
Pharmacy 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 pharmacy 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. The use of these drugs outside of the specified conditions is not reimbursable.

Oral contraceptives and oral emergency contraceptives are reimbursable through the Family PACT Program. For specific coverage criteria for oral contraceptives, refer to the *Drugs: Contract Drugs List Part 1 – Prescription Drugs* sections in the Part 2 Medi-Cal Pharmacy provider manual. For specific coverage criteria for levonorgestrel emergency contraceptives, refer to *Drugs: Contract Drugs List Part 2 – Over-the-Counter Drugs* section in the Part 2 Medi-Cal Pharmacy manual.

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.

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.

«Family PACT Reimbursable Drugs Table: Acyclovir»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Acyclovir (Capsules)	200 mg	ea
Acyclovir (Tablets)	400 mg	ea
Acyclovir (Tablets)	800 mg	ea

«Acyclovir» 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). One (1) dispensing in 30 days.
- Recurrent genital herpes: maximum of 10 tablets (800 mg) per dispensing (maximum 5 days supply). One (1) dispensing in 30 days.
- Suppression of recurrent genital herpes: maximum of 60 tablets (400 mg) per dispensing (maximum 30 days supply). One (1) dispensing in 22 days.

«Family PACT Reimbursable Drugs Table: Azithromycin»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Azithromycin (Powder packet)	1 gm	ea
Azithromycin (Tablets/capsules)	500 mg	ea

«Azithromycin» Restrictions:

- For use in the treatment of chlamydia: maximum of 6 grams per dispensing
- For use in the dual treatment of gonorrhea regardless of the chlamydia test results: maximum of 6 grams per dispensing
- For use in the dual treatment of gonorrhea in the case of significant anaphylaxis-type allergies to penicillin or allergies to cephalosporin: maximum of 12 grams per dispensing
- 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

Family PACT Reimbursable Drugs Table: Cefixime

Drug/Dosage Form	Size and/or Strength	Billing Unit
Cefixime (Tablets/capsules)	400 mg	ea

Cefixime Restrictions

- For use in the treatment of gonorrhea
- Maximum of «4,800 mg» per dispensing, and one (1) dispensing in 15 days

Family PACT Reimbursable Drugs Table: Cephalexin

Drug/Dosage Form	Size and/or Strength	Billing Unit
Cephalexin† (Capsules)	250 mg	ea
Cephalexin† (Capsules)	500 mg	ea

Cephalexin 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

Note: 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.

Family PACT Reimbursable Drugs Table: Cervical Cap

Drug/Dosage Form	Size and/or Strength	Billing Unit
Cervical Cap	N/A	ea

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»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Ciprofloxacin HCl (Tablets)	250 mg	ea

«Ciprofloxacin HCl» 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

«Family PACT Reimbursable Drugs Table: Clindamycin Hydrochloride»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Clindamycin Hydrochloride† (Capsules)	150 mg	ea
Clindamycin Hydrochloride† (Capsules)	300 mg	ea

«Clindamycin Hydrochloride» 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

Note: 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.

«Family PACT Reimbursable Drugs Table: Clindamycin Phosphate»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Clindamycin Phosphate (Vaginal cream)	2 percent	gm
Clindamycin Phosphate (Vaginal suppositories [ovules])	100 mg (in 3's)	ea

«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 2 percent: maximum 7 days supply, or
 - Vaginal suppositories (ovules): maximum 3 days supply

«Family PACT Reimbursable Drugs Table: Clotrimazole»

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

«Clotrimazole» Restrictions:

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

«Family PACT Reimbursable Drugs Table: Condoms»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Condoms	«N/A»	ea

«Condoms» Restrictions:

- Male: maximum of 36 condoms per client, per any 27-day period, any provider
- Internal: no more than 12 condoms per claim and no more than two claims in a 90-day period

«Family PACT Reimbursable Drugs Table: Copper Intrauterine Contraceptive»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Copper Intrauterine Contraceptive (Carton)	1 unit	ea

Note: For additional information, providers may refer to the *Physician-Administered Drugs* section in Part 2 Medi-Cal *Pharmacy* provider manual. Contact information for the ParaGard Specialty Pharmacy may be found on the ParaGard website at www.paragard.com. For ordering information, providers may refer to the ParaGard Specialty PharmacySM section on the Welcome to the ParaGard Program website at www.paragardbvsp.com/Login.aspx.

«Family PACT Reimbursable Drugs Table: Diaphragm»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Diaphragm (Diaphragm kit)	«N/A»	ea

«Diaphragm» Restrictions:

- One (1) diaphragm per client in any 365-day period, any provider

«Family PACT Reimbursable Drugs Table: Doxycycline Hyclate»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Doxycycline Hyclate (Capsules/tablets)	100 mg	ea

«Family PACT Reimbursable Drugs Table: Doxycycline Monohydrate»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Doxycycline Monohydrate (Capsules)	100 mg	ea

«Doxycycline Monohydrate» Restrictions:

- For use in the treatment of chlamydia: maximum of 84 tablets per dispensing, and two (2) 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 (2) dispensings in rolling 30 days
- For use in the treatment of syphilis: one (1) dispensing in 30 days
 - 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)

«Family PACT Reimbursable Drugs Table: Estradiol»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Estradiol (Tablets)	0.5 mg	ea
Estradiol (Tablets)	1 mg	ea
Estradiol (Tablets)	2 mg	ea

«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: Etonogestrel and Ethinyl Estradiol»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Etonogestrel and Ethinyl Estradiol (Vaginal ring)	0.120 mg/15 mcg/day	ea

«Etonogestrel and Ethinyl Estradiol» Restrictions:

- Maximum dispensing quantity of up to 13 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 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.

«Family PACT Reimbursable Drugs Table: Fluconazole»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Fluconazole (Tablets)	150 mg	ea

«Fluconazole» Restrictions:

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

«Family PACT Reimbursable Drugs Table: Heparin»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Heparin†	«N/A»	ea

Note: 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.

«Family PACT Reimbursable Drugs Table: Imiquimod»

Drug/«Dosage Form»	Size and/or Strength	Billing Unit
Imiquimod (Cream)	5 percent	ea 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 (1.8 percent), citric acid (1 percent) and potassium bitartrate (0.4 percent), 5 gm, 12 x 5 grams	gm

Lactic Acid, Citric Acid and Potassium Bitartrate Restrictions:

- One (1) box (12 single-use applicators) per dispensing.
- Limited to three (3) dispensings per any 75-day period.
- Restricted to NDC labeler code 69751.

Note: Bill using outer package NDCs for proper reimbursement.>>

Family PACT Reimbursable Drugs Table: Levonorgestrel-Releasing Intrauterine System

Drug/Dosage Form	Size and/or Strength	Billing Unit
Carton	19.5 mg/1 unit	ea

Note: For additional information, providers may refer to the *Physician-Administered Drugs* section in the Part 2 Medi-Cal *Pharmacy* provider manual. Kyleena® is obtained through a specialty pharmacy. Additional information regarding Bayer Women’s HealthCare Specialty Pharmacy Program is available on the Bayer web page Kyleena Ordering & Reimbursement.

Family PACT Reimbursable Drugs Table: Lubricating Jelly

Drug/Dosage Form	Size and/or Strength	Billing Unit
Lubricating Jelly	N/A	gm

Lubricating Jelly Restrictions:

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

Medroxyprogesterone Acetate

Dosage Form	Size and/or Strength	Billing Unit
Injection, IM	150 mg	ml
Prefilled syringe, IM	150 mg	ml
Prefilled syringe, SQ	104 mg	ml

Medroxyprogesterone Acetate Restrictions:

- Both strengths limited to one per client, per 80 days.
- 150 mg strength is for pharmacist administration only.

Family PACT Reimbursable Drugs Table: Metronidazole

Drug/Dosage Form	Size and/or Strength	Billing Unit
Metronidazole (Oral tablets)	250 mg	ea
Metronidazole (Oral tablets)	500 mg	ea
Metronidazole (Vaginal gel)	0.75 percent	gm

Metronidazole 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 12 gm total per dispensing, or 84 tablets (500 mg) per dispensing, 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

Family PACT Reimbursable Drugs Table: Miconazole Nitrate

Drug/Dosage Form	Size and/or Strength	Billing Unit
Miconazole Nitrate (Vaginal suppositories)	100 mg	ea
Miconazole Nitrate (Vaginal suppositories)	200 mg	ea
Miconazole Nitrate (Vaginal cream)	2 percent	gm
Miconazole Nitrate (Vaginal cream)	4 percent	gm

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

Family PACT Reimbursable Drugs Table: Moxifloxacin

Drug/Dosage Form	Size and/or Strength	Billing Unit
Moxifloxacin† (Tablets)	400 mg	ea

Moxifloxacin Restrictions:

- For use in the treatment of persistent or recurrent nongonococcal urethritis or cervicitis that has not responded to treatment with azithromycin. TAR required.

