



Scantic Valley Regional Health Trust

Towns of East Longmeadow, Hampden, Longmeadow and Wilbraham, the Hampden-Wilbraham Regional School District and the Lower Pioneer Valley Educational Collaborative

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, non-Medicare eligible retirees and their dependents enrolled in a health plan with the Scantic Valley Regional Health Trust (SVRHT).

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: **SVRHT**).
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
- ✓ 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: SVRHT

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