

Refills by Phone (You need a credit card to order by phone) - Call 1-800-769-3880 from 7:00 am to 5:30 pm CT Monday - Friday to place an order or use our automated system by calling 1-800-769-3880 24 hours a day/7 days a week

Refills by Mail - Complete Sections A, B, and C below and mail the form and your payment to Rx Outreach

New Prescriptions by Mail - Complete Sections B and C below and mail the form, your prescription, and payment to Rx Outreach

To order controlled substances (CS), you must attach a copy of your photo ID card (for example, a driver's license or state ID card) and a copy of your Social Security Card or Green Card. Controlled Substances will be shipped separately from other medications. CONTROLLED SUBSTANCES CAN NOT BE SHIPPED TO A PO BOX OR DOCTOR'S OFFICE. YOUR SHIPPING ADDRESS MUST BE A DELIVERABLE U.S. POSTAL SERVICE STREET ADDRESS.

<p>Make Sure Your Prescription is Written Correctly It is important that your doctor write the prescription in a certain way. Show this page to your doctor so that he or she can correctly write your prescriptions</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="background-color: black; color: white; padding: 5px;">Correct for a 90-day Supply</th> <th style="background-color: black; color: white; padding: 5px;">Correct for a 180-Day Supply</th> </tr> <tr> <td style="padding: 5px;"> Fluoxetine 20mg Take 1 capsule by mouth daily Quantity: 90 Refill: 3 </td> <td style="padding: 5px;"> Simvastatin 20mg Take 1 tablet by mouth daily Quantity: 180 Refill: 1 </td> </tr> </table> <p style="font-size: small; margin-top: 10px;">Any controlled substance medications are only allowed up to a maximum of a 90-day (3 months) supply. If a doctor authorizes enough doses to be filled over 5 months (maximum allowed by law), the prescription is allowed 1 refill of a 90-day supply.</p>	Correct for a 90-day Supply	Correct for a 180-Day Supply	Fluoxetine 20mg Take 1 capsule by mouth daily Quantity: 90 Refill: 3	Simvastatin 20mg Take 1 tablet by mouth daily Quantity: 180 Refill: 1	<p>Enclose Proper Payment To help you send the correct payment, use the worksheet below to figure out the correct amount to send with your prescriptions.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th colspan="2" style="background-color: black; color: white; padding: 5px;">Fee Calculator Worksheet</th> </tr> <tr> <td style="padding: 5px;">Drug: _____</td> <td style="padding: 5px;">= \$ _____</td> </tr> <tr> <td style="padding: 5px;">Drug: _____</td> <td style="padding: 5px;">= \$ _____</td> </tr> <tr> <td style="padding: 5px;">Drug: _____</td> <td style="padding: 5px;">= \$ _____</td> </tr> <tr> <td style="padding: 5px;">Drug: _____</td> <td style="padding: 5px;">= \$ _____</td> </tr> <tr> <td style="padding: 5px;">Total Amount Due</td> <td style="padding: 5px;">\$ _____</td> </tr> </table>	Fee Calculator Worksheet		Drug: _____	= \$ _____	Drug: _____	= \$ _____	Drug: _____	= \$ _____	Drug: _____	= \$ _____	Total Amount Due	\$ _____
Correct for a 90-day Supply	Correct for a 180-Day Supply																
Fluoxetine 20mg Take 1 capsule by mouth daily Quantity: 90 Refill: 3	Simvastatin 20mg Take 1 tablet by mouth daily Quantity: 180 Refill: 1																
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Total Amount Due	\$ _____																

Section A: Refills by Mail (use an additional sheet of paper if necessary)

Rx Number _____ Product Name _____ Rx Number _____ Product Name _____
 Rx Number _____ Product Name _____ Rx Number _____ Product Name _____

Section B: Patient Information:

Soc Sec# / Green Card #/ or Rx Outreach # _____ Date of Birth (MM/DD/YY) __/__/____
 Last Name _____ First Name _____ MI _____
 Shipping Address _____ Home Phone: _____
 City _____ State _____ Zip Code: _____
 Doctor's Name _____ Dr. Phone # _____ Dr. Fax # _____
 Please list any food/medicines you are allergic to: _____
 Please list all medicines you are currently taking and medical conditions: _____

Section C: Payment Information - personal check, money order, credit card (Visa, MasterCard, Discover only)

By check or money order: Make payable to Rx Outreach. (*Please do not send cash*) Amount Enclosed: \$ _____

By credit card: Credit Card Number: _____ - _____ - _____ - _____

Check type of credit card you are using: Visa MasterCard Discover Expiration date: _____ - _____

I authorize Rx Outreach to charge this credit card for payment.

