

# 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.

Prescriptions may be written with refills available for up to one year. Ask your doctor about a 180-day supply with one refill or 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](http://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: \_\_\_\_\_

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: \_\_\_\_\_ Circle one: Male / Female

Phone number: (\_\_\_\_) \_\_\_\_\_ Clinic or Physician Group (write N/A, if none): \_\_\_\_\_

To receive program updates, administrative fee changes, etc., provide your email address: E-mail: \_\_\_\_\_

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 verify my income or 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

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 (or a copy of your paystub or latest income tax form). 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)**

# Rx Outreach®

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

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](http://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

Rx Outreach Medication	Brand/Generic Equivalent	Available Strengths	Fee per 90-day	Fee per 180-day
<b>Allergies/Asthma</b>				
Fluticasone nasal spray	Flonase®	50mcg	\$50 (limit 3)	\$90 (limit 6)
Prednisone tablet	N/A	1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$20	
Theophylline ER tablet	N/A	100mg, 200mg, 300mg	\$30	\$55
<b>Anti-anxiety</b>				
Alprazolam tablet (CS)	Xanax®	0.25mg, 0.5mg, 1mg, 2 mg	\$35	
Buspirone tablet	BuSpar®	5mg, 10mg, 15mg	\$20	
Buspirone tablet	BuSpar®	30mg	\$35	
Clonazepam tablet (CS)	Klonopin®	0.5mg, 1mg, 2mg	\$35	
Diazepam tablet (CS)	Valium®	2mg, 5mg, 10mg	\$35	
Lorazepam tablet (CS)	Ativan®	0.5mg, 1mg, 2mg	\$35	
<b>Antimicrobial/Antiviral</b>				
Acyclovir capsule	Zovirax®	200mg		\$20
Acyclovir tablet	Zovirax®	400mg, 800mg		\$20
Clindamycin HCL capsule	Cleocin®	150mg	\$45	\$85
Isoniazid tablet	Isoniazid/INH®	300mg		\$20
Minocycline capsule	Minocin / Dynacin®	50mg, 75mg, 100mg	\$45	\$85
Sulfamethoxazole/ Trimethoprim DS tablet	Bactrim® DS or Septra® DS	800mg/160mg		\$20
<b>Arthritis/Pain</b>				
Diclofenac EC tablet	Voltaren®	50mg, 75mg	\$25	
Diclofenac ER tablet	Voltaren XR®	100mg	\$40	
Etodolac capsule	Lodine®	200mg, 300mg	\$30	
Etodolac tablet	Lodine®	400mg, 500mg	\$30	
Hydroxychloroquine tablet	Plaquenil®	200mg	\$25	\$45
Ibuprofen tablet	Motrin®	400mg, 600mg, 800mg	\$20	
Leflunomide tablet	Arava®	10mg, 20mg	\$50	
Meloxicam tablet	Mobic®	7.5mg, 15mg	\$20	
Methotrexate tablet	N/A	2.5mg	\$25	
Nabumetone tablet	N/A	500mg, 750mg	\$35	
Naproxen tablet	Naprosyn®	250mg, 375mg, 500mg	\$20	
Naproxen Sodium tablet	Anaprox® DS	550mg	\$25	
Oxaprozin Tablet	DayPro®	600mg	\$50	
Prednisone tablet	N/A	1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$20	
Tramadol tablet (CS)	Ultram®	50mg	\$35	

## RX OUTREACH MEDICATION LIST

Rx Outreach Medication	Brand/Generic Equivalent	Available Strengths	Fee per 90-day	Fee per 180-day
<b>Cancer</b>				
Bicalutamide tablet	Casodex®	50mg	\$35	\$65
Hydroxyurea capsule	Hydrea®	500mg	\$25 for up to 90 capsules	
Letrozole tablet	Femara®	2.5mg	\$30	\$55
Methotrexate tablet	N/A	2.5mg	\$25	
Tamoxifen Citrate tablet	N/A	10mg, 20mg	\$25	\$45
<b>Cholesterol/Triglycerides</b>				
Gemfibrozil tablet	Lopid®	600mg	\$30	\$55
Lovastatin tablet	Mevacor®	10mg, 20mg, 40mg		\$20
Pravastatin tablet	Pravachol®	10mg, 20mg, 40mg		\$20
Simvastatin tablet	Zocor®	5mg, 10mg, 20mg, 40mg, 80mg	\$25	\$45
<b>Diabetes</b>				
Blood Glucose Monitor (Prodigy Preferred™)	N/A	N/A No prescription required	One free monitor annually	
Blood Glucose Strips, No Coding (Prodigy®)	N/A	Box of 50 (minimum order - 2 boxes) No prescription required	\$15 per box minimum order \$30	
Blood Glucose Twist Top Lancets 28G (Prodigy®)	N/A	Box of 100 (minimum order - 2 boxes) No prescription required	\$5 per box minimum order \$10	
Glimepiride tablet	Amaryl®	1mg, 2mg, 4mg		\$20
Glipizide ER tablet	Glucotrol XL®	2.5mg, 5mg, 10mg	\$35	\$65
Glipizide tablet	Glucotrol®	5mg, 10mg		\$20
Glyburide, micronized tablet	Glyrase® PresTab®	1.5mg, 3mg, 6mg		\$20
Glyburide/Metformin tablet	Glucovance®	1.25/250mg, 2.5/500mg, 5/500mg	\$30	\$55
Glyburide tablet	N/A	1.25mg, 2.5mg, 5mg		\$20
Metformin HCL ER tablet	Glucophage XR®	500mg, 750mg		\$20
Metformin HCL tablet	Glucophage®	500mg, 850mg, 1000mg		\$20
<b>Gastrointestinal</b>				
Belladonna Alkaloids/ Phenobarbital tablet	N/A	16.2/0.1037/0.0194/0.0065mg	\$20	
Dicyclomine capsule	Bentyl®	10mg		\$20
Dicyclomine tablet	Bentyl®	20mg		\$20
Diphenoxylate/Atropine tablet (CS)	Lomotil® or Lonox®	2.5/0.025mg	\$35	
Famotidine tablet	Pepcid®	20mg, 40mg		\$20
Meclizine HCL tablet	Antivert®	12.5mg, 25mg	\$30	\$55
Metoclopramide HCL tablet	Reglan®	5mg, 10mg	\$20 (1 fill only; no refills)	
Omeprazole capsule	Prilosec®	10mg, 20mg, 40mg	\$35	\$65
Ondansetron tablet	Zofran®	4mg, 8mg	\$50	
Ondansetron ODT tablet	Zofran ODT®	4mg, 8mg	\$50	
Prochlorperazine tablet	N/A	5mg, 10mg		\$20
Ranitidine tablet	Zantac®	150mg, 300mg		\$20

