



Town of Westford



**SIMPLE.
SAFE.
SMART.**



SIGN UP TODAY

Medications FREE to your door!

CANARX is a voluntary international mail order prescription program that is available to eligible members, retirees, and their dependents of the Town of Westford.

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 CANARX at **1-866-893-6337** or to view the complete formulary - and enroll online or download an enrollment form - visit www.canarx.com (WebID: **WESTFORD**).
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: WESTFORD

ACTONEL (G) 35MG	BREO ELLIPTA 200/25MCG	EVISTA (G) 60MG	JANUMET XR	ORILISSA 150MG	TECFIDERA (G) 240MG
ACTONEL (G) 150MG	BREZTRI AEROSPHERE	EVOTAZ 300MG-150MG	50MG/500MG	ORILISSA 200MG	TEKTURNA 150MG
ACTOPLUS (G)	160MCG-9MCG-4.8MCG	EXELON (G) 4.6MG/24HR	JANUMET XR	OSPHENA 60MG	TEKTURNA 300MG
15MG-850MG	BRILINTA 60MG	EXELON (G) 9.5MG/24HR	50MG/1000MG	OTEZLA 30MG	TIVICAY 50MG
ACTOS (G) 15MG	BRILINTA 90MG	EXELON (G) 13.3MG/24HR	JANUMET XR	PENTASA 500MG	TOBI PODHALER 28MG
ACTOS (G) 30MG	BYSTOLIC (G) 2.5MG	EXFORGE HCT	100MG/1000MG	PLAQUENIL 200MG	TOBREX OINT 0.3%
ACTOS (G) 45MG	BYSTOLIC (G) 5MG	160/12.5/5MG	JANUVIA 25MG	PLAVIX (G) 75MG	TOPAMAX (G) 100MG
ACZONE 5%	BYSTOLIC (G) 10MG	EXFORGE HCT	JANUVIA 50MG	PRADAXA 150MG	TOVIAZ 4MG
ADCIRCA (G) 20MG	BYSTOLIC (G) 20MG	160/12.5/10MG	JANUVIA 100MG	PRED FORTE 1%	TOVIAZ 8MG
ADVAIR DISKUS 100MCG	CADUET 5/10MG	EXFORGE HCT	JARDIANCE 10MG	PREMARIN 0.3MG	TRADJENTA 5MG
ADVAIR DISKUS 250MCG	CADUET 5/20MG	160/25/5MG	JARDIANCE 25MG	PREMARIN 0.625MG	TRELEGY ELLIPTA
ADVAIR DISKUS 500MCG	CADUET 5/40MG	EXFORGE HCT	JENTADUETO	PREMARIN 1.25MG	100-62.5-25MCG
ADVAIR HFA 45/21MCG	CADUET 5/80MG	160/25/10MG	2.5MG-500MG	PREMARIN CREAM	TRELEGY ELLIPTA
ADVAIR HFA 115/21MCG	CADUET 10/10MG	EXFORGE HCT	JENTADUETO	0.625MG/GM	200-62.5-25MCG
ADVAIR HFA 230/21MCG	CADUET 10/20MG	320/25/10MG	2.5MG-850MG	PREMPRO 0.3MG/1.5MG	TRINTELLIX 5MG
AFINITOR 2.5MG	CADUET 10/40MG	FARESTON 60MG	JENTADUETO	PRESTALIA 3.5MG/2.5MG	TRINTELLIX 10MG
