



OKLAHOMA CITY
COMMUNITY COLLEGE

SAVINGS SIMPLE & SAFE



SIGN UP TODAY

Medications FREE to your door!
See reverse for a full list of medications.

CRX International is a voluntary international mail order prescription program that is available to eligible members, retirees and their dependents of Oklahoma City Community College.

Brand name medications, in the original factory-sealed manufacturers packaging, are delivered **DIRECT TO YOUR DOOR** from certified pharmacies in Canada, the United Kingdom and Australia. **YOU PAY NOTHING** thanks to the savings CRX brings to your plan.

Getting started is super easy!

1. Check to see if a medication is offered - call CRX at **1-866-488-7874** or to view the complete formulary - enroll online or download an enrollment form - visit www.crxintl.com (WebID: **OCCC**).
2. Ask your doctor for a prescription for a 3-month supply, with 3 refills.
3. Submit documentation (completed enrollment form, prescription and a copy of your photo ID).
4. Sit back and relax...medication will be mailed direct to your home within 4 weeks!

- ✓ **\$0 Copay**
- ✓ **450+ FREE Brand Name Medications**
- ✓ **Easy, convenient refills**
- ✓ **Refills only, no "new to you" meds**
- ✓ **No additional costs**

For More Information



1-866-488-7874
www.crxintl.com
WebID: **OCCC**

ACIPHEX 20MG	BRILINTA 60MG	EVOTAZ 300MG-150MG	KEPPRA (G) 1000MG	PLAQUENIL 200MG	TEKTURNA 150MG
ACTONEL (G) 35MG	BRILINTA 90MG	EXELON (G) 4.6MG/24HR	KERENDIA 10MG	PRADAXA 150MG	TEKTURNA 300MG
ACTONEL (G) 150MG	BYSTOLIC (G) 2.5MG	EXELON (G) 9.5MG/24HR	KERENDIA 20MG	PRED FORTE 1%	TIVICAY 50MG
ACTOPLUS (G) 15MG-850MG	BYSTOLIC (G) 5MG	EXELON (G) 13.3MG/24HR	KISQALI 200MG	PREMARIN 0.3MG	TOBI PODHALER 28MG
ACULAR (G) 0.5%	BYSTOLIC (G) 10MG	EXFORGE (G) 5/160MG	KOMBIGLYZE XR	PREMARIN 0.625MG	TOBREX OINT 0.3%
ACULAR LS (G) 0.4%	BYSTOLIC (G) 20MG	EXFORGE (G) 5/320MG	2.5MG/1000MG	PREMARIN 1.25MG	TOVIAZ 4MG
ACZONE 5%	CADUET 5/10MG	EXFORGE (G) 10/160MG	KOMBIGLYZE XR	PREMARIN CREAM	TOVIAZ 8MG
