

### 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.



## 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

April 2026



### What are the costs?

There is no cost to participate in the 340B Program.  
**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 (at participating pharmacies only)

### \*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 an 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
- Participation from 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
- HRSA OPAIS Search: <https://340bopais.hrsa.gov/searchlanding>

## Care Card Q2 - 2026

### SAMPLE List of commonly prescribed covered medications

(NOT an all inclusive list of 340B Drugs nor all those available at approx.\$50 or less )

Listed drugs are approximately \$50 or less for 30 day supply (subject to change and manufacturer participation)

### Allergy & Asthma

- Advair Diskus 100-50 mcg (Fred Meyers ONLY)
- Flovent Diskus & HFA (Fred Meyers ONLY)
- AirDuo Respiclick 113-14 or 232-14 mcg
- Ipratropium Bromide Neb Solution
- Albuterol HFA
- Mometasone Furoate Spray
- Albuterol Neb Solution
- Proventil HFA (Fred Meyers ONLY)
- Arformoterol
- Serevent Diskus (Fred Meyers ONLY)
- Asmanex Twisthaler 220mcg (Fred Meyers ONLY)
- Spiriva Handihaler (Fred Meyers ONLY)
- Budesonide Nasal Spray
- Dulera 100 mcg or 200 mcg (Fred Meyers ONLY)

### Endocrine (below at Fred Meyers ONLY)

- Glucagen Hypokit
- Insulin Glargine (Vial)
- Humalog 100 Vial
- Insulin Lispro Pen
- Humalog Mix 50-50 Vial
- Insulin Lispro Jr (Vial)
- Humalog Tempo Pen 100 Unit/ML
- Jentaduo & XR
- Humalog Kwikpen 100 Unit/ML
- Novolin N (Vial)
- Humalog Jr Kwikpen 100 Unit/ML
- Novolin R (Vial)
- Humalog 70-30 (Vial)
- Synjardy & XR
- Humulin N (Vial)
- Tradjenta
- Humulin R 500 (Vial)
- Xigduo XR
- Humulin R 500 Kwikpen

### Miscellaneous

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

### Anticonvulsants

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

### Cardiovascular

- Benicar HCT 40-12.5 mg
- Bystolic
- Cardura & XL
- Coreg CR
- Dabigatran Etexilate
- Diovan & HCT
- Inspira
- Lipitor (Fred Meyers ONLY)
- Nitro-Dur
- Nitrolingual Spray
- Nitrostat
- Norpace CR
- Tikosyn
- Zestril

### Ophthalmic

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

### Hormone

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