

2025 *Choice Diabetic List*

Your diabetic prescription benefit is a valuable part of your coverage. It is important you understand this benefit so you can get the most out of your coverage. Items on this list are covered items. Insulins and supplies that are not included on this list may require an exception review to determine whether coverage criteria are met, and may be subject to copayments, coinsurance and/or deductible.



Covered items are divided into two categories:

- **Diabetic supply list** – \$0 copay; you will not incur any out-of-pocket costs for items on this list.
- **Insulin list** – members will pay no more than a \$25 copay per month of each insulin on this list.



Questions?

If you have questions or need more information about this benefit, call Security Health Plan's Pharmacy Services Department.

1-877-873-5611 (TTY 711)
Monday through Friday
8 a.m. to 5 p.m.

SecurityHealth PlanSM
Promises kept, plain and simple.®

Choice Diabetic List

Diabetic testing and supply list	
Dexcom® G6	Humalog® Inpen
Dexcom® G7	OneTouch® Ultra Blue test strips
FreeStyle® InsuLinx test strips	OneTouch® Verio test strips
Freestyle® Libre 2	pen needles
Freestyle® Libre 3	Precision® Neo test strips
Freestyle® Libre 14	Precision® Xtra beta ketone test strips
FreeStyle® Lite test strips	Precision® Xtra test strips
FreeStyle® test strips	Select insulin needles
Glucagon® emergency kit	Select insulin syringes
Gvoke® Hypopen	Select lancets
Gvoke® syringe	Zegalogue® injection
Gvoke® vial	
Insulin list	
Humalog®	Humulin® R U-500
Humalog® KwikPen	insulin lispro
Humalog® cartridge	insulin lispro KwikPen, Junior KwikPen
Humalog® mix 50/50 KwikPen	insulin lispro protamine-insulin lispro mix 75-25 pen
Humalog® mix 50/50	Lyumjev® KwikPen
Humalog® mix 70/25	Lyumjev®
Humulin®	Semglee®
Humulin® 70/30 KwikPen	Semglee® pen
Humulin® 70/30	Tresiba®
Humulin® N KwikPen	Tresiba® Flextouch
Humulin® N	Toujeo® Max Solostar
Humulin® R	Toujeo® Solostar
Humulin® R U-500 Kwikpen	

This list is not all-inclusive and is subject to change.

Notice of Nondiscrimination/ Limited English Proficiency Language Services

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ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-472-2363 (TTY 711). **ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-472-2363 (TTY 711). **LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-472-2363 (TTY 711).

If you require materials in large print, please call 1-800-472-2363 (TTY 711).