

Pharmacy and Clinic Formulary

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

Reimbursable regimens are listed in the “Treatment and Dispensing Guidelines for Clinicians” in the *Benefits Grid* section in this manual.

For pharmacy dispensing, drugs marked with a symbol (*) are Family PACT’s Code 1 drugs, which are only payable for the conditions specified. 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 complication with the appropriate ICD-9-CM code must accompany the TAR. For additional information, refer to the *Treatment Authorization Request (TAR)* section in this manual.

Drug	Size and/or Strength	Billing Unit
ACYCLOVIR		
Capsules	200 mg	ea
Tablets	400 mg	ea
	800 mg	ea

Restrictions

- For use in the treatment of genital herpes
- Primary or recurrent genital herpes: maximum of 50 capsules (200 mg) or 30 tablets (400 mg) per dispensing (maximum 10 days supply)
- Recurrent genital herpes: maximum of 10 tablets (800 mg) per dispensing (maximum 5 days supply)
- Suppression of recurrent genital herpes: maximum of 60 tablets (400 mg) per dispensing (maximum 30 days supply)
- One (1) dispensing in 30 days

AZITHROMYCIN		
Powder packet	1 gm	ea
Tablets/capsules	500 mg	ea

Restrictions

- For use in the treatment of chlamydia: maximum of 1 gram per dispensing (maximum 1 day supply)
- For use in the dual treatment of gonorrhea regardless of the chlamydia test results: maximum of 1 gram per dispensing (maximum of 1 day supply)
- For use in the treatment of gonorrhea: maximum of 2 grams per dispensing (maximum 1 day supply)
- For use in the treatment of PID: maximum of 2 grams per dispensing (maximum of 2 week supply)
- **Two (2) dispensings in rolling 30 days**

pharmacy
2

Drug	Size and/or Strength	Billing Unit
CEFIXIME Tablet	400 mg	ea

Restrictions

- For use in the treatment of gonorrhea
 - Maximum of 400 mg per dispensing (maximum 1 day supply), and one (1) dispensing in 15 days
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CEFOXITIN SODIUM Injection	1 Gm 2 Gm	ea ea
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Restrictions

- For use as combination therapy in the treatment of PID/myometritis.
- Note:** Injected drugs are not reimbursable to pharmacies.
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CEFPODOXIME PROXETIL Tablet	200 mg	ea
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Restrictions

- For use in the treatment of gonorrhea
 - Maximum of 400 mg per dispensing (maximum 1 day supply), and one (1) dispensing in 15 days
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CEFTRIAXONE SODIUM Powder for injection Injection	250 mg 250 mg	ea ml
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Restrictions

- For use in the treatment of gonorrhea, PID/myometritis and epididymitis
- Note:** Injected drugs are not reimbursable to pharmacies.
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Drug	Size and/or Strength	Billing Unit
+ * CEPHALEXIN		
Capsules	250 mg	ea
	500 mg	ea

* Restrictions

- For use in the treatment of UTI in females
- Maximum of 40 capsules (250 mg) or 20 capsules (500 mg) per dispensing (maximum 10 days supply), and one (1) dispensing in 15 days

+ 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 mg) per dispensing, for a maximum 14 days supply.

CERVICAL CAP		ea
Restrictions		

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

CIPROFLOXACIN HCL		
Tablets	250 mg	ea

Restrictions

- For use in the treatment of UTI in females
- Maximum of six (6) tablets per dispensing (maximum 3 days supply), and one (1) dispensing in 15 days

+ * CLINDAMYCIN HYDROCHLORIDE		
Capsules	150 mg	ea
	300 mg	ea

* Restrictions

- For use in treatment of bacterial vaginosis
- Maximum of 28 capsules (150 mg) or 14 capsules (300 mg) per dispensing (maximum 7 days supply), and one (1) dispensing in 15 days

+ 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 (300 mg) for a maximum 14 days supply.

* Code 1 restriction
+ Approved TAR required

pharmacy
4

Drug	Size and/or Strength	Billing Unit
CLINDAMYCIN PHOSPHATE		
Vaginal cream	2 %	Gm
Vaginal suppositories (ovules)	100 mg (in 3's)	ea

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 2%: maximum 7 days supply, or
 - Vaginal suppositories (ovules): maximum 3 days supply
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CLOTRIMAZOLE		
Vaginal cream	1 %	Gm
	2 %	Gm

Restrictions

- For use in the treatment of vaginal candidiasis, and one (1) dispensing in 30 days
 - Vaginal cream (1% cream): maximum one (1) unit per dispensing (maximum 7 days supply), or
 - Vaginal cream (2% cream): maximum one (1) unit per dispensing (maximum 3 days supply)
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CONDOMS		ea
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Restrictions for pharmacies

- Male: maximum of 36 condoms per client, per any 27-day period, any provider
- Female: maximum of six (6) condoms per client, per any 27-day period, any provider

Restrictions for clinics

- There is a \$14.99 claim limit for all contraceptive supplies dispensed on a single date of service

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

COPPER INTRAUTERINE CONTRACEPTIVE		ea
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Restrictions

- Not reimbursable to pharmacies. Limited for clinics to one (1) per client, per year, any provider.
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DEPO-PROVERA
(See Medroxyprogesterone Acetate)

Drug	Size and/or Strength	Billing Unit
DESOGESTREL AND ETHINYL ESTRADIOL ¹		
Tablets (21 or 28 per packet)	0.15 mg/30 mcg	ea
Tablets (28 tablets per packet): 21/2/5 combination packet	21 x 0.15 mg/20 mcg 2 x inert 5 x 10 mcg Ethinyl Estradiol	ea
Tablets (28 tablets per packet): 7/7/7 combination packet	7 x 0.10 mg/25 mcg 7 x 0.125 mg/25 mcg 7 x 0.15 mg/25 mcg 7 x inert	ea
DIAPHRAGM		
Diaphragm kit		ea
Restrictions		
<ul style="list-style-type: none"> Pharmacy dispensation only One (1) diaphragm per client in any 365-day period, any provider 		
DOXYCYCLINE HYCLATE		
Capsules/tablets	100 mg	ea
DOXYCYCLINE MONOHYDRATE		
Capsules	100 mg	ea
Restrictions		
<ul style="list-style-type: none"> For use in the treatment of chlamydia: maximum of 14 tablets per dispensing (maximum 7 days supply), and two (2) dispensings in rolling 30 days For use in the dual treatment of gonorrhea regardless of the chlamydia test results: maximum 28 tablets per dispensing (Maximum of 14 day supply) For use in the treatment of PID as a combination therapy: maximum of 28 tablets per dispensing (maximum 14 days supply), and two (2) dispensings in rolling 30 days For use in the treatment of syphilis: one (1) dispensing in 30 days <ul style="list-style-type: none"> Primary, secondary, early latent: maximum 28 tablets per dispensing (maximum 14 days supply) Late latent, unknown duration: maximum 56 tablets per dispensing (maximum 28 days supply) 		
DROSPIRENONE/ETHINYL ESTRADIOL ¹		
Tablets (21/7)	3 mg/30 mcg	ea
Tablets (24/4)	3 mg/20 mcg	ea

¹ Reimbursement for pharmacies is limited to minimum dispensing quantity of three (3) cycles. Reimbursement for clinics is limited to a maximum quantity of 13 cycles per dispensing. Refills by clinics are permitted after 14 days for each cycle dispensed (for example, one (1) pack refill after 14 days, three (3) packs refill after 42 days, and 13 packs refill after 182 days).

pharmacy
6

Drug	Size and/or Strength	Billing Unit
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EMERGENCY CONTRACEPTION
(See Levonorgestrel)

ESTRADIOL Tablets	0.5 mg	ea
	1 mg	ea
	2 mg	ea

Restrictions

- For use in the treatment of abnormal vaginal bleeding in hormonal contraceptive users
 - Maximum 10 days supply and one (1) dispensing in 30 days
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ETHYNODIOL DIACETATE AND ETHINYL ESTRADIOL ¹ Tablets (21 or 28 tablets per packet)	1 mg – 35 mcg	ea
	1 mg – 50 mcg	ea

