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# Pharmacy Formulary

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For 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, providers should refer to the [Family PACT Pharmacy Formulary](#). Guidelines for pharmacy and onsite dispensing may differ for some drugs. Restrictions are noted throughout the *Family PACT Pharmacy Formulary*. The use of drugs outside of the specified conditions is not reimbursable.

«For specific coverage criteria for oral contraceptives and oral emergency contraceptives, Family PACT defers to Medi-Cal coverage. Refer to the Contract Drugs & Covered Products Lists page on the Medi-Cal Rx Web Portal for more information.

- For specific coverage criteria for oral contraceptives and ulipristal acetate emergency contraceptive, refer to the [Medi-Cal Rx Contract Drugs List](#).
- For specific coverage criteria for non-contracted oral contraceptives, refer to the [Medi-Cal Rx Approved NDC List](#).
- For specific coverage criteria for over-the-counter (OTC) oral contraceptives (such as the norgestrel progestin-only pill) and levonorgestrel emergency contraceptives, refer to the [Medi-Cal Rx Contract Drugs List – Over-the-Counter Drugs and Cough/Cold Preparations](#).»

Reimbursable regimens for the management of covered family planning-related conditions are also listed in the *Family PACT Pharmacy Formulary*.

## **Legend**

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

| <b>Symbol</b> | <b>Description</b>                                                                                    |
|---------------|-------------------------------------------------------------------------------------------------------|
| «             | 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.   |