Washington State Rx Services
P.O. Box 40168
Portland, OR 97240-0168

Uniform Medical Plan

UMP Prescription Benefit Emergency Medication Fill List

What is an "emergency fill"?

Emergency fill applies when the plan requires preauthorization for a drug and you need a limited amount immediately during the processing of the preauthorization request because a delay could result in emergency care, hospital admission or might seriously jeopardize your health or others in contact with you.

How does it work?

You must bring your prescription to a network pharmacy, and should state that you need an emergency fill while we process your preauthorization request.

Since preauthorization requests are usually resolved within three to five business days, emergency fills are for ***up to*** a 7-day supply. If your preauthorization request is denied, you will have to pay the full cost of the drug if you want to get it beyond the amount provided in the emergency fill.

The following applies to the drugs on this list:

- For UMP Classic members, you pay the coinsurance under the drug's tier once you meet your prescription drug deductible.
- For UMP Plus members, you pay the coinsurance under the drug's tier (no deductible).
- For UMP CDHP members, you pay 15% of the drug's allowed amount once you meet your deductible; you pay the full allowed amount for drugs until the deductible is met. Tiers do not apply.

TIP: You can find the following information by searching the *UMP Preferred Drug List* (PDL) at **www.hca.wa.gov/ump**, or by calling 1-888-361-1611:

- Tier of a drug (not applicable to UMP CDHP)
- Quantity limits for a drug

Note that the following limits still apply to these drugs:

- **Refill too soon:** This means that if you have a filled prescription for a drug (or its therapeutic equivalent), you cannot get an emergency fill until you have used 84% or more of the filled prescription.
- **Quantity limits:** You cannot get more than the stated quantity limit under an emergency fill. If you have a current filled prescription for a drug (or its therapeutic equivalent) and was filled to the quantity limit, you cannot get an emergency fill until you have used 84% or more of the filled prescription.

Medication Category	Notes	Example medications* *(Brand-name drug is listed only when brand-name is the only formulation available)*
Antibiotics for acute infection		• vancomycin • linezolid • amoxicillin • amoxicillin/clavulanate • penicillin • cephalexin • azithromycin

**This list does not include all drugs available as an emergency fill.*

Created 6/16/2016

UMP Prescription Benefit Emergency Medication Fill List (continued)

Medication Category	Notes	Example medications* *(Brand-name drug is listed only when brand-name is the only formulation available)*
Antivirals for acute infection		• oseltamivir (Tamiflu) • acyclovir • famciclovir • valacyclovir • valganciclovir • amantidine
Medications for Diabetes		• Insulins • Metformin • Glyburide • Glimepiride • Glipizide • Pioglitazone
Medications for mental health conditions		• aripiprazole • risperidone • olanzapine • quetiapine • ziprasidone
Hematologic agents (Anticoagulant/antiplatelet medication)		• enoxaparin • fondaparinux • clopidogrel
Antiemetics	for imminent nausea and vomiting	• ondansetron • granisetron
Antiretrovirals	continuing current therapy only, not new starts except for emergency use	• zidovudine • nevirapine • abacavir • stavudine • zidovudine • lamivudine • lamivudine/zidovudine • lamivudine/zidovudine/abacavir

**This list does not include all drugs available as an emergency fill.*

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UMP Prescription Benefit Emergency Medication Fill List (continued)

Medication Category	Notes	Example medications* *(Brand-name drug is listed only when brand-name is the only formulation available)*
Cardiovascular medications for acute treatment only	e.g. antiarrhythmics, anti-hypertensives	• flecainide • amiodarone • digoxin • amlodipine • diltiazem • furosemide • spironolactone • isosorbide dinitrate • isosorbide mononitrate • nitroglycerin • metoprolol succinate • carvedilol • lisinopril • enalapril • benazepril
Naloxone		• naloxone vial
Rescue inhalants		• Proventil • Proair • Ventolin
Seizure/epilepsy medications		• carbamazepine • lamotrigine • topiramate • divalproex sodium • phenytoin • oxcarbazepine
Triptans for migraine treatment		• sumatriptan • rizatriptan • naratriptan • almotriptan

**This list does not include all drugs available as an emergency fill.*

Created 6/16/2016

Washington State Rx Services nondiscrimination notice

Washington State Rx Services (WSRxS) complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.

WSRxS provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, WSRxS also provides free, timely interpretation services and/or materials written in other languages.

If you need any of the services listed above, contact:

WSRxS Customer Service,
1-888-361-1611 (TDD/TTY 711)

If you believe that WSRxS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a written grievance by mailing or faxing it to:

Washington State Rx Services
Attention: Appeal Unit
PO Box 40168
Portland, OR 97240-0168
Fax: 1-866-923-0412

If you need assistance filing a grievance, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone to:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201

800-368-1019, 800-537-7697 (TDD).

Office for Civil Rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

WSRxS efforts to assure nondiscrimination are coordinated by:

Tom Bikales, VP Legal Affairs
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-877-605-3229（聾啞人專用：711）

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hổ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY: 711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم 1-877-605-3229 (الهاتف النصي: 711)

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzdienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយ៖ ត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនសម្រាកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.