

Rev. 3.22. See website for current medication list.

# MAKING MEDICATION AFFORDABLE



Buy with confidence from America's largest non-profit pharmacy.

There are no additional membership fees. We believe in transparent pricing. At Rx Outreach, the price you see is the price you actually pay!



## Easy to join:

Find out if your medication is available through Rx Outreach.

Have your doctor's office e-prescribe your medication.

Enroll online, by phone, or mail the completed application.

The Rx Outreach price may be lower than your co-pay.

## Benefits include:

Free membership, whether insured, under-insured, or uninsured

Free pharmacist consultation

Free home delivery

No coupons or discount cards needed

Transparent low prices, convenient auto-pay available

### Rx Outreach

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

Phone: 1-888-RXO-1234 (796-1234); Fax: 1-800-875-6591

Hours: Mon-Thurs: 7am-8pm CT

Fri: 7am-5:30pm CT; Sat: 9am-2pm CT

Rx Outreach is accredited by the following:



**Step 1: Complete your Membership Application**

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_  Opt in for emails

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

 Male  Female Cell  Home  Opt in for text messages**MEDICAL CONDITION(S)** Please check all that apply Heart Disease  Alzheimer's  Arthritis  Diabetes  Cancer  Other

Medication allergies (if applicable): \_\_\_\_\_

Medication(s) you are currently taking: \_\_\_\_\_

**ELIGIBILITY****Income Information:**

Annual household income: \$ \_\_\_\_\_ Number of people in your household, including you: \_\_\_\_\_

**You must sign this form before we can send your medication(s).** 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 the 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 product 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 patient, please complete section below)Event Code  
**788**

Patient's advocate / guardian contact (if applicable) \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Scan the code using your smartphone  
camera app or visit the website[rxoutreach.org/find-your-medication](http://rxoutreach.org/find-your-medication)**TO ORDER CONTROLLED SUBSTANCES, YOU MUST ATTACH A COPY  
OF YOUR GOVERNMENT ISSUED PHOTO ID CARD.****To protect your safety, controlled substances and expedited shipping must be signed for upon delivery.**

Controlled substances are identified by (CS) on the Medication List.

You can mail in the application and prescription or fax to 1-800-875-6591.  
(Faxed prescriptions must come directly from the doctor's office)

## Allergies / Asthma

Albuterol Inhalation Solution 0.083%  
Albuterol Sulfate HFA Inhaler  
Azelastine Nasal Spray  
Budesonide Inhalation Solution  
Budesonide EC  
Fluticasone / Salmeterol Diskus  
Fluticasone / Salmeterol Inhaler  
Fluticasone Nasal Spray  
Hydrocortisone  
Hydroxyzine HCL  
Hydroxyzine Pamoate  
Ipratropium / Albuterol Inhalation Solution  
Levalbuterol Solution  
Levocetirizine  
Montelukast  
Olopatadine 0.2% Solution  
Olopatadine Nasal Spray  
Theophylline ER  
Zafirlukast

## Anxiety

Alprazolam ER (CS)  
Alprazolam (CS)  
Buspirone  
Chlordiazepoxide (CS)  
Clonazepam (CS)  
Diazepam (CS)  
Lorazepam (CS)  
Meprobamate

## Antibiotic/ Antiviral/ Antifungal

Acyclovir  
Clindamycin  
Clotrimazole / Betamethasone Cream  
Doxycycline Hyclate  
Famciclovir  
Fluconazole  
Isoniazid  
Metronidazole Gel  
Minocycline  
Nyamyc® Topical Powder  
Nystatin  
Sulfamethoxazole / Trimethoprim DS  
Valacyclovir

## Arthritis/Pain

Celecoxib  
Diclofenac Sodium EC  
Diclofenac Sodium ER  
Diclofenac Sodium 1% Gel  
Etodolac  
Hydroxychloroquine  
Ibuprofen  
Indomethacin

Indomethacin ER  
Leflunomide  
Lidocaine 2% Viscous Solution  
Lidocaine 5% Patch  
Meloxicam  
Methotrexate  
Nabumetone  
Naproxen  
Tramadol ER (CS)  
Tramadol (CS)  
Tramadol / Acetaminophen (CS)

## Cancer

Anastrozole  
Bicalutamide  
Capecitabine  
Erlotinib  
Exemestane  
Imatinib  
Letrozole  
Nilandron  
Panretin® Gel 0.1%  
Tamoxifen

## Cardiovascular

Amlodipine / Benazepril  
Amlodipine / Valsartan  
Amlodipine / Olmesartan  
Amlodipine  
Atenolol  
Atenolol / Chlorthalidone  
Benazepril / HCTZ  
Benazepril  
Bisoprolol / HCTZ  
Bumetanide  
Candesartan / HCTZ  
Candesartan  
Captopril  
Carvedilol  
Cilostazol  
Clonidine  
Clonidine Patch  
Chlorthalidone  
Clopidogrel  
Digoxin  
Diltiazem ER (24hr) (Dilt-XR)  
Diltiazem ER (24hr) (Dilt-CD)  
Dofetilide  
Doxazosin Mesylate  
Dyrenium  
Enalapril / HCTZ  
Enalapril  
Eplerenone  
Felodipine ER  
Flecainide  
Furosemide  
Hydralazine  
Hydrochlorothiazide  
Indapamide  
Irbesartan / HCTZ  
Irbesartan  
Isosorbide  
Isosorbide Mononitrate ER  
Isosorbide Mononitrate  
Jantoven® (Warfarin)  
Klor-Con Packet  
Labetalol

Lanoxin  
Lisinopril  
Lisinopril / HCTZ  
Losartan / HCTZ  
Losartan  
Metolazone  
Mometasone Cream  
Mometasone Ointment  
Metoprolol Tartrate  
Metoprolol Tartrate/HCTZ  
Midodrine  
Nebivolol  
Nifedipine  
Nifedipine ER  
Nitroglycerin SA  
Nitroglycerin SL  
Olmesartan / HCTZ  
Olmesartan  
Pacerone  
Pentoxifylline ER  
Potassium Chloride ER  
Potassium Citrate ER  
Prasugrel  
Prazosin  
Propafenone  
Propranolol ER  
Propranolol  
Quinapril  
Quinapril / HCTZ  
Ramipril  
Ranolazine ER  
Sotalol  
Spironolactone / HCTZ  
Spironolactone  
Telmisartan  
Telmisartan / HCTZ  
Terazosin  
Trandolapril  
Triamterene / HCTZ  
Valsartan / HCTZ  
Valsartan  
Verapamil ER (24hr)  
Verapamil SR (12hr)  
Verapamil

## Cholesterol / Triglycerides

Atorvastatin  
Colesevelam  
Colestipol  
Micronized Ezetimibe  
Fenofibrate  
Micronized Fenofibrate  
Fenofibric Acid DR  
Gemfibrozil  
Lovastatin  
Niacin ER  
Omega-3 Acid Ethyl Esters  
Pravastatin  
Prevalite® Powder  
Rosuvastatin  
Simvastatin

## Dermatology

Acyclovir Ointment  
Alclometasone Dipropionate Cream  
Betamethasone Dipropionate Cream, Augmented  
Clobetasol

Propionate Cream  
Desonide Ointment  
Fluocinonide Topical Solution  
Halobetasol Ointment  
Mometasone Cream  
Mometasone Ointment  
Mupirocin 2% Ointment  
Nystatin / Triamcinolone Ointment  
Tazarotene Cream  
Tretinoin Cream  
Triamcinolone Cream  
Triamcinolone Ointment

## Diabetes

See OTC list for Diabetic Supplies  
Glimepiride  
Glipizide ER  
Glipizide  
Glyburide  
Glyburide, micronized  
Glyburide/Metformin Insulin Syringes (Prodigy®)  
Metformin ER  
Metformin  
Pioglitazone  
Repaglinide

## Dry Mouth

Cevimeline  
Salagen®

## Erectile Dysfunction

Sildenafil  
Tadalafil

## Gastrointestinal

Balsalazide Disodium  
Dicyclomine  
Diphenoxylate / Atropine (CS)  
Donnatal® Elixir (CS)  
Mint or Grape Donnatal® (CS)  
Esomeprazole  
Famotidine  
Lactulose Oral Solution  
Lansoprazole DR  
Loperamide  
Meclizine  
Mesalamine DR  
Metoclopramide  
Omeprazole  
Ondansetron ODT  
Ondansetron  
Pantoprazole  
Prochlorperazine  
Promethazine  
Rabeprazole DR  
Sucralfate  
Sulfasalazine  
Sulfasalazine DR  
Ursodiol

## Gout

Allopurinol  
Febuxostat

## Hepatitis B

Entecavir  
Tenofovir

## HIV

Emtricitabine/ Tenofovir  
Efavirenz/ Emtricitabine/ Tenofovir  
Lamivudine/ Zidovudine  
Zidovudine

## Hormones

Clomiphene  
Estradiol 0.01% Cream  
Estradiol  
Medroxyprogesterone  
Norethindrone / Ethinyl Estradiol  
Norethindrone Acetate  
Norethindrone  
Progesterone  
Sprintec®  
Testosterone  
Cypionate Solution (CS)  
Testosterone Gel Packet (CS)  
Testosterone Gel Pump (CS)  
Testosterone Gel Tube (CS)  
Tri-Sprintec®

## Immunosuppressant

Azathioprine  
Cyclosporin Modified  
Mycophenolate Mofetil  
Mycophenolic Acid DR  
Prednisone  
Tacrolimus

## Insomnia

Eszopiclone (CS)  
Temazepam (CS)  
Zaleplon (CS)  
Zolpidem ER (CS)  
Zolpidem (CS)

## Kidney

Calcitriol  
Calcium Acetate  
Sevelamer

## Mental Health

Amitriptyline  
Amoxapine  
Aripiprazole  
Bupropion SR  
Bupropion  
Bupropion XL  
Chlorpromazine  
Clomipramine  
Citalopram  
Desvenlafaxine ER  
Doxepin  
Duloxetine DR  
Escitalopram  
Fluoxetine  
Fluvoxamine  
Haloperidol  
Lithium ER

Loxapine  
Mirtazapine  
Nortriptyline  
Olanzapine  
Paroxetine ER  
Paroxetine  
Perphenazine  
Phenelzine  
Quetiapine ER  
Quetiapine  
Risperidone  
Sertraline  
Trazodone  
Venlafaxine ER  
Venlafaxine  
Ziprasidone

## Miscellaneous

Benzonatate  
Cyclosporine Eye Drops  
Hydroxyurea  
Penthermine (CS)  
Pyridostigmine BR

## Muscle Relaxers

Baclofen  
Chlorzoxazone  
Cyclobenzaprine  
Methocarbamol  
Tizanidine

## Neurology

Amantadine  
Armodafinil (CS)  
Atomoxetine  
Banzel® Oral Suspension  
Benzotropine  
Bromocriptine  
Carbamazepine ER  
Carbamazepine  
Carbidopa / Levodopa SR  
Carbidopa / Levodopa  
Carbidopa / Levodopa / Entacapone  
Dalfampridine ER  
Dexmethylphenidate (CS)  
Dextroamphetamine Sulfate ER (CS)  
Dextroamphetamine - Amphetamine ER (CS)  
Dextroamphetamine - Amphetamine (CS)  
Divalproex DR  
Divalproex ER  
Donepezil  
Eletriptan  
Gabapentin (CS)  
Galantamine  
Galantamine ER  
Guanfacine ER  
Kapvay  
Lamotrigine ER  
Lamotrigine  
Levetiracetam ER  
Levetiracetam  
Memantine  
Methylphenidate CD (CS)  
Methylphenidate LA (CS)

Methylphenidate (CS)  
Modafinil (CS)  
Oxcarbazepine  
Phenytoin ER  
Pramipexole ER  
Pramipexole  
Pregabalin (CS)  
Primidone  
Rasagiline  
Rivastigmine  
Tartrate  
Rizatriptan  
Ropinirole ER  
Ropinirole  
Rufinamide  
Sumatriptan  
Topiramate  
Topiramate ER  
Valproic Acid  
Zonegran®  
Zonisamide

## Nutritional/ Metabolic

Folic Acid  
PNV Prenatal Multivitamin  
Polystyrene Sulfonate Powder

## Ophthalmic

Brimonidine 0.2% Solution  
Dorzolamide 2% Solution  
Latanoprost 0.005% Solution

## Osteoporosis

Alendronate  
Oxandrolone (CS)  
Raloxifene  
Risedronate  
Vitamin D2

## Prostate

Alfuzosin ER  
Dutasteride  
Finasteride  
Silodosin  
Tamsulosin  
Uroxatral®

## Substance Use Disorder

Acamprosate  
Calcium DR  
Buprenorphine / Naloxone (CS)  
Bupropion XL  
Naltrexone

## Thyroid

Levothyroxine  
Liothyronine  
Methimazole  
Propylthiouracil

## Urinary

Bethanechol  
Darifenacin ER  
Oxybutynin ER  
Oxybutynin  
Solifenacin  
Tolterodine ER  
Tolterodine  
Trospium

(CS) = Controlled Substance Rev. 3.22



## Can't find your medication?

Scan the code using your smart-phone camera app or visit the website.

An updated list of all our medications and prices are available online at [rxoutreach.org](http://rxoutreach.org) or call us at 1-888-RXO-1234.

