



HAMPSHIRE COUNTY
GROUP INSURANCE TRUST

SIMPLE. SAFE. SMART.



SIGN UP TODAY

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, retirees (current Medex subscribers are not eligible) and their dependents of Hampshire County Group Insurance Trust, MA.

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: HCGIT).
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).
Sit back and relax... medication will be mailed direct to your home within 4 weeks!

- ✓ **\$0 Copay**
- ✓ **450+ 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: HCGIT

ACIPHEX 20MG	CADUET 10/40MG	EXFORGE HCT 320/25/10MG	KISQALI 200MG	PRISTIQ 100MG	TIVICAY 50MG
ACTONEL 35MG	CADUET 10/80MG	FARESTON 60MG	KOMBIGLYZE XR	PROMETRIUM 100MG	TOBI PODHALER 28MG
ACTONEL 150MG	CELEBREX 100MG	FARXIGA 5MG	2.5MG/1000MG	PROTOPIC OINT 0.03%	TOBREX OINT 0.3%
ACTOPLUS 15MG-850MG	CELEBREX 200MG	FARXIGA 10MG	KOMBIGLYZE XR	PROTOPIC OINT 0.1%	TOLAK 4%
ACTOS (G) 15MG	CEQUA 0.09%	FELDENE 10MG	5MG/500MG	QTERN 10-5MG	TOPICORT CREAM 0.25%
ACTOS (G) 30MG	CLIMARA PATCH 25MCG	FELDENE 20MG	KOMBIGLYZE XR	QVAR REDIHALER 40MCG	TOVIAZ 4MG
ACTOS (G) 45MG	CLIMARA PATCH 50MCG	FETZIMA 20MG	5MG/1000MG	QVAR REDIHALER 80MCG	TOVIAZ 8MG
ADCIRCA (G) 20MG	CLIMARA PATCH 75MCG	FETZIMA 40MG	LAMICTAL (G) 200MG	RANEXA 500MG	TRADJENTA 5MG
ADVAIR DISKUS 100MCG	CLIMARA PATCH 100MCG	FETZIMA 80MG	LATUDA 20MG	RAPAFLO 4MG	TRELEGY ELLIPTA
ADVAIR DISKUS 250MCG	COMBIGAN 0.2-0.5%	FETZIMA 120MG	LATUDA 40MG	RAPAMUNE 0.5MG	100-62.5-25MCG
ADVAIR DISKUS 500MCG	COMBIVENT RESPIMAT	FINACEA GEL 15%	LATUDA 60MG	RAPAMUNE 1MG	TRELEGY ELLIPTA
ADVAIR HFA 45/21MCG	20MCG/100MCG	FLAREX 0.1%	LATUDA 80MG	RAPAMUNE 2MG	200-62.5-25MCG
ADVAIR HFA 115/21MCG	COMTAN 200MG	FLOVENT 44MCG	LATUDA 120MG	RELPAK 20MG	TRINTELLIX 5MG
ADVAIR HFA 230/21MCG	CORGARD 80MG	FLOVENT 110MCG	LEXIVA 700MG	RELPAK 40MG	TRINTELLIX 10MG
AFINITOR 2.5MG	COSOPT PF 2%/0.5%	FLOVENT 220MCG	LIALDA 1.2GM	RENAGEL 800MG	TRINTELLIX 20MG
AFINITOR 5MG	CRESTOR (G) 5MG	FLOVENT DISKUS 100MCG	LINZESS 72MCG	RENVELA (G) 800MG	TRIUAMEQ 600-50-300MG
AFINITOR 10MG	CRESTOR (G) 10MG	FLOVENT DISKUS 250MCG	LINZESS 145MCG	RESTASIS MULTIDOSE 0.05%	TUDORZA PRESSAIR 400MCG
AKLIEF 50MCG/G	CRESTOR (G) 20MG	FOSAMAX PLUS D	LINZESS 290MCG	RESTASIS VIALS 0.05%	UCERIS 9MG
ALOMIDE 0.1%	CRESTOR (G) 40MG	F70MG-2800IU	LIPITOR (G) 10MG	RETIN A MICRO GEL PUMP	ULORIC 80MG
ALPHAGAN-P 0.15%	CRINONE GEL 8%	FOSAMAX PLUS D	LIPITOR (G) 20MG	0.04%	UROCIT-K 10MEQ
ALREX 0.2%	CYMBALTA (G) 20MG	70MG-5600IU	LIPITOR (G) 40MG	RETIN-A MICRO GEL PUMP	URSO 250MG
ALVESCO 80MCG	CYMBALTA (G) 30MG	FOSRENOL CHEW 500MG	LIPITOR (G) 80MG	0.1%	VAGIFEM 10MCG
ALVESCO 160MCG	CYMBALTA (G) 60MG	FOSRENOL CHEW 750MG	LOTEMAX GEL 0.5%	REXULTI 0.25MG	VALTRES (G) 1000MG
AMPYRA 10MG	CYTOTEC (G) 200MCG	FOSRENOL CHEW 1000MG	LOTEMAX OINT 0.5%	REXULTI 0.5MG	VECTICAL 3MCG/GM
ANAPROX DS 550MG	DALIRESP 500MCG	FOSRENOL POWDER 750MG	LOTEMAX SUSP 0.5%	REXULTI 1MG	VELPHORO 500MG
ANORO ELLIPTA 62.5/25MCG	DEPAKOTE 250MG	FOSRENOL POWDER 1000MG	LUMIGAN 0.01%	REXULTI 2MG	VENTOLIN HFA 90MCG
APTIOM 200MG	DEPAKOTE 500MG	GENVOYA	MESTINON TS 180MG	REXULTI 3MG	VESICARE (G) 5MG
APTIOM 400MG	DETROL LA 2MG	GILENYA 0.5MG	METRO CREAM 0.75%	REXULTI 4MG	VESICARE (G) 10MG
APTIOM 600MG	DETROL LA 4MG	GLUCAGEN HYPOKIT 1MG	METROGEL PUMP 1%	RINVOQ 15MG	VIIBRYD 10MG
APTIOM 800MG	DEXILANT DR 30MG	GLUMETZA ER 1000MG	MIGRANAL 4MG/ML	RINVOQ 30MG	VIIBRYD 20MG
ARNUITY ELLIPTA 100MCG	DEXILANT DR 60MG	GLYXAMBI 10MG/5MG	MIRVAO 0.33%	RYBELSUS 3MG	VIIBRYD 40MG
ARNUITY ELLIPTA 200MCG	DIFFERIN CREAM 0.1%	GLYXAMBI 25MG/5MG	MOTEGRITY 1MG	RYBELSUS 7MG	VIMOVO 375/20MG
AROMASIN 25MG	DIFFERIN GEL 0.3%	HEPSERA (G) 10MG	MOTEGRITY 2MG	RYBELSUS 14MG	VIMOVO 500/20MG
ARTHROTEC 50MG	DIOVAN (G) 40MG	IBRANCE 75MG	MULTAQ 400MG	SAPHRIS 5MG	VIREAD (G) 300MG
ARTHROTEC 75MG	DIOVAN (G) 80MG	IBRANCE 100MG	MYRBETRIQ 25MG	SAPHRIS 10MG	VIVELLE-DOT 25MCG
ASTAGRAF XL 1MG	DIOVAN (G) 160MG	IBRANCE 125MG	MYRBETRIQ 50MG	SEGLUROMET	VIVELLE-DOT 37.5MCG
ASTAGRAF XL 5MG	DIOVAN (G) 320MG	IMITREX NASAL SPRAY 5MG	NAMENDA 10MG	2.5MG-500MG	VIVELLE-DOT 50MCG
ATACAND 4MG	DIOVAN HCT (G) 320/25MG	IMITREX NASAL SPRAY 20MG	NATAZIA 3/2-2/2-3/1MG	SEGLUROMET	VIVELLE-DOT 75MCG
ATACAND 8MG	DIPROLENE OINT 0.05%	IMITREX STATDOSE	NESINA 6.25MG	2.5MG-1000MG	VIVELLE-DOT 100MCG