Family PACT Reimbursable Drugs Table: Nitrofurantoin

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

Nitrofurantoin Restrictions:

- For use in treatment of urinary tract infection (UTI) in females
- Maximum of ten (10) tablets per dispensing (maximum 5 days supply) and one (1) dispensing in 15 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)	N/A	ea
Nonoxynol 9 (Foam – with or without applicator or refill)	N/A	ea
Nonoxynol 9 (Gel – with or without applicator or refill)	N/A	ea
Nonoxynol 9 (Suppositories – with or without applicator)	N/A	ea
Nonoxynol 9 (Inserts)	N/A	ea
Nonoxynol 9 (Vaginal sponge)	N/A	ea
Nonoxynol 9 (Contraceptive sponge)	N/A	ea

Nonoxynol 9 Restrictions:

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

Family PACT Reimbursable Drugs Table: Norelgestromin and Ethinyl Estradiol

Drug/Dosage Form	Size and/or Strength	Billing Unit
Norelgestromin and Ethinyl Estradiol (Transdermal patch)	6 mg/0.75 mg	ea
Norelgestromin and Ethinyl Estradiol (Transdermal patch)	4.86 mg/0.53 mg	ea

Norelgestromin and Ethinyl Estradiol Restrictions:

- Maximum dispensing quantity of up to 52 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.

Family PACT Reimbursable Drugs Table: Ofloxacin

Drug/Dosage Form	Size and/or Strength	Billing Unit
Ofloxacin (Tablets)	200 mg	ea
Ofloxacin (Tablets)	400 mg	ea

Ofloxacin 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

Family PACT Reimbursable Drugs Table: Podofilox

Drug/Dosage Form	Size and/or Strength	Billing Unit
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

Drug/Dosage Form	Size and/or Strength	Billing Unit
Probenecid (Tablets)	500 mg	each

Probenecid 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

Segesterone Acetate and Ethinyl Estradiol Vaginal System

Drug/Dosage Form	Size and/or Strength	Billing Unit
Vaginal Ring	103 mg/17.4 mg	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

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

Sulfamethoxazole and Trimethoprim Restrictions:

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

Family PACT Reimbursable Drugs Table: Terconazole

Drug/Dosage Form	Size and/or Strength	Billing Unit
Terconazole† (Vaginal cream)	0.4 percent	gram
Terconazole† (Vaginal cream)	0.8 percent	gram
Terconazole† (Vaginal suppositories)	89 mg	each

Terconazole 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 percent): maximum 7 days supply
 - Vaginal cream (0.8 percent): maximum 3 days supply
 - Vaginal suppositories: maximum 3 days supply

Family PACT Reimbursable Drugs Table: Tinidazole

Drug/Dosage Form	Size and/or Strength	Billing Unit
Tinidazole (Tablets)	250 mg	each
Tinidazole (Tablets)	500 mg	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 mg) or 24 tablets (500 mg) per dispensing, and one (1) dispensing in 15 days

Family PACT Reimbursable Drugs Table: Thermometer, Basal Body Temperature

Drug/Dosage Form	Size and/or Strength	Billing Unit
Thermometer, Basal Body Temperature	N/A	each

Thermometer, Basal Body Temperature Restrictions:

- One (1) unit per client, per year

Family PACT Reimbursable Drugs Table: Warfarin Sodium

Drug/Dosage Form	Size and/or Strength	Billing Unit
Warfarin Sodium†	N/A	each

Note: 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.

Therapeutic Classifications

Anti-Fungals

- Clotrimazole
- Fluconazole
- Miconazole Nitrate
- Terconazole

Anti-Infectives

- Azithromycin
- Cefixime
- Cephalexin
- Ciprofloxacin
- Clindamycin HCl
- Clindamycin Phosphate
- Doxycycline Hyclate
- Doxycycline Monohydrate
- Metronidazole
- Moxifloxacin
- Ofloxacin
- Penicillin G Benzathine
- Sulfamethoxazole/Trimethoprim
- Tinidazole

Anti-Viral

- Acyclovir

Contraceptive Transdermal Patch

- Norelgestromin/Ethinyl Estradiol

Contraceptive Injection

- Medroxyprogesterone Acetate

Contraceptive Vaginal Ring

- Etonogestrel/Ethinyl Estradiol

Copper Intrauterine Contraceptive

Emergency Contraceptive

- Refer to Drugs: Contract Drugs List Part 2 – Over-the-Counter Drugs section in the Part 2 Medi-Cal Pharmacy provider manual

Hormone

- Estradiol

Medical Supplies

- Basal Thermometer
- Cervical Cap
- Condoms
- Diaphragm
- Lubricating Jelly

Miscellaneous

- Heparin
- Probenecid
- Warfarin Sodium

Oral Contraceptives

- Refer to the *Drugs: Contract Drugs List Part 1* sections in the Part 2 Medi-Cal *Pharmacy* provider manual

Spermicide

- Nonoxynol 9

Topicals

- Imiquimod
- Podofilox

<<Vaginal pH Modulator

- Lactic Acid, Citric Acid and Potassium Bitartrate>>

Legend

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

Symbol	Description
«	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.
†	Requires an approved <i>Treatment Authorization Request</i> (TAR)