



SIMPLE. SAFE. SMART.



SIGN UP TODAY

Receive a one-time **\$25 Amazon Gift Card** for enrolling in the CANARX program with a qualifying prescription for a 90-day supply with 3 refills!

***Offer available to new program members only.**

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

CANARX is a voluntary international mail order prescription program offered to eligible employees, non-Medicare eligible retirees and dependents enrolled in the HMO or PPO with the Cape Cod Municipal Health Group (CCMHG).

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 CANARX brings to your plan.

Getting started is super easy!

1. Check to see if a medication is offered - call CANARX at **1-866-893-6337** or to view the complete formulary - and enroll online or download an enrollment form - visit www.canarx.com (WebID: **CCMHG**).
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**
- ✓ **400+ FREE Brand Name Medications**
- ✓ **Easy, convenient refills**
- ✓ **Refills only, no "new to you" meds**
- ✓ **No additional costs**

For More Information



1-866-893-6337

www.canarx.com

WebID: **CCMHG**

ACIPHEX 20MG	CADUET 5/10MG	FARXIGA 10MG	JUBLIA 10%	PREMARIN CREAM	TEKTURNA 300MG
ACTOPLUS (G)	CADUET 5/20MG	FELDENE 10MG	JULUCA 50MG-25MG	0.625MG/GM	TIVICAY 50MG
15MG-850MG	CADUET 5/40MG	FELDENE 20MG	KAZANO 12.5/500MG	PREMPRO 0.3MG/1.5MG	TOBI PODHALER 28MG
ACULAR (G) 0.5%	CADUET 5/80MG	FETZIMA 20MG	KAZANO 12.5/1000MG	PRESTALIA 3.5MG/2.5MG	TOBEX OINT 0.3%
ACULAR LS (G) 0.4%	CADUET 10/10MG	FETZIMA 40MG	KEPPRA (G) 250MG	PRESTALIA 7MG/5MG	TOVIAZ 4MG
ACZONE 5%	CADUET 10/20MG	FETZIMA 80MG	KEPPRA (G) 500MG	PRESTALIA 14MG/10MG	TOVIAZ 8MG
ADVAIR DISKUS 100MCG	CADUET 10/40MG	FETZIMA 120MG	KEPPRA (G) 750MG	PREVACID SOLUTAB 15MG	TRADJENTA 5MG
ADVAIR DISKUS 250MCG	CADUET 10/80MG	FINACEA GEL 15%	KEPPRA (G) 1000MG	PREVACID SOLUTAB 30MG	TRELEGY ELLIPTA
ADVAIR DISKUS 500MCG	CARDURA XL 4MG	FLAREX 0.1%	KERENDIA 10MG	PREZISTA 800MG	100-62.5-25MCG
ADVAIR HFA 45/21MCG	CARDURA XL 8MG	FLOVENT 44MCG	KERENDIA 20MG	PRISTIQ 50MG	TRELEGY ELLIPTA
ADVAIR HFA 115/21MCG	CEQUA (G) 0.09%	FLOVENT 110MCG	KISQALI 200MG	PRISTIQ 100MG	200-62.5-25MCG
ADVAIR HFA 230/21MCG	CLARINEX 5MG	FLOVENT 220MCG	KOMBIGLYZE XR	PROMETRIUM 100MG	TRIBENZOR 20/5/12.5MG
AFINITOR 2.5MG	COLAZAL 750MG	FLOVENT DISKUS	2.5MG/1000MG	PROTONIX (G) 40MG	TRIBENZOR 40/5/12.5MG
AFINITOR 5MG	COMBIGAN 0.2-0.5%	FLOVENT DISKUS	5MG/500MG	PROZAC (G) 20MG	TRIBENZOR 40/5/25MG
AFINITOR 10MG	COMBIVENT RESPIMAT	250MCG	KOMBIGLYZE XR	QTERN 10-5MG	TRIBENZOR 40/10/12.5MG
AKLIEF 50MCG/G	20MCG/100MCG	FOSAMAX PLUS D	5MG/1000MG	QVAR REDHALER 40MCG	TRIBENZOR 40/10/25MG
ALOCRI 2%	CRESTOR (G) 5MG	70MG-2800IU	LAMICTAL CD (G) 25MG	QVAR REDHALER 80MCG	TRINTELLIX 5MG
ALOMIDE 0.1%	CRESTOR (G) 10MG	FOSAMAX PLUS D	LATUDA 20MG	RANEXA (G) 500MG	TRINTELLIX 10MG
ALPHAGAN-P 0.15%	CRESTOR (G) 20MG	70MG-5600IU	LATUDA 40MG	RAPAFLO (G) 4MG	TRINTELLIX 20MG
ALREX 0.2%	CRESTOR (G) 40MG	FOSRENOL CHEW 500MG	LATUDA 60MG	RAPAFLO (G) 8MG	TRIUMEQ
ALVESCO 80MCG	CRINONE GEL 8%	FOSRENOL CHEW 750MG	LATUDA 80MG	RAPAMUNE 0.5MG	600-50-300MG
ALVESCO 160MCG	DALIRESP 250MCG	FOSRENOL CHEW 1000MG	LATUDA 120MG	RAPAMUNE 2MG	TUDORZA PRESSAIR
AMPYRA (G) 10MG	DALIRESP 500MCG	GENVOYA	LEXAPRO (G) 10MG	RELPAK (G) 20MG	400MCG
ANAPROX DS 550MG	DEXILANT DR 30MG	GILENYA (G) 0.5MG	LEXAPRO (G) 20MG	RELPAK (G) 40MG	UCERIS 9MG
ANORO ELLIPTA	DEXILANT DR 60MG	GLUCAGEN HYPOKIT 1MG	LEXIVA 700MG	RENAGEL 800MG	ULORIC 80MG
62.5/25MCG	DIFFERIN CREAM 0.1%	GLUMETZA ER 1000MG	LIALDA 1.2MG	RESTASIS MULTIDOSE (G)	VAGIFEM 10MCG
APTIOM 200MG	DIFFERIN GEL (G) 0.3%	GLYXAMBI 10MG/5MG	LINZESS 72MCG	0.05%	VALTrex (G) 500MG
APTIOM 400MG	DIOVAN (G) 40MG	GLYXAMBI 25MG/5MG	LINZESS 145MCG	RESTASIS VIALS 0.05%	VERTICAL 3MCG/GM
APTIOM 600MG	DIOVAN (G) 80MG	IBRANCE 75MG	LINZESS 290MCG	RETIN A MICRO GEL PUMP	VELPHORO 500MG
APTIOM 800MG	DIOVAN (G) 160MG	IBRANCE 100MG	LIPITOR (G) 10MG	0.04%	VENTOLIN HFA 90MCG
ARAZLO 0.045%	DIOVAN (G) 320MG	IBRANCE 125MG	LIPITOR (G) 20MG	RETIN-A MICRO GEL PUMP	VESICARE (G) 5MG
ARNUITY ELLIPTA 100MCG	DIVIGEL 0.25MG	ILEVRO 0.3%	LIPITOR (G) 40MG	0.1%	VESICARE (G) 10MG
ARNUITY ELLIPTA 200MCG	DIVIGEL 0.5MG	IMITREX (G) 100MG	LIPITOR (G) 80MG	REXULTI 0.25MG	VIIBRYD 10MG
ASMANEX TWISTHALER	DIVIGEL 1MG	IMITREX NASAL SPRAY	LOTEMAX GEL 0.5%	REXULTI 0.5MG	VIIBRYD 20MG
110MCG	DOVATO 50MG-300MG	5MG	LOTEMAX OINT 0.5%	REXULTI 1MG	VIIBRYD 40MG
ASMANEX TWISTHALER	DULERA 100MCG/5MCG	IMITREX NASAL SPRAY	LOTEMAX OINT 0.5%	REXULTI 2MG	VIMOVO 375/20MG
220MCG	DULERA 200MCG/5MCG	20MG	LUMIGAN 0.01%	REXULTI 3MG	VIMOVO 500/20MG
ASTAGRAF XL 1MG	DUOBRII 0.01%-0.045%	IMITREX STATDOSE	MIRVASO 0.33%	REXULTI 4MG	VIREAD (G) 300MG
ASTAGRAF XL 5MG	DYMISTA 137/50MCG	6MG/0.5ML	MOTEGRITY 1MG	RINVOQ 15MG	VIVELLE-DOT 25MCG
ATACAND 4MG	EDARBI 40MG	INCRUSE ELLIPTA	MOTEGRITY 2MG	RINVOQ 30MG	VIVELLE-DOT 37.5MCG
ATACAND 8MG	EDARBI 80MG	62.5MCG	MULTAQ 400MG	RYBELSUS 3MG	VIVELLE-DOT 50MCG
ATACAND 16MG	EDARBYCLOR	INSPIRA (G) 25MG	MYRBETRIQ 25MG	RYBELSUS 7MG	VIVELLE-DOT 75MCG
ATACAND 32MG	40MG/12.5MG	INSPIRA (G) 50MG	MYRBETRIQ 50MG	RYBELSUS 14MG	VIVELLE-DOT 100MCG
ATACAND HCT	EDARBYCLOR	INVOKAMET	NATAZIA 3/2-2/2-3/1MG	SAPHRIS 5MG	VRAYLAR 1.5MG
32MG/25MG	40MG/25MG	50MG-500MG	NESINA 6.25MG	SAPHRIS 10MG	VRAYLAR 3MG
ATACAND HCT	EDECIN 25MG	INVOKAMET	NESINA 12.5MG	SENSIPAR (G) 30MG	VRAYLAR 4.5MG
16MG/12.5MG	EDURANT 25MG	50MG-1000MG	NESINA 25MG	SENSIPAR (G) 60MG	VRAYLAR 6MG
ATACAND HCT	EFFEXOR XR (G) 75MG	INVOKAMET	NEUPRO 1MG	SEREVENT DISKUS 50MCG	VUMERITY 231MG
32MG/12.5MG	ELIDEL 1%	150MG-500MG	NEUPRO 2MG	SIMBRINZA 1%/0.2%	WAKIX 4.5MG
ATELVIA DR 35MG	ELIQUIS 2.5MG	INVOKAMET	NEUPRO 3MG	SLYND 4MG	WAKIX 17.8MG
ATROVENT HFA 20UG	ELIQUIS 5MG	150MG-1000MG	NEUPRO 4MG	SOOLANTRA 1%	WELCHOL (G) 625MG
AUBAGIO (G) 14MG	ELMIRON 100MG	INVOKANA 100MG	NEUPRO 6MG	SPIRIVA 18MCG	WELLBUTRIN XL (G)
AZOPT 1%	ENTRESTO 24MG-26MG	INVOKANA 300MG	NEUPRO 8MG	SPIRIVA RESPIMAT 2.5MCG	150MG
AZOR 20/5MG	ENTRESTO 49MG-51MG	IRESSA 250MG	NEVANAC 3MG/ML	STEGLUJAN 5MG-100MG	WELLBUTRIN XL (G)
AZOR 40/5MG	ENTRESTO 97MG-103MG	ISENTRESS 400MG	NEXAVAR 200MG	STEGLUJAN 15MG-100MG	300MG
AZOR 40/10MG	EPIDUO FORTE 0.3%/2.5%	JAKAFI 5MG	NEXIUM (G) 20MG	STIOLTO RESPIMAT	XADAGO 50MG
BANZEL 200MG	EPIDUO GEL PUMP	JAKAFI 10MG	NEXIUM (G) 40MG	2.5/2.5MCG	XADAGO 100MG
BANZEL 400MG	0.1%/2.5%	JAKAFI 15MG	NEXLETOL 180MG	STRIVERDI RESPIMAT	XALATAN 50MCG/ML
BECONASE AQ 42MCG	EPIPEN 0.3MG	JAKAFI 20MG	NEXLIZET	2.5MCG	XARELTO 2.5MG
BEPREVE 1.5%	EPIPEN JR 0.15MG	JALYN 0.5MG/0.4MG	180MG-10MG	SUTENT 12.5MG	XARELTO 10MG
BETIMOL 0.25%	EPIVIR / HBV (G) 100MG	JANUMET 50/500MG	NUBEQA 300MG	SUTENT 25MG	XARELTO 15MG
BETIMOL 0.5%	ESTROGEL 0.06%	JANUMET 50/1000MG	NURTEC ODT 75MG	SUTENT 37.5MG	XARELTO 20MG
BETOPTIC S 0.25%	EUCRISA 2%	JANUMET XR	ODEFSEY	SUTENT 50MG	XELJANZ 5MG
BEVESPI AEROSPHERE	EVOTAZ 300MG-150MG	50MG/500MG	200MG-25MG-25MG	SYMBICORT	XELJANZ 10MG
9MCG-4.8MCG	EXFORGE (G) 5/160MG	JANUMET XR	OLUMIANT 2MG	160MCG-4.5MCG	XELJANZ XR 11MG
BEYAZ	EXFORGE (G) 5/320MG	50MG/1000MG	OMNARIS 50MCG	SYMTOZA	XENAZINE 25MG
BIJUVA 1MG-100MG	EXFORGE (G) 10/160MG	JANUMET XR	ONGLYZA 2.5MG	SYNAREL NASAL	XENICAL 120MG
BIKTARVY	EXFORGE (G) 10/320MG	100MG/1000MG	ONGLYZA 5MG	SYNJARDY 5MG/500MG	XIGDUO XR 5/1000MG
50MG-200MG-25MG	EXFORGE HCT	JANUVIA 25MG	ORILISSA 150MG	SYNJARDY 5MG/1000MG	XIGDUO XR 10/500MG
BINOSTO 70MG	160/12.5/5MG	JANUVIA 50MG	ORILISSA 200MG	SYNJARDY	XIGDUO XR 10/1000MG
BREO ELLIPTA 100/25MCG	EXFORGE HCT	JANUVIA 100MG	OSPHENA 60MG	12.5MG/500MG	XIIDRA 5%
BREO ELLIPTA 200/25MCG	160/12.5/10MG	JARDIANCE 10MG	OTEZLA 30MG	SYNJARDY	ZELAPAR 1.25MG
BREZTRI AEROSPHERE	EXFORGE HCT	JARDIANCE 25MG	PENTASA 500MG	12.5MG/1000MG	ZETIA (G) 10MG
160MCG-9MCG-4.8MCG	160/25/5MG	JENTADUETO	PLAQUENIL 200MG	TASIGNA 150MG	ZIANA 1.2%-0.025%
BRILINTA 60MG	EXFORGE HCT	2.5MG-500MG	PRADAXA 150MG	TASIGNA 200MG	ZOLOFT (G) 50MG
BRILINTA 90MG	160/25/10MG	JENTADUETO	PRED FORTE 1%	TASMAR 100MG	ZOLOFT (G) 100MG
BYSTOLIC (G) 2.5MG	EXFORGE HCT	2.5MG-850MG	PREMARIN 0.3MG	TAZORAC GEL 0.05%	ZOMIG NASAL SPRAY 5MG
BYSTOLIC (G) 5MG	320/25/10MG	JENTADUETO	PREMARIN 0.625MG	TECFIDERA (G) 120MG	ZYCLARA PACKET 3.75%
BYSTOLIC (G) 10MG	FARESTON 60MG	2.5MG-1000MG	PREMARIN (G) 240MG	TECFIDERA (G) 240MG	ZYCLARA PUMP 3.75%
BYSTOLIC (G) 20MG	FARXIGA 5MG		PREMARIN 1.25MG	TEKTURNA 150MG	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 1-866-893-6337 toll free to verify the availability of your medication through this program.