

Cox HealthPlans MEC Preventative List

Drug Category & Description	Criteria for Coverage	Cover		Additional Criteria/Notes
		Y	N	
ASPIRIN				
Aspirin to prevent cardiovascular disease (CVD): Men The USPSTF recommends the use of aspirin for men age 45 to 79 years when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage.	Criteria: Age limit: 45 - 79 Quantity limit: 1/day Generic Only OTC (requires a prescription) Drug Description: Aspirin Tab 81mg - 325mg Aspirin Chew 81mg - 325 mg Aspirin Delayed Release 81mg - 325mg Aspirin Dispersible Tab 81mg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cover generics: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Aspirin to prevent cardiovascular disease (CVD): Women The USPSTF recommends the use of aspirin for women age 55 to 79 when the potential benefit of a reduction in ischemic strokes outweighs the potential harm or an increase in gastrointestinal hemorrhage.	Envision Recommendation: Age limit: 55 - 79 Quantity limit: 1/day Generic Only OTC (requires a prescription) Drug Description: Aspirin 81mg - 325mg Aspirin Chew 81mg - 325mg Aspirin Delayed Release 81mg - 325mg Aspirin Dispersible Tab 81mg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cover generics: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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PREECLAMPSIA PREVENTION: ASPIRIN				
The USPSTF recommends the use of low-dose aspirin (81 mg/d) as preventive medication after 12 weeks of gestation in women who are at high risk for preeclampsia.	Criteria: Women Quantity limit: 1/day Generic Only OTC (requires a prescription) Drug Description: Aspirin Tab 81mg Aspirin Chew 81mg Aspirin Delayed Release 81mg Aspirin Dispersible Tab 81mg	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Prior Authorization required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				2. Cover generics: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
FOLIC ACID				
The USPSTF recommends that all women planning or capable of pregnancy take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid.	Criteria: Women Quantity limit: 1/day Prescription or OTC (requires a prescription) Drug Description: Multivitamin with folic acid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Restrict to prenatal vitamins only: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				2. Cover generics: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				3. Cover multisource brands/brands with generics available: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				4. Cover brands with no generics available: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

IRON SUPPLEMENTS			
<p>The USPSTF recommends routine iron supplementation for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia.</p>	<p>Criteria: Age limit 0-1 year OTC (requires a prescription)</p> <p>Drug Description: Iron suspension 15 mg – 1.5ml Ferrous sulfate elixir Ferrous sulfate syrup Ferrous sulfate solution</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/></p>	<p>1. Cover generics: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>2. Cover multisource brands/brands with generics available: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>3. Cover brands with no generics available (MN): Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
ALL FDA-APPROVED CONTRACEPTIVE METHODS			
<p>The HRSA recommends that all Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.</p>	<p>Criteria: Women Rx Only and OTC products Generics unless medically inappropriate</p> <p>Drug Description: See contraceptive list</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/></p>	<p>Copper Contraceptives, IUD PARAGARD IUD T380A</p> <p>Progestin Contraceptives, Injectable Medroxypr Ac Inj 150mg/MI</p> <p>Emergency Contraceptives Aftera Tab 1.5mg, Econtra Ez Tab 1.5mg, Fallback Tab 1.5mg, Levonorgestr Tab 1.5mg, My Way Tab 1.5mg, Next Choice Tab 1.5mg, Opcicon Tab 1.5mg, Take Action Tab 1.5mg</p> <p>Combination Contraceptives, Vaginal NUVARING MIS</p> <p>Progestin Contraceptives - Oral** Norethindrone (Contraceptive)</p> <p>Combination Contraceptives, Oral Lutera Tab, Sronyx Tab, Microgestin Tab 1/20, Microgestin Tab 1.5/30, Low-Ogestrel Tab, Mononessa Tab, Sprintec 28 Tab 28 Day, Microgestin Tab Fe 1/20, Microgestin Tab Fe1.5/30, Caziant Pak, Trinessa Tab, Tri-Sprintec Tab, Natazia Tab Microgestin - Norethindrone Ace & Ethinyl Estradiol, Xulane</p> <p>Spermicides Nonoxynol-9 Foam 12.5%, Vcf Vaginal Aer Contracp, Nonoxynol-9 Gel 2%, Shur-Seal Gel 2%, Gynol li Gel 3%, Nonoxynol-9 Gel 3%, Nonoxynol-9 Gel 4%, Vcf Vaginal Gel Contrace, Encare Sup 100mg, Nonoxynol-9 Vaginal Suppos 100 Mg, Today Sponge Mis, Nonoxynol-9 Film 28%, Vcf Vaginal Mis Contracp, Nonoxynol-9 Vaginal Insert 150 Mg, Octoxynol Gel 1%</p> <p>Condoms - Female Fc Female Mis Condom, Fc2 Female Mis Condom, Cervical Caps, Femcap Mis, Prentif Mis, Prentif Mis Fitting</p> <p>Diaphragms Omniflex Dpr, Caya , Ortho Flex Dpr, Ortho Coil Dpr Kit, Ortho Flat Dpr Kit, Wide-Seal Dpr Kit 60</p> <p>Contraceptive Sponges</p>

