

Thank you for downloading this prescription assistance document from NeedyMeds. We hope this program will help you get the medicine you need.

REMEMBER — Send your completed application to the address on the form, NOT to NeedyMeds.

Did you know that NeedyMeds has thousands of other free resources?

Here's a look at more ways we can help you save money on medicine and healthcare costs. Each one can be found under the "**Healthcare Savings**" tab on our website:

- **Diagnosis-Based Assistance** — NeedyMeds lists thousands of assistance programs for almost any health condition. If you are going through chemo treatment for cancer, there are programs that can help with wig costs and scalp-cooling products. We also list resources for free diabetes testing supplies, caregiver lodging support, and much more.
- **Free, Low-Cost, and Sliding Scale Clinics** — This popular collection contains information on 18,000+ free, low-cost, and sliding scale medical, dental, mental health and substance abuse clinics across the U.S. It's a great resource if you need affordable medical treatment and don't know where to go.
- **Coupons, Rebates & More** — You can use the NeedyMeds website to find 2,600+ cost-saving opportunities for both prescription and over-the-counter drugs and medical supplies.
- **Medical Transportation** — Need help getting to the doctor's office or medical facility? You may be eligible for financial assistance if you meet certain requirements.

NeedyMeds also offers information on diagnosis-based camps and retreats, recreational programs, scholarships, government programs, \$4 generic drug programs, and more.

Finally, I want to tell you about the NeedyMeds Drug Discount Card. Thousands of people use this free, anonymous, and easy-to-use tool to get the best price on their medications. Use the card to get discounts on lab tests and also to save 40% on durable medical equipment. To date, our drug discount card has saved patients over \$300,000,000. Check out the following page to learn more.

Feel free to call our toll-free helpline if you have any questions. We can be reached at 1-800-503-6897 Monday-Friday, 9am-5pm Eastern Time.

Thank you for using NeedyMeds. Please let us know if we can do anything else to help you afford the costs of your healthcare.



Rich Sagall, MD
President, NeedyMeds

Clip the card and save



DRUG DISCOUNT CARD

BIN: 020750
RX PCN: NMeds
RX GRP: PDFPDF
ID: NMNA019309901930

Customer Care
1-888-602-2978

This is a drug discount program, not an insurance plan.

NeedyMeds Drug Discount Card
www.needymeds.org

Patient: You may use this card at any of over 65,000 participating pharmacies to save on all prescription medicines. You cannot use this card with Medicare including part D, Medicaid, or any other state or federal programs unless you choose not to use your government-sponsored program. In addition, you cannot use this card with any health insurance program, but you can use it in place of your insurance if the card offers a better price. For questions call 1-888-602-2978 or visit www.drugdiscountcardinfo.com.

Pharmacist: Administered by Medical Security Company, LLC, Tucson, AZ.

Pharmacy Help Desk: 1-800-404-1031.



- Save up to 80% on medications*
- Use at over 65,000 pharmacies nationwide including all major chains
- Share the card with friends and family

- Use the card as often as needed
- Free, no fees or registration
- Never expires

What will receive a discount?

All prescription medications are eligible for savings, including over-the-counter medicines and medical supplies written as a prescription, as well as human-equivalent pet medications with a prescription by a veterinarian.

Save up to 40% off durable medical equipment, including canes, crutches, splints, incontinence supplies and more. You can also save on diabetic supplies such as glucose meters, test strips, lancets and diabetic shoes. Visit www.needymeds.org/dme to learn more.

You can also save an extra 5% on affordable lab tests and online results. No doctor's order or insurance needed. Visit www.needymeds.org/L2L for more information.

What if I have insurance?

Anyone can use the card, but it can't be combined with state or federal insurance. You can use the card instead of insurance if:

- A drug isn't covered by your insurance
- Your insurance has no drug coverage
- You have a high drug deductible
- You have met a low medicine cap
- The card offers a better price than your copay
- You are in the Medicare Part D donut hole

To obtain a plastic drug discount card, send a self-addressed, stamped envelope to:

NeedyMeds Drug Discount Card
50 Whittemore St.
Gloucester, MA 01930

The card is not valid in combination with insurance plans, including Medicare, Medicaid or any state or federal prescription insurance. The card can be used only if you decide not to use your government-sponsored drug plan for your purchases.

* Average savings of 60%, with potential savings of up to 80% or more (based on 2018 national program savings data). All prescription medications are eligible for savings.

This is a drug discount program, not an insurance plan. Discounts are available exclusively through participating pharmacies. The range of the discounts will vary depending on the type of prescription and the pharmacy chosen. This program does not make payments directly to pharmacies. Users are required to pay for all prescription purchases. Cannot be used in conjunction with insurance. You may call 1-888-602-2978 with questions or concerns or to obtain further information.

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 websiterxoutreach.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
Clonidogrel
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

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

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
Sulfadiol

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
Mycophenolate Mofetil
Mycophenolic Acid DR
Prednisone
Tacrolimus

Insomnia

Eszopiclone (CS)
Dicyclomine
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
Fluoxetine
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)

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



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**.

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. 3.22

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.

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
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:

