CANARX

QCR HOLDINGS, INC.



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 of QCR Holdings, Inc.

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.

- **$0 Copay**
- **300+ FREE Brand Name Medications**
- **Easy, convenient refills**
- **Refills only, no "new to you" meds**
- **No additional costs**

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: **QCRH**).
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!

For More Information

1-866-893-6337
www.canarx.com
WebID: QCRH

ACTIVELLA (G) 1MG/0.5MG
ACTONEL (G) 35MG
ACTONEL (G) 150MG
ACTOPLUS (G) 15MG-850MG
ACTOS (G) 15MG
ACTOS (G) 30MG
ACTOS (G) 45MG
ACULAR (G) 0.5%
ACULAR LS (G) 0.4%
ACZONE 5%
ADVAIR DISKUS 100MCG
ADVAIR DISKUS 250MCG
ADVAIR DISKUS 500MCG
ADVAIR HFA 45/21MCG
ADVAIR HFA 115/21MCG
ADVAIR HFA 230/21MCG
AKLIEF 50MCG/G
ALDACTONE (G) 25MG
ALPHAGAN-P 0.15%
ALREX 0.2%
ALTACE (G) 1.25MG
ALTACE (G) 2.5MG
ALTACE (G) 5MG
ALTACE (G) 10MG
ANAPROX DS 550MG
ANORO ELLIPTA
62.5/25MCG
ARAVA 10MG
ARAVA 20MG
ARAZLO 0.045%
ARICEPT (G) 5MG
ARICEPT (G) 10MG
ARNUITY ELLIPTA
100MCG
ARNUITY ELLIPTA
200MCG
ARTHROTEC 50MG
ARTHROTEC 75MG
ASMANEX TWISTHALER
110MCG
ASMANEX TWISTHALER
220MCG
ATELVIA DR 35MG
ATROVENT HFA 20UG
AZILECT (G) 0.5MG
AZILECT (G) 1MG
AZOPT 1%
BEPREVE 1.5%
BETIMOL 0.25%
BETIMOL 0.5%
BETOPTIC S 0.25%
BEVESPI AEROSPHERE
9MCG-4.8MCG
BEYAZ
BIJUVA 1MG-100MG
BREO ELLIPTA 100/25MCG
BREO ELLIPTA 200/25MCG
BREZTRI AEROSPHERE
160MCG-9MCG-4.8MCG
BRILINTA 60MG
BRILINTA 90MG
CADUET 5/10MG
CADUET 5/20MG
CADUET 5/40MG
CADUET 5/80MG
CADUET 10/10MG
CADUET 10/20MG
CADUET 10/40MG
CADUET 10/80MG
CARDIZEM CD (G) 240MG
CARDIZEM CD (G) 180MG
CARDURA XL 4MG
CARDURA XL 8MG
CEQUA (G) 0.09%
CLARINEX 5MG
CLIMARA PATCH 25MCG
CLIMARA PATCH 50MCG
CLIMARA PATCH 75MCG
COLAZAL 750MG
COMBIGAN 0.2-0.5%
COMBIVENT RESPIMAT
20MCG/100MCG
COMTAN (G) 200MG
CORGARD 80MG
COSOPT PF 2%/0.5%
CYTOTEC (G) 200MCG
DALIRESP 250MCG
DALIRESP 500MCG
DEPAKOTE (G) 250MG
DEPAKOTE (G) 500MG
DEXILANT DR 30MG
DEXILANT DR 60MG
DIFFERIN CREAM 0.1%
DIFFERIN GEL (G) 0.3%
DIPROLENE OINT 0.05%
DYMISTA 137/50MCG
EDARBI 40MG
EDARBI 80MG
EDARBYCLOR
40MG/12.5MG
EDARBYCLOR
40MG/25MG
EFFIENT (G) 5MG
ELIQUIS 2.5MG
ELIQUIS 5MG
ENTRESTO 24MG-26MG
ENTRESTO 49MG-51MG
ENTRESTO 97MG-103MG
EPIDUO FORTE 0.3%/2.5%
EPIPEN 0.3MG
EPIPEN JR 0.15MG
EVISTA (G) 60MG
EXELON (G) 4.6MG/24HR
EXELON (G) 9.5MG/24HR
EXELON (G) 13.3MG/24HR
FARESTON 60MG
FARXIGA 5MG
FARXIGA 10MG
FELDENE 10MG
FELDENE 20MG
FINACEA GEL 15%
FLAREX 0.1%
FLOVENT 44MCG
FLOVENT 110MCG
FLOVENT 220MCG
FLOVENT DISKUS 100MCG
FLOVENT DISKUS 250MCG
FOSAMAX (G) 70MG
FOSAMAX PLUS D
70MG-2800IU
FOSAMAX PLUS D
70MG-5600IU
ILEVRO 0.3%
IMITREX STATDOSE
6MG/0.5ML
INCRUSE ELLIPTA
62.5MCG
INSPRA (G) 25MG
INSPRA (G) 50MG
LOPRESSOR (G) 50MG
LOPRESSOR (G) 100MG
LOTEMAX GEL 0.5%
LOTEMAX OINT 0.5%
LOTEMAX SUSP 0.5%
LUMIGAN 0.01%
MALARONE (G)
250-100MG
METRO CREAM 0.75%
METROGEL PUMP 1%
MINIPRESS (G) 1MG
MINIPRESS (G) 2MG
MINIPRESS (G) 5MG
MIRAPEX ER 0.375MG
MIRAPEX ER 0.75MG
MIRAPEX ER 1.5MG
MIRAPEX ER 2.25MG
MIRAPEX ER 3MG
MIRAPEX ER 3.75MG
MIRAPEX ER 4.5MG
MIRVASO 0.33%
MOBIC (G) 7.5MG
MOBIC (G) 15MG
MYRBETRIQ 25MG
MYRBETRIQ 50MG
NAMENDA (G) 10MG
NATAZIA 3/2-2/2-3/1MG
NEUPRO 1MG
NEUPRO 2MG
NEUPRO 3MG
NEUPRO 4MG
NEUPRO 6MG
NEUPRO 8MG
OSPHENA 60MG
PAXIL (G) 10MG
PAXIL (G) 20MG
PAXIL (G) 30MG
PAXIL CR (G) 12.5MG
PAXIL CR (G) 25MG
PENTASA 500MG
PLAQUENIL 200MG
PRED FORTE 1%
PREMARIN 0.3MG
PREMARIN 0.625MG
PREMARIN 1.25MG
PREMARIN CREAM
0.625MG/GM
PREMPRO 0.3MG/1.5MG
PRESTALIA 3.5MG/2.5MG
PRESTALIA 7MG/5MG
PRESTALIA 14MG/10MG
PROMETRIUM 100MG
PROSCAR (G) 5MG
PROTOPIC OINT 0.03%
PROTOPIC OINT 0.1%
QTERN 10-5MG
QVAR REDIHALER 40MCG
QVAR REDIHALER 80MCG
RELPAX (G) 20MG
RELPAX (G) 40MG
RENVELA (G) 800MG
RESTASIS MULTIDOSE (G)
0.05%
RESTASIS VIALS 0.05%
RYBELSUS 3MG
RYBELSUS 7MG
RYBELSUS 14MG
SALAGEN (G) 5MG
SEREVENT DISKUS
50MCG
SIMBRINZA 1%/0.2%
SINEMET (G) 100/10MG
SLYND 4MG
SOOLANTRA 1%
SPIRIVA 18MCG
SPIRIVA RESPIMAT 2.5MCG
STALEVO (G) 50MG
STALEVO (G) 100MG
STALEVO (G) 125MG
STIOLTO RESPIMAT 2.5/2.5MCG
STRIVERDI RESPIMAT 2.5MCG
SYMBICORT 160MCG-4.5MCG
SYNAREL NASAL
TASMAR 100MG
TENORMIN (G) 50MG
TENORMIN (G) 100MG
TOBREX OINT 0.3%
TRELEGY ELLIPTA
100-62.5-25MCG
TRELEGY ELLIPTA
200-62.5-25MCG
UROCIT-K (G) 10MEQ
URSO 250MG
VECTICAL 3MCG/GM
WELCHOL (G)
625MG
XARELTO 2.5MG
XARELTO 10MG
XARELTO 15MG
XARELTO 20MG
XIGDUO XR 5/1000MG
XIGDUO XR 10/500MG
XIGDUO XR 10/1000MG
XIIDRA 5%
YAZ (G) 3/0.02MG
ZELAPAR 1.25MG
ZESTRIL (G) 5MG
ZESTRIL (G) 10MG
ZESTRIL (G) 20MG
ZOVIRAX CREAM 5%

