



## Temporary pharmacy card

### Using the pharmacy card

We want to make it easy for you to obtain the medication you need to recover from your covered injury. Just follow these steps:

1. Print this page.
2. Give this card to the pharmacist next time you have a new prescription or refill.
3. Your prescription will be filled at no cost.

**Note:** Your use of this card is limited to those prescriptions medically related to an injury that is considered to be covered under the applicable state law.

### Finding a pharmacy

You can use any pharmacy that is part of the Tmesys network to fill your prescription—and with over 65,000 locations, you can most likely use your preferred neighborhood pharmacy.

Finding a network pharmacy is simple! Use one of the options below:

- Call us toll free at **1-866-599-5426**
- Go to [Tmesys.com](http://Tmesys.com)

BIN	004261	002538
PCN	CAL	Envoy Acct. #
Issuer (80840)	9151014609	State CLM #
Injury Date		
ID#	[REDACTED]	
Name	[REDACTED]	
Carrier/TPA	EESISIP	
<b>PRESCRIPTION DRUG PROGRAM</b>		

### Attention pharmacist

Tmesys is the designated PBM for this patient. Call Tmesys with questions regarding transmission or rejection at **1-800-964-2531**.