

Wisconsin Medicaid and BadgerCare update

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Wisconsin Medicaid and BadgerCare Information for Providers

To:
Ambulatory
Surgery Centers
County/Tribal
Social or Human
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Family Planning
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Covered Services and Drugs for the Family Planning Waiver

Family Planning Waiver (FPW) recipients may receive certain reproductive health services if the services are determined medically necessary during contraceptive-related FPW services. This *Wisconsin Medicaid and BadgerCare Update* contains a comprehensive list of covered drugs and services for FPW recipients.

Family Planning Waiver Program

The Family Planning Waiver (FPW) is a limited-benefit category for women age 15 through 44 who are at or below 185 percent of the Federal Poverty Level. The FPW provides limited services to low-income women who are otherwise not eligible for Wisconsin Medicaid or BadgerCare. The goal of the FPW is to provide women with the information and services to assist them in avoiding unintended pregnancy, making Medicaid or BadgerCare eligibility based on pregnancy less likely.

Recipients enrolled in the FPW may receive services to prevent or delay pregnancy. In addition, FPW recipients may receive *certain* reproductive health services if the services are determined medically necessary during contraceptive-related FPW services. Only services identified by the procedure codes listed in Attachment 1 of this *Wisconsin Medicaid and BadgerCare Update* are covered under the FPW.

Family Planning Waiver recipients are not eligible for other services that are covered under full-benefit Wisconsin Medicaid and BadgerCare. Even if a medical condition is discovered during a contraceptive-related FPW service, treatment for the condition is not covered under the FPW unless the treatment is identified in Attachment 1.

Program Requirements for Reproductive Health Services

Wisconsin Medicaid reserves the right to recoup payment for services if the FPW recipient has not received a contraceptive-related FPW service within the previous 12 months. Reproductive health services are reimbursable only if the FPW recipient has received a contraceptive-related FPW service within the previous 12 months. For example, if the need for a medically necessary reproductive health service is discovered, and a contraceptive-related FPW service has been provided within the past twelve months, the reproductive health service is reimbursable by the FPW.

In addition, a colposcopy is reimbursable only if an abnormal result is received from a pap test that was performed and covered by the FPW prior to the colposcopy.

Newly Allowable Services

Wisconsin Medicaid will cover additional services under the FPW. The following table contains the procedure codes and corresponding effective dates.

Reimbursement for Newly Allowed Procedure Codes and Drug

To receive reimbursement for newly allowed procedure codes or the prescription drug, providers are required to do the following:

- Submit a claim or adjustment request according to normal claim submission or adjustment request procedures for dates

of service (DOS) that are within the claim submission deadline.

- Submit a timely filing appeals request for DOS that are beyond the claim submission deadline. Timely filing appeals requests must be received by April 2, 2007, and include the following:
 - ✓ A Timely Filing Appeals Request form, HCF 13047 (Rev. 08/05). Providers should check the “Medicaid reconsideration” box and write “Update 2007-01” in the field labeled “Briefly explain the nature

Effective Date *	Procedure Code or Drug	Description
1/1/03	J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
1/1/03	57455	Colposcopy of the cervix including upper/adjacent vagina; with biopsy(s) of the cervix
1/1/03	57456	with endocervical curettage
1/1/03	57461	with loop electrode conization of the cervix
1/1/03	85032	Blood count; manual cell count (erythrocyte, leukocyte, or platelet) each
1/1/03	87254	Virus isolation; centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus
1/1/03	87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique
1/1/03	88365	In situ hybridization [eg, FISH], each probe
10/1/03	00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
10/1/03	00851	tubal ligation/transection
10/1/03	00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified
10/1/03	00950	culdoscopy
10/1/03	00952	hysteroscopy and/or hysterosalpingography
10/1/03	99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)
1/1/04	J7303	Contraceptive supply, hormone containing vaginal ring, each
6/01/04	NDC for Plan B	Strength — 0.75 mg; Dosage — Tablet
1/1/05	J0696	Injection, ceftriaxone sodium, [Rocephin], per 250 mg
1/1/05	J7304	Contraceptive supply, hormone containing patch, each
1/1/05	86694	Antibody; herpes simplex, non-specific type test
1/1/05	88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision
1/1/06	90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

*Procedure codes are allowable for DOS on and after the effective date listed.

write “Update 2007-01” in the field labeled “Briefly explain the nature of the problem and previous efforts made to resolve the claims.” (If multiple claims are submitted together, only one form is needed.)

- ✓ A claim or adjustment request.

Providers should refer to service-specific publications and the Claims Information section of the All-Provider Handbook for more information about submitting claims, adjustment requests, and timely filing appeals requests.

Covered Services

Providers are responsible for knowing which services are covered under the FPW. Wisconsin Medicaid reviews *Current Procedural Terminology* (CPT), Healthcare Common Procedure Coding System (HCPCS), and Food and Drug Administration changes regularly. Certain changes may require federal approval before they are added to the FPW. If changes affect the FPW, providers will be notified.

Providers should refer to Attachment 1 for a complete list of allowable procedure codes for FPW services. Providers should note that some CPT and HCPCS procedure code descriptions have changed.

Providers should refer to Attachment 2 for a complete list of covered prescription drugs for FPW services. Providers who submit claims

using a National Drug Code (NDC) are required to indicate the NDC from the package of the drug that is dispensed. Providers should refer to pharmacy publications for more information about program and billing requirements (e.g., prior authorization, brand medically necessary) for prescription drugs.

For More Information

Providers should refer to FPW publications in conjunction with service-specific publications for more information about Medicaid policies and procedures.

Information Regarding Medicaid HMOs

This *Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. Family Planning Waiver recipients are not eligible for HMO enrollment.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250

ATTACHMENT 1

Allowable Procedure Codes for Family Planning Waiver Program Services

(Effective for Dates of Service on and After January 1, 2006)

Office Visits	
Procedure Code	Description
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination
99201	Office or other outpatient visit for the evaluation and management of a new patient [10 min]
99202	Office or other outpatient visit for the evaluation and management of a new patient [20 min]
99203	Office or other outpatient visit for the evaluation and management of a new patient [30 min]
99204	Office or other outpatient visit for the evaluation and management of a new patient [45 min]
99211	Office or other outpatient visit for the evaluation and management of an established patient [5 min]
99212	Office or other outpatient visit for the evaluation and management of an established patient [10 min]
99213	Office or other outpatient visit for the evaluation and management of an established patient [15 min]
99214	Office or other outpatient visit for the evaluation and management of an established patient [25 min]
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)
99385	18-39 years
99386	40-64 years
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures established patient; adolescent (age 12 through 17 years)
99395	18-39 years
99396	40-64 years

Procedures and Supplies	
Procedure Code	Description
A4261	Cervical cap for contraceptive use
A4266	Diaphragm for contraceptive use
A4267	Contraceptive supply, condom, male, each
A4268	Contraceptive supply, condom, female, each
A4269	Contraceptive supply, spermicide (e.g., Foam, gel), each
J0696	Injection, ceftriaxone sodium, [Rocephin], per 250 mg
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg
J7300	Intrauterine copper contraceptive
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52 mg
J7303	Contraceptive supply, hormone containing vaginal ring, each

J7304	Contraceptive supply, hormone containing patch, each
S4993	Contraceptive pills for birth control
11975	Insertion, implantable contraceptive capsules
11976	Removal, implantable contraceptive capsules
11977	Removal with reinsertion, implantable contraceptive capsules
57170	Diaphragm or cervical cap fitting with instructions
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58300	Insertion of intrauterine device (IUD)
58301	Removal of intrauterine device (IUD)
58555	Hysteroscopy, diagnostic (separate procedure)
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58611	Ligation or transection of fallopian tube(s) when done at the time of cesarean delivery or intra-abdominal surgery (not a separate procedure) (List separately in addition to code for primary procedure)
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transaction)
58671	with occlusion of oviducts by device (eg band, clip, or Falope ring)
90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
90788	Deleted 2006 edition. To report. Use 90772.
99070	Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)

Colposcopy Services	
Procedure Code	Description
57452	Colposcopy of the cervix including upper/adjacent vagina;
57454	with biopsy(s) of the cervix and endocervical curettage
57455	with biopsy(s) of the cervix
57456	with the endocervical cutterage
57460	with loop electrode biopsy(s) of the cervix
57461	with loop electrode conization of the cervix
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)

Laboratory Services	
Procedure Code	Description
80048	Basic metabolic panel (see <i>Current Procedural Terminology</i> [CPT] for tests that must be included in the panel)
80050	General health panel (see CPT for tests that must be included in the panel)
80051	Electrolyte panel (see CPT for tests that must be included in the panel)
80061	Lipid panel (see CPT for tests that must be included in the panel)
80074	Acute hepatitis panel (see CPT for tests that must be included in the panel)
80076	Hepatic function panel (see CPT for tests that must be included in the panel)
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy

81002	non-automated, without microscopy
81025	Urine pregnancy test, by visual color comparison methods
82565	Creatinine; blood [only used if patient is on medication for Herpes]
82728	Ferritin
82746	Folic acid; serum
82947	Glucose; quantitative, blood, (except reagent strip)
82948	blood, reagent strip
83001	Gonadotropin; follicle stimulating hormone (FSH)
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; single step method (eg, reagent strip)
84146	Prolactin
84450	Transferase; aspartate amino (AST) (SGOT) [Only used if patient has history of Mono]
84703	Gonadotropin, chorionic (hCG); qualitative
85007	Blood count; blood smear, microscopic examination with manual differential WBC count
85009	manual differential WBC count, buffy coat
85013	spun microhematocrit
85014	hematocrit (Hct)
85018	hemoglobin
85027	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)
85032	manual cell count (erythrocyte, leukocyte, or platelet) each
85041	red blood cell (RBC), automated
85048	leukocyte (WBC), automated
85651	Sedimentation rate, erythrocyte; non-automated
86592	Syphilis test; qualitative (eg, VDRL, RPR, ART)
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)
86694	herpes simplex, non-specific type test
86703	HIV-1 and HIV-2, single assay
86781	Treponema Pallidum, confirmatory test (eg, FTA-abs)
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates
87075	any source, except blood, anaerobic with isolation and presumptive identification of isolates
87076	anaerobic isolate, additional methods required for definitive identification, each isolate
87081	Culture, presumptive, pathogenic organisms, screening only;
87086	Culture, bacterial; quantitative colony count, urine
87088	with isolation and presumptive identification of isolates, urine
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail
87109	Culture, mycoplasma, any source
87110	Culture, chlamydia, any source
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types
87206	fluorescent and/or acid fast stain for bacteria, fungi, or cell types
87207	special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)
87210	wet mount for infectious agents (eg, saline, India ink, KOH preps)
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathetic effect
87254	centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus

87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis
87274	Herpes simplex virus 1
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Chlamydia trachomatis
87340	hepatitis B surface antigen (HBsAg)
87390	HIV-1
87391	HIV-2
87449	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique
87491	Chlamydia trachomatis, amplified probe technique
87492	Chlamydia trachomatis, quantification
87510	Gardnerella vaginalis, direct probe technique
87511	Gardnerella vaginalis, amplified probe technique
87512	Gardnerella vaginalis, quantification
87528	Herpes simplex virus, direct probe technique
87530	Herpes simplex virus, quantification
87531	Herpes virus-6, direct probe technique
87532	Herpes virus-6, amplified probe technique
87533	Herpes virus-6, quantification
87534	HIV-1, direct probe technique
87535	HIV-1, amplified probe technique
87536	HIV-1, quantification
87537	HIV-2, direct probe technique
87538	HIV-2, amplified probe technique
87539	HIV-2, quantification
87591	Neisseria gonorrhoeae, amplified probe technique
87620	papillomavirus, human, direct probe technique [ICD-9-CM (to accompany HPV) 079.4]
87621	papillomavirus, human, amplified probe technique
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism
87798	amplified probe technique, each organism
87799	quantification, each organism
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for technical service)
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision
88143	with manual screening and rescreening under physician supervision
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation index, karyopyknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services)
88160	Cytopathology, smears, any other source; screening and interpretation
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision
88165	with manual screening and rescreening under physician supervision
88166	with manual screening and computer-assisted rescreening under physician supervision
88167	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision

88175	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with screening by automated system and manual rescreening or review, under physician supervision
88199	Unlisted cytopathology procedure
88300	Level I — Surgical pathology, gross examination only
88302	Level II — Surgical pathology, gross and microscopic examination
88305	Level IV — Surgical pathology, gross and microscopic examination
88346	Immunofluorescent study, each antibody; direct method
88365	In situ hybridization [eg, FISH], each probe
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory

Anesthesia Services	
Procedure Code	Description
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise specified
00851	tubal ligation/transection
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified
00950	culdoscopy
00952	hysteroscopy and/or hysterosalpingography

Specialized Medical Vehicle Services	
These procedure codes are allowable for specialized medical vehicle (SMV) providers when an SMV is medically necessary for transporting the recipient to receive Family Planning Waiver services.	
Procedure Code	Description
A0130	Non-emergency transportation: wheel-chair van [1 unit = 1 base rate includes 5 miles]
A0170	Transportation ancillary: parking fees, tolls, other [1.0 unit = 1.0 hour]
S0209	Wheelchair van, mileage, per mile [1.0 unit = 1.0 mile]
T2001	Non-emergency transportation; patient attendant/escort [1 unit = 1 trip]

Allowable Procedure Codes for Services Provided to Recipients of the Tuberculosis-Related Services-Only Benefit
Recipients may be enrolled in more than one limited benefit category. For example, a recipient may be enrolled in the Family Planning Waiver and the Tuberculosis-Related Services-Only (TB-Only) Benefit. In this instance, providers should use this attachment in conjunction with TB-Only publications. (When verifying eligibility for these women, the Medicaid Eligibility Verification System [EVS] indicates that they are eligible for both limited benefit categories.)

ATTACHMENT 2

Prescription Drugs for Family Planning Waiver Program Services

(Effective for Dates of Service on and After January 1, 2006)

Drug Name and Strength	Dosage
Acyclovir 200 mg (Zovirax)	Capsule
Acyclovir 400 mg	Tablet
Acyclovir 800 mg	Tablet
Acyclovir 200 mg/5 ml	Suspension
Aldara 5%	Cream
Alesse-28	Tablet
Antifungal 2%	Cream
Apri 28 day	Tablet
Aranelle 28	Tablet
Aviane-28	Tablet
Azithromycin 250 mg (Zithromax)	Tablet, Z-pak tablet
Azithromycin 500 mg	Tablet
Azithromycin 600 mg	Tablet
Baza antifungal 2%	Cream
Brevicon 28	Tablet
Camila	Tablet
Carrington antifungal 2%	Cream
Cesia 28 day	Tablet
Clindagel 1%	Gel
Clindamax 1%	Gel, lotion
Clindamax 2%	Vaginal cream
Clindamycin 1% (Clindets)	Pledgets
Clindamycin 2% (Cleocin)	Vaginal cream
Clindamycin phosphate 1% (Cleocin T)	Gel, lotion, pledgets, solution, topical lotion
Ceftriaxone 250 mg (Rocephin)	Vial
Ceftriaxone 500 mg	Vial
Ceftriaxone 1 gm	Vial
Ceftriaxone 2 gm	Vial
Ceftriaxone 10 gm	Vial
Ciprofloxacin HCL 250 mg (Cipro)	Tablet
Ciprofloxacin HCL 500 mg	Tablet
Ciprofloxacin HCL 750 mg	Tablet
Ciprofloxacin HCL 100 mg	Tablet
Ciprofloxacin 5%	Suspension
Ciprofloxacin 10%	Suspension
Clotrim 1% (Lotrimin)	Vaginal cream
Clotrimazole antifungal 1%	Cream
Clotrimazole 3 day	Cream, insert
Clotrimazole-7	Insert
Cruex 1%	Cream
Cryselle-28	Tablet