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FLUORIDE				
The USPSTF recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride.	Criteria: Age limit 0 months – 5 years Prescription products only Drug Description: Sodium fluoride products only, not in combination Sodium fluoride tab 0.5mg Sodium fluoride chew tab 0.25mg – 0.5mg Sodium fluoride solution	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Restrict to generic products only Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				2. Cover generics: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				3. Cover multisource brands/brands with generics available: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				4. Cover brands with no generics available: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
IMMUNIZATIONS				
The ACIP recommends immunizations for routine use in children and adults.	Criteria: Children: 0-18 years Adults: 19+ years Prescription only Plans who only cover under medical benefit can continue to do so. Plans must cover under their medical or pharmacy benefit Drug Description: Flu Vaccines, Pneumovax 23, Prevnar 13, Zostavax, Gardasil, Gardasil 9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cover generics: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				2. Cover multisource brands/brands with generics available: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				3. Cover brands with no generics available: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
SMOKING CESSATION MEDICATION				
The USPSTF recommends that clinicians ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products.	Criteria: Prescription or OTC (requires a prescription) Prescription products require coverage of branded products Drug Description: Zyban®/Bupropion SR 12 HR 150 mg Nicotine TD patch 24 HR kit Nicotine polacrilex gum 2/ 4 mg Nicotine polacrilex lozenge 2/ 4 mg Nicotrol® Nasal Spray Nicotrol® Inhaler	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Allow OTC coverage: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				2. Restrict to generic products only Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				3. Cover generics: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				4. Cover multisource brands/brands with generics available: Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
				5. Cover brands with no generics available: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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		Y	N	
VITAMIN D				
The USPSTF recommends vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at increased risk for falls.	Criteria: Age limit: 65+ Quantity limit: 2/day Generic Only OTC (requires a prescription) Patient Residence Code: "Home" Drug Description: Vitamin D only (400IU)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Cover generics: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2. Cover multisource brands/brands with generics available: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 3. Cover brands with no generics available: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
BREAST CANCER PREVENTION MEDICATIONS				
The USPSTF recommends that clinicians engage in shared, informed decision-making with women who are at increased risk for breast cancer about medications to reduce their risk. For women who are at increased risk for breast cancer and at low risk for adverse medication effects, clinicians should offer to prescribe risk-reducing medications, such as tamoxifen.	Criteria: Asymptomatic women aged ≥35 years without a prior diagnosis of breast cancer who are at increased risk for the disease. Prior Authorization: Yes Drug Description: Tamoxifen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Prior Authorization required: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 2. Cover generics: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 3. Cover multisource brands/brands with generics available: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 4. Cover brands with no generics available: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cardiovascular Medications				
Cardiovascular agents listed are to reduce blood pressure and LDL-C. Lisinopril is used to lower blood pressure while simvastatin is used to lower the "bad" type of cholesterol called LDL.	Drug Description: <u>ACE INHIBITOR</u> Lisinopril TAB 2.5mg Lisinopril TAB 5mg Lisinopril TAB 10mg Lisinopril TAB 20mg <u>HMG-Coa REDUCTASE</u> Simvastatin TAB 10MG Simvastatin TAB 20MG Simvastatin TAB 40MG Simvastatin TAB 5MG Simvastatin TAB 80MG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Restrict to generic products only Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>