

## First Choice Health Plan Preferred Co-Pay Program-Designated Medication List

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***\*Eligibility: Associates & Dependents (age 18 +)  
Currently enrolled in the First Choice Health Plan***

<b>11 Medications included as of 7/1/2022</b>	
ELIQUIS	TAB 2.5MG
ELIQUIS	TAB 5MG
JARDIANCE	TAB 10MG
JARDIANCE	TAB 25MG
TRADJENTA	TAB 5MG
HUMALOG KWIK	INJ 100/ML
HUMALOG MIX	INJ 75/25KWP
HUMALOG KWIK	INJ 200/ML
HUMALOG	INJ 100/ML
LANTUS SOLOS	INJ 100/ML
LANTUS	INJ 100/ML