



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 regence.com/ump/pebb/benefits/prescriptions, or by calling 1-888-361-1611 (TRS: 711):

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

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)
Antibiotics for acute infection		<ul style="list-style-type: none"> ♦ vancomycin ♦ linezolid ♦ amoxicillin ♦ amoxicillin/clavulanate ♦ penicillin ♦ cephalexin ♦ azithromycin
Antivirals for acute infection		<ul style="list-style-type: none"> ♦ oseltamivir (Tamiflu) ♦ acyclovir ♦ famciclovir ♦ valacyclovir ♦ valganciclovir ♦ amantidine
Medications for Diabetes		<ul style="list-style-type: none"> ♦ Insulins ♦ Metformin ♦ Glyburide ♦ Glimepiride ♦ Glipizide ♦ Pioglitazone
Medications for mental health conditions		<ul style="list-style-type: none"> ♦ aripiprazole ♦ risperidone ♦ olanzapine ♦ quetiapine ♦ ziprasidone
Hematologic agents (Anticoagulant/antiplatelet medication)		<ul style="list-style-type: none"> ♦ enoxaparin ♦ fondaparinux ♦ clopidogrel
Antiemetics	for imminent nausea and vomiting	<ul style="list-style-type: none"> ♦ ondansetron ♦ granisetron
Antiretrovirals	continuing current therapy only, not new starts except for emergency use	<ul style="list-style-type: none"> ♦ zidovudine ♦ nevirapine ♦ abacavir ♦ stavudine ♦ zidovudine ♦ lamivudine ♦ lamivudine/zidovudine ♦ lamivudine/zidovudine/abacavir

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

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	<ul style="list-style-type: none"> ♦ flecainide ♦ amiodarone ♦ digoxin ♦ amlodipine ♦ diltiazem ♦ furosemide ♦ spironolactone ♦ isosorbide dinitrate ♦ isosorbide mononitrate ♦ nitroglycerin ♦ metoprolol succinate ♦ carvedilol ♦ lisinopril ♦ enalapril ♦ benazepril
Naloxone		♦ naloxone vial
Rescue inhalants		<ul style="list-style-type: none"> ♦ Proventil ♦ Proair ♦ Ventolin
Seizure/epilepsy medications		<ul style="list-style-type: none"> ♦ carbamazepine ♦ lamotrigine ♦ topiramate ♦ divalproex sodium ♦ phenytoin ♦ oxcarbazepine
Triptans for migraine treatment		<ul style="list-style-type: none"> ♦ sumatriptan ♦ rizatriptan ♦ naratriptan ♦ almotriptan

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

Washington State Rx Services does not discriminate

Washington State Rx Services follows federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

1-888-361-1611 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

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

If you need help filing a complaint, 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:

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)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
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 1-888-361-1611 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-888-361-1611 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-888-361-1611 (聾啞人專用：711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-888-361-1611 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-888-361-1611 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-888-361-1611

تولتے ہیں تو لانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-888-361-1611 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-888-361-1611 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-888-361-1611 (TTY: 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با تماس بگیرید. (TTY: 711) 1-888-361-1611

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-888-361-1611 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-888-361-1611 (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。1-888-361-1611 (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。

အကူအညီ: ဤတမ်း (အမျိုးအနွယ် အမျိုးအနွယ် အမျိုးအနွယ်) အလို့ငှါ ဤတမ်း အမျိုးအနွယ် တမ်းအား မိမိဘာသာ မူလမှ အခမဲ့ ဖြန့်ချိပေးပါမည်။ 1-888-361-1611 (TTY: 711) ဖုန်းနံပါတ်ကို ခေါ်ဆိုပါ။

ໂປດຊາຍ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-888-361-1611 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-888-361-1611 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-888-361-1611 (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 1-888-361-1611 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-888-361-1611 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-888-361-1611 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-888-361-1611 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-888-361-1611 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-888-361-1611 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-888-361-1611 (obsługa TTY: 711)