

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

Rx OutreachSM medicines cost less, so you can use your money for other important things.

Medicines for Many Health Problems

Rx Outreach is a patient assistance program that provides medicines to help you treat ongoing health problems like diabetes, high blood pressure, and depression.

Medicines Just Like What You Get From Your Local Pharmacy

Rx Outreach gets medicine from the same companies that supply medicine to your local pharmacy. We only offer medicines from suppliers that are approved by the Food and Drug Administration.

Easy to Qualify

You can use Rx Outreach regardless of your age. You can order medicine through Rx Outreach even if you use another discount medicine program or patient assistance program. Your household income and number of people living in your house determine your eligibility. See table at right for specific information about qualifying for Rx Outreach. To use Rx Outreach, just complete the form on the other side of this page. You will be enrolled for one year.

Affordable Medicines

For each prescription or refill you order through Rx Outreach, you pay just a small administrative fee associated with obtaining each 90-day supply — \$20 administrative fee for Tier 1 medications and \$30 administrative fee for Tier 2 medications. This fee covers administrative costs, including shipping and handling. There are no contracts or monthly bills. There are no hidden charges.

Medicines Sent to Any Address You Choose





Rx Outreach will mail your medicines to you in a secure package. We send the medicine to the address that you choose, including your house, your doctor's office, or the home of a trusted family member or friend. Millions of people receive medicine through the mail each year. Your medication will ship in 10-14 days.

We Are Available to Answer Your Questions

If you have questions about your order, call us at 1.800.769.3880, Monday through Friday, 7:00 a.m. to 5:30 p.m. CST. A pharmacist is also available to answer questions about your medicine.

See if you Qualify.

To qualify, your annual household income must be less than:

Number of People in Your Household, Including Yourself*	All States and Washington D.C., Except Alaska and Hawaii	Alaska	Hawaii
You 	Less than \$24,500 a year	Less than \$30,625 a year	Less than \$28,175 a year
You + 1 	Less than \$33,000 a year	Less than \$41,250 a year	Less than \$37,950 a year
You + 2 	Less than \$41,500 a year	Less than \$51,875 a year	Less than \$47,725 a year
You + 3 	Less than \$50,000 a year	Less than \$62,500 a year	Less than \$57,500 a year
Add this amount for each additional person.*	\$8,500 a year	\$10,625 a year	\$9,775 a year

- Step 1:** See if your medications are listed. See if you qualify (see above chart).
- Step 2:** Complete and **SIGN** the application on the other side of this page. You must complete an application annually to continue enrollment.
- Step 3:** Review the list of medications with your doctor and obtain a prescription for each 90-day supply of medication you wish to order.
- Step 4:** See if your medications are in Tier 1 (\$20) or Tier 2 (\$30) to figure out how much the administrative fee is that you need to pay for each medication.
- Step 5:** Mail completed application, prescriptions from your doctor, and your payment to:

Rx Outreach
Express Scripts Specialty Distribution Services, Inc.
P. O. Box 66536
St. Louis, MO 63166-6536

You can obtain additional forms from the Rx Outreach website at www.rxoutreach.com or by calling customer service at 1-800-769-3880.

Rx Outreach is managed by Express Scripts Specialty Distribution Services, Inc. (ESSDS), a fully licensed pharmacy. ESSDS reserves the right to add or delete medicines available in Rx Outreach, change administrative fees in Rx Outreach, or discontinue Rx Outreach at any time. ESSDS does not accept returns of unused medicine, and administrative fees are nonrefundable once ESSDS receives your valid prescription. ESSDS will send your medicines to the address you choose. You are responsible for the package once it arrives. © 2006, Express Scripts Specialty Distribution Services, Inc., All Rights Reserved. Rev 8/06

Rx Outreach Form

About Your Doctor

Doctor's first name: _____ Doctor's last name: _____
Address: _____
City: _____ State: _____ ZIP code: _____
Phone number: (____) _____

If your doctor is helping you fill out this form, please ask that he or she tell us the following. **This information is required for controlled substances.**

D.E.A. #: _____ State licensure #: _____

About You

First name: _____ Last name: _____
Date of birth: ____ - ____ - ____ Social Security # or green card #: _____
Address: _____
City: _____ State: _____ ZIP code: _____
Phone number: (____) _____ Male/Female: _____
Please list any medicines you are allergic to:

Please list all medicines you are currently taking: _____

Shipping address if different from above (Cannot ship controlled substances to a P.O. Box or doctor's office. Your shipping address must be a deliverable US postal service street address.):

Name: _____
Address: _____ City: _____ State: ____ ZIP code: _____

Income Information

Annual Household Income: _____ Number of people in your household, including yourself: _____

How to Pay

By check or money order: Please make payable to Rx Outreach. **(Please do not send cash)**

By credit card: Include credit card number: _____ - _____ - _____ - _____ Expiration date: ____ / ____

Check the type of credit card that you are using: Visa MasterCard Discover

I authorize Express Scripts Specialty Distribution Services, Inc., to charge this credit card for payment.

