

## NOTIFICATION CONCERNING WORKERS' COMPENSATION PHARMACY BENEFITS

Please read this notice carefully. It provides you with important information on getting medication under a workers' compensation claim with the New York State Insurance Fund (NYSIF).

NYSIF has entered into an agreement with CVS Caremark, a Pharmacy Benefits Manager (PBM), which has a network of pharmacies to make available the medications workers may receive for their **work-related** injury or sickness. This does not change your right to get the medication necessary to treat such an illness or injury. It only means that you should obtain that medication from a participating pharmacy in the CareComp pharmacy network administered by CVS Caremark. This network is not limited to CVS pharmacies, but includes over 67,000 participating pharmacies. The pharmacies, and their addresses, can be obtained by:

- calling the CVS Caremark Call Center at **(866) 493-1640**, or TDD number for hearing impaired: **(866) 200-2161**
- using the website [www.wcrxpharmacylocator.com](http://www.wcrxpharmacylocator.com)
- using the NYSIF website [nysif.com](http://nysif.com)

If you are obtaining your medication through a workers' compensation claim, you should obtain that medication from one of these pharmacies unless:

- You have a medical emergency and it is not reasonably possible to purchase the medications you need for that emergency from a network pharmacy, or
- Ordering by mail or telephone is not an option in the network, no pharmacy in the network will deliver to you, and none of these pharmacies is within 15 miles if you live in a rural location, or five miles if you do not live in a rural location. If you believe this is the case for you, please call one of the numbers on the bottom of this page.

Please note that CVS Caremark has mail-order, internet and telephone services. Instructions can be obtained by calling CVS Caremark Call Center at (866) 493-1640.

All pharmacies in the network are required to keep a sufficient stock of medication on hand so that they can service you without undue delay.

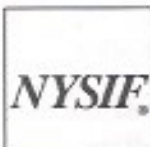
All in-store pharmacies must be open for business during hours that are typical in your community.

Pharmacies in the CareComp pharmacy network will bill NYSIF directly. **You will not have to pay out-of-pocket costs for medication.**

You may obtain additional information about the CareComp pharmacy network by calling the toll free 24 hour telephone number: (866) 493-1640.

If you have any questions or problems, please call NYSIF at (888) 875-5790. You may also contact the New York State Workers' Compensation Board at [general\\_information@wcb.ny.gov](mailto:general_information@wcb.ny.gov) or by phone at (877) 632-4996, or the Advocate for Injured Workers at 800-580-6665. You may also find further information on the web at [www.wcb.ny.gov](http://www.wcb.ny.gov).

**POLICYHOLDER - PLEASE POST CONSPICUOUSLY**



**Workers' Compensation Temporary Prescription Services ID**

**Important Information**

**ATTENTION: INJURED WORKER**

This Workers' Compensation Temporary Prescription Services ID form **MUST BE PRESENTED** to your pharmacist when you fill your initial prescription(s). If you have questions or need to locate a participating pharmacy, please contact CVS Caremark Customer Service at 1-866-493-1640.

**ATENCIÓN: TRABAJADOR LESIONADO**

Este formulario de Identificación para Servicios Temporales de Prescripción de Recetas por Compensación del Trabajador **DEBERÁ SER PRESENTADO** a su farmacéutico al surtir su(s) receta(s) inicial(es). Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de CVS Caremark, en el teléfono 1.866.493.1640.

**Pharmacist/Employer** – When form is completed, fax to CVS Caremark: 1-866-493-1644

Claimant information will be added by CVS Caremark to allow medications to process. This information can also be phoned in at 1-866-493-1640

<b>New York State Insurance Fund</b>		<b>Group#: NYSIF</b>	
<b>Attention:</b> All items below must be completed			
EMPLOYER'S NAME: <u>CRUNCH CARE INC.</u>		INJURED WORKER'S NAME: _____ FIRST MI LAST	
EMPLOYER'S WORKERS' COMPENSATION POLICY NUMBER: <u>2403 393-8</u>		INJURED WORKER'S MAILING ADDRESS: _____ STREET	
DATE OF INJURY: <u>MM / DD / CCYY</u>		CITY STATE ZIP	
INJURED WORKER'S DATE OF BIRTH: _____ / /		<i>Help Desk: This is a POS Program through CVS Caremark only. For Assistance call the CVS Caremark Help Desk at: 866.493.1640</i>	
ID#: _____ Injured Worker's Social Security Number			

**Attention Pharmacist:**

New York State Insurance Fund's prescription program is administered by CVS Caremark. The following are the steps necessary to submit a prescription for New York State Insurance Fund claimants.

**Please follow the action steps listed below to enter the claim.**

Step 1	Enter Bin Number 610235
Step 2	Enter PCN: WRK
Step 3	ID: Injured Worker' Social Security Number

**NEED ASSISTANCE?**

**Pharmacist**, if you have any questions while processing the claim, please call the CVS Caremark Help Desk at 1-866-493-1640.