St. Vincent de Paul Prescription Program

DR.'S OFFICE FAX FORM TO 800-491-7997

OptumRx is a fully licensed pharmacy providing prescription drugs by mail. This program contains a limited number of prescription drugs which OptumRx may periodically modify based on cost and availability. Upon receipt of your prescription, OptumRx will mail your prescription to the U.S. postal service street address that you specify on this form. Your mail order prescription is reviewed by a pharmacist, dispensed by a pharmacist, and verified through OptumRx's quality control prior to mailing. The actual quantity may vary for each prescription drug. Your doctor's instructions on how to take the medication, state and federal dispensing guidelines, or how the medication is packaged may impact the quantity and/or days' supply you can receive. Medications ship within 5 days after receipt of complete information.

ENGLISH INSTRUCTIONS:

1. SVDP Vincentian Section - Vincentian to complete prior to giving the form to the client (Section 1)
2. Client Section - Client to complete this section (Section 2)
3. Physician Section - Client to take this form to the physician to compete (if more than 4 medications are being prescribed, please obtain an additional form from a SVDP Vincentian) (Section 3)
4. Mailing Instructions - Physician to fax completed form to OptumRx at 800-491-7997. For questions call (1.866.516.1121)

INSTRUCCIONES EN ESPAÑOL:

1. Sección de la organización Vicenciana SVDP - Vicenciano para completar previamente antes de ser dada al participante (Sección 1)
2. Sección del Participtante - Vicenciano para completar por él (Sección 2)
3. Sección Médica - el participante obtiene y lleva la forma para ser completada por el medico (si mas de 4 medicamentos son prescritos, favor de obtener una forma adicional de la organización Vicenciana) (Sección 3)
4. Instrucciones de correo - médico para enviar por fax el formulario completado a OptumRx al 800-491-7997. Para preguntas por favor llamar al (1.866.516.1121)

1. SVDP VINCENTIAN SECTION (TO BE COMPLETED BY THE VINCENTIAN)

Vincentian Name (Please Print) _____ Conference # _____

2. PATIENT SECTION (NAME AND ADDRESS TO BE VERIFIED BY THE VINCENTIAN)

Patient Name _____ Date ___/___/_____
mm dd yyyy

Date of Birth ___/___/_____ Patient ID/SSN _____
mm dd yyyy

Patient Address _____ City _____ State _____ Zip _____

Phone _____ Annual Household Income _____ # of People in Household _____ Gender ☐ M ☐ F

Food/Medications you are allergic to _____

Other Medications you are taking and Medical Conditions _____

Shipping address if different from above:

Name _____ Address _____ City _____ State ___ Zip _____

3. PHYSICIAN SECTION (TO BE COMPLETED BY THE PHYSICIAN)

This form can only be used for medications listed on the back of this form. All prescriptions must be written on this form. If more than 4 medications are prescribed, an additional authorized voucher form is required. If ordering a controlled substance (CS), a copy of your social security card and valid picture I.D. (driver's license) must be attached. We cannot ship a CS to a PO Box.

Rx 1 - Drug Name _____ Strength _____ Quantity #_____ (90 Day Supply)

Directions _____ Refills ☐ One-90 Day Refill

Rx 2 - Drug Name _____ Strength _____ Quantity #_____ (90 Day Supply)

Directions _____ Refills ☐ One-90 Day Refill

Rx 3 - Drug Name _____ Strength _____ Quantity #_____ (90 Day Supply)

Directions _____ Refills ☐ One-90 Day Refill

Rx 4 - Drug Name _____ Strength _____ Quantity #_____ (90 Day Supply)

