

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:

- ☐ **\$32,490** or less for a single person ☐ **\$54,930** or less for a family of three ☐ Add **\$11,220** for each additional person
☐ **\$43,710** or less for a family of two ☐ **\$66,150** 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
P.O. Box 66536
St. Louis, MO 63166-6536

For more information, visit the Rx Outreach Web site at 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®

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: _____

☐ 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 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. Savings could range from 0 to 35%.*

See if your medicine is on the Rx Outreach drug list below. Prices listed are for any dose, any strength.

For the most up-to-date drug list and pricing, visit the Rx Outreach Web site at 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 | | | | |
|----------------------------------|----------------------------|--|----------------|-----------------------|
| 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 |
| 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 |
| Estropiate 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® | 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 |

* Savings information is an estimate only and should not be relied upon as any form of guarantee and is not applicable across all medications. Savings, if any, vary member by member.

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 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 |
| Bicalutamide tablet | Casodex® | 50mg | \$35 | \$65 |
| Carbidopa / Levodopa SR tablet | Sinemet CR® | 25/100mg, 50/200mg | \$45 | \$85 |
| Carbidopa / Levodopa tablet | Sinemet® | 10/100mg, 25/100mg, 25/250mg | \$45 | \$85 |
| 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 | 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 |
| Lamotrigine tablet | Lamictal® | 25mg, 100mg, 150mg, 200mg | \$40 | \$75 |
| Levetiracetam tablet | Keppra® | 250mg, 500mg, 750mg | \$50 | \$95 |
| 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, 40mg | \$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 | Altace® | 1.25mg, 2.5mg, 5mg, 10mg | \$25 | \$45 |
| Ropinirole HCL tablet | Requip® | 0.25mg, 0.5mg, 1mg, 2mg | \$45 | \$85 |
| 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 |
| Topiramate tablet | Topamax® | 25mg, 50mg, 100mg, 200mg | \$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 |
| Bupropion HCL XL tablet | Wellbutrin XL® | 150mg, 300mg | \$65 | 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 |
| Fibricor™ | Fenofibric Acid | 105mg | \$15 | 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 |
| Quaaluin® capsule | Quinine Sulfate | 324mg | \$15 | n/a |
| Risperidone tablet | Risperdal® | 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg | \$45 | n/a |
| Sertraline tablet | Zoloft® | 25mg, 50mg, 100mg | \$35 | n/a |
| Sumatriptan Succ tablet | Imitrex® | 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 |
| Venlafaxine | Effexor® | 25mg, 37.5mg, 50mg, 75mg, 100mg | \$45 | n/a |
| Warfarin tablets | Coumadin® | 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg | \$25 | n/a |
| Zaleplon capsule (CS) | Sonata® | 5mg, 10mg | \$35 | n/a |
| Zolpidem tablet (CS) | Ambien® | 5mg, 10mg | \$35 | n/a |

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.