ADCIRCA (G) 20MG	CADUET 5/20MG	EXFORGE (G) 10/320MG	5MG/500MG	0.625MG/GM	TRADJENTA 5MG
ADVAIR DISKUS 100MCG	CADUET 5/40MG	EXFORGE HCT 160/12.5/5MG	KOMBIGLYZE XR	PREMPRO 0.3MG/1.5MG	TRELEGY ELLIPTA
ADVAIR DISKUS 250MCG	CADUET 5/80MG	EXFORGE HCT 160/12.5/10MG	5MG/1000MG	PRESTALIA 3.5MG/2.5MG	100-62.5-25MCG
ADVAIR DISKUS 500MCG	CADUET 10/10MG	EXFORGE HCT 160/25/5MG	LATUDA 20MG	PRESTALIA 7MG/5MG	TRELEGY ELLIPTA
ADVAIR HFA 45/21MCG	CADUET 10/20MG	EXFORGE HCT 160/25/10MG	LATUDA 40MG	PRESTALIA 14MG/10MG	200-62.5-25MCG
ADVAIR HFA 115/21MCG	CADUET 10/40MG	EXFORGE HCT 320/25/10MG	LATUDA 60MG	PREVACID SOLUTAB 15MG	TRIBENZOR 20/5/12.5MG
ADVAIR HFA 230/21MCG	CADUET 10/80MG	FARESTON 60MG	LATUDA 80MG	PREVACID SOLUTAB 30MG	TRIBENZOR 40/5/12.5MG
AFINITOR 2.5MG	CAMBIA 50MG	FARXIGA 5MG	LATUDA 120MG	PREZISTA 800MG	TRIBENZOR 40/5/25MG
AFINITOR 5MG	CARDIZEM CD (G) 360MG	FARXIGA 10MG	LEXAPRO (G) 5MG	PRISTIQ 50MG	TRIBENZOR 40/10/12.5MG
AFINITOR 10MG	CARDURA XL 4MG	FELDENE 10MG	LEXAPRO (G) 10MG	PRISTIQ 100MG	TRIBENZOR 40/10/25MG
AKLIEF 50MCG/G	CARDURA XL 8MG	FELDENE 20MG	LEXAPRO (G) 20MG	PROMETRIUM 100MG	TRINTELLIX 5MG
ALOCRI 2%	CELEBREX 100MG	FETZIMA 20MG	LEXIVA 700MG	QTERN 10-5MG	TRINTELLIX 10MG
ALOMIDE 0.1%	CELEBREX 200MG	FETZIMA 40MG	LIALDA 1.2GM	QVAR REDHALER 40MCG	TRINTELLIX 20MG
ALPHAGAN-P 0.15%	CEQUA (G) 0.09%	FETZIMA 80MG	LINZESS 72MCG	QVAR REDHALER 80MCG	TRIUMEQ 600-50-300MG
ALREX 0.2%	CLARINEX 5MG	FETZIMA 120MG	LINZESS 145MCG	RANEXA (G) 500MG	TUORZA PRESSAIR
ALTACE (G) 10MG	CLIMARA PATCH 25MCG	FINACEA GEL 15%	LINZESS 290MCG	RAPAFLO (G) 4MG	400MCG
ALVESCO 80MCG	CLIMARA PATCH 50MCG	FLAREX 0.1%	LIPITOR (G) 10MG	RAPAFLO (G) 8MG	UCERIS 9MG
ALVESCO 160MCG	CLIMARA PATCH 75MCG	FLOVENT 44MCG	LIPITOR (G) 20MG	RAPAMUNE 0.5MG	ULORIC 80MG
AMPYRA (G) 10MG	COMBIGAN 0.2-0.5%	FLOVENT 110MCG	LIPITOR (G) 40MG	RAPAMUNE 2MG	UROKIT-K (G) 10MEQ
ANAPROX DS 550MG	COMBIVENT RESPIMAT	FLOVENT 220MCG	LIPITOR (G) 80MG	RELPAK (G) 20MG	URSO 250MG
ANORO ELLIPTA	20MCG/100MCG	FLOVENT DISKUS 100MCG	LIPITOR (G) 80MG	RELPAK (G) 40MG	VAGIFEM 10MCG
