Catholic Health

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

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

11 Medications included as of 7/1/2022
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

Updated July 2022
* Union members, please refer to your union contract regarding eligibility