



West Suburban Health Group



**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 the Benchmark health plan with the West Suburban Health 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 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: **WSHG**).
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: **WSHG**

ACIPHEX 20MG	BYSTOLIC (G) 10MG	FETZIMA 80MG	KEPPRA (G) 1000MG	PRISTIQ 50MG	TIVICAY 50MG
ACULAR (G) 0.5%	BYSTOLIC (G) 20MG	FETZIMA 120MG	KERENDIA 10MG	PRISTIQ 100MG	TOBI PODHALER 28MG
ACULAR LS (G) 0.4%	CADUET 5/10MG	FINACEA GEL 15%	KERENDIA 20MG	PROMETRIUM 100MG	TOBREX OINT 0.3%
ACZONE 5%	CADUET 5/20MG	FLAREX 0.1%	KISQALI 200MG	PROTONIX (G) 40MG	TOVIAZ 4MG
ADVAIR DISKUS 100MCG	CADUET 5/40MG	FLOVENT 44MCG	LAMICTAL CD (G) 25MG	PROZAC (G) 20MG	TOVIAZ 8MG
ADVAIR DISKUS 250MCG	CADUET 5/80MG	FLOVENT 110MCG	LATUDA 20MG	QTERN 10-5MG	TRADJENTA 5MG
ADVAIR DISKUS 500MCG	CADUET 10/10MG	FLOVENT 220MCG	LATUDA 40MG	QULIPTA 10MG	TRELEGY ELLIPTA
ADVAIR HFA 45/21MCG	CADUET 10/20MG	FLOVENT DISKUS 100MCG	LATUDA 60MG	QULIPTA 30MG	100-62.5-25MCG
ADVAIR HFA 115/21MCG	CADUET 10/40MG	FLOVENT DISKUS 250MCG	LATUDA 80MG	QULIPTA 60MG	TRELEGY ELLIPTA
ADVAIR HFA 230/21MCG	CADUET 10/80MG	FOSAMAX PLUS D 70MG-2800IU	LATUDA 120MG	QVAR REDIHALER 40MCG	200-62.5-25MCG
AFINITOR 2.5MG	CARDURA XL 4MG	FOSAMAX PLUS D 70MG-5600IU	LEXAPRO (G) 10MG	QVAR REDIHALER 80MCG	TRIBENZOR 20/5/12.5MG
AFINITOR 5MG	CARDURA XL 8MG	FOSRENOL CHEW 500MG	LEXAPRO (G) 20MG	QVAR REDIHALER 80MCG	TRIBENZOR 40/5/12.5MG
AFINITOR 10MG	CEQUA (G) 0.09%	FOSRENOL CHEW 750MG	LIALDA 1.2GM	RAPAFLO (G) 4MG	TRIBENZOR 40/5/25MG
AFINITOR DISPERZ 2MG	CLARINEX 5MG	FOSRENOL CHEW 1000MG	LINZESS 22MCG	RAPAFLO (G) 8MG	TRIBENZOR 40/10/12.5MG
AFINITOR DISPERZ 3MG	COLAZAL 750MG	GENVOYA	LINZESS 145MCG	RAPAMUNE 0.5MG	TRIBENZOR 40/10/25MG
AFINITOR DISPERZ 5MG	COMBIGAN 0.2-0.5%	GILENYA (G) 0.5MG	LINZESS 290MCG	RAPAMUNE 2MG	TRINTELLIX 5MG
AKLIEF 50MCG/G	COMBIVENT RESPIMAT 20MCG/100MCG	GLUCAGEN HYPOKIT 1MG	LIPITOR (G) 10MG	RAPAMUNE 2MG	TRINTELLIX 10MG
