



### Prescription Drug Donation Program Participating Provider Database

The Prescription Drug Donation Program allows for certain prescription drugs that would normally be discarded to be donated to participating providers. Individuals who would normally be unable to get these medications may receive them from participating providers for little to no cost. The Department of State Health Services' Pharmacy Branch is the administrator for the program and **does not accept nor dispense donated prescription drugs at its warehouse.**

The Participating Provider Database will be updated on a weekly basis. If you have questions regarding the database or program in general, please contact DSHS staff at 512-776-2741 or email [rxdrugdonation@dshs.texas.gov](mailto:rxdrugdonation@dshs.texas.gov).

Participating Provider Name	Address	Pharmacist Name (If Applicable)	Primary Contact for Program Communications	Primary Contact Phone Number	Primary Contact Email Address
The Center Pharmacy	800 W Magnolia Avenue Suite 130 Fort Worth, TX 76104	John Clagg	Mary Hicks	(817)333-0180	mhicks@txcc.com
Acacia Medical Mission	1781 E. Ammann Rd. Bulverde, TX 78163		Cheryl Johnson	(830)228-4219	Chery.johnson@acaciamedicalmission.org
Galaxy Pharmacy	6300 Richmond Avenue Suite 215 Houston, TX 77057	Adetola Ademolu	Adetola Ademolu	(281)496-6601	info@galaxypharmacyrx.com
Saint Vincent De Paul Pharmacy DONATIONS ON HOLD DUE TO COVID-19	5750 Pineland Drive Suite 280 Dallas, TX 75231	Carlos Irula	Carlos Irula	(469)232-9902	PIC@SVDPDallas.org
Catalyst Health RX 1002	855 Montgomery Street Suite 150 Fort Worth, TX 76107	Farrah Shaikh	Farrah Shaikh	(214)291-5087	fshaikh@catalysthealthnetwork.com



### Prescription Drug Donation Program Participating Provider Database

Participating Provider Name	Address	Pharmacist Name (If Applicable)	Primary Contact for Program Communications	Primary Contact Phone Number	Primary Contact Email Address



### Prescription Drug Donation Program Participating Provider Database

Participating Provider Name	Address	Pharmacist Name (If Applicable)	Primary Contact for Program Communications	Primary Contact Phone Number	Primary Contact Email Address