Patients on BELVIQ® …Welcome to the Rx Outreach Medication Program!

Rx Outreach is pleased to partner with Eisai Pharmaceuticals to provide ***BELVIQ***® through our low cost medication program.

By enrolling in Rx Outreach, we can offer you an enhanced medication program that will enable you to get **BELVIQ**®; in addition, have access to more than 600 other medications offered through the program.

Rx Outreach Program Benefits include:

- ***Expanded Medication List*** – Over 600 chronic medication strengths, including BELVIQ®.
- ***Low Cost*** – BELVIQ® is available for $25 for a 30-day supply or $50 for a 90-day supply.
- ***Enrollment Qualifications for the Patient Assistance Program for BELVIQ***® – Individuals who are at or below 150% of the current Federal Poverty Level ($17,655 for a single individual; $36,375 for a family of four). *Please note: the eligibility for BELVIQ® is different than for other Rx Outreach medications.*
- ***Easy Application Process*** – simple enrollment form for the patient to complete is attached; no supporting financial documentation is required.
- ***Mailed Directly to Your Home*** – Medications will be sent directly to the address of your choice.

What does this mean to you?

- Medication compliance; your medicine will be available to you.
- You have access to many affordable medications.
- Enrollment is easy, a one-page form; and no other paperwork is necessary.
- Your medications will be sent directly to you.

Just follow the easy steps below to get started:

1. Complete the **Patient Information** section on the Rx Outreach for BELVIQ® Application on the next page.
2. Have your doctor write a prescription for BELVIQ®.
3. Fax or mail the completed form and prescription to Rx Outreach. (Note: faxed prescriptions can only be accepted from a doctor's office). Physician's fax number: 1-800-875-6591.

We are excited about the opportunity to be able to offer this program to you. This will enable us to continue to serve your medication needs through a safe, affordable and easy to use program. To learn more about Rx Outreach, please go to www.RxOutreach.org

If you have any questions, please contact an Rx Outreach Patient Advocate at **1-888-796-1234, Monday-Friday, 7:00 a.m. to 5:30 p.m. Central Time.**

Rx Outreach is not insurance
Rx Outreach is a nonprofit pharmacy

Enrollment Application

BELVIQ®
(lorcaserin HCl)

Patient Information

First Name	Last Name
Address	Date of Birth ☐☐-☐☐-☐☐☐☐ Gender ☐
Apt. #	Soc. Sec. # or green card #: ☐☐☐-☐☐-☐☐☐☐ (required for BELVIQ® because it is a controlled substance)
City	Phone ☐☐☐-☐☐☐ -☐☐☐☐
State ____________ Zip __________________	Annual Income: $ ☐☐,☐☐☐ # in Household ☐☐ **Note: the program for BELVIQ® is available for those at or below 150% FPL**

E-mail address:

Food/Medications you are allergic to: ____

Other Medications you are taking: ____

Shipping address if different from above:

Address ______________________________________ City _________________________ State _______ Zip ___________

You must sign the form to complete your enrollment: *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 request income verification from me 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.*

Signature Required: ____ Date: ____ / ____ / _____
(If advocate/guardian signing on behalf of the patient – please denote relationship)

Patient Advocate/Guardian: ______________________________ **Phone: (   )** _______-__________

Event Code
907

Payment Information

How to Pay: Check or money order **payable to Rx Outreach**. Please do not send cash.

FSA/Credit Card Number: __ __ __ __- __ __ __ __- __ __ __ __- __ __ __ __

☐ Visa ☐ MasterCard ☐ Discover ☐ FSA are the only credit cards or debit cards accepted (check one). Expiration Date __ __ / __ __

I authorize Rx Outreach to charge this credit card for payment on my *first* order. Total Amount $: ____________

Name on Card: _________________________________ **Card Holder Signature** __________________________________

TO ORDER CONTROLLED SUBSTANCES, YOU MUST SEND 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 – must show SS# or latest income tax form). Controlled substances and non-controlled medications ship separately. We cannot ship controlled substances to a P.O. Box or a doctor's office.

This form with a prescription may be faxed to 1-800-875-6591 (Must be faxed from a doctor's office). Or mail to:
Rx Outreach
P.O. Box 66536
St. Louis, MO 63166-6536