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www.volunteersinhealthcare.org
www.rxassist.org

Hello and thank you for contacting Volunteers in Health Care (VIH). VIH provides technical assistance to organizations that are interested in starting, expanding or sustaining a program that provides health care to the uninsured and underserved in their communities.

Unfortunately, VIH does not work with individual patients. Since VIH is involved in working with various agencies to increase access to pharmaceuticals, we often get calls from individuals looking for information. In response to these calls we have developed the enclosed packet of information.

We suggest looking particularly at sections on:

- Drug manufacturer patient assistance programs
- Rx Outreach generic patient assistance program
- Local resources
- State specific drug assistance programs

Please note that VIH does not endorse any particular program or service and that the information is by no means all-inclusive but can be used as a starting point. We encourage you to share the enclosed with your doctor and pharmacist as they may wish to contact us for more information. Best wishes.

Sincerely,
Volunteers in Health Care

A national program supported by the Robert Wood Johnson Foundation

Are You Looking for Affordable Medications?

Where to Start...

<p><i>If you cannot afford to buy your prescription medications...</i></p>	<p>Most drug manufacturers offer a limited supply of free prescription medication to eligible patients. These Pharmaceutical Manufacturers Patient Assistance Programs (PAPs) have different application forms and eligibility requirements. The pharmaceutical companies supply these applications for free. For more information about PAPs, ask: your doctor, your pharmacist or look in the PhRMA directory (to obtain the directory call 800-762-4636 or visit www.phrma.org).</p> <p>For more complete information you can search online at:</p> <p>www.rxassist.org Searchable database allows you to search for PAPs by company, brand name, generic name and drug class. The information includes eligibility and application instructions. Internet access necessary.</p> <p>Rx Outreach Rx Outreach is a new Patient Assistance Program developed by Express Scripts Specialty Distribution Services, Inc. (ESSDS). The program provides qualified low-income individuals and families with access to generic versions of brand name medications. For more information and to obtain application materials, visit www.rxassist.org or use attached materials.</p> <p>www.medicare.gov/Prescription/Home.asp Based on the information you enter, the site searches for programs in your state or programs for certain diagnosis or medication. Internet access necessary.</p> <p>www.helpingpatients.org New interactive website by PhRMA and 48 of its member companies. Website was designed to help providers and patients find Patient Assistance Programs.</p> <p>www.benefitscheckup.org Provides individuals 55 and over with a confidential personalized report of public and private programs that can help save money on prescription drugs.</p>		
<p><i>If you would like assistance filling out PAPs....</i></p>	<p>Applications for Patient Assistance Programs are free if you call the pharmaceutical company directly. There are programs that will help you obtain and complete the necessary paperwork for a fee. If your PAP application is denied, each program has a different refund policy. Ask about refund policies and services provided before sending any money. Some programs are:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><i>The Medicine Program</i> www.themedicineprogram.com/ (573) 996-7300</p> </td> <td style="width: 50%; vertical-align: top;"> <p><i>The Patient Assistance Network</i> Toll-free: 202-595-1038 Call and leave name and address to receive free information by mail</p> </td> </tr> </table>	<p><i>The Medicine Program</i> www.themedicineprogram.com/ (573) 996-7300</p>	<p><i>The Patient Assistance Network</i> Toll-free: 202-595-1038 Call and leave name and address to receive free information by mail</p>
<p><i>The Medicine Program</i> www.themedicineprogram.com/ (573) 996-7300</p>	<p><i>The Patient Assistance Network</i> Toll-free: 202-595-1038 Call and leave name and address to receive free information by mail</p>		

Are You Looking for Affordable Medications?

Where to Start...

