

Affordable Medications for People in Need

**OVER 400 MEDICATION
STRENGTHS AVAILABLE
THROUGH OUR MAIL-
ORDER PHARMACY**



Follow these four simple steps...

STEP

1

See if you qualify.

You qualify for Rx Outreach as long as your annual household income is:

- \$32,670** or less for a single person
- \$55,590** or less for a family of three
- Add **\$11,460** for each additional person
- \$44,130** or less for a family of two
- \$67,050** or less for a family of four

STEP

2

See if your medicine is on the attached Rx Outreach drug list.

Most drugs can be purchased for \$20 for a 180-day supply. The list shows the administrative fees for all drugs offered. Administrative fees shown are for any dose, any strength. So even if you take more than one pill a day, our administrative fees are still the same!

STEP

3

Get a prescription from your doctor.

If your medicine is in Tier 1 or Tier 2, ask your doctor about a 180-day supply with one refill. If your medicine is in Tier 3, ask your doctor about a 90-day supply with three refills.

STEP

4

Mail the completed application, your prescription(s) and your payment to:

Rx Outreach
P.O. Box 66536
St. Louis, MO 63166-6536

For more information, visit the Rx Outreach Web site at www.rxoutreach.org
or call 1-800-769-3880, Monday through Friday, 7:00 a.m. to 5:30 p.m. Central time.

Rx Outreach is Not Insurance

RX OUTREACH APPLICATION

ABOUT YOUR DOCTOR

Doctor's first name: _____ Doctor's last name: _____

Clinic name or physician group (write N/A if none): _____

Phone number: (____) _____ Fax number: (____) _____

This information is required ONLY if you order a controlled substance: D.E.A. # _____ State licensure #: _____

ABOUT YOU

First name: _____ Last name: _____

Date of birth: ____ - ____ - ____ Social Security or Green Card #: (If you do not have a SSN / Green Card, write N/A) _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone number: (____) _____ e-mail address: _____ Male / Female: _____

Please list any food / medicines you are allergic to: _____

Please list all medicines you currently are taking and any medical conditions: _____

Shipping address if different from above (Your shipping address must be a deliverable U.S. Post Office street address.):

Name: _____ Address: _____ City: _____ State: _____ ZIP Code: _____

HOUSEHOLD INCOME

Income Information: Annual household income: \$ _____ Number of people in your house, including you: _____

PAYMENT INFORMATION

How to Pay: Check or money order **payable to Rx Outreach.** Please do not send cash.

Credit card or debit card number: _____ - _____ - _____ - _____

Credit Debit

Visa MasterCard Discover are the only credit cards or debit cards accepted. Please check one.

Expiration date: ____ / ____

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

Total Amount \$ _____

Name on card: _____ Signature of cardholder: _____

(Required if using credit card)

SIGNATURE

You must sign the form before we can send your medicines. I attest that the information provided in this application is complete and accurate. This authorization or a copy shall be valid for 12 months from the date of signature. I understand that Rx Outreach reserves the right to refuse my application based on any misuse, abuse or illegal distribution of any products in this program. I will not seek reimbursement of any fee I pay to Rx Outreach from my health insurance, including Medicaid, Medicare or similar programs.

Date: ____ / ____ / ____

(Signature Required)

OPTIONAL QUESTION

1. What is the most important reason you are ordering medications from Rx Outreach? (Check one answer)

Rx Outreach is the program for the drug I need

Rx Outreach was recommended to me

Rx Outreach delivers to my home

Price

Event Code

103

To order controlled substances, 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 and non-controlled medications will ship separately. We cannot ship controlled substances to a P.O. box or a doctor's office. (Controlled Substances are: Alprazolam, Clonazepam, Diazepam, Diphenoxylate/Atropine, Lorazepam, Temazepam, Tramadol Zaleplon, and Zolpidem)

See if your medicine is on the Rx Outreach drug list below. Administrative fees listed are for any dose, any strength. For the most up-to-date drug list and administrative fees, visit the Rx Outreach Web site at www.rxoutreach.org or call **1-800-769-3880**, Monday through Friday, 7:00 a.m. to 5:30 p.m. Central time.

RX OUTREACH MEDICATION LIST				
TIER 1 – UP TO A 180-DAY SUPPLY				
Rx Outreach List	Brand / Generic Equivalent	Available Strengths	90-Day Supply*	Up to 180-Day Supply*
Acyclovir capsule	Zovirax®	200mg	n/a	\$20
Acyclovir tablet	Zovirax®	400mg, 800mg	n/a	\$20
Allopurinol tablet	Zyloprim®	100mg, 300mg	n/a	\$20
Atenolol tablet	Tenormin®	25mg, 50mg, 100mg	n/a	\$20
Atenolol / Chlorthalidone tablet	Tenoretic®	50/25mg, 100/25mg	n/a	\$20
Benazepril tablet	Lotensin®	5mg, 10mg, 20mg, 40mg	n/a	\$20
Benztrapine tablet	n/a	0.5mg, 1mg, 2mg	n/a	\$20
Bisoprolol / HCTZ tablet	Ziac®	2.5/6.25mg, 5/6.25mg, 10/6.25mg	n/a	\$20
Bumetanide tablet	Bumex®	0.5mg, 1mg, 2mg	n/a	\$20
Captopril tablet	Capoten®	12.5mg, 25mg, 50mg, 100mg	n/a	\$20
Carbamazepine tablet	Tegretol®	200mg	n/a	\$20
Carvedilol tablet	Coreg®	3.125mg, 6.25mg, 12.5mg, 25mg	n/a	\$20
Chlorthalidone tablet	n/a	25mg, 50mg	n/a	\$20
Clonidine tablet	Catapres®	0.1mg, 0.2mg, 0.3mg	n/a	\$20
Dicyclomine capsule	Bentyl®	10mg	n/a	\$20
Dicyclomine tablet	Bentyl®	20mg	n/a	\$20
Digoxin tablet	Lanoxin®	0.125mg, 0.25mg	n/a	\$20
Doxazosin tablet	Cardura®	1mg, 2mg, 4mg, 8mg	n/a	\$20
Enalapril tablet	Vasotec®	2.5mg, 5mg, 10mg, 20mg	n/a	\$20
Enalapril / HCTZ tablet	Vaseretic®	5/12.5mg, 10/25mg	n/a	\$20
Estradiol tablet	Estrace®	0.5mg, 1mg, 2 mg	n/a	\$20
Estropiate tablet	Ogen®	0.625(0.75mg), 1.25(1.5mg)	n/a	\$20
Famotidine tablet	Pepcid®	20mg, 40mg	n/a	\$20
Folic Acid tablet	n/a	1mg	n/a	\$20
Furosemide tablet	Lasix®	20mg, 40mg, 80mg	n/a	\$20
Glimepiride tablet	Amaryl®	1mg, 2mg, 4mg	n/a	\$20
Glipizide tablet	Glucotrol®	5mg, 10mg	n/a	\$20
Glyburide tablet	Micronase®	1.25mg, 2.5mg, 5mg	n/a	\$20
Glyburide, micronized tablet	Glynase® PresTab	1.5mg, 3mg, 6mg	n/a	\$20
Hydrochlorothiazide capsule	Microzide®	12.5mg	n/a	\$20
Hydrochlorothiazide tablet	n/a	25mg, 50mg	n/a	\$20
Indapamide tablet	n/a	1.25mg, 2.5mg	n/a	\$20
Isoniazid tablet	n/a	300mg	n/a	\$20
Isosorbide Mononitrate ER tablet	Imdur®	30mg, 60mg 120mg	n/a	\$20
Isosorbide Mononitrate tablet	ISMO® or Monoket®	10mg, 20mg	n/a	\$20
Levothyroxine tablet	Levoxyl® or Synthroid®	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	n/a	\$20
Lisinopril tablet	Zestril® or Prinivil®	2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	n/a	\$20
Lisinopril / HCTZ tablet	Zestoretic® or Prinizide®	10/12.5mg, 20/12.5mg, 20/25mg	n/a	\$20
Lovastatin tablet	Mevacor®	10mg, 20mg, 40mg	n/a	\$20
Metformin ER tablet	Glucophage® XR	500mg, 750mg	n/a	\$20
Metformin tablet	Glucophage®	500mg, 850mg, 1000mg	n/a	\$20

