



SSM Health Pharmacy Savings 6 months for \$6 program

Effective January 1, 2024, employees covered by the Medica/WellFirst Health medical plan qualify to receive a six-month supply for \$6.

The following prescriptions, which must be filled at an SSM Health Pharmacy to qualify, will be eligible for the 6 for \$6 program.

Find an SSM Health Pharmacy near you at ssmhealth.com/services/pharmacy. SSM Health Pharmacies also offer the convenience of mail order.

COVERED PRESCRIPTIONS

ALENDRONATE 70 MG (T)	GLIPIZIDE ER 5 MG (T)
ANASTROZOLE 1 MG (T)	GLYBURIDE 1.25 MG (T)
ATENOLOL 100 MG (T)	GLYBURIDE 2.5 MG (T)
ATENOLOL 25 MG (T)	GLYBURIDE 5 MG (T)
ATENOLOL 50 MG (T)	HYDROCHLOROT 12.5MG (C)
CARVEDILOL 12.5 MG (T)	HYDROXYZ HCL 10 MG (T)
CARVEDILOL 25 MG (T)	HYDROXYZ HCL 25 MG (T)
CARVEDILOL 3.125 MG (T)	HYDROXYZ HCL 50 MG (T)
CARVEDILOL 6.25 MG (T)	LISINOP/HCTZ 10-12. (T)
FLUOXETINE 10 MG (C)	LISINOP/HCTZ 20-12. (T)
FLUOXETINE 20 MG (C)	LISINOP/HCTZ 20-25M (T)
FLUOXETINE 40 MG (C)	METOPROL TAR 100 MG (T)
FOLIC ACID 1 MG (T)	METOPROL TAR 25 MG (T)
FUROSEMIDE 20 MG (T)	METOPROL TAR 50 MG (T)
FUROSEMIDE 40 MG (T)	METOPROL TAR 75 MG (T)
GLIMEPIRIDE 1 MG (T)	OMEPRAZOLE 20 MG (C)
GLIMEPIRIDE 2 MG (T)	OMEPRAZOLE 40 MG (C)
GLIMEPIRIDE 4 MG (T)	PIOGLITAZONE 15 MG (T)
GLIPIZIDE 10 MG (T)	PIOGLITAZONE 30 MG (T)
GLIPIZIDE 5 MG (T)	PIOGLITAZONE 45 MG (T)
GLIPIZIDE ER 10 MG (T)	TRIAMT/HCTZ 37.5-25 (T)
GLIPIZIDE ER 2.5 MG (T)	TRIAMT/HCTZ 75-50 (T)

T= TABLET, C= CAPLET