AFINITOR 5MG	CADUET 10/80MG	FARXIGA 5MG	2.5MG-1000MG	PRESTALIA 7MG/5MG	TRINTELLIX 20MG
AFINITOR 10MG	CELEBREX 100MG	FARXIGA 10MG	JUBLIA 10%	PRESTALIA 14MG/10MG	TRIUMEQ
AKLIEF 50MCG/G	CELEBREX 200MG	FELDENE 10MG	JULUCA 50MG-25MG	PRESTALIA 800MG	600-50-300MG
ALOMIDE 0.1%	CEQUA (G) 0.09%	FELDENE 20MG	KAZANO 12.5/500MG	PRISTIQ 50MG	TUDORZA PRESSAIR
ALPHAGAN-P 0.15%	CLIMARA PATCH 25MCG	FELDENE 20MG	KAZANO 12.5/1000MG	PRISTIQ 100MG	400MCG
ALREX 0.2%	CLIMARA PATCH 50MCG	FETZIMA 20MG	KEPPRA (G) 250MG	PROMETRIUM 100MG	ULORIC 9MG
ALVESCO 80MCG	CLIMARA PATCH 75MCG	FETZIMA 40MG	KEPPRA (G) 500MG	PROTOPIC OINT 0.03%	ULORIC 80MG
ALVESCO 160MCG	COMBIGAN 0.2-0.5%	FETZIMA 80MG	KEPPRA (G) 750MG	PROTOPIC OINT 0.1%	UROCI-T (G) 10MEQ
AMPYRA (G) 10MG	COMBIVENT RESPIMAT	FETZIMA 120MG	KEPPRA (G) 1000MG	QTERN 10-5MG	URSO 250MG
ANAPROX DS 550MG	20MCG/100MCG	FLAREX 0.1%	KERENDIA 10MG	QVAR REDIHALER 40MCG	VAGIFEM 10MCG
ANORO ELLIPTA	CORGARD 80MG	FLOVENT 44MCG	KERENDIA 20MG	QVAR REDIHALER 80MCG	VECTICAL 3MCG/GM
62.5/25MCG	COSOPT PF 2%/0.5%	FLOVENT 110MCG	KEPPRA (G) 1000MG	RANEXA (G) 500MG	VELPHORO 500MG
APTIOM 200MG	CRESTOR (G) 5MG	FLOVENT 220MCG	LAMICTAL (G) 150MG	RAPAFLO (G) 4MG	VENTOLIN HFA 90MCG
APTIOM 400MG	CRESTOR (G) 10MG	FLOVENT DISKUS	LAMICTAL (G) 200MG	RAPAFLO (G) 8MG	VESICARE (G) 5MG
APTIOM 600MG	CRESTOR (G) 20MG	100MCG	LATUDA 20MG	RAPAMUNE 0.5MG	VESICARE (G) 10MG
APTIOM 800MG	CRESTOR (G) 40MG	FLOVENT DISKUS	LATUDA 40MG	RAPAMUNE 2MG	VIIBRYD 10MG
ARAZLO 0.045%	CRINONE GEL 8%	250MCG	LATUDA 60MG	RELPAK (G) 20MG	VIIBRYD 20MG
ARNUIITY ELLIPTA 100MCG	CYMBALTA (G) 20MG	FOSAMAX PLUS D	LATUDA 80MG	RELPAK (G) 40MG	VIIBRYD 40MG
ARNUIITY ELLIPTA 200MCG	CYMBALTA (G) 30MG	70MG-2800IU	LATUDA 120MG	RENAGEL 800MG	VIMOVO 375/20MG
AROMASIN (G) 25MG	CYMBALTA (G) 60MG	FOSAMAX PLUS D	LEXIVA 700MG	RESTASIS MULTIDOSE (G)	VIMOVO 500/20MG
ARTHROTEC 50MG	CYTOTEC (G) 200MCG	70MG-5600IU	LIALDA 1.2GM	0.05%	VIREAD (G) 300MG
ARTHROTEC 75MG	DALIRESP 250MCG	FOSRENOL CHEW 500MG	LINZESS 72MCG	RETIN A MICRO GEL PUMP	VIVELLE-DOT 25MCG
ASMANEX TWISTHALER	DALIRESP 500MCG	FOSRENOL CHEW 750MG	LINZESS 145MCG	0.04%	VIVELLE-DOT 37.5MCG
110MCG	DEPAKOTE (G) 250MG	FOSRENOL CHEW 1000MG	LINZESS 290MCG	RETIN-A MICRO GEL PUMP	VIVELLE-DOT 50MCG
ASMANEX TWISTHALER	DEPAKOTE (G) 500MG	FOSRENOL POWDER	LIPITOR (G) 10MG	0.1%	VIVELLE-DOT 75MCG
220MCG	DETROL LA (G) 2MG	750MG	LIPITOR (G) 20MG	REXULTI 0.25MG	VIVELLE-DOT 100MCG
ASTAGRAF XL 1MG	DETROL LA (G) 4MG	FOSRENOL POWDER	LIPITOR (G) 40MG	REXULTI 0.5MG	VRAYLAR 1.5MG
ASTAGRAF XL 5MG	DEXILANT DR 30MG	1000MG	LIPITOR (G) 80MG	REXULTI 1MG	VRAYLAR 3MG
ATACAND 4MG	DEXILANT DR 60MG	GENVOYA	LOTEMAS GEL 0.5%	REXULTI 2MG	VRAYLAR 4.5MG
ATACAND 8MG	DIFFERIN CREAM 0.1%	GILENYA (G) 0.5MG	LOTEMAS OINT 0.5%	REXULTI 3MG	VRAYLAR 6MG
ATACAND 16MG	DIFFERIN GEL (G) 0.3%	GLUCAGEN HYPOKIT 1MG	LOTEMAS SUSP 0.5%	REXULTI 4MG	VUMERITY 231MG
ATACAND 32MG	DIOVAN (G) 40MG	GLUMETZA ER 1000MG	LUMIGAN 0.01%	RINVOQ 15MG	VYTORIN 10/10MG
ATACAND HCT	DIOVAN (G) 80MG	GLYXAMBI 10MG/5MG	MESTINON TS 180MG	RINVOQ 30MG	VYTORIN 10/20MG
32MG/25MG	DIOVAN (G) 160MG	GLYXAMBI 25MG/5MG	METRO CREAM 0.75%	RINVOQ 30MG	VYTORIN 10/40MG
ATACAND HCT	DIOVAN (G) 320MG	IBRANCE 75MG	METROGEL PUMP 1%	RYBELSUS 3MG	VYTORIN 10/80MG
16MG/12.5MG	DIOVAN HCT (G) 320/25MG	IBRANCE 100MG	MIGRANAL 4MG/ML	RYBELSUS 7MG	WAKIX 4.5MG
ATACAND HCT	DIVIGEL 0.25MG	IBRANCE 125MG	MIRVASO 0.33%	RYBELSUS 14MG	WAKIX 17.8MG
32MG/12.5MG	DIVIGEL 0.5MG	IMITREX NASAL SPRAY	MOTEGRITY 1MG	SAPHRIS 5MG	WELCHOL (G) 625MG
ATELVIA DR 35MG	DIVIGEL 1MG	5MG	MOTEGRITY 2MG	SAPHRIS 10MG	WELLBUTRIN XL (G) 150MG
ATROVENT HFA 20UG	DOVATO 50MG-300MG	IMITREX NASAL SPRAY	MULTAQ 400MG	SENSIPAR (G) 30MG	WELLBUTRIN XL (G) 300MG
AUBAGIO (G) 14MG	DULERA 100MCG/5MCG	20MG	MYRBETRIQ 25MG	SENSIPAR (G) 60MG	XADAGO 50MG
AVODART (G) 0.5MG	DULERA 200MCG/5MCG	IMITREX STATDOSE	MYRBETRIQ 50MG	SEREVENT DISKUS 50MCG	XADAGO 100MG
AZILECT (G) 0.5MG	DUOBRII 0.01%-0.045%	6MG/0.5ML	NATAZIA 3/2-2/2-3/1MG	SIMBRINZA 1%/0.2%	XALATAN 50MCG/ML
AZILECT (G) 1MG	DYMISTA 137/50MCG	62.5MCG	NESINA 6.25MG	SINGULAIR (G) 10MG	XARELTO 2.5MG
BANZEL 200MG	EDARBI 40MG	INSPIRA (G) 25MG	NESINA 12.5MG	SLYND 4MG	XARELTO 10MG
BANZEL 400MG	EDARBI 80MG	INSPIRA (G) 50MG	NESINA 25MG	SOOLANTRA 1%	XARELTO 15MG
BECONASE AQ 42MCG	EDARBYCLOR	INVEGA 3MG	NEUPRO 1MG	SPIRIVA 18MCG	XARELTO 20MG
BENICAR (G) 20MG	40MG/12.5MG	INVOKAMET	NEUPRO 2MG	SPIRIVA RESPIMAT 2.5MCG	XELJANZ 5MG
BENICAR (G) 40MG	EDARBYCLOR	50MG-500MG	NEUPRO 3MG	STEGLUJAN 5MG-100MG	XELJANZ 10MG
BENICAR HCT (G)	40MG/25MG	INVOKAMET	NEUPRO 4MG	STEGLUJAN 15MG-100MG	XELJANZ XR 11MG
20MG/12.5MG	EDECIN 25MG	50MG-1000MG	NEUPRO 6MG	STIOLTO RESPIMAT	XENAZINE 25MG
BENICAR HCT (G)	EDURANT 25MG	INVOKAMET	NEUPRO 8MG	2.5/2.5MCG	XENICAL 120MG
40MG/12.5MG	ELIHEL 1%	150MG-500MG	NEVANAC 3MG/ML	STRIVERDI RESPIMAT	XIGDUO XR 5/1000MG
BENICAR HCT (G)	ELIQUIS 2.5MG	INVOKAMET	NEXAVAR 200MG	2.5MCG	XIGDUO XR 10/500MG
40MG/25MG	ELIQUIS 5MG	150MG-1000MG	NEXIUM (G) 20MG	SYMBICORT	XIGDUO XR 10/1000MG
BEPREVE 1.5%	ELMIRON 100MG	150MG-1000MG	NEXIUM (G) 40MG	160MCG-4.5MCG	XIIDRA 5%
BETIMOL 0.25%	ENTRESTO 24MG-26MG	INVOKANA 100MG	NEXLETOL 180MG	SYM TUZA	YASMIN 28 (G)
BETIMOL 0.5%	ENTRESTO 49MG-51MG	INVOKANA 300MG	NEXLIZET 180MG-10MG	SYNAREL NASAL	YAZ (G) 3/0.02MG
BETOPTIC S 0.25%	ENTRESTO 97MG-103MG	IRESSA 250MG	NORITATE CREAM 1%	SYNJARDY 5MG/500MG	ZELAPAR 1.25MG
BEVESPI AEROSPHERE	EPIDUO FORTE 0.3%/2.5%	ISENTRESS 400MG	NORVASC (G) 5MG	SYNJARDY 5MG/1000MG	ZETIA (G) 10MG
9MCG-4.8MCG	EPIDUO GEL PUMP	JAKAFI 5MG	NORVASC (G) 10MG	SYNJARDY 12.5MG/500MG	ZIANA 1.2%-0.025%
BEYAZ	0.1%/2.5%	JAKAFI 10MG	NUBEQA 300MG	SYNJARDY 12.5MG/1000MG	ZOMIG (G) 2.5MG
BIJUVA 1MG-100MG	EPIPEN 0.3MG	JAKAFI 15MG	NURTEC ODT 75MG	TASIGNA 150MG	ZOMIG NASAL SPRAY 5MG
BIKTARVY	EPIPEN JR 0.15MG	JAKAFI 20MG	ODEFSEY	TASIGNA 200MG	ZOVIRAX CREAM 5%
50MG-200MG-25MG	EPIVIR / HBV (G) 100MG	JALYN 0.5MG/0.4MG	200MG-25MG-25MG	TASMAR 100MG	ZYCLARA PACKET 3.75%
BINOSTO 70MG	ESTROGEL 0.06%	JANUMET 50/500MG	OLUMIANT 2MG	TAZORAC GEL 0.05%	ZYCLARA PUMP 3.75%
BREO ELLIPTA 100/25MCG	EUCRISA 2%	JANUMET 50/1000MG	OMNARIS 50MCG	TECFIDERA (G) 120MG	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.