



**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 HSA qualified High Deductible Health Plans (HSAQ) 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**
- ✓ **300+ 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	DIOVAN (G) 320MG	JENTADUETO 2.5MG-850MG	SENSIPAR (G) 30MG
ACTOPLUS (G) 15MG-850MG	DIVIGEL 0.25MG	JENTADUETO 2.5MG-1000MG	SENSIPAR (G) 60MG
ACULAR (G) 0.5%	DIVIGEL 0.5MG	JULUCA 50MG-25MG	SEREVENT DISKUS 50MCG
ACULAR LS (G) 0.4%	DIVIGEL 1MG	KAZANO 12.5/500MG	SIMBRINZA 1%/0.2%
ADVAIR DISKUS 100MCG	DOVATO 50MG-300MG	KAZANO 12.5/1000MG	SLYND 4MG
ADVAIR DISKUS 250MCG	DULERA 100MCG/5MCG	KEPPRA (G) 250MG	SOOLANTRA 1%
ADVAIR DISKUS 500MCG	DULERA 200MCG/5MCG	KEPPRA (G) 500MG	SPIRIVA 18MCG
ADVAIR HFA 45/21MCG	DUOBRII 0.01%-0.045%	KEPPRA (G) 750MG	SPIRIVA RESPIMAT 2.5MCG
ADVAIR HFA 115/21MCG	EDARBI 40MG	KEPPRA (G) 1000MG	STEGLUJAN 5MG-100MG
ADVAIR HFA 230/21MCG	EDARBI 80MG	KERENDIA 10MG	STEGLUJAN 15MG-100MG
ALOCRIL 2%	EDARBYCLOR 40MG/12.5MG	KERENDIA 20MG	STIOLTO RESPIMAT 2.5/2.5MCG
ALOMIDE 0.1%	EDARBYCLOR 40MG/25MG	KISQALI 200MG	STRIVERDI RESPIMAT 2.5MCG
ALPHAGAN-P 0.15%	EDECIN 25MG	KOMBIGLYZE XR 2.5MG/1000MG	SUTENT 12.5MG
ALREX 0.2%	EDURANT 25MG	KOMBIGLYZE XR 5MG/500MG	SUTENT 25MG
ALVESCO 80MCG	ELIQUIS 2.5MG	KOMBIGLYZE XR 5MG/1000MG	SUTENT 37.5MG
ALVESCO 160MCG	ELIQUIS 5MG	LATUDA 20MG	SUTENT 50MG
ANAPROX DS 550MG	ENTRESTO 24MG-26MG	LATUDA 40MG	SYMBICORT 160MCG-4.5MCG
ANORO ELLIPTA 62.5/25MCG	ENTRESTO 49MG-51MG	LATUDA 60MG	SYMTUZA
APTIOM 200MG	ENTRESTO 97MG-103MG	LATUDA 80MG	SYNJARDY 5MG/500MG
APTIOM 400MG	EPZICOM (G) 600MG-300MG	LATUDA 120MG	SYNJARDY 5MG/1000MG
APTIOM 600MG	EUCRISA 2%	LEXIVA 700MG	SYNJARDY 12.5MG/500MG
APTIOM 800MG	EVISTA (G) 60MG	LIPITOR (G) 10MG	SYNJARDY 12.5MG/1000MG
ARNUITY ELLIPTA 100MCG	EVOTAZ 300MG-150MG	LIPITOR (G) 20MG	TASMAR 100MG
ARNUITY ELLIPTA 200MCG	EXFORGE (G) 5/160MG	LIPITOR (G) 40MG	TECFIDERA (G) 120MG
ASMANEX TWISTHALER 110MCG	EXFORGE (G) 5/320MG	LIPITOR (G) 80MG	TECFIDERA (G) 240MG
ASMANEX TWISTHALER 220MCG	EXFORGE (G) 10/160MG	LUMIGAN 0.01%	TEKTURNA 150MG
ASTAGRAF XL 1MG	EXFORGE (G) 10/320MG	MESTINON TS 180MG	TEKTURNA 300MG
ASTAGRAF XL 5MG	EXFORGE HCT 160/12.5/5MG	MIRVASO 0.33%	TIVICAY 50MG
ATACAND 4MG	EXFORGE HCT 160/12.5/10MG	MOTEGRITY 1MG	TOBI PODHALER 28MG
ATACAND 8MG	EXFORGE HCT 160/25/5MG	MOTEGRITY 2MG	TOBREX OINT 0.3%
ATACAND 16MG	EXFORGE HCT 160/25/10MG	MULTAQ 400MG	TRADJENTA 5MG
ATACAND 32MG	EXFORGE HCT 320/25/10MG	NAMENDA (G) 10MG	TRELEGY ELLIPTA 100-62.5-25MCG
ATACAND HCT 32MG/25MG	FARESTON 60MG	NATAZIA 3/2-2/2-3/1MG	TRELEGY ELLIPTA 200-62.5-25MCG
ATACAND HCT 16MG/12.5MG	FARXIGA 5MG	NESINA 6.25MG	TRIBENZOR 20/5/12.5MG
ATACAND HCT 32MG/12.5MG	FARXIGA 10MG	NESINA 12.5MG	TRIBENZOR 40/5/12.5MG
ATELVIA DR 35MG	FETZIMA 20MG	NESINA 25MG	TRIBENZOR 40/5/25MG
ATROVENT HFA 20UG	FETZIMA 40MG	NEUPRO 1MG	TRIBENZOR 40/10/12.5MG
AUBAGIO (G) 14MG	FETZIMA 80MG	NEUPRO 2MG	TRIBENZOR 40/10/25MG
AVODART (G) 0.5MG	FETZIMA 120MG	NEUPRO 3MG	TRILEPTAL (G) 150MG
AZOPT 1%	FLOVENT 44MCG	NEUPRO 4MG	TRILEPTAL (G) 300MG
BENICAR (G) 20MG	FLOVENT 110MCG	NEUPRO 6MG	TRILEPTAL (G) 600MG
BENICAR (G) 40MG	FLOVENT 220MCG	NEUPRO 8MG	TRINTELLIX 5MG
BEPREVE 1.5%	FLOVENT DISKUS 100MCG	NEVANAC 3MG/ML	TRINTELLIX 10MG
BETIMOL 0.25%	FLOVENT DISKUS 250MCG	NEXAVAR 200MG	TRINTELLIX 20MG
BETIMOL 0.5%	FOSAMAX PLUS D 70MG-2800IU	NEXIUM (G) 20MG	TRIUMEQ 600-50-300MG
BETOPTIC S 0.25%	FOSAMAX PLUS D 70MG-5600IU	NEXIUM (G) 40MG	TUDORZA PRESSAIR 400MCG
BEVESPI AEROSPHERE	FOSRENOL CHEW 500MG	NEXLETOL 180MG	ULORIC 80MG
9MCG-4.8MCG	FOSRENOL CHEW 750MG	NEXLIZET 180MG-10MG	UROCI-K (G) 10MEQ
BEYAZ	FOSRENOL CHEW 1000MG	NUBEQA 300MG	VELPHORO 500MG
BIJUVA 1MG-100MG	FOSRENOL POWDER 750MG	NURTEC ODT 75MG	VENTOLIN HFA 90MCG
BIKTARVY 50MG-200MG-25MG	FOSRENOL POWDER 1000MG	ODEFSEY 200MG-25MG-25MG	VIIBRYD 10MG
BINOSTO 70MG	GENVOYA	ONGLYZA 2.5MG	VIIBRYD 20MG
BREO ELLIPTA 100/25MCG	GILENYA (G) 0.5MG	ONGLYZA 5MG	VIIBRYD 40MG