Directions _____ Refills ☐ One-90 Day Refill

Physician Name _____ DEA Number _____ Phone_____

Physician Address_____ City_____ State____ Zip Code_____

Generic Only Program
Dispense as Written Not Available

_____ ___/___/_____ _____

Substitution permitted (Physician Signature) mm dd yyyy Dispense as Written

Generic NAME
ACYCLOVIR CAP 200 MG, 400 MG, 800 MG
ALCLOMETASONE DIPROPIONATE CREAM 0.05%
ALENDRONATE SODIUM TAB 70 MG
ALLOPURINOL TAB 100 MG, 300 MG
ALPRAZOLAM TAB 0.25 MG, 0.5 MG, 1 MG 2 MG
AMIODARONE HCL TAB 200 MG
AMITRIPTYLINE HCL TAB 10 MG, 25 MG, 50 MG, 75 MG, 100 MG, 150 MG
AMLODIPINE BESYLATE TAB 2.5 MG, 5 MG, 10 MG
AMLODIPINE BESYLATE-BENAZEPRIL HCL CAP 5-10, 5-20, 10-20 MG
ATENOLOL & CHLORTHALIDONE TAB 50-25 MG, 100-25 MG
ATENOLOL TAB 25MG, 50MG, 100 MG
ATORVASTATIN TAB 10 MG, 20 MG, 40 MG, 80 MG
BENAZEPRIL & HCTZ TAB 5-6.25 MG, 10-12.5 MG, 20-12.5 MG, 20-25 MG
BENAZEPRIL HCL TAB 5 MG, 10 MG, 20 MG, 40 MG
BENZTROPINE MESYLATE TAB 0.5 MG, 1 MG, 2 MG
BETAMETHASONE DIPROPIONATE CREAM 0.05%
BICALUTAMIDE TAB 50 MG
BISOPROLOL & HCTZ TAB 5-6.25 MG, 2.5-6.25 MG, 10-6.25 MG
BUMETANIDE TAB 0.5 MG, 1MG, 2MG
BUPROPION HCL TAB 75,100 MG
BUPROPION HCL TAB SR 12HR 100 MG, 150 MG, 200 MG
BUPROPION HCL TAB SR 24HR 150 MG, 300 MG
BUSPIRONE HCL TAB 5 MG, 10 MG, 15 MG, 30 MG
CAPTOPRIL TAB 12.5 MG, 25 MG, 50 MG, 100 MG
CARBAMAZEPINE TAB 200 MG
CARBIDOPA & LEVODOPA TAB CR 25-100 MG, 50-200 MG
CARBIDOPA & LEVODOPA TAB 10-100 MG, 25-100 MG, 25-250 MG
CARVEDILOL TAB 3.125 MG, 6.25 MG, 12.5 MG, 25 MG
CHLORPROMAZINE HCL TAB 10 MG, 25 MG, 50 MG, 100 MG, 200 MG
CILOSTAZOL TAB 50 MG, 100 MG
CITALOPRAM HYDROBROMIDE TAB 10 MG , 20 MG, 40 MG
CLINDAMYCIN HCL CAP 150 MG
CLONAZEPAM TAB 0.5 MG, 1 MG, 2 MG
CLONIDINE HCL TAB 0.1 MG, 0.2 MG, 0.3 MG
CLOPIDOGREL BISULFATE TAB 75 MG
CYCLOBENZAPRINE HCL TAB 10 MG
DIAZEPAM TAB 2 MG, 5 MG, 10 MG
DICLOFENAC SODIUM TAB DR 50 MG, 75 MG
DICLOFENAC SODIUM TAB SR 24HR 100 MG
DICYCLOMINE HCL CAP 10 MG, 20 MG
DIGOXIN TAB 0.125 MG, 0.25 MG
DILTIAZEM HCL CAP SR 24HR 120 MG, 180 MG, 240 MG
DILTIAZEM HCL COATED BEADS CAP SR 24HR 120 MG, 180 MG, 240 MG, 300 MG
DIPHENOXYLATE W/ ATROPINE TAB 2.5-0.025 MG
DIVALPROEX SODIUM TAB DR 125 MG, 250 MG, 500 MG
DOXAZOSIN MESYLATE TAB 1 MG, 2 MG, 4 MG, 8 MG
DOXEPIN HCL CAP 10 MG, 25 MG, 50 MG, 75 MG, 100 MG, 150 MG
ENALAPRIL MALEATE & HCTZ TAB 5-12.5 MG, 10-25 MG
ENALAPRIL MALEATE TAB 2.5 MG, 5 MG, 10 MG, 20 MG
ESTRADIOL TAB 0.5 MG, 1 MG, 2 MG
ESTROPIPATE TAB 0.75 MG, 1.5 MG, 3 MG
ETODOLAC CAP 200 MG, 300 MG, 400 MG, 500 MG
FAMOTIDINE TAB 20 MG, 40 MG
FELODIPINE TAB SR 24HR 2.5 MG, 5 MG, 10 MG
FINASTERIDE TAB 5 MG
FLUCONAZOLE TAB 100 MG, 200 MG
FLUOXETINE HCL CAP 10 MG, 20 MG, 40 MG