ATACAND 16MG	DIVIGEL 0.25MG	6MG/0.5ML	NESINA 12.5MG	SEGLUROMET	VRAYLAR 1.5MG
ATACAND 32MG	DIVIGEL 0.5MG	IMURAN (G) 50MG	NESINA 25MG	7.5MG-500MG	VRAYLAR 3MG
ATACAND HCT 16MG/12.5MG	DIVIGEL 1MG	INCRUSE ELLIPTA 62.5MCG	NEUPRO 1MG	SEGLUROMET	VRAYLAR 4.5MG
ATACAND HCT 32MG/12.5MG	DOVATO 50MG-300MG	INSPIRA 25MG	NEUPRO 2MG	7.5MG-1000MG	VRAYLAR 6MG
ATACAND HCT 32MG/25MG	DULERA 100MCG/5MCG	INSPIRA 50MG	NEUPRO 3MG	SENSIPAR (G) 30MG	VUMERITY 231MG
ATROVENT HFA 20UG	DULERA 200MCG/5MCG	INVEGA 3MG	NEUPRO 4MG	SENSIPAR (G) 60MG	VYTORIN 10/10MG
AUBAGIO 14MG	DUOBRII 0.01%-0.045%	INVEGA 6MG	NEUPRO 6MG	SEREVENT DISKUS 50MCG	VYTORIN 10/20MG
AVODART (G) 0.5MG	DYMISTA 137/50MCG	INVEGA 9MG	NEUPRO 8MG	SIMBRINZA 1%/0.2%	VYTORIN 10/40MG
AZELEX 20%	EDARBI 40MG	INVOKAMET 50MG-500MG	NEVANAC 3MG/ML	SINGULAIR (G) 10MG	VYTORIN 10/80MG
AZILECT 0.5MG	EDARBI 80MG	INVOKAMET 50MG-1000MG	NEXAVAR 200MG	SLYND 4MG	WAKIX 4.5MG
AZILECT 1MG	EDARBYCLOR 40MG/12.5MG	INVOKAMET 150MG-500MG	NEXIUM (G) 20MG	SOOLANTRA 1%	WAKIX 17.8MG
AZOPT 1%	EDARBYCLOR 40MG/25MG	INVOKAMET 150MG-1000MG	NEXIUM (G) 40MG	SPIRIVA 18MCG	WELCHOL 625MG
BANZEL 200MG	EDECIN 25MG	INVOKANA 100MG	NEXLETOL 180MG	SPIRIVA RESPIMAT 2.5MCG	WELLBUTRIN XL (G) 150MG
BANZEL 400MG	EDURANT 25MG	INVOKANA 300MG	NEXLIZET 180MG-10MG	STEGLATRO 5MG	WELLBUTRIN XL (G) 300MG
BECONASE AQ 42MCG	EFFIENT (G) 5MG	IRESSA 250MG	NORITATE CREAM 1%	STEGLATRO 15MG	XADAGO 50MG
BENICAR 20MG	EFFIENT (G) 10MG	ISENTRESS 400MG	NORVASC (G) 5MG	STEGLUJAN 5MG-100MG	XADAGO 100MG
BENICAR 40MG	ELIDEL 1%	JAKAFI 5MG	NORVASC (G) 10MG	STEGLUJAN 15MG-100MG	XALATAN 50MCG/ML
BENICAR HCT 20MG/12.5MG	ELIQUIS 2.5MG	JAKAFI 10MG	ODEFSEY	STIOLTO RESPIMAT	XARELTO 2.5MG
BENICAR HCT 40MG/12.5MG	ELIQUIS 5MG	JAKAFI 15MG	200MG-25MG-25MG	2.5/2.5MCG	XARELTO 10MG
BENICAR HCT 40MG/25MG	ELMIRON 100MG	JAKAFI 20MG	OLUMIANT 2MG	STRATTERA 10MG	XARELTO 15MG
BENZAFLIN GEL	ENTRESTO 24MG-26MG	JALYN 0.5MG/0.4MG	OMNARIS 50MCG	STRATTERA 18MG	XARELTO 20MG
BEPREVE 1.5%	ENTRESTO 49MG-51MG	JANUMET 50/500MG	ONGLYZA 2.5MG	STRATTERA 25MG	XELJANZ 5MG
BETIMOL 0.25%	ENTRESTO 97MG-103MG	JANUMET 50/1000MG	ONGLYZA 5MG	STRATTERA 40MG	XELJANZ 10MG