ALOMIDE 0.1%	CRESTOR (G) 5MG	GLUMETZA ER 1000MG	LIPITOR (G) 20MG	RELPAK (G) 20MG	TRINTELLIX 20MG
ALPHAGAN-P 0.15%	CRESTOR (G) 10MG	GLYXAMBI 10MG/5MG	LIPITOR (G) 40MG	RELPAK (G) 40MG	TRIUMLIQ
ALREX 0.2%	CRESTOR (G) 20MG	GLYXAMBI 25MG/5MG	LIPITOR (G) 80MG	RENAGEL 800MG	600-50-300MG
ALVESCO 80MCG	CRESTOR (G) 40MG	IBRANCE 75MG	LOTEMAX GEL 0.5%	RESTASIS MULTIDOSE (G) 0.05%	TUDORZA PRESSAIR 400MCG
ALVESCO 160MCG	CRINONE GEL 8%	IBRANCE 100MG	LOTEMAX OINT 0.5%	RESTASIS VIALS 0.05%	UBRELVY 50MG
AMPYRA (G) 10MG	DALIRESP 250MCG	IBRANCE 125MG	LOTEMAX SUSP 0.5%	RETIN A MICRO GEL PUMP 0.04%	UBRELVY 100MG
ANAPROX DS 550MG	DALIRESP 500MCG	ILEVRO 0.3%	LUMIGAN 0.01%	RETIN-A MICRO GEL PUMP 0.1%	UCERIS 9MG
ANORO ELLIPTA 62.5/25MCG	DEXILANT DR 30MG	IMITREX NASAL SPRAY 5MG	MIRVASO 0.33%	REXULTI 0.25MG	ULORIC 80MG
APTIOM 200MG	DEXILANT DR 60MG	IMITREX NASAL SPRAY 20MG	MOTEGRITY 1MG	REXULTI 0.5MG	URSO 250MG
APTIOM 400MG	DIFFERIN CREAM 0.1%	IMITREX STATDOSE 6MG/0.5ML	MOTEGRITY 2MG	REXULTI 1MG	VAGIFEM 10MCG
APTIOM 600MG	DIFFERIN GEL (G) 0.3%	INCRUSE ELLIPTA 62.5MCG	MULTAQ 400MG	REXULTI 2MG	VECTICAL 3MCG/GM
APTIOM 800MG	DIVIGEL 0.25MG	INSPRA (G) 25MG	MYRBETRIQ 25MG	REXULTI 3MG	VELPHORO 500MG
ARAZLO 0.045%	DIVIGEL 0.5MG	INSPRA (G) 50MG	MYRBETRIQ 50MG	REXULTI 4MG	VENTOLIN HFA 90MCG
ARNUITY ELLIPTA 100MCG	DIVIGEL 1MG	INVOKAMET 50MG-500MG	NATAZIA 3/2-2/2-3/1MG	REXULTI 4MG	VERQUOVO 10MG
ARNUITY ELLIPTA 200MCG	DOVATO 50MG-300MG	INVOKAMET 50MG-1000MG	NESINA 6.25MG	RINVOQ 15MG	VERQUOVO 2.5MG
AROMASIN (G) 25MG	DULERA 100MCG/5MCG	INVOKAMET 150MG-500MG	NESINA 12.5MG	RINVOQ 30MG	VERQUOVO 5MG
ASMANEX TWISTHALER 110MCG	DULERA 200MCG/5MCG	INVOKAMET 150MG-1000MG	NESINA 25MG	RYALTRIS 25MCG-665MCG	VESICARE (G) 5MG
ASMANEX TWISTHALER 220MCG	DUOBRII 0.01%-0.045%	INVOKAMET 150MG-1000MG	NEUPRO 1MG	RYBELSUS 3MG	VESICARE (G) 10MG
ASTAGRAF XL 1MG	DYMISTA 137/50MCG	INVOKAMET 150MG-500MG	NEUPRO 2MG	RYBELSUS 7MG	VIIBRYD 10MG
