

# This worksheet is for your use only – DO NOT FAX

### **EMERGENCY SUPPLY**

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

Yes No
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## PRESCRIBER INFORMATION

Prescriber National Provider Identifier (NPI) Number:

#### **ENROLLEE INFORMATION**

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

#### PHARMACY INFORMATION

Pharmacy NPI Number:	Pharmacy Phone Number:
NDC (11 digits):	Category of Service (COS) (0161, 0441, 0288):
Quantity:	Number of Refills (No refills for emergency supply):

## PRIOR AUTHORIZATION NUMBER

Record the prior authorization number here for your records and on the top of the patient's prescription. **Please retain this worksheet.** 

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

For clinical concerns or Pharmacy Program questions, visit <u>http://newyork.fhsc.com</u> or call 1-877-309-9493. For Medicaid pharmacy policy and operations questions, call 1-518-486-3209.