MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 10/12/2026.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

VFC* indicates NDC is not limited to VFC providers.

Vaccine Administration Fees	
1st Vaccine Dose	$16.25
Additional Vaccine Dose	$11.77
COVID Vaccine Dose	$30.91

Allowed Administration Fee for pharmacy providers is 90% of the Primary Care Enhanced (PCE) rate.

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
42515000301	CHIKUNGUNYA VACCINE, LIVE/PF	IXCHIQ VIAL	VALNEVA	275.00000	EA	
50632001802	CHIKUNGUNYA VACCINE, RECOMB/PF	VIMKUNYA 40 MCG/0.8 ML SYRINGE	BAVARIAN NORDIC	359.22500	ML	
80777011201	COVID VAC 25-26 (12UP)(MOD)/PF	SPIKEVAX 2025-26 (12Y UP) SYRG	MODERNA US, INC	283.60000	ML	
80777011288	COVID VAC 25-26 (12UP)(MOD)/PF	SPIKEVAX 2025-26 (12Y UP) SYRG	MODERNA US, INC	283.60000	ML	
80777011296	COVID VAC 25-26 (12UP)(MOD)/PF	SPIKEVAX 2025-26 (12Y UP) SYRG	MODERNA US, INC	283.60000	ML	
80777040060	COVID VAC 25-26 (12UP)(MOD)/PF	MNEXSPIKE 2025-26 (12Y UP) SYR	MODERNA US, INC	885.60000	ML	
80777040061	COVID VAC 25-26 (12UP)(MOD)/PF	MNEXSPIKE 2025-26 (12Y UP) SYR	MODERNA US, INC	885.60000	ML	
80777040062	COVID VAC 25-26 (12UP)(MOD)/PF	MNEXSPIKE 2025-26 (12Y UP) SYR	MODERNA US, INC	885.60000	ML	
00069252810	COVID VAC 25-26 (12UP)(PFI)/PF	COMIRNATY 2025-26(12Y UP) SYRG	PFIZER US PHARM	566.14666	ML	
80631020701	COVID VAC 25-26(12Y UP)/ADJ/PF	NUVAXOVID 2025-26 SYRINGE	NOVAVAX INC.	336.70000	ML	

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 10/12/2026.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

VFC* indicates NDC is not limited to VFC providers.

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
80631020710	COVID VAC 25-26(12Y UP)/ADJ/PF	NUVAXOVID 2025-26 SYRINGE	NOVAVAX INC.	336.70000	ML	
00069250110	COVID VAC 25-26(5-11Y)(PFI)/PF	COMIRNATY 2025-26(5-11Y) VIAL	PFIZER US PHARM	277.20000	ML	
80777011309	COVID VAC 25-26(6M-11Y)(MOD)PF	SPIKEVAX 2025-26 (6M-11Y) SYR	MODERNA US, INC	516.00000	ML	
80777011380	COVID VAC 25-26(6M-11Y)(MOD)PF	SPIKEVAX 2025-26 (6M-11Y) SYR	MODERNA US, INC	516.00000	ML	
80777011387	COVID VAC 25-26(6M-11Y)(MOD)PF	SPIKEVAX 2025-26 (6M-11Y) SYR	MODERNA US, INC	516.00000	ML	
80777011401	COVID VAC 26-27 (12UP)(MOD)/PF	SPIKEVAX 2026-27 (12Y UP) SYRG	MODERNA US, INC	303.46000	ML	
80777011496	COVID VAC 26-27 (12UP)(MOD)/PF	SPIKEVAX 2026-27 (12Y UP) SYRG	MODERNA US, INC	303.45200	ML	VFC*
80777040117	COVID VAC 26-27 (12UP)(MOD)/PF	MNEXSPIKE 2026-27 (12Y UP) SYR	MODERNA US, INC	1106.25000	ML	
80777040160	COVID VAC 26-27 (12UP)(MOD)/PF	MNEXSPIKE 2026-27 (12Y UP) SYR	MODERNA US, INC	1106.25000	ML	VFC*
00069263110	COVID VAC 26-27 (12UP)(PFI)/PF	COMIRNATY 2026-27(12Y UP) SYRG	PFIZER US PHARM	673.70000	ML	VFC*
49281002650	COVID VAC 26-27(12Y UP)/ADJ/PF	NUVAXOVID 2026-27 SYRINGE	SANOFI-PASTEUR	442.50000	ML	VFC*
49281002688	COVID VAC 26-27(12Y UP)/ADJ/PF	NUVAXOVID 2026-27 SYRINGE	SANOFI-PASTEUR	442.50000	ML	
00069260910	COVID VAC 26-27(5-11Y)(PFI)/PF	COMIRNATY 2026-27(5-11Y) VIAL	PFIZER US PHARM	302.13333	ML	VFC*

