

MAKING IT EASY... TO GET WORKERS' COMPENSATION PRESCRIPTIONS FILLED.

Helios has been chosen to manage your workers' compensation pharmacy benefits for your employer or their insurer. Below is your First Fill card that will allow you to receive your injury-related prescriptions at your local pharmacy. Please fill out the card based on the instructions below.



Injured Employee:

If you need a prescription filled for a work-related injury or illness, go to a Helios Tmesys network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at low or no cost to you. **Please be advised that Synergy Coverage Solutions does not pay for physician dispensed medications or compounds. You may be prescribed medications that require prior authorization, which will be indicated to the pharmacist when you present your prescription.** When this occurs please have the pharmacist contact Helios at 800.964.2531 for an approval and/or assistance.

Questions? Need Help?





866.599.5426



If your workers' compensation claim is accepted, you will receive a more permanent pharmacy card in the mail. Please use that card for other work-related injury or illness prescriptions.



Most pharmacies, including Walgreens, our preferred provider, and all major chains, are included in the network. To find a network pharmacy call 866.599.5426 or visit www.tmesys.com and click on "Pharmacy Locator."

CARRIER/TPA


EMPLOYER

INJURED WORKER NAME

SOCIAL SECURITY NUMBER

DATE OF INJURY (YYMMDD)


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



Attention Pharmacists: Call 800.964.2531 to establish First Fill benefit eligibility and obtain the ID number for online adjudication of approved benefits for the injured worker. Tmesys is the designated PBM for this patient.

**Tmesys Pharmacy
Help Desk 800.964.2531**

| | <u>NDC</u> | | <u>Envoy</u> |
|-------|------------|----|---------------|
| RxBIN | 004261 | or | 002538 |
| RxPCN | CAL | or | Envoy Acct. # |



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



Employer:

Immediately upon receiving notice of injury, fill in the information above and give this form to the employee.