62.5/25MCG	CORGARD 80MG	FLOVENT DISKUS 250MCG	LOTEMAX GEL 0.5%	RENAGEL 800MG	VECTICAL 3MCG/GM
APTIOM 200MG	COSOPT PF 2%/0.5%	FOSAMAX PLUS D	LOTEMAX OINT 0.5%	RESTASIS MULTIDOSE (G)	VELPHORO 500MG
APTIOM 400MG	CRESTOR (G) 5MG	70MG-2800IU	LOVENOX (G) 60MG	0.05%	VENTOLIN HFA 90MCG
APTIOM 600MG	CRESTOR (G) 10MG	FOSAMAX PLUS D	LOVENOX (G) 80MG	RESTASIS VIALS 0.05%	VESICARE (G) 5MG
APTIOM 800MG	CRESTOR (G) 20MG	70MG-5600IU	LOVENOX (G) 100MG	RETIN A MICRO GEL PUMP	VESICARE (G) 10MG
ARAVA 10MG	CRESTOR (G) 40MG	FOSRENOL CHEW 500MG	LUMIGAN 0.01%	0.04%	VIIBRYD 10MG
ARAVA 20MG	CRINONE GEL 8%	FOSRENOL CHEW 750MG	METRO CREAM 0.75%	RETIN-A MICRO GEL PUMP	VIIBRYD 20MG
ARAZLO 0.045%	CYMBALTA (G) 20MG	FOSRENOL CHEW 1000MG	METROGEL PUMP 1%	0.1%	VIIBRYD 40MG
ARNUITY ELLIPTA 100MCG	CYMBALTA (G) 30MG	FOSRENOL POWDER 750MG	MICARDIS 40MG	REXULTI 0.25MG	VIMOVO 375/20MG
ARNUITY ELLIPTA 200MCG	CYMBALTA (G) 60MG	FOSRENOL POWDER 1000MG	MICARDIS 80MG	REXULTI 0.5MG	VIMOVO 500/20MG
AROMASIN (G) 25MG	CYTOTEC (G) 200MCG	GENVOYA	MICARDIS HCT 40/12.5MG	REXULTI 1MG	VIREAD (G) 300MG
ARTHROTEC 50MG	DALIRESP 250MCG	GILENYA (G) 0.5MG	MICARDIS HCT 80/12.5MG	REXULTI 2MG	VIVELLE-DOT 25MCG
ARTHROTEC 75MG	DALIRESP 500MCG	GLUCAGEN HYPOKIT 1MG	MICARDIS HCT 80/25MG	REXULTI 3MG	VIVELLE-DOT 37.5MCG
ASMANEX TWISTHALER	DEPAKOTE (G) 250MG	GLUMETZA ER 1000MG	MIGRANAL 4MG/ML	REXULTI 4MG	VIVELLE-DOT 50MCG
110MCG	DEPAKOTE (G) 500MG	GLYXAMBI 10MG/5MG	MIRAPEX ER 0.375MG	RINVOQ 15MG	VIVELLE-DOT 75MCG
ASMANEX TWISTHALER	DETROL (G) 1MG	GLYXAMBI 25MG/5MG	MIRAPEX ER 0.75MG	RINVOQ 30MG	VIVELLE-DOT 100MCG
220MCG	DETROL (G) 2MG	IBRANCE 75MG	MIRAPEX ER 1.5MG	RYBELSUS 3MG	VRAYLAR 1.5MG
ASTAGRAF XL 1MG	DETROL LA (G) 2MG	IBRANCE 100MG	MIRAPEX ER 2.25MG	RYBELSUS 7MG	VRAYLAR 3MG
ASTAGRAF XL 5MG	DETROL LA (G) 4MG	IBRANCE 125MG	MIRAPEX ER 3MG	RYBELSUS 14MG	VRAYLAR 4.5MG
ATACAND 4MG	DEXILANT DR 30MG	IMITREX NASAL SPRAY 5MG	MIRAPEX ER 3.75MG	SAPHRIS 5MG	VRAYLAR 6MG
ATACAND 8MG	DEXILANT DR 60MG	IMITREX NASAL SPRAY 20MG	MIRAPEX ER 4.5MG	SAPHRIS 10MG	VUMERITY 231MG
