



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

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.