



BELVIQ® Patients...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 offer you an enhanced medication program that will enable you to get **BELVIQ®**. In addition, you have access to more than 600 other medications offered through the program.

Program Benefits include:

- **Expanded Medication List** – Access to over 600 chronic medication strengths, including BELVIQ®.
- **Low Cost** – BELVIQ® is available for \$25 for a 30-day supply.
- **Enrollment Qualifications for the BELVIQ® Patient Assistance Program** - Individuals who are at or below 150% of the current Federal Poverty Level (\$18,090 for a single individual; \$36,900 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 is attached.
- **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 more than 600 affordable medications.
- Enrollment is easy, a one-page form.
- Medications will be sent directly to you.

Just follow the easy steps below to get started:

1. Complete the **Patient Information** section on the BELVIQ® Enrollment Form 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 doctor's office). Physician's fax number: 1-800-875-6591.

We are excited to offer this program to you. Rx Outreach will 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 **1-877-318-9557, M-F 7:00 a.m. to 5:30 p.m. Central Time.**

**Rx Outreach is not insurance
Rx Outreach is a nonprofit pharmacy**



stlouis.bbb.org



Enrollment Application

BELVIQ[®]
(lorcaserin HCl)

Patient Information

First Name	Last Name
Address	Date of Birth ____ / ____ / ____ Gender ____
Apt. #	E-mail address:
City	Phone (____) ____-____.
State _____ Zip _____	Annual Income: \$ _____ # in Household ____

Note: the Belviq[®] program is available for those at or below 150% FPL

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 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). 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