



# Workers' Compensation First Fill Prescription Form Instructions

With this form, a 10-day supply of medication will be provided to the injured employee at no cost. Instruct the injured employee to take this form to a network pharmacy and present this to the pharmacy with their prescription(s).

The network includes all major chains (CVS, Rite Aid, Wal-Mart, K-Mart, Target, etc.) as well as most of the medium and small local pharmacies. To view the pharmacy network or find a local pharmacy, visit our pharmacy provider's website at [www.Aliushealth.com](http://www.Aliushealth.com) and select the 'Pharmacy Locator' tab.

Once the claim is received and reviewed by the Virginia Risk Sharing Association (VRSA), VRSA will let the pharmacy provider know if the claim is accepted or denied. If accepted, the remaining supply of medication will be filled. Any future prescriptions the injured employee needs will be direct billed through the pharmacy provider. A pharmacy representative will also contact the injured employee and explain the process. If the claim is denied, there is no financial consequence to the injured employee for the first fill.

## Important Information and Instructions for providing a first fill form to an injured employee:

- This form is for workplace injuries only.
- A workers' compensation claim must be reported to VRSA.
- Before providing this form to the employee:
  - Add the employee's legal name where indicated; and
  - Add the last 4 digits of the employee's social security number to the Member ID: ALIUSVRSA (for example: ALIUSVRSA1111).
- Provide this form to an employee immediately following the injury. Employees that do not plan to seek treatment should not be provided this form.
- This form is valid for **one-time use only**. Do not provide an employee with additional forms for the same injury. For additional medication beyond the first fill, the injured employee must contact their VRSA representative: 1-800-963-6800.

## First Fill Instructions for VRSA Members

Dear Injured Worker,

This is your temporary prescription card allowing up to a 10-day supply of medication at no cost. This card is for workplace incidents only and valid for one time use only.

Prior to presenting this card please add your first and last name, the last four digits of your social security number (SSN), and date of accident in the in the required fields. Present this card along with your prescription(s) to a participating pharmacy.

Our extensive pharmacy network includes most major chains and many local pharmacies (some participating pharmacies are listed below). To view the pharmacy network or find a local pharmacy visit our website [www.Aliushealth.com](http://www.Aliushealth.com) or call 844-661-4463.

Employee Name:

Member ID:

**Add Last 4 Digits of patient's SSN (Example: ALIUVRSA1234)**

RxGroup #: ALHFF08201701

RxBIN/IIN: 610729

RxPCN: ALIUS

Person Code: 01

Date of Injury:

**ATTENTION PHARMACISTS:** Please process prescriptions through Script Care.

**For rejected claims, please call Alius Health at 844-661-4463.**

**ATTENTION INJURED WORKER:** The use of this prescription card is restricted to your allowed injury condition only. If the pharmacy staff advises that they are unable to fill your medications due to a rejection, please call 844-661-4463 for assistance.

\*In some instances, an individual pharmacy may be removed from the network due to non-conformity

Walmart  
Kroger  
Target

Harris Teeter  
Wegmans  
Safeway

Sam's club  
Food Lion  
CVS

Rite-Aid  
Costco  
Giant

Estimado Trabajador,

Alius Health es socio de VRSA a sido seleccionado para administrar su plan de medicamentos recetados para su lesiones. Aquí esta su tarjeta de prescripción temporal que permite hasta 10 días de medicamento. Antes de presentar su tarjeta porfavor ponga su nombre completo y los ultimos cuatro digitos de su seguro social en el área indicada. Una vez que su reclamación ha sido aceptada por VRSA se le enviara una tarjeta de reemplazo para requerir tratamiento continuo. La tarjeta nueva le va a permitir medicamentos mensualmente relacionados a su lesion.

Nuestra extensa red de farmacias include las siguientes. Simplemente present esta tarjeta junto con su recetas a una farmacia participantes. Para verificar si su farmacia preferida esta en nuestra red de farmacias puede utilizar nuestro localizador de farmacia en [www.Aliushealth.com](http://www.Aliushealth.com) o llamar 844-661-4463.