THE FOLLOWING MEDICATIONS ARE COVERED IF PRIOR AUTHORIZATION REQUIREMENTS HAVE BEEN MET AND APPROVED.

BIKTARVY 50MG-200MG-25MG
BINOSTO 70MG
DUOBRII 0.01%-0.045%
EDURANT 25MG
ELMIRON 100MG
FETZIMA 20MG
FETZIMA 40MG
FETZIMA 80MG
FETZIMA 120MG
GENVOYA
GLYXAMBI 10MG/5MG
GLYXAMBI 25MG/5MG
ISENTRESS 400MG
JALYN 0.5MG/0.4MG
JANUMET 50/500MG
JANUMET 50/1000MG
JANUMET XR 50MG/500MG
JANUMET XR 50MG/1000MG
JANUMET XR 100MG/1000MG
JANUVIA 25MG
JANUVIA 50MG
JANUVIA 100MG
JARDIANCE 10MG
JARDIANCE 25MG
JENTADUETO 2.5MG-500MG
JENTADUETO 2.5MG-850MG
JENTADUETO 2.5MG-1000MG
JUBLIA 10%
JULUCA 50MG-25MG
KERENDIA 10MG
KERENDIA 20MG
LATUDA 20MG
LATUDA 40MG
LATUDA 60MG
LATUDA 80MG
LATUDA 120MG
LINZESS 72MCG
LINZESS 145MCG
LINZESS 290MCG
MULTAQ 400MG
NEXLETOL 180MG
NEXLIZET 180MG-10MG
NURTEC ODT 75MG
ODEFSEY 200MG-25MG-25MG
ORILISSA 150MG
ORILISSA 200MG
PRADAXA 75MG
PRADAXA 150MG
PREZISTA 600MG
PREZISTA 800MG
QULIPTA 10MG
QULIPTA 30MG
QULIPTA 60MG
REXULTI 0.25MG
REXULTI 0.5MG
REXULTI 1MG
REXULTI 2MG
REXULTI 3MG
REXULTI 4MG
SYMTUZA
SYNJARDY 5MG/500MG
SYNJARDY 5MG/1000MG
SYNJARDY 12.5MG/500MG
SYNJARDY 12.5MG/1000MG
TIVICAY 50MG
TRADJENTA 5MG
TRINTELLIX 5MG
TRINTELLIX 10MG
TRINTELLIX 20MG
TRIUMEQ 600-50-300MG
UBRELVY 50MG
UBRELVY 100MG
UCERIS 9MG
VRAYLAR 1.5MG
VRAYLAR 3MG
VRAYLAR 4.5MG
VRAYLAR 6MG
ZIANA 1.2%-0.025%
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.