



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