

### Where can I get my prescriptions?

Patients have the right to choose their pharmacy, but there may be limitations based on your health insurance plan. The PCHS 340B Program contracts with the below local pharmacies as a convenience to our patients:

#### Soldotna Locations



44001 Sterling Hwy  
Soldotna, AK 99669  
(907) 260-6372  
\*NOT part of the Care Card Program



43843 Sterling Hwy  
Soldotna, AK 99669  
(907) 260-2233



44428 Sterling Hwy  
Soldotna, AK 99669  
(907) 714-5460



299 N Binkley St  
Soldotna, AK 99669  
(907) 262-3800

#### Kenai Locations



10576 Kenai Spur Hwy  
Kenai, AK 99611  
(907) 283-6360



10575 Kenai Spur Hwy  
Kenai, AK 99611  
(907) 335-2061

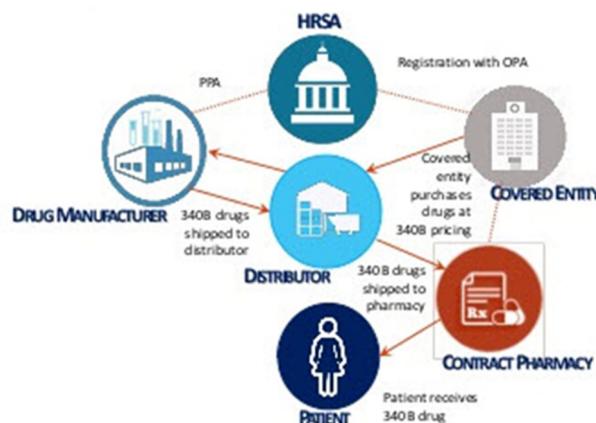


10096 Kenai Spur Hwy  
Kenai, AK 99611  
(907) 395-0871  
\*NOT part of the Care Card Program

#### What drugs are covered?

As with all drug plans, covered medications can change from time to time, along with drug manufacturer participation. Changes to the 340B drug list are determined by the Office of Pharmacy Affairs and are updated quarterly. For the most current information, check with one of our contract pharmacies to see if your medication is covered under the 340B program.

## How does 340B work?



A drug manufacturer enters into a Pharmaceutical Pricing Agreement (PPA) with Health Resources & Services Administration (HRSA).

A covered entity (PCHS) registers to participate in the 340B program with HRSA's Office of Pharmacy Affairs.

The covered entity purchases drugs at the 340B price or sub-ceiling price from a distributor, which receives drugs from the manufacturer.

The covered entity enters into a contract with a third-party, usually a retail pharmacy.

The distributor ships the covered entity's drugs to the contract pharmacy.

The patient receives the 340B drug at the contract pharmacy.

Email 340b@pchsak.org for questions



## 340B Program

### What is the 340B Program?

The Office of Pharmacy Affairs, a department of the federal Health Resource and Services Administration, designed this program to provide eligible health care providers access to low cost medications for their patients. This program is intended to stretch federal resources to reach more eligible patients and provide more comprehensive services.

### Who is eligible to use 340B at PCHS?

All patients of PCHS that have had a qualifying office visit in the last 12 months with one of our eligible medical, optometry, psychiatric or dental providers.

### Other Exclusions to 340B Program:

- Medicaid prescriptions

January 2026



## What are the costs?

There is no cost to participate in the 340B Program. However, drug pricing and drug manufacturer participation are subject to change without notice.

**PCHS cannot give cost estimates on 340B drugs**  
final pricing is determined at the pharmacy  
with a valid prescription.

## I have insurance, can I still participate?

**(Medicaid covered drugs are excluded)**

**YES...** PCHS patients are automatically enrolled for the 340B Program. Check with the pharmacy to see which cost option is best for you:

- Your health insurance (if applicable)  
vs
- 340B Care Card program

**\*Pharmacies may not automatically compare pricing**

Please ask about and see our additional handout:

**"Patient Tips for 340B Care Card Program"**

## Are all of my prescriptions covered?

For prescriptions to be eligible for the 340B program they must meet all of the following:

- Patient has had an eligible face to face or Telehealth appointment with eligible provider in the past 12 months.
- Script written by one of our medical, optometry, psychiatric or dental providers
- Filled at a PCHS contract 340B pharmacy
- Participating Drug Manufacturer

For additional questions concerning 340B Program, please contact:

- PCHS 340B Support (907) 260-5020
- Email: [340b@pchsak.org](mailto:340b@pchsak.org)
- Your PCHS Primary Care Team (907) 262-3119
- Participating PCHS contract 340B pharmacy
- HRSA OPAIS Search:  
<https://340bopais.hrsa.gov/searchlanding>

## **Care Card Q1 - 2026**

### SAMPLE List of Covered Medications

(NOT an all inclusive list of all 340B Drugs available or at \$45 or

Listed drugs are approximately \$45 or less for 30 day supply  
(subject to change and manufacturer participation)

**Final pricing is determined at the pharmacy**

## Allergy & Asthma

- Advair 100-50 mcg (Fred Meyers ONLY)
- AirDuo
- Asmanex Twisthaler (Fred Meyers ONLY)
- Dulera 100 mcg or 200 mcg (Fred Meyers ONLY)
- Dymista Nasal Spray
- Flovent Diskus & HFA (Fred Meyers ONLY)
- Fluticasone Spray 50 mcg
- Proventil HFA (Fred Meyers ONLY)
- Spiriva Handihaler (Fred Meyers ONLY)

## Endocrine

- Glucagen 1mg Hypokit (Fred Meyers ONLY)
- Jentadueto & XR (Fred Meyers ONLY)
- Humalog 100 Vial (Fred Meyers ONLY)
- Humalog Mix 50-50 Vial (Fred Meyers ONLY)
- Humalog Tempo Pen 100 Unit/ML (Fred Meyers ONLY)
- Humalog Kwikpen 100 Unit/ML (Fred Meyers ONLY)
- Humalog Jr Kwikpen 100 Unit/ML (Fred Meyers ONLY)
- Humulin R 500 (Vial) (Fred Meyers ONLY)
- Humulin R 500 Kwikpen (Fred Meyers ONLY)
- Insulin Glargine (Vial) (Fred Meyers ONLY)
- Insulin Lispro Pen (Fred Meyers ONLY)
- Insulin Lispro Jr (Vial) (Fred Meyers ONLY)
- Synjardy & XR (Fred Meyers ONLY)
- Tadjenta (Fred Meyers ONLY)
- Xigduo XR (Fred Meyers ONLY)

## Miscellaneous

- Aimovig 70 mg/mL (Fred Meyers ONLY)
- Azilect
- Celebrex
- Chantix
- Creon
- Detrol & LA
- Diflucan
- EpiPen 2 PK & Jr 2 PK (Fred Meyers ONLY)
- Forteo (Fred Meyers ONLY)
- Flomax (Fred Meyers ONLY)
- Frova
- Humira 40 mg/0.8 mL
- Imitrex (nasal spray) (Fred Meyers ONLY)
- Linzess
- Otezla & XR (Fred Meyers ONLY)
- Relpax (Fred Meyers ONLY)
- Viagra
- Xeljanz & XR

## Anticonvulsants

- Depakote DR & ER
- Gralise ER
- Horizant ER
- Lyrica CR (Safeway & SPP ONLY)
- Neupro patch 1-3 mg (Fred Meyers ONLY)
- Neurontin (Fred Meyers ONLY)
- Tegretol & XR
- Topamax
- Trileptal

## Mental Health

- Effexor XR (Fred Meyers ONLY)
- Exelon 4.6mg & 13.3mg (Fred Meyers ONLY)
- Geodon (Fred Meyers ONLY)
- Lexapro
- Lithium ER 300 mg
- Provigil (Safeway & SPP ONLY)
- Savella
- Xanax XR (Safeway & SPP ONLY)
- Zoloft (Fred Meyers ONLY)

## Hormone

- Combipatch
- Estring
- Femring
- Premarin
- Premphase
- Prempro
- Prometrium
- Provera
- Seasonique
- Vivelle-Dot (Fred Meyers ONLY)
- Vagifem

## Ophthalmic

- Alphagan P
- Alrex (Fred Meyers ONLY)
- Azopt
- Azasite
- Betoptic S
- Combigan
- FML Forte
- FML Liquifilm
- Lotemax (Fred Meyers ONLY)
- Lumigan
- Maxidex
- Pred-G drops
- Restasis
- Simbrinza
- Tobradex
- Tobrex
- Travatan Z