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## Clinic Formulary

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The following is a list of both prescription and over-the-counter drugs and contraceptive supplies that are reimbursable for clinic dispensing through the Family Planning, Access, Care and Treatment (Family PACT) Program. Guidelines for pharmacy and onsite dispensing may differ for some drugs. Restrictions are noted throughout this formulary.

Reimbursable regimens for the management of covered family planning-related conditions are listed in the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual. The use of these drugs outside of the specified conditions is not reimbursable.

Drugs marked with a symbol «(†)» require a *Treatment Authorization Request* (TAR) for use in the treatment of the specified condition or complications of contraceptive methods and those arising from treatment of covered family planning-related conditions. Documentation of the condition or complication with the appropriate ICD-10-CM code must accompany the TAR. For additional information, refer to the *Treatment Authorization Request* (TAR) section in this manual.

Miscellaneous drugs for non-surgical procedures are billed with HCPCS code S5000 or S5001. These codes may be used only by hospital outpatient departments, emergency rooms, surgical clinics and community clinics, in accordance with Medi-Cal guidelines. For additional information, refer to *Drugs: Onsite Dispensing Billing Instructions* and *Drugs: Onsite Dispensing Price Guide* sections in this manual.

**Family PACT Reimbursable Drugs Table: Acyclovir**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Acyclovir (Tablets)	400 milligrams	each
Acyclovir (Tablets)	800 milligrams	each

**Acyclovir Restrictions**

- For use in the treatment of genital herpes
- «Primary genital herpes: maximum of 30 tablets (400 milligram) per dispensing (maximum 10 days supply). Treatment can be extended if healing is incomplete after 10 days of therapy.»
- «Recurrent genital herpes: maximum of 20 tablets (400 mg) or 10 tablets (800 milligram) per dispensing (maximum five days supply).» One dispensing in 30 days.
- Suppression of recurrent genital herpes: maximum of 60 tablets (400 milligram) per dispensing (maximum 22 days supply). One dispensing in 22 days.

**Family PACT Reimbursable Drugs Table: Azithromycin**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Azithromycin (Powder packet)	1 gram	each
Azithromycin (Tablets/Capsules)	500 milligrams	each

**Azithromycin Restrictions**

- «For use in the treatment of chlamydia: maximum of six grams per dispensing, and two dispensings in rolling 30 days
- For use in the treatment of nongonococcal urethritis (NGU): maximum of one gram per dispensing
- For use in the treatment of recurrent or persistent NGU secondary to Mycoplasma genitalium as a combination therapy: maximum of 2.5 grams per dispensing»

**Family PACT Reimbursable Drugs Table: Cefixime**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Cefixime (Tablets/Capsules)	400 milligrams	each

## Cefixime Restrictions

- For use in the treatment of gonorrhea
- «Maximum of 12 tablets/capsules (400 mg) per dispensing, and two dispensings in rolling 30 days»

**Family PACT Reimbursable Drugs Table: Cefoxitin Sodium**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Cefoxitin Sodium (Injection)	1 gram	each
Cefoxitin Sodium (Injection)	2 grams	each

## Cefoxitin Sodium Restrictions

- For use as combination therapy in the treatment of PID/myometritis

**Family PACT Reimbursable Drugs Table: Ceftriaxone Sodium**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Ceftriaxone Sodium (Powder for injection)	250/500 milligrams, 1 gram	each
Ceftriaxone Sodium (Injection)	250/500 milligrams, 1 gram	ml

## Ceftriaxone Sodium Restrictions

- For use in the treatment of gonorrhea and as combination therapy for PID/myometritis and epididymitis
- Treat with a single dose of ceftriaxone 500 milligrams IM for persons weighing less than 150 kg (330 lbs). For persons weighing more than 150 kg (330 lbs), ceftriaxone one gram IM should be administered.

**Family PACT Reimbursable Drugs Table: Cephalexin**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Cephalexin† (Capsules)	250 milligrams	each
Cephalexin† (Capsules)	500 milligrams	each

## Cephalexin Restrictions

- For use in the treatment of UTI in females
- «Maximum of 40 capsules (250 milligram) or 20 capsules (500 milligram) per dispensing (maximum 10 days supply), and two dispensings in rolling 30 days»

**Family PACT Reimbursable Drugs Table: Cervical Cap**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Cervical Cap	None	each

## Cervical Cap Restrictions

- Limited to one (1) cervical cap per dispensing, and two (2) cervical caps per client, per year

**Family PACT Reimbursable Drugs Table: Ciprofloxacin HCL**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Ciprofloxacin HCL (Tablets)	250 milligrams	each
«Ciprofloxacin HCL (Tablets)»	«500 milligrams»	«each»

## Ciprofloxacin HCL Restrictions

- For use in the treatment of UTI in females
- «Maximum of six (6) tablets (250 milligrams) or three (3) tablets (500 milligrams) per dispensing (maximum three days supply), and two dispensings in rolling 30 days»

**Family PACT Reimbursable Drugs Table: Clindamycin Hydrochloride**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Clindamycin Hydrochloride† (Capsules)	150 milligrams	each
Clindamycin Hydrochloride† (Capsules)	300 milligrams	each

## Clindamycin Hydrochloride Restrictions

- For use in treatment of bacterial vaginosis
- Maximum of 28 capsules (150 milligram) or 14 capsules (300 milligram) per dispensing (maximum seven days supply), and two dispensings in rolling 30 days

### Family PACT Reimbursable Drugs Table: Clindamycin Phosphate

Drug/Dosage Form	Size and/or Strength	Billing Unit
Clindamycin Phosphate (Vaginal cream)	2 percent	gram
Clindamycin Phosphate (Vaginal suppositories [ovules])	100 milligrams (in 3's)	each

#### Clindamycin Phosphate Restrictions

- For use in the treatment of bacterial vaginosis
- Maximum of one (1) unit per dispensing and one (1) dispensing in 30 days
  - Vaginal cream two percent: maximum seven days supply, or
  - Vaginal suppositories (ovules): maximum three days supply

### Family PACT Reimbursable Drugs Table: Clotrimazole

Drug/Dosage Form	Size and/or Strength	Billing Unit
Clotrimazole (Vaginal cream)	1 percent	gram
Clotrimazole (Vaginal cream)	2 percent	gram

#### Clotrimazole Restrictions

- For use in the treatment of vaginal candidiasis, and one (1) dispensing in 30 days
  - Vaginal cream (one percent cream): maximum one (1) unit per dispensing (maximum seven days supply), or
  - Vaginal cream (two percent cream): maximum one (1) unit per dispensing (maximum three days supply)

### Family PACT Reimbursable Drugs Table: Condoms

Drug/Dosage Form	Size and/or Strength	Billing Unit
Condoms	None	each

#### Condoms Restrictions

- There is a \$14.99 claim limit for contraceptive supplies (male condoms, spermicides and lubricants) dispensed on a single date of service.
- Internal condoms: maximum dispensing of up to 12 units per claim and up to 24 units in a 90-day period.

**Note:** Refer to *Benefits Grid* section of this manual for additional information.

**«Family PACT Reimbursable Drugs Table: Copper Intrauterine Contraceptive»**

<b>Drug/«Dosage Form»</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Copper Intrauterine Contraceptive	None	each

**«Family PACT Reimbursable Drugs Table: Desogestrel and Ethinyl Estradiol»**

<b>Drug/«Dosage Form»</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Desogestrel and Ethinyl Estradiol‡ (Tablets [21 or 28 per packet])	0.15 milligrams/ 30 micrograms	each
Desogestrel and Ethinyl Estradiol‡ (Tablets [28 per packet: 21/2/5 combination packet])	21 x 0.15 milligrams/ 20 micrograms	each
Desogestrel and Ethinyl Estradiol‡ (Tablets [28 per packet: 21/2/5 combination packet])	2 X inert	each
Desogestrel and Ethinyl Estradiol‡ (Tablets [28 per packet: 21/2/5 combination packet])	5 X10 micrograms Ethinyl Estradiol	each
Desogestrel and Ethinyl Estradiol‡ (Tablets [28 per packet: 7/7/7 combination packet])	7X 0.10 milligrams/ 25 micrograms	each
Desogestrel and Ethinyl Estradiol‡ (Tablets [28 per packet: 7/7/7 combination packet])	7 x 0.125 milligram/ 25 micrograms	each
Desogestrel and Ethinyl Estradiol‡ (Tablets [28 per packet: 7/7/7 combination packet])	7 x 0.15 milligram/ 25 micrograms	each
Desogestrel and Ethinyl Estradiol‡ (Tablets [28 per packet: 7/7/7 combination packet])	7 x inert	each

**Family PACT Reimbursable Drugs Table: Diaphragm**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Diaphragm	Diaphragm kit	each

## Diaphragm Restrictions

- One (1) diaphragm per client, per year, any provider

**Family PACT Reimbursable Drugs Table: Doxycycline Hyclate**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Doxycycline Hyclate (Capsules/tablets)	100 milligrams	each

**Family PACT Reimbursable Drugs Table: Doxycycline Monohydrate**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Doxycycline Monohydrate (Capsules)	100 milligrams	each

## Doxycycline Hyclate and Monohydrate Restrictions

- For use in the treatment of chlamydia: maximum of 84 tablets per dispensing, and two dispensings in rolling 30 days
- For use in the treatment of PID as a combination therapy: maximum of 28 tablets per dispensing (maximum 14 days supply), and two dispensings in rolling 30 days
- For use in the treatment of epididymitis: maximum of 20 tablets per dispensing, and two dispensings in rolling 30 days
- For use in the treatment of NGU: maximum of 14 tablets per dispensing
- For use in the treatment of recurrent or persistent NGU secondary to *Mycoplasma genitalium* as a combination therapy: maximum of 14 tablets per dispensing.
- For use in the treatment of syphilis for those with penicillin allergy:
  - Primary or secondary syphilis: maximum 28 tablets per dispensing
  - Late latent or syphilis of unknown duration: maximum 56 tablets per dispensing

**Family PACT Reimbursable Drugs Table: Drospirenone/Ethinyl Estradiol**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Drospirenone/Ethinyl Estradiol‡ (Tablets [21/7])	3 milligrams/30 micrograms	each
Drospirenone/Ethinyl Estradiol‡ (Tablets [24/4])	3 milligrams/20 micrograms	each

**Family PACT Reimbursable Drugs Table: Drospirenone/Ethinyl  
Estradiol/Levomefolate Calcium**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Drospirenone/Ethinyl Estradiol/Levomefolate Calcium‡ (Tablets [28 tablets per packet])	24x3 mg/0.02 mg/0.451 mg, 4x0.451 mg	each
Drospirenone/Ethinyl Estradiol/Levomefolate Calcium‡ (Tablets [28 tablets per packet])	21x3 mg/0.03 mg/0.451 mg, 7x0.451 mg	each

**Family PACT Reimbursable Drugs Table: Estradiol**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Estradiol (Tablets)	0.5 milligram	each
Estradiol (Tablets)	1 milligram	each
Estradiol (Tablets)	2 milligram	each

**Estradiol Restrictions**

- For use in the treatment of abnormal vaginal bleeding in hormonal contraceptive users
- Maximum 10 days supply and one dispensing in 30 days

**Family PACT Reimbursable Drugs Table: Ethinyl Estradiol and Etonogestrel  
Monthly Vaginal Ring**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Vaginal ring	0.015 milligrams, 0.12 milligrams per 24 hours	each

**Ethinyl Estradiol and Etonogestrel Monthly Vaginal Ring Restrictions**

- «Maximum dispensing quantity of up to 18 rings per client.» The maximum quantity is intended for clients on continuous cycle.
- A 12-month supply of the same product of contraceptive vaginal rings may be dispensed in one year. A TAR is required for the third supply of up to 12 months of the same product requested within a year.

**Family PACT Reimbursable Drugs Table: Ethynodiol Diacetate and Ethinyl Estradiol**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Ethinodiol Diacetate and Ethinyl Estradiol‡ (Tablets [21 or 28 per packet])	1 milligram/35 micrograms	each
Ethinodiol Diacetate and Ethinyl Estradiol‡ (Tablets [21 or 28 per packet])	1 milligram/50 micrograms	each



**Family PACT Reimbursable Drugs Table: Etonogestrel Implant System**

Drug/Dosage Form	Size and/or Strength	Billing Unit
Etonogestrel Implant System (Implant)	68 milligrams	each

**Family PACT Reimbursable Drugs Table: Fluconazole**

Drug/Dosage Form	Size and/or Strength	Billing Unit
Fluconazole (Tablets)	150 milligrams	each

Fluconazole Restrictions

- For use in the treatment of vaginal candidiasis. Restricted to one dose in 30 days

**Family PACT Reimbursable Drugs Table: Gentamicin**

Drug/Dosage Form	Size and/or Strength	Billing Unit
Gentamicin (Injection)	80 milligrams	each

Gentamicin Restrictions

- For use in the dual treatment of gonorrhea, 240 milligram, in the case of significant anaphylaxis-type allergies to penicillin or allergies to cephalosporin. TAR required.

**Note:** Injected drugs are not reimbursable to pharmacies.

**Family PACT Reimbursable Drugs Table: Imiquimod**

Drug/Dosage Form	Size and/or Strength	Billing Unit
Imiquimod (Cream)	5 percent	each packet

Imiquimod Restrictions

- For use in the treatment of external genital warts
- Maximum quantity of 12 packets per 30 days. Limited to 48 packets per treatment and 96 packets (two treatments) per 365 days

**Family PACT Reimbursable Drugs Table: Lactic Acid, Citric Acid and Potassium Bitartrate**

Drug/Dosage Form	Size and/or Strength	Billing Unit
Vaginal gel	Lactic acid (1.85%), citric acid (1%) and potassium bitartrate (0.4%) per 5 grams 12 x 5 grams	box

Vaginal gel Restrictions

- One box (12 single-use applicators) per dispensing, and limited to three dispensings per any 75-day period
- Restricted to NDC labeler code 69751 only

**Family PACT Reimbursable Drugs Table: Levofloxacin**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Levofloxacin (Tablets)	250 mg	each
Levofloxacin (Tablets)	500 mg	each

**Levofloxacin Restrictions**

- For use in the treatment of chlamydia: maximum of 84 tablets (250 mg) or 42 tablets (500 mg) per dispensing, and two (2) dispensing in rolling 30 days.
- For use in the treatment of PID as a combination therapy: maximum of 28 tablets (250 mg) or 14 tablets (500 mg) per dispensing, and two (2) dispensing in rolling 30 days.
- For use in the treatment of epididymitis: maximum of 20 tablets (250 mg) or 10 tablets (500 mg), and two (2) dispensing in rolling 30 days.

**Family PACT Reimbursable Drugs Table: Levonorgestrel**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Levonorgestrel (Tablets)	1.5 milligrams	each

**Levonorgestrel Restrictions**

- «Maximum quantity of one pack of one tablet of 1.5 milligrams per dispensing, with a combined (levonorgestrel and ulipristal acetate) maximum of six (6) packs in any 12-month period»
- For females only

**Family PACT Reimbursable Drugs Table: Levonorgestrel Releasing Intrauterine System**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Levonorgestrel-Releasing Intrauterine System	None	None

**Family PACT Reimbursable Drugs Table: Levonorgestrel and Ethinyl Estradiol**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Levonorgestrel and Ethinyl Estradiol‡ (Tablets [21 or 28 tablets per packet])	«0.1 milligram/ 20 micrograms»	each
Levonorgestrel and Ethinyl Estradiol‡ (Tablets [21 or 28 tablets per packet])	«0.15 milligrams/ 30 micrograms»	each
Levonorgestrel and Ethinyl Estradiol‡ (Tablets [28 active tablets per packet])	«0.090 milligrams/ 20 micrograms»	each
Levonorgestrel and Ethinyl Estradiol‡ (Tablets [21 tablets per packet: 6/5/10 combination packet])	6 x 0.05 milligrams/ 30 micrograms	each
Levonorgestrel and Ethinyl Estradiol‡ (Tablets [21 tablets per packet: 6/5/10 combination packet])	5 x 0.075 milligrams/ 40 micrograms	each
Levonorgestrel and Ethinyl Estradiol‡ (Tablets [21 tablets per packet: 6/5/10 combination packet])	10 x 0.125 milligrams/ 30 micrograms	each
Levonorgestrel and Ethinyl Estradiol‡ (Tablets [28 tablets per packet: 6/5/10 combination packet])	6 x 0.05 milligrams/ 30 micrograms	each
Levonorgestrel and Ethinyl Estradiol‡ (Tablets [28 tablets per packet: 6/5/10 combination packet])	5 x 0.075 milligrams/ 40 micrograms	each
Levonorgestrel and Ethinyl Estradiol‡ (Tablets [28 tablets per packet: 6/5/10 combination packet])	10 x 0.125 milligrams/ 30 micrograms	each
Levonorgestrel and Ethinyl Estradiol‡ (Tablets [28 tablets per packet]: 6/5/10 combination packet)	7 x inert	each

**Family PACT Reimbursable Drugs Table: Levonorgestrel and Ethinyl Estradiol  
Transdermal System**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Levonorgestrel and Ethinyl Estradiol (Transdermal Patch)	120 mcg/30 mcg	each

### Transdermal Patch Restrictions

- «Maximum dispensing quantity of up to 54 patches per client.» The maximum quantity is intended for clients on continuous cycle.
- A 12-month supply of the same product of contraceptive patches may be dispensed twice in one year. A *Treatment Authorization Request* (TAR) is required for reimbursement for the third supply of up to 12 months of the same product requested within a year.

#### Family PACT Reimbursable Drugs Table: Lubricating Jelly

Drug/Dosage Form	Size and/or Strength	Billing Unit
Lubricating Jelly	None	gram

#### Restrictions

- There is a \$14.99 claim limit for contraceptive supplies (male condoms, spermicides and lubricants) dispensed on a single date of service.

