

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  
 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 Mononitrate ER  
 Isosorbide Mononitrate  
 Jantoven® (Warfarin)  
 Klor-Con Packet  
 Labetalol  
 Lanoxin

Lisinopril  
 Lisinopril / HCTZ  
 Losartan / HCTZ  
 Losartan  
 Metolazone  
 Metoprolol  
 Succinate ER  
 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

## 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

## 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

## 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  
 Mycophenolate Mofetil  
 Mycophenolic Acid DR  
 Prednisone  
 Tacrolimus

## Insomnia

Eszopiclone (CS)  
 Dicyclomine  
 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  
 Lithium ER  
 Loxapine

## Mirtazapine

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

## Miscellaneous

Benzonate  
 Cyclosporine  
 Eye Drops  
 Hydroxyurea  
 Phentermine (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)

## 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  
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 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.*

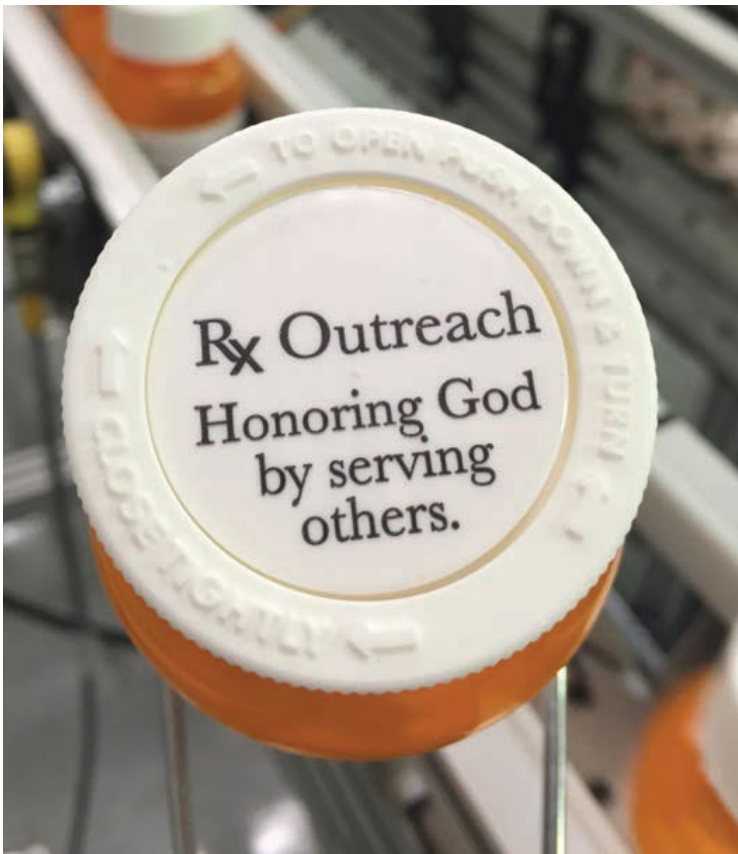
Doctor's Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Phone Number Fax Number

Medication Name	Strength	Quantity Requested

**Step 3: Choose a Payment Method**

<p><b>Pay by Credit, Debit Card, or FSA.</b></p> <p>Cardholder's Name _____</p> <p>Credit Card Number _____</p> <p>Expiration Date (MM/YY) / CVV _____</p> <p>I authorize Rx Outreach to charge this credit card for payment on my <b>first</b> order up to \$ _____</p>	<p><b>OR Pay by check or Money Order.</b></p> <p><input type="checkbox"/> I will make a payment by check or money order, and mail it to:</p> <p><b>Rx Outreach</b>  <b>P.O. Box 66536</b>  <b>St. Louis, MO 63166-6536</b></p>
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# 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:

