For UnitedHealthcare Community Plan Medicaid, Children’s Special Health Care Services (CSHCS) and MI Child and Healthy MI program members, you may dispense medications for an emergency five day supply when there is a need to start drug therapy without delay and prior authorization is not available. This rule applies to non-preferred drugs on the UnitedHealthcare Community Plan Preferred Drug List and to any drug that is affected by a clinical or prior authorization edit.

- A five day supply will be issued on a one-time only basis per member per drug.
- Limit quantity of medication dispensed to a five day supply.
- When dealing with products that cannot be dispensed as an exact five day supply, the minimum quantity must be dispensed as a five day supply.
  - Examples of such products include but are not limited to metered dose inhalers, nasal sprays, topical preparations and powders for reconstitution.
- When submitting a five day supply, please submit:
  - “Prior Authorization Type code” (Field 461-EU) = ‘8’
  - “Prior Authorization Number Submitted” (Field 462-EV) = ‘00000000120’
  - “Day Supply” in the claim segment of the billing transaction (Field 405-D5) = ‘5’

### Processing Information

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>BIN</th>
<th>PCN</th>
<th>Submitted Group</th>
</tr>
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<tbody>
<tr>
<td>UnitedHealthcare Community Plan – Medicaid, CSHCS, MI Child and Healthy MI</td>
<td>610494</td>
<td>9999</td>
<td>ACUMI</td>
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TO REDUCE PROCESSING ERRORS, PLEASE CONFIRM THE INFORMATION ON MEMBER’S ID CARD PRIOR TO SUBMITTING PRESCRIPTION CLAIMS.

Should you have any questions or require assistance, please contact the OptumRx Help Desk, 24 hours a day, 7 days a week:

**OptumRx Help Desk phone numbers:**

- 877-305-8952

Please distribute immediately.