OHIO

Test Strip Coverage Guide

Prescribe OneTouch® test strips with confidence.

Covered on the following plans:

Buckeye Health Plan (Managed Medicaid)
CareSource (Ohio Medicaid)
Cigna (Commercial)
Cigna (Health Exchange)
Cigna (Medicare Advantage)
Express Scripts High Performance Formulary
Express Scripts National Preferred Formulary
Medicare Part B
MedImpact Medicare Advantage (Dividend Group)
Molina Healthcare of Ohio (Managed Medicaid)
Ohio Medicaid (Managed Medicaid & Fee For Service)
Paramount Health Plan (Commercial)
SummaCare Medicare Advantage
ProCare Rx
Sav-Rx

Always Covered*

Medicare Part B:
Patient pays $1.66 for 50 test strips after deductible.

Where Not Covered:

If your patients' insurance doesn't cover OneTouch® test strips, they can still get testing supplies where and when they need them. This program works automatically at the pharmacy, but cannot be combined with Medicare or Medicaid plans.
OneTouch Verio®: (100 test strips) – $35
OneTouch Ultra®: (100 test strips) – $45†

As of January, 2026.

ONETOUCH®

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.
* Coverage and payment subject to co-insurance, deductible and patient eligibility requirements.
† Discounts offered on OTC/cash-only purchases cannot be utilized with any insurance, and participating patients may not seek reimbursement for the amounts paid from an insurer. Amounts paid cannot be applied toward any deductible under a federal, state or government-funded insurance program such as Medicare. If you have insurance coverage, you are choosing to purchase this product outside your insurance benefit. This or different products may be available to you if you utilize your insurance, including at a lower cost. This discount offer is not contingent on any other purchase. Discounts can be discontinued at any time. Discounts for subscriptions are applied only to first purchase and not recurring charges.
‡ 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.
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