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 10/12/2026.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

VFC* indicates NDC is not limited to VFC providers.

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
80777011509	COVID VAC 26-27(6M-11Y)(MOD)PF	SPIKEVAX 2026-27 (6M-11Y) SYR	MODERNA US, INC	606.92000	ML	
80777011580	COVID VAC 26-27(6M-11Y)(MOD)PF	SPIKEVAX 2026-27 (6M-11Y) SYR	MODERNA US, INC	606.90400	ML	VFC*
63361024310	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE VIAL	MSP VACCINE COM	325.71800	ML	
63361024315	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE SYRINGE	MSP VACCINE COM	325.71800	ML	VFC
63361024358	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE VIAL	MSP VACCINE COM	325.72000	ML	
63361024388	DIP,PERT(A)TET/HEPB/POL/HIB/PF	VAXELIS VACCINE SYRINGE	MSP VACCINE COM	325.72000	ML	
49281056210	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	123.14800	ML	
49281056258	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	123.14000	ML	
49281056410	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	128.07400	ML	VFC
49281056415	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV SYRINGE	SANOFI-PASTEUR	128.07400	ML	VFC
49281056458	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV VIAL	SANOFI-PASTEUR	128.08000	ML	
49281056488	DIPH,PERTUS(ACEL),TET,POLIO/PF	QUADRACEL DTAP-IPV SYRINGE	SANOFI-PASTEUR	128.08000	ML	
58160081252	DIPH,PERTUS(ACEL),TET,POLIO/PF	KINRIX TIP-LOK SYRINGE	GLAXOSMITHKLINE	124.42800	ML	VFC
49281028610	DIPH,PERTUSS(ACELL),TET PED/PF	DAPTACEL DTAP VACCINE	SANOFI-PASTEUR	58.53800	ML	VFC
49281028658	DIPH,PERTUSS(ACELL),TET PED/PF	DAPTACEL DTAP VACCINE	SANOFI-PASTEUR	58.54000	ML	

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 10/12/2026.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

VFC* indicates NDC is not limited to VFC providers.

