



**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 and their dependents of Scotia-Glenville Central School District.

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: **SGCSD**).
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**
- ✓ **500+ 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: **SGCSD**

ABILIFY (G) 2MG	CADUET 5/20MG	EXFORGE 10/160MG	KOMBIGLYZE XR 5MG/1000MG	PREMARIN 0.625MG	TAZORAC GEL 0.1%
ABILIFY (G) 5MG	CADUET 5/40MG	EXFORGE 10/320MG	LAMICTAL (G) 5MG	PREMARIN 1.25MG	TECFIDERA (G) 120MG
ABILIFY (G) 10MG	CADUET 5/80MG	EXFORGE HCT 160/12.5/5MG	LAMICTAL (G) 25MG	PREMARIN CREAM 0.625MG/GM	TECFIDERA (G) 240MG
ABILIFY (G) 15MG	CADUET 10/10MG	EXFORGE HCT 160/12.5/10MG	LAMICTAL (G) 100MG	PREMPRO 0.3MG/1.5MG	TEKTURNA 150MG
ABILIFY (G) 20MG	CADUET 10/20MG	EXFORGE HCT 160/25/5MG	LAMICTAL (G) 150MG	PRESTALIA 3.5MG/2.5MG	TEKTURNA 300MG
ABILIFY (G) 30MG	CADUET 10/40MG	EXFORGE HCT 160/25/10MG	LAMICTAL (G) 200MG	PRESTALIA 7MG/5MG	TIVICAY 50MG
ACIPHEX 20MG	CADUET 10/80MG	EXFORGE HCT 320/25/10MG	LATUDA 20MG	PRESTALIA 14MG/10MG	TOBI PODHALER 28MG
ACTONEL 35MG	CAMBIA 50MG	FARESTON 60MG	LATUDA 40MG	PREVACID (G) 30MG	TOBREX OINT 0.3%
ACTONEL 150MG	CARDIZEM CD (G) 180MG	FARXIGA 5MG	LATUDA 60MG	PREVACID SOLUTAB 15MG	TOLAK 4%
ACTOPLUS 15MG-850MG	CARDIZEM CD (G) 240MG	FARXIGA 10MG	LATUDA 80MG	PREVACID SOLUTAB 30MG	TOVIAZ 4MG
ACZONE 5%	CARDIZEM CD (G) 360MG	FARXIGA 10MG	LATUDA 120MG	PREZISTA 800MG	TOVIAZ 8MG
ADCIRCA (G) 20MG	CARDURA XL 4MG	FELDENE 10MG	LEXAPRO (G) 10MG	PRISTIQ 50MG	TRADJENTA 5MG
ADVAIR DISKUS 100MCG	CARDURA XL 8MG	FELDENE 20MG	LEXAPRO (G) 20MG	PRISTIQ 100MG	TRAVATAN Z 0.004%
ADVAIR DISKUS 250MCG	CELEBREX 100MG	FETZIMA 20MG	LEXAPRO (G) 20MG	PROMETRIUM 100MG	TRELEGY ELLIPTA
ADVAIR DISKUS 500MCG	CELEBREX 200MG	FETZIMA 40MG	LIALDA 1.2GM	PROZAC (G) 20MG	100-62.5-25MCG
ADVAIR HFA 45/21MCG	CELEBREX 200MG	FETZIMA 80MG	LINZESS 72MCG	QTERN 10-5MG	TRELEGY ELLIPTA
ADVAIR HFA 115/21MCG	CELEBA (G) 20MG	FETZIMA 120MG	LINZESS 145MCG	QVAR REDHALER 40MCG	200-62.5-25MCG
ADVAIR HFA 230/21MCG	CELEBA (G) 40MG	FINACEA GEL 15%	LINZESS 290MCG	QVAR REDHALER 80MCG	TRIBENZOR 20/5/12.5MG
AFINITOR 2.5MG	CLARINEX 5MG	FLAREX 0.1%	LIPITOR (G) 10MG	RANEXA 500MG	TRIBENZOR 40/5/12.5MG
AFINITOR 5MG	CLIMARA PATCH 25MCG	FLOVENT 44MCG	LIPITOR (G) 20MG	RAPAFLO 4MG	TRIBENZOR 40/5/25MG
AFINITOR 10MG	CLIMARA PATCH 50MCG	FLOVENT 110MCG	LIPITOR (G) 40MG	RAPAFLO 8MG	TRIBENZOR 40/10/12.5MG
AKLIEF 50MCG/G	CLIMARA PATCH 75MCG	FLOVENT 220MCG	LIPITOR (G) 80MG	RAPAMUNE 0.5MG	TRIBENZOR 40/10/25MG
ALOCRIL 2%	CLIMARA PATCH 100MCG	FLOVENT DISKUS 100MCG	LOTEMAX GEL 0.5%	RAPAMUNE 1MG	TRINTELIX 5MG
ALOMIDE 0.1%	COMBIGAN 0.2-0.5%	FLOVENT DISKUS 250MCG	LOTEMAX OINT 0.5%	RAPAMUNE 2MG	TRINTELIX 10MG
ALPHAGAN-P 0.15%	COMBIVENT RESPIMAT	FOSAMAX PLUS D	LOTEMAX SUSP 0.5%	RELPAZ 20MG	TRINTELIX 20MG
ALREX 0.2%	20MCG/100MCG	70MG-280IUJ	LOVENOX (G) 40MG	RELPAZ 40MG	TRIUMEQ 600-50-300MG
ALTACE (G) 10MG	COMTAN 200MG	70MG-5600IUJ	LOVENOX (G) 60MG	RENAGEL 800MG	TUDORZA PRESSAIR 400MCG
ALVESCO 80MCG	CORGAR 80MG	FOSRENOL CHEW 500MG	LOVENOX (G) 80MG	RENVELA (G) 800MG	UCERIS 9MG
ALVESCO 160MCG	COSOPT PF 2%/0.5%	FOSRENOL CHEW 750MG	LOVENOX (G) 100MG	RESTASIS MULTIDOSE 0.05%	ULORIC 80MG
AMPYRA 10MG	CRESTOR (G) 5MG	FOSRENOL CHEW 1000MG	LUMIGAN 0.01%	RESTASIS VIALS 0.05%	UROCI-K 10MEQ
ANAPROX DS 550MG	CRESTOR (G) 10MG	FOSRENOL POWDER 750MG	MAXALT (G) 10MG	RETIN A MICRO GEL PUMP 0.04%	URSO 250MG
ANORO ELLIPTA 62.5/25MCG	CRESTOR (G) 20MG	FOSRENOL POWDER 1000MG	MESTINON TS 180MG	RETIN-A MICRO GEL PUMP 0.1%	VAGIFEM 10MCG
APTIOM 200MG	CRESTOR (G) 40MG	FROVA 2.5MG	METRO CREAM 0.75%	REVATIO (G) 20 MG	VELPHORO 500MG
APTIOM 400MG	CRINONE GEL 8%	GENVOYA	METROGEL PUMP 1%	REXULTI 0.25MG	VENTOLIN HFA 90MCG
APTIOM 600MG	CYMBALTA (G) 20MG	GILENYA 0.5MG	MICARDIS 20MG	REXULTI 0.5MG	VESICARE (G) 5MG
APTIOM 800MG	CYMBALTA (G) 30MG	GLUCAGEN HYPOKIT 1MG	MICARDIS 40MG	REXULTI 1MG	VESICARE (G) 10MG
ARAVA 10MG	CYMBALTA (G) 60MG	GLUMETZA ER 1000MG	MICARDIS 80MG	REXULTI 2MG	VIIBRYD 10MG
ARAVA 20MG	DALIRESP 500MCG	GLYXAMBI 10MG/5MG	MICARDIS HCT 40/12.5MG	REXULTI 3MG	VIIBRYD 20MG
ARNUITY ELLIPTA 100MCG	DEPAKOTE 250MG	GLYXAMBI 25MG/5MG	MICARDIS HCT 80/12.5MG	REXULTI 4MG	VIIBRYD 40MG
ARNUITY ELLIPTA 200MCG	DEPAKOTE 500MG	IBRANCE 75MG	MICARDIS HCT 80/25MG	RINVOQ 15MG	VIMOVO 375/20MG
AROMASIN 25MG	DETROL 1MG	IBRANCE 100MG	MIGRANAL 4MG/ML	RINVOQ 30MG	VIMOVO 500/20MG
ARTHROTEC 50MG	DETROL LA 2MG	IBRANCE 125MG	MIRAPEX ER 0.375MG	RYBELSUS 3MG	VIVELLE-DOT 25MCG
ARTHROTEC 75MG	DETROL LA 4MG	ILEVRO 0.3%	MIRAPEX ER 0.75MG	RYBELSUS 7MG	VIVELLE-DOT 37.5MCG
ASMANEX TWISTHALER 110MCG	DEXILANT DR 30MG	IMITREX NASAL SPRAY 5MG	MIRAPEX ER 1.5MG	RYBELSUS 14MG	VIVELLE-DOT 50MCG
ASMANEX TWISTHALER 220MCG	DEXILANT DR 60MG	IMITREX NASAL SPRAY 20MG	MIRAPEX ER 2.25MG	SAPHRIS 5MG	VIVELLE-DOT 75MCG
ASTAGRAF XL 1MG	DIFFERIN CREAM 0.1%	IMITREX STATDOSE 6MG/0.5ML	MIRAPEX ER 3MG	SAPHRIS 10MG	VIVELLE-DOT 100MCG
ASTAGRAF XL 5MG	DIFFERIN GEL 0.3%	INCRUSE ELLIPTA 62.5MCG	MIRAPEX ER 3.75MG	SEASONIQUE 0.15/0.03/0.01MG	VRAYLAR 1.5MG
ATACAND 4MG	DIOVAN (G) 40MG	INSPIRA 25MG	MIRAPEX ER 4.5MG	SEGLUROMET 2.5MG-500MG	VRAYLAR 3MG
ATACAND 8MG	DIOVAN (G) 80MG	INSPIRA 50MG	MIRVASO 0.33%	SEGLUROMET 2.5MG-1000MG	VRAYLAR 4.5MG
ATACAND 16MG	DIOVAN (G) 160MG	INVEGA 3MG	MOTEGRITY 1MG	SEGLUROMET 7.5MG-500MG	VRAYLAR 6MG
ATACAND 32MG	DIOVAN (G) 320MG	INVEGA 6MG	MOTEGRITY 2MG	SEGLUROMET 7.5MG-1000MG	VUMERITY 231MG
ATACAND HCT 32MG/25MG	DIPROLENE OINT 0.05%	INVEGA 9MG	MULTAQ 400MG	SENSIPAR (G) 30MG	VYTORIN 10/10MG
ATACAND HCT 16MG/12.5MG	DIVIGEL 0.25MG	INVOKAMET 50MG-500MG	MYRBETRIQ 25MG	SENSIPAR (G) 60MG	VYTORIN 10/20MG
ATACAND HCT 32MG/12.5MG	DIVIGEL 0.5MG	INVOKAMET 50MG-1000MG	MYRBETRIQ 50MG	SEREVENT DISKUS 50MCG	VYTORIN 10/40MG
ATELIVA DR 35MG	DIVIGEL 1MG	INVOKAMET 150MG-500MG	NAMENDA 10MG	SEROQUEL XR (G) 50MG	VYTORIN 10/80MG
AVOVENT HFA 20UG	DOVATO 50MG-300MG	INVOKAMET 150MG-1000MG	NATAZIA 3/2-2/3-1MG	SEROQUEL XR (G) 150MG	WAKIX 4.5MG
AVODART (G) 0.5MG	DUAVEE 0.45-20MG	INVOKANA 100MG	NESINA 6.25MG	SEROQUEL XR (G) 200MG	WAKIX 17.8MG
AZELEX 20%	DULERA 100MCG/5MCG	INVOKANA 300MG	NESINA 12.5MG	SEROQUEL XR (G) 300MG	WELCHOL 625MG
AZILECT 0.5MG	DULERA 200MCG/5MCG	IRESSA 250MG	NESINA 25MG	SEROQUEL XR (G) 400MG	WELCHOL PACKET 3.75G
AZILECT 1MG	DUOBRII 0.01%-0.045%	ISENTRESS 400MG	NEUPRO 1MG	SIMBRINZA 1%/0.2%	WELLBUTRIN XL (G) 150MG
AZOPT 1%	DYMISTA 137/50MCG	JAKAFI 5MG	NEUPRO 2MG	SINGULAIR (G) 10MG	WELLBUTRIN XL (G) 300MG
AZOR 20/5MG	EDARBI 40MG	JAKAFI 10MG	NEUPRO 3MG	SLYND 4MG	XADAGO 50MG
AZOR 40/5MG	EDARBI 80MG	JAKAFI 15MG	NEUPRO 4MG	SOOLANTRA 1%	XADAGO 100MG
AZOR 40/10MG	EDARBYCYLOR 40MG/12.5MG	JAKAFI 20MG	NEUPRO 6MG	SPIRIVA 18MCG	XALATAN 50MCG/ML
BANZEL 200MG	EDARBYCYLOR 40MG/25MG	JALYN 0.5MG/0.4MG	NEUPRO 8MG	SPIRIVA RESPIMAT 2.5MCG	XARELTO 2.5MG
BANZEL 400MG	EDECRIN 25MG	JANUMET 50/500MG	NEVANAC 3MG/ML	STEGLATRO 5MG	XARELTO 10MG
BECONASE AQ 42MCG	EDURANT 25MG	JANUMET 50/1000MG	NEXAVAR 200MG	STEGLATRO 15MG	XARELTO 15MG
BENICAR 20MG	EFFIENT (G) 5MG	JANUMET XR 50MG/500MG	NEXIUM (G) 20MG	STEGLUJAN 5MG-100MG	XARELTO 20MG
