



# PROVIDER QUICK TIPS

#133

## Emergency Supply of a Prescription That Requires Prior Authorization (PA) or a Benefit Limit Exception (BLE)

If a Fee-for-Service Medical Assistance (MA) recipient has an immediate need for a medication that requires prior authorization or approval of an exception to the benefit limit of 6 prescriptions per calendar month, a pharmacist or a dispensing provider may dispense an emergency supply of the medication.

### For Prescriptions That Require PA

A pharmacist or a dispensing provider is permitted to dispense an emergency supply of the medication, without prior authorization if, in the professional judgment of the pharmacist or dispensing provider, the recipient has an immediate need for the medication. In these situations, the pharmacist or dispensing provider may dispense a 5 day supply unless the pharmacist or dispensing provider determines that taking the medication, either alone or along with other medication(s) that the recipient may be taking, would jeopardize the health and safety of the recipient.

### For Prescriptions That Require a BLE

A pharmacist or a dispensing provider is permitted to dispense an emergency supply of the medication without an exception to the benefit limit if, in the professional judgment of the pharmacist or the dispensing provider, the recipient has an immediate need for the medication. In these situations, the pharmacist or dispensing provider may dispense a 5 day supply unless the pharmacist or dispensing provider determines that taking the medication, either alone or along with other medication(s) that the recipient may be taking, would jeopardize the health and safety of the recipient.

The pharmacist or dispensing provider may dispense additional emergency supplies if the recipient continues to have an immediate need for the medication while the Department of Human Services (the department) is processing the request for either a prior authorization or a benefit limit exception.

Emergency supplies do not count toward the recipient's limit of 6 prescriptions per calendar month.

To indicate an Emergency Situation on the claim, enter "03" in the Level of Service field.

**Thank you for your service to our Medical Assistance Recipients.  
We value your participation.  
Check the department's website often: [www.dhs.pa.gov](http://www.dhs.pa.gov)**

