

## GET YOUR WORKERS' COMPENSATION PRESCRIPTIONS QUICKLY AND EASILY

SIF, Idaho Workers' Compensation has partnered with Optum to provide pharmacy benefits for your workers' compensation claim. Below is your First Fill card that will allow you to receive your initial injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.

### Injured worker:



Fill your first work-related injury or illness prescription at any Optum Tmesys® partner pharmacy. Give this temporary card to the pharmacist. Your prescription will be filled with generic medications unless otherwise indicated by your physician. You will only receive your initial prescribed medication up to a 21 days' supply. In most cases, the pharmacy will fill the prescription at no cost to you.



Should your workers' compensation claim be accepted, you will receive a permanent pharmacy card in the mail. Once you receive your permanent pharmacy card you must present it at each fill to avoid being charged for your prescription.



### Finding a network pharmacy

Most pharmacies and all major chains are included in the network. To find a network pharmacy call 1-866-599-5426 or visit tmesys.com.




### Questions? Need Help?

# 1-866-599-5426



### Employer:

Immediately upon receiving notice of injury, fill in the information below and give this form to your injured worker.



WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

SIF, Idaho Workers' Compensation  
CARRIER/TPA EMPLOYER

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INJURED WORKER NAME

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**Please provide directly to Pharmacist**

SOCIAL SECURITY NUMBER DATE OF INJURY (YYMMDD)

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**Notice to Cardholder:** Present this card to the pharmacy to receive medication for your work-related injury. To locate a pharmacy: tmesys.com.

**Attention Pharmacists:** Enter RxBIN, RxPCN and GROUP. Member ID # format is the date of injury and SSN combined as follows: YYMMDD123456789. Tmesys is the designated PBM for this patient.

This Card is to be used on a one time basis and expires 24 hours from its use for the initial medications. Medications to be filled with a maximum of a 21 day supply. Mandatory generic substitution unless otherwise noted by physician. For further processing questions, including blocked transactions and prior authorizations, call 1-800-964-2531.

Tmesys Pharmacy Help Desk 1-800-964-2531

	<u>NDC</u>	or	<u>Envoy</u>
RxBIN	004261		002538
RxPCN	CAL		Envoy Acct. #
GROUP	IDWCFF		

**NOTE:** This First Fill card is only valid for your workers' compensation injury or illness.