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
58160081052	DIPH,PERTUSS(ACELL),TET PED/PF	INFANRIX DTAP SYRINGE	GLAXOSMITHKLINE	56.87000	ML	VFC
49281040010	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP VIAL	SANOFI-PASTEUR	97.65600	ML	VFC
49281040020	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP SYRINGE	SANOFI-PASTEUR	97.65600	ML	VFC
49281040058	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP VIAL	SANOFI-PASTEUR	97.66000	ML	
49281040089	DIPH,PERTUSS(ACELL),TET VAC/PF	ADACEL TDAP SYRINGE	SANOFI-PASTEUR	97.66000	ML	
49281051105	DIPHT,PERT(A),TET-POLIO/HIB/PF	PENTACEL VIAL KIT	SANOFI-PASTEUR	126.78000	EA	VFC
58160084252	DIPHTH,PERTUSS(ACELL),TET VAC	BOOSTRIX TDAP VACCINE SYRINGE	GLAXOSMITHKLINE	95.78200	ML	VFC
49281056101	DTAP-IPV COMPONENT 1 OF 2/PF	PENTACEL DTAP-IPV COMPONENT VL	SANOFI-PASTEUR	215.10000	ML	
70461065603	FLU VAC TS 26-27(6MS UP)CEL/PF	FLUCELVAX 2026-2027 SYRINGE	SEQIRUS, INC.	115.53800	ML	VFC*
49281072610	FLU VAC TV 2026(9 YR UP)RCM/PF	FLUBLOK 2026-2027 SYRINGE	SANOFI-PASTEUR	213.70000	ML	VFC*
49281072688	FLU VAC TV 2026(9 YR UP)RCM/PF	FLUBLOK 2026-2027 SYRINGE	SANOFI-PASTEUR	213.70000	ML	
80777050018	FLU VAC TV2026-27(50YR)MRNA/PF	MFLUSIVA 2026-2027 SYRINGE	MODERNA US, INC	393.57894	ML	
80777050020	FLU VAC TV2026-27(50YR)MRNA/PF	MFLUSIVA 2026-2027 SYRINGE	MODERNA US, INC	393.57894	ML	
49281064515	FLU VACC TS 2026-27 (6 MOS UP)	FLUZONE 2026-2027 VIAL	SANOFI-PASTEUR	37.84000	ML	
49281064578	FLU VACC TS 2026-27 (6 MOS UP)	FLUZONE 2026-2027 VIAL	SANOFI-PASTEUR	37.84000	ML	

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 10/12/2026.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

VFC* indicates NDC is not limited to VFC providers.

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
70461002603	FLU VACC TS2026(65UP)/MF59C/PF	FLUAD 2026-2027 SYRINGE	SEQIRUS, INC.	213.70000	ML	
49281012665	FLU VACC TS2026-27(65YR UP)/PF	FLUZONE HIGH-DOSE 2026-27 SYR	SANOFI-PASTEUR	213.70000	ML	
49281012688	FLU VACC TS2026-27(65YR UP)/PF	FLUZONE HIGH-DOSE 2026-27 SYR	SANOFI-PASTEUR	213.70000	ML	
19515082252	FLU VACC TS2026-27(6MOS UP)/PF	FLULAVAL 2026-2027 SYRINGE	GSK-ID BIOMEDIC	40.66200	ML	VFC*
49281042650	FLU VACC TS2026-27(6MOS UP)/PF	FLUZONE 2026-2027 SYRINGE	SANOFI-PASTEUR	40.66000	ML	VFC*
49281042688	FLU VACC TS2026-27(6MOS UP)/PF	FLUZONE 2026-2027 SYRINGE	SANOFI-PASTEUR	40.66000	ML	
58160072552	FLU VACC TS2026-27(6MOS UP)/PF	FLUARIX 2026-2027 SYRINGE	GLAXOSMITHKLINE	40.66200	ML	VFC*
66019011310	FLU VACC TV LIVE 2026(2-49YRS)	FLUMIST 2026-2027 NASAL SPRAY	MEDIMMUNE/ASTRA	26.20000	EA	VFC*
49281054503	HAEMOPH B POLY CONJ-TET TOX/PF	ACTHIB VACCINE WITH DILUENT	SANOFI-PASTEUR	13.16200	EA	VFC
49281054758	HAEMOPH B POLY CONJ-TET TOX/PF	ACTHIB VACCINE VIAL	SANOFI-PASTEUR	13.16000	EA	
58160072615	HAEMOPH B POLY CONJ-TET TOX/PF	HIBERIX VIAL AND DILUENT SYRG	GLAXOSMITHKLINE	12.78700	EA	VFC
00006489700	HAEMPH B POLYSAC CONJ-MENIN/PF	PEDVAXHIB VACCINE VIAL	MERCK SHARP & D	66.97600	ML	VFC
58160081152	HEP B VACCINE/DP(A)T-POLIO/PF	PEDIARIX 0.5 ML SYRINGE	GLAXOSMITHKLINE	214.92000	ML	VFC
58160081552	HEPATITIS A AND B VACCINE/PF	TWINRIX VACCINE SYRINGE	GLAXOSMITHKLINE	140.09600	ML	VFC

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 10/12/2026.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

VFC* indicates NDC is not limited to VFC providers.