ETONOGESTREL AND ETHINYL ESTRADIOL Vaginal ring	0.120 mg/15 mcg/day	ea
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Restrictions for pharmacies

- Maximum dispensing quantity of three (3) rings per client, per 75 days

Restrictions for clinics:

- Maximum dispensing quantity of four (4) rings per client, per 90 days
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ETONOGESTREL IMPLANT SYSTEM Implant	68 mg	ea
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Restrictions

- Not reimbursable to pharmacies. Limited to one (1) per client, per 34 months, any provider.
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FEMCAP
(See Cervical Cap)

FLUCONAZOLE Tablets	150 mg	ea
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Restrictions

- For use in the treatment of vaginal candidiasis. Restricted to one (1) dose in 30 days.
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¹ Reimbursement for pharmacies is limited to minimum dispensing quantity of three (3) cycles. Reimbursement for clinics is limited to a maximum quantity of 13 cycles per dispensing. Refills by clinics are permitted after 14 days for each cycle dispensed (for example, one (1) pack refill after 14 days, three (3) packs refill after 42 days, and 13 packs refill after 182 days).

Drug	Size and/or Strength	Billing Unit
+ HEPARIN		ea
+ A TAR is required for use in the treatment of deep vein thrombosis or pulmonary embolism as complication following the use of hormonal contraception. Limited to pharmacy dispensing and one (1) treatment of no more than 180 days per client, any provider.		

* IMIQUIMOD Cream	5 %	ea packet
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*** 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
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IMPLANON
(See Etonogestrel Implant System)

LEVONORGESTREL Tablets	0.75 mg 1.5 mg	ea ea
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Restrictions

- Maximum quantity of one (1) **pack** (two tablets of **0.75 mg or one tablet of 1.5mg**) per dispensing, with a **combined (levonorgestrel and ulipristal acetate)** maximum of six (6) **packs** in any 12-month period.
 - **For females only.**
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LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM

Restrictions

- Not reimbursable to pharmacies. Limited for clinics to one (1) per client, per year, any provider.
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* Code 1 restriction
+ Approved TAR required

pharmacy

8

Drug	Size and/or Strength	Billing Unit
LEVONORGESTREL AND ETHINYL ESTRADIOL ¹		
Tablets (21 or 28 tablets per packet)	0.1 mg – 20 mcg	ea
	0.15 mg – 30 mcg	ea
Tablets (28 active tablets per packet)	0.090 mg – 20 mcg	ea
Tablets (21 tablets per packet): 6/5/10 combination packet	6 x 0.05 mg/30 mcg	ea
	5 x 0.075 mg/40 mcg	
	10 x 0.125 mg/30 mcg	
Tablets (28 tablets per packet): 6/5/10 combination packet	6 x 0.05 mg/30 mcg	ea
	5 x 0.075 mg/40 mcg	
	10 x 0.125 mg/30 mcg	
	7 x inert	
Tablets (91 tablets per packet) ²	84 x 0.15 mg/30 mcg	ea
	7 x inert	
	84 x 0.15 mg/30 mcg	ea
	7 x 0.01 mg ethinyl estradiol	

LUBRICATING JELLY gm

Restrictions for pharmacies

- Contraceptive supplies are limited to three (3) refills per any 75-day period

Restrictions for clinics

- There is a \$14.99 claim limit for all contraceptive supplies dispensed on a single date of service

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

MEDROXYPROGESTERONE ACETATE		
Injection	150 mg	ml
Disposable syringes	150 mg	ml

Restrictions

- Reimbursement is limited for clinics to one (1) per client, per **80** days.

Note: Injected drugs are not reimbursable to pharmacies.

¹ Reimbursement for pharmacies is limited to minimum dispensing quantity of three (3) cycles. Reimbursement for clinics is limited to a maximum quantity of 13 cycles per dispensing. Refills by clinics are permitted after 14 days for each cycle dispensed (for example, one (1) pack refill after 14 days; three (3) packs refill after 42 days; and 13 packs refill after 182 days).

² Reimbursement for pharmacies is limited to a maximum dispensing quantity of one (1) cycle. This is not reimbursable to clinics.

Drug	Size and/or Strength	Billing Unit
METRONIDAZOLE		
Oral tablets	250 mg	ea
	500 mg	ea
Vaginal gel	0.75 %	Gm

Restrictions

- For use in the treatment of bacterial vaginosis:
 - Oral tablets: maximum of 28 tablets (250 mg) or 14 tablets (500 mg) per dispensing (maximum 7 days supply), and one (1) dispensing in 15 days, or
 - Vaginal gel: maximum of one (1) unit per dispensing (maximum 5 days supply), and one (1) dispensing in 30 days
- For use in the treatment of trichomoniasis: maximum of 2 gm total per dispensing (maximum 1 day supply), or 14 tablets (500 mg) per dispensing (maximum 7 days supply), and one (1) dispensing in 15 days
- For use in the treatment of PID/myometritis as combination therapy: maximum of 56 tablets (250 mg) or 28 tablets (500 mg) per dispensing (maximum 14 days supply), and one (1) dispensing in 30 days

MICONAZOLE NITRATE		
Vaginal suppositories	100 mg	ea
	200 mg	ea
Vaginal cream	2 %	Gm
	4 %	Gm

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 mg): maximum 7 days supply
 - Vaginal suppositories (200 mg): maximum 3 days supply
 - Vaginal cream (2%): maximum 7 days supply
 - Vaginal cream (4%): maximum 3 days supply

MIRENA
(See Levonorgestrel-Releasing Intrauterine System)

pharmacy
10

Drug	Size and/or Strength	Billing Unit
NONOXYNOL 9 (Contraceptive cream, film, foam, gel, jelly, sponge or suppository)		
Cream – with or without applicator or refill		Gm
Foam – with or without applicator or refill		Gm
Gel – with or without applicator or refill		Gm
Suppositories – with or without applicator		ea
Inserts		ea
Vaginal film		ea
Contraceptive sponge		ea

Restrictions for pharmacies

- **Contraceptive supplies are limited to three (3) refills per any 75-day period**

Restrictions for clinics

- **There is a \$14.99 claim limit for all contraceptive supplies dispensed on a single date of service**

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

NORELGESTROMIN AND ETHINYL ESTRADIOL		
Transdermal patch	0.15 mg/20 mcg	ea

Restrictions for pharmacies

- Maximum dispensing quantity of nine (9) patches per client, per **75 days**

Restrictions for clinics

- Maximum dispensing quantity of 12 patches per client, per **90 days**
-

NORETHINDRONE ¹	0.35 mg	ea
Tablets (28 tablets per packet)		

¹ Reimbursement for pharmacies is limited to minimum dispensing quantity of three (3) cycles. Reimbursement for clinics is limited to a maximum quantity of 13 cycles per dispensing. Refills by clinics are permitted after 14 days for each cycle dispensed (for example one (1) pack refill after 14 days; three (3) packs refill after 42 days; and 13 packs refill after 182 days).

Drug	Size and/or Strength	Billing Unit
NORETHINDRONE ACETATE AND ETHINYL ESTRADIOL AND FERROUS FUMARATE ¹		
Tablets	1 mg/20 mcg	ea
	1 mg/30 mcg	ea
	1.5mg/30 mcg	ea
Tablets (28 tablets per packet): 5/7/9/7 combination packet	5 x 1 mg/20 mcg 7 x 1 mg/30 mcg 9 x 1 mg/35 mcg 7 x 75 mg ferrous fumarate	ea
Tablets (28 tablets per packet): 24/4 combination packet	24 x 0.4 mg – 35 mcg 4 x 75 ferrous fumarate	ea
NORETHINDRONE AND ETHINYL ESTRADIOL ¹		
Tablets (21 or 28 tablets per packet)	0.4 mg – 35 mcg	ea
	0.5 mg – 35 mcg	ea
	1 mg – 20 mcg	ea
	1 mg – 35 mcg	ea
	1 mg – 50 mcg	ea
	1.5 mg – 30 mcg	ea
Tablets (21 tablets per packet): 7/7/7 combination packet	7 x 0.5 mg/35 mcg 7 x 0.75 mg/35 mcg 7 x 1 mg/35 mcg	ea
Tablets (28 tablets per packet): 7/7/7/7 combination packet	7 x 0.5 mg/35 mcg 7 x 0.75 mg/35 mcg 7 x 1 mg/35 mcg 7 inert	ea
Tablets (21 tablets per packet): 7/9/5 combination packet	7 x 0.5 mg/35 mcg 9 x 1 mg/35 mcg 5 x 0.5 mg/35 mcg	ea

