



CanaRx Services

CanaRx Overview

PPO Medication List

HSA Medication List



CanaRx Overview



CANARX is a voluntary international mail order option. To be eligible for the CANARX program, you must be an existing member of a health insurance plan that currently has CANARX implemented as an additional option for prescription medication coverage.



FREE Brand-Name Medications



No Shipping and Handling Charges to You!



SIMPLE.

Who is CANARX?

We're the easy way for you to get prescription medications. CANARX offers hundreds of brand-name maintenance medications that you can get — **copay-free** — in just a few easy steps.

SAFE.

Medications are shipped direct to you from licensed and regulated pharmacies located in Canada, the United Kingdom and Australia. All medications are backed by a Quality Assurance Team of doctors and pharmacists, as well as 20-plus years of experience in the industry.

SMART.

With our program, you pay **\$0** in copays and your medications are shipped right to your door for **FREE**. How? Your health plan pays less for the medication and shares these savings with you.

Ready to Start Saving?

ENROLL TODAY!

1-866-893-6337 | canarx.com



Let's Get Started

JOINING IS EASY!

Visit our website today, for more information including:

- Additional Forms
- Frequently Asked Questions (FAQs)
- Video Overview
- List of Medications

Call 1-866-893-6337 for your plan's WebID.

canarx.com

Scan to go to the website ▶



Before ordering through CANARX, you or your doctor must attest that you have been taking your prescribed medication for at least 30 days – this is to ensure you have not experienced any complications with the medication.



STEP 1

Ask your doctor for a prescription for a **3-month** supply of your maintenance medication with **3 refills**.



STEP 2

Fill out the attached enrollment form or download one from your group website.



STEP 3

Send us your prescription, enrollment form and a copy of your state driver's license or other approved government ID.



STEP 4

CANARX will call you to welcome you to the program and review your order.



STEP 5

A licensed and regulated pharmacy will ship your medication to you in the original manufacturer's sealed packaging.



STEP 6

Refills are worry-free. CANARX will call you prior to each renewal of your prescription to ensure you have a continuous supply.

Submit Your Completed and Signed Enrollment Form, Original Prescription and ID:

By Mail to:

CANARX
PO Box 3009
Windsor, ON Canada
N8N 2M3

Enrollment Form and ID can also be sent by secure upload to:
canarxdocs.com

By Fax to:

1-866-715-6337

Note: Prescriptions must be faxed directly from the physician's office.

CANARX



MEMBER ENROLLMENT FORM

For more information, please call:
TOLL-FREE PHONE: 1-866-893-6337

Please return completed enrollment form by one of the following methods:
MAIL: CANARX, PO BOX 3009, WINDSOR, ONTARIO CANADA N8N 2M3
SECURE UPLOAD: CANARXDOCS.COM
FAX: 1-866-715-6337 (NOTE: Faxed prescriptions must be sent directly from the physician's office.)

WEBID (CALL IF UNSURE)
NAME OF EMPLOYER

PATIENT INFORMATION (PLEASE PRINT)		DATE OF BIRTH (MM/DD/YYYY)		MEMBER ID # (IF AVAILABLE)
HOME PHONE	MOBILE PHONE	WORK PHONE	EXT.	EMAIL ADDRESS
FIRST NAME		INITIAL	LAST NAME	
STREET ADDRESS				
CITY		STATE	ZIP CODE	<input type="checkbox"/> SUBSCRIBER <input type="checkbox"/> DEPENDENT

CURRENT MEDICATIONS / VITAMINS THIS IS NOT A PRESCRIPTION.
LIST ALL: PRESCRIPTION, NON-PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS; HERBAL, NUTRITIONAL AND VITAMIN SUPPLEMENTS.

