

First Fill Temporary Pharmacy Card

At Zenith*, we are making it easier to get your workers' compensation prescriptions filled. This is a single-use card. You will receive a permanent card in the mail. If you need another prescription before you receive your permanent card, please contact your Zenith claims examiner.

Just follow these easy steps...

Employer:

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

Injured Employee:

1. If you need a prescription filled for a work-related injury or illness, go to a local pharmacy in the Tmesys network.
2. Present this page to the pharmacist.
3. The pharmacist will fill medically necessary prescriptions for work-related injuries and illnesses at no cost.

Finding a Network Pharmacy:

Use one of these easy methods to find a network pharmacy:

- Call us: **866.599.5426**
- Use our pharmacy locator online: www.TheZenith.com/rx

Pharmacist:

1. Call the Tmesys Pharmacy Help Desk at 800.964.2531.
2. Provide the information listed above.
3. The Help Desk will provide an ID number for adjudication.

*Zenith means Zenith Insurance Company, acting on behalf of itself or its wholly-owned subsidiary ZNAT Insurance Company. Refer to your policy to determine whether your underwriting carrier is Zenith Insurance Company or ZNAT Insurance Company.

This program is designed to meet the specific needs of employees injured while working and is limited to prescriptions that are medically necessary and prescribed for treatment of a work-related injury or illness under state workers' compensation law. Use of this card does not waive any limitations or exclusions contained in your employer's workers' compensation program. This card does not guarantee coverage or entitle you, without prior authorization, to prescription medicine. Nor does this card entitle you to workers' compensation benefits. To confirm your eligibility for prescription medication, or to obtain information regarding use of this card, please contact Zenith Customer Service at 800.440.5020 and provide the identifying information on the card. This card is for use only at network pharmacies. This card is the property of your employer and must be surrendered if requested by your employer, Zenith or Tmesys.

<div style="display: flex; justify-content: space-between; align-items: center;">   </div> <hr/> <p>Zenith CARRIER / TPA EMPLOYER</p> <hr/> <p>INJURED WORKER NAME</p> <hr/> <p>DATE OF INJURY</p> <hr/> <p>Notice to Cardholder: This card should be presented to your pharmacy to receive medication for your work-related injury. It is only valid within 30 days of your date of injury. For information regarding the program or to find nearby pharmacies call 866.599.5426.</p>	<p>Attention Pharmacists: Call 800.964.2531 to establish First Fill benefit eligibility and obtain the ID# for online adjudication of approved benefits for the injured worker.</p> <p>Tmesys is the designated PBM for this patient.</p> <p style="text-align: center;">Tmesys Pharmacy Help Desk 800.964.2531</p> <div style="border: 1px solid black; border-radius: 10px; padding: 10px; margin-top: 10px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td style="text-align: center;"><u>NDC</u></td> <td style="text-align: center;"><u>Envoy</u></td> </tr> <tr> <td>RxBin</td> <td style="text-align: center;">004261 or</td> <td style="text-align: center;">002538</td> </tr> <tr> <td>RxPCN</td> <td style="text-align: center;">CAL or</td> <td style="text-align: center;">Envoy Acct. #</td> </tr> </table> </div>		<u>NDC</u>	<u>Envoy</u>	RxBin	004261 or	002538	RxPCN	CAL or	Envoy Acct. #
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