¹ Reimbursement for pharmacies is limited to minimum dispensing quantity of three (3) cycles. Reimbursement for clinics is limited to a maximum quantity of 13 cycles per dispensing. Refills by clinics are permitted after 14 days for each cycle dispensed (for example one (1) pack refill after 14 days; three (3) packs refill after 42 days; and 13 packs refill after 182 days).

pharmacy
12

Drug	Size and/or Strength	Billing Unit
Tablets (28 tablets per packet): 7/9/5/7 combination packet	7 x 0.5 mg/35 mcg 9 x 1 mg/35 mcg 5 x 0.5 mg/35 mcg 7 inert	ea
Tablets (28 tablets per packet): 10/11/7 combination packet	10 x 0.5 mg/35 mcg 11 X 1 mg/35 mcg 7 inert	ea
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NORETHINDRONE AND MESTRANOL ¹		
Tablets: 21 or 28 tablets per packet	1 mg – 50 mcg	ea
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NORGESTIMATE AND ETHINYL ESTRADIOL ¹		
Tablets (21 or 28 tablets per packet)	0.25 mg – 35 mcg	ea
Tablets (21 tablets per packet): 7/7/7 combination packet	7 x 0.180 mg/35 mcg 7 x 0.215 mg/35 mcg 7 x 0.250 mg/35 mcg	ea
Tablets (28 tablets per packet): 7/7/7/7 combination packet	7 x 0.180 mg/35 mcg 7 x 0.215 mg/35 mcg 7 x 0.250 mg/35 mcg 7 x inert	ea
Tablets (28 tablets per packet): 7/7/7/7 combination packet	7 x 0.180 mg/25 mcg 7 x 0.215 mg/25 mcg 7 x 0.250 mg/25 mcg	ea
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NORGESTREL ¹		
Tablets	0.075 mg	ea
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NORGESTREL AND ETHINYL ESTRADIOL ¹		
Tablets (21 or 28 tablets per packet)	0.3 mg – 30 mcg 0.5 mg – 50 mcg	ea ea

¹ Reimbursement for pharmacies is limited to minimum dispensing quantity of three (3) cycles. Reimbursement for clinics is limited to a maximum quantity of 13 cycles per dispensing. Refills by clinics are permitted after 14 days for each cycle dispensed (for example one (1) pack refill after 14 days; three (3) packs refill after 42 days; and 13 packs refill after 182 days).

Drug	Size and/or Strength	Billing Unit
NUVARING (See Etonogestrel and Ethinyl Estradiol)		

OFLOXACIN Tablets	200 mg	ea
	400 mg	ea

Restrictions

- For use in the treatment of PID/myometritis
 - **Maximum of 56 tablets (200 mg) or 28 tablets (400 mg) per dispensing (maximum 14 days supply), and one (1) dispensing in 30 days**
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ORTHO EVRA CONTRACEPTIVE PATCH
(See Norelgestromin and Ethinyl Estradiol)

PARAGARD
(See Copper Intrauterine Contraceptive)

PENICILLIN G BENZATHINE Injection	1,200,000 u/2 ml	ea
	2,400,000 u/2 ml	ea

Restrictions

- **For** use in the treatment of syphilis
Note: Injected drugs are not reimbursable to pharmacies
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PODOFILOX Topical Gel	0.5 %	Gm
Topical Solution	0.5 %	Gm

