ProvidenceHealthPlan.com

Emergency Prescription Fills for Washington Commercial Members

If you urgently need a medication and the health plan is closed, the dispensing pharmacy may call our Help Desk for a one-time override, known as an emergency fill. We will issue an emergency fill following discharge from an inpatient stay or emergency department or when a delay in receiving the medication could reasonably place the health of the person, or a fetus in the case of a pregnant woman, in serious jeopardy, cause serious impairment of bodily function, or cause dysfunction of any bodily organ or part.

The authorized quantity for an emergency fill will be up to a seven-day supply or the minimum packaging size available at the time the emergency fill is dispensed, but no more than the prescribed amount. You will be responsible for any applicable Copayment or Coinsurance. Your Deductible, if any, will also apply.

Medications that qualify for an emergency fill include:

- ✓ Albendazole
- ✓ Albenza

Providence Health Plan P.O. Box 4327

Portland, OR 97208-4327

- ✓ Anzemet
- ✓ Aptiom
- ✓ Auryxia
- ✓ Banzel
- ✓ Briviact
- ✓ Coartem
- ✓ Daraprim
- ✓ Doxercalciferol
- ✓ Emverm
- ✓ Fosrenol
- ✓ Fycompa
- ✓ Hectorol

✓ Novolin R ✓ Novolog

✓ Novolin 70-30

✓ Lamictal Xr (Orange)

✓ Lanthanum Carbonate

✓ Lamotrigine Er

✓ Lucemyra

✓ Novolin N

- ✓ Novolog Flexpen
- ✓ Novolog Mix 70-30 Flexpen
- ✓ Novolog Mix 70-30
- ✓ Itraconazole ✓ Paricalcitol
- The following do NOT qualify for an emergency fill:
 - Medications that are Non-Formulary or Have a Prior Authorization or Step Therapy requirement and are NOT included in the list above
 - Medications designated as Specialty on the formulary
 - Medications covered under Your medical benefit that are administered by Your Qualified Practitioner
 - New medications to the market that have not been reviewed by our Pharmacy and Therapeutics (P&T) Committee

To request an emergency fill, the dispensing pharmacy may call the Providence Pharmacy Technical Help Desk after hours at 888-445-5518 for assistance.

- ✓ Phoslyra
- ✓ Renagel
- ✓ Rexulti
- ✓ Sancuso
- ✓ Sevelamer Hcl
- ✓ Sporanox
- ✓ Velphoro
- ✓ Vfend
- ✓ Vigadrone
- ✓ Viibryd
- ✓ Vimpat
- ✓ Voriconazole
- ✓ Zemplar

- ✓ Lamictal Xr ✓ Lamictal Xr (Blue) ✓ Lamictal Xr (Green)