



Minuteman Nashoba Health Group

**SIMPLE.
SAFE.
SMART.**

Receive a one-time **\$25 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 that is available to eligible employees, non-Medicare eligible retirees and their dependents enrolled in the HSA qualified High Deductible Health Plans (**HSAQs**) with the Minuteman Nashoba Health Group. Only preventive medications are available to you through this program.

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 **1-866-893-6337** and speak with a CANARX representative or view the complete formulary and print enrollment material at www.canarx.com (WebID: **MNHG**).
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: **MNHG**

January 2023

ADVAIR DISKUS 100MCG	EXFORGE 5/160MG	LATUDA 80MG	SPIRIVA RESPIMAT 2.5MCG
ADVAIR DISKUS 250MCG	EXFORGE 5/320MG	LATUDA 120MG	STEGLATRO 5MG
ADVAIR DISKUS 500MCG	EXFORGE 10/160MG	LEXIVA 700MG	STEGLATRO 15MG
ADVAIR HFA 45/21MCG	EXFORGE 10/320MG	LIPITOR (G) 10MG	STEGLUJAN 5MG-100MG
ADVAIR HFA 115/21MCG	EXFORGE HCT 160/12.5/5MG	LIPITOR (G) 20MG	STEGLUJAN 15MG-100MG
ADVAIR HFA 230/21MCG	EXFORGE HCT 160/12.5/10MG	LIPITOR (G) 40MG	STIOLTO RESPIMAT 2.5/2.5MCG
ALOMIDE 0.1%	EXFORGE HCT 160/25/5MG	LIPITOR (G) 80MG	STRATTERA 10MG
ALPHAGAN-P 0.15%	EXFORGE HCT 160/25/10MG	LUMIGAN 0.01%	STRATTERA 18MG
ALREX 0.2%	EXFORGE HCT 320/25/10MG	MESTINON TS 180MG	STRATTERA 25MG
ALVESCO 80MCG	FARESTON 60MG	MIRVASO 0.33%	STRATTERA 40MG
ALVESCO 160MCG	FARXIGA 5MG	MOTEGRITY 1MG	STRATTERA 60MG
ANAPROX DS 550MG	FARXIGA 10MG	MOTEGRITY 2MG	STRATTERA 80MG
ANORO ELLIPTA 62.5/25MCG	FETZIMA 20MG	MULTAQ 400MG	STRATTERA 100MG
APTOM 200MG	FETZIMA 40MG	NAMENDA 10MG	STRIVERDI RESPIMAT 2.5MCG
APTOM 400MG	FETZIMA 80MG	NATAZIA 3/2-2/2-3/1MG	SYM TUZA
APTOM 600MG	FETZIMA 120MG	NESINA 6.25MG	SYNJARDY 5MG/500MG
APTOM 800MG	FLOVENT 44MCG	NESINA 12.5MG	SYNJARDY 5MG/1000MG
ARNUITY ELLIPTA 100MCG	FLOVENT 110MCG	NESINA 25MG	SYNJARDY 12.5MG/500MG
ARNUITY ELLIPTA 200MCG	FLOVENT 220MCG	NEUPRO 1MG	SYNJARDY 12.5MG/1000MG
ASTAGRAF XL 5MG	FLOVENT DISKUS 100MCG	NEUPRO 2MG	TASMAR 100MG
ATROVENT HFA 20UG	FLOVENT DISKUS 250MCG	NEUPRO 3MG	TECFIDERA (G) 120MG
AVODART (G) 0.5MG	FOSAMAX PLUS D 70MG-2800IU	NEUPRO 4MG	TECFIDERA (G) 240MG
AZOPT 1%	FOSAMAX PLUS D 70MG-5600IU	NEUPRO 6MG	TIVICAY 50MG
BEPREVE 1.5%	FOSRENOL CHEW 500MG	NEUPRO 8MG	TOBI PODHALER 28MG
BETIMOL 0.25%	FOSRENOL CHEW 750MG	NEVANAC 3MG/ML	TOBREX OINT 0.3%
BETIMOL 0.5%	FOSRENOL CHEW 1000MG	NEXAVAR 200MG	TOLAK 4%
BETOPTIC S 0.25%	FOSRENOL POWDER 750MG	NEXIUM (G) 20MG	TRADJENTA 5MG
BEYAZ	FOSRENOL POWDER 1000MG	NEXIUM (G) 40MG	TRAVATAN Z 0.004%
BIJUVA 1MG-100MG	GENVOYA	NEXLETOL 180MG	TRELEGY ELLIPTA
BIKTARVY	GILENYA 0.5MG	NEXLIZET 180MG-10MG	100-62.5-25MCG
50MG-200MG-25MG	GLYXAMBI 10MG/5MG	ODEFSEY 200MG-25MG-25MG	TRELEGY ELLIPTA
BINOSTO 70MG	GLYXAMBI 25MG/5MG	ONGLYZA 2.5MG	200-62.5-25MCG
BREO ELLIPTA 100/25MCG	IBRANCE 75MG	ONGLYZA 5MG	TRILEPTAL (G) 150MG
