



# Optum First Fill<sup>®</sup> program

## Instructions for employers at time of injury

### Introduction

Tokio Marine has chosen the Tmesys Pharmacy Program to facilitate newly injured employees' prescriptions with no out-of-pocket expense at nearly 60,000 pharmacies within the Tmesys network. To encourage injured employees to fill their prescriptions at participating pharmacies, Tmesys developed a First Fill program.

### Benefits of a First Fill program

- Savings are captured on initial prescriptions
- Eligible employees are automatically transitioned to Retail Drug Card once claim is established
- No out-of-pocket expenses for injured employee when First Fill card is utilized

### Instructions at time of injury

At the time of injury, follow the instructions below to ensure the injured employee obtains prescriptions through the Tmesys First Fill program:

**Step 1** Provide the claimant with a First Fill form at the time of injury. The card portion of this document must be completed with claimant's name and date of injury.

**Step 2** Instruct the claimant to present the First Fill card to the pharmacy to obtain the prescription(s). Most pharmacies and all major chains are included in the Tmesys network. To find a network pharmacy, instruct the claimant to call **1-866-599-5426** or visit [tmesys.com](https://www.tmesys.com).

**Step 3** The employer will also complete the First Notice of Loss to Tokio Marine

This program offers unique solutions to provide appropriate prescription benefits to the claimants while increasing the overall cost savings for the insured.

To learn more about this program, please contact **(800) 628-2796 ext. 7742** or email at: [managedcare@TMAmerica.com](mailto:managedcare@TMAmerica.com).

To access the information online, please go to: [www.tmamerica.com](https://www.tmamerica.com) and click on the Claims dropdown menu and select Cost Containment Solutions.

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**To find a network pharmacy, instruct the injured employee to call 1-866-599-5426 or visit [tmesys.com](https://www.tmesys.com).**

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### About Optum Worker's Comp and Auto No-fault Solutions

Optum Workers' Comp and Auto No-fault Solutions collaborates with clients to lower costs while improving health outcomes for the claimants we serve. Our comprehensive pharmacy, ancillary and managed care services, including settlement solutions, combine data, analytics, and extensive clinical expertise with innovative technology to ensure claimants receive safe, efficacious and cost-effective care throughout the lifecycle of a claim. For more information, email us at [expectmore@optum.com](mailto:expectmore@optum.com).

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PO Box 152539  
Tampa, FL 33684-2539

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

Optum 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 person:



If you need a prescription filled for a work-related injury or illness, go to an Optum Tmesys® network pharmacy. Give this temporary card to the pharmacist. The pharmacist will fill your prescription at no cost to you.



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



### Employer:

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



### 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](http://tmesys.com).



### Questions? Need Help?

# 1-866-599-5426

**OPTUM®**

**WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM**

Tokio Marine  
CARRIER/TPA EMPLOYER

INJURED PERSON NAME

Please provide directly to Pharmacist

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: [tmesys.com](http://tmesys.com).

**Attention Pharmacists:** Call 1-800-964-2531 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**  
**1-800-964-2531**

	NDC	or	Envoy
RxBIN	004261	or	002538
RxPCN	CAL	or	Envoy Acct. #

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



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## HACEMOS MÁS SENCILLO QUE SE LE ABASTEZCA LAS RECETAS DE SU PROGRAMA DE COMPENSACIÓN POR ACCIDENTES LABORALES

Optum ha sido elegido para administrar los beneficios farmacéuticos de su programa de compensación por accidentes laborales para su empleador o asegurador. Más adelante incluimos su tarjeta First Fill que le permitirá recibir las recetas médicas relacionadas con su lesión en su farmacia local. Llene esta tarjeta siguiendo las instrucciones que se indican a continuación.

### Persona lesionada:



Si necesita que se le abastezca su receta médica para una lesión o enfermedad relacionada con su trabajo, visite una farmacia de la red Optum Tmesys®. Entregue esta tarjeta temporal al farmacéutico. La farmacia abastecerá la receta sin costo para usted.



Si se acepta su reclamación del programa de compensación por accidentes laborales, recibirá una tarjeta permanente por correo. Use esa tarjeta para otras recetas médicas de lesiones o enfermedades relacionadas con su trabajo.



### Empleador:

Inmediatamente después de recibir un aviso sobre una lesión, llene la información que aparece a continuación y entregue este formulario al empleado.



### Cómo encontrar una farmacia de la red

La mayoría de farmacias y todas las grandes cadenas de farmacias forman parte de la red. Para ubicar una farmacia de la red, llame al 1-866-599-5426 o visite [tmesys.com](http://tmesys.com).



### ¿Tiene alguna pregunta? ¿Necesita ayuda?

# 1-866-599-5426



### WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAM

Tokio Marine

PORTADORA

EMPLEADOR

NOMBRE DEL PERSONA LESIONADA

Please provide directly to Pharmacist

NUMERO DE SEGURO SOCIAL

FECHA DE LA LESION (AAMMDD)

**Aviso para el titular de la tarjeta:** Presente esta tarjeta a la farmacia para recibir los medicamentos para la lesión relacionada con su trabajo. Para ubicar una farmacia, visite [tmesys.com](http://tmesys.com).

**Attention Pharmacists:** Call 1-800-964-2531 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 1-800-964-2531

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

**NOTA:** Esta tarjeta First Fill solo es válida para una lesión o enfermedad cubierta por su programa de compensación por accidentes laborales.