BENICAR 40MG	EFFIENT (G) 10MG	JANUMET XR 50MG/1000MG	NEXIUM (G) 40MG	STEGLUJAN 15MG-100MG	XELJANZ 5MG
BENICAR HCT 20MG/12.5MG	ELIDEL 1%	JANUMET XR 100MG/1000MG	NEXIUM DR (G) 10MG	STIOLTO RESPIMAT	XELJANZ 10MG
BENICAR HCT 40MG/12.5MG	ELIQUIS 2.5MG	JANUVIA 25MG	NEXLETOL 180MG	2.5/2.5MCG	XELJANZ XR 11MG
BENICAR HCT 40MG/25MG	ELIQUIS 5MG	JANUVIA 50MG	NEXLIZET 180MG-10MG	STRATTERA 10MG	XENAZINE 25MG
BENZAFLIN GEL	ELMIRON 100MG	JANUVIA 100MG	NORITRA CREAM 1%	STRATTERA 18MG	XENICAL 120MG
BEPREVE 1.5%	ENTRESTO 24MG-26MG	JARDIANCE 10MG	NORVASC (G) 5MG	STRATTERA 25MG	XIGDUO XR 5/1000MG
BETIMOL 0.25%	ENTRESTO 49MG-51MG	JARDIANCE 25MG	ODEFSEY 200MG-25MG-25MG	STRATTERA 40MG	XIGDUO XR 10/500MG
BETIMOL 0.5%	ENTRESTO 97MG-103MG	JENTADUETO 2.5MG-500MG	OLUMIANT 2MG	STRATTERA 60MG	XIGDUO XR 10/1000MG
BETOPTIC S 0.25%	EPIDUO FORTE 0.3%/2.5%	JENTADUETO 2.5MG-850MG	OMNARIS 50MCG	STRATTERA 80MG	XIIDRA 5%
BEYAZ	EPIDUO GEL PUMP 0.1%/2.5%	JENTADUETO 2.5MG-1000MG	ONGLYZA 5MG	STRATTERA 100MG	YASMIN 28
BIJUVA 1MG-100MG	EPIPEN 0.3MG	JUBLIA 10%	ORILISSA 150MG	STRIVERDI RESPIMAT	YAZ 3/0.02MG
BIKTARVY	EPIPEN JR 0.15MG	JULUCA 50MG-25MG	ORILISSA 200MG	2.5MCG	ZELAPAR 1.25MG
50MG-200MG-25MG	EPIVIR / HBV 100MG	KAZANO 12.5/500MG	OSPHENA 60MG	SYMTOZA	ZETIA (G) 10MG
BINOSTO 70MG	EPZICOM (G) 600MG-300MG	KAZANO 12.5/1000MG	OTEZLA 30MG	SYNAREL NASAL	ZIANA 1.2%-0.025%
BREO ELLIPTA 100/25MCG	ESTROGEL 0.06%	KEPPRA (G) 250MG	PAXIL CR (G) 12.5MG	SYNJARDY 5MG/500MG	ZOLOFT (G) 100MG
BREO ELLIPTA 200/25MCG	EUCRISA 2%	KEPPRA (G) 500MG	PAXIL CR (G) 25MG	SYNJARDY 5MG/1000MG	ZOMIG (G) 2.5MG
BRILINTA 60MG	EVISTA 60MG	KEPPRA (G) 750MG	PENTASA 500MG	SYNJARDY 12.5MG/500MG	ZOMIG NASAL SPRAY 5MG
BRILINTA 90MG	EVOTAZ 300MG-150MG	KEPPRA (G) 1000MG	PLAQUENIL 200MG	SYNJARDY 12.5MG/1000MG	ZOMIG ZMT 2.5MG
BYSTOLIC 2.5MG	EXELON 4.6MG/24HR	KERENDIA 10MG	PRADAXA 75MG	TASIGNA 150MG	ZOVIRAX CREAM 5%
BYSTOLIC 5MG	EXELON 9.5MG/24HR	KERENDIA 20MG	PRADAXA 150MG	TASIGNA 200MG	ZYCLARA PACKET 3.75%
BYSTOLIC 10MG	EXELON 13.3MG/24HR	KISQALI 200MG	PRED FORTE 1%	TASMAR 100MG	ZYCLARA PUMP 3.75%
BYSTOLIC 20MG	EXFORGE 5/160MG	KOMBIGLYZE XR 2.5MG/1000MG	PREMARIN 0.3MG	TAZORAC CREAM 0.05%	ZYTIGA (G) 250MG
CADUET 5/10MG	EXFORGE 5/320MG	KOMBIGLYZE XR 5MG/500MG		TAZORAC GEL 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.