

Rev. 6.23 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.

Rx Outreach

3171 Riverport Tech Center Dr., Maryland Heights, MO 63043

Phone: 314-222-0472; Fax: 1-800-875-6591

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

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



Benefits include:

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

Free home delivery

Free pharmacist consultation

No coupons or discount cards needed

Transparent low prices, convenient
auto-pay available

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****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)*

ADD / ADHD

Atomoxetine
Dextroamphetamine Sulfate ER (CS)
Dextroamphetamine -Amphetamine ER (CS)
Dextroamphetamine -Amphetamine (CS)
Guanfacine ER
Lisdexamfetamine Methylphenidate CD (CS)
Methylphenidate LA (CS)
Methylphenidate (CS)

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
Roflumilast
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

Nystatin® Topical Powder
Nystatin
Sulfamethoxazole / Trimethoprim DS
Valacyclovir
Voriconazole

Arthritis / Pain

Celecoxib
Diclofenac Sodium EC
Diclofenac Sodium ER
Diclofenac Sodium 1% Gel
Diclofenac Sodium / Misoprostol
Etodolac
Hydroxychloroquine
Ibuprofen
Indomethacin
Indomethacin ER
Leflunomide
Lidocaine 2% Viscous Solution
Lidocaine 5% Patch
Meloxicam
Methotrexate
Nabumetone
Naproxen
Piroxicam
Tramadol ER (CS)
Tramadol (CS)
Tramadol / Acetaminophen (CS)

Cancer

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

Cardiovascular

Amlodipine / Benazepril
Amlodipine / Valsartan
Amlodipine / Olmesartan
Amlodipine
Aspirin- Dipyridamole ER
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
Metoprolol Succinate ER
Metoprolol Tartrate
Metoprolol
Tartrate / HCTZ
Midodrine
Nebivolol
Nifedipine
Nifedipine ER
Nitroglycerin SL
Olmesartan / HCTZ
Olmesartan
Pacerone
Pentoxifylline ER
Potassium Chloride ER
Potassium Citrate ER
Prasugrel
Prazosin
Propafenone
Propranolol ER
Propranolol
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
Colectipol
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
Vardenafil

Gastrointestinal

Balsalazide
Disodium Dicyclomine
Difenoxylate / 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

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

Hormones

Estradiol 0.01% Vaginal 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
Sirolimus
Tacrolimus

Insomnia

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

Kidney

Calcitriol
Calcium Acetate Sevelamer

Mental Health

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

Nutritional / Metabolic

Folic Acid
Polystyrene Sulfonate Powder

Ophthalmic

Brimonidine 0.2% Solution
Brimonidine-Timolol Eye Drops
Dorzolamide 2% Solution
Latanoprost 0.005% Solution

Osteoporosis

Alendronate
Raloxifene
Risedronate
Vitamin D2

Prostate

Alfuzosin ER
Dutasteride
Finasteride
Silodosin
Tamsulosin
Uroxatral®

Substance Use Disorder

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

Thyroid

Levothyroxine
Liothyronine
Methimazole
Propylthiouracil

Urinary

Bethanechol
Darifenacin ER
Fesoterodine ER
Oxybutynin ER
Oxybutynin Solifenacin
Tolterodine ER
Tolterodine
Trosipium

(CS) = Controlled Substance | Rev. 3.24



Can't find your medication?

Scan the code using your smartphone 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 314-222-0472 or 1-888-796-1234.

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
Allergies		
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)	
Diabetic Supplies		
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)	
Eye Drops		
Ketotifen Ophthalmic Solution 0.025% 5mL bottle <i>Zaditor®</i>	\$9 per bottle	
Pain Relievers		
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	
Supplements		
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. 6.23

RxOutreach.org

Join online through our website, or call 314-222-0472, or fill out this application and mail.

Rx Outreach

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Phone: 314-222-0472; Fax: 1-800-875-6591

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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: 314-222-0472
- ③ By Fax: 1-800-875-6591

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

Rx Outreach, 3171 Riverport Tech Center Dr.
Maryland Heights, MO 63043

☐ **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.

Cardholder's Name _____

Credit Card Number _____

Expiration Date ____/____/____ (MM/YY) CVV ____

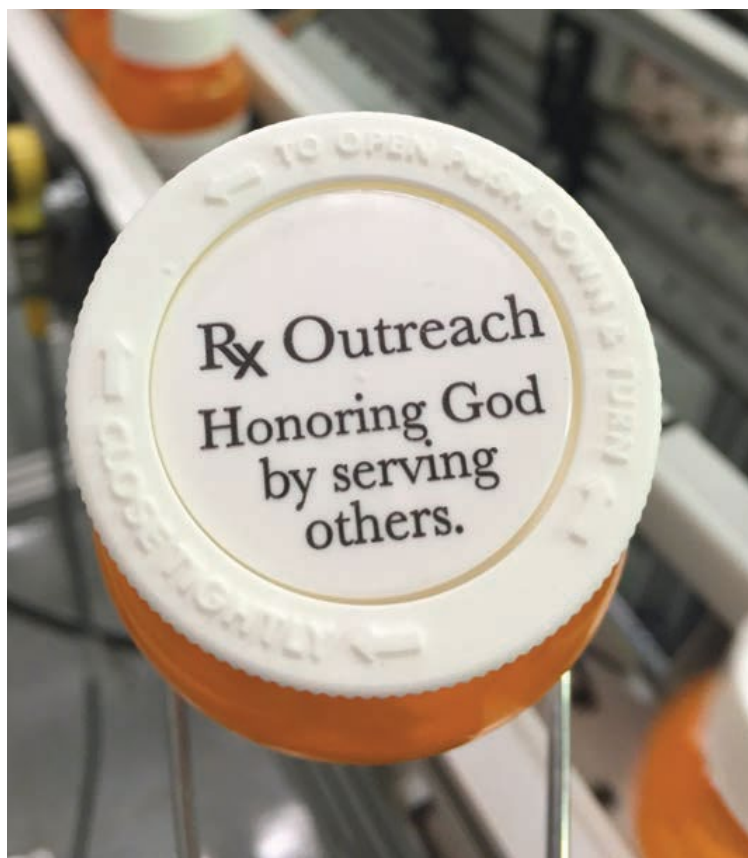
I authorize Rx Outreach to charge this credit card for
payment on my **first** order up to \$ _____

OR Pay by check or Money Order.

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

Rx Outreach
3171 Riverport Tech Center Dr.
Maryland Heights, MO 63043

LET US HELP YOU AFFORD YOUR MEDICATION.



Rev. 6.23

Stay healthy and safe with Rx Outreach!

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!

Our Purpose and Promise

To create a nation with equitable health outcomes for every person. We offer hope and access through high-quality, compassionate, personalized service to overcome barriers that limit one's healthiest life.

The Rx Outreach Story

Rx Outreach is the nation's largest nonprofit, fully licensed, digital pharmacy. We offer more than 1,000 medications at affordable prices and ship prescriptions directly to patients' doors. Rx Outreach has saved 500,000 people more than \$1 billion on their prescription medications.

Rx Outreach is accredited by the following:

