



<b>Prescriptions filled at participating pharmacies (up to a 30-day supply)</b>	<b>Copayment</b>
Generic drugs	10
Preferred brand-name drugs	\$50
Non-preferred brand-name drugs	\$100

**Covered drugs**

- Drugs on the formulary approved by Health First Health Plans.
- Drugs, medicine or medication that, under Federal or state law, may be dispensed only by prescription from a participating physician or his/her authorized representative.
- Some drugs require proof of medical necessity and prior approval by Health First Health Plans. See formulary (drug list) for details.

**Exclusions**

- Drugs not on the formulary.
- Drugs that do not, by Federal or state law, require a prescription (i.e., over-the-counter drugs).
- Any legend drug for which a similar over-the-counter equivalent is available.
- Any drug labeled “Caution: limited by federal law to investigational use” or experimental drugs.
- Any medication that is consumed or administered at the place it is dispensed.
- Drugs for which the recipient is not charged.
- Prescription drugs for which benefits are paid under workers’ compensation or any other similar law, whether benefits are payable for all or only part of the charges.
- Prescription drugs for procedures and services that are not covered.
- Prescription orders filled prior to the effective date or after the termination date of coverage.
- Replacement of lost or damaged prescriptions.
- Drugs not approved by the Food and Drug Administration (FDA) under the Federal Food, Drug, and Cosmetic Law and regulations.
- All new drugs approved by the FDA will be excluded from the preferred drug list/formulary unless Health First Health Plans’ Pharmacy and Technology Committee, in its sole discretion, decides to waive this exclusion with respect to a particular drug.
- Refills in excess of the amount specified by the participating physician, refills filled before 75% of the prescription has been used, or any refill dispensed after one year from the order of the participating physician.