TIER 1 – UP TO A 180-DAY SUPPLY

Rx Outreach List	Brand / Generic Equivalent	Available Strengths	90-Day Supply*	Up to 180-Day Supply*
Metoprolol Tartrate tablet	Lopressor®	25mg, 50mg, 100mg	n/a	\$20
Nadolol tablet	Corgard®	20mg, 40mg, 80mg	n/a	\$20
Oxybutynin tablet	Ditropan®	5mg	n/a	\$20
Pravastatin tablet	Pravachol®	10mg, 20mg, 40mg	n/a	\$20
Prazosin capsule	Minipress®	1mg, 2mg, 5mg	n/a	\$20
Prochlorperazine tablet	n/a	5mg, 10mg	n/a	\$20
Propranolol tablet	Inderal®	10mg, 20mg, 40mg, 80mg	n/a	\$20
Ranitidine tablet	Zantac®	150mg, 300mg	n/a	\$20
Spironolactone tablet	Aldactone®	25mg	n/a	\$20
Sulfamethoxazole / Trimethoprim DS	Bactrim®DS or Septra®DS	800mg/160mg	n/a	\$20
Terazosin capsule	Hytrin®	1mg, 2mg, 5mg, 10mg	n/a	\$20
Triamterene / HCTZ capsule	Dyazide®	37.5/25mg	n/a	\$20
Triamterene / HCTZ tablet	Maxzide®	37.5/25mg, 75/50mg	n/a	\$20
Verapamil tablet	Calan®	40mg, 80mg, 120mg	n/a	\$20

TIER 2 – 90-DAY OR 180-DAY SUPPLY

Rx Outreach List	Brand / Generic Equivalent	Available Strengths	90-Day Supply*	180-Day Supply*
Afedinitab CR tablet (Nifedipine CR)	Adalat CC®	30mg, 60mg	\$50	\$95
Alendronate tablet	Fosomax®	70mg (once a week dosage)	\$25 (limit 12)	\$45 (limit 24)
Amiodarone tablet	Cardarone® or Pacerone®	200mg	\$30	\$55
Amlodipine tablet	Norvasc®	2.5mg, 5mg, 10mg	\$25	\$45
Benazepril / HCTZ tablet	Lotensin HCT®	5/6.25mg, 10/12.5mg, 20/12.5mg, 20/25mg	\$25	\$45
Bicalutamide tablet	Casodex®	50mg	\$35	\$65
Carbidopa / Levodopa SR tablet	Sinemet CR®	25/100mg, 50/200mg	\$45	\$85
Carbidopa / Levodopa tablet	Sinemet®	10/100mg, 25/100mg, 25/250mg	\$45	\$85
Cilostazol tablet	Pletal®	50mg, 100mg	\$30	\$55
Clindamycin capsule	Cleocin®	150mg	\$45	\$85
Diltiazem ER capsule (24hr) (Dilt-XR)	Dilacor XR®	120mg, 180mg, 240mg	\$40	\$75
Diltiazem ER capsule (Dilt-CD)	Cardizem CD®	120mg, 180mg, 240mg, 300mg	\$40	\$75
Divalproex DR tablet	Depakote®	125mg, 250mg, 500mg	\$45	\$85
Fexofenadine tablet	Allegra®	30mg, 60mg, 180mg	\$50	\$95
Finasteride tablet	Proscar®	5mg	\$50	\$95
Fluticasone nasal spray	Flonase®	50mcg	\$50 (limit 3)	\$90 (limit 6)
Gabapentin capsule	Neurontin®	100mg, 300mg, 400mg	\$35	\$65
Gabapentin tablet	Neurontin®	600mg, 800mg	\$35	\$65
Gemfibrozil tablet	Lopid®	600mg	\$30	\$55
Glipizide ER tablet	Glucotrol XL®	2.5mg, 5mg, 10mg	\$35	\$65
Glyburide / Metformin tablet	Glucovance®	1.25/250mg, 2.5/500mg, 5/500mg	\$30	\$55
Hydralazine tablet	n/a	10mg, 25mg, 50mg	\$25	\$45
Hydroxychloroquine tablet	Plaquenil®	200mg	\$25	\$45
Labetalol tablet	Trandate®	100mg, 200mg, 300mg	\$30	\$55
Lamotrigine tablet	Lamictal®	25mg, 100mg, 150mg, 200mg	\$40	\$75
Levetiracetam tablet	Keppra®	250mg, 500mg, 750mg	\$50	\$95
Losartan Potassium tablet	Cozaar®	25mg, 50mg, 100mg	\$25	\$45
Losartan/HCTZ tablet	Hyzaar®	50/12.5mg, 100/12.5mg, 100/25mg	\$25	\$45
Meclizine tablet	n/a	12.5mg, 25mg	\$30	\$55

