Rx Outreach®
The Nonprofit Pharmacy

rxoutreach.org
For more information, visit our website
or call 1-888-RXO-1234 (796-1234)

Revised 9/2019. Please 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 prescription

Enroll online, by phone, or mail the completed application

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

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-Fri, 7:00 am - 5:30 pm CST

Benefits include:

Whether insured, under-insured, or uninsured, membership is free for the Rx Outreach program

Free pharmacist consultation

No coupons or discount cards needed

Free home delivery

Transparent low prices, convenient auto-pay, and auto-renew options available

Rx Outreach is accredited by the following:

BBB ACCREDITED CHARITY bbb.org

pharmacy Verified Websites You Can Trust

VIPPS

rxoutreach.org

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

MEMBERSHIP APPLICATION

First Name: _____ MI: _____ Last Name: _____

Date of Birth:_____/_____ / _____ Email: _____ ❒ Opt in to receive emails

Street Address:_____

City:_____ State:_____ Zip: _____ Phone: (___)_____

❒ Cell ❒ Home ❒ Opt in for text messages

Patient's advocate / guardian contact

(If applicable) _____ Phone: (___)_____

Medication allergies: _____

_____

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 denote relationship)

Event Code
785

Scan the code using your smartphone camera app or visit the website

rxoutreach.org/find-your-medication

TO ORDER CONTROLLED SUBSTANCES, YOU MUST ATTACH A COPY OF YOUR 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)

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Disease State Medication List

Allergies / Asthma

Albuterol Inhalation Solution 0.083%
Albuterol Sulfate HFA Inhaler
Azelastine Nasal Spray
Budesonide Inhalation Solution
Budesonide EC
Epinephrine Auto-Injector
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
Prednisone
Zafirlukast

Anti-Anxiety

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

Antimicrobial/ Antiviral/ Antifungal

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

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
Exemestane
Hexalen®
Imatinib
Letrozole
Nilandron®
Panretin® Gel 0.1%
Tamoxifen

Cardiovascular

Amlodipine / Benazepril
Amlodipine / Valsartan / HCTZ
Amlodipine / Valsartan
Amlodipine / Olmesartan
Amlodipine
Atenolol
Atenolol / Chlorthalidone
Benazepril / HCTZ
Benazepril
Bisoprolol / HCTZ
Bumetanide
Candesartan / HCTZ
Candesartan
Captopril
Carvedilol
Clonidine
Clonidine Patch
Chlorthalidone
Clopidogrel
Colesevelam
Digoxin
Diltiazem ER (24hr) (Dilt-XR)
Diltiazem ER (24hr) (Dilt-CD)
Doxazosin
Doxazosin Mesylate
Dutoprol®
Dyrenium®
Enalapril / HCTZ
Enalapril
Eplerenone
Felodipine ER
Flecainide
Furosemide
Hydralazine
Hydrochlorothiazide
Indapamide
Irbesartan / HCTZ
Irbesartan
Isosorbide Mononitrate ER
Isosorbide Mononitrate
Jantoven® (Warfarin)
Klor-Con Packet
Labetalol
Lanoxin®
Lisinopril
Lisinopril / HCTZ
Losartan / HCTZ
Losartan
Metolazone
Metoprolol Succinate ER
Metoprolol Tartrate
Midodrine
Nifedipine
Nifedipine ER
Nitroglycerin SA
Nitroglycerin SL
Olmesartan / HCTZ
Olmesartan
Pacerone®
Pentoxifylline ER
Potassium Chloride ER
Potassium Citrate ER
Prasugrel
Prazosin
Prevalite® Powder
Propafenone
Propranolol ER
Propranolol
Quinapril
Quinapril / HCTZ
Rabeprazole DR
Ramipril
Ranolazine ER
Simvastatin
Sotalol
Spironolactone / HCTZ
Spironolactone
Telmisartan
Telmisartan / HCTZ
Terazosin
Trandolapril
Triamterene / HCTZ
Valsartan / HCTZ
Valsartan
Verapamil ER (24hr)
Verapamil SR (12hr)
Verapamil

Cholesterol / Triglycerides

Atorvastatin
Cilostazol
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
Econazole Cream
Halobetasol Ointment
Mometasone Cream
Mometasone Ointment
Mupirocin 2% 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

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
Rabeprazole DR
Ranitidine
Sucralfate
Sulfasalazine
Sulfasalazine DR
Ursodiol

Hormones

Clomiphene
Estradiol 0.01% Cream
Estradiol
Estropipate
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
Mycophenolate Mofetil
Mycophenolic Acid DR
Tacrolimus

Insomnia

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

Kidney

Calcitriol
Sevelamer

Mental Health

Amitriptyline
Amoxapine
Aripiprazole
Bupropion SR
Bupropion
Bupropion XL
Chlorpromazine
Clomipramine
Citalopram
Desvenlafaxine ER
Doxepin
Duloxetine DR
Escitalopram
Fluoxetine
Fluvoxamine
Haloperidol
Lithium
Lithium ER
Loxapine
Mirtazapine
Nortriptyline
Olanzapine
Paroxetine ER
Paroxetine
Perphenazine
Phenelzine
Quetiapine ER
Quetiapine
Risperidone
Sertraline
Trazodone
Trifluoperazine
Venlafaxine ER
Venlafaxine
Ziprasidone

Miscellaneous

Allopurinol
Belviq® (CS)
Benzonatate
Calcium Acetate
Cevimeline
Entecavir
Febuxostat
Hydroxyurea
Phentermine (CS)
Pyridostigmine BR
Sildenafil
Tadalafil
Tenofovir Disop Fum
Zidovudine