Generic NAME
FLUTICASONE PROPIONATE NASAL SUSP 50 MCG/ACT
FOLIC ACID TAB 1 MG
FUROSEMIDE TAB 20 MG, 40 MG, 80 MG
GABAPENTIN CAP 100 MG, 300 MG, 400 MG, 600 MG, 800 MG
GEMFIBROZIL TAB 600 MG
GLIMEPIRIDE TAB 1 MG, 2 MG, 4 MG
GLIPIZIDE TAB 5 MG, 10 MG
GLIPIZIDE TAB SR 24HR 2.5 MG, 5 MG, 10 MG
HALOPERIDOL TAB 0.5 MG, 1 MG, 2 MG, 5 MG
HYDRALAZINE HCL TAB 10 MG, 25 MG, 50 MG, 100 MG
HYDROCHLOROTHIAZIDE CAP 12.5 MG
HYDROCHLOROTHIAZIDE TAB 12.5 MG, 25 MG, 50 MG
HYDROXYCHLOROQUINE SULFATE TAB 200 MG
HYDROXYUREA CAP 500 MG
HYDROXYZINE PAMOATE CAP 25 MG, 50 MG
IBUPROFEN TAB 400 MG, 600 MG, 800 MG
INDAPAMIDE TAB 1.25 MG, 2.5 MG
IRBESARTAN TAB 75 MG, 150 MG, 300 MG
IRBESARTAN-HCTZ TAB 150-12.5 MG, 300-12.5 MG
ISONIAZID TAB 300 MG
ISOSORBIDE MONONITRATE TAB SR 24HR 30 MG, 60 MG, 120 MG
ISOSORBIDE MONONITRATE TAB 10 MG, 20 MG
LABETALOL HCL TAB 100 MG, 200 MG, 300 MG
LAMOTRIGINE TAB 25 MG, 100 MG, 150 MG, 200 MG
LEFLUNOMIDE TAB 10 MG, 20 MG
LETROZOLE TAB 2.5 MG
LEVETIRACETAM TAB 250 MG, 500 MG, 750 MG
LEVOTHYROXINE SODIUM TAB 25 MCG, 50 MCG, 75 MCG, 88 MCG, 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 300 MCG
LISINOPRIL & HCTZ TAB 10-12.5 MG, 20-12.5 MG, 20-25 MG
LISINOPRIL TAB 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG
LITHIUM CARBONATE CAP 300 MG
LORAZEPAM TAB 0.5 MG, 1 MG, 2 MG
LOSARTAN POTASSIUM & HCTZ TAB 100-12.5 MG, 100-25 MG, 50-12.5 MG
LOSARTAN POTASSIUM TAB 25 MG, 50 MG, 100 MG
LOVASTATIN TAB 10 MG, 20 MG, 40 MG
MECLIZINE HCL TAB 12.5 MG, 25 MG
MEDROXYPROGESTERONE ACETATE TAB 2.5 MG, 5 MG, 10 MG
MELOXICAM TAB 7.5 MG, 15 MG
METFORMIN HCL TAB 500 MG, 850 MG, 1000 MG
METFORMIN HCL TAB SR 24HR 500 MG, 750 MG
METHOTREXATE SODIUM TAB 2.5 MG
METOCLOPRAMIDE HCL TAB 5 MG, 10 MG
METOLAZONE TAB 2.5 MG, 5 MG
METOPROLOL TARTRATE TAB 25 MG, 50 MG, 100 MG
MINOCYCLINE HCL Cap 50 MG, 75 MG, 100 MG
MIRTAZAPINE TAB 15 MG, 30 MG, 45 MG
MONTELUKAST SODIUM TAB 10 MG
MYCOPHENOLATE MOFETIL CAP 250 MG,
MYCOPHENOLATE MOFETIL TAB 500 MG
NABUMETONE TAB 500 MG, 750 MG
NAPROXEN SODIUM TAB 550 MG
NIFEDIPINE TAB SR 24HR 30 MG, 60 MG
NORETHINDRONE ACETATE TAB 5 MG
NORTRIPTYLINE CAP 10 MG, 25 MG, 50 MG, 75 MG
OMEPRAZOLE CAP DR 10 MG, 20 MG, 40 MG
ONDANSETRON ODT 4 MG, 8 MG