<p><i>If you are on Medicare (65 or older or disabled)...</i></p>	<p>Starting June 1, 2004 Medicare recipients who do not have out patient prescription drug coverage through Medicaid are eligible for Medicare-approved discount cards. These cards may have annual enrollment fees of up to \$30 and offer a discount of the drug's retail price.</p> <p>If your annual income is no more than \$12,569 for a single person or \$16,862 for a couple, you may also be eligible for a \$600 credit to help pay for your prescription drugs (limits are higher in Alaska and Hawaii). You may also be eligible for more substantial discounts off the retail price of certain medications due to your lower income.</p> <p>For more information, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227).</p> <ul style="list-style-type: none"> • Some drug manufacturers offer drug discount cards for the elderly and disabled: <ul style="list-style-type: none"> <input type="checkbox"/> For GlaxoSmithKline's The Orange Card call 888-Orange6 (672-6436) <input type="checkbox"/> For Eli Lilly's LillyAnswers Card call 877-RX-Lilly (795-4559) <input type="checkbox"/> For Novartis' The CareCard call 866-974-CARE (2273) <input type="checkbox"/> For the Together Rx Card (<i>This one card can be used for many medications manufactured by: Abbott Laboratories, AstraZeneca, Aventis Pharmaceuticals, Bristol-Myers Squibb Company, GlaxoSmithKline, Janssen, Johnson & Johnson, Novartis and Ortho-McNeil.</i>) call 800-865-7211 • Call your local Area Agency on Aging for information about community based medication assistance programs. To find the nearest office call 800-677-1116 or visit www.eldercare.gov.
<p><i>If you or a member of your family is a veteran or member of the military....</i></p>	<ul style="list-style-type: none"> • Contact the Veteran's Administration at 877-222-VETS(8387)visit http://www.va.gov/ • For active and retired military personnel and their families, visit http://www.tricare.osd.mil/ for information regarding The National Mail Order Pharmacy Program and to find the phone number for your regional office.
<p><i>If you can afford to pay a portion of your medications....</i></p>	<p>Pfizer has initiated a program 'Pfizer Pfriends' which helps those without prescription medication insurance save 15% to 50% on the retail cash price of Pfizer medicines. Enrolling in the program is free. To apply call 1-866-776-3700 or visit http://www.pfizerhelpfulanswers.com.</p> <p>Many membership associations, non-profit organizations, and others offer prescription drug discount plans that allow you to purchase drugs at a discount. Before using one of these plans, we suggest that you look into the following:</p>

Are You Looking for Affordable Medications?

Where to Start...

	<p>Eligibility</p> <ul style="list-style-type: none"> • Is there an income limit? (Do you qualify?) • Is there an age limit? (Do you qualify?) • Do you have to be a member of an association to get this discount? • Does the plan cover you alone, you and your spouse, or your entire family? <p>Costs</p> <ul style="list-style-type: none"> • Is there a membership/enrollment fee? • Is there a monthly fee? • What are your co-payments? • Are there additional shipping and handling fees? • Will the money you save be more than the money you spend on enrollment fees, co-payments, and other fees? <p>Benefits</p> <ul style="list-style-type: none"> • Are drugs provided through a mail-order pharmacy or a walk-in pharmacy? • Do you have to use a “participating pharmacy?” (Are these convenient to you?) • Are the drugs you need covered by the plan? • What drugs are not covered by the plan? • Does the plan cover both generic and brand name drugs? • Is the % discount the same for generic and brand name drugs? • Is the discount off the retail price? (Make sure the plan is really saving you money compared to what you would normally pay at your local pharmacy.) • Is there a limit on the benefits you can receive in a year?
Local Information	<ul style="list-style-type: none"> • Community health centers, public hospitals, public health departments and/or private not for profit hospitals in your town may be able to help you. For the nearest community health center contact: 888-ASK-HRSA (275-4772) • Check with your doctor or pharmacist. Physicians and pharmacists may know about where to get free or discounted medication. • If you have a specific disease, there may be programs for you. Look for national organizations or their state chapters advocating for people with your condition. • Local social service agencies or religious groups may have emergency funds for medication purchases. You may want to contact the United Way, Salvation Army, or Goodwill.

Are You Looking for Affordable Medications?

Where to Start...

	<ul style="list-style-type: none">• You may qualify for Medicaid or other similar programs that offer prescription coverage. Contact your state or county social services/welfare department.• Contact your senator or congressperson's office if you cannot locate medication assistance on your own.• Check the attached table for information on programs in your state.
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Statewide Drug Assistance Programs*

State	Population Served: E=Elderly** D=Disabled M=Medicare	Name of Program	Contact Information
Alabama	E	SenioRx	800-AGE-LINE (800-243-5463)
Alaska	E	Pharmaceutical Assistance Program	Not yet Operational
Arizona	E or D	Arizona CoppeRx Card Prescription Discount Program (RxAmerica)	888-227-8315
Arkansas	E	Prescription Drug Access Improvement (Medicaid waiver for Rx drug coverage)	Not yet operational: Contact Dept. of Human Services
Arkansas	All low income	Arkansas Health Care Access Foundation, Inc.	1-800-950-8233 or 1-501-221-3033
California	M	Drug Discount Program for Medicare Recipients	Show your Medicare card at participating pharmacies to get drugs at Medi-Cal prices
California	M	Golden Bear State Pharmacy Assistance Program (revision of discount program above)	Medi-Cal 916-552-9557 not yet in effect
Colorado	---	No Program	---
Connecticut	Anyone	Citizens Health (program being piloted in MA, CT & RI)	800-JOE-K-4RX (800-563-5479)
Connecticut	E or D	Connecticut Pharmaceutical Assistance Contract to the Elderly and the Disabled Program (ConnPACE)	CT Dept of Social Services 860-832-9265 or toll free in-state 800-423-5026
Delaware	E or D	Delaware Prescription Assistance Program (DPAP)	Division of Social Services 800-996-9969 x 17; 302-577-4900
Delaware	E	Nemours Health Clinic Pharmaceutical Assistance Program	800-842-1900
District of Columbia	All low income	DC Healthcare Alliance	202-842-2810
Florida	M	Prescription Discount Program	Show your Medicare card at participating pharmacies to get drugs at Medicaid prices
Florida	M	Silver Saver Program	888-419-3456
Georgia	All low-income	Georgia Partnership for Caring Foundation	800-982-GPCF (4723)

State	Population Served: E=Elderly** D=Disabled M=Medicare	Name of Program	Contact Information
Georgia	All low income	GeorgiaCares	800-669-8387 or visit www.gacares.org
Hawaii	Anyone	Hawaii Rx Discount Program	Not yet operational: possible implementation 7/1/04
Idaho	---	No Program	---
Illinois	E or D	Circuit Breaker/Pharmaceutical Assistance Program (PAP)	800-624-2459
Illinois	E	Illinois Senior Care	800-252-8966
Indiana	E	Hoosier Rx	317-234-1381 or 866-267-4679
Indiana	M	Senior Health Insurance Info Program	800-452-4800
Iowa	M eligible	Iowa Priority Prescription Savings Program	866-282-5817
Kansas	E	Kansas Senior Pharmacy Assistance Program	Contact Dept. of Aging 785-296-4986 or 800-432-3535
Kentucky	All low income	Health Kentucky	800-633-8100
Louisiana	E	Louisiana SenioRx Program	225-342-3570 www.louisianaseniorx.org
Maine	E,D	Maine Low Cost Drugs for the Elderly & Disabled Program	866-796-2463
Maine	All low income	Maine Rx Plus	866-RxMaine (866-796-2463)
Maine	All low income	Rx Cares for ME	877-RxForMe (877-793-6763)

State	Population Served: E=Elderly** D=Disabled M=Medicare	Name of Program	Contact Information
Maryland	All low income	Maryland Medbank Program	410-821-9262, 877-435-7755
Maryland	D, Any age, low income	Maryland Pharmacy Assistance Program	800-226-2142
Maryland	M	Senior Short-term Prescription Drug Plan (Care First Plan)	BC/BS 800-972-4612
Massachusetts	Anyone	Citizens Health (program being piloted in MA, CT & RI)	800-JOE-K-4RX (800-563-5479)
Massachusetts	E, D	The Prescription Advantage Program	Exec. Office of Elderly Affairs 800-243-4636; 617-727-7750
Massachusetts	Anyone	Mass MedLine	866-633-1617
Michigan	E	Elder Prescription Insurance Coverage	866-747-5844 (Program is currently closed except for emergency coverage)
Minnesota	E, D	Minnesota Prescription Drug Program	800-333-2433; 651-297-5418 www.dhs.state.mn.us/healthcare/asstpr og/prescription_drugs.htm
Mississippi	---	No Program	---
Missouri	E	MO Senior Rx Program	866-556-9316 or www.missouriseniorrx.com
Montana	E	Prescription Drug Expansion Program	Not yet operational – estimated date of 2004
Nebraska	---	No Program	---
Nevada	E	Senior Rx	800-262-7726
New Hampshire	E	Senior Prescription Program (discount card)	888-580-8902
New Hampshire	All low income	NH Medication Bridge Program	800-852-3456
New Jersey	E, D	Pharmaceutical Assistance for the Aged and Disabled (PAAD)	609-588-7048; 800-792-9745
New Jersey	E	Senior Gold Program	609-588-7048; 800-792-9745