Muscle Relaxers

Baclofen
Chlorzoxazone
Cyclobenzaprine
Methocarbamol
Tizanidine

Neurology

Amantadine
Aricept®
Armodafinil (CS)
Atomoxetine
Banzel®
Benztropine
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
Lamotrigine ER
Lamotrigine
Levetiracetam ER
Levetiracetam
Memantine
Methylphenidate CD (CS)
Methylphenidate ER (CS)
Methylphenidate LA (CS)
Methylphenidate (CS)
Modafinil (CS)
Oxcarbazepine
Phenytoin ER
Pramipexole ER
Pramipexole
Pregabalin (CS)
Primidone
Qudexy® XR
Rasagiline
Rivastigmine Tartrate
Rizatriptan
Ropinirole ER
Ropinirole
Sumatriptan
Topiramate
Valproic Acid
Zonegran®
Zonisamide

Nutritional / Metabolic

Folic Acid
PNV Prenatal Multivitamin
Polystyrene Sulfonate Powder
Polystyrene Sulfonate Suspension

Opthalmic

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

Osteoporosis

Alendronate
Calcitonin Salmon Nasal Spray
Oxandrolone (CS)
Raloxifene
Risedronate

Prostate

Alfuzosin ER
Dutasteride
Finasteride
Silodosin
Tamsulosin
Uroxatral®

Substance Abuse Disorder

Acamprosate Calcium DR
Buprenorphine / Naloxone (CS)
Bupropion
Naltrexone

Thyroid

Levothyroxine
Liothyronine
Methimazole
Propylthiouracil

Urinary

Bethanechol
Darifenacin ER
Oxybutynin ER
Oxybutynin
Solifenacin
Tolterodine ER
Tolterodine
Trospium

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** or call us at **1-888-RXO-1234.**

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Over-the-Counter (OTC) Medication

No prescription 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: (___)_____

QTY	MEDICATIONS	STRENGTHS	PRICE
_____	Artificial Tears 1.4% drops	15ml bottle	$9 per bottle
_____	Aspirin EC tablet	325mg	$7 for bottle of 100
_____	Aspirin EC tablet	81mg	$9 for a bottle of 120
_____	Blood Glucose Monitor (Prodigy Autocode®)		One (1) Free Monitor Annually
_____	Blood Glucose Monitor Control Sol, Low (Prodigy®)	4ml Vial	$5 per vial
_____	Blood Glucose Strips, No Coding (Prodigy®)	Box of 50	$15 per box
_____	Blood Glucose Twist Top Lancets 28G (Prodigy®)	Box of 100,	$5 per box, (min. order 2 boxes)
_____	Budesonide Nasal Spray OTC	8.6g/32mcg	$22 per bottle, (min. order 2 bottles)
_____	Capsaicin Cream 0.025%	60gm	$12 per tube
_____	Cetirizine HCL tablet	10mg	$10 per bottle of 100 tablets (min. 2 bottles)
_____	DOK™ soft gel capsule	250mg	$9 per bottle (100 ct)
_____	Fexofenadine	60mg, 180mg	$40 for 100 tablets
_____	Ketotifen Fumarate	0.025%/5mL	$9 per dropper
_____	Loratadine	10mg	$10 per bottle of 100 tablets (min. 2 bottles)
_____	Magnesium Oxide tablet	400mg	$8 for a bottle of 120
_____	Melatonin tablet	5mg	$13 per 2 bottles (60 ct)
_____	Niacin SA	250mg	$9 for a bottle of 100
_____	Vitamin B-6 tablet	50mg	$11 for a bottle of 100
_____	Vitamin B-6 tablet	100mg	$7 for bottle of 100
_____	Vitamin D3 capsule	50,000IU	$15 for 12 capsules
_____	Vitamin D3 tablet	400IU	$11 for a bottle of 100

rxoutreach.org

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PRESCRIPTION SUBMISSION

Full Name: _____

☐ **Option 1:** 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 2:** Rx Outreach requests transfer from another pharmacy

Pharmacy Name

( ) Phone Number ( ) Fax Number

Doctor's Name

☐ **Option 3:** Rx Outreach requests prescription from your doctor

Doctor's Name

( ) Phone Number ( ) Fax Number

☐ **Option 4:** I will mail in the Rx Outreach Membership Application and my prescription

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

MEDICAL CONDITION(s)

Please check all that apply

☐ Heart Disease ☐ Diabetes ☐ Alzheimer's ☐ Cancer ☐ Arthritis

☐ Other _____

Please list the medications that will be sent from your doctor or transferred from another pharmacy and any over the counter (OTCs) you'd like to order (if applicable).

Medication Name and Strength	Faxed or Transferred?	Rx Number

Payment Options

Pay by Credit or Debit Card

Cardholder's Name

Cardholder's Address

City State Zip

Credit Card Number Expiration Date (MM/YY) /

Pay by Check

☐ I will make a payment by check, and mail it to:

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

Note: Paying by check can extend your processing time by 3-5 days.

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LET US HELP YOU AFFORD YOUR MEDICATION.

Enjoy $5 off your first order as a new member.

We are excited to have you as a new member with Rx Outreach, the Nonprofit pharmacy. 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.

To redeem your $5 credit, please call us at 1-888-RXO-1234 and mention the code **NEWMEMBER** when ordering. This offer expires on **1/31/2020** and is valid only for new members on their first prescription order. We look forward to the opportunity to serve you!

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