

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!

STEP

1

See if you qualify.

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

- \$31,200 or less for a single person
- \$52,800 or less for a family of three
- Add \$10,800 for each additional person
- \$42,000 or less for a family of two
- \$63,600 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 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

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
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.

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: _____ - _____ - _____ - _____ Expiration date: ____ / ____

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

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

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 Express Scripts Specialty Distribution Services, Inc. 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.

(Signature Required) Date: ____ / ____ / ____

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

106

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.

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
Hydroxurerea 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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