



# CONTOUR®NEXT test strips FORMULARY STATUS

For Informational Purposes Only and not a guarantee of coverage. Please check with insurance provider for the most up to date and accurate information. All data presented are accurate as of 10/1/2019 and subject to change without notice.

PLAN NAME	FORMULARY STATUS*
UnitedHealthcare (UHC)**	Tier 2
UHC/AARP Medicare Part D	Prior Authorization – Pump Only
Affinity	EXCLUSIVE
CDPHP	EXCLUSIVE
Healthfirst Managed Medicaid	EXCLUSIVE
Healthfirst Medicare Advantage	EXCLUSIVE
Visiting Nurse Service of New York	EXCLUSIVE
1199 SEIU Benefit & Pension Funds	Preferred
Empire Blue Cross (BlueCross BlueShield NY)	Covered
Cigna HealthSpring	Preferred
Aetna	Prior Authorization – Pump Only
Humana	Prior Authorization – Pump Only
BCBS/Health Now (NY)	Prior Authorization – Pump Only
Independent Health Association (NY)	Prior Authorization – Pump Only
MVP Health Care	Prior Authorization – Pump Only
Fidelis Care (NY)	Prior Authorization – Pump Only
BCBS Excellus (NY)	Prior Authorization – Pump Only
Cigna	Prior Authorization – Pump Only
WellCare	Prior Authorization
New York State Medicaid	Preferred
Medicare Part B	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" Plans.



All CONTOUR®NEXT blood glucose meters use CONTOUR®NEXT test strips.

25 Count — NDC 0193-7310-25  
 50 Count — NDC 0193-7311-50  
 100 Count — NDC 0193-7312-21



**CONTOUR®NEXT ONE**  
NDC 0193-7310-25



**CONTOUR®NEXT LINK 2.4**  
Available from Medtronic






**CONTOUR®NEXT**  
NDC 0193-7311-50

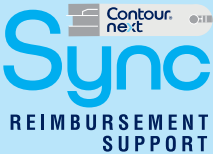


**CONTOUR®NEXT EZ**  
NDC 0193-7312-21

◀ See back for additional access information.

# Affordable Access for CONTOUR®NEXT Test Strips, Regardless of Coverage

	<b>Medicare Part B</b> 	<b>CONTOUR® Choice** with Commercial Insurance</b> 	<b>OTC (Over-the-Counter)</b> 
Summary	A federal healthcare plan	Provides patient assistance for high co-pays	Affordable, accessible value packs for ALL patients
Rx Required	YES	YES	NO
Coverage	ALWAYS covered*	Dependent upon patient eligibility, Rx quantity, and co-pay amount**	ALWAYS available Insurance not required Can use HSA/FSA funds for purchase
Expected Patient Costs	Patient must reach a deductible, then pay 20% of the allowable reimbursement amount (i.e., 50 test strips will be less than \$2)  Most Medicare supplemental plans charge a \$0 co-pay*	Patient pays first \$15. There may be additional costs based on plan coverage and Rx quantity**	Everyday low price† 35ct = \$19.99 70ct = \$34.99  Price may be less than patient co-pays‡
For More Information	Call 1-800-MEDICARE or visit medicare.gov	Visit contourchoice.com For CONTOUR®NEXT test strips insurance coverage by state: contournextcoverage.com	Available for purchase at many retail pharmacies across the US



### For Insulin Pump Patients:

- General Reimbursement Questions
- Benefit Verification
- Prior Authorization & Insurance Appeals

Contact: 1-866-296-1436 (Mon – Fri, 8am – 7pm EST)

\* Not a guarantee of coverage and payment. CONTOUR®NEXT test strips are covered when medically necessary for the patient and prescribed by a physician. Coverage and payment may be subject to co-insurance, deductible, and patient eligibility requirements. Centers for Medicare and Medicaid Services. Medicare's coverage of diabetes supplies and services. Available at: <https://www.medicare.gov/pubs/pdf/11022-Medicare-Diabetes-Coverage.pdf>. Accessed 9/30/19.

\*\* For eligible commercially insured patients only. Patient is responsible for the first \$15 of the copay, and all remaining balances, charges and taxes after discount is applied. Limitations and restrictions apply. Visit contourchoice.com for more details. Program 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. Void where prohibited by law. This offer cannot be combined with any other offer. Ascensia Diabetes Care reserves the right to cancel or change this offer at any time and without notice.

† Manufacturer suggested retail price. Price may vary by retailer.

‡ Patients should check with their insurance company as insurers may offer a lower cost option.

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