No prescription is needed for these medications. Please indicate all medications you would like to order on the prescription submission form. OTC orders will be applied to approved payment method. Prices subject to change.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Over the Counter Medications and Products

Product	Price	Quantity to Order
<b>Allergies</b>		
Budesonide Nasal Spray	32mcg <i>Rhinocort® Allergy</i>	\$22 per bottle (min. 2 bottles)
Cetirizine Tablet	10mg <i>Zyrtec®</i>	\$10 per bottle of 100 tablets (min. 2 bottles)
Fexofenadine Tablet	60mg <i>Allegra®</i>	\$40 per bottle of 100 tablets
Fexofenadine Tablet	180mg <i>Allegra®</i>	\$40 per bottle of 100 tablets
Loratadine Tablet	10mg <i>Claritin®</i>	\$10 per bottle of 100 tablets (min. 2 bottles)
<b>Diabetic Supplies</b>		
Glucose Monitor (ProdigyAutocode®)		One Free Monitor Per Year* (with order of test strips)
Glucose Control Solution Low (Prodigy®)	4mL bottle	\$5 per bottle (Vial)
Glucose No Coding Test Strips (Prodigy®)	Box of 50 strips	\$15 per box
Glucose TwistTop Lancets 28G (Prodigy®)	Box of 100 lancets	\$5 per box (min. 2 boxes)
<b>Eye Drops</b>		
Ketotifen Ophthalmic Solution 0.025%	5mL bottle <i>Zaditor®</i>	\$9 per bottle
<b>Pain Relievers</b>		
Aspirin EC Coated Tablet	325mg	\$7 per bottle of 100 tablets
Aspirin EC Coated Tablet	81mg	\$9 per bottle of 120 tablets
Capsaicin Cream 0.025%	60gm tube	\$12 per tube
<b>Supplements</b>		
Docusate Sodium	250mg	\$9 per bottle of 100 tablets
Ferrous Sulfate EC Tablet	325mg	\$6 per bottle of 100 tablets (min. 2 bottles)
Magnesium Oxide Tablet	400mg	\$8 per bottle of 120 tablets
Melatonin Tablet	5mg	\$7 per bottle of 60 tablets (min. 2 bottles)
Niacin SA Capsule	250mg	\$9 per bottle of 100 capsules
Vitamin B-6 Tablet	50mg	\$11 per bottle of 100 tablets
Vitamin B-6 Tablet	100mg	\$7 per bottle of 100 tablets
Vitamin D3 Capsule	50,000IU	\$15 per bottle of 12 capsules
Vitamin D3 Tablet	400IU	\$11 per bottle of 100 tablets

\*restrictions apply

Rev. 3.22

[www.rxoutreach.org](http://www.rxoutreach.org)

Join online through our website, or call 1-888-RXO-1234 (796-1234), or fill out this application and mail.

**Rx Outreach**

P.O. Box 66536, St. Louis, MO 63166-6536  
 Phone: 1-888-RXO-1234 (796-1234); Fax: 1-800-875-6591  
 Hours: Mon-Thurs: 7am-8pm CT  
 Fri: 7am-5:30pm CT; Sat: 9am-2pm CT



## Step 2: Submit Your Prescription

Full Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Option A: Your Doctor will send prescription**  
Ask your doctor to send your prescription to Rx Outreach:  
① By E-Script  
② By Phone: 1-888-796-1234  
③ By Fax: 1-800-875-6591

**Option B: I will mail in the Rx Outreach Membership Application and my prescription**  
  
Rx Outreach, P.O. Box 66536  
St. Louis, MO 63166-6536

**Option C: Rx Outreach requests transfer from another pharmacy.**  
*Please list the medications that you would like transferred from another pharmacy.*

Pharmacy Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone Number Fax Number  
Doctor's Name \_\_\_\_\_

Medication Name	Strength	Quantity Requested

**Option D: Rx Outreach requests prescription from your doctor.**  
*Please list the medications that you would like requested from your doctor.*

Doctor's Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone Number Fax Number

Medication Name	Strength	Quantity Requested

## Step 3: Choose a Payment Method

**Pay by Credit, Debit Card, or FSA.**

**OR Pay by check or Money Order.**

Cardholder's Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date (MM/YY) / CVV \_\_\_\_\_

I authorize Rx Outreach to charge this credit card for payment on my **first** order up to \$ \_\_\_\_\_

I will make a payment by check or money order, and mail it to:

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



# LET US HELP YOU AFFORD YOUR MEDICATION.



Rev. 3.22

## Stay healthy and safe with Rx Outreach!

As a non-profit, mail-order pharmacy, Rx Outreach is uniquely positioned to help reduce the impact and spread of the Coronavirus (COVID-19) by providing affordable medication mailed directly to your home. Membership is traditionally reserved for those earning less than 400% of the Federal Poverty Level, but we have temporarily expanded the guidelines on our medication program to assist individuals and families who are facing severe financial hardships because of COVID-19. Please call us or visit our website for details.

We hope you will love our affordable medication prices, the ease of ordering, and the convenience of having your medication shipped for free directly to your home. We look forward to the opportunity to serve you!

Rx Outreach is accredited by the following:

