

# **LOPID (gemfibrozil)**

**Pharmaceutical Company** Express Scripts Specialty Distribution Services

**Program Name** Rx Outreach Medications

**Program Address** PO Box 66536  
St Louis, MO 63166-6536

**Phone Number** 800-769-3880

**Fax Number** N/A

**Website** <http://www.needymeds.org/papforms/rxoutr0367.pdf>

## **Eligibility Guidelines**

Applicants with insurance are eligible. Patients must have an income at or below **300%** of the Federal Poverty Level. This program is for generic medications only. Many medications are available for a fee of **\$20** for up to a 180 day supply. Prices vary for Tier 2 and Tier 3 medications. Please refer to the Rx Outreach website for more information.

**Mail the completed application, your prescription(s) and your payment to:**

Rx Outreach  
Express Scripts Specialty Distribution Services, Inc.  
P.O. Box 66536  
St. Louis, MO 63166-6536