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
00006409502	HEPATITIS A VIRUS VACCINE/PF	VAQTA 25 UNITS/0.5 ML SYRINGE	MERCK SHARP & D	80.83000	ML	VFC
00006409602	HEPATITIS A VIRUS VACCINE/PF	VAQTA 50 UNITS/ML SYRINGE	MERCK SHARP & D	85.47400	ML	
00006483141	HEPATITIS A VIRUS VACCINE/PF	VAQTA 25 UNITS/0.5 ML VIAL	MERCK SHARP & D	80.83000	ML	
00006484100	HEPATITIS A VIRUS VACCINE/PF	VAQTA 50 UNITS/ML VIAL	MERCK SHARP & D	86.86000	ML	
00006484141	HEPATITIS A VIRUS VACCINE/PF	VAQTA 50 UNITS/ML VIAL	MERCK SHARP & D	85.47400	ML	
58160082552	HEPATITIS A VIRUS VACCINE/PF	HAVRIX 720 UNIT/0.5 ML SYRINGE	GLAXOSMITHKLINE	79.05600	ML	VFC
58160082652	HEPATITIS A VIRUS VACCINE/PF	HAVRIX 1,440 UNIT/ML SYRINGE	GLAXOSMITHKLINE	88.81700	ML	
43528000305	HEPATITIS B VACCINE/CPG1018/PF	HEPLISAV-B 20 MCG/0.5 ML SYRNG	DYNAVAX/SANOFI	330.19200	ML	
00006409302	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 5 MCG/0.5 ML SYR	MERCK SHARP & D	62.16200	ML	VFC
00006409402	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 10 MCG/ML SYR	MERCK SHARP & D	77.89500	ML	
00006498100	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 5 MCG/0.5 ML VL	MERCK SHARP & D	62.16200	ML	
00006499200	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 40 MCG/ML VIAL	MERCK SHARP & D	212.92000	ML	
00006499541	HEPATITIS B VIRUS VACCINE/PF	RECOMBIVAX HB 10 MCG/ML VIAL	MERCK SHARP & D	77.89500	ML	

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 10/12/2026.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

VFC* indicates NDC is not limited to VFC providers.

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
58160082052	HEPATITIS B VIRUS VACCINE/PF	ENGERIX-B PEDI 10 MCG/0.5 SYRN	GLAXOSMITHKLINE	58.71400	ML	VFC
58160082111	HEPATITIS B VIRUS VACCINE/PF	ENGERIX-B 20 MCG/ML VIAL	GLAXOSMITHKLINE	74.35000	ML	
58160082152	HEPATITIS B VIRUS VACCINE/PF	ENGERIX-B 20 MCG/ML SYRN	GLAXOSMITHKLINE	74.35000	ML	
49281054458	HIB CONJ-TET,COMPONENT 2OF2/PF	PENTACEL ACTHIB COMPONENT VIAL	SANOFI-PASTEUR	126.78000	EA	
00006411903	HPV VACCINE 9-VALENT/PF	GARDASIL 9 VIAL	MERCK SHARP & D	702.64800	ML	
00006412102	HPV VACCINE 9-VALENT/PF	GARDASIL 9 SYRINGE	MERCK SHARP & D	702.64800	ML	VFC
00006417100	MEASLES,MUMPS,RUB,VARICELLA/PF	PROQUAD VIAL	MERCK SHARP & D	297.61500	EA	VFC
00006468100	MEASLES,MUMPS,RUBELLA VACC/PF	M-M-R II VACCINE VIAL	MERCK SHARP & D	98.61200	EA	VFC
58160082415	MEASLES,MUMPS,RUBELLA VACC/PF	PRIORIX VIAL	GLAXOSMITHKLINE	95.74000	EA	VFC
00069060001	MENING A,C,Y,W COMP/N.MEN B/PF	PENBRAYA KIT	PFIZER LABS.	251.11000	EA	VFC
00069060005	MENING A,C,Y,W COMP/N.MEN B/PF	PENBRAYA KIT	PFIZER LABS.	251.11000	EA	VFC
00069060010	MENING A,C,Y,W COMP/N.MEN B/PF	PENBRAYA KIT	PFIZER LABS.	251.11000	EA	
58160075715	MENING A,C,Y,W DT-B 4 TYPE/PF	PENMENVY MEN A-B-C-W-Y KIT	GLAXOSMITHKLINE	265.00000	EA	
58160082730	MENING VAC A,C,Y,W-135 DIP/PF	MENVEO 1 VIAL-A-C-Y-W-135-DIP	GLAXOSMITHKLINE	351.91400	ML	VFC
58160095509	MENING VAC A,C,Y,W-135 DIP/PF	MENVEO A-C-Y-W KIT (2 VIALS)	GLAXOSMITHKLINE	175.95800	EA	VFC

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 10/12/2026.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

VFC* indicates NDC is not limited to VFC providers.

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
49281059005	MENING VAC A,C,Y,W135,C-TET/PF	MENQUADFI VIAL	SANOFI-PASTEUR	352.71600	ML	
49281059010	MENING VAC A,C,Y,W135,C-TET/PF	MENQUADFI VIAL	SANOFI-PASTEUR	352.71800	ML	VFC
49281059058	MENING VAC A,C,Y,W135,C-TET/PF	MENQUADFI VIAL	SANOFI-PASTEUR	352.72000	ML	
58160097620	MENINGOCOCCAL B VACCINE,4-COMP	BEXSERO PREFILLED SYRINGE	GLAXOSMITHKLINE	501.11800	ML	VFC
00005010005	N.MENINGITIDIS B,LIPID FHBP RC	TRUMENBA 120 MCG/0.5 ML VACCIN	WYETH/PFIZER	450.32000	ML	
00005010010	N.MENINGITIDIS B,LIPID FHBP RC	TRUMENBA 120 MCG/0.5 ML VACCIN	WYETH/PFIZER	450.32000	ML	VFC
00006432903	PNEUMOC 15-VAL CONJ-DIP CRM/PF	VAXNEUVANCE 0.5 ML SYRINGE	MERCK SHARP & D	503.73400	ML	VFC
00005200002	PNEUMOC 20-VAL CONJ-DIP CRM/PF	PREVNAR 20 SYRINGE	WYETH/PFIZER	632.82000	ML	
00005200010	PNEUMOC 20-VAL CONJ-DIP CRM/PF	PREVNAR 20 SYRINGE	WYETH/PFIZER	632.82000	ML	VFC
00006434701	PNEUMOC 21-VAL CONJ-DIP CRM/PF	CAPVAXIVE 0.5 ML SYRINGE	MERCK SHARP & D	602.70000	ML	
00006434702	PNEUMOC 21-VAL CONJ-DIP CRM/PF	CAPVAXIVE 0.5 ML SYRINGE	MERCK SHARP & D	602.70000	ML	
00006483703	PNEUMOCOCCAL 23-VAL P-SAC VAC	PNEUMOVAX 23 SYRINGE	MERCK SHARP & D	234.16200	ML	VFC
49281086010	POLIOMYELITIS VACCINE, KILLED	IPOL VIAL	SANOFI-PASTEUR	94.12200	ML	VFC
49281086078	POLIOMYELITIS VACCINE, KILLED	IPOL VIAL	SANOFI-PASTEUR	94.12200	ML	
58160074021	ROTAVIRUS VAC,LIVE ATT, 89-12	ROTARIX VACCINE ORAL SYRINGE	GLAXOSMITHKLINE	103.36400	ML	VFC

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 10/12/2026.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

VFC* indicates NDC is not limited to VFC providers.