ASTAGRAF XL 5MG	EDARBI 40MG	INVOKAMET 150MG-1000MG	NEUPRO 3MG	RYBELSUS 14MG	VIIBRYD 20MG
ATACAND 4MG	EDARBI 80MG	INVOKAMET 150MG-1000MG	NEUPRO 4MG	SAPHRIS 5MG	VIIBRYD 40MG
ATACAND 8MG	EDARBYCLOR 40MG/12.5MG	INVOKAMET 150MG-1000MG	NEUPRO 6MG	SAPHRIS 10MG	VIREAD (G) 300MG
ATACAND 16MG	EDARBYCLOR 40MG/25MG	INVOKANA 100MG	NEUPRO 8MG	SENSIPAR (G) 30MG	VIVELLE-DOT 25MCG
ATACAND 32MG	EDURANT 25MG	INVOKANA 300MG	NEUPRO 8MG	SENSIPAR (G) 60MG	VIVELLE-DOT 37.5MCG
ATACAND HCT 16MG/12.5MG	EFFEXOR XR (G) 75MG	IRESSA 250MG	NEVANAC 3MG/ML	SEREVENT DISKUS 50MCG	VIVELLE-DOT 50MCG
ATACAND HCT 32MG/12.5MG	ELIQUIS 1%	ISENTRESS 400MG	NEXAVAR 200MG	SIMBRINZA 1%/0.2%	VIVELLE-DOT 100MCG
ATACAND HCT 32MG/25MG	ELIQUIS 2.5MG	JAKAFI 5MG	NEXIUM (G) 20MG	SLYND 4MG	VRAYLAR 1.5MG
ATELVIA DR 35MG	ELIQUIS 5MG	JAKAFI 10MG	NEXIUM (G) 40MG	SOOLANTRA 1%	VRAYLAR 3MG
ATROVENT HFA 20UG	ELMIRON 100MG	JAKAFI 15MG	NEXLETOL 180MG	SOTYKTU 6MG	VRAYLAR 4.5MG
AUBAGIO (G) 14MG	ENTRESTO 24MG-26MG	JAKAFI 20MG	NEXTSTELLIS 3MG-14.2MG	SPIRIVA 18MCG	VUMERITY 231MG
AZOPT 1%	ENTRESTO 49MG-51MG	JALYN 0.5MG/0.4MG	NUBEQA 300MG	SPRIVA RESPIMAT 2.5MCG	WAKIX 4.5MG
AZOR 20/5MG	ENTRESTO 97MG-103MG	JANUMET 50/500MG	NURTEC ODT 75MG	SPRIVA RESPIMAT 2.5MCG	WAKIX 17.8MG
AZOR 40/5MG	EPIDUO FORTE 0.3%/2.5%	JANUMET 50/1000MG	ODEFSEY 200MG-25MG-25MG	STIOLTO RESPIMAT 2.5/2.5MCG	WELCHOL (G) 625MG
AZOR 40/10MG	EPIDUO GEL PUMP 0.1%/2.5%	JANUMET XR 50MG/500MG	OLUMIANT 4MG	STRIVERDI RESPIMAT 2.5MCG	WELLBUTRIN XL (G) 150MG
BANZEL 200MG	EPIPEN 0.3MG	JANUMET XR 50MG/1000MG	OLUMIANT 2MG	SUTENT 12.5MG	WELLBUTRIN XL (G) 300MG
BANZEL 400MG	EPIPEN JR 0.15MG	JANUMET XR 50MG/1000MG	OMNARIS 50MCG	SUTENT 25MG	XADAGO 50MG
BEPREVE 1.5%	EPIVIR / HBV (G) 100MG	JANUMET XR 50MG/1000MG	ORACEA 40MG	SUTENT 37.5MG	XADAGO 100MG
BETIMOL 0.25%	ESTROGEL 0.06%	JANUMET XR 50MG/1000MG	ORILISSA 150MG	SUTENT 50MG	XALATAN 50MCG/ML
BETIMOL 0.5%	EUCRISA OINTMENT 2%	JANUMET XR 50MG/1000MG	ORILISSA 200MG	SYMBICORT 160MCG-4.5MCG	XARELTO 2.5MG
