	00536133709	Generic	NICOTINE POL LOZ 2MG MINT	
	43598048672	Generic	NICOTINE LOZ 2MG MINT	
	45802008902	Generic	NICOTINE LOZ 2MG MINT	
	70000056201	Generic	NICOTINE POL LOZ 2MG MINT	
	00536133735	Generic	NICOTINE POL LOZ 2MG MINT	
	46122073115	Generic	GNP NICOTINE LOZ MINI 2MG	
	00536123981	Generic	NICOTINE LOZ MINI 2MG	
	45802034405	Generic	NICOTINE POL LOZ 2MG MINT	
	70677117801	Generic	FT NICOTINE LOZ 2MG	
	70677008701	Generic	SM NICOTINE LOZ 2MG CINN	
	46122071560	Generic	GNP NICOTINE LOZ MINI 2MG	
	57237032072	Generic	NICOTINE LOZ MINI 2MG	
	70677117401	Generic	FT NICOTINE LOZ 2MG	
	45802034403	Generic	NICOTINE POL LOZ 2MG MINT	
	46122073408	Generic	GNP NICOTINE LOZ 2MG MINT	
	70677117601	Generic	FT NICOTINE LOZ 2MG	
	70000056001	Generic	NICOTINE POL LOZ 2MG MINI	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Nicotine Polacrilex Lozenge 2 MG</b>				
	62011019901	Generic	HM NICOTINE LOZ 2MG MINT	
	46122066315	Generic	GNP NICOTINE LOZ MINI 2MG	
	00113034405	Generic	NICOTINE POL LOZ 2MG MINT	
	49348085216	Generic	SM NICOTINE LOZ 2MG MINT	
	00113073402	Generic	NICOTINE LOZ 2MG MINT	
	43598048624	Generic	NICOTINE LOZ 2MG MINT	
	70677117201	Generic	FT NICOTINE LOZ 2MG	
<b>Nicotine Polacrilex Lozenge 4 MG</b>				
	45802087303	Generic	NICOTINE POL LOZ 4MG MINT	
	70677117901	Generic	FT NICOTINE LOZ 4MG	
	00113087305	Generic	NICOTINE POL LOZ 4MG MINT	
	45802087305	Generic	NICOTINE POL LOZ 4MG MINT	
	62011020001	Generic	HM NICOTINE LOZ 4MG MINT	
	70000056101	Generic	NICOTINE LOZ 4MG MINT	
	45802095701	Generic	NICOTINE LOZ 4MG MINT	
	70000055901	Generic	NICOTINE POL LOZ 4MG MINT	
	00536133809	Generic	NICOTINE LOZ 4MG MINT	
	00113095702	Generic	NICOTINE LOZ 4MG MINT	
	43598048772	Generic	NICOTINE POL LOZ 4MG MINT	
	70677117301	Generic	FT NICOTINE LOZ 4MG	
	70677009001	Generic	SM NICOTINE LOZ 4MG	
	70677117701	Generic	FT NICOTINE LOZ 4MG	
	46122073208	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>				
	70677008801	Generic	SM NICOTINE LOZ 4MG CINN	
	00113095760	Generic	NICOTINE LOZ 4MG MINT	
	43598048724	Generic	NICOTINE POL LOZ 4MG MINT	
	49348085316	Generic	SM NICOTINE LOZ 4MG MINT	
	45802095702	Generic	NICOTINE LOZ 4MG MINT	
	46122071660	Generic	GNP NICOTINE LOZ 4MG MINT	
	00536124181	Generic	NICOTINE POL LOZ 4MG MINT	
	46122071615	Generic	GNP NICOTINE LOZ 4MG MINT	
	46122066515	Generic	GNP NICOTINE LOZ 4MG CHER	
	57237032172	Generic	NICOTINE LOZ 4MG MINT	
	70677117501	Generic	FT NICOTINE LOZ 4MG	
<b>Ibuprofen Susp 100 MG/5ML</b>				
	00113089734	Generic	IBUPROFEN SUS 100/5ML	
	70677111502	Generic	FT IBU CHILD SUS 100/5ML	
	68094050359	Generic	IBUPROFEN SUS 200/10ML	
	70677015101	Generic	IBUPROFEN SUS 100/5ML	
	70000026301	Generic	IBUPROFEN SUS 100/5ML	
	45802014026	Generic	IBUPROFEN SUS 100/5ML	
	60687074340	Generic	IBUPROFEN SUS 100/5ML	
	68001043594	Generic	IBUPROFEN SUS 100/5ML	
	00121204410	Generic	IBUPROFEN SUS 200/10ML	
	69230030812	Generic	IBUPROFEN SUS 100/5ML	
	00113066026	Generic	IBUPROFEN SUS 100/5ML	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ibuprofen Susp 100 MG/5ML</b>				
	68094049459	Generic	IBUPROFEN SUS 100/5ML	
	70000018101	Generic	IBUPROFEN SUS 100/5ML	
	24385037226	Generic	IBUPROFEN SUS 100/5ML	
	68094049462	Generic	IBUPROFEN SUS 100/5ML	
	24385036134	Generic	IBUPROFEN SUS 100/5ML	
	00904530909	Generic	IBUPROFEN SUS 100/5ML	
	00121182810	Generic	IBUPROFEN SUS 200/10ML	
	68001052192	Generic	IBUPROFEN SUS 100/5ML	
	83474000204	Generic	IBUPROFEN SUS 100/5ML	
	68094049461	Generic	IBUPROFEN SUS 100/5ML	
