

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS



RIDOT/DEM Human Resources Service Center
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DATE: May 14, 2010

TO: Distribution/RIDOT Managers

FROM: Paul E. Pysz
Human Resources Administrator
RIDOT/DEM Human Resources Service Center

SUBJECT: *Prescription Program for Work-Related Injuries*

The RIDOT/DEM HR Service Center was recently notified that effective **Monday, May 17, 2010** the State of RI will be participating in a prescription drug program for work-related injuries. This is a **mandatory program** which requires agency managers and supervisors to give all injured employees the attached *First Script Employee Information Form at the time of their injury*. There are no out-of-pocket costs to employees for participating in this mandatory program and it is anticipated that this program will produce significant cost savings for the State.

Supervisors and/or Managers should also instruct employees to submit the completed form along with his or her prescriptions to the pharmacy the first time their prescription(s) are filled. Please note that this form is an additional form to the other required forms employees must complete at the time of their injury (e.g. Incident/Injury Report form, Dependency Form, Release of Information, etc.).

Please provide appropriate supervisors and managers with the attached form and instruct them on this new mandatory program.

Thank you for your cooperation in this matter.

Attachments

Distribution List:

cc: Anthony A. Bucci
Melanie Marcaccio

State of Rhode Island

PRESCRIPTION PROGRAM FOR WORK-RELATED INJURIES

Injured Worker

No Cost

STEP 1 Complete the information requested in the bottom portion below

STEP 2 Present this form to your pharmacist along with the prescriptions for your work-related injury.

No Delay

First Script is available at over 61,000 pharmacies nationwide. To locate a nearby pharmacy, please call First Script Customer Service at 1-800-791-2080.

**Feel Better
Faster**

Please note that First Script is valid only for medications prescribed to treat your compensable work-related injury. You or your group health insurer, are financially responsible for any other prescriptions. The workers' compensation carrier will determine the compensability of the claim.

Pharmacy Instructions

Injured Worker's employer participates in First Script, a pharmacy benefit program administered by Medco. Call the First Script Help Desk, 24 hours a day, 7 days a week, at 1-800-791-2080 to verify employee eligibility, and receive Member ID #. First Script claims are submitted electronically and electronic approval of the claim will be returned.

Pharmacy: You will not be required to submit any paperwork for this claim and payment is guaranteed for all electronically accepted claims.

FIRST SCRIPT®

Pharmacy: At the request of the workers' compensation carrier for this customer, please use the following information to process all workers' compensation prescriptions online.

Name: _____

Date of Injury: ____/____/____

SSN: ____-____-____

Employer Name: State of Rhode Island

Agency/Dept Name: _____

RX PROGRAM ADMINISTERED BY: **Medco**

GROUP NUMBER: **FSNCVTY**

BIN NUMBER: **610014**

Member ID: _____

(Above information to be completed by injured worker or Supervisor)