### **NEW JERSEY**

## OneTouch® test strip coverage guide

#### Covered at the Lowest Co-Pay\*

AARP® Medicare Advantage

Aetna (Commercial & Medicare Advantage)

Aetna Better Health of New Jersey

BCBS Federal Employee Program (FEP)

Cigna (Commercial & Medicare Advantage)

**CVS Caremark National Formulary** 

**Express Scripts National Preferred Formulary** 

Horizon Blue Cross Blue Shield of New Jersey (Commercial & Medicare Advantage)

Horizon NJ Health

New Jersey Medicaid (Fee For Service)

UnitedHealthcare Commercial & Medicare Advantage

UnitedHealthcare Community Plan

WellCare (Medicare Advantage)

WellCare of New Jersey Medicaid

As of January 2024

#### **ONETOUCH**

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#### **Always Covered**'

**Medicare Part B** 

S Patient pays \$1.66 for 50 test strips after deductible



#### Where Not Covered

OneTouch® Automatic Savings Program®

- S Patient pays \$35 for 100 test strips
- Available at all major retailers

OneTouch® test strips have the lowest co-pay on the most health plans\*\*





#### Prescribe OneTouch Verio® test strips with confidence.

# Mark Dispense as Written (DAW1)\* or Do Not Substitute (DNS)

The information provided is not a guarantee of coverage or payment. Actual benefits are determined by each plan in accordance with its respective policies and procedures.

- \* Some health plans may have more than one test strip covered at the lowest co-pay.
- † Coverage and payment subject to co-insurance, deductible and patient eligibility requirements.
- † This program only works with a pharmacy benefit that does not cover OneTouch® test strips. Insurers may offer a lower cost option. Out of Pocket will not be applied to plan deductible. Those insured by any government healthcare program, such as Medicare, Medicaid, the military or VA, are NOT eligible for this offer. Program may be changed or discontinued at any time. This offer from LifeScan, Inc. can only be redeemed where OneTouch® products are sold and prescriptions can be processed.
- <sup>¶</sup> MMIT Formulary Report April 2023.
- \*\* Product selection code 1 = Substitution not allowed by prescriber. The pharmacy provider may only dispense the brand name version of the drug prescribed using this product selection code.