

To: Ambulatory Surgery Centers, Local County or Tribal Agencies, Family Planning Clinics, HealthCheck Providers, Independent Laboratories, Inpatient Hospital Providers, Nurse Midwives, Nurse Practitioners, Outpatient Hospital Providers, Pharmacies, Physician Assistants, Physician Clinics, Physicians, Rural Health Clinics, Specialized Medical Vehicle Providers, HMOs and Other Managed Care Programs

Covered Services and Drugs for the Renewed Family Planning Waiver

Family Planning Waiver (FPW) members receive free contraceptive services and may also receive certain reproductive health services if the services are determined medically necessary during contraceptive-related FPW services. The current five-year FPW ends on December 31, 2007. A three-year extension period for the FPW begins on January 1, 2008. This *BadgerCare Plus Update* contains a comprehensive list of covered drugs and services for the renewed FPW.

Family Planning Waiver

The Family Planning Waiver (FPW) is a limited-benefit program for women age 15 through 44 who are at or below 200 percent of the Federal Poverty Level. The FPW provides limited services to low-income women who are otherwise not eligible for BadgerCare Plus. The goal of the FPW is to provide women with information and services to assist them in preventing pregnancy, making BadgerCare Plus enrollment due to pregnancy less likely. Providers should explain the purpose of the FPW to women and encourage them to contact their local county or tribal agency to determine their enrollment options if they are not interested in receiving, or do not need to receive, contraceptive services. The FPW does not cover services for women who are not interested in, or do not need, contraceptive services.

Family Planning Waiver members are not eligible for other services that are covered under full-benefit BadgerCare Plus. 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 of this *BadgerCare Plus Update*. Providers should inform women about other service options and provide referrals for care not covered by the FPW.

Members enrolled in the FPW may receive services to prevent or delay pregnancy. In addition, FPW members 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 are covered under the FPW.

Program Requirements for Reproductive Health Services

The Division of Health Care Access and Accountability (formerly the Division of Health Care Financing) reserves the right to recoup payment for services from the provider if the FPW member has not received a contraceptive-related FPW service within the previous 12 months. Reproductive health services are reimbursable only if the FPW member 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 12 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 Covered Services

Effective January 1, 2008, the FPW will cover additional services. Attachment 1 contains a complete list of FPW-covered procedure codes, including the new procedure codes effective for dates of service (DOS) on and after January 1, 2008.

Procedure Code Changes for Implanon®

Implanon®, a contraceptive implant, is covered by BadgerCare Plus for females who are 12 to 60 years of age. Effective January 1, 2008, Implanon® will be covered under the FPW. Providers should indicate Healthcare Common Procedure Coding System (HCPCS) procedure code J7307 (Etonogestrel [contraceptive] implant system, including implants and supplies) and the appropriate administration code on claims when implanting Implanon®. The administration codes include the following:

- 11975 (insertion, implantable contraceptive capsules).
- 11976 (removal, implantable contraceptive capsules).
- 11977 (removal with reinsertion, implantable contraceptive capsules).

Covered Services

Providers are responsible for knowing which services are covered under the FPW. BadgerCare Plus reviews *Current Procedural Terminology* (CPT), 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 the FPW. 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.

Required Diagnosis Code for Family Planning Waiver Services

All claims for FPW services must include a diagnosis code in the V25 series. For some procedures and services, the V25 diagnosis code must be included as the primary diagnosis. Providers should refer to Attachment 1 for a list of which procedures/services require the use of the V25 diagnosis code as the primary diagnosis. If it is not specified, the V25 diagnosis code is not required as the primary diagnosis; however, it should still be included on the claim, following the appropriate primary diagnosis code. Family Planning Waiver claims submitted without the V25 diagnosis code may be subject to denial or recoupment.

Noncovered Services

Effective for DOS on and after January 1, 2008, non-emergency transportation services, including specialized medical vehicle (SMV) and common carrier services provided through counties, are no longer covered under the FPW.

In addition, refer to the following table for a complete list of procedure codes and services that are no longer covered under the FPW effective for DOS on and after January 1, 2008.

Noncovered Procedure Codes Effective January 1, 2008	Description
00840	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; not otherwise classified
00940	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise classified
00950	culdoscopy
A0130	Non-emergency transportation; wheelchair van
A0170	Transportation ancillary: parking fees, tolls, other
S0209	Wheelchair van, mileage, per mile
T2001	Non-emergency transportation; patient attendant/escort
57500	Biopsy of cervix, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)
58120	Dilation and curettage, diagnostic and/or therapeutic (nonobstetrical)
58555	Hysteroscopy, diagnostic (separate procedure)
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation (eg, maturation

	index, karyopknotic index, estrogenic index) (List separately in addition to code(s) for other technical and interpretation services)
88346	Immunofluorescent study, each antibody; direct method
88365	In situ hybridization [eg, FISH], each probe

For More Information

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

Information Regarding BadgerCare Plus HMOs

Family Planning Waiver members are not eligible for BadgerCare Plus HMO enrollment.

The *BadgerCare Plus Update* is the first source of program policy and billing information for providers. All information applies to Medicaid and BadgerCare Plus unless otherwise noted in the *Update*.

Wisconsin Medicaid and BadgerCare Plus are administered by the Division of Health Care Access and Accountability, 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/.

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ATTACHMENT 1

Allowable Procedure Codes for Family Planning Waiver Services

Effective for Dates of Service on and After January 1, 2008

Office Visits		
Procedure Code	Description	Requires Primary Diagnosis Code in the V25 Series
G0101	Cervical or vaginal cancer screening; pelvic and clinical breast examination	Yes
99201	Office or other outpatient visit for the evaluation and management of a new patient (10 min)	Yes
99202	Office or other outpatient visit for the evaluation and management of a new patient (20 min)	Yes
99203	Office or other outpatient visit for the evaluation and management of a new patient (30 min)	Yes
99204	Office or other outpatient visit for the evaluation and management of a new patient (45 min)	Yes
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: A comprehensive history; A comprehensive examination; Medical decision making of high complexity — newly covered procedure/service	Yes
99211	Office or other outpatient visit for the evaluation and management of an established patient (5 min)	Yes
99212	Office or other outpatient visit for the evaluation and management of an established patient (10 min)	Yes
99213	Office or other outpatient visit for the evaluation and management of an established patient (15 min)	Yes
99214	Office or other outpatient visit for the evaluation and management of an established patient (25 min)	Yes
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)	Yes
99385	18-39 years	Yes
99386	40-64 years	Yes

Office Visits		
Procedure Code	Description	Requires Primary Diagnosis Code in the V25 Series
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)	Yes
99395	18-39 years	Yes
99396	40-64 years	Yes
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes — newly covered procedure/service	Yes
99402	approximately 30 minutes — newly covered procedure/service	Yes
99403	approximately 45 minutes — newly covered procedure/service	Yes
99404	approximately 60 minutes — newly covered procedure/service	Yes
Q3014	Telehealth originating site facility fee — newly covered procedure/service	No
S9445*	Patient education, not otherwise classified, non-physician provider, individual, per session — newly covered procedure/service	Yes

* Not covered with procedure codes 99384-99396 and 99401-99404.

Procedures and Supplies		
Procedure Code	Description	Requires Primary Diagnosis Code in the V25 Series
A4261	Cervical cap for contraceptive use	Yes
A4266	Diaphragm for contraceptive use	Yes
A4267	Contraceptive supply, condom, male, each	Yes
A4268	Contraceptive supply, condom, female, each	Yes
A4269	Contraceptive supply, spermicide (e.g., Foam, gel), each	Yes
J0696	Injection, ceftriaxone sodium [Rocephin], per 250 mg	No
J1055	Injection, medroxyprogesterone acetate for contraceptive use, 150 mg	Yes
J1056	Injection, medroxyprogesterone acetate/estradiol cypionate, 5 mg/25 mg	Yes
J7300	Intrauterine copper contraceptive	Yes

Procedures and Supplies		
Procedure Code	Description	Requires Primary Diagnosis Code in the V25 Series
J7302	Levonorgestrel-releasing intrauterine contraceptive system, 52mg	Yes
J7303	Contraceptive supply, hormone containing vaginal ring, each	Yes
J7304	Contraceptive supply, hormone containing patch, each	Yes
J7307	Etonogestrel implant system (new HCPCS 010108) — newly covered procedure/service	Yes
S4993	Contraceptive pills for birth control	Yes
11975	Insertion, implantable contraceptive capsules	Yes
11976	Removal, implantable contraceptive capsules	Yes
11977	Removal with reinsertion, implantable contraceptive capsules	Yes
17110	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions — newly covered procedure/service	No
17111	Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 15 lesions — newly covered procedure/service	No
46900	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical — newly covered procedure/service	No
46924	Destruction of lesion(s), anus (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) — newly covered procedure/service	No
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) — newly covered procedure/service	No
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery) — newly covered procedure/service	No
57170	Diaphragm or cervical cap fitting with instructions	Yes
58300	Insertion of intrauterine device (IUD)	Yes
58301	Removal of intrauterine device (IUD)	Yes
58340	Catheterization and introduction of saline or contrast material for saline infusion sonohysterography (SIS) or hysterosalpingography — newly covered procedure/service	Yes
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants — newly covered procedure/service	Yes
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral	Yes

Procedures and Supplies		
Procedure Code	Description	Requires Primary Diagnosis Code in the V25 Series
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)	Yes
58615	Occlusion of fallopian tube(s) by device (eg, band, clip, Falope ring) vaginal or suprapubic approach	Yes
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transaction)	Yes
58671	with occlusion of oviducts by device (e.g. band, clip or Falope ring)	Yes
71010	Radiologic examination, chest; single view, frontal — newly covered procedure/service	Yes
71020	Radiologic examination, chest; stereo, frontal — newly covered procedure/service	Yes
74740	Hysterosalpingography, radiological supervision and interpretation — newly covered procedure/service	Yes
90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Yes
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)	Yes

Colposcopy		
Procedure Code	Description	Requires Primary Diagnosis Code in the V25 Series
57452	Colposcopy of the cervix including upper/adjacent vagina;	No
57454	with biopsy(s) of the cervix and endocervical curettage	No
57455	with biopsy(s) of the cervix	No
57456	with the endocervical curettage	No
57460	with loop electrode biopsy(s) of the cervix	No
57461	with loop electrode conization of the cervix	No

Laboratory Services		
Procedure Code	Description	Requires Primary Diagnosis Code in the V25 Series
G0123	Screening cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; screening by cytotechnologist under physician supervision — newly covered procedure/service	Yes
80048	Basic metabolic panel (see <i>Current Procedural Terminology</i> [CPT] for tests that must be included in the panel)	Yes
80050	General health panel (see CPT for tests that must be included in the panel)	Yes
80051	Electrolyte panel (see CPT for tests that must be included in the panel)	Yes
80061	Lipid panel (see CPT for tests that must be included in the panel)	Yes
80074	Acute hepatitis panel (see CPT for tests that must be included in the panel)	Yes
80076	Hepatic function panel (see CPT for tests that must be included in the panel)	Yes
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	Yes
81002	non-automated, without microscopy	Yes
81025	Urine pregnancy test, by visual color comparison methods	Yes
82565	Creatinine; blood [only used if patient is on medication for Herpes]	Yes
82728	Ferritin	Yes
82746	Folic acid; serum	Yes
82947	Glucose; quantitative, blood (except reagent strip)	Yes
82948	blood, reagent strip	Yes
83001	Gonadotropin; follicle stimulating hormone (FSH)	Yes
83020	Hemoglobin fractionation and quantitation; electrophoresis (eg, A2, S, C, and/or F)	Yes
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; single step method (eg, reagent strip)	Yes
83907	Molecular diagnostics; lysis of cells prior to nucleic acid extraction (eg, stool specimens, paraffin embedded tissue) — newly covered procedure/service	Yes
84146	Prolactin	Yes
84443	Thyroid stimulating hormone (TSH) — newly covered procedure/service	Yes
84450	Transferase; aspartate amino (AST) (SGOT) [Only used if patient has history of Mono]	Yes
84703	Gonadotropin, chorionic (hCG); qualitative	Yes

Laboratory Services		
Procedure Code	Description	Requires Primary Diagnosis Code in the V25 Series
85007	Blood count; blood smear, microscopic examination with manual differential WBC count	Yes
85009	manual differential WBC count, buffy coat	Yes
85013	spun microhematocrit	Yes
85014	hematocrit (Hct)	Yes
85018	hemoglobin (Hgb)	Yes
85025	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count) and automated differential WBC count — newly covered procedure/service	Yes
85027	complete (CBC), automated (Hgb, Hct, RBC, WBC and platelet count)	Yes
85032	manual cell count (erythrocyte, leukocyte, or platelet) each	Yes
85041	red blood cell (RBC), automated	Yes
85048	leukocyte (WBC), automated	Yes
85651	Sedimentation rate, erythrocyte; non-automated	Yes
86592	Syphilis test; qualitative (eg, VDRL, RPR, ART)	Yes
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg, Western Blot)	Yes
86694	herpes simplex, non-specific type test	Yes
86701	HIV-1 — newly covered procedure/service	Yes
86703	HIV-1 and HIV-2, single assay	Yes
86781	Treponema pallidum, confirmatory test (eg, FTA-abs)	Yes
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic with isolation and presumptive identification of isolates	Yes
87075	any source, except blood, anaerobic with isolation and presumptive identification of isolates	Yes
87076	anaerobic isolate, additional methods required for definitive identification, each isolate	Yes
87081	Culture, presumptive, pathogenic organisms, screening only;	Yes
87086	Culture, bacterial; quantitative colony count, urine	Yes
87088	with isolation and presumptive identification of isolates, urine	Yes
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail	Yes
87109	Culture, mycoplasma, any source	Yes
87110	Culture, chlamydia, any source	Yes
87205	Smear, primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types	Yes
87206	fluorescent and/or acid fast stain for bacteria, fungi, parasites, viruses or cell types	Yes

