

Preventive Drug	Coverage Guideline	How to Receive Coverage and Reimbursement
Aspirin	The use of aspirin is covered when the potential benefit due to a reduction in myocardial infarctions outweighs the potential harm due to an increase in gastrointestinal hemorrhage in men ages 45 – 79 years & women ages 55 – 79 years	<p>If you meet the Coverage Guidelines you may be eligible for reimbursement and should:</p> <ul style="list-style-type: none"> <li>• Get a prescription from your provider and have it filled at your pharmacy (MVP will cover a 30-day supply OR the lowest practical package size up to 100 doses)</li> <li>• Pay out-of-pocket or your usual drug copay (ie: fluoride) and submit your pharmacy receipt to MVP at the address listed below.</li> </ul> <p><i>Note: Combination products (ie: Poly-Vi-Flor, multiple vitamins with iron) are not eligible for reimbursement</i></p>
Fluoride	Clinicians should prescribe oral fluoride supplementation at recommended doses to preschool children older than 6 months of age whose primary water source is deficient in fluoride	
Folic Acid	All women planning or capable of pregnancy should take a daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid	
Iron	Routine iron supplementation is recommended for asymptomatic children aged 6 to 12 months who are at increased risk for iron deficiency anemia	
Smoking Cessation Medication	<p>Clinicians are recommended to ask all adults about tobacco use and provide tobacco cessation interventions for those who use tobacco products. For non-pregnant adults (&gt;18 years), therapy includes nicotine replacement therapy (gum, lozenge, patch, inhaler and nasal spray) and sustained release bupropion (Zyban) &amp; varenicline (Chantix).</p> <p>Smoking Cessation Counseling includes but is not limited to certified and/or community-based programs. Examples include <b>MVP Personal Lifestyle Coaching</b> (call 1-877-748-2746), <b>MVP Care Advantage Program</b> (call 1-800-586-5386, ext. 5598), <b>MVP ONLINE Tobacco Cessation Module</b> (go to <a href="http://www.mvpselectcare.com/pricechopper">www.mvpselectcare.com/pricechopper</a>, log-in, click on Wellness Tools &amp; Activities, click on Online Health &amp; Wellness Courses) or any of the <b>State Quitline programs</b> (Connecticut: call 1-866-END-HABIT, Massachusetts: call 1-800-TRY-TO-STOP, New Hampshire: call 1-800-TRY-TO-STOP, New York: call 1-866-NY-QUITS, Pennsylvania: call 1-800-QUIT-NOW, Vermont: call 1-877-YES-QUIT).</p> <p><b>SUBMIT FORM &amp; RECEIPTS TO:</b></p> <p><b>MVP Health Care Attn: Rx Department-Preventive Drug 625 State Street Schenectady, NY 12305</b></p>	<p>If you meet the Coverage Guidelines you may be eligible for reimbursement and should:</p> <ul style="list-style-type: none"> <li>• Ask your provider to contact MVP for prior notification.</li> <li>• Get a prescription from your provider and have it filled at your pharmacy (MVP will cover a 30-day supply).</li> <li>• Pay out-of-pocket or a standard \$20 copay at your pharmacy.</li> <li>• Sign and date this form. Indicate the place of service where you received smoking cessation counseling and provide your mailing address.</li> <li>• Submit your pharmacy receipt and this completed form to MVP at the address listed on the bottom left of this form.</li> </ul> <p><i>Note: Medication coverage and reimbursement is limited to a 180 day (six 30-day fills) supply in any 365 day period. Only one medication will be allowed at a time.</i></p> <p>Why are Price Chopper and MVP asking you to talk to your provider about prior notification and to complete smoking cessation counseling before you can get reimbursed in full? Your medical provider will help you determine the best way to quit tobacco. Evidence shows that you will be most likely to quit successfully if you combine medication therapy with counseling. Price Chopper and MVP want to help you quit tobacco for good!</p> <p><b>By signing this document, I agree that I meet the Coverage Guidelines as described and that I have completed or will complete adequate* tobacco cessation counseling through [please circle the program you participate(d) in]:</b></p> <ol style="list-style-type: none"> <li>1. MVP Personal Lifestyle Coaching</li> <li>2. MVP Care Advantage Program</li> <li>3. MVP ONLINE Tobacco Cessation Module</li> <li>4. State Quitline (please write which State Quitline you participated in: _____)</li> </ol> <p><i>MVP reserves the right to request additional documentation regarding your participation in counseling programs. *Adequate counseling is determined by the clinician and is based on individual needs.</i></p> <p>Signature _____ Date _____</p> <p>Your Current Mailing Address (required to ensure you properly receive reimbursement-please write clearly): Name: _____ Address: _____ City, State and Zip Code: _____</p>

\* Applies to Price Chopper plan subscribers and dependents effective 2/1/2011. Updated 2/1/2011.