CANARX

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!

ZERO COPAYS

SIMPLE.

SAFE.

SMART.

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.

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.

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.

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