Name on card: _____ **Signature of cardholder:** _____
(Signature Required if using credit card)

Payment Calculator:

of Tier 1 90-day prescriptions: _____ x \$20 = _____

of Tier 2 90-day prescriptions: _____ x \$30 = _____

Total payment enclosed: _____

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 Express Scripts Specialty Distribution Services, Inc., reserves the right to refuse my application to the Rx Outreach Patient Assistance Program 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.*

X _____ **Date:** ____ / ____ / ____
(Signature Required)

TO ORDER CONTROLLED SUBSTANCES, YOU MUST ATTACH A COPY OF YOUR PHOTO ID **AND** A COPY OF YOUR SOCIAL SECURITY CARD OR GREEN CARD. CONTROLLED SUBSTANCES WILL BE SHIPPED IN A SEPARATE PACKAGE IF YOU ARE ORDERING OTHER MEDICATIONS AT THE SAME TIME.

To avoid delays in sending your medications:

- | | |
|--|--|
| <input type="checkbox"/> Fill in all the blanks above | <input type="checkbox"/> Enclose your prescription |
| <input type="checkbox"/> Sign the credit card section (if using a credit card) | <input type="checkbox"/> Enclose payment |
| <input type="checkbox"/> Sign the application | <input type="checkbox"/> Enclose a copy of a photo ID and social security card/green card if you are ordering a controlled substance |

KEEP THIS MEDICATION LIST FOR FUTURE REFERENCE

Rx Outreach Tier 1 Medications - \$20 for each 90-Day Supply

Rx Outreach Medication List	Brand/Generic Equivalent	Available Strengths	Disease
Acyclovir tablet	Zovirax®	400mg	Viral Infection
Allopurinol tablet	Zyloprim®	100mg, 300mg	Gout
Amiodarone tablet	Cordarone® or Pacerone®	200mg	Heart
Amitriptyline tablet	N/A	10mg, 25mg, 50mg, 75mg, 100mg, 150mg	Depression
Atenolol tablet	Tenormin®	25mg, 50mg, 100mg	Blood Pressure
Atenolol/Chlorthalidone tablet	Tenoretic®	50/25mg, 100/25mg	Blood Pressure
Belladonna Alkaloids/Phenobarbital tablet	N/A	N/A	Irritable Bowel Syndrome
Benazepril tablet	Lotensin®	5mg, 10mg, 20mg, 40mg	Blood Pressure
Benazepril/HCTZ tablet	Lotensin HCT®	5/6.25mg, 10/12.5mg, 20/12.5mg, 20/25mg	Blood Pressure
Benzotropine tablet	Cogentin®	0.5mg, 1mg, 2mg	Parkinson's disease
Bisoprolol/HCTZ tablet	Ziac®	2.5/6.25mg, 5/6.25mg, 10/6.25mg	Blood Pressure
Bumetanide tablet	Bumex®	0.5mg, 1mg, 2mg	Blood Pressure
Bupirone tablet	BuSpar®	5mg, 10mg, 15mg, 30mg	Anxiety
Captopril tablet	Capoten®	12.5mg, 25mg, 50mg, 100mg	Blood Pressure
Carbamazepine tablet	Tegretol®	200mg	Seizures
Chlordiazepoxide/Clidinium capsule	N/A	N/A	Ulcers
Citalopram tablet	Celexa®	10mg, 20mg, 40mg	Depression
Clonidine HCL tablet	Catapres®	0.1mg, 0.2mg, 0.3mg	Blood Pressure
Colchicine tablet	N/A	0.6mg	Gout
Cyclobenzaprine tablet	Flexeril®	10mg	Muscle spasms
Diclofenac EC tablet	Voltaren®	25mg, 50mg, 75mg	Arthritis, Pain
Dicyclomine capsule	Bentyl®	10mg	Irritable Bowel Syndrome
Dicyclomine tablet	Bentyl®	20mg	Irritable Bowel Syndrome
Digoxin tablet	Lanoxin®	0.125mg, 0.25mg	Blood and Heart
Diltiazem ER capsule (24 hr) (Dilt-XR)	Dilacor XR®	120mg, 180mg, 240mg	Blood Pressure
Doxazosin Mesylate tablet	Cardura®	1mg, 2mg, 4mg, 8mg	Blood Pressure
Enalapril Maleate tablet	Vasotec®	2.5mg, 5mg, 10mg, 20mg	Blood Pressure
Enalapril/HCTZ tablet	Vaseretic®	5/12.5mg, 10/25mg	Blood Pressure
Estradiol tablet	Estrace®	0.5mg, 1mg, 2mg	Hormones
Estropiate tablet	Ogen®, Ortho-Est®	0.625(0.75mg), 1.25(1.5mg)	Hormones
Famotidine tablet	Pepcid®	20mg, 40mg	Heartburn, Acid Reflux, Ulcers
Fluoxetine capsule	Prozac®	10mg, 20mg, 40mg	Depression
Folic Acid tablet	N/A	1mg	Blood, Heart
Furosemide tablet	Lasix®	20mg, 40mg, 80mg	Blood Pressure
Gabapentin capsule	Neurontin®	100mg, 300mg, 400mg	Seizures
Gemfibrozil tablet	Lopid®	600mg	Cholesterol, Triglycerides
Glipizide ER tablet	Glucotrol XL®	2.5mg, 5mg, 10mg	Diabetes
Glipizide tablet	Glucotrol®	5mg, 10mg	Diabetes
Glyburide tablet	Micronase®	1.25mg, 2.5mg, 5mg	Diabetes
Glyburide, micronized tablet	Glynase® PresTab®	1.5mg, 3mg, 6mg	Diabetes
Glyburide/Metformin tablet	Glucovance®	1.25/250mg, 2.5/500mg, 5/500mg	Diabetes
Haloperidol tablet	Haldol®	0.5mg, 1mg, 2mg, 5mg	Psychosis
Hydrochlorothiazide capsule	Microzide®	12.5mg	Blood Pressure
Hydrochlorothiazide tablet	Esidrix®, HydroDIURIL®, or Oretic®	25mg, 50mg	Blood Pressure
Ibuprofen tablet	Motrin®	400mg, 600mg, 800mg	Arthritis
Indapamide tablet	Lozol®	1.25mg, 2.5mg	Blood Pressure
Isosorbide Mononitrate ER tablet	Imdur®	30mg, 60mg, 120mg	Heart
Isosorbide Mononitrate tablet	ISMO® or Monoket®	10mg, 20mg	Heart
Labetalol HCL tablet	Trandate®	100mg, 200mg, 300mg	Blood Pressure
Levothyroxine tablet	Levoxyl® or Synthroid®	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg	Thyroid
Lisinopril tablet	Zestril® or Prinivil®	2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Blood Pressure
Lisinopril/HCTZ tablet	Zestoretic® or Prinzide®	10/12.5mg, 20/12.5mg, 20/25mg	Blood Pressure
Lithium Carbonate capsule	N/A	300mg	Bipolar Disorder
Lovastatin tablet	Mevacor®	10mg, 20mg, 40mg	Cholesterol, Triglycerides
Meclizine tablet	Antivert®	12.5mg, 25mg	Nausea
Medroxyprogesterone tablet	Amen®, Provera®	2.5mg, 5mg, 10mg	Hormones
Meloxicam tablet	Mobic®	7.5mg, 15mg	Arthritis, Pain
Metformin HCL ER tablet	Glucophage XR®	500mg	Diabetes
Metformin HCL tablet	Glucophage®	500mg, 850mg, 1,000mg	Diabetes
Methotrexate tablet	N/A	2.5mg	Cancer, Rheumatoid Arthritis
Metoclopramide HCL tablet	Reglan®	5mg, 10mg	Heartburn, Acid Reflux, Ulcers
Metolazone tablet	Zaroxolyn®	2.5mg, 5mg	Blood Pressure

Rx Outreach Tier 1 Medications - \$20 for each 90-Day Supply (cont'd from Page 1)

Rx Outreach Medication List	Brand/Generic Equivalent	Available Strengths	Disease
Metoprolol Tartrate tablet	Lopressor®	25mg, 50mg, 100mg	Blood Pressure
Mirtazapine tablet	Remeron®	15mg, 30mg, 45mg	Depression
Nabumetone tablet	Relafen®	500mg, 750mg	Arthritis, Pain
Nadolol tablet	Corgard®	20mg, 40mg, 80mg	Blood Pressure
Naproxen Sodium tablet	Anaprox® DS	550mg	Arthritis, Pain
Naproxen tablet	Naprosyn®	250mg, 375mg, 500mg	Arthritis
Nortriptyline HCL capsule	Pamelor®	10mg, 25mg, 50mg, 75mg	Depression
Omeprazole capsule	Prilosec®	10mg, 20mg	Heartburn, Acid Reflux, Ulcers
Oxybutynin tablet	Ditropan®	5mg	Bladder
Pentoxifylline ER tablet	Trental®	400mg	Blood
Potassium Chloride ER tablet	N/A	750mg (10 MEO)	Blood, Heart
Potassium Chloride tablet ER	K-Dur 20, Klor-Con M20	20MEO	Blood, Heart
Prednisone tablet	Deltasone®	1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	Hormones
Prochlorperazine tablet	Compazine®	5mg, 10mg	Nausea, Psychosis
Propranolol tablet	Inderal®	10mg, 20mg, 40mg, 60mg, 80mg	Blood Pressure
Propylthiouracil tablet	N/A	50mg	Antithyroid
Quaaluaquin® capsule	Quinine Sulfate	324mg	Malaria
Quinapril tablet	Accupril®	5mg, 10mg, 20mg, 40mg	Blood Pressure
Ranitidine tablet	Zantac®	150mg, 300mg	Heartburn, Acid Reflux, Ulcers
Spironolactone tablet	Aldactone®	25mg	Blood Pressure
Sulfamethoxazole/Trimethoprim DS tablet	Bactrim™ DS or Septra® DS	N/A	Anti-Infective
Tamoxifen Citrate tablet	Nolvadex®	10mg, 20mg	Cancer
Terazosin capsule	Hytrin®	1mg, 2mg, 5mg, 10mg	Blood Pressure
Theophylline ER tablet	Theo-Dur®	100mg, 200mg, 300mg	Asthma
Trazodone tablet	Desyrel®	50mg 100mg, 150mg-	Depression, Anxiety
Triamterene/HCTZ capsule	Dyazide®	37.5/25mg	Blood Pressure
Triamterene/HCTZ capsule	N/A	50/25mg	Blood Pressure
Triamterene/HCTZ tablet	Maxzide®	37.5/25mg, 75/50mg	Blood Pressure
Verapamil SR tablet	Calan-SR® or Isoptin-SR®	120mg, 180mg, 240mg	Blood Pressure
Verapamil tablet	Calan® or Isoptin®	40mg, 80mg, 120mg	Blood Pressure

Rx Outreach Tier 2 Medications - \$30 for each 90-Day Supply (Creams & ointments - 4 tube limit per 90-day supply)

Betamethasone Dipropionate cream	Diprolene® AF cream	0.05%, 45gm	Skin Conditions
Betamethasone Valerate cream	Beta-Val® cream	0.1%, 45gm	Skin Conditions
Betamethasone Valerate ointment	Beta-Val® ointment	0.1%, 45gm	Skin Conditions
Fluocinonide cream	Lidex® cream	0.05%, 60gm	Skin Conditions
Hemorrhoidal HC Suppository	Anucort-HC™	25mg	Hemorrhoids
Hydrocortisone cream	Hytone®	2.5%, 30gm	Skin Conditions
Nystatin cream	Mycostatin® cream	100,000 Units/Gm - 30gm	Skin Conditions
Nystatin/Triamcinolone cream	Mycolog® -II cream	100,000 Units/Gm-0.1% - 60gm	Skin Conditions
Paroxetine HCL tablet	Paxil® (HCL)	10mg, 20mg, 30mg, 40mg	Depression
Previfem™ tablet (3 packs/90-day supply)	Ortho-Cyclen®	28's (package size)	Oral Contraceptive
Sertraline tablet	Zoloft®	25mg, 50mg 100mg	Depression
Ticlopidine tablet	Ticlid®	250mg	Blood, Heart
Timolol Maleate ophthalmic solution (limit of 4 bottles per 90-day supply)	Timoptic®	0.5%, 0.25%	Glaucoma
Triamcinolone cream	Aristocort® A cream or Kenalog® cream	0.1%, 80gm; 0.5%, 15gm	Skin Conditions
Tri-Previfem™ tablet (3 packs/90-day supply)	Ortho-Tri-Cyclen®	28's (package size)	Oral Contraceptive
Warfarin tablets -	Coumadin®	1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Blood, Heart

Rx Outreach Tier 2 Controlled Substances - \$30 for each 90-Day Supply

Alprazolam tablet	Xanax®	0.25mg, 0.5mg, 1mg, 2mg	Anxiety
Clonazepam tablet	Klonopin®	0.5mg, 1mg, 2mg	Seizures
Diazepam tablet	Valium®	2mg, 5mg, 10mg	Anxiety, Seizures
Diphenoxylate/Atropine tablet	Lomotil® or Lonox®	2.5/0.025mg	Diarrhea
Lorazepam tablet	Ativan®	0.5mg, 1mg, 2mg	Anxiety
Temazepam capsule	Restoril®	15mg, 30mg	Insomnia
Tramadol tablet	Ultram®	50mg	Pain