Generic NAME
ONDANSETRON HCL TAB 4 MG, 8 MG
OXAPROZIN TAB 600 MG
OXCARBAZEPINE TAB 150 MG, 300 MG, 600 MG
OXYBUTYNIN CHLORIDE TAB 5 MG
OLANZAPINE TAB 2.5 MG, 5 MG, 7.5 MG, 10 MG, 15 MG, 20 MG
PAROXETINE HCL TAB 10 MG, 20 MG, 30 MG, 40 MG
PENTOXIFYLLINE TAB CR 400 MG
PHENYTOIN SODIUM EXTENDED CAP 100 MG
POTASSIUM CHLORIDE POWDER PACKET 20 MEQ, 25 MEQ
POTASSIUM CHLORIDE CAP CR 8 MEQ, 10 MEQ
POTASSIUM CITRATE TAB CR 5 MEQ, 10 MEQ
PRAMIPEXOLE DIHYDROCHLORIDE TAB 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG
PRAZOSIN HCL CAP 1 MG, 2 MG, 5 MG
PREDNISONE TAB 1 MG, 2.5 MG, 5 MG, 10 MG, 20 MG, 50 MG
PROCHLORPERAZINE MALEATE TAB 5 MG, 10 MG
PROPAFENONE HCL TAB 10 MG, 20 MG, 40 MG, 60 MG, 80 MG, 150 MG, 225 MG, 300 MG
PROPYLTHIOURACIL TAB 50 MG
QUETIAPINE TAB 25 MG, 50 MG, 100 MG, 200 MG, 300 MG, 400 MG
QUINAPRIL HCL TAB 5 MG, 10 MG, 20 MG, 40 MG
RAMIPRIL CAP 1.25 MG, 2.5 MG, 5 MG, 10 MG
RANITIDINE HCL CAP 150 MG, 300 MG
RISPERIDONE TAB 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG
ROPINIROLE TAB 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG, 5 MG
SERTRALINE HCL TAB 25 MG, 50 MG, 100 MG
SIMVASTATIN TAB 5 MG, 10 MG, 20 MG, 40 MG, 80 MG
SPIRONOLACTONE TAB 25 MG, 50 MG
SPIRONOLACTONE & HCTZ TAB 25-25 MG, 50-50 MG
SMZ-TMP TAB 800-160 MG
SULFASALAZINE TAB 500 MG
SUMATRIPTAN TAB 25 MG, 50 MG, 100 MG
TAMOXIFEN CITRATE TAB 10 MG, 20 MG
TAMSULOSIN HCL CAP 0.4 MG
TEMAZEPAM CAP 15 MG, 30 MG
TERAZOSIN HCL CAP 1 MG, 2 MG, 5 MG, 10 MG
TIZANIDINE HCL TABLET 2 MG, 4 MG
TOPIRAMATE TAB 25 MG, 50 MG, 100 MG, 200 MG
TRAMADOL HCL TAB 50 MG
TRANDOLAPRIL TAB 1 MG
TRAZODONE HCL TAB 50 MG, 100 MG, 150 MG
TRIAMTERENE & HCTZ CAP 50-25 MG
TRIAMTERENE & HCTZ TAB 37.5-25 MG, 75-50 MG
VENLAFAXINE HCL TAB 25 MG, 37.5 MG, 50 MG, 75 MG, 100 MG
VENLAFAXINE HCL TAB SR 24HR 150 MG
VERAPAMIL HCL TAB CR 120 MG
VERA PAMIL HCL TAB 120 MG
WARFARIN SODIUM TAB 1 MG
ZALEPLON CAP 5 MG, 10 MG
ZOLPIDEM TARTRATE TAB 5 MG, 10 MG
ZOLPIDEM TARTRATE TAB CR 6.25 MG, 12.5 MG