



Town of Burlington



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 the Town of Burlington, 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: **BURLINGTON**).
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**
- ✓ **400+ 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: BURLINGTON

July 2023

ACIPHEX 20MG	CEQUA 0.09%	FETZIMA 120MG	KISQALI 200MG	PREVACID SOLUTAB 30MG	TOBREX OINT 0.3%
ACTOPLUS 15MG-850MG	CLARINEX 5MG	FINACEA GEL 15%	KOMBIGLYZE XR	PREZISTA 800MG	TOLAK 4%
ACULAR (G) 0.5%	COLAZAL 750MG	FLAREX 0.1%	2.5MG/1000MG	PRISTIQ 50MG	TOVIAZ 4MG
ACULAR LS (G) 0.4%	COMBIGAN 0.2-0.5%	FLOVENT 44MCG	KOMBIGLYZE XR	PRISTIQ 100MG	TOVIAZ 8MG
ACZONE 5%	COMBIVENT RESPIMAT	FLOVENT 110MCG	5MG/500MG	PROMETRIUM 100MG	TRADJENTA 5MG
ADVAIR DISKUS 100MCG	20MCG/100MCG	FLOVENT 220MCG	KOMBIGLYZE XR	QTERN 10-5MG	TRELEGY ELLIPTA
ADVAIR DISKUS 250MCG	CRESTOR (G) 5MG	FLOVENT DISKUS 100MCG	5MG/1000MG	QVAR REDIHALER 40MCG	100-62.5-25MCG
ADVAIR DISKUS 500MCG	CRESTOR (G) 10MG	FLOVENT DISKUS 250MCG	LATUDA 20MG	QVAR REDIHALER 80MCG	TRELEGY ELLIPTA
ADVAIR HFA 45/21MCG	CRESTOR (G) 20MG	FOSAMAX PLUS D	LATUDA 40MG	RANEXA 500MG	200-62.5-25MCG
ADVAIR HFA 115/21MCG	CRESTOR (G) 40MG	70MG-2800IU	LATUDA 60MG	RAPAFLO 4MG	TRIBENZOR 20/5/12.5MG
ADVAIR HFA 230/21MCG	CRINONE GEL 8%	FOSAMAX PLUS D	LATUDA 80MG	RAPAFLO 8MG	TRIBENZOR 40/5/12.5MG
AFINITOR 2.5MG	DALIRESP 500MCG	70MG-5600IU	LATUDA 120MG	RAPAMUNE 0.5MG	TRIBENZOR 40/5/25MG
AFINITOR 5MG	DEPAKOTE 250MG	FOSRENOL CHEW 500MG	LEXAPRO (G) 10MG	RAPAMUNE 1MG	TRIBENZOR 40/10/12.5MG
AFINITOR 10MG	DEPAKOTE 500MG	FOSRENOL CHEW 750MG	LEXAPRO (G) 20MG	RAPAMUNE 2MG	TRIBENZOR 40/10/25MG
AKLIEF 50MCG/G	DEXILANT DR 30MG	FOSRENOL CHEW 1000MG	LEXIVA 700MG	RELPAZ 20MG	TRINTELLIX 5MG
ALOCRIL 2%	DEXILANT DR 60MG	GENVOYA	LIALDA 1.2GM	RELPAZ 40MG	TRINTELLIX 10MG
ALOMIDE 0.1%	DIFFERIN CREAM 0.1%	GILENYA 0.5MG	LINZESS 72MCG	RENAGEL 800MG	TRINTELLIX 20MG
ALPHAGAN-P 0.15%	DIFFERIN GEL 0.3%	GLUCAGEN HYPOKIT 1MG	LINZESS 145MCG	RESTASIS MULTIDOSE	TRUQUEO 600-50-300MG
ALREX 0.2%	DIOVAN (G) 40MG	GLYXAMBI 10MG/5MG	LINZESS 290MCG	0.05%	TUDORZA PRESSAIR
ALVESCO 80MCG	DIOVAN (G) 80MG	GLYXAMBI 25MG/5MG	LIPITOR (G) 10MG	RESTASIS VIALS 0.05%	400MCG
ALVESCO 160MCG	DIOVAN (G) 160MG	IBRANCE 75MG	LIPITOR (G) 20MG	RETIN A MICRO GEL PUMP	UCERIS 9MG
AMPYRA 10MG	DIOVAN (G) 320MG	IBRANCE 100MG	LIPITOR (G) 40MG	0.04%	ULORIC 80MG
ANAPROX DS 550MG	DIVIGEL 0.25MG	IBRANCE 125MG	LIPITOR (G) 80MG	RETIN-A MICRO GEL PUMP	VAGIFEM 10MCG
ANORO ELLIPTA	DIVIGEL 0.5MG	ILEVRO 0.3%	LOTEMAX GEL 0.5%	0.1%	VECTICAL 3MCG/GM
62.5/25MCG	DIVIGEL 1MG	IMITREX NASAL SPRAY	LOTEMAX OINT 0.5%	REXULTI 0.25MG	VELPHORO 500MG
APTOM 200MG	DOVATO 50MG-300MG	5MG	LOTEMAX SUSP 0.5%	REXULTI 0.5MG	VENTOLIN HFA 90MCG
APTOM 400MG	DULERA 100MCG/5MCG	IMITREX NASAL SPRAY	LUMIGAN 0.01%	REXULTI 1MG	VESICARE (G) 5MG
APTOM 600MG	DULERA 200MCG/5MCG	20MG	MIRVASO 0.33%	REXULTI 2MG	VESICARE (G) 10MG
APTOM 800MG	DUOBRII 0.01%-0.045%	IMITREX STATDOSE	MOTEGRITY 1MG	REXULTI 3MG	VIIBRYD 10MG
ARNUITY ELLIPTA 100MCG	DYMISTA 137/50MCG	6MG/0.5ML	MOTEGRITY 2MG	REXULTI 4MG	VIIBRYD 20MG
ARNUITY ELLIPTA 200MCG	EDARBI 40MG	INCRUSE ELLIPTA 62.5MCG	MULTAQ 400MG	RINVOQ 15MG	VIIBRYD 40MG
ASMANEX TWISTHALER	EDARBI 80MG	INSPIRA 25MG	MYRBETRIQ 25MG	RINVOQ 30MG	VIMOVO 375/20MG
110MCG	EDARBYCLOR	INSPIRA 50MG	MYRBETRIQ 50MG	RYBELSUS 3MG	VIMOVO 500/20MG
ASMANEX TWISTHALER	40MG/12.5MG	INVOKAMET	NAMENDA 10MG	RYBELSUS 7MG	VIREAD (G) 300MG
220MCG	EDARBYCLOR 40MG/25MG	50MG-500MG	NATAZIA 3/2-2/2-3/1MG	RYBELSUS 14MG	VIVELLE-DOT 25MCG
ASTAGRAF XL 1MG	EDECIN 25MG	INVOKAMET	NESINA 6.25MG	SAPHRIS 5MG	VIVELLE-DOT 37.5MCG
ASTAGRAF XL 5MG	EDURANT 25MG	50MG-1000MG	NESINA 12.5MG	SAPHRIS 10MG	VIVELLE-DOT 50MCG
ATACAND 4MG	EFFEXOR XR (G) 75MG	INVOKAMET	NESINA 25MG	SENSIPAR (G) 30MG	VIVELLE-DOT 75MCG
ATACAND 8MG	ELIDEL 1%	150MG-500MG	NEUPRO 1MG	SENSIPAR (G) 60MG	VIVELLE-DOT 100MCG
ATACAND 16MG	ELIQUIS 2.5MG	INVOKAMET	NEUPRO 2MG	SEREVENT DISKUS 50MCG	VRAYLAR 1.5MG
ATACAND 32MG	ELIQUIS 5MG	150MG-1000MG	NEUPRO 3MG	SIMBRINZA 1%/0.2%	VRAYLAR 3MG
ATACAND HCT 32MG/25MG	ELMIRON 100MG	INVOKANA 100MG	NEUPRO 4MG	SLYND 4MG	VRAYLAR 4.5MG
ATACAND HCT	ENTRESTO 24MG-26MG	INVOKANA 300MG	NEUPRO 6MG	SOOLANTRA 1%	VRAYLAR 6MG
16MG/12.5MG	ENTRESTO 49MG-51MG	IRESSA 250MG	NEUPRO 8MG	SPIRIVA 18MCG	VUMERITY 231MG
ATACAND HCT	ENTRESTO 97MG-103MG	ISENTRESS 400MG	NEVANAC 3MG/ML	SPIRIVA RESPIMAT	WAKIX 4.5MG
32MG/12.5MG	EPIDUO FORTE 0.3%/2.5%	JAKAFI 5MG	NEXAVAR 200MG	2.5MCG	WAKIX 17.8MG
ATELVIA DR 35MG	EPIDUO GEL PUMP	JAKAFI 10MG	NEXIUM (G) 20MG	STEGLUJAN 5MG-100MG	WELCHOL 625MG
ATROVENT HFA 20UG	0.1%/2.5%	JAKAFI 15MG	NEXIUM (G) 40MG	STEGLUJAN 15MG-100MG	XADAGO 50MG
AUBAGIO 14MG	EPIPEN 0.3MG	JAKAFI 20MG	NEXLETOL 180MG	STIOLTO RESPIMAT	XADAGO 100MG
AZILECT 0.5MG	EPIPEN JR 0.15MG	JANUMET 50/500MG	NEXLETOL 180MG	2.5/2.5MCG	XALATAN 50MCG/ML
AZILECT 1MG	EPIVIR / HBV 100MG	JANUMET 50/1000MG	NEXLETOL 180MG	STRATTERA 10MG	XARELTO 2.5MG
AZOPT 1%	EPZICOM (G)	JANUMET XR	NEXLETOL 180MG	STRATTERA 18MG	XARELTO 10MG
AZOR 20/5MG	600MG-300MG	50MG/500MG	NEXLETOL 180MG	STRATTERA 25MG	XARELTO 15MG
AZOR 40/5MG	ESTROGEL 0.06%	JANUMET XR	NEXLETOL 180MG	STRATTERA 40MG	XARELTO 20MG
AZOR 40/10MG	EUCRISA 2%	50MG/1000MG	NEXLETOL 180MG	STRATTERA 60MG	XELJANZ 5MG
BANZEL 200MG	EVISTA 60MG	JANUMET XR	NEXLETOL 180MG	STRATTERA 80MG	XELJANZ 10MG
BANZEL 400MG	EVOTAZ 300MG-150MG	100MG/1000MG	NEXLETOL 180MG	STRATTERA 100MG	XELJANZ XR 11MG
BECONASE AQ 42MCG	EXFORGE 5/160MG	JANUVIA 25MG	NEXLETOL 180MG	STRIVERDI RESPIMAT	XENAZINE 25MG
BEPREVE 1.5%	EXFORGE 5/320MG	JANUVIA 50MG	NEXLETOL 180MG	2.5MCG	XENICAL 120MG
BETIMOL 0.25%	EXFORGE 10/160MG	JANUVIA 100MG	NEXLETOL 180MG	SYMTUZA	XIGDUO XR 5/1000MG
BETIMOL 0.5%	EXFORGE 10/320MG	JARDIANCE 10MG	NEXLETOL 180MG	SYNAREL NASAL	XIGDUO XR 10/500MG
BETOPTIC S 0.25%	EXFORGE HCT	JARDIANCE 25MG	NEXLETOL 180MG	SYNJARDY 5MG/500MG	XIGDUO XR 10/1000MG
BEYAZ	160/12.5/5MG	JENTADUETO	NEXLETOL 180MG	SYNJARDY 12.5MG/500MG	XIIDRA 5%
BIJUVA 1MG-100MG	EXFORGE HCT	2.5MG-500MG	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	ZELAPAR 1.25MG
BIKTARVY	160/12.5/10MG	JENTADUETO	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	ZETIA (G) 10MG
50MG-200MG-25MG	EXFORGE HCT	2.5MG-850MG	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	ZIAGEN (G) 300MG
BINOSTO 70MG	160/25/5MG	JENTADUETO	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	ZIANA 1.2%-0.025%
BREO ELLIPTA 100/25MCG	EXFORGE HCT	2.5MG-1000MG	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	ZOLOFT (G) 25MG
BREO ELLIPTA 200/25MCG	160/25/10MG	JULUCA 50MG-25MG	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	ZOLOFT (G) 50MG
BRILINTA 60MG	EXFORGE HCT	KAZANO 12.5/500MG	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	ZOLOFT (G) 100MG
BRILINTA 90MG	320/25/10MG	KAZANO 12.5/1000MG	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	ZOMIG NASAL SPRAY
BYSTOLIC 2.5MG	FARESTON 60MG	KEPPRA (G) 250MG	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	5MG
BYSTOLIC 5MG	FARXIGA 5MG	KEPPRA (G) 500MG	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	ZOMIG ZMT 2.5MG
BYSTOLIC 10MG	FARXIGA 10MG	KEPPRA (G) 750MG	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	ZYCLARA PACKET 3.75%
BYSTOLIC 20MG	FETZIMA 20MG	KEPPRA (G) 1000MG	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	ZYCLARA PUMP 3.75%
CARDURA XL 4MG	FETZIMA 40MG	KERENDIA 10MG	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	ZYTIGA (G) 250MG
CARDURA XL 8MG	FETZIMA 80MG	KERENDIA 20MG	NEXLETOL 180MG	SYNJARDY 12.5MG/1000MG	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.