	69230030811	Generic	IBUPROFEN SUS 100/5ML	
	69230031111	Generic	IBUPROFEN SUS 100/5ML	
	00121182800	Generic	IBUPROFEN SUS 200/10ML	
	68001052194	Generic	IBUPROFEN SUS 100/5ML	
	68094003758	Generic	IBUPROFEN SUS 100/5ML	
	70677111801	Generic	FT IBU CHILD SUS 100/5ML	
	70000026201	Generic	IBUPROFEN SUS 100/5ML	
	00904557720	Generic	IBUPROFEN SUS 100/5ML	
	00121091400	Generic	IBUPROFEN SUS 100/5ML	
	60687074317	Generic	IBUPROFEN SUS 100/5ML	
	00121102200	Generic	IBUPROFEN SUS 100/5ML	
	68094050361	Generic	IBUPROFEN SUS 200/10ML	
	70000026302	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>				
	00121102205	Generic	IBUPROFEN SUS 100/5ML	
	00121091405	Generic	IBUPROFEN SUS 100/5ML	
	63739079801	Generic	IBUPROFEN SUS 100/5ML	
	63739079810	Generic	IBUPROFEN SUS 100/5ML	
	00113016634	Generic	IBUPROFEN SUS 100/5ML	
	69230031012	Generic	IBUPROFEN SUS 100/5ML	
	68001043592	Generic	IBUPROFEN SUS 100/5ML	
	70677015001	Generic	IBUPROFEN SUS 100/5ML	
	70000026401	Generic	IBUPROFEN SUS 100/5ML	
	68094003701	Generic	IBUPROFEN SUS 100/5ML	
	51672213008	Generic	IBUPROFEN SUS 100/5ML	
	24385036126	Generic	IBUPROFEN SUS 100/5ML	
	45802089734	Generic	IBUPROFEN SUS 100/5ML	
	70677111601	Generic	FT IBU CHILD SUS 100/5ML	
	69230030911	Generic	IBUPROFEN SUS 100/5ML	
	69230031011	Generic	IBUPROFEN SUS 100/5ML	
	24385000926	Generic	IBUPROFEN SUS 100/5ML	
	00113016626	Generic	IBUPROFEN SUS 100/5ML	
	00113089726	Generic	IBUPROFEN SUS 100/5ML	
	68094060059	Generic	IBUPROFEN SUS 100/5ML	
	70677111501	Generic	FT IBU CHILD SUS 100/5ML	
	68094060061	Generic	IBUPROFEN SUS 100/5ML	
	24385090534	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>				
	70677015301	Generic	IBUPROFEN SUS 100/5ML	
	70677111701	Generic	FT IBU CHILD SUS 100/5ML	
	24385090526	Generic	IBUPROFEN SUS 100/5ML	
	70677015002	Generic	IBUPROFEN SUS 100/5ML	
	45802013326	Generic	IBUPROFEN SUS 100/5ML	
	69230031112	Generic	IBUPROFEN SUS 100/5ML	
	68094060062	Generic	IBUPROFEN SUS 100/5ML	
	45802089726	Generic	IBUPROFEN SUS 100/5ML	
	69230030912	Generic	IBUPROFEN SUS 100/5ML	
	51672213001	Generic	IBUPROFEN SUS 100/5ML	
	00904530920	Generic	IBUPROFEN SUS 100/5ML	
	24385000934	Generic	IBUPROFEN SUS 100/5ML	
	00113068526	Generic	IBUPROFEN SUS 100/5ML	
	00121204400	Generic	IBUPROFEN SUS 200/10ML	
	68094050362	Generic	IBUPROFEN SUS 200/10ML	
	70677015201	Generic	IBUPROFEN SUS 100/5ML	
<b>Ibuprofen Tab 200 MG</b>				
	70000029101	Generic	IBUPROFEN TAB 200MG	
	70677124401	Generic	FT PAIN RELI TAB 200MG	
	00904674780	Generic	IBUPROFEN TAB 200MG	
	49483060110	Generic	IBUPROFEN TAB 200MG	
	24385005878	Generic	IBUPROFEN TAB 200MG	
	70677113201	Generic	FT 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>				
	00113007478	Generic	IBUPROFEN TAB 200MG	
	49348070610	Generic	IBUPROFEN TAB 200MG	
	00113060490	Generic	IBUPROFEN TAB 200MG	
	70677113202	Generic	FT IBUPROFEN TAB 200MG	
	49483060101	Generic	IBUPROFEN TAB 200MG	
	00113060462	Generic	IBUPROFEN TAB 200MG	
	70677113204	Generic	FT IBUPROFEN TAB 200MG	
	00904674751	Generic	IBUPROFEN TAB 200MG	
	49348019609	Generic	IBUPROFEN TAB 200MG	
	49348019610	Generic	IBUPROFEN TAB 200MG	
	00113051771	Generic	IBUPROFEN TAB 200MG	
	00113060478	Generic	IBUPROFEN TAB 200MG	
	70000017508	Generic	IBUPROFEN TAB 200MG	
	24385064778	Generic	IBUPROFEN TAB 200MG	
	24385060478	Generic	IBUPROFEN TAB 200MG	
	70677113603	Generic	FT IBUPROFEN TAB 200MG	
	70000017605	Generic	IBUPROFEN TAB 200MG	
	00904674770	Generic	IBUPROFEN TAB 200MG	
	24385060471	Generic	IBUPROFEN TAB 200MG	
	49348070614	Generic	IBUPROFEN TAB 200MG	
