



## EQUIAN Rx FIRST FILL INFORMATION SHEET

### PATIENT INFO

Take this information sheet along with your prescriptions to any one of the participating pharmacies in our network. Your prescriptions will be filled with generic drugs unless otherwise indicated by your physician. If you choose to receive brand name drugs when a generic is authorized, you will be responsible for the difference in cost. You will only receive your initial prescribed medication up to a 14 day supply.

### LOCATING A PHARMACY

You may fill your prescriptions at any pharmacy in our network. This network includes many smaller independent pharmacies as well as most of the chain pharmacies such as Wal-Mart, Target, Walgreens, CVS, Rite Aid and many others. If you have trouble finding a local pharmacy in the network, please call 866-895-2021 Monday through Friday 8:00 am – 5:00 pm CT.

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### NOTICE TO PHARMACISTS:

This First Fill Information Sheet is to be used on a one time basis and expires 24 hours from it's initial use for the initial medications only. Medications will be filled with a maximum of a 14 day supply. All manual submissions or submissions from other billing sources will be rejected by Equian Rx.

### NOTICE TO PATIENT:

This information is to be used on a temporary (one use) basis only. When your plan is notified that you have used the first fill and accepts your claim, we will send you a permanent card for use with all future prescriptions that are related to your claim. This is not a guarantee of benefits.

*Any unauthorized or fraudulent use to obtain prescription drugs is punishable by law.*

**For all processing questions, including blocked transactions,  
please call 866-895-2021.**

RxBIN: 010553

PCN: ALS

Carrier Name: NCA Comp

RxGroup: BMFF2033

ID: Patient's SSN and date of injury

Example: nnnnnnnnnmddy

#### **14 DAY SUPPLY LIMIT**

*FIRST FILL TERMINATES 24 HRS AFTER INITIAL USE*

No Person Code used.

The eligibility of benefits under this information is determined solely by the online system. All manual submissions or submissions from other billing sources will be rejected by Equian Rx.

**Mandatory generic substitution unless otherwise noted  
by physician.**

Administered by: Catamaran