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
-

pharmacy
14

Drug	Size and/or Strength	Billing Unit
PROBENECID Tablets	500 mg	ea

Restrictions

- For use as combination therapy in the treatment of PID/myometritis
 - Maximum of two (2) tablets per dispensing (maximum 1-day supply), and one (1) dispensing in 30 days
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SHIELD
(See Diaphragm)

SKYLA
(See Levonorgestrel-Releasing Intrauterine System)

SULFAMETHOXAZOLE AND TRIMETHOPRIM Tablets	400 mg/80 mg	ea
Double strength tablets	800 mg/160 mg	ea

Restrictions

- For use in the treatment of UTI in females
 - Maximum of 12 tablets (400mg/80mg) or six (6) tablets (800mg/160 mg) per dispensing (maximum 3-day supply), and one (1) dispensing in 15 days
-

+ TERCONAZOLE Vaginal cream	0.4 %	gm
	0.8 %	gm
Vaginal suppositories	80 mg	ea

Restrictions

- For use in the treatment of vaginal candidiasis
 - Maximum of one (1) unit (tube or pack) per dispensing, and one (1) dispensing in 30 days
 - Vaginal cream (0.4%): maximum 7 days supply
 - Vaginal cream (0.8%): maximum 3 days supply
 - Vaginal suppositories: maximum 3 days supply
 - Pharmacy dispensing only
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* Code 1 restriction
+ Approved TAR required

Drug	Size and/or Strength	Billing Unit
* TINIDAZOLE		
Tablets	250 mg	ea
	500 mg	ea
* Restrictions		
<ul style="list-style-type: none"> • 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 eight (8) tablets (250 mg) or four (4) tablets (500 mg) per dispensing (maximum 1 day supply), and one (1) dispensing in 15 days 		
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THERMOMETER, BASAL BODY TEMPERATURE		ea
Restrictions for pharmacies		
<ul style="list-style-type: none"> • Pharmacy dispensing only • One (1) unit per client, per year 		
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ULIPRISTAL ACETATE		
Tablets	30 mg	ea
Restrictions		
<ul style="list-style-type: none"> • 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. 		
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+ WARFARIN SODIUM		ea
<ul style="list-style-type: none"> + A TAR is required for use in the treatment of deep vein thrombosis or pulmonary embolism as complication following the use of hormonal contraception. Limited to pharmacy dispensing and one (1) treatment of no more than 180 days per client, any provider. 		

* Code 1 restriction

+ Approved TAR required

THERAPEUTIC CLASSIFICATIONS

Anti-Fungals

Clotrimazole
Fluconazole
Miconazole Nitrate
Terconazole

Anti-Infectives

Azithromycin
Cefixime
Cefoxitin Sodium
Cefpodoxime Proxetil
Ceftriaxone Sodium
Cephalexin
Ciprofloxacin
Clindamycin HCl
Clindamycin Phosphate
Doxycycline Hyclate
Doxycycline Monohydrate
Metronidazole
Ofloxacin
Penicillin G Benzathine
Sulfamethoxazole/Trimethoprim
Tinidazole

Anti-Virals

Acyclovir

Contraceptive Implant

Etonogestrel

Contraceptive Injection

Medroxyprogesterone Acetate

Contraceptive Transdermal Patch

Norelgestromin/Ethinyl Estradiol

Contraceptive Vaginal Ring

Etonogestrel/Ethinyl Estradiol

Emergency Contraceptive

Levonorgestrel
Ulipristal Acetate

Hormones

Estradiol

Intrauterine Contraceptive

Copper-Releasing T380A
Levonorgestrel-Releasing System

Medical Supplies

Basal Thermometer
Condoms
Diaphragm
Lubricating Jelly

Miscellaneous

Probenecid

Oral Contraceptives

Monophasic

Desogestrel/Ethinyl Estradiol
Drospirenone/Ethinyl Estradiol
Ethinodiol 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

Extended Cycle

Levonorgestrel/Ethinyl Estradiol
(Seasonale, Seasonique)

Spermicides

Nonoxynol 9

Topicals

Imiquimod
Podofilox