	49348070609	Generic	IBUPROFEN TAB 200MG	
	70677113601	Generic	FT IBUPROFEN TAB 200MG	
	70000017601	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>				
	70000000301	Generic	IBUPROFEN TAB 200MG	
	49348070604	Generic	IBUPROFEN TAB 200MG	
	00113060471	Generic	IBUPROFEN TAB 200MG	
	00904674724	Generic	IBUPROFEN TAB 200MG	
	70677113602	Generic	FT IBUPROFEN TAB 200MG	
	00904791259	Generic	IBUPROFEN TAB 200MG	
	00113064771	Generic	IBUPROFEN TAB 200MG	
	00113121209	Generic	IBUPROFEN TAB 200MG	
	70677113205	Generic	FT IBUPROFEN TAB 200MG	
	70000017502	Generic	IBUPROFEN TAB 200MG	
	24385064771	Generic	IBUPROFEN TAB 200MG	
	70000017505	Generic	IBUPROFEN TAB 200MG	
	00904791461	Generic	IBUPROFEN TAB 200MG	
	70000030802	Generic	IBUPROFEN TAB 200MG	
	00904791459	Generic	IBUPROFEN TAB 200MG	
	00113064762	Generic	IBUPROFEN TAB 200MG	
	70000017501	Generic	IBUPROFEN TAB 200MG	
	00904791251	Generic	IBUPROFEN TAB 200MG	
	00113064778	Generic	IBUPROFEN TAB 200MG	
	70000059702	Generic	IBUPROFEN TAB 200MG	
	00904674740	Generic	IBUPROFEN TAB 200MG	
	70677113203	Generic	FT IBUPROFEN TAB 200MG	
	46122054890	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>				
	49348019635	Generic	IBUPROFEN TAB 200MG	
	70000017503	Generic	IBUPROFEN TAB 200MG	
	24385060485	Generic	IBUPROFEN TAB 200MG	
	00113007471	Generic	IBUPROFEN TAB 200MG	
	00113121285	Generic	IBUPROFEN TAB 200MG	
	70000059701	Generic	IBUPROFEN TAB 200MG	
	70000017604	Generic	IBUPROFEN TAB 200MG	
	00904674759	Generic	IBUPROFEN TAB 200MG	
<b>Naproxen Sodium Tab 220 MG</b>				
	69230032950	Generic	NAPROXEN SOD TAB 220MG	
	69230032902	Generic	NAPROXEN SOD TAB 220MG	
	00536109306	Generic	ALL DAY RELF TAB 220MG	
	49348030609	Generic	NAPROXEN SOD TAB 220MG	
	00536109406	Generic	ALL DAY RELF TAB 220MG	
	46122056278	Generic	NAPROXEN TAB 220MG	
	69230032901	Generic	NAPROXEN SOD TAB 220MG	
	00113436871	Generic	NAPROXEN SOD TAB 220MG	
	49483060905	Generic	NAPROXEN SOD TAB 220MG	
	70000017106	Generic	ALL DAY PAIN TAB 220MG	
	46122056478	Generic	NAPROXEN TAB 220MG	
	70000017103	Generic	ALL DAY PAIN TAB 220MG	
	70000020105	Generic	ALL DAY PAIN TAB 220MG	
	69230032924	Generic	NAPROXEN SOD TAB 220MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Naproxen Sodium Tab 220 MG</b>				
	00113436878	Generic	NAPROXEN SOD TAB 220MG	
	46122056481	Generic	NAPROXEN TAB 220MG	
	00113436862	Generic	NAPROXEN SOD TAB 220MG	
	70677113701	Generic	ALL DAY PAIN TAB 220MG	
	46122056471	Generic	NAPROXEN TAB 220MG	
	00113436879	Generic	NAPROXEN SOD TAB 220MG	
	00536109311	Generic	ALL DAY RELF TAB 220MG	
	70000020106	Generic	ALL DAY PAIN TAB 220MG	
	45802049075	Generic	NAPROXEN SOD TAB 220MG	
	00113090175	Generic	NAPROXEN SOD TAB 220MG	
	00113090162	Generic	NAPROXEN SOD TAB 220MG	
	46122056258	Generic	NAPROXEN TAB 220MG	
	46122056271	Generic	NAPROXEN TAB 220MG	
	69230032905	Generic	NAPROXEN SOD TAB 220MG	
	45802049071	Generic	NAPROXEN SOD TAB 220MG	
	70677113702	Generic	ALL DAY PAIN TAB 220MG	
	70000020102	Generic	ALL DAY PAIN TAB 220MG	
	49483060901	Generic	NAPROXEN SOD TAB 220MG	
	70000017105	Generic	ALL DAY PAIN TAB 220MG	
	69230032910	Generic	NAPROXEN SOD TAB 220MG	
	00113436875	Generic	NAPROXEN SOD TAB 220MG	
	00536109411	Generic	ALL DAY RELF TAB 220MG	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Ketotifen Fumarate Opth Soln 0.035%</b>				
	72485061710	Generic	KETOTIFEN FU SOL 0.035%	
	70000052201	Generic	EYE ITCH REL DRO 0.035%OP	
	00536125240	Generic	EYE ITCH REL DRO 0.035%OP	
	24208060105	Generic	ALAWAY CHILD DRO 0.035%OP	