Name on card: _____ Signature of cardholder: _____

<input type="checkbox"/>	Credit (check one)
<input type="checkbox"/>	Debit
Total Amount \$ _____	

I acknowledge that the information on this form is true and correct. I consent to the release by my health care providers of my medication information pertaining to prescriptions for Rx Outreach to be used for program authorization purposes.

Mail this form & payment to: Rx Outreach / PO Box 66536 / St. Louis, MO 63166-6536

Rx Outreach Medication	Available Strengths	90-Day	180-Day	Fee per quantity	Rx Outreach Medication	Available Strengths	90-Day	180-Day	Fee per quantity
Acyclovir	200mg cap, 400mg tab, 800mg tab	n/a	\$20		Levetiracetam	250mg, 500mg 750mg	\$50	\$95	
Afedital CR (Nifedipine CR)	30mg, 60mg	\$50	\$95		Levetiracetam ER	500mg, 750mg	n/a	n/a	\$80 up to 180 tabs
Alendronate (1/week dosage)	70mg (limit: 12 for 90; 24 for 180)	\$25	\$45		Levothyroxine	mcg: 25, 50, 75, 88, 100, 112, 125, 137, 150, 175, 200, 300	n/a	\$20	
Allopurinol	100mg, 300mg	n/a	\$20		Lisinopril/HCTZ	10/12.5mg, 20/12.5mg, 20/25mg	n/a	\$20	
Alprazolam (CS)	0.25mg, 0.5mg, 1mg, 2 mg	\$35	n/a		Lisinopril	mg: 2.5, 5, 10, 20, 30, 40	n/a	\$20	
Amiodarone	200mg	\$30	\$55		Lithium Carbonate	300mg	\$25	n/a	
Amitriptyline	mg: 10, 25, 50, 75, 100, 150	\$20	n/a		Lorazepam (CS)	0.5mg, 1mg, 2mg	\$35	n/a	
Amlodipine	2.5mg, 5mg, 10mg	\$25	\$45		Losartan Potassium	25mg, 50mg, 100mg	\$25	\$45	
Aricept®	5mg, 10mg	\$25	n/a		Losartan/HCTZ	50/12.5mg, 100/12.5mg, 100/25mg	\$25	\$45	
Atenolol/Chlorthalidone	50/25mg, 100/25mg	n/a	\$20		Lovastatin	10mg, 20mg, 40mg	n/a	\$20	
Atenolol	25mg, 50mg, 100mg	n/a	\$20		Mecizine HCL	12.5mg, 25mg	\$30	\$55	
Baclofen	10mg, 20mg	\$15	n/a		Medroxyprogesterone	2.5mg, 5mg, 10mg	\$15	n/a	
Belladonna Alkaloids/Phen	16.2/0.1037/0.0194/0.0065mg	\$20	n/a		Meloxicam	7.5mg, 15mg	\$20	n/a	
Benazepril/HCTZ	mg: 5/6.25, 10/12.5, 20/12.5, 20/25	\$25	\$45		Metformin HCL ER	500mg, 750mg	n/a	\$20	
Benazepril	5mg, 10mg, 20mg, 40mg	n/a	\$20		Metformin HCL	500mg, 850mg, 1000mg	n/a	\$20	
Benzotropine	0.5mg, 1mg, 2mg	n/a	\$20		Methotrexate	2.5mg	\$25	n/a	
Bicalutamide	50mg	\$35	\$65		Metoclopramide HCL	5mg, 10mg (limit 1 fill only, no refills)	\$20	n/a	
Bisoprolol/HCTZ	mg: 2.5/6.25, 5/6.25, 10/6.25	n/a	\$20		Metolazone	2.5mg, 5mg	\$35	\$65	
Bumetanide	0.5mg, 1mg, 2mg	n/a	\$20		Metoprolol Tartrate	25mg, 50mg, 100mg	n/a	\$20	
Bupropion HCL	75mg, 100mg	\$40	n/a		Minocycline	50mg, 75mg, 100mg	\$45	\$85	
Bupropion HCL SR	100mg, 150mg, 200mg	\$65	n/a		Minocycline HCL	50mg, 75mg	\$45	\$85	
Bupropion HCL XL	150mg, 300mg	\$65	n/a		Mirtazapine	15mg, 30mg, 45mg	\$30	n/a	
