Prescription Request-FREE TRIAL MEDICATIONS

XUBEX Pharmacy Services
Affordable Quality Care

Phone: 407-478-2663

This form is to be completed by a licensed medical practitioner.

FAX this form to: 866-495-3304

PATIENT INFORMATION					
First:	Last:	M.I.:	☐Male ☐ Female	Date of Birth:	
Best Phone:	Address:	City:		State:	Zip:
Allergies:					

PRESCRIBER INFORMATION			
First:	Last:	**PHONE:**	**FAX:**
DEA#:	Med. Lic. #:	NPI#:	

☑ PRESCRIPTION (PLEASE SELECT FROM THE BELOW AND PROVIDE APPROXIMATE DAYS SUPPLY)

☐ **ADVAIR** _____**mg** **#60** **SIG:**	☐ **AGGRENOX** _____**mg** **#60** **SIG:**	☐ **ANORO ELLIPTA** _____**mg** **#1** **SIG:**	☐ **APTIOM** _____**mg** **#1** **SIG:**	☐ **AVONEX** _____**mg** **#1** **SIG:**	☐ **AXIRON** **#1** **SIG:**
☐ **BREO ELLIPTA** **100mcg/25mcg** **# 1** **SIG:**	☐**BRILINTA** _____**mg** **#30** **SIG:**	☐ **BUTRANS** _____**mg** **#4** **SIG:**	☐ **CIALIS** _____**mg** **#30** **SIG:**	☐ **COLCRYS** _____**mg** **#30** **SIG:**	☐ **CRESTOR** _____**mg** **#30** **SIG:**
☐ **DULERA** _____**mg** **#1** **SIG:**	☐ **EFFIENT** _____**mg** **#30** **SIG:**	☐ **ELIQUIS** _____**mg** **#30** **SIG:**	☐ **FANAPT** _____**mg** **#68** **SIG:**	☐ **FARXIGA** _____**mg** **#30** **SIG:**	☐ **FORFIVO XL** _____**mg** **#30** **SIG:**
☐ **HUMALOG KWK PEN** **15mL** **SIG:**	☐ **HUMALOG KWK PEN** ☐**75/25** ☐**50/50** **SIG:**	☐ **JANUVIA** _____**mg** **#60** **SIG:**	☐ **LAZANDA** _____**mg** **#1** **SIG:**	☐ **LEVOXYL** _____**mg** **#30** **SIG:**	☐ **MYFORTIC** _____**mg** **#60** **SIG:**
☐ **NAMENDA XR** _____**mg** **#30** **SIG:**	☐ **NEORAL** _____**mg** **#30** **SIG:**	☐ **NUVIGIL** _____**mg** **#30** **SIG:**	☐ **ONFI** _____**mg** **#30** **SIG:**	☐ **PANCREAZE** _____**mg** **#120** **SIG:**	☐ **PRADAXA** _____**mg** **#60** **SIG:**
☐ **QSYMIA** _____**mg** **#30** **SIG:**	☐ **SPRYCEL** _____**mg** **#30** **SIG:**	☐ **SYMBICORT** _____**mg** **#1** **SIG:**	☐ **TOVIAZ** _____**mg** **#30** **SIG:**	☐ **VIAGRA** _____**mg** **#3** **SIG:**	☐ **VYTORIN** _____**mg** **#30** **SIG:**

PHYSICIAN'S SIGNATURE	
Physician's Signature:	**Date:**

FOR XUBEX USE ONLY:			
Patient Code:	**Date Received:**	**By:**	**Group Code: FTM**

The XUBEX **Patient Assistance Program** at a glance:

The Xubex Patient Assistance Program offers three great ways to lower your patient's medication cost as outlined below. Xubex also offers **multi-dose packaging** and **refill synchronization** in order to improve patient compliance and therapy outcomes.

3 Ways To Save:

Patient Assistance Pricing:

- Allows patients to purchase their medication in bulk for a fraction of the price.
- The prices listed under Patient Assistance Pricing are for the maximum quantity for a 90 day supply.
- If a medication is not listed for Patient Assistance Pricing, it may be available through our pharmacy at a significantly discounted, per pill price.
- **Everyone** is eligible for this program regardless of income or insurance.

Co-Pay Assistance Program:

- Xubex will reduce the amount of the patient's co-pay by a specific dollar amount. The amount of the co-pay reduction depends on the medication's manufacturer's program.
- Only medications that are listed under the Co-Pay Assistance Program are eligible for co-pay reduction.
- In most but not all cases, only patients who are privately insured or have employer sponsored prescription coverage are eligible for this program.
- Patients with Medicare, Medicaid, or any other state or federally funded prescription coverage are usually not eligible for the Co-Pay Assistance Program.

Free Trial Medication Program:

- A free trial of medications listed under our Free Trial Medication Program is given for a specified period, usually a one-month supply, by the medication's manufacturer.
- The medications listed under the Free Trial Medication Program are not free indefinitely. After the specified free trial period, it is then the patient's responsibility to cover the cost of the medication.
- Many of the medications offered in the Free Trial Program are also available through the Xubex Co-Pay Assistance Program, so after the free trial has expired you may still be able to save on your medication with Xubex.
- Eligibility criteria for medications available for free trial vary from medication to medication.

Call 866-699-8239 to learn more about the Xubex Patient Assistance Program.

VISIT ONE OF OUR LOCATIONS

Xubex Community Pharmacy

500 State Rd. 436 Ste. 1010

Casselberry, FL 32707

(Between Wilshire Blvd. and Oxford Rd)

The Medicine Shoppe Xubex Pharmacy

3796 Howell Branch Rd.

Winter Park, FL 32792

(One mile east of Hwy 436)

Disclaimer: Medications may be added or removed from any of our programs without notice. Additionally, the prices printed in this brochure for Patient Assistance Pricing medications may change without notice