



# Family PACT Pharmacy Formulary

November 7, 2022

## Revision History

Drug Name	Description	Policy Effective Date
Segesterone Acetate and Ethinyl Estradiol	Added with quantity limit restrictions.	November 1, 2020
Cefixime	Maximum milligram per dispensing updated.	June 1, 2021
Medroxyprogesterone Acetate	Additional formulation (prefilled syringe, SQ) added.	June 16, 2021
Lactic Acid, Citric Acid, Potassium Bitartrate	Added with quantity and labeler restrictions.	July 1, 2021
Levonorgestrel and Ethinyl Estradiol	Transdermal patches added with quantity limit restrictions.	October 1, 2021
Acyclovir	Capsules (200 mg) removed and restrictions updated for tablets.	February 1, 2022
Azithromycin	Restrictions updated.	February 1, 2022
Cefixime	Quantity limit restrictions updated.	February 1, 2022
Doxycycline Hyclate & Doxycycline Monohydrate	Restrictions updated.	February 1, 2022
Levofloxacin	Added with restrictions.	February 1, 2022
Metronidazole	Restrictions updated.	February 1, 2022
Moxifloxacin	Restrictions updated.	February 1, 2022
Ofloxacin	Removed FPACT benefit.	February 1, 2022
Probenecid	Restrictions updated.	February 1, 2022
Secnidazole	Added with restrictions.	February 1, 2022
Tinidazole	Additional restrictions added.	February 1, 2022
Cefixime	Dispensing restriction updated.	March 1, 2022

Drug Name	Description	Policy Effective Date
Cephalexin	Dispensing restriction updated.	March 1, 2022
Ciprofloxacin HCL	Dispensing restriction updated.	March 1, 2022
Clindamycin Hydrochloride	Dispensing restriction updated.	March 1, 2022
Sulfamethoxazole and Trimethoprim	Dispensing restriction updated.	March 1, 2022
Nitrofurantoin	Dispensing restriction updated.	March 1, 2022
Nonoxynol 9	Verbiage updated from "inserts" to "film."	March 1, 2022
Moxifloxacin	Prior authorization restriction removed.	August 15, 2022
Ciprofloxacin HCL	Additional strength (500 mg) added.	October 1, 2022
Heparin	Removed Family PACT benefit.	October 1, 2022
Contraceptive Coverage Clarification	Verbiage added to following narrative.	November 1, 2022

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.

For specific coverage criteria for oral contraceptives and ulipristal acetate emergency contraceptive, refer to the [Contract Drugs List](#) via the [Medi-Cal Rx Provider Portal](#). For specific coverage criteria for levonorgestrel emergency contraceptives, refer to the [Contract Drugs List – Over-the-Counter Drugs](#) via the [Medi-Cal Rx Provider Portal](#). Family PACT defers to the Medi-Cal Rx Contract Drugs List for coverage and restrictions.

Reimbursable regimens for the management of covered family planning-related conditions are listed in the *Treatment and Dispensing Guidelines for Clinicians* section of the [Benefits Grid](#) section of the [Family PACT Policies, Procedures, and Billing Instructions Manual](#).

Drugs marked with a symbol (†) require a Prior Authorization (PA) 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 PA. For additional information, refer to the [Family PACT Policies, Procedures, and Billing Instructions Manual](#).

## Utilization Management Types

Code	Description
QL	Quantity limit: claim will reject if defined quantity limits are exceeded.
LR	Labeler restriction: claim must reflect indicated labeler code for claim to pay.

## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
ANTI-FUNGALS					
Clotrimazole	Vaginal Cream	1 percent 2 percent	gm gm	QL	<p>For use in the treatment of vaginal candidiasis, and one (1) dispensing in 30 days.</p> <ul style="list-style-type: none"> <li>Vaginal cream (1 percent cream): maximum one (1) unit per dispensing (maximum 7 days supply), or</li> <li>Vaginal cream (2 percent cream): maximum one (1) unit per dispensing (maximum 3 days supply).</li> </ul>
Fluconazole	Tablets	150 mg	ea	QL	<p>For use in the treatment of vaginal candidiasis. Restricted to one dose in 30 days.</p>
Miconazole Nitrate	Vaginal Suppositories Vaginal Cream	100 mg 200 mg 2 percent 4 percent	ea ea gm gm	QL	<p>For use in the treatment of vaginal candidiasis. Maximum one (1) unit (cream or pack) per dispensing, and one (1) dispensing in 30 days.</p> <ul style="list-style-type: none"> <li>Vaginal suppositories (100 mg): maximum 7 days supply.</li> <li>Vaginal suppositories (200 mg): maximum 3 days supply.</li> </ul>

## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
(continued)					<ul style="list-style-type: none"> <li>• Vaginal cream (2 percent): maximum 7 days supply.</li> <li>• Vaginal cream (4 percent): maximum 3 days supply.</li> </ul>
Secnidazole	Oral Granules	2 gm packet	ea	LR, QL	For use in the treatment of bacterial vaginosis: maximum of one (1) packet (2 gm) per dispensing, and one (1) dispensing in 30 days.  Restricted to National Drug Code labeler code 27437.
Terconazole †	Vaginal Cream  Vaginal Suppositories	0.4 percent 0.8 percent  80 mg	gm gm ea	QL	For use in complicated cases of vaginal candidiasis, after treatment failure with other anti-fungals. PA required.

## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
(continued)					Maximum of one (1) unit (tube or pack) per dispensing, and one (1) dispensing in 30 days. <ul style="list-style-type: none"> <li>• Vaginal cream (0.4 percent): maximum 7 days supply.</li> <li>• Vaginal cream (0.8 percent): maximum 3 days supply.</li> <li>• Vaginal suppositories: maximum 3 days supply.</li> </ul>
<b>ANTI-INFECTIVES</b>					
Azithromycin	Powder Packet Tablets/ Capsules	1 gm 500 mg	ea ea	QL	For use in the treatment of chlamydia: maximum of 6 grams per dispensing, and two (2) 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 <i>mycoplasma genitalium</i> as a combination therapy: maximum of 2.5 grams per dispensing.

## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Cefixime	Tablets/ Capsules	400 mg	ea	QL	For the use in the treatment of gonorrhea.  Maximum 12 tablets/capsules (400 mg) per dispensing, and two (2) dispensings in rolling 30 days.
Cephalexin †	Capsules	250 mg 500 mg	ea ea	QL	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 two (2) dispensings in rolling 30 days.  <b>Note:</b> A PA 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 Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Ciprofloxacin HCL	Tablets	250 mg 500 mg	ea ea		<p>For use in treatment of urinary tract infection (UTI) in females.</p> <p>Maximum of six (6) tablets (250 mg) or three (3) tablets (500 mg) per dispensing (maximum 3 days supply), and two (2) dispensings in rolling 30 days.</p>
Clindamycin Hydrochloride †	Capsules	150 mg 300 mg	ea ea	QL	<p>For use in treatment of bacterial vaginosis.</p> <p>Maximum of 28 capsules (150 mg) or 14 capsules (300 mg) per dispensing (maximum 7 days supply), and two (2) dispensings in rolling 30 days.</p> <p><b>Note:</b> A PA 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.</p>
Clindamycin Phosphate	Vaginal Cream Vaginal Suppositories (ovules)	2 percent 100 mg (in 3's)	gm ea	QL	<p>For use in the treatment of bacterial vaginosis.</p> <p>Maximum of one (1) unit per dispensing and one (1) dispensing in 30 days.</p>

## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
(continued)					<ul style="list-style-type: none"> <li>• Vaginal cream 2 percent maximum 7 days supply, or</li> <li>• Vaginal suppositories (ovules): maximum 3 days supply.</li> </ul>
Doxycycline Hyclate	Capsules/ Tablets	100 mg	ea		<p>For use in the treatment of chlamydia: maximum of 84 tablets per dispensing, and two (2) dispensings in rolling 30 days.</p> <p>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.</p> <ul style="list-style-type: none"> <li>• For use in the treatment of epididymitis: maximum of 20 tablets per dispensing, and two (2) dispensings in rolling 30 days.</li> </ul> <p>For use in treatment of NGU: maximum of 14 tablets per dispensing.</p> <p>For use in the treatment of recurrent or persistent NGU secondary to <i>Mycoplasma</i></p>

## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
(continued)					<p><i>genitalium</i> as a combination therapy: maximum of 14 tablets per dispensing.</p> <p>For use in the treatment of syphilis for those with penicillin allergy.</p> <ul style="list-style-type: none"> <li>• Primary or secondary syphilis: maximum of 28 tablets.</li> <li>• Late latent or syphilis of unknown duration: maximum of 56 tablets</li> </ul>
Doxycycline Monohydrate	Capsules	100 mg	ea	QL	<p>For use in the treatment of chlamydia: maximum of 84 tablets per dispensing, and two (2) dispensings in rolling 30 days.</p> <p>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.</p> <p>For use in the treatment of epididymitis: maximum of 20 tablets per dispensing, and two (2) dispensings in rolling 30 days.</p>

## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
(continued)					<p>For use in treatment of NGU: maximum of 14 tablets per dispensing.</p> <p>For use in the treatment of recurrent or persistent NGU secondary to <i>Mycoplasma genitalium</i> as a combination therapy: maximum of 14 tablets per dispensing.</p> <p>For use in the treatment of syphilis for those with penicillin allergy.</p> <ul style="list-style-type: none"> <li>• Primary or secondary syphilis: maximum of 28 tablets.</li> <li>• Late latent or syphilis of unknown duration: maximum of 56 tablets</li> </ul>
Levofloxacin	Tablets	250 mg 500 mg	ea ea		<p>For use in the treatment of chlamydia: maximum of 84 tablets (250 mg) or 42 tablets (500 mg) per dispensing, and two (2) dispensings in rolling 30 days.</p> <p>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) dispensings in rolling 30 days.</p>



## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Moxifloxacin	Tablets	400 mg	ea		For use in the treatment of persistent or recurrent nongonococcal urethritis due to <i>Mycoplasma genitalium</i> .
Nitrofurantoin	Capsules (macrocrystals only)	50 mg 100 mg	ea ea	QL	For use in treatment of urinary tract infection (UTI) in females.  Maximum of ten (10) tablets/capsules (100 mg) or 20 tablets/capsules (50 mg) per dispensing (maximum 5 days supply) and two (2) dispensings in rolling 30 days.
	Capsules (monohydrate macrocrystals only)	100 mg	ea		
	Tablets	50 mg	ea		
		100 mg	ea		
Sulfamethoxazole and Trimethoprim	Tablets	400mg/80 mg	ea	QL	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 two (2) dispensings in rolling 30 days.
	Tablets, Double Strength	800mg/160 mg	ea		

## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Tinidazole	Tablets	250 mg 500 mg	ea ea	QL	<p>For use in the treatment for vaginal trichomoniasis when there are documented treatment failures or adverse events (not allergy) with prior use of Metronidazole.</p> <p>Maximum of 48 tablets (250 mg) or 24 tablets (500 mg) per dispensing, and one (1) dispensing in 15 days.</p> <p>For use in the treatment for bacterial vaginosis: maximum of 20 tablets (250 mg) or 10 tablets (500 mg) per dispensing, and one (1) dispensing in 15 days.</p>
<b>ANTI-VIRAL</b>					
Acyclovir	Tablets	400 mg 800 mg	ea ea	QL	<p>For use in the treatment of genital herpes.</p> <p>Primary genital herpes: maximum of 30 tablets (400 mg) per dispensing (maximum 10 days supply). Treatment can be extended if healing is incomplete after 10 days of therapy.</p> <p>Recurrent genital herpes: maximum of 20 tablets (400 mg) or 10 tablets (800 mg) per dispensing</p>

Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
(continued)					(maximum 5 days supply), and 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.
<b>CONTRACEPTIVE INJECTION</b>					
Medroxy-progesterone Acetate	Injection	150 mg	ml	QL	Both strengths are limited to one per client, per 80 days.  The 150 mg strength is for pharmacist administration only.
	Prefilled Syringe	150 mg	ml		
	Prefilled Syringe, SQ	104 mg/ 0.65 ml	ml		
<b>CONTRACEPTIVE TRANSDERMAL PATCH</b>					
Levonorgestrel and Ethinyl Estradiol	Transdermal Patch	120 mcg/30 mcg	ea	QL	Maximum dispensing quantity of up to 52 patches per client. The maximum quantity is intended for clients on a continuous cycle.  A 12-month supply of the same product of contraceptive patches may be dispensed twice in one year. A PA is required for the third supply of up to 12 months of the same product requested within a year.



## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Norelgestromin and Ethinyl Estradiol	Transdermal Patch	6 mg/0.75 mg 4.86 mg/ 0.53 mg	ea ea	QL	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 PA is required for the third supply of up to 12 months of the same product requested within a year.
<b>CONTRACEPTIVE VAGINAL RING</b>					
Etonogestrel and Ethinyl Estradiol	Vaginal Ring	0.120 mg/ 15 mcg/day	ea	QL	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 PA is required for the third supply of up to 12 months of the same product requested within a year.
Segesterone Acetate and Ethinyl Estradiol	Vaginal Ring	103 mg/ 17.4 mg	ea		Maximum of two (2) dispensings in a 12-month period. A PA is required for a third dispensing of the same product requested within a 12-month period.

## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
INTRAUTERINE CONTRACEPTIVES					
Copper Intrauterine Contraceptive	Carton	1 unit	ea		<p><b>Note:</b> For additional information, providers may refer to the <a href="#">Pharmacy Reimbursable Physician Administered Drugs</a>. Contact information for the ParaGard Specialty Pharmacy may be found on the ParaGard website at <a href="http://www.paragard.com">www.paragard.com</a>. For ordering information, providers may refer to the ParaGard Specialty Pharmacy<sup>SM</sup> section on the Welcome to the ParaGard Program website at <a href="http://www.paragardbvsp.com">www.paragardbvsp.com</a>.</p>
Levonorgestrel-Releasing Intrauterine System	Carton	19.5mg/1unit	ea		<p>Note: For additional information, providers may refer to the <a href="#">Pharmacy Reimbursable Physician Administered Drugs</a>. Kyleena<sup>®</sup> 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 &amp; Reimbursement.</p>
EMERGENCY CONTRACEPTIVE					
Refer to the <a href="#">Contract Drugs List Over-the-Counter Drugs</a> section.					

## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
<b>HORMONE</b>					
Estradiol	Tablets	0.5 mg	ea	QL	For use in the treatment of abnormal vaginal bleeding in hormonal contraceptive users. Maximum 10 days supply and one dispensing in 30 days.
		1 mg	ea		
		2 mg	ea		
<b>CONTRACEPTIVE SUPPLIES</b>					
Thermometer Basal Body Temperature			ea	QL	One (1) unit per client, per year.
Cervical Cap			ea	QL	Limited to one (1) cervical cap per dispensing, and two (2) cervical caps per client, per year.
Condoms			ea	QL	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.
Diaphragm	Diaphragm Kit		ea	QL	One (1) diaphragm per client in any 365-day period, any provider.
Lubricating Jelly			gm	QL	Contraceptive supplies are limited to three (3) refills per any 75-day period.

## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
<b>MISCELLANEOUS</b>					
Probenecid	Tablets	500 mg	ea	QL	For use as combination therapy in the treatment of PID/myometritis.  Maximum of two (2) tablets per dispensing (maximum 1-day supply), and two (2) dispensings in rolling 30 days.
Warfarin Sodium †			ea	QL	<b>Note:</b> A PA 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.
<b>ORAL CONTRACEPTIVES</b>					
Refer to the <a href="#">Contract Drugs List</a> section.					
<b>SPERMICIDE</b>					
Nonoxynol 9	Cream – with or without applicator or refill		ea	QL	Contraceptive supplies are limited to three (3) refills per any 75-day period.

## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
(continued)	Foam – with or without applicator or refill		ea		
	Gel – with or without applicator or refill		ea		
	Suppositories – with or without applicator		ea		
	Film		ea		
	Vaginal Sponge		ea		
	Contractive Sponge		ea		

## Family PACT Pharmacy Formulary



Drug Name	Dosage Form	Strength/ Package Size	Billing Unit	UM Type	Restrictions
<b>TOPICALS</b>					
Imiquimod	Cream	5 percent	ea packet	QL	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.
Podofilox	Topical Gel	0.5 percent	gm	QL	For use in the treatment of external genital warts.
	Topical Solution	0.5 percent	gm		Maximum of one (1) unit per dispensing (maximum 28 days supply), and one (1) dispensing in 30 days.
<b>VAGINAL PH MODULATOR</b>					
Lactic Acid, Citric Acid, Potassium Bitartrate	Vaginal Gel	lactic acid (1.8%), citric acid (1%), and potassium bitartrate (0.4%), 5 gm, 12 x 5 grams	gm	LR, QL	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