	00065401105	Brand	ZADITOR DRO 0.035%OP	
	76385010617	Generic	KETOTIF FUM DRO 0.035%OP	
	24208060110	Generic	ALAWAY DRO 0.035%OP	
	00065401106	Brand	ZADITOR DRO 0.035%OP	
<b>Olopatadine HCl Opth Soln 0.1% (Base Equivalent)</b>				
	00536130840	Generic	OLOPATADINE DRO 0.1%	
	00065427401	Brand	PATADAY SOL 0.1%	PA REQUIRED
	62011046901	Generic	EYE ALLERGY SOL ITCH/RED	
	46122067264	Generic	OLOPATADINE DRO 0.1% OP	
	43598076507	Generic	OLOPATADINE DRO 0.1%	
	70000005401	Generic	EYE ALLERGY SOL ITCH/RED	
	70677115601	Generic	EYE ALLERGY SOL 0.1%	
	70069001701	Generic	OLOPATADINE DRO 0.1%	
	70512052005	Generic	OLOPATADINE DRO 0.1%	
<b>Olopatadine HCl Opth Soln 0.2% (Base Equivalent)</b>				
	70000005301	Generic	EYE ALLERGY SOL ITCH REL	
	70069049101	Generic	OLOPATADINE SOL 0.2%	
	00065815001	Brand	PATADAY SOL 0.2%	
	43598076402	Generic	OLOPATADINE SOL 0.2%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Olopatadine HCl Opth Soln 0.2% (Base Equivalent)</b>				
	46122067127	Generic	GNP OLOPATAD SOL 0.2%	
	68001053069	Generic	OLOPATADINE SOL 0.2%	
	00065815003	Brand	PATADAY SOL 0.2%	
	00536130723	Generic	OLOPATADINE SOL 0.2%	
	70677012201	Generic	SM OLOPATADI SOL 0.2%	
	70677115501	Generic	EYE ALLERGY SOL 0.2%	
	62011046801	Generic	EYE ALLERGY SOL ITCH REL	
<b>Olopatadine HCl Opth Soln 0.7% (Base Equivalent)</b>				
	00065081601	Brand	PATADAY SOL 0.7%	PA REQUIRED
	00065081604	Brand	PATADAY SOL 0.7%	PA REQUIRED
<b>*Artificial Tear Opth Solution***</b>				
	00065042636	Generic	GENTEAL TEAR SOL MODERATE	
	00065042637	Generic	GENTEAL TEAR SOL MODERATE	
	50268004315	Generic	ARTIFICIAL SOL TEARS	
<b>*White Petrolatum-Mineral Oil Opth Ointment***</b>				
	00065051801	Generic	GENTEAL TEAR OIN NT-TIME	PA REQUIRED
	00023066704	Generic	REFRESH P.M. OIN OP	PA REQUIRED
	46122075737	Generic	NIGHTTIME EYE OIN RELIEF	PA REQUIRED
	00065050935	Generic	SYSTANE OIN	PA REQUIRED
	70000051301	Generic	LUBRICNT EYE OIN NIGHTTIM	PA REQUIRED
	00023031204	Generic	REFRESH LACR OIN OP	PA REQUIRED
	00904648838	Generic	LUBRIFRESH OIN P.M.	PA REQUIRED
	00023024004	Generic	REFRESH P.M. OIN OP	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Carboxymethylcellulose Sodium (PF) Opth Soln 0.5%</b>				
	70000001201	Generic	LUBRICNT EYE DRO 0.5% OP	PA REQUIRED
	46122075656	Generic	GNP LUBR EYE DRO 0.5% OP	PA REQUIRED
	00023040350	Brand	REFRESH PLUS DRO 0.5% OP	
	00536138793	Generic	LUBRICNT EYE DRO 0.5% OP	PA REQUIRED
	00023040370	Brand	REFRESH PLUS DRO 0.5% OP	
	50268006730	Generic	CARBOXYMETHY SOL 0.5% OP	PA REQUIRED
	70000001202	Generic	LUBRICNT EYE DRO 0.5% OP	PA REQUIRED
	50268006750	Generic	CARBOXYMETHY SOL 0.5% OP	PA REQUIRED
	00023040330	Brand	REFRESH PLUS DRO 0.5% OP	
	70677119001	Generic	LUBRICNT EYE DRO 0.5% OP	PA REQUIRED
	50268006770	Generic	CARBOXYMETHY SOL 0.5% OP	PA REQUIRED
	00536138792	Generic	LUBRICNT EYE DRO 0.5% OP	PA REQUIRED
<b>Carboxymethylcellulose Sodium Opth Gel 1%</b>				
	50268006615	Generic	CARBOXMETHYL GEL 1% OP	PA REQUIRED
	00023920515	Brand	REFRESH LIQU DRO 1% OP	PA REQUIRED
<b>Carboxymethylcellulose Sodium Opth Soln 0.5%</b>				
	00536138635	Generic	CARBOXYMETHY SOL 0.5%	
	42494044805	Generic	LUBRICNT EYE DRO 0.5% OP	
	00023079815	Brand	REFRESH TEAR DRO 0.5% OP	
	00536138694	Generic	CARBOXYMETHY SOL 0.5%	
	00023079801	Brand	REFRESH TEAR DRO 0.5% OP	
	50268006815	Generic	CARBOXYMETHY SOL 0.5%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Dextran 70-Hypromellose (PF) Ophth Soln 0.1-0.3%</b>				
	00065930501	Brand	BION TEARS SOL 0.1-0.3%	PA REQUIRED
	00065806301	Brand	GENTEAL TEAR SOL MOD PF	PA REQUIRED