All prescriptions are evaluated by a pharmacist before being filled. For some medications, the quantity may be less because of dose restrictions set by therapeutic guidelines and state regulations. **NOTICE: All CONTROLLED SUBSTANCE (CS) medications have limits on how long a prescription is valid. Prescriptions are only valid for a maximum of six months or a physician's stop date, whichever is less. Controlled substance quantities are limited to a 90-day supply or less based on the physician order. Authorized refills are not to exceed these parameters.**

TIER 2 – 90-DAY OR 180-DAY SUPPLY

Rx Outreach List	Brand / Generic Equivalent	Available Strengths	90-Day Supply*	180-Day Supply*
Metolazone tablet	Zaroxolyn®	2.5mg, 5mg	\$35	\$65
Minocycline capsule	Minocin® / Dynacin®	50mg, 75mg, 100mg	\$45	\$85
Nitroglycerin SA capsule	n/a	2.5mg, 6.5mg, 9mg	\$45	\$85
Omeprazole capsule	Prilosec®	10mg, 20mg, 40mg	\$35	\$65
Ondansetron tablet	Zofran®	4mg, 8mg	\$50	\$95
Ondansetron ODT tablet	Zofran ODT®	4mg, 8mg	\$50	\$95
Pentoxifylline ER tablet	Trental®	400mg	\$30	\$55
Phenytoin ER capsule	Dilantin®	100mg	\$45	\$85
Propafenone tablet	Rythmol®	150mg, 225mg, 300mg	\$40	\$75
Propylthiouracil tablet	n/a	50mg	\$35	\$65
Quinapril tablet	Accupril®	5mg, 10mg, 20mg, 40mg	\$30	\$55
Ramipril capsule	Altace®	1.25mg, 2.5mg, 5mg, 10mg	\$25	\$45
Ropinirole HCL tablet	Requip®	0.25mg, 0.5mg, 1mg, 2mg	\$45	\$85
Simvastatin tablet	Zocor®	5mg, 10mg, 20mg, 40mg, 80mg	\$25	\$45
Sprintec® tablet	Ortho-Cyclen®	28's	\$35 (limit 3)	\$65 (limit 6)
Tamoxifen tablet	n/a	10mg, 20mg	\$25	\$45
Tamsulosin capsule	Flomax®	0.4mg	\$30	\$55
Theophylline ER tablet	n/a	100mg, 200mg, 300mg	\$30	\$55
Ticlopidine tablet	Ticlid®	250mg	\$35	\$65
Topiramate tablet	Topamax®	25mg, 50mg, 100mg, 200mg	\$35	\$65
Trandolapril tablet	Mavik®	1mg, 2mg, 4mg	\$30	\$55
Tri-Sprintec® tablet	Ortho-Tri-Cyclen®	28's	\$35 (limit 3)	\$65 (limit 6)
Verapamil SR tablet	Calan-SR® or Isoptin-SR®	120mg, 180mg, 240mg	\$35	\$65