Cyclessa 28 day	Tablet
Demulen 1/35-21	Tablet
Demulen 1/35-28	Tablet
Demulen 1/50-21	Tablet
Demulen 1/50-28	Tablet
Depo-Provera 400 mg/ml	Vial
Depo-subq provera 104	Syringe
Desenex 1%	Cream
Desenex 2%	Spray powder
Desogen 28 day	Tablet
Doxycycline 50 mg (Vibramycin)	Capsule
Doxycycline 100 mg	Capsule, tablet, vial
Doxycycline monohydrate 50 mg (Monodox)	Capsule
Doxycycline monohydrate 100 mg	Capsule
Enpresse-28	Tablet
Errin	Tablet
Eryped 200 mg (E.E.S.)	Suspension
Eryped 100 mg/2.5 ml	Drops
Eryped 400 mg/5 ml	Granules, suspension
Erythromycin 250 mg (Eryc)	Capsule EC
Erythromycin 250 mg	Filmstab
Erythromycin 200 mg/5 ml	Suspension
Erythromycin 400 mg/5 ml	Suspension
Erythromycin ES 400 mg	Tablet
Erythromycin EST 125 mg/5 ml	Suspension
Erythromycin EST 250 mg/5 ml	Suspension
Erythromycin ST 250 mg	Tablet
Erythromycin ST 500 mg	Tablet
E.E.S. 400 mg	Filmstab
E.E.S. 200 mg/5 ml	Granules, oral suspension
Erythrocin 250 mg	Filmstab
Erythrocin 500 mg	Filmstab
Ery-tab 250 mg	Tablet EC
Ery-tab 333 mg	Tablet EC
Ery-tab 500 mg	Tablet EC
Estrostep FE-28	Tablet
Famvir 125 mg	Tablet
Famvir 250 mg	Tablet
Famvir 500 mg	Tablet
Femcare	Insert
Flagyl ER 750 mg	Tablet SA
Fluconazole 50 mg (Diflucan)	Tablet
Fluconazole 100 mg	Tablet
Fluconazole 150 mg	Tablet
Fluconazole 200 mg	Tablet
Fluconazole 10 mg/ml	Suspension
Fluconazole 40 mg/ml	Suspension
Gyne-lotrimin 1%	Cream
Gyne-lotrimin	Insert

Gynazole-1	Cream
Gynol II	Jelly
Gynol II Xtra Strength 3%	Jelly
Jolivette	Tablet
Junel 1/20	Tablet
Junel 1.5/30	Tablet
Junel FE 1/20	Tablet
Junel FE 1.5/30	Tablet
Kariva 28 day	Tablet
Kelnor 1/35 28	Tablet
Leena 28	Tablet
Lessina-28	Tablet
Levaquin 250 mg	Tablet
Levaquin 500 mg	Tablet
Levaquin 750 mg	Tablet
Levlen 28	Tablet
Levlite-28	Tablet
Levora-21	Tablet
Levora-28	Tablet
Loestrin 24 FE	Tablet
Lo/ovral-21	Tablet
Lo/ovral-28	Tablet
Low-ogestrel-28	Tablet
Lutera-28	Tablet
Medroxyprogesterone 150 mg/ml (Depo-Provera)	Syringe, vial
Metronidazole 250 mg (Flagyl)	Tablet
Metronidazole 375 mg	Capsule
Metronidazole 500 mg	Tablet
Metrogel 0.75%	Gel
Metronidazole 0.75% (Metrocream)	Cream
Micaderm 2%	Cream
Micatin 2%	Aerosol spray, cream
Microgestin 21 1/20 (Loestrin)	Tablet
Microgestin 21 1.5/30	Tablet
Microgestin FE 1/20	Tablet
Microgestin FE 1.5/30	Tablet
Micro-guard 2%	Cream
Micronor	Tablet
Miconazole 7 (Monistat)	Cream
Miconazole nitrate 2%	Cream
Miconazole 7 100 mg	Vaginal suppository
Miconazole 3 200 mg	Vaginal suppository
Mircette 28 day	Tablet
Mitrazol 2%	Cream
Modicon 28	Tablet
Monistat-derm 2%	Cream
Mononessa 28	Tablet
Mycelex 1%	Cream
Neosporin antifungal 2%	Cream, spray powder

Necon 0.5/35-21	Tablet
Necon 0.5/35-28	Tablet
Necon 1/35-21	Tablet
Necon 1/35-28	Tablet
Necon 1/50-28	Tablet
Necon 7/7/7-28	Tablet
Necon 10/11-21	Tablet
Necon 10/11-28	Tablet
Nora-be	Tablet
Nordette-21	Tablet
Nordette-28	Tablet
Norinyl 1+35-28	Tablet
Norinyl 1+50-28	Tablet
Nor-Q-D	Tablet
Nortrel 0.5/35	Tablet
Nortrel 1/35	Tablet
Nortrel 7/7/7-28	Tablet
Nortrel 21	Tablet
Nortrel 28	Tablet
Noritate 1%	Cream
Nystatin	Vaginal tablet
Nuvaring	Vaginal ring
Ofloxacin 200 mg (Floxin)	Tablet
Ofloxacin 300 mg	Tablet
Ofloxacin 400 mg	Tablet
Ogestrel	Tablet
Ortho-cept 28 day	Tablet
Ortho-cyclen-28 0.25/35	Tablet
Ortho Evra	Patch
Ortho-novum 1/35 28	Tablet
Ortho-novum 1/50-28	Tablet
Ortho-novum 7/7/7-28	Tablet
Ortho-novum 10/11-28	Tablet
Ortho tri-cyclen lo	Tablet
Ortho tri-cyclen 28	Tablet
Ovcon-35 21	Tablet
Ovcon-35 28	Chewable tablet, tablet
Ovcon-50 28	Tablet
Ovral-21	Tablet
Ovral-28	Tablet
Ovrette	Tablet
PCE 333 mg	Dispertab
PCE 500 mg	Dispertab
Plan B 0.75 mg	Tablet
Podactin 2%	Cream
Podofilox 0.5% (Condylox)	Gel, topical solution
Portia-28	Tablet
Previfem	Tablet
Reclipsen 28 day	Tablet

Seasonale 0.15 mg and 0.03 mg	Tablet
Seasonique 0.15/0.03-0.01	Tablet
Secura antifungal 2%	Cream
Solia	Tablet
Sprintec 28 day	Tablet
Suprax 400 mg	Tablet
Suprax 100 mg/5 ml	Suspension
Tri-levlen 28	Tablet
Tri-norinyl 28	Tablet
Triphasil-21	Tablet
Triphasil-28	Tablet
Trivora-28	Tablet
Terconazole 0.4% (Terazol)	Cream
Terconazole 0.8%	Cream
Terconazole 80 mg	Suppository
Terazol 7 0.4%	Cream and applicator
Trinessa	Tablet
Tri-previfem	Tablet
Tri-sprintec	Tablet
Triple care antifungal	Cream
Valtrex 500 mg	Tablet
Valtrex 1 gm	Caplet
Velivet 28 day	Tablet
Yasmin 28	Tablet
Yaz 28	Tablet
Zithromax 1 gm	Powder packet
Zithromax 100 mg/5 ml	Suspension
Zithromax 200 mg/5 ml	Suspension
Zovia 1/35-21	Tablet
Zovia 1/35-28	Tablet
Zovia 1/50-21	Tablet
Zovia 1/50-28	Tablet
Zovirax	Ointment