BETIMOL 0.5%	EPIDUO FORTE 0.3%/2.5%	JANUMET XR 50MG/500MG	ORILISSA 150MG	STRATTERA 60MG	XELJANZ XR 11MG
BETOPTIC S 0.25%	EPIDUO GEL PUMP 0.1%/2.5%	JANUMET XR 50MG/1000MG	ORILISSA 200MG	STRATTERA 80MG	XENAZINE 25MG
BEYAZ	EPIPEN 0.3MG	JANUMET XR 100MG/1000MG	OSPHERA 60MG	STRATTERA 100MG	XENICAL 120MG
BIJUVA 1MG-100MG	EPIPEN JR 0.15MG	JANUVIA 25MG	OTEZLA 30MG	STRIVERDI RESPIMAT	XIGDUO XR 5/1000MG
BIKTARVY	EPIVIR / HBV 100MG	JANUVIA 50MG	PENTASA 500MG	2.5MCG	XIGDUO XR 10/500MG
50MG-200MG-25MG	EPZICOM (G) 600MG-300MG	JANUVIA 100MG	PLAQUENIL 200MG	SYM TUZA	XIGDUO XR 10/1000MG
BINOSTO 70MG	ESTROGEL 0.06%	JARDIANCE 10MG	PLAVIX (G) 75MG	SYNAREL NASAL	XIIDRA 5%
BREO ELLIPTA 100/25MCG	EUCRISA 2%	JARDIANCE 25MG	PRADAXA 75MG	SYNJARDY 5MG/500MG	YASMIN 28
BREO ELLIPTA 200/25MCG	EVISTA 60MG	JENTADUETO 2.5MG-500MG	PRADAXA 150MG	SYNJARDY 5MG/1000MG	YAZ 3/0.02MG
BRILINTA 60MG	EVOTAZ 300MG-150MG	JENTADUETO 2.5MG-850MG	PRED FORTE 1%	SYNJARDY 12.5MG/500MG	ZELAPAR 1.25MG
BRILINTA 90MG	EXELON 4.6MG/24HR	JENTADUETO	PREMARIN 0.3MG	SYNJARDY 12.5MG/1000MG	ZETIA (G) 10MG
BYSTOLIC 2.5MG	EXELON 9.5MG/24HR	2.5MG-1000MG	PREMARIN 0.625MG	TASIGNA 150MG	ZIAGEN (G) 300MG
BYSTOLIC 5MG	EXELON 13.3MG/24HR	JULUCA 50MG-25MG	PREMARIN 1.25MG	TASIGNA 200MG	ZIANA 1.2%-0.025%
BYSTOLIC 10MG	EXFORGE 5/160MG	KAZANO 12.5/500MG	PREMARIN CREAM	TASMAR 100MG	ZOMIG (G) 2.5MG
BYSTOLIC 20MG	EXFORGE 5/320MG	KAZANO 12.5/1000MG	0.625MG/GM	TAZORAC CREAM 0.05%	ZOMIG NASAL SPRAY 5MG
CADUET 5/10MG	EXFORGE 10/160MG	KEPPRA (G) 250MG	PREMPRO 0.3MG/1.5MG	TAZORAC GEL 0.05%	ZOMIG ZMT 2.5MG
CADUET 5/20MG	EXFORGE 10/320MG	KEPPRA (G) 500MG	PRESTALIA 3.5MG/2.5MG	TAZORAC GEL 0.1%	ZOVIRAX CREAM 5%
CADUET 5/40MG	EXFORGE HCT 160/12.5/5MG	KEPPRA (G) 750MG	PRESTALIA 7MG/5MG	TECFIDERA (G) 120MG	ZYCLARA PACKET 3.75%
CADUET 5/80MG	EXFORGE HCT 160/12.5/10MG	KEPPRA (G) 1000MG	PRESTALIA 14MG/10MG	TECFIDERA (G) 240MG	ZYCLARA PUMP 3.75%
CADUET 10/10MG	EXFORGE HCT 160/25/5MG	KERENDIA 10MG	PREZISTA 800MG	TEKTURNAL 150MG	ZYTIGA (G) 250MG
CADUET 10/20MG	EXFORGE HCT 160/25/10MG	KERENDIA 20MG	PRISTIQ 50MG	TEKTURNAL 300MG	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.