Banzel® Patients…Welcome to the Rx Outreach Medication Program!

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

By enrolling in Rx Outreach, we offer you an enhanced medication program that will enable you to get **Banzel**®. In addition, you have access to more than 1,000 other medication strengths offered through the program.

Program Benefits include:

- ***Expanded Medication List*** – Access to over 1,000 chronic medication strengths, including Banzel®.
- ***Low Cost*** – Banzel® is available at ***no cost*** to qualifying patients for up to a 90-day supply per fill. This program is funded through Eisai and is subject to change and capacity limits without notice. Verify cost of prescription with Rx Outreach before placing order.
- ***Enrollment Qualifications for the*** **Banzel®** ***Patient Assistance Program*** **-** Individuals who are at or below 400% of the current Federal Poverty Level (visit https://rxoutreach.org/find-out-if-youre-eligible/ for income guidelines).
- ***Easy Application Process*** – Simple enrollment form is attached.
- ***Mailed Directly to Your Home*** – Medications are 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 1,000 affordable medication strengths
- 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 Banzel® Enrollment Form on the next page
2. Have your doctor write a prescription for Banzel®
3. Submit the completed form and prescription to Rx Outreach. (Note: faxed prescriptions can only be accepted from prescriber's office). Fax number: 1-800-875-6591. Electronic prescriptions also accepted via Surescripts (Rx Outreach pharmacy ID# 2635855).
4. Provide payment, if applicable

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 Rx Outreach 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

Banzel®
(rufinamide)

Enrollment Application

Patient Information

First Name	Last Name
Street Address _____	Date of Birth ____ / ____ / _____ Gender _____
_____	E-mail address _____ ☐ Yes, I opt in to receive emails
Apt # _____	Phone (_____) _____-_____
City _____	Type: ☐ Cell ☐ Home ☐ Yes, I opt to receive texts
State _____ Zip _____	Annual Income $_____ # in Household _____

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 and contact info below)

Patient Advocate/Guardian Relationship: _____ **Phone:** (_____) _____-_____

Payment Information

Pay by Credit or Debit card, or Make payment by check or money order payable to Rx Outreach and mail it to the address at the bottom of this form. Note: Paying by check can extend your processing time by 3-5 days.

Cardholder's Name	Credit Card Number
Cardholder's Address	Expiration Date (MM/YY) $ Total Amount Authorized to Charge
City State Zip	Card Holder Signature Date

This form may be faxed to 1-800-875-6591 (Prescriptions may only be faxed from a prescriber's office). Or mail to:

Rx Outreach
P.O. Box 66536
St. Louis, MO 63166-6536

Event Code
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