Bupirone	5mg, 10mg, 15mg	\$20	n/a		Nabumetone	500mg, 750mg	\$35	n/a	
Buspirone	30mg	\$35	n/a		Nadolol	20mg, 40mg, 80mg	n/a	\$20	
Captopril	12.5mg, 25mg, 50mg, 100mg	n/a	\$20		Naproxen Sodium	550mg	\$25	n/a	
Carbamazepine	200mg	n/a	\$20		Naproxen	250mg, 375mg, 500mg	\$20	n/a	
Carbidopa / Levodopa SR	25/100mg, 50/200mg	\$45	\$85		Nitroglycerin SA	2.5mg, 6.5mg, 9mg	\$45	\$85	
Carbidopa / Levodopa	10/100mg, 25/100mg, 25/250mg	\$45	\$85		Nortriptyline HCL	10mg, 25mg, 50mg, 75mg	\$20	n/a	
Carvedilol	3.125mg, 6.25mg, 12.5mg, 25mg	n/a	\$20		Omeprazole	10mg, 20mg, 40mg	\$35	\$65	
Chlorpromazine HCL	mg: 10, 25, 50, 100, 200	\$35	n/a		Ondansetron ODT	4mg, 8mg	\$50	n/a	
Chlorthalidone	25mg, 50mg	n/a	\$20		Ondansetron	4mg, 8mg	\$50	n/a	
Cilostazol	50mg, 100mg	\$30	\$55		Oxaprozin	600mg	\$50	n/a	
Citalopram	10mg, 20mg, 40mg	\$20	n/a		Oxcarbazepine	150mg, 300mg, 600mg	\$60	n/a	
Clindamycin HCL	150mg	\$45	\$85		Oxybutynin	5mg	n/a	\$20	
Clonazepam (CS)	0.5mg, 1mg, 2mg	\$35	n/a		Paroxetine HCL	10mg, 20mg, 30mg, 40mg	\$20	n/a	
Clonidine HCL	0.1mg, 0.2mg, 0.3mg	n/a	\$20		Pentoxifylline ER	400mg	\$30	\$55	
Cyclobenzaprine	10mg	\$25	n/a		Phenytion Sodium	100mg	\$45	\$85	
Diazepam (CS)	2mg, 5mg, 10mg	\$35	n/a		Potassium Chloride powder	20mEq, 25mEq	\$25	n/a	
Diclofenac EC	50mg, 75mg	\$25	n/a		Potassium Chloride ER	8mEq, 10mEq, 20mEq	n/a	n/a	\$15 up to 90 tabs
Diclofenac ER	100mg	\$40	n/a		Potassium Citrate	5mEq, 10mEq	n/a	n/a	\$15 up to 90 tabs
Dicyclomine	10mg cap, 20mg tab	n/a	\$20		Pravastatin	10mg, 20mg, 40mg	n/a	\$20	
Digoxin	0.125mg, 0.25mg	n/a	\$20		Prazosin	1mg, 2mg, 5mg	n/a	\$20	
Diltiazem ER (Dilt-XR)	120mg, 180mg, 240mg	n/a	n/a	\$40 up to 90 caps	Prednisone	mg: 1, 2.5, 5, 10, 20, 50	\$20	n/a	
Diltiazem ER (Dilt-CD)	120mg, 180mg, 240mg, 300mg	n/a	n/a	\$40 up to 90 caps	Prochlorperazine	5mg, 10mg	n/a	\$20	
Diphenoxylate/Atropine (CS)	2.5/0.025mg	\$35	n/a		Propafenone HCL	150mg, 225mg, 300mg	\$40	\$75	
Divalproex NA DR	125mg, 250mg, 500mg	\$45	\$85		Propranolol	10mg, 20mg, 40mg, 80mg	n/a	\$20	
Doxazosin Mesylate	1mg, 2mg, 4mg, 8mg	n/a	\$20		Propylthiouracil	50mg	\$35	\$65	
Doxepin	10mg, 25mg, 50mg, 75mg, 100mg	\$15	n/a		Qualaquin®	324mg (For Malaria Treatment Only)	\$15	n/a	
Enalapril/HCTZ	5/12.5mg, 10/25mg	n/a	\$20		Quinapril	5mg, 10mg, 20mg, 40mg	\$30	\$55	
Enalapril Maleate	2.5mg, 5mg, 10mg, 20mg	n/a	\$20		Ramipril	1.25mg, 2.5mg, 5mg, 10mg	\$25	\$45	
Estradiol	0.5mg, 1mg, 2 mg	n/a	\$20		Ranitidine	150mg, 300mg	n/a	\$20	
Estropipate	0.625(0.75mg), 1.25(1.5mg)	n/a	\$20		Risperidone	mg: 0.25, 0.5, 1, 2, 3, 4	\$45	n/a	
Etodolac	200mg, 300mg cap; 400mg, 500mg tab	\$30	n/a		Ropinirole HCL	0.25mg, 0.5mg, 1mg, 2mg	\$45	\$85	
