

FORMULARY STATUS

MINNESOTA



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

PLAN NAME	FORMULARY STATUS*	PLAN NAME	FORMULARY STATUS*
Minnesota Fee-for-Service and Managed Care Medicaid**	Preferred	Wisconsin Medicaid	Preferred
UnitedHealthcare (UHC)*	Tier 2	Medica	Preferred (Managed Medicaid); Prior Authorization (Other)
BCBS Minnesota	EXCLUSIVE	HealthPartners	Preferred (Managed Medicaid); Prior Authorization (Other)
BCBS North Dakota	EXCLUSIVE	Cigna	Prior Authorization - pump only
UPLAN University of MN	Preferred	Humana	Prior Authorization - pump only
UCARE	Preferred (Managed Medicaid); Prior Authorization (Other)	Medicare Part B - DME	Covered - DME

*Covered = Available on Formulary. Preferred = Lowest branded co-pay. Exclusive = Only product in class with lowest branded co-pay.

**Managed Care Organizations (MCOs) that offer drug benefits to Minnesota Health Care Programs (MHCP) members must use the Minnesota Department of Human Services' (DHS) Uniform PDL beginning July 1, 2019.

†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

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