**For your use only – DO NOT FAX**

# EMERGENCY SUPPLY

1. Are you unable to reach the ordering prescriber to discuss the prescription which requires prior authorization?

Yes  No

# PRESCRIBER INFORMATION

**National Provider Identifier (NPI) Number:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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# ENROLLEE INFORMATION

**Enrollee’s Medicaid ID (2 letters, 5 numbers, 1 letter):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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# PHARMACY INFORMATION

**National Provider Identifier (NPI) Number: Office Phone Number:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**NDC (11 digits): Category of Service (COS) (0161, 0441, 0288):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Quantity: Number of Refills (No refills for emergency supply):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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# PRIOR AUTHORIZATION NUMBER

1. Record the prior authorization number here for your records and on the top of the patient’s prescription. **RETAIN THIS WORKSHEET**.

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**Billing Questions:** 1-800-343-9000

For clinical concerns or Pharmacy Program questions, visit <http://newyork.fhsc.com> or call 1-877-309-9493.

For Medicaid pharmacy policy and operations questions, call 1-518-486-3209.