**Note:** Refer to the Benefits Grid section of this manual for additional information.

#### Family PACT Reimbursable Drugs Table: Medroxyprogesterone Acetate

Drug/Dosage Form	Size and/or Strength	Billing Unit
Medroxyprogesterone Acetate (Injection)	150 milligrams	ml
Medroxyprogesterone Acetate (Disposable syringes)	150 milligrams	ml

#### Restrictions

- Limited to one per client, per 80 days.

#### Family PACT Reimbursable Drugs Table: Metronidazole

Drug/Dosage Form	Size and/or Strength	Billing Unit
Metronidazole (Oral tablets)	250 milligrams	each
Metronidazole (Oral tablets)	500 milligrams	each
Metronidazole (Vaginal gel)	0.75 percent	gram

### Metronidazole Restrictions

- For use in the treatment of bacterial vaginosis:
  - Oral tablets: maximum of 28 tablets (250 milligram) or 14 tablets (500 milligram) per dispensing (maximum seven days supply), and two (2) dispensing in rolling 30 days, or
  - Vaginal gel: maximum of one (1) unit per dispensing (maximum five days supply), and one (1) dispensing in 30 days
- For use in the treatment of trichomoniasis: maximum of 84 tablets (500 milligram) per dispensing, and two (2) dispensings in rolling 30 days
- For use in the treatment of PID/myometritis as combination therapy: maximum of 56 tablets (250 milligram) or 28 tablets (500 milligram) per dispensing (maximum 14 days supply), and one (1) dispensing in 30 days

### Family PACT Reimbursable Drugs Table: Miconazole Nitrate

Drug/Dosage Form	Size and/or Strength	Billing Unit
Miconazole Nitrate (Vaginal suppositories)	100 milligrams	each
Miconazole Nitrate (Vaginal suppositories)	200 milligrams	each
Miconazole Nitrate (Vaginal cream)	2 percent	gram
Miconazole Nitrate (Vaginal cream)	4 percent	gram

### Miconazole Nitrate Restrictions

- For use in the treatment of vaginal candidiasis
- Maximum one (1) unit (cream or pack) per dispensing, and one (1) dispensing in 30 days
  - Vaginal suppositories (100 milligram): maximum seven days supply
  - Vaginal suppositories (200 milligram): maximum three days supply
  - Vaginal cream (two percent): maximum seven days supply
  - Vaginal cream (four percent): maximum three days supply

«Family PACT Reimbursable Drugs Table: Nitrofurantoin

Drug/Dosage Form	Size and/or Strength	Billing Unit
Nitrofurantoin (Capsules [macrocrystals only])	50 milligrams	each
Nitrofurantoin (Capsules [macrocrystals only])	100 milligrams	each
Nitrofurantoin (Capsules [monohydrate macrocrystals only])	100 milligrams	each

Nitrofurantoin Restrictions:

- For use in the treatment of UTI in females
- Maximum of ten (10) capsules (100 mg) or 20 capsules (50 mg) per dispensing (maximum five days supply) and two (2) dispensings in rolling 30 days.»

**Family PACT Reimbursable Drugs Table: Nonoxynol 9  
(Contraceptive cream, film, foam, jelly, sponge or suppository)**

Drug/Dosage Form	Size and/or Strength	Billing Unit
Nonoxynol 9 (Cream – with or without applicator or refill)	Not applicable	gram
Nonoxynol 9 (Foam – with or without applicator or refill)	Not applicable	gram
Nonoxynol 9 (Gel – with or without applicator or refill)	Not applicable	gram
Nonoxynol 9 (Suppositories – with or without applicator)	Not applicable	each
Nonoxynol 9 (Vaginal film)	Not applicable	each
Nonoxynol 9 (Contraceptive sponge)	Not applicable	each

Nonoxynol 9 Restrictions

- There is a \$14.99 claim limit for contraceptive supplies (male condoms, spermicides and lubricants) dispensed on a single date of service.

**Note:** Refer to *Benefits Grid* section of this manual for additional information.

**Family PACT Reimbursable Drugs Table: Norelgestromin and Ethinyl Estradiol**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Norelgestromin and Ethinyl Estradiol (Transdermal patch)	150 micrograms norelgestromin and 35 micrograms ethinyl estradiol within 24 hours	each

**Norelgestromin and Ethinyl Estradiol Restrictions**

- «Maximum dispensing quantity of up to 54 patches per client.» The maximum quantity is intended for clients on continuous cycle.
- A 12-month supply of the same product of contraceptive patches may be dispensed twice in one year. A TAR is required for the third supply of up to 12 months of the same product requested within a year.
- Restricted to NDC labeler code 00378.

