



## Pharmacy and Clinic Formulary

The following list of both prescription and over-the-counter drugs and contraceptive supplies are reimbursable through the Family PACT (Planning, Access, Care and Treatment) Program. Guidelines for pharmacy and onsite dispensing may differ. 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.

Drug	Size and/or Strength	Billing Unit
<b>ACYCLOVIR</b>		
Capsules	200 mg	ea
Tablets	400 mg	ea
	800 mg	ea
<b>AZITHROMYCIN</b>		
Powder packet	1 Gm	ea
Tablets/capsules	250 mg	ea
	500 mg	ea
<b>BUTOCONAZOLE NITRATE</b>		
Vaginal cream (sustained release)	2 %	5 Gm
		Gm
<b>CEFIXIME</b>		
Tablet	200 mg	ea
	400 mg	ea
<b>CEFOXITIN SODIUM</b>		
Injected drugs are not reimbursable to pharmacies.		
Injection	1 Gm	ea
	2 Gm	ea
<b>CEFPODOXIME PROXETIL</b>		
Restricted to use in the treatment of <i>Neisseria gonorrhoeae</i> and to a maximum quantity of two (2) tablets per dispensing, with a maximum of two (2) dispensings per 180 days.		
Tablet	200 mg	ea
<b>CEFTRIAXONE SODIUM</b>		
Injected drugs are not reimbursable to pharmacies.		
Powder for injection	250 mg	ea
Injection	250 mg	cc



DEPO-PROVERA  
(See Medroxyprogesterone Acetate)

DESOGESTREL AND ETHINYL ESTRADIOL \*

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 ea

Kit ea

DOXYCYCLINE HYCLATE

Capsules/tablets 100 mg ea

DROSPIRENONE/ETHINYL ESTRADIOL \*

Tablets (21/7) 3 mg/30 mcg ea

Tablets (24/4) 3 mg/20 mcg ea

ESTRADIOL

Tablets 0.5 mg ea

1 mg ea

2 mg ea

ETHYNODIOL DIACETATE AND ETHINYL ESTRADIOL \*

Tablets (21 or 28 tablets per packet) 1 mg – 35 mcg  
1 mg – 50 mcg ea

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

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**ETONOGESTREL AND ETHINYL ESTRADIOL**

Reimbursement for pharmacies is limited to a maximum dispensing quantity of three (3) rings per recipient, per three months. Reimbursement for clinics is limited to a maximum dispensing quantity of four (4) rings per recipient, per three months.

Vaginal ring	0.120 mg/15 mcg/day	ea
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**FEMCAP**

(See Cervical Cap)

**FLUCONAZOLE**

Tablets	150 mg	ea
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**IMIQUIMOD**

Restricted for clinics to a maximum quantity of one (1) box per month. Limited to eight (8) boxes per year.

Cream	5 % (in 12's)	ea packet
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**LEA'S SHIELD**

(See Diaphragm)

**LEVONORGESTREL**

Restricted for pharmacies to a maximum quantity of two (2) tablets per dispensing with a maximum of six (6) packets in any 12-month period. Restricted for clinics to a maximum quantity of two (2) two-tablet packets per dispensing, with a maximum of six (6) packets in any 12-month period.

Tablets	0.75 mg	ea
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**LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM**

Not reimbursable to pharmacies. Limited for clinics to one (1) per client, per year, any provider.

LEVONORGESTREL AND ETHINYL ESTRADIOL \*

Tablets (21 or 28 tablets per packet)	0.1 mg – 20 mcg	ea
	0.15 mg – 30 mcg	ea

<b><u>Tablets (28 active tablets per packet)</u></b>	<b><u>0.090 mg - 20 mcg</u></b>	<b><u>ea</u></b>
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Tablets (21 tablets per packet): 6/5/10 combination packet	6 x 0.05 mg/30 mcg 5 x 0.075 mg/40 mcg 10 x 0.125 mg/30 mcg	ea
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Tablets (28 tablets per packet): 6/5/10 combination packet	6 x 0.05 mg/30 mcg 5 x 0.075 mg/40 mcg 10 x 0.125 mg/30 mcg 7 x inert	ea
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Tablets (91 tablets per packet) **	84 x 0.15 mg/30 mcg 7 x inert 84 x 0.15 mg/30 mcg 7 x 0.01 mg ethinyl estradiol	ea ea ea
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LUBRICATING JELLY Gm

MEDROXYPROGESTERONE ACETATE

Reimbursement is limited for clinics to once in 70 days. Injected drugs are not reimbursable to pharmacies.

Injection	150 mg	cc
Disposable syringes	150 mg	cc

METRONIDAZOLE

Oral tablets	250 mg	ea
	500 mg	ea
Vaginal gel	0.75 %	Gm

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

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MICONAZOLE NITRATE

Vaginal suppositories	100 mg	ea
	200 mg	ea
Vaginal cream	2 %	Gm
	4 %	Gm
Dual package (15 Gm topical cream 2 % and 3 vaginal suppositories 200 mg)		ea package

MIRENA

(See Levonorgestrel-Releasing Intrauterine System)

NITROFURANTOIN

Capsules (macrocrystals only)	100 mg	ea
Capsules, sustained release (monohydrate/macrocrystals)	100 mg	ea

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

NORELGESTROMIN AND ETHINYL ESTRADIOL

Reimbursement for pharmacies is limited to a maximum dispensing quantity of nine (9) patches per recipient, per three months. Reimbursement for clinics is limited to a maximum dispensing quantity of twelve (12) patches per recipient, per three months.

Transdermal patch	0.15 mg/20 mcg	ea
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NORETHINDRONE *		
Tablets (28 tablets per packet)	0.35 mg	ea
NORETHINDRONE ACETATE AND ETHINYL ESTRADIOL AND FERROUS FUMARATE *		
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

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NORETHINDRONE AND ETHINYL ESTRADIOL \*

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 (28 tablets per packet): 24/4 combination packet	24 x 0.4 mg – 35 mcg 4 x 75 mg ferrous fumarate	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
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 *		
Tablets: 21 or 28 tablets per packet	1 mg – 50 mcg	ea
NORGESTIMATE AND ETHINYL ESTRADIOL *		
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
NORGESTREL *		
Tablets	0.075 mg	ea
NORGESTREL AND ETHINYL ESTRADIOL *		
Tablets (21 or 28 tablets per packet)	0.3 mg – 30 mcg 0.5 mg – 50 mcg	ea ea
NUVARING (See Etonogestrel and Ethinyl Estradiol)		
OFLOXACIN		
Tablets	200 mg 400 mg	ea ea
OCTOXYNOL 9		
Cream with applicator		Gm
Jelly		Gm

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ORTHO EVRA CONTRACEPTIVE PATCH  
(See Norelgestromin and Ethinyl Estradiol)

PARAGARD  
(See Copper Intrauterine Contraceptive)

PENICILLIN G BENZATHINE

Injection	300,000 u/cc	cc
	600,000 u/cc	cc
	1,200,000 u/2 cc	ea
	2,400,000 u/2 cc	ea

PLAN B  
(See Levonorgestrel)

PODOFILOX

Topical Gel	0.5 %	Gm
Topical Solution	0.5 %	Gm

PROBENECID

Tablets	500 mg	ea
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SULFAMETHOXAZOLE AND TRIMETHOPRIM

Tablets	400 mg/80 mg	ea
Double strength tablets	800 mg/160 mg	ea

TERCONAZOLE

Vaginal cream	0.4 %	Gm
	0.8 %	Gm
Vaginal suppositories	80 mg	ea

TINIDAZOLE

Restricted to treatment for vaginal trichomoniasis when there are documented treatment failures or adverse events (not allergy) with prior use of Metronidazole.

	250 mg	ea
	500 mg	ea

THERMOMETER, BASAL BODY TEMPERATURE

ea

## THERAPEUTIC CLASSIFICATIONS

### Anti-Fungals

Butoconazole Nitrate  
Clotrimazole  
Fluconazole  
Miconazole Nitrate  
Terconazole

### Anti-Infectives

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

### Anti-Virals

Acyclovir

### Contraceptive Injection

Medroxyprogesterone Acetate

### Contraceptive Transdermal Patch

Norelgestromin/Ethinyl Estradiol

### Contraceptive Vaginal Ring

Etonogestrel/Ethinyl Estradiol

### Emergency Contraceptive

Levonorgestrel (Plan B)

### 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)

### Spermicides

Octoxynol 9  
Nonoxynol 9

### Topicals

Imiquimod  
Podofilox