BREO ELLIPTA 200/25MCG	IBRANCE 100MG	OSPHENA 60MG	TRILEPTAL (G) 300MG
BRILINTA 60MG	IBRANCE 125MG	OTEZLA 30MG	TRILEPTAL (G) 600MG
BRILINTA 90MG	ILEVRO 0.3%	PRADAXA 75MG	TRINTELLIX 5MG
BYSTOLIC 2.5MG	INCRUSE ELLIPTA 62.5MCG	PRADAXA 150MG	TRINTELLIX 10MG
BYSTOLIC 5MG	INVOKAMET 50MG-500MG	PRESTALIA 3.5MG/2.5MG	TRINTELLIX 20MG
BYSTOLIC 10MG	INVOKAMET 50MG-1000MG	PRESTALIA 7MG/5MG	TRIUMEQ 600-50-300MG
BYSTOLIC 20MG	INVOKAMET 150MG-500MG	PRESTALIA 14MG/10MG	TUDORZA PRESSAIR 400MCG
COMBIGAN 0.2-0.5%	INVOKAMET 150MG-1000MG	PRISTIQ 50MG	ULORIC 80MG
COMBIVENT RESPIMAT	INVOKANA 100MG	PRISTIQ 100MG	UROCIT-K 10MEQ
20MCG/100MCG	INVOKANA 300MG	QTERN 10-5MG	VELPHORO 500MG
COMTAN 200MG	ISENTRESS 400MG	QVAR REDIHALER 40MCG	VENTOLIN HFA 90MCG
CRESTOR (G) 5MG	JAKAFI 5MG	QVAR REDIHALER 80MCG	VIIBRYD 10MG
CRESTOR (G) 10MG	JAKAFI 10MG	RANEXA 500MG	VIIBRYD 20MG
CRESTOR (G) 20MG	JAKAFI 15MG	RAPAMUNE 0.5MG	VIIBRYD 40MG
CRESTOR (G) 40MG	JAKAFI 20MG	RAPAMUNE 1MG	VIREAD (G) 300MG
DALIRESP 500MCG	JANUMET 50/500MG	RAPAMUNE 2MG	VRAYLAR 1.5MG
DDAVP (G) 0.2MG	JANUMET 50/1000MG	RENAGEL 800MG	VRAYLAR 3MG
DEPAKOTE 250MG	JANUMET XR 50MG/500MG	RENVELA (G) 800MG	VRAYLAR 4.5MG
DEPAKOTE 500MG	JANUMET XR 50MG/1000MG	RESTASIS MULTIDOSE 0.05%	VRAYLAR 6MG
DEXILANT DR 30MG	JANUMET XR 100MG/1000MG	RESTASIS VIALS 0.05%	VUMERITY 231MG
DEXILANT DR 60MG	JANUVIA 25MG	REXULTI 0.25MG	WAKIX 4.5MG
DIOVAN (G) 40MG	JANUVIA 50MG	REXULTI 0.5MG	WAKIX 17.8MG
DIOVAN (G) 80MG	JANUVIA 100MG	REXULTI 1MG	WELCHOL 625MG
DIOVAN (G) 160MG	JARDIANCE 10MG	REXULTI 2MG	WELCHOL PACKET 3.75G
DIOVAN (G) 320MG	JARDIANCE 25MG	REXULTI 3MG	WELLBUTRIN XL (G) 150MG
DOVATO 50MG-300MG	JENTADUETO 2.5MG-500MG	REXULTI 4MG	WELLBUTRIN XL (G) 300MG
DUAVEE 0.45-20MG	JENTADUETO 2.5MG-850MG	RINVOQ 15MG	XALATAN 50MCG/ML
DULERA 100MCG/5MCG	JENTADUETO 2.5MG-1000MG	RINVOQ 30MG	XARELTO 2.5MG
DULERA 200MCG/5MCG	JULUCA 50MG-25MG	RYBELSUS 3MG	XARELTO 10MG
DUOBRII 0.01%-0.045%	KAZANO 12.5/500MG	RYBELSUS 7MG	XARELTO 15MG
EDARBI 40MG	KAZANO 12.5/1000MG	RYBELSUS 14MG	XARELTO 20MG
EDARBI 80MG	KEPPRA (G) 250MG	SAPHRIS 5MG	XELJANZ 5MG
EDARBYCLOR 40MG/12.5MG	KEPPRA (G) 500MG	SAPHRIS 10MG	XELJANZ 10MG
EDARBYCLOR 40MG/25MG	KEPPRA (G) 750MG	SEGLUROMET 2.5MG-500MG	XELJANZ XR 11MG
EDECIN 25MG	KEPPRA (G) 1000MG	SEGLUROMET 2.5MG-1000MG	XIGDUO XR 5/1000MG
EDURANT 25MG	KERENDIA 10MG	SEGLUROMET 7.5MG-500MG	XIGDUO XR 10/500MG
ELIQUIS 2.5MG	KERENDIA 20MG	SEGLUROMET 7.5MG-1000MG	XIGDUO XR 10/1000MG
ELIQUIS 5MG	KISQALI 200MG	SENSIPAR (G) 30MG	YAZ 3/0.02MG
ENTRESTO 24MG-26MG	KOMBIGLYZE XR 2.5MG/1000MG	SENSIPAR (G) 60MG	ZIAGEN (G) 300MG
ENTRESTO 49MG-51MG	KOMBIGLYZE XR 5MG/500MG	SEREVENT DISKUS 50MCG	ZIANA 1.2%-0.025%
ENTRESTO 97MG-103MG	KOMBIGLYZE XR 5MG/1000MG	SIMBRINZA 1%/0.2%	ZYCLARA PACKET 3.75%
EPZICOM (G) 600MG-300MG	LATUDA 20MG	SLYND 4MG	ZYCLARA PUMP 3.75%
EUCRISA 2%	LATUDA 40MG	SOOLANTRA 1%	ZYTIGA (G) 250MG
EVOTAZ 300MG-150MG	LATUDA 60MG	SPIRIVA 18MCG	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.