<b>Dextran 70-Hypromellose Ophth Soln 0.1-0.3%</b>				
	00536128294	Generic	LUBRICATING SOL TEARS	
<b>Polyvinyl Alcohol Ophth Soln 1.4%</b>				
	00536140894	Generic	POLYVINYL AL SOL 1.4% OP	
	50268067815	Generic	POLYVINYL AL SOL 1.4% OP	
<b>Naphazoline w/ Pheniramine Ophth Soln 0.025-0.3%</b>				
	00065008515	Brand	NAPHCON-A SOL OP	
<b>Sodium Chloride Hypertonic Ophth Oint 5%</b>				
	00536125391	Generic	SOD CHLORIDE OIN 5% OP	
	24208038555	Brand	MURO 128 OIN 5% OP	
	24208038556	Brand	MURO 128 OIN 5% OP	
<b>Sodium Chloride Hypertonic Ophth Soln 5%</b>				
	24208027715	Brand	MURO 128 SOL 5% OP	
	00536125494	Generic	SOD CHLORIDE SOL 5% OP	
<b>Tetrahydrozoline HCl Ophth Soln 0.05%</b>				
	70000045401	Generic	EYE DROPS SOL 0.05% OP	
	24385007505	Generic	GNP EYE DROP SOL 0.05% OP	
	49348003729	Generic	SM EYE DROPS SOL 0.05% OP	
	70677115901	Generic	FT EYE DROPS DRO 0.05%	
	00536121794	Generic	EYE DROPS SOL 0.05% OP	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Benzoyl Peroxide Gel 10%</b>				
	45802030896	Generic	BENZOYL PER GEL 10%	PA REQUIRED
	45802030801	Generic	BENZOYL PER GEL 10%	PA REQUIRED
	00536105625	Generic	ACNE MEDICAT GEL 10%	PA REQUIRED
	00536105656	Generic	ACNE MEDICAT GEL 10%	PA REQUIRED
<b>Benzoyl Peroxide Gel 5%</b>				
	00536105525	Generic	ACNE MEDICAT GEL 5%	PA REQUIRED
	45802021601	Generic	BENZOYL PER GEL 5%	PA REQUIRED
	45802021696	Generic	BENZOYL PER GEL 5%	PA REQUIRED
	00536105556	Generic	ACNE MEDICAT GEL 5%	PA REQUIRED
<b>Benzoyl Peroxide Liq 10%</b>				
	45802031801	Generic	BENZOYL PER LIQ 10%	PA REQUIRED
	00536135142	Generic	BENZOYL PER LIQ 10% WASH	PA REQUIRED
	45802031834	Generic	BENZOYL PER LIQ 10%	PA REQUIRED
	00536126163	Generic	BENZOYL PER LIQ 10% WASH	PA REQUIRED
	35573045408	Generic	BENZOYL PER LIQ 10% WASH	PA REQUIRED
	35573045491	Generic	BENZOYL PER LIQ 10% WASH	PA REQUIRED
<b>Benzoyl Peroxide Lotion 5%</b>				
	00536105775	Generic	ACNE MEDICAT LOT 5%	PA REQUIRED
<b>*Neomycin-Bacitracin-Polymyxin Oint***</b>				
	45802014301	Generic	TRIPLE ANTIB OIN	
	45802014370	Generic	TRIPLE ANTIB OIN	
	68001048346	Generic	TRIPLE ANTIB OIN	
	51672201601	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>				
	70677121701	Generic	FT TRIPLE OIN ANTIBIOT	
	00713026831	Generic	TRIPLE ANTIB OIN	
	46122041403	Generic	GNP TRIPLE OIN ANTIBIOT	
	68001048345	Generic	TRIPLE ANTIB OIN	
	00113008464	Generic	FIRST AID OIN ANTIBIOT	
	00904880567	Generic	TRIPLE ANTIB OIN	
	51672212002	Generic	TRIPLE ANTIB OIN	
	70000005801	Generic	TRIPLE ANTIB OIN	
	51672212001	Generic	TRIPLE ANTIB OIN	
	46122041405	Generic	GNP TRIPLE OIN ANTIBIOT	
	00904073431	Generic	TRIPLE ANTIB OIN	
	70000009401	Generic	TRIPLE ANTIB OIN	
	45802014303	Generic	TRIPLE ANTIB OIN	
	11527016247	Generic	TRIPLE ANTIB OIN FRST AID	
	51672201602	Generic	TRIPLE ANTIB OIN	
	70677001301	Generic	SM TRIPLE OIN ANTIBIOT	
<b>Bacitracin Oint 500 Unit/GM</b>				
	00713028031	Generic	BACITRACIN OIN 500/GM	
	45802006070	Generic	BACITRACIN OIN 500/GM	
	00904740267	Generic	BACITRACIN OIN 500/GM	
	68001047748	Generic	BACITRACIN OIN 500/GM	
	00536125628	Generic	BACITRACIN OIN 500/GM	
	68001047746	Generic	BACITRACIN OIN 500/GM	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Bacitracin Oint 500 Unit/GM</b>				
	45802006001	Generic	BACITRACIN OIN 500/GM	
	45802006003	Generic	BACITRACIN OIN 500/GM	
	68001047745	Generic	BACITRACIN OIN 500/GM	
	68001047747	Generic	BACITRACIN OIN 500/GM	
<b>Bacitracin Zinc Oint 500 Unit/GM</b>				
	68001053145	Generic	BACITR ZINC OIN 500/GM	PA REQUIRED