NAME OF MEDICATION <i>Ex. JANUVIA</i>	DOSAGE <i>Ex. 50MG</i>	TIME(S) TO TAKE <i>Ex. TWICE DAILY</i>	DATE STARTED <i>Ex. 08/20/2019</i>	REASON FOR TAKING <i>Ex. DIABETES</i>

NEW-TO-YOU MEDICATIONS MUST BE DOMESTICALLY PRESCRIBED, FILLED AND TAKEN FOR A PERIOD OF **NO LESS THAN 30 DAYS** BEFORE ORDERING THROUGH THIS PROGRAM. **PLEASE ASK YOUR PHYSICIAN TO ISSUE A PRESCRIPTION FOR A 3-MONTH SUPPLY OF MEDICATION WITH 3 REFILLS.**

PRESCRIPTION IS ATTACHED PRESCRIPTION WILL FOLLOW BY MAIL PRESCRIPTION WILL BE FAXED FROM PHYSICIAN'S OFFICE

MEDICAL HISTORY (If you require more space, please attach a separate piece of paper.) MALE FEMALE

1. OPERATIONS (EX. HYSTERECTOMY, GALL BLADDER, HEART OPERATIONS, ETC.):

2. HOSPITALIZATIONS (STAYS IN HOSPITAL DURING THE PAST 5 YEARS):

3. MEDICAL CONDITIONS (ONGOING – EX. TYPE 1 DIABETES MELLITUS, VASCULITIS, OSTEOPOROSIS, ETC.) – **NOTE:** Please refrain from using generic terms such as **“heart disease”** as this could indicate any number of conditions such as valvular heart disease, heart failure, a bradyarrhythmia, a tachyarrhythmia, a ventricular conduction delay, etc.

4. DRUG ALLERGIES: YES NO IF YES, PLEASE SPECIFY.

AUTHORIZATION – IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent's/Guardian's Signature: _____ Date: _____ (MM/DD/YYYY)

AUTHORIZATION – IF THE PATIENT IS THE SUBSCRIBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient's Signature: _____ Date: _____ (MM/DD/YYYY)

CONFIRMATION AND REPRESENTATIONS

I enter into this agreement with CANARX Group Inc. at Christ Church, Barbados (referred to as "CANARX") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs. I represent:

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask CANARX to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask CANARX to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through CANARX.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from CANARX or any CANARX selected physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through CANARX strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by CANARX, I will immediately contact my U.S. physician.
14. All information that I give to CANARX is true.

AUTHORIZATION AND CONSENT

I consent to, and authorize, the following:

1. I hereby appoint CANARX and its delegates and contractors (collectively referred to as "CANARX") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician; selecting physicians, pharmacies, and other professionals as necessary to serve me outside the U.S.; and of arranging for pharmacies to dispense to me medications as prescribed.
2. CANARX may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me by mail.
3. CANARX may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to CANARX (and any CANARX selected physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, Xray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to CANARX from my U.S. physician's office the original signed copy of the prescription.
6. CANARX and its selected physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. CANARX selected physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. CANARX may make payments on my behalf to pharmacies for dispensing medicine in accordance with my prescriptions and to physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through CANARX in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

ACKNOWLEDGEMENT AND RELEASE

I hereby make the following acknowledgements and releases to CANARX and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:

1. My U.S. physician is my primary physician. Any CANARX selected physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a CANARX selected pharmacy.
2. CANARX has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a CANARX selected physician and have enlisted the services of CANARX to facilitate it. I understand that the physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release CANARX and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the CANARX selected pharmacy.
6. I acknowledge that CANARX, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

PRIVACY NOTICE AND ACKNOWLEDGEMENT

I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the CANARX Privacy Policy in detail as provided below:

1. CANARX may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. CANARX and CANARX selected physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CANARX selected physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that CANARX may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, selected physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that CANARX, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to CANARX's transmission of my personal information by electronic means to its delegates, employees, selected physicians and pharmacies.
3. I acknowledge that CANARX will obtain health information about me, and is obligated in accordance with the CANARX Privacy Policy to protect such information. I can visit www.CANARX.com/privacy-policy/ at any time to view the most updated version of the CANARX Privacy Policy.

FURTHER ACKNOWLEDGEMENT & RELEASE

I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release CANARX and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by CANARX in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.



PPO Medications



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 members and their dependents enrolled in a medical plan with Allstate Peterbilt Group.

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: **ALLSTATE**).
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**
- ✓ **350+ 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: **ALLSTATE**



For More Information: Call 1-866-893-6337

PREVENTIVE MEDICATIONS

ABILIFY (G) 2MG	CYMBALTA (G) 20MG	INVEGA 6MG	NEVANAC 3MG/ML	STRATTERA 25MG
ABILIFY (G) 5MG	CYMBALTA (G) 30MG	INVEGA 9MG	NEXIUM (G) 20MG	STRATTERA 40MG
ABILIFY (G) 10MG	CYMBALTA (G) 60MG	INVOKAMET 50MG-500MG	NEXIUM (G) 40MG	STRATTERA 60MG
ABILIFY (G) 15MG	DALIRESP 500MCG	INVOKAMET 50MG-1000MG	NEXIUM DR (G) 10MG	STRATTERA 80MG
ABILIFY (G) 20MG	DEPAKOTE 250MG	INVOKAMET 150MG-500MG	NEXLETOL 180MG	STRATTERA 100MG
ABILIFY (G) 30MG	DEPAKOTE 500MG	INVOKAMET 150MG-1000MG	NEXLIZET 180MG-10MG	STRIVERDI RESPIMAT 2.5MCG
ACIPHEX 20MG	DEXILANT DR 30MG	INVOKANA 100MG	ODEFSEY 200MG-25MG-25MG	SYNJARDY 5MG/500MG
ACTONEL 35MG	DEXILANT DR 60MG	INVOKANA 300MG	ONGLYZA 2.5MG	SYNJARDY 5MG/1000MG
ACTONEL 150MG	DIOVAN (G) 40MG	IRESSA 250MG	ONGLYZA 5MG	SYNJARDY 12.5MG/500MG
ACTOPLUS 15MG-850MG	DIOVAN (G) 80MG	JAKAFI 5MG	OSPHERA 60MG	SYNJARDY 12.5MG/1000MG
ADVAIR DISKUS 100MCG	DIOVAN (G) 160MG	JAKAFI 10MG	OTEZLA 30MG	TASMAR 100MG
ADVAIR DISKUS 250MCG	DIOVAN (G) 320MG	JAKAFI 15MG	PAXIL CR (G) 12.5MG	TECFIDERA (G) 120MG
ADVAIR DISKUS 500MCG	DIVIGEL 0.25MG	JAKAFI 20MG	PAXIL CR (G) 25MG	TECFIDERA (G) 240MG
ADVAIR HFA 45/21MCG	DIVIGEL 0.5MG	JALYN 0.5MG/0.4MG	PLAQUENIL 200MG	TEKURNA 150MG
ADVAIR HFA 115/21MCG	DIVIGEL 1MG	JANUMET 50/500MG	PRADAXA 75MG	TEKURNA 300MG
ADVAIR HFA 230/21MCG	DUAVEE 0.45-20MG	JANUMET 50/1000MG	PRADAXA 150MG	TIVICAY 50MG
ALOCRIL 2%	DULERA 100MCG/5MCG	JANUMET XR 50MG/500MG	PRESTALIA 3.5MG/2.5MG	TOBI PODHALER 28MG
ALOMIDE 0.1%	DULERA 200MCG/5MCG	JANUMET XR 50MG/1000MG	PRESTALIA 7MG/5MG	TORBEX OINT 0.3%
ALPHAGAN-P 0.15%	EDARBI 40MG	JANUMET XR 100MG/1000MG	PRESTALIA 14MG/10MG	TRADJENTA 5MG
ALREX 0.2%	EDARBI 80MG	JANUVIA 25MG	PREVACID SOLUTAB 15MG	TRAVATAN Z 0.004%
ANORO ELLIPTA 62.5/25MCG	EDARBYCLOR 40MG/12.5MG	JANUVIA 50MG	PREVACID SOLUTAB 30MG	TRELEGY ELLIPTA 100-62.5-25MCG
APTIOM 200MG	EDARBYCLOR 40MG/25MG	JANUVIA 100MG	PREZISTA 800MG	TRELEGY ELLIPTA 200-62.5-25MCG
APTIOM 400MG	EDECIN 25MG	JARDIANCE 10MG	PRISTIQ 50MG	TRIBENZOR 20/5/12.5MG
APTIOM 600MG	EDURANT 25MG	JARDIANCE 25MG	PRISTIQ 100MG	TRIBENZOR 40/5/12.5MG
APTIOM 800MG	ELESTAT 0.05%	JENTADUETO 2.5MG-500MG	QTERN 10-5MG	TRIBENZOR 40/5/25MG
ARNUITY ELLIPTA 100MCG	ELIQUIS 2.5MG	JENTADUETO 2.5MG-850MG	QVAR REDHALER 40MCG	TRIBENZOR 40/10/12.5MG
ARNUITY ELLIPTA 200MCG	ELIQUIS 5MG	JENTADUETO 2.5MG-1000MG	QVAR REDHALER 80MCG	TRIBENZOR 40/10/25MG
ASMANEX TWISTHALER 110MCG	ENTRESTO 24MG-26MG	JUBLIA 10%	RANEXA 500MG	TRINTELLIX 5MG
ASMANEX TWISTHALER 220MCG	ENTRESTO 49MG-51MG	JULUCA 50MG-25MG	RAPAMUNE 0.5MG	TRINTELLIX 10MG
ATACAND 4MG	ENTRESTO 97MG-103MG	KAZANO 12.5/500MG	RAPAMUNE 1MG	TRINTELLIX 20MG
ATACAND 8MG	EPIVIR / HBV 100MG	KAZANO 12.5/1000MG	RAPAMUNE 2MG	TRIUQUE 600-50-300MG
ATACAND 16MG	EUCRISA 2%	KEPPRA (G) 250MG	RENAGEL 800MG	ULORIC 80MG
ATACAND 32MG	EVISTA 60MG	KEPPRA (G) 500MG	RENVELA (G) 800MG	URICIT-K 10MEQ
ATACAND HCT 16MG/12.5MG	EXELON 4.6MG/24HR	KEPPRA (G) 750MG	RESTASIS MULTIDOSE 0.05%	URSO 250MG
ATACAND HCT 32MG/12.5MG	EXELON 9.5MG/24HR	KEPPRA (G) 1000MG	RESTASIS VIALS 0.05%	VELPHORO 500MG
ATELVIA DR 35MG	EXELON 13.3MG/24HR	KISQALI 200MG	REXULTI 0.25MG	VENTOLIN HFA 90MCG
ATROVENT HFA 20UG	EXFORGE 5/160MG	KOMBIGLYZE XR 2.5MG/1000MG	REXULTI 0.5MG	VIBRYD 10MG
AVODART (G) 0.5MG	EXFORGE 5/320MG	KOMBIGLYZE XR 5MG/500MG	REXULTI 1MG	VIBRYD 20MG
AZOPT 1%	EXFORGE 10/160MG	KOMBIGLYZE XR 5MG/1000MG	REXULTI 2MG	VIBRYD 40MG
AZOR 20/5MG	EXFORGE 10/320MG	LATUDA 20MG	REXULTI 3MG	VIREAD (G) 300MG
AZOR 40/5MG	EXFORGE HCT 160/12.5/5MG	LATUDA 40MG	REXULTI 4MG	VIRAYLAR 1.5MG
AZOR 40/10MG	EXFORGE HCT 160/12.5/10MG	LATUDA 60MG	RINVOQ 15MG	VIRAYLAR 3MG
BECONASE AQ 42MCG	EXFORGE HCT 160/25/5MG	LATUDA 80MG	RINVOQ 30MG	VIRAYLAR 4.5MG
BENICAR 20MG	EXFORGE HCT 160/25/10MG	LATUDA 120MG	RYBELSUS 3MG	VIRAYLAR 6MG
BENICAR 40MG	EXFORGE HCT 320/25/10MG	LEXIVA 700MG	RYBELSUS 7MG	VYTORIN 10/10MG
BENICAR HCT 20MG/12.5MG	FARESTON 60MG	LUMIGAN 0.01%	RYBELSUS 14MG	VYTORIN 10/20MG
BENICAR HCT 40MG/12.5MG	FARXIGA 5MG	MESTINON TS 180MG	SAPHRIS 5MG	VYTORIN 10/40MG
BENICAR HCT 40MG/25MG	FARXIGA 10MG	MICARDIS 20MG	SAPHRIS 10MG	VYTORIN 10/80MG
BEPREVE 1.5%	FETZIMA 20MG	MICARDIS 40MG	SEASONIQUE 0.15/0.03/0.01MG	WELCHOL 625MG
BEYAZ	FETZIMA 40MG	MICARDIS 80MG	SEGLUROMET 2.5MG-500MG	WELCHOL PACKET 3.75G
BIJUVA 1MG-100MG	FETZIMA 80MG	MICARDIS HCT 40/12.5MG	SEGLUROMET 2.5MG-1000MG	WELLBUTRIN XL (G) 150MG
BIKTRVY	FETZIMA 120MG	MICARDIS HCT 80/12.5MG	SEGLUROMET 7.5MG-500MG	WELLBUTRIN XL (G) 300MG
50MG-200MG-25MG	FLOVENT 44MCG 50MCG	MICARDIS HCT 80/25MG	SEGLUROMET 7.5MG-1000MG	XADAGO 50MG
BINOSTO 70MG	FLOVENT 110MCG 125MCG	MIRAPEX ER 0.375MG	SENSIPAR (G) 30MG	XADAGO 100MG
BONIVA (G) 150MG	FLOVENT 220MCG 250MCG	MIRAPEX ER 0.75MG	SENSIPAR (G) 60MG	XALATAN 50MCG/ML
BREO ELLIPTA 100/25MCG	FLOVENT DISKUS 100MCG	MIRAPEX ER 1.5MG	SEREVENT DISKUS 50MCG	XARELTO 2.5MG
BREO ELLIPTA 200/25MCG	FLOVENT DISKUS 250MCG	MIRAPEX ER 2.25MG	SEROQUEL XR (G) 50MG	XARELTO 10MG
BRILINTA 60MG	FOSAMAX PLUS D 70MG-2800IU	MIRAPEX ER 3MG	SEROQUEL XR (G) 150MG	XARELTO 15MG
BRILINTA 90MG	FOSAMAX PLUS D 70MG-5600IU	MIRAPEX ER 3.75MG	SEROQUEL XR (G) 200MG	XARELTO 20MG
BYSTOLIC 2.5MG	FOSRENOL CHEW 500MG	MIRAPEX ER 4.5MG	SEROQUEL XR (G) 300MG	XARELTO 25MG
BYSTOLIC 5MG	FOSRENOL CHEW 750MG	MIRAPEX ER 4.5MG	SEROQUEL XR (G) 400MG	XELJANZ 5MG
BYSTOLIC 10MG	FOSRENOL CHEW 1000MG	MOTEGRITY 1MG	SIMBRINZA 1%/0.2%	XELJANZ 10MG
BYSTOLIC 20MG	FOSRENOL POWDER 750MG	MOTEGRITY 2MG	SLYND TAB 4MG	XELJANZ XR 11MG
BYSTOLIC 20MG	FOSRENOL POWDER 1000MG	MULTAQ 400MG	SOOLANTRA 1%	XENICAL 120MG
CARDURA XL 4MG	GENVOYA	NAMENDA 10MG	SPIRIVA 18MCG	XIGDUO XR 5/1000MG
CARDURA XL 8MG	GILENYA 0.5MG	NATAZIA 3/2-2/2-3/1MG	SPIRIVA RESPIMAT 2.5MCG	XIGDUO XR 10/500MG
COLAZAL 750MG	GLYXAMBI 10MG/5MG	NESINA 6.25MG	STEGLATRO 5MG	XIGDUO XR 10/1000MG
COMBIGAN 0.2-0.5%	GLYXAMBI 25MG/5MG	NESINA 12.5MG	STEGLATRO 15MG	YASMIN 28
COMBIVENT RESPIMAT	HEPSERA (G) 10MG	NESINA 25MG	STEGLUJAN 5MG-100MG	YAZ 3/0.02MG
20MCG/100MCG	IBRANCE 75MG	NEUPRO 1MG	STEGLUJAN 15MG-100MG	ZELAPAR 1.25MG
COMTAN 200MG	IBRANCE 100MG	NEUPRO 2MG	STIOLTO RESPIMAT	ZETIA (G) 10MG
CRESTOR (G) 5MG	IBRANCE 125MG	NEUPRO 3MG	2.5/2.5MCG	ZIAGEN (G) 300MG
CRESTOR (G) 10MG	INCRUSE ELLIPTA 62.5MCG	NEUPRO 4MG	STRATTERA 10MG	ZIANA 1.2%-0.025%
CRESTOR (G) 20MG	INVEGA 3MG	NEUPRO 6MG	STRATTERA 18MG	ZYCLARA PACKET 3.75%
CRESTOR (G) 40MG		NEUPRO 8MG		ZYCLARA PUMP 3.75%

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.



HSA Medications



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- ✓ **No additional costs**

For More Information



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For More Information: Call 1-866-893-6337

PREVENTIVE MEDICATIONS

ABILIFY (G) 2MG	CYMBALTA (G) 20MG	INVEGA 6MG	NEVANAC 3MG/ML	STRATTERA 25MG
ABILIFY (G) 5MG	CYMBALTA (G) 30MG	INVEGA 9MG	NEXIUM (G) 20MG	STRATTERA 40MG
ABILIFY (G) 10MG	CYMBALTA (G) 60MG	INVOKAMET 50MG-500MG	NEXIUM (G) 40MG	STRATTERA 60MG
ABILIFY (G) 15MG	DALIRESP 500MCG	INVOKAMET 50MG-1000MG	NEXIUM DR (G) 10MG	STRATTERA 80MG
ABILIFY (G) 20MG	DEPAKOTE 250MG	INVOKAMET 150MG-500MG	NEXLETOL 180MG	STRATTERA 100MG
ABILIFY (G) 30MG	DEPAKOTE 500MG	INVOKAMET 150MG-1000MG	NEXLIZET 180MG-10MG	STRIVERDI RESPIMAT 2.5MCG
ACIPHEX 20MG	DEXILANT DR 30MG	INVOKANA 100MG	ODEFSEY 200MG-25MG-25MG	SYNJARDY 5MG/500MG
ACTONEL 35MG	DEXILANT DR 60MG	INVOKANA 300MG	ONGLYZA 2.5MG	SYNJARDY 5MG/1000MG
ACTONEL 150MG	DIOVAN (G) 40MG	IRESSA 250MG	ONGLYZA 5MG	SYNJARDY 12.5MG/500MG
ACTOPLUS 15MG-850MG	DIOVAN (G) 80MG	JAKAFI 5MG	OSPHERA 60MG	SYNJARDY 12.5MG/1000MG
ADVAIR DISKUS 100MCG	DIOVAN (G) 160MG	JAKAFI 10MG	OTEZLA 30MG	TASMAR 100MG
ADVAIR DISKUS 250MCG	DIOVAN (G) 320MG	JAKAFI 15MG	PAXIL CR (G) 12.5MG	TECFIDERA (G) 120MG
ADVAIR DISKUS 500MCG	DIVIGEL 0.25MG	JAKAFI 20MG	PAXIL CR (G) 25MG	TECFIDERA (G) 240MG
ADVAIR HFA 45/21MCG	DIVIGEL 0.5MG	JALYN 0.5MG/0.4MG	PLAQUENIL 200MG	TEKURNA 150MG
ADVAIR HFA 115/21MCG	DIVIGEL 1MG	JANUMET 50/500MG	PRADAXA 75MG	TEKURNA 300MG
ADVAIR HFA 230/21MCG	DUAVEE 0.45-20MG	JANUMET 50/1000MG	PRADAXA 150MG	TIVICAY 50MG
ALOCRIL 2%	DULERA 100MCG/5MCG	JANUMET XR 50MG/500MG	PRESTALIA 3.5MG/2.5MG	TOBI PODHALER 28MG
ALOMIDE 0.1%	DULERA 200MCG/5MCG	JANUMET XR 50MG/1000MG	PRESTALIA 7MG/5MG	TORBEX OINT 0.3%
ALPHAGAN-P 0.15%	EDARBI 40MG	JANUMET XR 100MG/1000MG	PRESTALIA 14MG/10MG	TRADJENTA 5MG
ALREX 0.2%	EDARBI 80MG	JANUVIA 25MG	PREVACID SOLUTAB 15MG	TRAVATAN Z 0.004%
ANORO ELLIPTA 62.5/25MCG	EDARBYCLOR 40MG/12.5MG	JANUVIA 50MG	PREVACID SOLUTAB 30MG	TRELEGY ELLIPTA 100-62.5-25MCG
APTIOM 200MG	EDARBYCLOR 40MG/25MG	JANUVIA 100MG	PREZISTA 800MG	TRELEGY ELLIPTA 200-62.5-25MCG
APTIOM 400MG	EDECIN 25MG	JARDIANCE 10MG	PRISTIQ 50MG	TRIBENZOR 20/5/12.5MG
APTIOM 600MG	EDURANT 25MG	JARDIANCE 25MG	PRISTIQ 100MG	TRIBENZOR 40/5/12.5MG
APTIOM 800MG	ELESTAT 0.05%	JENTADUETO 2.5MG-500MG	QTERN 10-5MG	TRIBENZOR 40/5/25MG
ARNUITY ELLIPTA 100MCG	ELIQUIS 2.5MG	JENTADUETO 2.5MG-850MG	QVAR REDHALER 40MCG	TRIBENZOR 40/10/12.5MG
ARNUITY ELLIPTA 200MCG	ELIQUIS 5MG	JENTADUETO 2.5MG-1000MG	QVAR REDHALER 80MCG	TRIBENZOR 40/10/25MG
ASMANEX TWISTHALER 110MCG	ENTRESTO 24MG-26MG	JUBLIA 10%	RANEXA 500MG	TRINTELLIX 5MG
ASMANEX TWISTHALER 220MCG	ENTRESTO 49MG-51MG	JULUCA 50MG-25MG	RAPAMUNE 0.5MG	TRINTELLIX 10MG
ATACAND 4MG	ENTRESTO 97MG-103MG	KAZANO 12.5/500MG	RAPAMUNE 1MG	TRINTELLIX 20MG
ATACAND 8MG	EPIVIR / HBV 100MG	KAZANO 12.5/1000MG	RAPAMUNE 2MG	TRIUQUE 600-50-300MG
ATACAND 16MG	EUCRISA 2%	KEPPRA (G) 250MG	RENAGEL 800MG	ULORIC 80MG
ATACAND 32MG	EVISTA 60MG	KEPPRA (G) 500MG	RENVELA (G) 800MG	URCIT-K 10MEQ
ATACAND HCT 16MG/12.5MG	EXELON 4.6MG/24HR	KEPPRA (G) 750MG	RESTASIS MULTIDOSE 0.05%	URSO 250MG
ATACAND HCT 32MG/12.5MG	EXELON 9.5MG/24HR	KEPPRA (G) 1000MG	RESTASIS VIALS 0.05%	VELPHORO 500MG
ATELVIA DR 35MG	EXELON 13.3MG/24HR	KISQALI 200MG	REXULTI 0.25MG	VENTOLIN HFA 90MCG
ATROVENT HFA 20UG	EXFORGE 5/160MG	KOMBIGLYZE XR 2.5MG/1000MG	REXULTI 0.5MG	VIBRYD 10MG
AVODART (G) 0.5MG	EXFORGE 5/320MG	KOMBIGLYZE XR 5MG/500MG	REXULTI 1MG	VIBRYD 20MG
AZOPT 1%	EXFORGE 10/160MG	KOMBIGLYZE XR 5MG/1000MG	REXULTI 2MG	VIBRYD 40MG
AZOR 20/5MG	EXFORGE 10/320MG	LATUDA 20MG	REXULTI 3MG	VIREAD (G) 300MG
AZOR 40/5MG	EXFORGE HCT 160/12.5/5MG	LATUDA 40MG	REXULTI 4MG	VIRAYLAR 1.5MG
AZOR 40/10MG	EXFORGE HCT 160/12.5/10MG	LATUDA 60MG	RINVOQ 15MG	VIRAYLAR 3MG
BECONASE AQ 42MCG	EXFORGE HCT 160/25/5MG	LATUDA 80MG	RINVOQ 30MG	VIRAYLAR 4.5MG
BENICAR 20MG	EXFORGE HCT 160/25/10MG	LATUDA 120MG	RYBELSUS 3MG	VIRAYLAR 6MG
BENICAR 40MG	EXFORGE HCT 320/25/10MG	LEXIVA 700MG	RYBELSUS 7MG	VYTORIN 10/10MG
BENICAR HCT 20MG/12.5MG	FARESTON 60MG	LUMIGAN 0.01%	RYBELSUS 14MG	VYTORIN 10/20MG
BENICAR HCT 40MG/12.5MG	FARXIGA 5MG	MESTINON TS 180MG	SAPHRIS 5MG	VYTORIN 10/40MG
BENICAR HCT 40MG/25MG	FARXIGA 10MG	MICARDIS 20MG	SAPHRIS 10MG	VYTORIN 10/80MG
BEPREVE 1.5%	FETZIMA 20MG	MICARDIS 40MG	SEASONIQUE 0.15/0.03/0.01MG	WELCHOL 625MG
BEYAZ	FETZIMA 40MG	MICARDIS 80MG	SEGLUROMET 2.5MG-500MG	WELCHOL PACKET 3.75G
BIJUVA 1MG-100MG	FETZIMA 80MG	MICARDIS HCT 40/12.5MG	SEGLUROMET 2.5MG-1000MG	WELLBUTRIN XL (G) 150MG
BIKTRVY	FETZIMA 120MG	MICARDIS HCT 80/12.5MG	SEGLUROMET 7.5MG-500MG	WELLBUTRIN XL (G) 300MG
50MG-200MG-25MG	FLOVENT 44MCG 50MCG	MICARDIS HCT 80/25MG	SEGLUROMET 7.5MG-1000MG	XADAGO 50MG
BINOSTO 70MG	FLOVENT 110MCG 125MCG	MIRAPEX ER 0.375MG	SENSIPAR (G) 30MG	XADAGO 100MG
BONIVA (G) 150MG	FLOVENT 220MCG 250MCG	MIRAPEX ER 0.75MG	SENSIPAR (G) 60MG	XALATAN 50MCG/ML
BREO ELLIPTA 100/25MCG	FLOVENT DISKUS 100MCG	MIRAPEX ER 1.5MG	SEREVENT DISKUS 50MCG	XARELTO 2.5MG
BREO ELLIPTA 200/25MCG	FLOVENT DISKUS 250MCG	MIRAPEX ER 2.25MG	SEROQUEL XR (G) 50MG	XARELTO 10MG
BRILINTA 60MG	FOSAMAX PLUS D 70MG-2800IU	MIRAPEX ER 3MG	SEROQUEL XR (G) 150MG	XARELTO 15MG
BRILINTA 90MG	FOSAMAX PLUS D 70MG-5600IU	MIRAPEX ER 3.75MG	SEROQUEL XR (G) 200MG	XARELTO 20MG
BYSTOLIC 2.5MG	FOSRENOL CHEW 500MG	MIRAPEX ER 4.5MG	SEROQUEL XR (G) 300MG	XARELTO 25MG
BYSTOLIC 5MG	FOSRENOL CHEW 750MG	MOTEGRITY 1MG	SEROQUEL XR (G) 400MG	XELJANZ 5MG
BYSTOLIC 10MG	FOSRENOL CHEW 1000MG	MOTEGRITY 2MG	SIMBRINZA 1%/0.2%	XELJANZ 10MG
BYSTOLIC 20MG	FOSRENOL POWDER 750MG	MULTAQ 400MG	SLYND TAB 4MG	XELJANZ XR 11MG
CARDURA XL 4MG	FOSRENOL POWDER 1000MG	NAMENDA 10MG	SOOLANTRA 1%	XENICAL 120MG
CARDURA XL 8MG	GENVOYA	NATAZIA 3/2-2/2-3/1MG	SPIRIVA 18MCG	XIGDUO XR 5/1000MG
COLAZAL 750MG	GILENYA 0.5MG	NESINA 6.25MG	SPIRIVA RESPIMAT 2.5MCG	XIGDUO XR 10/500MG
COMBIGAN 0.2-0.5%	GLYXAMBI 10MG/5MG	NESINA 12.5MG	STEGLATRO 5MG	XIGDUO XR 10/1000MG
COMBIVENT RESPIMAT	GLYXAMBI 25MG/5MG	NESINA 25MG	STEGLATRO 15MG	YASMIN 28
20MCG/100MCG	HEPSERA (G) 10MG	NEUPRO 1MG	STEGLUJAN 5MG-100MG	YAZ 3/0.02MG
COMTAN 200MG	IBRANCE 75MG	NEUPRO 2MG	STEGLUJAN 15MG-100MG	ZELAPAR 1.25MG
CRESTOR (G) 5MG	IBRANCE 100MG	NEUPRO 3MG	STIOLTO RESPIMAT	ZETIA (G) 10MG
CRESTOR (G) 10MG	IBRANCE 125MG	NEUPRO 4MG	2.5/2.5MCG	ZIAGEN (G) 300MG
CRESTOR (G) 20MG	INCRUSE ELLIPTA 62.5MCG	NEUPRO 6MG	STRATTERA 10MG	ZIANA 1.2%-0.025%
CRESTOR (G) 40MG	INVEGA 3MG	NEUPRO 8MG	STRATTERA 18MG	ZYCLARA PACKET 3.75%
				ZYCLARA PUMP 3.75%

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.