

# **Medi-Cal Rx Family Planning, Access, Care, and Treatment Pharmacy Formulary**

June 1, 2025

## Revision History

Drug Name	Description	Effective Date
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
Quantity Limit PA Request Update	Verbiage added to following narrative.	October 1, 2022
Contraceptive Coverage Clarification	Verbiage added to following narrative.	November 1, 2022
Moxifloxacin	Quantity limit restrictions added.	May 1, 2023
Enoxaparin Sodium	Added with restrictions.	January 11, 2023
Quantity Limit PA Request Update	Basal thermometers now eligible for review of quantity limit PAs.	July 1, 2023
Moxifloxacin	Quantity limit updated.	November 10, 2023
Oral Contraceptives	Updated to refer to the <i>Medi-Cal Rx Contract Drugs List</i> and the <i>Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations</i> .	April 1, 2024
Norelgestromin and Ethinyl Estradiol	Labeler restriction (LR) added to transdermal patch.	April 1, 2024
Etonogestrel and Ethinyl Estradiol	Quantity limit updated.	June 1, 2024
Levonorgestrel and Ethinyl Estradiol	Quantity limit updated.	June 1, 2024
Norelgestromin and Ethinyl Estradiol	Quantity limit updated.	June 1, 2024
Segesterone Acetate and Ethinyl Estradiol	Additional labeler code (68308) restriction added.	October 1, 2024
Secnidazole	<b>Effective June 1, 2025:</b> LR updated.	May 1, 2025

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 [Medi-Cal Rx Contract Drugs List](#) and the [Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations](#) via the [Medi-Cal Rx Provider Portal](#). For specific coverage criteria for levonorgestrel emergency contraceptives, refer to the [Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations](#) 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 *International Classification of Diseases – 10th Revision, Clinical Modification* (ICD-10-CM) code must accompany the PA. For additional information, refer to the [Family PACT Policies, Procedures, and Billing Instructions Manual](#).

A PA request may be submitted, and evaluated for medical necessity, for claims that exceed the dispensing limits set by the program for anti-fungals, anti-infectives, anti-virals, topicals, and basal thermometers.

## Utilization Management (UM) 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.

## Anti-Fungals

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

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Anti-Fungals					
Terconazole †	Vaginal Cream	0.4 percent 0.8 percent	gm gm	QL	<p>For use in complicated cases of vaginal candidiasis, after treatment failure with other anti-fungals. PA required.</p> <p>Maximum of one unit (tube or pack) per dispensing, and one dispensing in 30 days.</p> <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>

## Anti-Infectives

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Anti-Infectives					
Azithromycin	Powder Packet	1 gm	ea	QL	<p>For use in the treatment of chlamydia: maximum of 6 grams per dispensing, and two dispensings in rolling 30 days.</p> <p>For use in the treatment of nongonococcal urethritis (NGU): maximum of one gram 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 2.5 grams per dispensing.</p>
	Tablets/ Capsules	500 mg	ea		
Cefixime	Tablets/ Capsules	400 mg	ea	QL	<p>For the use in the treatment of gonorrhea.</p> <p>Maximum 12 tablets/capsules (400 mg) per dispensing, and two dispensings in rolling 30 days.</p>

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Anti-Infectives					
Cephalexin †	Capsules	250 mg 500 mg	ea ea	QL	<p>For use in the treatment of urinary tract infection (UTI) in females.</p> <p>Maximum of 40 capsules (250 mg) or 20 capsules (500 mg) per dispensing (maximum 10 days' supply), and two 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 (500 mg) per dispensing, for a maximum 14 days' supply.</p>
Ciprofloxacin HCL	Tablets	250 mg 500 mg	ea ea		<p>For use in treatment of UTI in females.</p> <p>Maximum of six tablets (250 mg) or three tablets (500 mg) per dispensing (maximum 3 days' supply), and two dispensings in rolling 30 days.</p>

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Anti-Infectives					
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 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	2 percent	gm	QL	<p>For use in the treatment of bacterial vaginosis.</p> <p>Maximum of one unit per dispensing and one dispensing in 30 days.</p> <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>
	Vaginal Suppositories (ovules)	100 mg (in 3's)	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Anti-Infectives					
Doxycycline Hyclate	Capsules/ Tablets	100 mg	ea		<p>For use in the treatment of chlamydia: maximum of 84 tablets per dispensing, and two dispensings in rolling 30 days.</p> <p>For use in the treatment of pelvic inflammatory disease (PID) as a combination therapy: maximum of 28 tablets per dispensing (maximum 14 days' supply), and two dispensings in rolling 30 days.</p> <p>For use in the treatment of epididymitis: maximum of 20 tablets per dispensing, and two dispensings in rolling 30 days.</p> <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>

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Anti-Infectives					
Doxycycline Monohydrate	Capsules	100 mg	ea	QL	<p>For use in the treatment of chlamydia: maximum of 84 tablets per dispensing, and two 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 dispensings in rolling 30 days.</p> <p>For use in the treatment of epididymitis: maximum of 20 tablets per dispensing, and two dispensings in rolling 30 days.</p> <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>

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Anti-Infectives					
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 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 dispensings in rolling 30 days.</p> <p>For use in the treatment of epididymitis: maximum of 20 tablets (250 mg) or 10 tablets (500 mg), and two dispensings in rolling 30 days.</p>
Metronidazole	Oral Tablets	250 mg 500 mg	ea ea	QL	<p>For use in the treatment of bacterial vaginosis:</p> <ul style="list-style-type: none"> <li>Oral tablets: maximum of 28 tablets (250 mg) or 14 tablets (500 mg) per dispensing (maximum 7 days' supply), and one dispensing in 15 days, or</li> <li>Vaginal gel: maximum of one unit per dispensing (maximum 5 days' supply), and one dispensing in 30 days</li> </ul>

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Anti-Infectives					
(continued)	Vaginal Gel	0.75 percent	gm		For use in the treatment of trichomoniasis: maximum of 84 tablets (500 mg) per dispensing, and one 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 dispensing in 30 days.
Moxifloxacin	Tablets	400 mg	ea	QL	For use in the treatment of persistent or recurrent nongonococcal urethritis due to <i>Mycoplasma genitalium</i> .  Maximum of seven tablets per dispensing (maximum 7-day supply), and two dispensings in rolling 30 days.
Nitrofurantoin	Capsules (macrocrystals only)	50 mg 100 mg	ea ea	QL	For use in treatment of UTI in females.  Maximum of ten (10) capsules (100 mg) or 20 capsules (50 mg) per dispensing (maximum 5 days' supply) and two dispensings in rolling 30 days.
	Capsules (monohydrate macrocrystals only)	100 mg	ea		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Anti-Infectives					
Secnidazole	Oral Granules	2 gm packet	ea	LR, QL	For use in the treatment of bacterial vaginosis: maximum of one packet (2 gm) per dispensing, and one dispensing in 30 days.  Restricted to NDC labeler code 69751.
Sulfamethoxazole and Trimethoprim	Tablets	400 mg/80 mg	ea	QL	For use in the treatment of UTI in females.  Maximum of 12 tablets (400 mg/80 mg) or six tablets (800 mg/160 mg) per dispensing (maximum 3-day supply), and two dispensings in rolling 30 days.
	Tablets, Double Strength	800 mg/160 mg	ea		
Tinidazole	Tablets	250 mg 500 mg	ea ea	QL	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 dispensing in 15 days.  For use in the treatment for bacterial vaginosis: maximum of 20 tablets (250 mg) or 10 tablets (500 mg) per dispensing, and one dispensing in 15 days.

## Anti-Viral

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Anti-Viral					
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 (maximum 5 days' supply), and one dispensing in 30 days.</p> <p>Suppression of recurrent genital herpes: maximum of 60 tablets (400 mg) per dispensing (maximum 30 days' supply). One dispensing in 22 days.</p>

## Contraceptive Injection

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Contraceptive Injection					
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		

## Contraceptive Transdermal Patch

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Contraceptive Transdermal Patch					
Levonorgestrel and Ethinyl Estradiol	Transdermal Patch	120 mcg/30 mcg	ea	QL	Maximum dispensing quantity of up to 54 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.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
<b>Contraceptive Transdermal Patch</b>					
Norelgestromin and Ethinyl Estradiol	Transdermal Patch	150 mcg-35 mcg/ 24 hours	ea	LR, QL	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 PA is required for the third supply of up to 12 months of the same product requested within a year. Also restricted to NDC labeler code 00378.

## Contraceptive Vaginal Ring

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
<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 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 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.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Contraceptive Vaginal Ring					
Segesterone Acetate and Ethinyl Estradiol	Vaginal Ring	103 mg/ 17.4 mg	ea	LR, QL	Restricted to NDC labeler codes 50261 and 68308. Also restricted to a maximum quantity of 1 ring per dispensing. The maximum quantity is intended for members on a continuous cycle. Restricted to a maximum of 2 dispensings in a 12-month period. A prior authorization request is required for a third dispensing of the same product requested within a 12-month period.

## Intrauterine Contraceptives

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Intrauterine Contraceptives					
Copper Intrauterine Contraceptive	Carton	1 unit	ea		<b>Note:</b> For additional information, providers may refer to the <a href="#">Medi-Cal Rx 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> .
Levonorgestrel-Releasing Intrauterine System	Carton	19.5 mg/1 unit	ea		<b>Note:</b> For additional information, providers may refer to the <a href="#">Medi-Cal Rx 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 & Reimbursement.

## Emergency Contraceptive

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Emergency Contraceptive					
Refer to the <a href="#">Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations</a> .					

## Hormone

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Hormone					
Estradiol	Tablets	0.5 mg 1 mg 2 mg	ea ea 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.

## Contraceptive Supplies

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Contraceptive Supplies					
Thermometer Basal Body Temperature			ea	QL	One unit per client, per year.
Cervical Cap			ea	QL	Limited to one cervical cap per dispensing, and two cervical caps per client, per year.

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Contraceptive Supplies					
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 diaphragm per client in any 365-day period, any provider.
Lubricating Jelly			gm	QL	Contraceptive supplies are limited to three refills per any 75-day period.

## Miscellaneous

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Miscellaneous					
Enoxaparin Sodium	Prefilled Syringe	30 mg 40 mg 60 mg 80 mg 100 mg 120 mg 150 mg	ml		For the treatment of deep vein thrombosis or pulmonary embolism that is attributable to combined hormonal contraceptives; covered up to 15 days. A PA is required for additional units beyond the 15-day treatment.
	Vial	300 mg/3 ml	ml		

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Miscellaneous					
Probenecid	Tablets	500 mg	ea	QL	For use as combination therapy in the treatment of PID/myometritis.  Maximum of two tablets per dispensing (maximum 1-day supply), and two 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 treatment of no more than 180 days per client, any provider.

## Oral Contraceptives

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Oral Contraceptives					
Refer to the <a href="#">Medi-Cal Rx Contract Drugs List</a> and <a href="#">Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations</a> .					

## Spermicide

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Spermicide					
Nonoxynol 9	Cream – with or without applicator or refill		ea	QL	Contraceptive supplies are limited to three refills per any 75-day period.
	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		

## Topicals

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Topicals					
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.  Maximum of one unit per dispensing (maximum 28 days' supply), and one dispensing in 30 days.

## Vaginal PH Modulator

Drug Name	Dosage	Strength/ Package Size	Billing Unit	UM Type	Restrictions
Vaginal PH Modulator					
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 box (12 single-use applicators) per dispensing. Limited to three dispensings per any 75-day period. Restricted to NDC labeler code 69751.  <b>Note:</b> Bill using outer package NDCs for proper reimbursement.