

**72 Hour Emergency Supply**  
(to be completed and submitted **ONLY** by the dispensing pharmacy)

Patient name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Prescriber NPI#: \_\_\_\_\_ Contact person: \_\_\_\_\_

Prescriber Phone#: \_\_\_\_\_ Extension/Option: \_\_\_\_\_ Fax#: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_ Pharmacy Fax #: \_\_\_\_\_

**Requested Medication:** \_\_\_\_\_ **Strength:** \_\_\_\_\_

**Frequency/Day:** \_\_\_\_\_ **Amount Dispensed:** \_\_\_\_\_

**Date Dispensed:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

**All information must be legible, complete and correct or this form will be returned**  
**Please fax the completed form to 1-855-828-4992**

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From the Utah Medicaid Provider Manual; Pharmacy Services; Updated January 2012; pg 17

**“Some medications that require PA may be provided in a medical emergency before authorization is obtained from Medicaid. When a medical emergency occurs, and a medication requiring a PA is required, pharmacy providers may provide up to a 72 hour supply of the medication. When contacted, Medicaid will issue an authorization for the 72 hour supply of the medication on the next business day. All subsequent quantities must meet all PA requirements for the medication. It is the responsibility of the medication prescriber to provide the necessary documentation.”**

**Please provide all the information requested above in order to receive reimbursement for the emergency supply that was dispensed.**

02/15/2012