State	Population Served: E=Elderly** D=Disabled M=Medicare	Name of Program	Contact Information
New Mexico	E	New Mexico SenioRx Program	866-244-0882
New York	E	Elderly Pharmaceuticals Insurance Coverage (EPIC) Program	800-332-3742
North Carolina	E	North Carolina Senior Care Program	866-226-1388
North Carolina	E	Senior PharmAssist	919-688-4772
North Dakota	---	No Program	---
Ohio	E,D	Golden Buckeye Card Program	800-422-1976
Ohio	All low income	Rx for Ohio	877-794-6446 www.rxforoh.org
Ohio	E	Ohio's Best Rx	Not yet operational – goal November 2004
Oklahoma	---	No Program	---
Oregon	E	Senior Prescription Drug Assistance Program	800-359-9517
Pennsylvania	E	Pharmaceutical Assistance Contract for the Elderly (PACE) & PACE Needs Enhancement Tier (PACENET)	PA Dept of Aging 717-787-7313; 800-225-7223
Rhode Island	Anyone	Citizens Health (program being piloted in MA, CT & RI)	800-JOE-K-4RX (800-563-5479)
Rhode Island	E	Rhode Island Pharmaceutical Assistance for the Elderly (RIPAE)	Dept of Elderly Affairs 401-462-3000 or 1-800-322-2880
Rhode Island	All low income	Rx for RI	877-743-6779 www.rxforri.org
South Carolina	E	Silver Rx Card	SilverRx Card Hotline 877-239-5277
South Carolina	All low income	Commun-I-Care	803-933-9183
South Dakota	E	Senior Prescription Discount Card	800-257-9946

State	Population Served: E=Elderly** D=Disabled M=Medicare	Name of Program	Contact Information
Tennessee	All low income	TennCare Rx Program	Net yet operational
Texas	M	State Prescription Drug Program	Not yet operational, postponed
Utah	---	No Program	---
Vermont	E or D	Vermont Health Access Program (VHAP) & VScript Expanded (state-only VScript)	800-250-8427 or instate 800-529-4060
Vermont	All low income	Vermont Medication Bridge Program	866-887-4276
Virginia	---	No Program	---
Washington	E	Pharmacy Plus	Not yet operational
West Virginia	E	Golden Mountaineer Discount Card Program (replaces SPAN II)	877-987-3646
West Virginia	All low income	Rx for WV	877-982-7948 www.rxforwv.org
Wisconsin	E	Senior Care	800-657-2038
Wyoming	All low-income	Prescription Drug Assistance Program	800-438-5785 or 307-777-7531

* Information compiled from various sources including:

National Conference of State Legislatures, *State Pharmaceutical Assistance Programs (Updated 6/03/04)*, www.ncsl.org/programs/health/drugaid.htm

Medicare Rights Center, *State Pharmaceutical Assistance Programs (Updated 6/03/04)*, www.medicarerights.org/rxframeset.html

Medicare, *Prescription Drug Assistance Programs (Updated, 6/03/04)*, www.medicare.gov/Prescription/Home.asp

** States define “elderly” differently, this can mean anything from 55 and older.

Rx OutreachSM

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

Rx OutreachSM is a patient assistance program that provides more than 50 FDA-approved generic medicines to help you treat ongoing health problems. The program helps you get medicines you can afford. Rx Outreach provides a three-month supply of a medicine for \$18. A six-month supply of a medicine costs \$30.

Step 1: See if you qualify.

You can use Rx Outreach regardless of your age. You can use Rx Outreach even if you use another discount medicine program or patient assistance program. To use Rx Outreach, your income needs to be less than a certain amount of money each year. This amount varies depending on the number of financially dependent people living in your house.

Number of People in Your Household, Including Yourself*	All States and Washington D.C., Except Alaska and Hawaii	Alaska	Hawaii
You 	Less than \$23,275 a year	Less than \$29,075 a year	Less than \$26,750 a year
You + 1 	Less than \$31,225 a year	Less than \$39,025 a year	Less than \$35,900 a year
You + 2 	Less than \$39,175 a year	Less than \$48,975 a year	Less than \$45,050 a year
You + 3 	Less than \$47,125 a year	Less than \$58,925 a year	Less than \$54,200 a year
Add this amount for each additional person.*	\$7,950 a year	\$9,950 a year	\$9,150 a year

Step 2: See if your medicines are included.

The list of medicines included in Rx Outreach can be found below.

Step 3: Call or visit your doctor for a prescription.

You can get the generic medicines listed below through Rx Outreach. The generic name of the medicine is listed first. The brand name is listed second. Rx Outreach provides all strengths or doses of the medicines we carry, except as noted.

Arthritis and Gout

- Allopurinol tablet (*Zyloprim*[®])
- Ibuprofen tablet (*Motrin*[®])
- Naproxen tablet (*Naprosyn*[®])

Asthma

- Albuterol tablet (*Proventil*[®])
- Albuterol inhaler (*Proventil*[®])

Bladder

- Oxybutynin tablet (*Ditropan*[®])

Cancer

- Tamoxifen Citrate tablet (*Nolvadex*[®])

Cholesterol, Triglycerides, Blood and Heart

- Digoxin tablet (*Lanoxin*[®])
- Folic Acid tablet
- Gemfibrozil tablet (*Lopid*[®])
- Lovastatin tablet (*Mevacor*[®])

- Potassium Chloride ER tablet - 750 mg (10 MEQ)

Diabetes

- Glipizide tablet (*Glucotrol*[®])
- Glipizide ER tablet (*Glucotrol XL*[®])
- Glyburide tablet (*Micronase*[®])
- Glyburide, micronized tablet (*Glynase[®] Pres Tab*[®])
- Metformin HCL tablet (*Glucophage*[®])
- Metformin HCL ER tablet (*Glucophage XR*[®])

Diuretics and Blood Pressure

- Atenolol tablet (*Tenormin*[®])
- Atenolol/Chlorthalidone tablet (*Tenoretic*[®])
- Benazepril tablet (*Lotensin*[®])
- Benazepril/HCTZ tablet (*Lotensin HCT*[®])
- Bumetanide tablet (*Bumex*[®])
- Captopril tablet (*Capoten*[®])
- Clonidine HCL tablet (*Catapres*[®])

- Doxazosin Mesylate tablet (*Cardura*[®])
- Enalapril Maleate tablet (*Vasotec*[®])
- Furosemide tablet (*Lasix*[®])
- Hydrochlorothiazide tablet (*Esidrix*[®], *HydroDIURIL*[®], or *Oretic*[®]) - 25 mg, 50 mg
- Hydrochlorothiazide capsule (*Microzide*[®])
- Indapamide tablet (*Lozol*[®])
- Labetalol HCL tablet (*Trandate*[®])
- Lisinopril tablet (*Zestril*[®] or *Prinivil*[®])
- Lisinopril/HCTZ tablet (*Zestoretic*[®] or *Prinzide*[®])
- Metoprolol tablet (*Lopressor*[®])
- Nadolol tablet (*Corgard*[®])
- Propranolol tablet (*Inderal*[®])
- Terazosin capsule (*Hytrin*[®])
- Triamterene/HCTZ capsule (*Dyazide*[®]) - 37.5/25 mg
- Triamterene/HCTZ capsule - 50/25 mg
- Triamterene/HCTZ tablet (*Maxzide*[®]) - 75/50 mg

- Verapamil tablet (*Calan*[®] or *Isoptin*[®])
- Verapamil SR tablet (*Isoptin SR*[®])

Depression and Anxiety

- Amitriptyline tablet
- Buspirone tablet (*BuSpar*[®])
- Fluoxetine capsule (*Prozac*[®])
- Nortriptyline HCL capsule (*Pamelor*[®])
- Trazodone tablet (*Desyrel*[®])

Heartburn, Acid Reflux, Ulcers

- Famotidine tablet (*Pepcid*[®])
- Metoclopramide HCL tablet (*Reglan*[®])
- Omeprazole capsule (*Prilosec*[®])
- Ranitidine tablet (*Zantac*[®])

Hormones and Steroids

- Estradiol tablet (*Estrace*[®])
- Prednisone tablet (*Deltacortone*[®])

It is important that your doctor writes a prescription for a 90-day or 180-day supply of medicine.

Step 4: Find out how much money you need to send.

For each three-month (or 90-day) supply of medicine you order, you will pay \$18. For each six-month (or 180-day) supply of medicine you order, you will pay \$30. You can pay with checks, money orders, or credit cards (only Visa, MasterCard, or Discover). You need to send payment for the total amount. **Please do not send cash. If you have health insurance, you cannot use your insurance to help pay the fee for Rx Outreach.**

Step 5: Fill out and sign the Rx Outreach form.

Your medicine will be sent in a secure package to the address you give us – it can be your house, doctor's office, or trusted friend's house.

Step 6: Send in your payment, prescription, and form.

Send these three items in a stamped envelope to:

Rx Outreach

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

If you have questions about your order, call us toll-free at 1-800-769-3880, Monday through Friday, 8:00 a.m. to 5:30 p.m. Central Time.

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Dear Rx Outreach Participant:

In our ongoing effort to serve your medication needs, we at Rx Outreach would like to take the opportunity to remind our patients of a few key points before sending in your application and prescriptions in order to insure prompt delivery of your medication.

1. Make sure the application is completely filled out and that all prescriptions are attached. Applications that are not filled out completely will require us to call you or your physician to obtain this information which could cause a delay in processing your prescription.
2. Make sure you have attached the correct payment amount for all prescription medications that you are requesting.

Please reference the table below:

Number of Prescriptions		Days Supply Requested/Cost per prescription		Total Cost
	X	\$18 each (3-month Supply)	=	
	X	\$30 each (6-month Supply)	=	

3. Make sure that prescriptions are written for the day supply of medication that you are requesting.

Please reference the example below:

	Rx Outreach Clinic 123 State Street St. Louis, MO 63043 Dr. Dean Smith
	Date _____
Name _____ Address _____	
Medication Take one tablet by mouth daily Quantity _____	
Refills _____ _____ Physician Signature	

Please look at your prescription and identify the quantity (bolded area in the example prescription above) and match it against the table below to verify that your prescription is written for the quantity that you are requesting

Pills per day	Quantity needed for 3-month supply	Quantity needed for 6-month supply
1 daily	90	180
2 daily	180	360
3 daily	270	450
4 daily	360	720
5 daily	450	900

Thank you for your trust in Rx Outreach to serve your prescription medication needs. Be sure to always check the application for new medications as we are continuing to expand our product line in order to better serve you.

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 these three things. This information is not required for you to use Rx OutreachSM.

E-mail: _____ 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: _____ E-mail: _____ (optional)
Please list any medicines you are allergic to: _____
Please list all medicines you are currently taking: _____

Shipping address if different from above:

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.

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: _____

of 90-day prescriptions: _____ # of 180-day prescriptions: _____ Total payment enclosed: _____

You must sign the form before we can send you 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



SIGN HERE

Date: ____ / ____ / ____

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Rx Outreach is managed by Express Scripts Specialty Distribution Services, Inc., (ESSDS), a fully licensed pharmacy. The company is committed to making the use of prescription drugs safer and more affordable. ESSDS reserves the right to add or delete medicines available in Rx Outreach, change fees in Rx Outreach, or discontinue Rx Outreach at any time. ESSDS does not accept returns of unused medicine, and fees are nonrefundable once ESSDS receives your prescription. ESSDS will send your medicines to the address you choose. You are responsible for the package once it arrives.