	70000054701	Generic	BACITR ZINC OIN 500UNIT	PA REQUIRED
	00536126328	Generic	BACITR ZINC OIN 500/GM	PA REQUIRED
	62011009401	Generic	BACITRACIN OIN 500/GM	PA REQUIRED
	24385006003	Generic	BACITR ZINC OIN 500/GM	PA REQUIRED
	70677121101	Generic	FT ANTIBIOTI OIN	PA REQUIRED
	68001053146	Generic	BACITR ZINC OIN 500/GM	PA REQUIRED
	51672207501	Generic	BACITR ZINC OIN 500/GM	PA REQUIRED
	00904702367	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
<b>Clotrimazole Cream 1%</b>				
	00536126595	Generic	CLOTRIMAZOLE CRE 1%	
	59088044107	Generic	MYCOZYL AC CRE 1%	
	68001047545	Generic	ANTIFUNGAL CRE 1%	
	51672200201	Generic	CLOTRIMAZOLE CRE 1%	
	49348027972	Generic	CLOTRIMAZOLE CRE 1%	
	83035106203	Generic	TM-CLOTRIMAZ CRE 1%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Clotrimazole Cream 1%</b>				
	70000054202	Generic	ATHLETE FOOT CRE 1%	
	45802043401	Generic	CLOTRIMAZOLE CRE 1%	
	00536126526	Generic	CLOTRIMAZOLE CRE 1%	
	24385020501	Generic	ATHLETE FOOT CRE 1%	
	45802043411	Generic	CLOTRIMAZOLE CRE 1%	
	70512010030	Generic	CLOTRIMAZOLE CRE 1%	
	00536127211	Generic	ANTIFUNGAL CRE 1%	
	70677100201	Generic	ATHLETE FOOT CRE 1%	
	24385020503	Generic	ATHLETE FOOT CRE 1%	
	73352057001	Generic	TRIMAZOLE CRE 1%	
	51672200202	Generic	CLOTRIMAZOLE CRE 1%	
	00536126511	Generic	CLOTRIMAZOLE CRE 1%	
	70000054201	Generic	ATHLETE FOOT CRE 1%	
	59088047607	Generic	MICOTRIN AC CRE 1%	
	68001047547	Generic	ANTIFUNGAL CRE 1%	
	00536127222	Generic	ANTIFUNGAL CRE 1%	
<b>Miconazole Nitrate Cream 2%</b>				
	61269073514	Generic	MICONAZOLE CRE 2%	
	68001048147	Generic	ANTIFUNGAL CRE 2%	
	49348068972	Generic	SM ANTIFUNGL CRE 2%	
	61269073542	Generic	MICONAZOLE CRE 2%	
	61269073556	Generic	MICONAZOLE CRE 2%	
	00536137575	Generic	MICONAZOLE CRE 2%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Miconazole Nitrate Cream 2%</b>				
	68001048148	Generic	ANTIFUNGAL CRE 2%	
	68001048145	Generic	ANTIFUNGAL CRE 2%	
	00536113428	Generic	MICONAZOLE CRE 2%	
	70677100001	Generic	FT ANTIFUNGA CRE 2%	
	70000034001	Generic	MICONAZOLE CRE 2%	
	51672200102	Generic	MICONAZOLE CRE 2%	
	51672200101	Generic	MICONAZOLE CRE 2%	
<b>Terbinafine HCl Cream 1%</b>				
	51672208002	Generic	TERBINAFINE CRE 1%	PA REQUIRED
	51672208001	Generic	TERBINAFINE CRE 1%	PA REQUIRED
	24385052403	Generic	TERBINAFINE CRE 1%	PA REQUIRED
	70000033801	Generic	ATHLETE FOOT CRE 1%	PA REQUIRED
	24385052405	Generic	TERBINAFINE CRE 1%	PA REQUIRED
	70677100301	Generic	FT ATHLETE CRE 1%	PA REQUIRED
<b>Tolnaftate Aerosol Pow 1%</b>				
	70000032201	Generic	ATHLETES FT AER 1% POW	
<b>Tolnaftate Cream 1%</b>				
	70677100101	Generic	FT ANTIFUNGA CRE 1%	
	00536131543	Generic	TOLNAFTATE CRE 1%	
	51672202002	Generic	TOLNAFTATE CRE 1%	
	51672202001	Generic	TOLNAFTATE CRE 1%	
	49348015529	Generic	SM ANTIFUNGL CRE 1%	
	24385003203	Generic	TOLNAFTATE CRE 1%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Tolnaftate Cream 1%</b>				
	70000008401	Generic	TOLNAFTATE CRE 1%	
<b>Selenium Sulfide Lotion 1%</b>				
	00536199553	Generic	ANTI-DANDRUF SHA 1%	
	70000053101	Generic	DANDRUFF SHA 1%	
<b>Chlorhexidine Gluconate Soln 4%</b>				
	67618020016	Generic	BETASEPT SOL 4%	PA REQUIRED
	00116106108	Generic	DYNA-HEX 4 SOL 4%	PA REQUIRED
	00116106101	Generic	DYNA-HEX 4 SOL 4%	PA REQUIRED
	49348011537	Generic	SM ANTISEPTI SOL CLNSR 4%	PA REQUIRED
	16571011148	Generic	CHLORHEX GLU LIQ 4%	PA REQUIRED
	00116106118	Generic	DYNA-HEX 4 SOL 4%	PA REQUIRED
	67618020008	Generic	BETASEPT SOL 4%	PA REQUIRED
	70000040701	Generic	ANTISEPTIC SOL 4%	PA REQUIRED
	67618020004	Generic	BETASEPT SOL 4%	PA REQUIRED
	16571011124	Generic	CHLORHEX GLU LIQ 4%	PA REQUIRED
	00116106104	Generic	DYNA-HEX 4 SOL 4%	PA REQUIRED
	46122013743	Generic	SKIN CLEANSR SOL 4%	PA REQUIRED
	00116106140	Generic	DYNA-HEX 4 SOL 4%	PA REQUIRED
	67618020030	Generic	BETASEPT SOL 4%	PA REQUIRED
	16571011112	Generic	CHLORHEX GLU LIQ 4%	PA REQUIRED
	70677122101	Generic	ANTISEPTIC SOL 4%	PA REQUIRED
	46122013734	Generic	SKIN CLEANSR SOL 4%	PA REQUIRED
	00116106116	Generic	DYNA-HEX 4 SOL 4%	PA REQUIRED

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Chlorhexidine Gluconate Soln 4%</b>				
	62011023701	Generic	ANTISEPTIC SOL CLNSR 4%	PA REQUIRED
	00116106132	Generic	DYNA-HEX 4 SOL 4%	PA REQUIRED
<b>Povidone-Iodine Soln 10%</b>				
	67618015018	Brand	BETADINE SOL 10%	PA REQUIRED
	67618015005	Brand	BETADINE SOL 10%	PA REQUIRED
	67618015004	Brand	BETADINE SOL 10%	PA REQUIRED
	49348062238	Generic	SM POVID-IOD SOL 10%	
	70000006001	Generic	POVIDONE-IOD SOL 10%	
	24385005355	Generic	POVIDONE-IOD SOL 10%	
	49348062237	Generic	SM POVID-IOD SOL 10%	
	67618015001	Brand	BETADINE SOL 10%	PA REQUIRED
	67618015009	Brand	BETADINE SOL 10%	PA REQUIRED
	00904110309	Generic	POVIDONE-IOD SOL 10%	
	82429020216	Generic	POVIDONE-IOD SOL 10%	
	67618015017	Brand	BETADINE SOL 10%	PA REQUIRED
<b>Zinc Oxide Oint 20%</b>				
	68001053246	Generic	ZINC OXIDE OIN 20%	
	75834017001	Generic	ZINC OXIDE OIN 20%	
	70000033401	Generic	ZINC OXIDE OIN 20%	
	68001053350	Generic	ZINC OXIDE OIN 20%	
	68001053245	Generic	ZINC OXIDE OIN 20%	
	00536131625	Generic	ZINC OXIDE OIN 20%	
	46122067646	Generic	GNP ZINC OXI 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>				
	75834017015	Generic	ZINC OXIDE OIN 20%	
	00536131628	Generic	ZINC OXIDE OIN 20%	
	00536131698	Generic	ZINC OXIDE OIN 20%	
	75834017002	Generic	ZINC OXIDE OIN 20%	
<b>Hydrocortisone Cream 0.5%</b>				
	51672201002	Generic	HYDROCORT CRE 0.5%	
	24385019003	Generic	HYDROCORT CRE 0.5%	
<b>Hydrocortisone Cream 1%</b>				
	51672206902	Generic	HYDROCORT CRE 1%	
	62011009601	Generic	HM HYDROCORT CRE 1% PLUS	
	51672206302	Generic	HYDROCORT CRE 1%	
	70000054301	Generic	HYDROCORT CRE 1% ALOE	
	45802043805	Generic	HYDROCORT CRE 1%	
	49348052178	Generic	SM HYDROCORT CRE 1%	
	70677121602	Generic	FT ITCH RELF CRE /ALOE 1%	
	68001047650	Generic	HYDROCORT CRE 1%	
	24385027403	Generic	HYDROCORT/ CRE ALOE 1%	
	49348052172	Generic	SM HYDROCORT CRE 1%	
	51672201301	Generic	HYDROCORT CRE 1%	
	49348044172	Generic	SM HYDROCORT CRE 1% PLUS	
	00113136964	Generic	ANTI-ITCH CRE 1%	
	68001047646	Generic	HYDROCORT CRE 1%	
	24385002103	Generic	GNP HYDROCOR CRE 1% PLUS	



## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Hydrocortisone Cream 1%</b>				
	45802043803	Generic	HYDROCORT CRE 1%	
	00113054164	Generic	ANTI-ITCH CRE 1%	
	00536127780	Generic	HYDROCORT CRE 1% ALOE	
	70677121501	Generic	FT ITCH RELF CRE 1%	
	62011009501	Generic	HYDROCORT/ CRE ALOE 1%	
	00536140795	Generic	HYDROCORT CRE 1% ALOE	
	70000048501	Generic	HYDROCORT CRE 1%	
	51672201302	Generic	HYDROCORT CRE 1%	
	70677121601	Generic	FT ITCH RELF CRE /ALOE 1%	
<b>Hydrocortisone Oint 1%</b>				
	45802027603	Generic	HYDROCORT OIN 1%	
	70677121401	Generic	FT ITCH RELF OIN 1%	
	51672201802	Generic	HYDROCORT OIN 1%	
	24385027603	Generic	HYDROCORT OIN 1%	
	00113047164	Generic	ANTI-ITCH OIN 1%	
	49348052272	Generic	SM HYDROCORT OIN 1%	
<b>*Emollient - Lotion**</b>				
	00299392804	Brand	CETAPHIL FAC LOT SPF 15	
<b>Urea Cream 20%</b>				
	50268082085	Generic	UREA CRE 20%	