## RX OUTREACH MEDICATION LIST

Rx Outreach Medication	Brand/Generic Equivalent	Available Strengths	Fee per 90-day	Fee per 180-day
<b>Heart/Circulation</b>				
Amiodarone tablet	Cordarone®	200mg	\$30	\$55
Cilostazol tablet	Pletal®	50mg, 100mg	\$30	\$55
Digoxin tablet	Lanoxin®	0.125mg, 0.25mg		\$20
Folic Acid tablet	N/A	1mg		\$20
Isosorbide Mononitrate ER tablet	Imdur®	30mg, 60mg 120mg		\$20
Isosorbide Mononitrate tablet	ISMO® or Monoket®	10mg, 20mg		\$20
Nitroglycerin SA capsule	N/A	2.5mg, 6.5mg, 9mg	\$45	\$85
Pentoxifylline ER tablet	Trental®	400mg	\$30	\$55
Potassium Chloride powder	Klor-Con® Powder 20mEQ	20mEQ	\$25	
Potassium Chloride powder	Klor-Con® Powder 25mEQ	25mEQ	\$25	
Potassium Chloride ER tablet	Klor-Con® 8mEQ	8mEQ	\$15 for up to 90 tablets	
Potassium Chloride ER tablet	Klor-Con® 10mEQ	10mEQ	\$15 for up to 90 tablets	
Potassium Chloride ER tablet	Klor-Con® M10	10mEQ	\$15 for up to 90 tablets	
Potassium Chloride ER tablet	K-Dur 20®/ Klor-Con® M20	20mEQ	\$15 for up to 90 tablets	
Potassium Citrate tablet	Cytra-K	5mEQ, 10mEQ	\$15 for up to 90 tablets	
Propafenone HCL tablet	Rythmol®	150mg, 225mg, 300mg	\$40	\$75
Ticlopidine tablet	Ticlid®	250mg	\$35	\$65
Warfarin tablet	Jantoven®	1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	\$25	
<b>Hormones</b>				
Estradiol tablet	Estrace®	0.5mg, 1mg, 2 mg		\$20
Estropipate tablet	Ogen®	0.625(0.75mg), 1.25(1.5mg)		\$20
Medroxyprogesterone tablet	Provera®	2.5mg, 5mg, 10mg	\$15	
Prednisone tablet	N/A	1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg	\$20	
<b>Hypertension</b>				
Afeditab CR tablet (Nifedipine CR)	Adalat CC® / Nifediac CC®	30mg, 60mg	\$50	\$95
Amlodipine tablet	Norvasc®	2.5mg, 5mg, 10mg	\$25	\$45
Atenolol tablet	Tenormin®	25mg, 50mg, 100mg		\$20
Atenolol/Chlorthalidone tablet	Tenoretic®	50/25mg, 100/25mg		\$20
Benazepril tablet	Lotensin®	5mg, 10mg, 20mg, 40mg		\$20
Benazepril/HCTZ tablet	Lotensin HCT®	5/6.25mg, 10/12.5mg, 20/12.5mg, 20/25mg	\$25	\$45
Bisoprolol/HCTZ tablet	Ziac®	2.5/6.25mg, 5/6.25mg, 10/6.25mg		\$20
Bumetanide tablet	Bumex®	0.5mg, 1mg, 2mg		\$20
Captopril tablet	Capoten®	12.5mg, 25mg, 50mg, 100mg		\$20
Carvedilol tablet	Coreg®	3.125mg, 6.25mg, 12.5mg, 25mg		\$20
Chlorthalidone tablet	N/A	25mg, 50mg		\$20