Famotidine	20mg, 40mg	n/a	\$20		Sertraline	25mg, 50mg, 100mg	\$35	n/a	
Finasteride	5mg	\$50	\$95		Simvastatin	5mg, 10mg, 20mg, 40mg, 80mg	\$25	\$45	
Fluoxetine	10mg, 20mg, 40mg	\$15	n/a		Spirolactone	25mg	n/a	\$20	
Fluticasone nasal spray	50mcg (Limit: 3 for 90; 6 for 180)	\$50	\$90		Sprintec®	28's (Limit: 3 for 90; 6 for 180)	\$35	\$65	
Folic Acid	1mg	n/a	\$20		Sulfamethoxazole/Trimethoprim ss	800mg/160mg	n/a	\$20	
Furosemide	20mg, 40mg, 80mg	n/a	\$20		Sumatriptan Succinate	25mg, 50mg, 100mg	\$35	n/a	
Gabapentin capsule	100mg, 300mg, 400mg	n/a	n/a	\$30 up to 270 caps	Tamoxifen Citrate	10mg, 20mg	\$25	\$45	
Gabapentin tablet	600mg, 800mg	n/a	n/a	\$45 up to 270 tabs	Tamsulosin	0.4mg	\$30	\$55	
Gemfibrozil	600mg	\$30	\$55		Temazepam (CS)	15mg, 30mg	\$35	n/a	
Glimepiride	1mg, 2mg, 4mg	n/a	\$20		Terazosin	1mg, 2mg, 5mg, 10mg	n/a	\$20	
Glipizide ER	2.5mg, 5mg, 10mg	\$35	\$65		Theophylline ER	100mg, 200mg, 300mg	\$30	\$55	
Glipizide	5mg, 10mg	n/a	\$20		Ticlopidine	250mg	\$35	\$65	
Glyburide, micronized	1.5mg, 3mg, 6mg	n/a	\$20		Tizanidine HCL	2mg, 4mg	\$30	n/a	
Glyburide/Metformin	1.25/250mg, 2.5/500mg, 5/500mg	\$30	\$55		Topiramate	25mg, 50mg, 100mg, 200mg	\$35	\$65	
Glyburide	1.25mg, 2.5mg, 5mg	n/a	\$20		Tramadol (CS)	50mg	\$35	n/a	
Haloperidol	0.5mg, 1mg, 2mg, 5mg	\$25	n/a		Trandolapril	1mg, 2mg, 4mg	\$30	\$55	
Hydralazine	10mg, 25mg, 50mg	\$25	\$45		Trazodone	50mg, 100mg, 150mg	\$20	n/a	
Hydrochlorothiazide	12.5mg cap, 25mg tab, 50mg tab	n/a	\$20		Tri-Sprintec®	28's (Limit: 3 for 90; 6 for 180)	\$35	\$65	
Hydroxychloroquine	200mg	\$25	\$45		Triamterene/HCTZ	37.5/25mg	n/a	\$20	
Hydroxyurea	500mg	n/a	n/a	\$25 up to 90 caps	Triamterene/HCTZ	37.5/25mg, 75/50mg	n/a	\$20	
Ibuprofen	400mg, 600mg, 800mg	\$20	n/a		Venlafaxine	mg: 25, 37.5, 50, 75, 100	\$45	n/a	
Indapamide	1.25mg, 2.5mg	n/a	\$20		Venlafaxine ER	37.5mg, 75mg, 150mg	\$45	n/a	
Isoniazid	300mg	n/a	\$20		Verapamil SR	120mg, 180mg, 240mg	\$35	\$65	
Isosorbide Mononitrate ER	30mg, 60mg 120mg	n/a	\$20		Verapamil	40mg, 80mg, 120mg	n/a	\$20	
Isosorbide Mononitrate	10mg, 20mg	n/a	\$20		Warfarin	mg: 1, 2, 2.5, 3, 4, 5, 6, 7.5, 10	\$25	n/a	
Labetalol HCL	100mg, 200mg, 300mg	\$30	\$55		Zaleplon (CS)	5mg, 10mg	\$35	n/a	
Lamotrigine	25mg, 100mg, 150mg, 200mg	\$40	\$75		Zolpidem Tartrate (CS)	5mg, 10mg	\$35	n/a	
Leflunomide	10mg, 20mg	\$50	n/a		Zonegran®	25mg, 100mg	\$25	n/a	
Letrozole	2.5mg	\$30	\$55						

(CS) Controlled Substance

All prescriptions are evaluated by a pharmacist before being filled. The quantity may be limited based on dose restrictions set by therapeutic guidelines and state regulations.