NEW YORK (Western & Central)

OneTouch® test strip coverage guide

Covered at the Lowest Co-Pay*

AARP® Medicare Advantage

Aetna (Commercial & Medicare Advantage)

Cigna (Commercial & Medicare Advantage)

CVS Caremark National Formulary

Excellus BCBS

(Commercial, Health Exchange & Managed Medicaid)

Express Scripts National Preferred Formulary

Fidelis Care NY (Medicare Advantage & Managed Medicaid)

Highmark BCBS of Western NY/Highmark BS NE NY (Commercial, Medicare Advantage & Managed Medicaid)

Molina Healthcare of New York (Managed Medicaid)

MVP Health Care

(Commercial, Medicare Advantage & Managed Medicaid)

NYRx (New York Medicaid)

UnitedHealthcare Commercial & Medicare Advantage

UnitedHealthcare Community Plan (New York)

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.
- [¶] 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.