

## Emergency Fill—Covered Drugs

Health Alliance Northwest members are eligible for emergency fill on select medications that require preauthorization, step-therapy, or have a quantity limit. The drugs on this list are eligible for up to a 7-day emergency supply if you meet the policy requirements. For a complete description of this benefit, please refer to your plan documents.



Contact the Pharmacy Department at 1-800-851-3379, option 4, for more information.

Abilify Tab 10mg
Abilify Tab 15mg
Abilify Tab 20mg
Abilify Tab 2mg
Abilify Tab 30mg
Abilify Tab 5mg
Adefov Dipiv Tab 10mg
Admelog Inj 100u/MI
Admelog Solo Inj 100u/MI
Afrezza Pow 12 Unit
Afrezza Pow 4&8 Unit
Afrezza Pow 4/8/12un
Afrezza Pow 4unit
Afrezza Pow 8 Unit
Afrezza Pow 8&12unit
Akynzeo Cap 300-0.5
Altoprev Tab 20mg ER
Altoprev Tab 40mg ER
Altoprev Tab 60mg ER
Apidra Inj Solostar
Apidra Inj U-100
Aplenzin Tab 174mg
Aplenzin Tab 348mg
Aplenzin Tab 522mg
Aprepitant Cap 125mg
Aprepitant Cap 40mg
Aprepitant Cap 80mg
Aprepitant Pak 80 & 125
Aptiom Tab 200mg
Aptiom Tab 400mg
Aptiom Tab 600mg
Aptiom Tab 800mg
Aripiprazole Sol 1mg/MI
Aripiprazole Tab 10mg
Aripiprazole Tab 10mg Odt
Aripiprazole Tab 15mg
Aripiprazole Tab 15mg Odt

Aripiprazole Tab 20mg
Aripiprazole Tab 2mg
Aripiprazole Tab 30mg
Aripiprazole Tab 5mg
Baraclude Sol .05mg/MI
Baraclude Tab 0.5mg
Baraclude Tab 1mg
Basaglar Inj 100unit
Briviact Sol 10mg/MI
Briviact Tab 100mg
Briviact Tab 10mg
Briviact Tab 25mg
Briviact Tab 50mg
Briviact Tab 75mg
Corlanor Tab 5mg
Corlanor Tab 7.5mg
Desvenlafax Tab 100mg ER
Desvenlafax Tab 25mg ER
Desvenlafax Tab 50mg ER
Effient Tab 10mg
Effient Tab 5mg
Emend Cap 125mg
Emend Cap 40mg
Emend Cap 80mg
Emend Sus 125mg
Emend Tripac Pak 80 & 125
Entecavir Tab 0.5mg
Entecavir Tab 1mg
Entresto Tab 24-26mg
Entresto Tab 49-51mg
Entresto Tab 97-103mg
Fanapt Pak
Fanapt Tab 10mg
Fanapt Tab 12mg
Fanapt Tab 1mg
Fanapt Tab 2mg
Fanapt Tab 4mg

Fanapt Tab 6mg
Fanapt Tab 8mg
Fetzima Cap 120mg
Fetzima Cap 20mg
Fetzima Cap 40mg
Fetzima Cap 80mg
Fiasp Inj 100/MI
Fiasp Flex Inj Touch
Fluvastatin Tab 80mg ER
Hepsera Tab 10mg
Humalog Inj 100/MI
Humalog Jr Inj 100/MI
Humalog Kwik Inj 100/MI
Humalog Kwik Inj 200/MI
Humalog Mix Inj 50/50
Humalog Mix Inj 50/50kwp
Humalog Mix Inj 75/25kwp
Humalog Mix Sus 75/25
Humulin Inj 70/30
Humulin Inj 70/30kwp
Humulin N Inj U-100
Humulin N Inj U-100kwp
Humulin R Inj U-100
Humulin R Inj U-500
Invega Tab 1.5mg
Invega Tab 3mg
Invega Tab 6mg
Invega Tab 9mg
Lantus Inj 100/MI
Lantus Inj Solostar
Latuda Tab 120mg
Latuda Tab 20mg
Latuda Tab 40mg
Latuda Tab 60mg
Latuda Tab 80mg
Lescol XI Tab 80mg
Levemir Inj
Levemir Inj Flextouch
Livalo Tab 1mg
Livalo Tab 2mg
Livalo Tab 4mg
Mevacor Tab 40mg
Novolin Inj 70/30
Novolin N Inj Relion
Novolin N Inj U-100

Novolin R Inj Relion
Novolin R Inj U-100
Novolin70/30 Inj Relion
Novolog Inj 100/MI
Novolog Inj Flexpen
Novolog Inj Penfill
Novolog Mix Inj 70/30
Novolog Mix Inj Flexpen
Nuplazid Cap 34mg
Nuplazid Tab 10mg
Nuplazid Tab 17mg
Olanza/Fluox Cap 12-25mg
Olanza/Fluox Cap 12-50mg
Olanza/Fluox Cap 3-25mg
Olanza/Fluox Cap 6-25mg
Olanza/Fluox Cap 6-50mg
Paliperidone Tab ER 1.5mg
Paliperidone Tab ER 3mg
Paliperidone Tab ER 6mg
Paliperidone Tab ER 9mg
Potiga Tab 200mg
Potiga Tab 300mg
Potiga Tab 400mg
Potiga Tab 50mg
Prasugrel Tab 10mg
Prasugrel Tab 5mg
Pristiq Tab 100mg
Pristiq Tab 25mg
Pristiq Tab 50mg
Qudexy XR Cap 100/24hr
Qudexy XR Cap 150/24hr
Qudexy XR Cap 200/24hr
Qudexy XR Cap 25/24hr
Qudexy XR Cap 50/24hr
Quetiapine Tab 150mg ER
Quetiapine Tab 200mg ER
Quetiapine Tab 300mg ER
Quetiapine Tab 400mg ER
Quetiapine Tab 50mg ER
Relion R Inj 100/MI
Relion R Inj 100u/MI
Rexulti Tab 0.25mg
Rexulti Tab 0.5mg
Rexulti Tab 1mg
Rexulti Tab 2mg

Rexulti Tab 3mg
Rexulti Tab 4mg
Saphris Sub 10mg
Saphris Sub 2.5mg
Saphris Sub 5mg
Savaysa Tab 15mg
Savaysa Tab 30mg
Savaysa Tab 60mg
Seroquel XR Tab 150mg
Seroquel XR Tab 200mg
Seroquel XR Tab 300mg
Seroquel XR Tab 400mg
Seroquel XR Tab 50mg
Spritam Tab 1000mg
Spritam Tab 250mg
Spritam Tab 500mg
Spritam Tab 750mg
Symbyax Cap 12-25mg
Symbyax Cap 12-50mg
Symbyax Cap 3-25mg
Symbyax Cap 6-25mg
Symbyax Cap 6-50mg
Thiola Tab 100mg
Topiramate Cap ER 100mg
Topiramate Cap ER 150mg
Topiramate Cap ER 200mg
Topiramate Cap ER 25mg
Topiramate Cap ER 50mg
Toujeo Solo Inj 300iu/MI
Tresiba Flex Inj 100unit
Tresiba Flex Inj 200unit
Trintellix Tab 10mg
Trintellix Tab 20mg
Trintellix Tab 5mg
Trokendi XR Cap 100mg
Trokendi XR Cap 200mg
Trokendi XR Cap 25mg
Trokendi XR Cap 50mg
Tybost Tab 150mg
Tyzeka Tab 600mg
Varubi Tab 90mg
Viibryd Kit StartER
Viibryd Tab 10mg
Viibryd Tab 20mg
Viibryd Tab 40mg

Vraylar Cap 1.5mg
Vraylar Cap 3mg
Vraylar Cap 4.5mg
Vraylar Cap 6mg
Zontivity Tab 2.08mg
Zypitamag Tab 1mg
Zypitamag Tab 2mg
Zypitamag Tab 4mg

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  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
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  - Qualified interpreters
  - Information written in other languages

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주의: 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 1-877-750-3515 전화 (TTY: 711).

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استدعاء 1-877-750-3515 (TTY: 711) إذا كنت تتحدث اللغة العربية، خدمات المساعدة اللغوية، مجاناً، تتوفر لك.

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