

CareFirst BlueCross BlueShield Community Health Plan Maryland (CareFirst CHPMD) plan allows network pharmacies to provide an emergency supply of most medications when an eligible member presents a prescription for a **formulary medication that requires a prior authorization (PA) or non-formulary medication**, which has been determined as an emergency fill according to the Maryland Medical Assistance Program Pharmacy Transmittal No. 183, October 1, 2007. Below is a list of drug classifications and corresponding days' supply limits.

Drug Classification	Days Supply Limit
Narcotics/Pain Medications	Seven (7) days**
Maintenance Medications*	10 days
Antibiotics	14 days
Albuterol-only containing Inhalers	30 days (post ER, hospital, or Urgent Care discharge only)

*Maintenance medications are determined by COMAR 10.09.03.01(B)(25)

**A new prescription will be required if the amount of narcotic/pain medication dispensed is less than the amount prescribed.

An acceptable emergency fill request for a non-formulary medication is made under the following provisions:

1. The member presents a **valid written prescription** to a network pharmacy within 72 hours of discharge or release from any acute care facility/service provider (i.e., hospital, emergency room, urgent care center, etc.).
2. The prescriber or network pharmacist confirms the prescribed medication is needed for emergency treatment based on his/her professional judgment.
3. A network pharmacist documents a failed attempt by a pharmacy representative to reach the prescriber of the prescription presented to inform the provider about the non-formulary product.
4. A network pharmacy representative attests the prescriber of the prescription will be contacted to initiate a non-formulary exception request for the prescribed medication.

Once all emergency fill provisions are met, a pharmacy claims processing representative will enter a **one-time override** into the pharmacy claims system, which will be valid for three (3) days from the emergency fill approval.

Select one of the following to request a one-time override:

- Complete the [Formulary Exception/Prior Authorization Request form](#) and fax it to CVS/Caremark at 1-855-762-5205.
- Call CVS/Caremark CareFirst CHPMD PA line at 1-877-418-4133. Hours are Monday-Friday 9:00 a.m. to 7:00 p.m., Saturday-Sunday 8:00 a.m. to 5:30 p.m., closed Holidays.
- Go to <https://www.covermymeds.com/epa/caremark/> to submit an electronic PA request to CVS. through CoverMyMeds.

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