

Get the **lowest** prices possible for most mail-order prescription drugs delivered to your home.

COMPARE OUR PRICES TO RETAIL AND SAVE.



Follow these four simple steps ... and start saving today!

As an **Access to Care® member**, you are eligible to obtain your medications through the Rx Outreach program at significant savings. Rx Outreach offers over 380 medications to treat diseases such as diabetes, high blood pressure, depression and many others. Medications are offered in 3-month and 6-month supplies, delivered directly to you.

Step
1

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 pricing for all drugs offered. Prices shown are for any dose, any strength. So even if you take more than one pill a day, our price is still the same!

Step
2

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
3

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

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

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

Rx Outreach®

A SAFE, AFFORDABLE, AND EASY WAY TO GET MEDICINES YOU NEED.
APPRXO1008ATC

Access to Care
FILLING THE GAP FOR THE UNINSURED

Rx OUTREACH FORM



STEP 1 – TO BE COMPLETED BY PATIENT – Please fill out each field.

First Name _____ Last Name _____
Date of Birth ____/____/____ Access to Care ID _____
mm dd yyyy
Address _____ City _____
State _____ Zip _____ Phone number _____ M F
Food/Medications you are allergic to _____
Other Medications you are taking and medical conditions _____

Shipping address if different from above:

(CONTROLLED SUBSTANCES CANNOT BE SHIPPED TO A P. O. BOX OR DOCTOR'S OFFICE)

Name _____ Address _____
City _____ State _____ Zip _____

STEP 2 – TO BE COMPLETED BY PRESCRIBER ONLY

Prescriptions can be written separately and attached to this form.

DO NOT USE SECTION FOR CONTROLLED SUBSTANCES – ATTACH SEPARATE PRESCRIPTION.

Rx 1 – Drug Name _____ Strength _____

Directions _____ Quantity 90 Days 180 Days Refills (Check One) 1 2 3

Rx 2 – Drug Name _____ Strength _____

Directions _____ Quantity 90 Days 180 Days Refills (Check One) 1 2 3

Rx 3 – Drug Name _____ Strength _____

Directions _____ Quantity 90 Days 180 Days Refills (Check One) 1 2 3

PHYSICIAN MUST SIGN BELOW.

_____/_____/_____
SUBSTITUTION PERMITTED (Physician Signature) mm dd yyyy Dispense as Written
Physician Name _____ DEA Number _____ Phone _____
Address _____ City _____ State _____ Zip _____

STEP 3 – PAYMENT/MAILING INSTRUCTIONS

Payment Options: Check, Money Order, or Credit Card (Visa, MasterCard or Discover only).

Do Not Send Cash. **Check or Money Order should be made out to: Rx Outreach.**

Payment Amount: See drug list for pricing or call Rx Outreach.

Credit Card Number: _____ Visa MasterCard Discover
Expiration Date ____/____ I authorize Express Scripts Specialty Distribution Services, Inc. to charge this credit card
for payment: **Name on Card:** _____ **Card Holder Signature** _____

Mail Form and Payment to:

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

FOR CONTROLLED SUBSTANCES YOU MUST ENCLOSE A COPY OF YOUR PHOTO ID (example: driver's license OR picture ID) AND SOCIAL SECURITY CARD OR GREEN CARD. MEDICATIONS SHIP BY U. S. MAIL WITHIN 10-14 DAYS.

Rx Outreach®

Providing you with High-Quality, Low-Cost Prescription Drugs.

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

RX OUTREACH MEDICATION LIST – PRICES EFFECTIVE 10/15/08				
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
Benzotropine 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
Colchicine tablet	n/a	0.6mg	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
Estropipate 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® or Diabeta®	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

TIER 1 – UP TO A 180-DAY SUPPLY

Rx Outreach List	Brand / Generic Equivalent	Available Strengths	90-Day Supply*	Up to 180-Day Supply*
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
Metoclopramide tablet	Reglan®	5mg, 10mg	n/a	\$20
Metoprolol Tartrate tablet	Lopressor®	25mg, 50mg, 100mg	n/a	\$20
Nadolol tablet	Corgard®	20mg, 40mg, 80mg	n/a	\$20
Nitroglycerin sublingual tablet	Nitroquick®	0.4mg	n/a	\$20 (limit 6)
Oxybutynin tablet	Ditropan®	5mg	n/a	\$20
Potassium Chloride ER tablet	Klor-Con® 10MEQ	750mg (10MEQ)	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 capsule	n/a	50/25mg	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*
Afedritab 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
Carbidopa / Levodopa SR tablet	Sinemet CR®	25/100mg, 50/200mg	\$45	\$85
Carbidopa / Levodopa tablet	Sinemet®	10/100mg, 25/100mg, 25/250mg	\$45	\$85
Chlordiazepoxide / Clidinium cap	n/a	5/2.5mg	\$30	\$55
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 – NEW	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	\$35 (limit 4)	\$65 (limit 8)
Gabapentin capsule	Neurontin®	100mg, 300mg, 400mg	\$35	\$65
Gabapentin tablet	Neurontin®	600mg, 800mg	\$35	\$65

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*
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
Meclizine tablet	n/a	12.5mg, 25mg	\$30	\$55
Metolazone tablet	Zaroxolyn®	2.5mg, 5mg	\$35	\$65
Metoprolol Succinate ER tablet	Toprol XL®	25mg, 50mg, 100mg, 200mg	\$50	\$95
Minocycline capsule	Minocin® / Dynacin®	50mg, 75mg, 100mg	\$45	\$85
Minocycline tablet	Dynacin®	50mg, 75mg	\$45	\$85
Nitroglycerin SA capsule	n/a	2.5mg, 6.5mg, 9mg	\$45	\$85
Omeprazole capsule	Prilosec®	10mg, 20mg	\$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
Potassium Chloride tablet ER	K-Dur 20®/Klor-Con M20®	1500mg (20MEQ)	\$30	\$55
Previfem™ tablet	Ortho-Cyclen®	28's	\$35 (limit 3)	\$65 (limit 6)
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 – NEW	Altace®	1.25mg, 2.5mg, 5mg, 10mg	\$25	\$45
Simvastatin tablet	Zocor®	5mg, 10mg, 20mg, 40mg, 80mg	\$25	\$45
Tamoxifen tablet	n/a	10mg, 20mg	\$25	\$45
Theophylline ER tablet	n/a	100mg, 200mg, 300mg	\$30	\$55
Ticlopidine tablet	Ticlid®	250mg	\$35	\$65
Trandolapril tablet	Mavik®	1mg, 2mg, 4mg	\$30	\$55
Tri-Previfem™ 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
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
Buspirone 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

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

Rx Outreach List	Brand / Generic Equivalent	Available Strengths	90-Day Supply*	180-Day Supply*
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
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
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
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
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
Piroxicam capsule	Feldene®	10mg, 20mg	\$15	n/a
Prednisone tablet	n/a	1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$20	n/a
Quaalun® capsule	Quinine Sulfate	324mg	\$15	n/a
Sertraline tablet	Zoloft®	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
Warfarin tablets / Jantoven®	Coumadin®	1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$25	n/a
Zaleplon capsule (CS) – NEW	Sonata®	5mg, 10mg	\$35	n/a
Zolpidem tablet (CS)	Ambien®	5mg, 10mg	\$35	n/a

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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 through Rx Outreach, change fees in Rx Outreach, or discontinue Rx Outreach at any time. ESSDS 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.

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Rx Outreach®

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