**Family PACT Reimbursable Drugs Table: Norethindrone**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Norethindrone‡ (Tablets [28 tablets per packet])	0.35 milligrams	each

**Family PACT Reimbursable Drugs Table: Norethindrone Acetate and Ethinyl Estradiol and Ferrous Fumarate**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Norethindrone Acetate and Ethinyl Estradiol and Ferrous Fumarate‡ (Tablets)	1 milligram/20 micrograms	each
Norethindrone Acetate and Ethinyl Estradiol and Ferrous Fumarate‡(Tablets)	1 milligram/30 micrograms	each
Norethindrone Acetate and Ethinyl Estradiol and Ferrous Fumarate‡ (Tablets)	1.5 milligrams/30 micrograms	each
Norethindrone Acetate and Ethinyl Estradiol and Ferrous Fumarate‡ (Tablets [28 tablets per packet]: 5/7/9/7 combination packet)	5 x 1 milligram/ 20 micrograms	each
Norethindrone Acetate and Ethinyl Estradiol and Ferrous Fumarate‡ (Tablets [28 tablets per packet]: 5/7/9/7 combination packet)	7 x 1 milligram/ 30 micrograms	each

**Family PACT Reimbursable Drugs Table: Norethindrone Acetate and Ethinyl Estradiol and Ferrous Fumarate (continued)**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Norethindrone Acetate and Ethinyl Estradiol and Ferrous Fumarate‡ (Tablets [28 tablets per packet]: 5/7/9/7 combination packet)	9 x 1 milligram/ 35 micrograms	each
Norethindrone Acetate and Ethinyl Estradiol and Ferrous Fumarate‡ (Tablets [28 tablets per packet]: 5/7/9/7 combination packet)	7 x 75 milligrams ferrous fumarate	each

**Family PACT Reimbursable Drugs Table: Norethindrone and Ethinyl Estradiol**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet])	«0.4 milligrams/ 35 micrograms»	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet])	«0.5 milligrams/ 35 micrograms»	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet])	«1 milligram/20 micrograms»	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet])	«1 milligram/35 micrograms»	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet])	«1 milligram/50 micrograms»	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet])	«1.5 milligrams/30 micrograms»	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [21 tablets per packet] 7/7/7 combination packet)	7 x 0.5 milligrams/35 micrograms	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [21 tablets per packet] 7/7/7 combination packet)	7 x 0.75 milligrams/ 35 micrograms	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [21 tablets per packet] 7/7/7 combination packet)	7 x 1 milligrams/35 micrograms	each



**Family PACT Reimbursable Drugs Table: Norethindrone and Ethinyl Estradiol  
(continued)**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet] 7/7/7/7 combination packet)	7 x 0.5 milligrams/ 35 micrograms	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet] 7/7/7/7 combination packet)	7 x 0.75 milligrams/ 35 micrograms	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet] 7/7/7/7 combination packet)	7 x 1 milligram/35 micrograms	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet] 7/7/7/7 combination packet)	7 inert	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [21 tablets per packet] 7/9/5 combination packet))	7 x 0.5 milligrams/ 35 micrograms	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet] 7/9/5 combination packet))	9 x 1 milligrams/35 micrograms	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet] 7/9/5 combination packet))	5 x 0.5 milligrams/ 35 micrograms	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet] 7/9/5/7 combination packet))	7 x 0.5 milligrams/ 35 micrograms	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet] 7/9/5/7 combination packet))	9 x 1 milligrams/35 micrograms	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet] 7/9/5/7 combination packet))	5 x 0.5 milligrams/ 35 micrograms	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet] 7/9/5/7 combination packet))	7 inert	each

**Family PACT Reimbursable Drugs Table: Norethindrone and Ethinyl Estradiol  
(continued)**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet] 10/11/7 combination packet))	10 x 0.5 milligrams/ 35 micrograms	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet] 10/11/7 combination packet))	11 x 1 milligrams/ 35 micrograms	each
Norethindrone and Ethinyl Estradiol‡ (Tablets [28 tablets per packet] 10/11/7 combination packet))	7 inert	each

**Family PACT Reimbursable Drugs Table: Norethindrone and Mestranol**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Norethindrone and Mestranol‡ (Tablets [21 or 28 tablets per packet])	«1 milligram/50 micrograms»	each

**Family PACT Reimbursable Drugs Table: Norgestimate and Ethinyl Estradiol**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Norgestimate and Ethinyl Estradiol‡ (Tablets [21 or 28 tablets per packet])‡‡	«0.25 milligrams/ 35 micrograms»	each
Norgestimate and Ethinyl Estradiol‡ (Tablets [21 tablets per packet]: 7/7/7 combination packet)	7 x 0.180 milligram/ 35 microgram	each
Norgestimate and Ethinyl Estradiol‡ (Tablets [21 tablets per packet]: 7/7/7 combination packet)	7 x 0.215 milligram/ 35 microgram	each
Norgestimate and Ethinyl Estradiol‡ (Tablets [21 tablets per packet]: 7/7/7 combination packet)	7 x 0.250 milligram/ 35 microgram	each
Norgestimate and Ethinyl Estradiol‡ (Tablets [28 tablets per packet]: 7/7/7/7 combination packet)	7 x 0.180 milligrams/ 35 micrograms	each
Norgestimate and Ethinyl Estradiol‡ (Tablets [28 tablets per packet]: 7/7/7/7 combination packet)	7 x 0.215 milligrams/ 35 micrograms	each

**Family PACT Reimbursable Drugs Table: Norgestimate and Ethinyl Estradiol  
(continued)**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Norgestimate and Ethinyl Estradiol‡ (Tablets [28 tablets per packet]: 7/7/7/7 combination packet)	7 x 0.250 milligrams/ 35 micrograms	each
Norgestimate and Ethinyl Estradiol‡ (Tablets [28 tablets per packet]: 7/7/7/7 combination packet)	7 x inert	each
Norgestimate and Ethinyl Estradiol‡ (Tablets [28 tablets per packet]: 7/7/7/7 combination packet)	7 x 0.180 milligrams/ 25 micrograms	each
Norgestimate and Ethinyl Estradiol‡ (Tablets [28 tablets per packet]: 7/7/7/7 combination packet)	7 x 0.215 milligrams/ 25 micrograms	each
Norgestimate and Ethinyl Estradiol‡ (Tablets [28 tablets per packet]: 7/7/7/7 combination packet)	7 x 0.250 milligrams/ 25 micrograms	each

**Family PACT Reimbursable Drugs Table: Norgestrel**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Norgestrel‡ (Tablets)	0.075 milligrams	each

**Family PACT Reimbursable Drugs Table: Norgestrel and Ethinyl Estradiol**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Norgestrel and Ethinyl Estradiol‡ (Tablets [21 or 28 tablets per packet])	«0.3 milligrams/ 30 micrograms»	each
Norgestrel and Ethinyl Estradiol‡ (Tablets [21 or 28 tablets per packet])	«0.5 milligrams/ 50 micrograms»	each

**Family PACT Reimbursable Drugs Table: Penicillin Benzathine**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Penicillin G Benzathine (Injection)	Injection 1,200,000 units/ 2 milliliters	each
Penicillin G Benzathine (Injection)	2,400,000 units/4 milliliters	each

Penicillin G Benzathine Restrictions

- For use in the treatment of syphilis

**Family PACT Reimbursable Drugs Table: Podofilox**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Podofilox (Topical Gel)	0.5 percent	gram
Podofilox (Topical Solution)	0.5 percent	gram

**Podofilox Restrictions**

- For use in the treatment of external genital warts
- Maximum of one (1) unit per dispensing (maximum 28 days supply), and one (1) dispensing in 30 days

**Family PACT Reimbursable Drugs Table: Probenecid**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Probenecid (Tablets)	500 milligrams	each

**Probenecid Restrictions**

- For use as combination therapy in the treatment of PID/myometritis
- Maximum of two (2) tablets per dispensing (maximum one-day supply), and two dispensings in rolling 30 days

**Segesterone Acetate and Ethinyl Estradiol Yearly Vaginal System**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Vaginal ring	0.15 milligrams, 0.013 milligrams per 24 hours	each

**Restrictions**

- Restricted to a maximum quantity of one (1) ring per dispensing, and restricted to a maximum of two (2) dispensings in a 12-month period.
- A *Treatment Authorization Request (TAR)* is required for a third dispensing of the same product requested within a 12-month period.

**Family PACT Reimbursable Drugs Table: Sulfamethoxazole and Trimethoprim**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Sulfamethoxazole and Trimethoprim (Tablets)	400 milligram/80 milligram	each
Sulfamethoxazole and Trimethoprim (Double strength tablets)	800 milligram/160 milligram	each

**Sulfamethoxazole and Trimethoprim Restrictions**

- For use in the treatment of UTI in females
- «Maximum of 12 tablets (400 milligram/80 milligram) or six (6) tablets (800 milligram/160 milligram) per dispensing (maximum three-day supply), and two (2) dispensings in rolling 30 days»

**Family PACT Reimbursable Drugs Table: Tinidazole**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Tinidazole (Tablets)	250 milligrams	each
Tinidazole (Tablets)	500 milligrams	each

**Tinidazole Restrictions**

- «For use in the treatment for vaginal trichomoniasis when there are documented treatment failures or adverse events (not allergy) with prior use of Metronidazole. Maximum of 48 tablets (250 milligram) or 24 tablets (500 milligram) per dispensing, and two (2) dispensings in rolling 30 days
- For use in the treatment for bacterial vaginosis: maximum of 20 tablets (250 mg) or 10 tablets (500 mg) per dispensing, and two (2) dispensings in rolling 30 days»

**Family PACT Reimbursable Drugs Table: Ulipristal Acetate**

<b>Drug/Dosage Form</b>	<b>Size and/or Strength</b>	<b>Billing Unit</b>
Ulipristal Acetate (Tablets)	30 milligrams	each

**Ulipristal Acetate Restrictions**

- Maximum quantity of one pack per dispensing, with a combined (levonorgestrel and ulipristal acetate) maximum of six packs in any 12-month period
- For females only.

## **Therapeutic Classifications**

### Anti-Fungals

- Clotrimazole
- Fluconazole
- Miconazole Nitrate

### Anti-Infectives

- Azithromycin
- Cefixime
- Cefoxitin Sodium
- Ceftriaxone Sodium
- Cephalexin
- Ciprofloxacin
- Clindamycin HCl
- Clindamycin Phosphate
- Doxycycline Hyclate
- Doxycycline Monohydrate
- Gentamicin
- «Levofloxacin»
- Metronidazole
- Penicillin G Benzathine
- Sulfamethoxazole/Trimethoprim
- Tinidazole

### Anti-Virals

- Acyclovir

### Contraceptive Implant

- Etonogestrel

### Contraceptive Injection

- Medroxyprogesterone Acetate

### Contraceptive Transdermal Patch

- Norelgestromin/Ethinyl Estradiol
- Levonorgestrel/Ethinyl Estradiol

### Contraceptive Vaginal Ring

- Ethinyl Estradiol and Etonogestrel
- Segesterone Acetate and Ethinyl Estradiol

### Emergency Contraceptive

- Levonorgestrel
- Ulipristal Acetate

### Hormones

- Estradiol

### Intrauterine Contraceptive

- Copper-Releasing T380A
- Levonorgestrel-Releasing System

### Medical Supplies

- Cervical Cap
- Condoms
- Diaphragm
- Lubricating Jelly

### Miscellaneous

- Probenecid

## **Therapeutic Classifications (continued)**

### **Oral Contraceptives**

#### Monophasic

- Desogestrel/Ethinyl Estradiol
- Drospirenone/Ethinyl Estradiol
- «Drospirenone/Ethinyl Estradiol/Levomefolate Calcium»
- Ethynodiol Diacetate/Ethinyl Estradiol
- Levonorgestrel/Ethinyl Estradiol
- Norethindrone/Ethinyl Estradiol
- Norethindrone/Mestranol
- Norgestimate/Ethinyl Estradiol
- Norgestrel/Ethinyl Estradiol

#### Biphasic

- Desogestrel/Ethinyl Estradiol
- Norethindrone/Ethinyl Estradiol

#### Triphasic

- Desogestrel/Ethinyl Estradiol
- Levonorgestrel/Ethinyl Estradiol
- Norethindrone/Ethinyl Estradiol
- Norgestimate/Ethinyl Estradiol

#### Progestin Only

- Norethindrone
- Norgestrel

### **Spermicides**

- Nonoxynol 9

### **Topicals**

- Imiquimod
- Podofilox

**<<Legend>>**

<<Symbols used in the document above are explained in the following table.>>

<b>Symbol</b>	<b>Description</b>
<<	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.
†	A TAR is required for use in the treatment of skin infection as complication from implant insertion and surgical sterilization. Restricted to a maximum quantity of 56 capsules (500 milligram) per dispensing, for a maximum 14 days supply.
‡	Reimbursement is limited to a maximum quantity of up to 18 cycles per dispensing. The maximum quantity is intended for clients on continuous cycle. A 12-month supply of the same product may be dispensed twice in one year. A TAR is required for the third supply of up to 12 months of the same product requested within a year