CommunityRx Kansas
Enrollment Form

To enroll in this program you must:

1. Be a resident of Kansas and have income levels at or below those indicated in the following table:

Family Size	Annual Income	Family Size	Annual Income
1	$19,140	5	$45,220
2	$25,660	6	$51,740
3	$32,180	7	$58,260
4	$38,700	8	$64,780

For family units greater than 8, add $6,520 to the annual income figure for each person above 8.

2. Not qualify for Medicaid or Medicare, or any other funded prescription assistance.
3. Not qualify for VA Benefits or any other health insurance.
4. Review the list of covered medications to be sure the coverage meets your prescription needs. Complete the enrollment form.
5. Return the enrollment form and an application fee of $10.00 (MONEY ORDERS ONLY — NO CHECKS or CASH) to BeyondRx.

For enrollments postmarked by December 31, 2005, enrollment for the first year is FREE.
All enrollment forms postmarked by January 1, 2006 and later must include a $10 money order.

Head of Household Information

Please Print Clearly

Last Name:	
First Name:	
Sex (M/F):	
Birthdate (mm/dd/yyyy):	
Mailing Address:	
Apt or Suite:	
City:	
State:	
Zip:	
County:	
Daytime Telephone:	
Annual Income:	
Group #:	PNK/1740

You must meet income guidelines based on the table above.

DO NOT SEND ANY PRESCRIPTIONS WITH THIS APPLICATION

NO CASH OR CHECKS

MONEY ORDERS ONLY TO:
BeyondRx
P.O. Box 26546
Shawnee Mission, KS 66225

Dependent Information

DEPENDENT #1 ☐ **Spouse** ☐ **Child**				**DEPENDENT #2** ☐ **Spouse** ☐ **Child**			
Last Name:				Last Name:			
First Name:				First Name:			
Middle Initial:		Sex: ☐ Male ☐ Female		Middle Initial:		Sex: ☐ Male ☐ Female	
Birthdate (mm/dd/yyyy):				Birthdate (mm/dd/yyyy):			

If you have more than two dependents, attach another piece of paper with the above information provided on each dependent to be covered.

Income Confirmation and Release of Liability

I certify that I have read and understand services offered by CommunityRx Kansas and my responsibilities as a participant as described on this application, and agree to the terms contained in this document. I also certify that the information provided in this application is accurate and true to the best of my knowledge and belief. I understand that participation in this program by pharmacies is strictly voluntary and that they receive no payment for their services by BeyondRx or Prescription Network of Kansas. I certify that I do not receive any other benefits from Medicaid, Medicare, health insurance, VA health benefits or any other funded prescription assistance and I give consent to BeyondRx and CommunityRx Kansas to obtain the status of any pending Medicaid application. By signing this application I release Prescription Network of Kansas, BeyondRx and CommunityRx Kansas, its pharmacies and all service providers, affiliated organizations and any public or private agencies or financial supporters and their agents and assigns from any and all claims of liability in contract or tort arising out of the actions of any provider in performing services related to this program.

_____ _____

Date Signature of Cardholder/Head of Household

Enrollment Questions:
Pharmacy Network of Kansas
1020 SW Fairlawn Rd
Topeka, KS 66604
1-800-279-3022
www.kspharmserv.com

CommunityRx Kansas

Medication List / Payment Tiers

TIER 1 Cost = $13.00 UP TO 90 DAYS SUPPLY

Medication	Compare To
Allopurinol 100mg, 300mg	Zyloprim
Amitriptyline 10mg, 25mg, 50mg, 75mg, 100mg	Elavil
Atenolol 25mg, 50mg, 100mg	Tenormin
Atenolol/Chlorthal 50/25mg, 100/25mg	Tenoretic
Benazepril 5mg	Lotensin
Bisoprolol/HCTZ 2.5-6.25mg, 5-6.25mg, 10-6.25mg	Ziac
Captopril 12.5mg, 25mg, 50mg	Capoten
Doxazosin 1mg, 2mg, 4mg, 8mg	Cardura
Enalapril 2.5mg, 5mg, 10mg, 20mg	Vasotec
Estradiol 0.5mg, 1mg, 2mg	Estrace
Fluoxetine 10mg, 20mg	Prozac
Folic Acid 1mg	Folacin
Furosemide 20mg, 40mg, 80mg	Lasix
Glipizide 5mg, 10mg	Glucotrol
Glyburide 1.25mg, 2.5mg, 5mg	Micronase, Diabeta
Glyburide Micronized 1.5mg, 3mg, 6mg	Glynase Prestab
HCTZ 25mg, 50mg	Microzide
Indapamide 1.25mg, 2.5mg	Lozol
Medroxyprogesterone 2.5mg, 5mg, 10mg	Provera
Nortriptyline HCl 25mg, 50mg, 75mg	Pamelor
Oxybutinin 5mg	Ditropan
Prednisone 2.5mg, 5mg, 10mg, 20mg	Deltasone
Propranolol 10mg, 20mg, 40mg	Inderal
Triamterene/HCTZ 37.5-25mg, 50-25mg	Dyazide
Triamterene/HCTZ 75-50mg	Maxide

PNK reserves the right to remove medications from this list or move covered medications from one payment level to another, due to market price changes. Any coverage or payment changes will occur no more often than once each calendar quarter. Network pharmacies will be notified of any changes.

TIER 2 Cost = $18.00 UP TO 90 DAYS SUPPLY

Drug	Compare To
Albuterol 90mcg inhaler	Proventil
Benazepril/HCTZ 5-6.25mg, 10-12.5mg, 20-12.5mg, 20-25mg	Lotensin HCT
Benztropine 0.5mg, 1mg, 2mg	Cogentin
Buspirone 5mg, 10mg	Buspar
Digoxin 0.125mg, 0.25mg	Lanoxin
Famotidine 20mg, 40mg	Pepcid
Ibuprofen 400mg, 600mg, 800mg	Motrin
Isosorbide Mono ER 30mg, 60mg, 120mg	Imdur
Lisinopril 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg	Prinivil, Zestril
Lisinopril/HCTZ 10-12.5mg, 20-12.5mg, 20-25mg	Prinzide, Zestoretic
Metoclopramide 10mg	Reglan
Metoprolol 25mg, 50mg, 100mg	Lopressor
Nadolol 20mg, 40mg	Corgard
Naproxen 250mg, 375mg, 500mg	Anaprox, Naprosyn
Ranitidine 150mg, 300mg	Zantac
Terazosin 1mg, 2mg, 5mg, 10mg	Hytrin
Trazodone 50mg, 100mg, 150mg	Desyrel

TIER 3 Cost = $30.00 UP TO 90 DAYS SUPPLY

Drug	Compare To
Albuterol 2mg, 4mg	Proventil
Benazepril 10mg, 20mg, 40mg	Lotensin
Bumetanide 1mg, 2mg	Bumex
Buspirone 15mg	Buspar
Carbamazepine 200mg	Epital
Carbamazepine Chew 100mg	Epital
Citalopram 10mg, 20mg, 40mg	Celexa
Clonidine 0.1mg, 0.2mg, 0.3mg	Catapres
Glipizide ER 2.5mg, 5mg	Glucotrol XL
Glybur/Metform 1.25-250mg, 2.5-500mg, 5-500mg	Glucovance
Labetalol 100mg	Normodyne
Levothyroxine 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 150mcg, 175mcg, 200mcg	Levo-T, Unithroid, Eltroxin
Lovastatin 10mg	Mevacor
Metformin 500mg, 850mg, 1000mg	Glucophage
Metformin ER 500mg	Glucophage XR, Fortamet
Mirtazepine 15mg, 30mg	Remeron
Pentoxifylline 400mg	Trental
Potassium Chloride 10mEq, 20mEq	K-Dur
Prazosin 1mg	Minipress
Sotalol 80mg	Betapace
Spironolactone 25mg	Aldactone
Tamoxifen 10mg, 20mg	Nolvadex
Ticlopidine 250mg	Ticlid
Verapamil 40mg, 80mg, 120mg	Calan
Warfarin 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg	Coumadin

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