ATACAND 16MG	DIFFERIN CREAM 0.1%	IMITREX STATDOSE 6MG/0.5ML	MIRVASO 0.33%	SEASONIQUE 0.15/0.03/0.01MG	VYTORIN 10/10MG
ATACAND 32MG	DIFFERIN GEL (G) 0.3%	INCRUSE ELLIPTA 62.5MCG	MOTEGRITY 1MG	SENSIPAR (G) 30MG	VYTORIN 10/20MG
ATACAND HCT 32MG/25MG	DIOVAN (G) 40MG	INSPIRA (G) 25MG	MOTEGRITY 2MG	SENSIPAR (G) 60MG	VYTORIN 10/40MG
ATACAND HCT 16MG/12.5MG	DIOVAN (G) 80MG	INSPIRA (G) 50MG	MULTAQ 400MG	SEREVENT DISKUS 50MCG	VYTORIN 10/80MG
ATACAND HCT 32MG/12.5MG	DIOVAN (G) 160MG	INVEGA 3MG	MYRBETRIQ 25MG	SEROQUEL XR (G) 50MG	WAKIX 4.5MG
ATELVIA DR 35MG	DIOVAN (G) 320MG	INVOKAMET 50MG-500MG	MYRBETRIQ 50MG	SEROQUEL XR (G) 150MG	WAKIX 17.8MG
ATROVENT HFA 20UG	DIOVAN HCT (G) 160/12.5MG	INVOKAMET 50MG-1000MG	NAMENDA (G) 10MG	SEROQUEL XR (G) 200MG	WELCHOL (G) 625MG
AUBAGIO (G) 14MG	DIPROLENE OINT 0.05%	INVOKAMET 150MG-500MG	NATAZA 3/2-2/2-3/1MG	SEROQUEL XR (G) 300MG	WELLBUTRIN XL (G)
AVODART (G) 0.5MG	DIVIGEL 0.25MG	INVOKAMET 150MG-1000MG	NESINA 6.25MG	SEROQUEL XR (G) 400MG	150MG
AZILECT (G) 0.5MG	DIVIGEL 0.5MG	INVOKANA 100MG	NESINA 12.5MG	SIMBRINZA 1%/0.2%	WELLBUTRIN XL (G)
AZILECT (G) 1MG	DIVIGEL 1MG	INVOKANA 300MG	NEUPRO 1MG	SINGULAIR (G) 10MG	300MG
AZOPT 1%	DOVATO 50MG-300MG	IRESSA 250MG	NEUPRO 2MG	SLYND 4MG	XADAGO 50MG
AZOR 20/5MG	DULERA 100MCG/5MCG	ISENTRESS 400MG	NEUPRO 3MG	SOOLANTRA 1%	XADAGO 100MG
AZOR 40/5MG	DULERA 200MCG/5MCG	JAKAFI 5MG	NEUPRO 4MG	SPIRIVA 18MCG	XALATAN 50MCG/ML
AZOR 40/10MG	DUOBRII 0.01%-0.045%	JAKAFI 10MG	NEUPRO 6MG	SPIRIVA RESPIMAT 2.5MCG	XARELTO 2.5MG
BANZEL 200MG	DYMISTA 137/50MCG	JAKAFI 15MG	NEUPRO 8MG	STEGLUJAN 5MG-100MG	XARELTO 10MG
BANZEL 400MG	EDARBI 40MG	JAKAFI 20MG	NEUPRO 8MG	STEGLUJAN 15MG-100MG	XARELTO 15MG
BECONASE AQ 42MCG	EDARBI 80MG	JALYN 0.5MG/0.4MG	NEVANAC 3MG/ML	STIOLTO RESPIMAT 2.5/2.5MCG	XARELTO 20MG
BENICAR (G) 20MG	EDARBYCLOR 40MG/12.5MG	JANUMET 50/500MG	NEXAVAR 200MG	STRIVERDI RESPIMAT 2.5MCG	XELJANZ 5MG
BENICAR (G) 40MG	EDARBYCLOR 40MG/25MG	JANUMET 50/1000MG	NEXIUM (G) 20MG	SUTENT 12.5MG	XELJANZ 10MG
