



WORKPLACE INJURY PRESCRIPTION INFORMATION

Employer: _____

Please fill out the employee information below and provide the employee with this document to take to any pharmacy for their workplace injury prescriptions.

Employee: _____

PMA Companies has partnered with **Cadence Rx** to make filling workers' compensation prescriptions easy. Medications may be subject to formulary and pre-authorization requirements. Please take this letter and your prescription(s) to a pharmacy near you.

Cadence Rx has a network of over 72,000 pharmacies nationwide. To locate a network pharmacy near you, please use the pharmacy locator at <https://cadencerox.com/find-a-pharmacy/> or call Cadence Rx toll-free at 1-888-813-0023.



This document serves as a temporary prescription card. A permanent prescription card specific to your work-related injury or illness will be forwarded directly to you if your claim is deemed compensable for pharmacy benefits.

IF YOU HAVE QUESTIONS OR NEED ASSISTANCE AT THE PHARMACY, PLEASE CALL 888-813-0023

Pharmacist: _____

Please obtain the below information from the injured employee to process prescriptions for the workplace injury only. Please do not send the patient home or have the patient pay for medication(s) before calling Cadence Rx for assistance.

Note: Certain medications are pre-approved for this patient; these medications will process without an authorization. All others will require prior approval.

Prescription Drug ID Card		Pharmacy Information
 		<p>This form allows you to fill your initial prescriptions with a maximum cost of \$500 per medication and no more than a 14-day supply per prescription. Pharmacy, if you need assistance processing this claim, please call 1-888-813-0023.</p> <p>The pharmacy benefit card is only to be used for medications prescribed for your work-related injury. By using this card, you acknowledge and accept financial responsibility for any prescriptions billed under this card that are later found to be unrelated to your injury.</p> <ul style="list-style-type: none"> Member ID format: The ID must start with FF followed by the last 4 digits of the social security number plus 8- digit DOI (MMDDYYYY). Example: FF999901012018
Employee Name:		
Member ID Number*	*Refer to Member ID Format	
Date of Injury:		
Group Number:	PMACRX	
PCN Number:	CRX	
BIN Number:	021460	
Card Created On: ____/____/____		





Participating Pharmacies/Farmacias Participantes:

Below are some of the major pharmacy chains Cadence Rx partners with/
A continuación se presentan algunas de las principales
cadenas de farmacias con las que se asocia Cadence Rx:

Acme Pharmacy	Hannaford	Rite Aid
Albertson's	Harris Teeter	Safeway
Aurora Pharmacy	HEB Grocery	Sam's Club
Bartell Drugs	HY-VEE Pharmacy	Sav Mor Drug Stores
Big Y	Ingles Markets	Save Mart
Bi-Lo	King Sooper's Pharmacy	Shaw's
Bi-Mart	Kinney Drugs	Shoprite
Brooks	Kroger Pharmacy	Smith's Food and Drug Center
Brookshire Brothers	Kmart Pharmacy	Snyder
Brookshire Grocery	Leader Drug Stores	Stop and Shop Pharmacy
Carrs	Longs Drug Store	SuperValu Pharmacy
Costco	Marsh Drugs	Target Pharmacy
CVS	Medicap	Thrifty Drugs
Dillons	Medicine Shoppe	Tom Thumb
Discount Drug Mart	Meijer Pharmacy	Tops
Eckerd Drug	New Albertson's	United Pharmacy
EPIC Pharmacy	Osco	Vons
Food City	Price Chopper	Walgreens
Food Lion	Publix	Walmart
Fred Meyer	Raley's Drug Center	Wegmans
Fry's Food and Drug	Ralphs	Weis
Giant Eagle	Randalls	Winn Dixie