BREO ELLIPTA 200/25MCG	GLYXAMBI 10MG/5MG	OSPHEA 60MG	VIREAD (G) 300MG
BREZTRI AEROSPHERE	GLYXAMBI 25MG/5MG	OTEZLA 30MG	VRAYLAR 1.5MG
160MCG-9MCG-4.8MCG	IBRANCE 75MG	PLAQUENIL 200MG	VRAYLAR 3MG
BRILINTA 60MG	IBRANCE 100MG	PRESTALIA 3.5MG/2.5MG	VRAYLAR 4.5MG
BRILINTA 90MG	IBRANCE 125MG	PRESTALIA 7MG/5MG	VRAYLAR 6MG
BYSTOLIC (G) 2.5MG	ILEVRO 0.3%	PRESTALIA 14MG/10MG	VUMERITY 231MG
BYSTOLIC (G) 5MG	INCRUSE ELLIPTA 62.5MCG	PRISTIQ 50MG	WAKIX 4.5MG
BYSTOLIC (G) 10MG	INVOKAMET 50MG-500MG	PRISTIQ 100MG	WAKIX 17.8MG
BYSTOLIC (G) 20MG	INVOKAMET 50MG-1000MG	QTERN 10-5MG	WELCHOL (G) 625MG
CARDURA XL 4MG	INVOKAMET 150MG-500MG	QVAR REDHALER 40MCG	WELLBUTRIN XL (G) 150MG
CARDURA XL 8MG	INVOKAMET 150MG-1000MG	QVAR REDHALER 80MCG	WELLBUTRIN XL (G) 300MG
CEQUA (G) 0.09%	INVOKANA 100MG	RANEXA (G) 500MG	XADAGO 50MG
COMBIGAN 0.2-0.5%	INVOKANA 300MG	RAPAMUNE 0.5MG	XADAGO 100MG
COMBIVENT RESPIMAT	IRESSA 250MG	RAPAMUNE 2MG	XALATAN 50MCG/ML
20MCG/100MCG	ISENTRESS 400MG	RENAGEL 800MG	XARELTO 2.5MG
COMTAN (G) 200MG	JAKAFI 5MG	RESTASIS MULTIDOSE (G) 0.05%	XARELTO 10MG
COSOPT PF 2%/0.5%	JAKAFI 10MG	RESTASIS VIALS 0.05%	XARELTO 15MG
CRESTOR (G) 5MG	JAKAFI 15MG	REXULTI 0.25MG	XARELTO 20MG
CRESTOR (G) 10MG	JAKAFI 20MG	REXULTI 0.5MG	XELJANZ 5MG
CRESTOR (G) 20MG	JANUMET 50/500MG	REXULTI 1MG	XELJANZ 10MG
CRESTOR (G) 40MG	JANUMET 50/1000MG	REXULTI 2MG	XELJANZ XR 11MG
DALIRESP 500MCG	JANUMET XR 50MG/500MG	REXULTI 3MG	XIGDUO XR 5/1000MG
DDAVP (G) 0.2MG	JANUMET XR 50MG/1000MG	REXULTI 4MG	XIGDUO XR 10/500MG
DEPAKOTE (G) 250MG	JANUMET XR 100MG/1000MG	RINVOQ 15MG	XIGDUO XR 10/1000MG
DEPAKOTE (G) 500MG	JANUVIA 25MG	RINVOQ 30MG	YAZ (G) 3/0.02MG
DEXILANT DR 30MG	JANUVIA 50MG	RYBELSUS 3MG	ZELAPAR 1.25MG
DEXILANT DR 60MG	JANUVIA 100MG	RYBELSUS 7MG	ZIANA 1.2%-0.025%
DIOVAN (G) 40MG	JARDIANCE 10MG	RYBELSUS 14MG	ZYCLARA PACKET 3.75%
DIOVAN (G) 80MG	JARDIANCE 25MG	SAPHRIS 5MG	ZYCLARA PUMP 3.75%
DIOVAN (G) 160MG	JENTADUETO 2.5MG-500MG	SAPHRIS 10MG	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.