BENICAR HCT (G) 20MG/12.5MG	EDECRIN 25MG	JANUMET XR 50MG/500MG	NEXIUM (G) 40MG	SUTENT 25MG	XELJANZ XR 11MG
BENICAR HCT (G) 40MG/12.5MG	EDURANT 25MG	JANUMET XR 50MG/1000MG	NEXIUM DR (G) 10MG	SUTENT 37.5MG	XENAZINE 25MG
BENICAR HCT (G) 40MG/25MG	EFFEXOR XR (G) 150MG	JANUMET XR 100MG/1000MG	NEXLETOL 180MG	SUTENT 50MG	XENICAL 120MG
BEPREVE 1.5%	ELIDEL 1%	JANUVA 25MG	NEXLIZET 180MG-10MG	SYMBICORT	XIGDUO XR 5/1000MG
BETIMOL 0.25%	ELIQUIS 2.5MG	JANUVIA 50MG	NORITATE CREAM 1%	160MCG-4.5MCG	XIGDUO XR 10/500MG
BETIMOL 0.5%	ELIQUIS 5MG	JANUVIA 100MG	NUBEQA 300MG	SYM TUZA	XIGDUO XR 10/1000MG
BETOPTIC S 0.25%	ELMIRON 100MG	JARDIANCE 10MG	NURTEC ODT 75MG	SYNAREL NASAL	XIIDRA 5%
BEVESPI AEROSPHERE	ENTRESTO 24MG-26MG	JARDIANCE 25MG	ODEFSEY	SYNJARDY 5MG/500MG	YASMIN 28 (G)
9MCG-4.8MCG	ENTRESTO 49MG-51MG	JENTADUETO 2.5MG-500MG	200MG-25MG-25MG	SYNJARDY 5MG/1000MG	YAZ (G) 3/0.02MG
BEYAZ	ENTRESTO 97MG-103MG	JENTADUETO 2.5MG-850MG	LUMIAMT 2MG	SYNJARDY 12.5MG/500MG	ZELAPAR 1.25MG
BIJUVA 1MG-100MG	EPIDUO FORTE 0.3%/2.5%	JENTADUETO 2.5MG-1000MG	OMNARIS 50MCG	SYNJARDY 12.5MG/1000MG	ZETIA (G) 10MG
BIKTARVY	EPIDUO GEL PUMP 0.1%/2.5%	JUBLIA 10%	ONGLYZA 2.5MG	TASIGNA 150MG	ZIANA 1.2%-0.025%
50MG-200MG-25MG	EPIPEN 0.3MG	JULUCA 50MG-25MG	ONGLYZA 5MG	TASIGNA 200MG	ZOMIG (G) 2.5MG
BINOSTO 70MG	EPIPEN JR 0.15MG	KAZANO 12.5/500MG	ORILISSA 150MG	TASMAR 100MG	ZOMIG NASAL SPRAY 5MG
BREO ELLIPTA 100/25MCG	EPIVIR / HBV (G) 100MG	KAZANO 12.5/1000MG	ORILISSA 200MG	TAZORAC GEL 0.05%	ZOVIRAX CREAM 5%
BREO ELLIPTA 200/25MCG	ESTROGEL 0.06%	KEPPRA (G) 250MG	OSPHENA 60MG	TAZORAC GEL 0.1%	ZYCLARA PACKET 3.75%
BREZTRI AEROSPHERE	EUCRISA 2%	KEPPRA (G) 500MG	OTEZLA 30MG	TECFIDERA (G) 20MG	ZYCLARA PUMP 3.75%
160MCG-9MCG-4.8MCG	EVISTA (G) 60MG	KEPPRA (G) 750MG	PENTASA 500MG	TECFIDERA (G) 240MG	ZYTIGA (G) 500MG

NOTE: Medication names appearing with (G) are available in a Generic version from your local or U.S. mail order pharmacy. This list is subject to change. Please call 1-866-488-7874 toll free to verify the availability of your medication through this program.