BETOPTIC S 0.25%	EVOTAZ 300MG-150MG	JANUMET XR 50MG/1000MG	OSPHENA 60MG	SYMTUZA 800-150-200-10MG	XARELTO 10MG
BEVESPI AEROSPHERE 9MCG-4.8MCG	EXFORGE HCT 160/12.5/10MG	JANUMET XR 50MG/1000MG	OTEZLA 30MG	SYNAREL NASAL	XARELTO 15MG
BEYAZ	EXFORGE HCT 160/12.5/5MG	JANUMET XR 50MG/1000MG	PENTASA 500MG	SYNJARDY 5MG/500MG	XARELTO 20MG
BIJUVA 1MG-100MG	EXFORGE HCT 160/25/5MG	JANUMET XR 50MG/1000MG	PLAQUENIL 200MG	SYNJARDY 5MG/1000MG	XELJANZ 5MG
BIKTARVY 50MG-200MG-25MG	EXFORGE HCT 160/25/10MG	JANUMET XR 50MG/1000MG	PRADAXA 150MG	SYNJARDY 12.5MG/500MG	XELJANZ 10MG
BINOSTO 70MG	EXFORGE HCT 320/25/10MG	JANUMET XR 50MG/1000MG	PRED FORTE 1%	SYNJARDY 12.5MG/1000MG	XELJANZ 10MG
BREO ELLIPTA 100/25MCG	EXFORGE HCT 160/25/5MG	JANUMET XR 50MG/1000MG	PREMARIN 0.3MG	TASIGNA 150MG	XELJANZ XR 11MG
BREO ELLIPTA 200/25MCG	EXFORGE HCT 160/25/10MG	JANUMET XR 50MG/1000MG	PREMARIN 0.625MG	TASIGNA 200MG	XENAZINE 25MG
BREZTRI AEROSPHERE 160MCG-9MCG-4.8MCG	EXFORGE HCT 160/25/10MG	JANUMET XR 50MG/1000MG	PREMARIN 1.25MG	TASIGNA 200MG	XENICAL 120MG
BRILINTA 60MG	EXFORGE HCT 160/25/10MG	JANUMET XR 50MG/1000MG	PREMARIN CREAM 0.625MG/GM	TASMAR 100MG	XIGDUO XR 5/1000MG
BRILINTA 90MG	EXFORGE HCT 160/25/10MG	JANUMET XR 50MG/1000MG	PREMPRO 0.3MG/1.5MG	TAZORAC GEL 0.05%	XIGDUO XR 10/500MG
BYSTOLIC (G) 2.5MG	FARESTON 60MG	JANUMET XR 50MG/1000MG	PRESTALIA 3.5MG/2.5MG	TECFIDERA (G) 120MG	XIGDUO XR 10/1000MG
BYSTOLIC (G) 5MG	FARXIGA 5MG	JANUMET XR 50MG/1000MG	PRESTALIA 7MG/5MG	TECFIDERA (G) 240MG	XIIDRA 5%
	FARXIGA 10MG	JANUMET XR 50MG/1000MG	PRESTALIA 14MG/10MG		ZELAPAR 1.25MG
	FELDENE 10MG	JANUMET XR 50MG/1000MG	PREVACID SOLUTAB 15MG		ZETIA (G) 10MG
	FELDENE 20MG	JANUMET XR 50MG/1000MG	PREVACID SOLUTAB 30MG		ZIANA 1.2%-0.025%
	FETZIMA 20MG	JANUMET XR 50MG/1000MG	PREZISTA 600MG		ZOLOFT (G) 100MG
	FETZIMA 40MG	JANUMET XR 50MG/1000MG	PREZISTA 800MG		ZOMIG NASAL SPRAY 5MG
		JANUMET XR 50MG/1000MG			ZYCLARA PACKET 3.75%
		JANUMET XR 50MG/1000MG			ZYCLARA PUMP 3.75%
		JANUMET XR 50MG/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.