

GOVERNMENT OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE
PUERTO RICO CONTRACEPTIVES METHODS CHECK LIST

COMPANY:

FORM(S) NUMBER:

SERFF TRACKING NUMBER:

TYPE OF INSURANCE (TOI):

ATTACHMENT 9

Rev 02/2025

FDA Contraception Method	Please specify location (Page number/Row/Column) in the Drug Formulary or Contract	Please specify the commercial brand or generic name as included in the drug formulary	FOR OFFICIAL USE ONLY
Sterilization Surgery for Women			
Sterilization Implant for Women			
IUD Copper			
IUD Progestin			
Implantable Rod			
Shot/Injection			
Oral Contraceptives (Combined Pill)			
Oral Contraceptives (Extended/Continuous Use Combined Pill)			
Oral Contraceptives "the Mini Pill" (Progestin Only)			
Patch			
Vaginal Contraceptive Ring			
Diaphragm with Spermicide			
Sponge with Spermicide			
Cervical Cap with Spermicide			
Female Condom			
Spermicide Alone			
Levonorgestrel 1.5 mg / .75 mg			
Ulipristal Acetate			

References

<https://www.fda.gov/consumers/womens-health-topics/birth-control>

<https://www.fda.gov/media/150299/download>

CERTIFICATION

I _____ have reviewed or supervised the preparation of the above list and certify that the forms(s) and/or drug formulary is(are) in compliance with all of the applicable requirements of the USPSTF in relation to contraceptives methods. I also acknowledge responsibility for the validity, accuracy and completeness of the contents of this checklist.

Signature: _____

Date: _____