

FORMULARY STATUS

MASSACHUSETTS



CONTOUR® NEXT HAS FORMULARY COVERAGE* ON ALL THE BELOW PLANS†

PLAN NAME	FORMULARY STATUS*
UnitedHealthcare*	Tier 2
UHC/AARP Medicare Part D	Prior Authorization - pump only
Aetna	Prior Authorization - pump only
BCBS of Massachusetts	Prior Authorization - pump only
Cigna Commercial Dual	Covered
Cigna HealthSpring	Preferred
Commonwealth Care Alliance	Covered - DME
CVS Caremark	Prior Authorization - pump only
Express Scripts/Medco	Prior Authorization - pump only
Harvard Pilgrim	Prior Authorization - pump only
Health New England	Prior Authorization - pump only
Humana	Prior Authorization - pump only
Tufts	Prior Authorization - pump only
WellCare	Prior Authorization
Medicaid/Mass Health	Covered - DME
Medicare Part B - DME	Covered - DME
Cash/Self Pay	Contour® Choice Card discount on 25, 50 & 100-count Everyday Low Shelf Price at retail for 35 & 70-count

*Covered = Available on Formulary. Preferred = Lowest branded co-pay. Exclusive = Only product in class with lowest branded co-pay.
†UnitedHealthcare Employer and Individual "Commercial"

For Eligible Privately INSURED and CASH Patients – One Card with Savings Every Month!



FOR ELIGIBLE PRIVATELY INSURED PATIENTS:

Ascensia Diabetes Care products are covered by more than 89% of managed care plans.¹

Test More – Save More

Using the CONTOUR® Choice card – your patients can **save up to \$105 every month** on their CONTOUR®NEXT test strip copays.[‡]

FOR CASH PATIENTS:

Your patients can **save** with CONTOUR®NEXT test strips.

When they use the CONTOUR® Choice card, they can **save an additional \$25** every month off of CONTOUR®NEXT test strip's already low shelf price.[‡]

VISIT WWW.CONTOURCHOICE.COM FOR MORE DETAILS.

† All data presented are accurate as of 02/01/2018 and subject to change without notice.

‡ Valid for up to 12 months of refills through 6/30/2019. Offer not valid on 25 count test strips. ELIGIBLE PRIVATELY INSURED PATIENTS pay the first \$15 of co-pay on Rx of 300 test strips or less and receive up to \$35 in savings off of remaining copay. For quantities over 300, patient contributions and card benefits increase accordingly – up to \$45 and \$105 respectively. CASH PATIENTS can receive savings up to \$25 per month. For questions call 1-855-226-3931.

RESTRICTIONS: Offer not valid for prescriptions reimbursed under Medicaid, Medicare drug benefit plan, Tricare or other federal or state health programs (such as medical assistance programs). If the patient is eligible for drug benefits under any such program, the patient cannot use this offer. It is illegal to (or offer to), sell, purchase, or trade this offer. Valid only in the US. Void where prohibited by law. Program managed by PSKW, LLC on behalf of Ascensia Diabetes Care US Inc. The parties reserve the right to rescind, revoke or amend this offer without notice at any time.

Reference: 1. Data on file. Ascensia Diabetes Care