Laboratory Services		
Procedure Code	Description	Requires Primary Diagnosis Code in the V25 Series
87207	special stain for inclusion bodies or parasites (eg, malaria, coccidia, microsporidia, trypanosomes, herpes viruses)	Yes
87210	wet mount for infectious agents (eg, saline, India ink, KOH preps)	Yes
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathetic effect	Yes
87254	centrifuge enhanced (shell vial) technique, includes identification with immunofluorescence stain, each virus	Yes
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis	Yes
87274	Herpes simplex virus type 1	Yes
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; Chlamydia trachomatis	Yes
87340	hepatitis B surface antigen (HBsAg)	Yes
87390	HIV-1	Yes
87391	HIV-2	Yes
87449	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism	Yes
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique	Yes
87491	Chlamydia trachomatis, amplified probe technique	Yes
87492	Chlamydia trachomatis, quantification	Yes
87510	Gardnerella vaginalis, direct probe technique	Yes
87511	Gardnerella vaginalis, amplified probe technique	Yes
87512	Gardnerella vaginalis, quantification	Yes
87528	Herpes simplex virus, direct probe technique	Yes
87529	Herpes simplex virus, amplified probe technique — newly covered procedure/service	Yes
87530	Herpes simplex virus, quantification	Yes
87531	Herpes virus-6, direct probe technique	Yes
87532	Herpes virus-6, amplified probe technique	Yes
87533	Herpes virus-6, quantification	Yes
87534	HIV-1, direct probe technique	Yes
87535	HIV-1, amplified probe technique	Yes
87536	HIV-1, quantification	Yes
87537	HIV-2, direct probe technique	Yes
87538	HIV-2, amplified probe technique	Yes

Laboratory Services		
Procedure Code	Description	Requires Primary Diagnosis Code in the V25 Series
87539	HIV-2, quantification	Yes
87591	Neisseria gonorrhoeae, amplified probe technique	Yes
87620	papillomavirus, human, direct probe technique (<i>International Classification of Diseases, Ninth Revision, Clinical Modification</i> [ICD-9-CM] [to accompany human papillomavirus] 079.4)	Yes
87621	papillomavirus, human, amplified probe technique	Yes
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism	Yes
87798	amplified probe technique, each organism	Yes
87799	quantification, each organism	Yes
87808	Infectious agent antigen detection by immunoassay with direct optical observation; Trichomonas vaginalis — newly covered procedure/service	Yes
88141	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician (List separately in addition to code for technical service)	Yes
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	Yes
88143	with manual screening and rescreening under physician supervision	Yes
88160	Cytopathology, smears, any other source; screening and interpretation	Yes
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	Yes
88165	with manual screening and rescreening under physician supervision	Yes
88166	with manual screening and computer-assisted rescreening under physician supervision	Yes
88167	with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	Yes
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	Yes
88199	Unlisted cytopathology procedure	No
88300	Level I — Surgical pathology, gross examination only	Yes
88302	Level II — Surgical pathology, gross and microscopic examination	Yes
88305	Level IV — Surgical pathology, gross and microscopic examination	No

Laboratory Services		
Procedure Code	Description	Requires Primary Diagnosis Code in the V25 Series
88307	Level V — Surgical pathology, gross and microscopic examination — newly covered procedure/service	No
99000	Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory	Yes

Anesthesia Services		
Procedure Code	Description	Requires Primary Diagnosis Code in the V25 Series
00851	Anesthesia for intraperitoneal procedures in lower abdomen including laparoscopy; tubal ligation/transaction	Yes
00952	Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); hysteroscopy and/or hysterosalpingography	Yes

Allowable Procedure Codes for Services Provided to Recipients of the Tuberculosis-Related Services-Only Benefit

Members may be enrolled in more than one limited benefit category. For example, a member may be enrolled in the Family Planning Waiver Program 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 enrollment for these women, Wisconsin's Enrollment Verification System indicates that they are eligible for both limited benefit categories.)

ATTACHMENT 2

Prescription Drugs for Family Planning Waiver Services

Effective for Dates of Service on and After January 1, 2008

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

Drug Name and Strength	Dosage
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	Filmtab
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	Filmtab
E.E.S. 200 mg/5 ml	Granules, oral suspension
Erythrocin 250 mg	Filmtab
Erythrocin 500 mg	Filmtab
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

Drug Name and Strength	Dosage
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
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

Drug Name and Strength	Dosage
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

Drug Name and Strength	Dosage
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