

Pharmacy Update

December 20, 2022

Preferred Lancets and Lancing Devices

Michigan Medicaid

Aetna Better Health of Michigan

RXBIN: 610591
RXPCN: ADV
RXGRP: RX8826

Aetna Better Health of Michigan is an existing Plan Sponsor with CVS Caremark®. Effective January 1, 2023, One Touch Delica® and One Touch Delica® Plus lancets and lancing devices are the only preferred brands of lancets and lancing devices covered under the pharmacy benefit. Please assure when a member switches to One Touch Delica® or Delica® Plus that they also receive a compatible lancing device.

Note: This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with CVS Caremark.

This update applies to:
All Network Pharmacies

State(s):
Michigan

Line of Business:
Medicaid

Customer Care for Plan Members:
1-866-316-3784

Pharmacy Inquiries:
If you have questions, call the Pharmacy Help Desk number provided in the claim response or the following if one is not provided:
1-800-364-6331

Payer Sheets:
For additional claim processing information, refer to the CVS Caremark Payer Sheets at [caremark.com/pharminfo](https://www.cvshealth.com/pharminfo) > NCPDP Payer Sheets.

Pharmacy network participation varies by plan.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711 and/or fax the opt-out request to 401-652-0893, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvshealth.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt. An opt out request will not opt you out of purely informational, non-advertisements, Caremark pharmacy communications such as new implementation notices, formulary changes, point-of sale issues, network enrollment forms, and amendments to the Provider Manual.

This communication and any attachments may contain confidential information. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, or copying of it or its contents, is prohibited. If you have received this communication in error, please notify the sender immediately by telephone and destroy all copies of this communication and any attachments. This communication is a Caremark Document within the meaning of the Provider Manual, and as such is Caremark Confidential Information that must be protected by the Provider and used only as described in the Provider Manual.