TIER 3 – 90-DAY SUPPLY ONLY (180-DAY NOT AVAILABLE)

Rx Outreach List	Brand / Generic Equivalent	Available Strengths	90-Day Supply*	180-Day Supply*
Alprazolam tablet (CS)	Xanax®	0.25mg, 0.5mg, 1mg, 2 mg	\$35	n/a
Amitriptyline tablet	n/a	10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$20	n/a
Aricept® tablet	Donepezil	5mg, 10mg	\$25	n/a
Baclofen tablet	n/a	10mg, 20mg	\$15	n/a
Belladonna Alkaloids / Phenobarbital tablet	n/a	n/a	\$20	n/a
Bupropion tablet	Wellbutrin®	75mg, 100mg	\$30	n/a
Bupropion HCL XL tablet	Wellbutrin XL®	150mg, 300mg	\$65	n/a
Bupirone tablet	BuSpar®	5mg, 10mg, 15mg, 30mg	\$20	n/a
Citalopram tablet	Celexa®	10mg, 20mg, 40mg	\$20	n/a
Clonazepam tablet (CS)	Klonopin®	.5mg, 1mg, 2mg	\$35	n/a
Cyclobenzaprine tablet	Flexeril®	10mg	\$25	n/a
Diazepam tablet (CS)	Valium®	2mg, 5mg, 10mg	\$35	n/a
Diclofenac Sodium EC tablet	Voltaren®	25mg, 50mg, 75mg	\$25	n/a
Diclofenac ER tablet	Voltaren XR®	100mg	\$40	n/a
Diphenoxylate / Atropine tablet (CS)	Lomotil® or Lonox®	2.5/0.025mg	\$35	n/a
Doxepin capsule	n/a	10mg, 25mg, 50mg, 75mg, 100mg	\$15	n/a
Etodolac capsule	n/a	200mg, 300mg	\$30	n/a
Etodolac tablet	n/a	400mg, 500mg	\$30	n/a
Fibricor™ tablet	Fenofibric Acid	105mg	\$15	n/a
Fluoxetine capsule	Prozac®	10mg, 20mg, 40mg	\$15	n/a
Haloperidol tablet	n/a	0.5mg, 1mg, 2mg, 5mg	\$25	n/a
Hydroxyurea capsule	Hydrea®	500mg	\$45 (180 capsules)	n/a
Hydroxyurea capsule	Hydrea®	500mg	\$65 (270 capsules)	n/a
Hydroxyurea capsule	Hydrea®	500mg	\$85 (360 capsules)	n/a

TIER 3 – 90-DAY SUPPLY ONLY (180-DAY NOT AVAILABLE)

Rx Outreach List	Brand / Generic Equivalent	Available Strengths	90-Day Supply*	180-Day Supply*
Hydroxyurea capsule	Hydrea®	500mg	\$105 (450 capsules)	n/a
Hydroxyurea capsule	Hydrea®	500mg	\$120 (540 capsules)	n/a
Hydroxyurea capsule	Hydrea®	500mg	\$135 (630 capsules)	n/a
Ibuprofen tablet	Motrin®	400mg, 600mg, 800mg	\$20	n/a
Leflunomide tablet	Arava®	10mg, 20mg	\$50	n/a
Lithium Carbonate capsule	n/a	300mg	\$25	n/a
Lorazepam tablet (CS)	Ativan®	0.5mg, 1mg, 2mg	\$35	n/a
Medroxyprogesterone tablet	Provera®	2.5mg, 5mg, 10mg	\$15	n/a
Meloxicam tablet	Mobic®	7.5mg, 15mg	\$20	n/a
Metoclopramide tablet	Reglan®	5mg, 10mg (Limit 1 Fill; No Refill)	\$20	n/a
Methotrexate tablet	n/a	2.5mg	\$25	n/a
Mirtazapine tablet	Remeron®	15mg, 30mg, 45mg	\$30	n/a
Nabumetone tablet	n/a	500mg, 750mg	\$35	n/a
Naproxen tablet	Naprosyn®	250mg, 375mg, 500mg	\$20	n/a
Naproxen Sodium tablet	Anaprox® DS	550mg	\$25	n/a
Nortriptyline capsule	Pamelor®	10mg, 25mg, 50mg, 75mg	\$20	n/a
Oxaprozin tablet	DayPro®	600mg	\$50	n/a
Paroxetine HCL tablet	Paxil®	10mg, 20mg, 30mg, 40mg	\$20	n/a
Potassium Chloride ER tablet	Klor-Con® 10MEQ or K-Dur 20®/Klor-Con M20®	750mg (10MEQ), 1500mg (20MEQ)	\$25 (90 tablets)	n/a
Potassium Chloride ER tablet	Klor-Con® 10MEQ or K-Dur 20®/Klor-Con M20®	750mg (10MEQ), 1500mg (20MEQ)	\$50 (180 tablets)	n/a
Potassium Chloride ER tablet	Klor-Con® 10MEQ or K-Dur 20®/Klor-Con M20®	750mg (10MEQ), 1500mg (20MEQ)	\$75 (270 tablets)	n/a
Potassium Chloride ER tablet	Klor-Con® 10MEQ or K-Dur 20®/Klor-Con M20®	750mg (10MEQ), 1500mg (20MEQ)	\$100 (360 tablets)	n/a
Potassium Chloride ER tablet	Klor-Con® 10MEQ or K-Dur 20®/Klor-Con M20®	750mg (10MEQ), 1500mg (20MEQ)	\$125 (450 tablets) For each additional 90 tablets increase fee by \$25	n/a
Prednisone tablet	n/a	1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$20	n/a
Quaalun® capsule	Quinine Sulfate	324mg (For Treatment of Malaria Only)	\$15	n/a
Risperidone tablet	Risperdal®	0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	\$45	n/a
Sertraline tablet	Zoloft®	25mg, 50mg, 100mg	\$35	n/a
Sumatriptan Succ tablet	Imitrex®	25mg, 50mg, 100mg	\$35	n/a
Temazepam capsule (CS)	Restoril®	15mg, 30mg	\$35	n/a
Tizanidine tablet	Zanaflex®	2mg, 4mg	\$30	n/a
Tramadol tablet (CS)	Ultram®	50mg	\$35	n/a
Trazodone tablet	n/a	50mg, 100mg, 150mg	\$20	n/a
Venlafaxine tablet	Effexor®	25mg, 37.5mg, 50mg, 75mg, 100mg	\$45	n/a
Warfarin tablets	Coumadin®	1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$25	n/a
Zaleplon capsule (CS)	Sonata®	5mg, 10mg	\$35	n/a
Zolpidem tablet (CS)	Ambien®	5mg, 10mg	\$35	n/a
Zonegran® capsule	Zonisamide	25mg, 100mg	\$25	n/a

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Rx Outreach is a fully licensed pharmacy. Rx Outreach reserves the right to add or delete medicines available, change fees, or discontinue the program at any time. Rx Outreach does not accept returns of unused medicine dispensed pursuant to a valid prescription or refund fees for any such prescription. You are responsible for the package upon delivery. 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. We cannot ship controlled substances to a P. O. Box or doctor's office. Your shipping address for these must be a deliverable U. S. Postal Service street address.