## RX OUTREACH MEDICATION LIST

Rx Outreach Medication	Brand/Generic Equivalent	Available Strengths	Fee per 90-day	Fee per 180-day
<b>Hypertension, cont.</b>				
Clonidine HCL tablet	Catapres®	0.1mg, 0.2mg, 0.3mg		\$20
Diltiazem ER capsule (24hr) (Dilt-XR)	Dilacor XR®	120mg, 180mg, 240mg	\$40 for up to 90 capsules	
Diltiazem ER capsule (Dilt-CD)	Cardizem CD®	120mg, 180mg, 240mg, 300mg	\$40 for up to 90 capsules	
Doxazosin Mesylate tablet	Cardura®	1mg, 2mg, 4mg, 8mg		\$20
Enalapril/HCTZ tablet	Vaseretic®	5/12.5mg, 10/25mg		\$20
Enalapril Maleate tablet	Vasotec®	2.5mg, 5mg, 10mg, 20mg		\$20
Furosemide tablet	Lasix®	20mg, 40mg, 80mg		\$20
Hydralazine tablet	N/A	10mg, 25mg, 50mg	\$25	\$45
Hydrochlorothiazide capsule	Microzide®	12.5mg		\$20
Hydrochlorothiazide tablet	N/A	25mg, 50mg		\$20
Indapamide tablet	N/A	1.25mg, 2.5mg		\$20
Labetalol HCL tablet	Trandate®	100mg, 200mg, 300mg	\$30	\$55
Lisinopril tablet	Zestril® or Prinivil®	2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg		\$20
Lisinopril/HCTZ tablet	Zestoretic® or Prinzide®	10/12.5mg, 20/12.5mg, 20/25mg		\$20
Losartan Potassium tablet	Cozaar®	25mg, 50mg, 100mg	\$25	\$45
Losartan/HCTZ tablet	Hyzaar®	50/12.5mg, 100/12.5mg, 100/25mg	\$25	\$45
Metolazone tablet	Zaroxolyn®	2.5mg, 5mg	\$35	\$65
Metoprolol Tartrate tablet	Lopressor®	25mg, 50mg, 100mg		\$20
Nadolol tablet	Corgard®	20mg, 40mg, 80mg		\$20
Prazosin capsule	N/A	1mg, 2mg, 5mg		\$20
Propranolol tablet	Inderal®	10mg, 20mg, 40mg, 80mg		\$20
Quinapril tablet	Accupril®	5mg, 10mg, 20mg, 40mg	\$30	\$55
Ramipril capsule	Altace®	1.25mg, 2.5mg, 5mg, 10mg	\$25	\$45
Spirolactone tablet	Aldactone®	25mg		\$20
Terazosin capsule	Hytrin®	1mg, 2mg, 5mg, 10mg		\$20
Trandolapril tablet	Mavik®	1mg, 2mg, 4mg	\$30	\$55
Triamterene/HCTZ capsule	Dyazide®	37.5/25mg		\$20
Triamterene/HCTZ tablet	Maxzide®	37.5/25mg, 75/50mg		\$20
Verapamil tablet	Calan®	40mg, 80mg, 120mg		\$20
Verapamil SR tablet	Calan-SR® or Isoptin-SR®	120mg, 180mg, 240mg	\$35	\$65
<b>Insomnia</b>				
Temazepam capsule (CS)	Restoril®	15mg, 30mg	\$35	
Zaleplon capsule (CS)	Sonata®	5mg, 10mg	\$35	
Zolpidem tablet (CS)	Ambien®	5mg, 10mg	\$35	
<b>Mental Health</b>				
Amitriptyline tablet	N/A	10mg, 25mg, 50mg, 75mg, 100mg, 150mg	\$20	
Bupropion HCL tablet	Wellbutrin®	75mg, 100mg	\$40	
Bupropion HCL SR tablet	Wellbutrin SR®	100mg, 150mg, 200mg	\$65	

## RX OUTREACH MEDICATION LIST

Rx Outreach Medication	Brand/Generic Equivalent	Available Strengths	Fee per 90-day	Fee per 180-day
<b>Mental Health, cont.</b>				
Bupropion HCL XL tablet	Wellbutrin XL®	150mg, 300mg	\$65	
Chlorpromazine HCL tablet	N/A	10mg, 25mg, 50mg, 100mg, 200mg	\$35	
Citalopram tablet	Celexa®	10mg, 20mg, 40mg	\$20	
Doxepin capsule	N/A	10mg, 25mg, 50mg, 75mg, 100mg	\$25	
Fluoxetine capsule	Prozac®	10mg, 20mg, 40mg	\$15	
Haloperidol tablet	N/A	0.5mg, 1mg, 2mg, 5mg	\$25	
Lithium Carbonate capsule	N/A	300mg	\$25	
Mirtazapine tablet	Remeron®	15mg, 30mg, 45mg	\$30	
Nortriptyline HCL capsule	Pamelor®	10mg, 25mg, 50mg, 75mg	\$20	
Paroxetine HCL tablet	Paxil® (HCL)	10mg, 20mg, 30mg, 40mg	\$20	
Risperidone tablet	Risperdal®	0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	\$45	
Sertraline tablet	Zoloft®	25mg, 50mg, 100mg	\$35	
Trazodone tablet	Desyrel®	50mg, 100mg, 150mg	\$20	
Venlafaxine tablet	Effexor®	25mg, 37.5mg, 50mg, 75mg, 100mg	\$45	
Venlafaxine ER capsule	Effexor XR®	37.5mg, 75mg, 150mg	\$45	
<b>Muscle Relaxers</b>				
Baclofen tablet	Lioresal®	10mg, 20mg	\$15	
Cyclobenzaprine tablet	Flexeril®	10mg	\$25	
Tizanidine HCL tablet	Zanaflex®	2mg, 4mg	\$30	
<b>Neurology</b>				
Aricept® tablet	Donepezil	5mg, 10mg	\$25	
Benzotropine tablet	N/A	0.5mg, 1mg, 2mg		\$20
Carbamazepine tablet	Tegretol®	200mg		\$20
Carbidopa / Levodopa tablet	Sinemet®	10/100mg, 25/100mg, 25/250mg	\$45	\$85
Carbidopa / Levodopa SR tablet	Sinemet CR®	25/100mg, 50/200mg	\$45	\$85
Divalproex NA DR tablet	Depakote®	125mg, 250mg, 500mg	\$45	\$85
Gabapentin capsule	Neurontin®	100mg, 300mg, 400mg	\$30 for up to 270 capsules	
Gabapentin tablet	Neurontin®	600mg, 800mg	\$45 for up to 270 tablets	
Lamotrigine tablet	Lamictal®	25mg, 100mg, 150mg, 200mg	\$40	\$75
Levetiracetam tablet	Keppra®	250mg, 500mg 750mg	\$50	\$95
Levetiracetam ER tablet	Keppra XR®	500mg, 750mg	\$80 for up to 180 tablets	
Meclizine HCL tablet	Antivert®	12.5mg, 25mg	\$30	\$55
Phenytoin Sodium capsule	Dilantin®	100mg	\$45	\$85
Ropinirole HCL tablet	Requip®	0.25mg, 0.5mg, 1mg, 2mg	\$45	\$85
Sumatriptan Succ tablet	Imitrex®	25mg, 50mg, 100mg	\$35	
Topiramate tablet	Topamax®	25mg, 50mg, 100mg, 200mg	\$35	\$65
Zonegran® capsule	Zonisamide	25mg, 100mg	\$25	
<b>Nutritional/Metabolic</b>				
Folic Acid tablet	N/A	1mg		\$20
Potassium Chloride powder	Klor-Con® Powder 20mEQ	20mEQ	\$25	

## RX OUTREACH MEDICATION LIST

Rx Outreach Medication	Brand/Generic Equivalent	Available Strengths	Fee per 90-day	Fee per 180-day
<b>Nutritional/Metabolic, cont.</b>				
Potassium Chloride powder	Klor-Con® Powder 25mEQ	25mEQ	\$25	
Potassium Chloride ER tablet	Klor-Con® 8mEQ	8mEQ	\$15 for up to 90 tablets	
Potassium Chloride ER tablet	Klor-Con® 10mEQ	10mEQ	\$15 for up to 90 tablets	
Potassium Chloride ER tablet	Klor-Con® M10	10mEQ	\$15 for up to 90 tablets	
Potassium Chloride ER tablet	K-Dur 20®/ Klor-Con® M20	20mEQ	\$15 for up to 90 tablets	
Potassium Citrate tablet	Cytra-K	5mEQ, 10mEQ	\$15 for up to 90 tablets	
<b>Oral Contraceptives</b>				
Sprintec® tablet	Ortho-Cyclen®	28's	\$35 (limit 3)	\$65 (limit 6)
Tri-Sprintec® tablet	Ortho-Tri-Cyclen®	28's	\$35 (limit 3)	\$65 (limit 6)
<b>Prostate</b>				
Bicalutamide tablet	Casodex®	50mg	\$35	\$65
Finasteride tablet	Proscar®	5mg	\$50	\$95
Tamsulosin capsule	Flomax®	0.4mg	\$30	\$55
<b>Thyroid</b>				
Levothyroxine tablet	Levoxyl® or Synthroid®	25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg		\$20
Propylthiouracil tablet	N/A	50mg	\$35	\$65
<b>Miscellaneous</b>				
Alendronate tablet	Fosamax®	70mg (Once a week dosage)	\$25 (limit 12)	\$45 (limit 24)
Allopurinol tablet	Zyloprim®	100mg, 300mg		\$20
Hydroxyurea capsule	Hydrea®	500mg	\$25 for up to 90 capsules	
Oxybutynin tablet	Ditropan®	5mg		\$20

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.**

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.

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**Rx Outreach**  
AFFORDABLE MEDICATIONS FOR PEOPLE IN NEED