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
00006404720	ROTAVIRUS VACCINE,LIVE ORAL PV	ROTATEQ VACCINE	MERCK SHARP & D	53.03540	ML	VFC
00006404741	ROTAVIRUS VACCINE,LIVE ORAL PV	ROTATEQ VACCINE	MERCK SHARP & D	53.03550	ML	VFC
00069034401	RSV VACC, PREF A AND PREF B/PF	ABRYSVO VIAL WITH DILUENT SYRG	PFIZER US PHARM	306.80000	EA	VFC
00069034405	RSV VACC, PREF A AND PREF B/PF	ABRYSVO VIAL WITH DILUENT SYRG	PFIZER US PHARM	306.80000	EA	
00069246501	RSV VACC, PREF A AND PREF B/PF	ABRYSVO ACT-O-VIAL	PFIZER LABS.	319.07000	EA	
00069246510	RSV VACC, PREF A AND PREF B/PF	ABRYSVO ACT-O-VIAL	PFIZER LABS.	319.07000	EA	
80777034501	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	638.00000	ML	
80777034561	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	638.00000	ML	
80777034563	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	638.00000	ML	
80777034590	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	638.00000	ML	
80777034596	RSV VACCINE, PREF, MRNA/PF	MRESVIA 50 MCG/0.5 ML SYRINGE	MODERNA US, INC	638.00000	ML	
58160084811	RSVPREF3 ANTIGEN/AS01E/PF	AREXVY VIAL KIT	GLAXOSMITHKLINE	321.05300	EA	
50632000102	SMALLPOX AND MPOX LIVE VACC/PF	JYNNEOS 0.5 ML VIAL(STOCKPILE)	BAVARIAN NORDIC	.02000	ML	
50632000103	SMALLPOX AND MPOX LIVE VACC/PF	JYNNEOS 0.5 ML VIAL	BAVARIAN NORDIC	561.60000	ML	VFC

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.

MS Medicaid Vaccines Covered Through Pharmacy Billing

To search document, press Ctrl + F.
This list is updated weekly.
This list is current as of 10/12/2026.

This list applies to vaccines covered via pharmacy billing. For information on vaccines covered via medical billing, refer to the Vaccine Fee Schedule posted at: Fee Schedules and Rates - Mississippi Division of Medicaid (ms.gov).

VFC* indicates NDC is not limited to VFC providers.

NDC	Generic Drug Name	Brand Drug Name	Manufacturer Name	WAC Rate ($)	Unit	VFC
49281021510	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC VIAL	SANOFI-PASTEUR	88.82600	ML	VFC
49281021515	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC SYRINGE	SANOFI-PASTEUR	88.82600	ML	VFC
49281021558	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC VIAL	SANOFI-PASTEUR	88.82000	ML	
49281021588	TETANUS-DIPHTHERIA TOXOIDS/PF	TENIVAC SYRINGE	SANOFI-PASTEUR	88.82000	ML	
00006482700	VARICELLA VACCINE LIVE/PF	VARIVAX VACCINE WITH DILUENT	MERCK SHARP & D	200.93300	EA	VFC
58160082311	VARICELLA-ZOSTER GE/AS01B/PF	SHINGRIX VIAL KIT	GLAXOSMITHKLINE	234.68800	EA	
58160084952	VARICELLA-ZOSTER GE/AS01B/PF	SHINGRIX 50 MCG/0.5 ML SYRINGE	GLAXOSMITHKLINE	485.33400	ML	

WAC Rate ($): Per First Databank, this is the Wholesale Acquisition Cost Unit Price. It is the suggested wholesale acquisition price of a single NCPDP billing unit of the product, where a unit is defined as a gram, each, or milliliter.