

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

PRESCRIBER INFORMATION

Prescriber's National Provider Identifier (NPI) Number:

ENROLLEE INFORMATION

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

PHARMACY INFORMATION

Pharmacy's NPI Number:

Pharmacy's 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 <http://newyork.fhsc.com> or call 1-877-309-9493.

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