



**TWIN FALLS COUNTY  
HUMAN RESOURCE DEPARTMENT**



630 Addison Ave. W.  
P.O. Box 126  
Twin Falls, ID 83303-0126

Phone: (208) 736-4174      FAX: (208) 735-4395  
Idaho Relay (TTY): 1-800-377-3529

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Attention Injured Worker  
Re: First Fill Information Sheet

If your treating physician gives you a prescription, you can present this form to your pharmacy along with your prescription and obtain your initial prescription with no out-of-pocket expense. The "First Fill" information sheet expires 24 hours after the initial use and allows for a minimum of a 21-day supply. Once the State Insurance Fund is notified that you have used your "First Fill" and the State Insurance Fund accepts your claim, you will receive a permanent pharmacy benefit card for use with all future prescriptions that are related to your claim.

You are not required to take the form to a specific pharmacy. The majority of pharmacies in Idaho are already participating in Equian's RX Network, so you can take your pharmacy benefit card along with your prescriptions to your regular pharmacy. If you don't have a regular pharmacy, you can contact one of Equian's representatives at 866-895-2021 to assist you in locating a participating pharmacy in your area.

The prescriptions will be filled with generic drugs, if legally available in that form, unless otherwise specified by your physician. If the provider does not specify a brand name drug, and you want the prescription filled with a brand name drug, you will need to discuss this option with your doctor before filling the prescription.

Please let us know if you have any questions.

Twin Falls County  
Human Resources Department

Phone: 208-736-4174  
Fax: 208-735-4395  
Email: [hr@tfco.org](mailto:hr@tfco.org)

Enclosure: First Fill Information Sheet



## First Fill Information Sheet



Dear Injured Worker:

Should your workers compensation injury require prescriptions filled, please provide this information sheet to the pharmacy for initial medications only. Your initial 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 may be responsible for the difference in cost. You will receive only your initial prescribed medication up to a 21-day supply.

Equian Rx's network includes local chains, independent pharmacies and national chains and others to ensure access to a broad variety of pharmacy types and locations. If you need to locate an approved pharmacy, please call one of our member services representatives at 866-895-2021.

***NOTICE TO PHARMACISTS:*** *This first fill information sheet is to be used on a one-time basis and expires 24 hours from its initial use for the initial medications only. Medications will be filled with a maximum of a 21-day supply. For all processing questions, including blocked transactions and prior authorizations, please call 866-895-2021.*

***NOTICE TO CARDHOLDER:*** *This information sheet 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, you will receive a permanent pharmacy benefits card for use with all future prescriptions that are related to your claim. In order to ensure that your prescription is processed quickly and thoroughly, take this temporary information sheet with you to the pharmacy and make sure the pharmacist follows the instructions provided. **\*\*You must present your permanent RX card at each prescription fill once it is received. Failure to do so could result in you being charged for the prescription. Any unauthorized or fraudulent use of this information sheet to obtain prescription drugs is punishable by law.***

RxBIN: 010553

PCN: ALS

Carrier Name: Idaho State Insurance Fund

RxGroup: BMFF2183

ID: Patient's SSN and date of injury

Example: nnnnnnnnnmddy

#### 21-DAY SUPPLY MAXIMUM

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.

Mandatory generic substitution unless otherwise noted by physician.

***Please Note:*** *This program is intended to expedite billing to your benefits carrier and is not an attempt to end and/or change your work comp benefits. If you have any questions and/or concerns, please contact Equian at 866-895-2021.*