

Rx Outreach[®]

A SAFE, AFFORDABLE, AND EASY WAY TO GET MEDICINES YOU NEED.

AFFORDABLE MEDICATIONS FOR PEOPLE IN NEED



WHAT IS RX OUTREACH?

Rx Outreach is a safe, affordable, and easy way to get the medicines you need. Rx Outreach is a patient assistance program that offers more than 400 prescription medications in 45 different therapeutic categories including medications to treat heart disease, diabetes, high cholesterol, and depression. The program can be used by those who are uninsured and underinsured and can be used in conjunction with other programs including Medicare Part D, other patient assistance programs, and discount cards.

EASY TO QUALIFY

Rx Outreach is for people of all ages. Individuals and families can qualify if they are at or below 300% of the Federal Poverty Level. Your household income and number of people living in your house determine your eligibility. For a single person, that means the household income is **\$32,670** per year. For a family of four, the income is **\$67,050**. No supporting documentation is required.

HOW CAN RX OUTREACH BENEFIT YOU?

- **Affordable Medications** - Rx Outreach may save patients hundreds of dollars.
- **Convenience**-Rx Outreach provides access to many drugs under one program and covers the most commonly utilized generic medications.



**\$20 FOR A 6 MONTH
SUPPLY FOR MORE THAN
150 MEDICATIONS**



**FREE SHIPPING ON ALL
ORDERS**



**AS LOW AS 11¢ PER DAY
FOR YOUR MEDICATIONS**

WE ARE AVAILABLE TO ANSWER YOUR QUESTIONS

If you have questions about your order, please call us toll-free at 1.800.769.3880. Customer service representatives and pharmacists are available Monday through Friday, 7:00am–5:30pm Central time, to answer questions and provide assistance.

HOW DO I APPLY?

You can access an application through the website RxOutreach.org or call our toll-free customer service at 1.800.769.3880. Follow the easy steps on Page 2.

1.800.769.3880
www.rxoutreach.org

Step 1. See If You Qualify

Figure 1 below will help you determine if you qualify. To use Rx Outreach, your income needs to be less than a certain amount each year. This amount varies depending on the number of financially dependent people living in your household. Dependent people may include children, family members, or friends.

FIGURE 1

Number of People in Your Household, including Yourself*	All States and Washington D.C., Except Alaska and Hawaii	Alaska	Hawaii
You	Less than \$32,670/year	Less than \$40,838/year	Less than \$37,571/year
You + 1	Less than \$44,130/year	Less than \$55,163/year	Less than \$50,750/year
You + 2	Less than \$55,590/year	Less than \$69,488/year	Less than \$63,929/year
You + 3	Less than \$67,050/year	Less than \$83,813/year	Less than \$77,108/year
*Add this amount for each additional person	\$11,460/year	\$14,325/year	\$13,179/year

Step 2. See If Your Medications Are Included

You can find a list of medications offered by Rx Outreach on the "medications available" tab of our website.

Step 3. Call or Visit Your Doctor for a Prescription

To use Rx Outreach, it is important that your doctor write the prescription in a certain way. Figure 2 below shows an example of how your prescription should be written. Show this page to your doctor so that he or she can correctly write your prescription.

FIGURE 2. Three Month Supply	
RIGHT	WRONG
Prednisone 2.5mg Take 1 tablet by mouth daily Quantity: 90 Refill: 3	 Prednisone 2.5mg Take 1 tablet by mouth daily Quantity: 30 Refill: 11
Six Month Supply	
RIGHT	WRONG
Lovastatin 40mg Take 1 tablet by mouth daily Quantity: 180 Refill: 1	 Lovastatin 40mg Take 1 tablet by mouth daily Quantity: 90 Refill: 3

Using Rx Outreach is Easy and Affordable



Step 4. Find Out How Much Money You Need to Send.

Use the work sheet in Figure 3 below to figure out the correct amount.

Example: If you order two different prescriptions and each prescription is for six months, you would need to include payment for \$40 (2 x \$20=\$40). You can pay with personal checks, money orders, or credit cards (only Visa, MasterCard, or Discover). You need to send payment for the total amount along with your completed Rx Outreach form and prescriptions. **Please do not send cash. Note:** If you have health insurance, you cannot use your insurance to help pay the Rx Outreach fee.

FIGURE 3.				
NUMBER OF PRESCRIPTIONS		THE FEE PER PRESCRIPTION		YOUR TOTAL COST
Number of 3-month (or 90-day) supply prescriptions ____	X		=	\$ ____
Number of 6-month (or 180-day) supply prescriptions ____	X		=	\$ ____
TOTAL				\$ ____

Step 5. Fill Out and Sign the Rx Outreach Form.

Send in separate forms for each person in your household who orders medicine. Medicines are sent directly to your home or any address you choose, including your doctor's office. If you need more forms, call us toll-free at 1.800.769.3880 or visit us at www.rxoutreach.org.

Step 6. Mail Payment, Prescription, and Form

Put this information in a stamped envelope with our address on it. Seal the envelope and drop it in the mail.