<b>Capsaicin Cream 0.025%</b>				
	50268019560	Generic	CAPSAICIN CRE 0.025%	
	59088022008	Generic	CAPSAICIN CRE 0.025%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Capsaicin Cream 0.025%</b>				
	59088031016	Generic	DERMACINRX CRE PENETRAL	
	00536252525	Generic	CAPSAICIN CRE 0.025%	
	59088031008	Generic	DERMACINRX CRE PENETRAL	
<b>Capsaicin Cream 0.075%</b>				
	00536111825	Generic	ARTH PAIN CRE 0.075%	
	50268019657	Generic	CAPSAICIN CRE 0.075%	
<b>Dibucaine Oint 1%</b>				
	00536121195	Generic	DIBUCAINE OIN 1%	
<b>Lidocaine Patch 4%</b>				
	00121097001	Generic	LIDOCAINE PAD 4%	
	70677118801	Generic	PAIN RELIEF PAD 4%	
	83035113701	Generic	ULTRA LIDO PAD 4%	
	00536120207	Generic	LIDOCAINE PA PAD 4%	
	70512001430	Generic	LIDOCAINE PAD 4%	
	70512081230	Generic	LIDOCAINE TO PAD 4%	
	00121097005	Generic	LIDOCAINE PAD 4%	
	70000055701	Generic	LIDOCAINE PAD RELIEVIN	
	46122045021	Generic	GNP LIDOCAIN PAD 4%	
	00121097030	Generic	LIDOCAINE PAD 4%	
	00536120215	Generic	LIDOCAINE PA PAD 4%	
	70000036601	Generic	LIDOCAINE PA PAD 4%	
<b>Permethrin Creme Rinse 1%</b>				
	46122010846	Generic	LICE TRTMNT LIQ 1%	

## Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Permethrin Creme Rinse 1%</b>				
	00113191016	Generic	GOODSENSE LIQ LICE RIN	
<b>Pyrethrins-Piperonyl Butoxide Shampoo 0.33-4%</b>				
	00904734920	Generic	LICE SHAMPOO SHA MAX STR	
	49348044334	Generic	LICE KILLING SHA 0.33-4%	
	70677118401	Generic	LICE KILLING SHA 0.33-4%	
<b>Clotrimazole Vaginal Cream 1%</b>				
	49348079376	Generic	CLOTRIMAZOLE CRE 1% VAG	
	61269022041	Generic	CLOTRIMAZOLE CRE 1% VAG	
	61269022063	Generic	CLOTRIMAZOLE CRE 1% VAG	
	70677122801	Generic	FT CLOTRIMAZ CRE 1%	
	51672200306	Generic	CLOTRIMAZOLE CRE 1% VAG	
<b>Clotrimazole Vaginal Cream 2%</b>				
	49348037954	Generic	3 DAY VAGINL CRE 2%	
	51672206200	Generic	3 DAY VAGINL CRE 2%	
	24385011009	Generic	CLOTRIMAZOLE CRE 3 DAY	
	70677123101	Generic	FT CLOTRIMAZ CRE 2%	
<b>Miconazole Nitrate Vaginal Cream 2%</b>				
	49348087277	Generic	MICONAZOLE 7 CRE 2%	
	00904773445	Generic	MICONAZOLE 7 CRE 2%	
	49348053077	Generic	MICONAZOLE 7 CRE 2%	
	70677122501	Generic	MICONAZOLE 7 CRE 2%	
	24385059029	Generic	MICONAZOLE 7 CRE 2%	
	51672203506	Generic	MICONAZOLE 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>				
	00113021429	Generic	MICONAZOLE 7 CRE TUBE/KIT	
	00113082529	Generic	MICONAZOLE 7 CRE 2%	
	70000000901	Generic	MICONAZOLE 7 CRE 2%	
	61269073063	Generic	MICONAZOLE 7 CRE 2%	
	70677122201	Generic	MICONAZOLE 7 CRE 2%	
	61269073041	Generic	MICONAZOLE 7 CRE 2%	
<b>Miconazole Nitrate Vaginal Supp 200 MG &amp; 2% Cream 9 GM Kit</b>				
	70677122601	Generic	FT MICONAZ 3 KIT COMBO PK	
	24385060602	Generic	MICONAZOLE 3 KIT COMBO PK	
	00113008100	Generic	MICONAZOLE 3 KIT COMBO PK	
	49348035543	Generic	MICONAZOLE 3 KIT COMBO PK	
<b>Miconazole Nitrate Vaginal Suppos 100 MG</b>				
	61269073607	Generic	MICONAZOLE 7 SUP 100MG	
<b>Levonorgestrel Tab 1.5 MG</b>				
	50742035201	Generic	HER STYLE TAB 1.5MG	
	50102021116	Generic	ECONTRA OS TAB 1.5MG	
	50102021113	Generic	ECONTRA OS TAB 1.5MG	
	50102021111	Generic	ECONTRA OS TAB 1.5MG	
	16714080901	Generic	NEW DAY TAB 1.5MG	
	62756072060	Generic	MY CHOICE TAB 1.5MG	
	00113200312	Generic	OPTION 2 TAB 1.5MG	
	00536114263	Generic	LEVONORGESTR TAB 1.5MG	
	68180085211	Generic	MY WAY TAB 1.5MG	

# Rebatable OTC Drug List for Maine Medicaid

Generic Drug Description	NDC	Brand/Generic	Product Description	PA Required
<b>Levonorgestrel Tab 1.5 MG</b>				
	70700016406	Generic	LEVONORGESTR TAB 1.5MG	