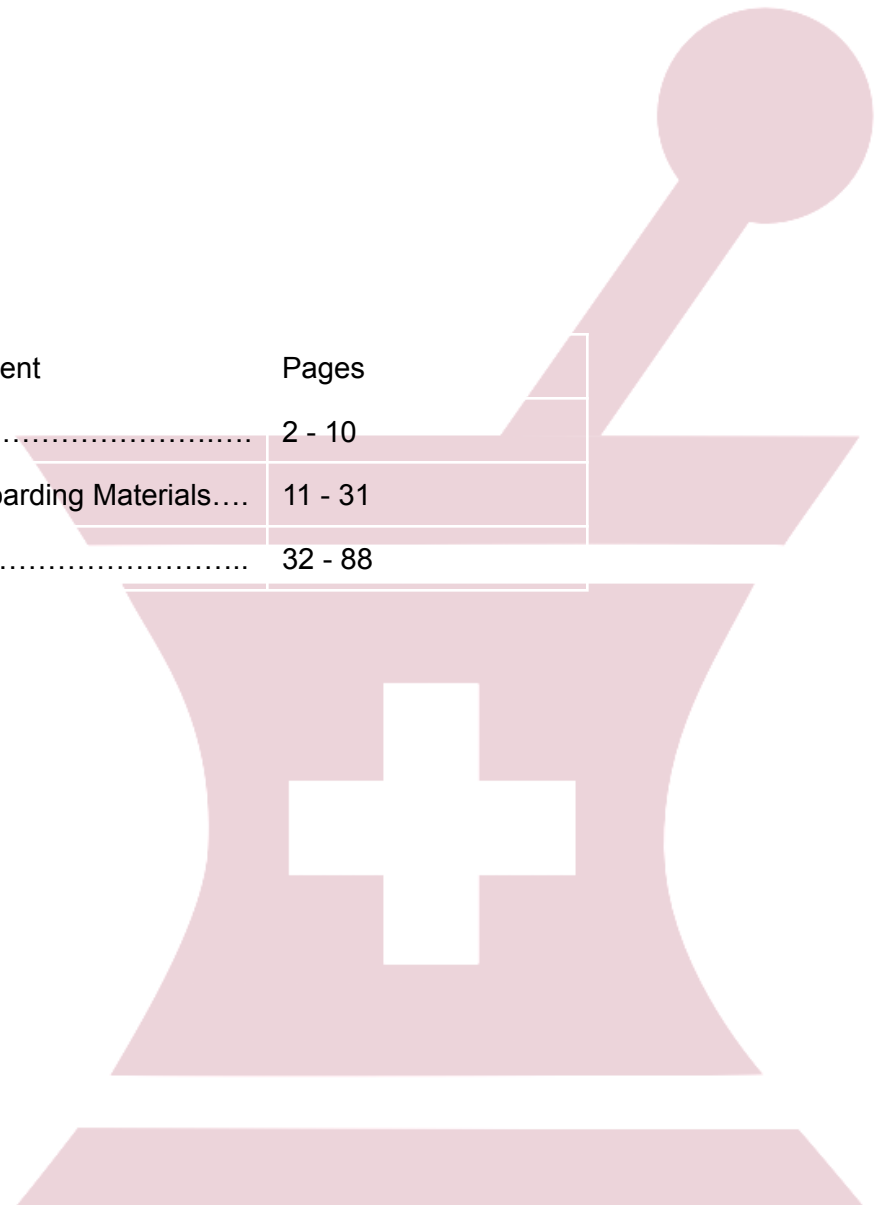


# Ulster County, NY



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The information contained in this packet is the product of Freedom of Information Act requests filed by the Partnership for Safe Medicines. For additional info, please feel free to contact Shabbir Imber Safdar at [shabbir@safemedicines.org](mailto:shabbir@safemedicines.org) or (415) 630-3736.

# MEMORANDUM OF UNDERSTANDING

Between

CANARX

and

ULSTER COUNTY

This Memorandum of Understanding (“MOU”) is made this 13th day of February, 2024, by and between CANARX GROUP, INC., a Barbados corporation; and CANARX SERVICES, INC., an Ontario corporation, all collectively referred to as “CANARX”; and ULSTER COUNTY,

a(n) \_\_\_\_\_ corporation

a(n) \_\_\_\_\_ partnership

a(n) \_\_\_\_\_ LLC

a(n) \_\_\_\_\_ partnership

an individual

other: a municipal corporation in the State of New York

1. **Parties.** The parties to this MOU are:

(a) CANARX.

(i) CANARX is in the business of assisting individual American consumers, including those whose pharmaceutical purchases are paid or reimbursed by their employers, health

benefits plans, or other third-party payors, in exercising their lawful rights of personal importation in obtaining brand-name prescription drugs from licensed, regulated, qualified, and insured pharmacies located outside the United States.

(ii) CANARX is not a pharmacy nor is it a pharmacy benefits manager. CANARX does not engage in the commercial importation of medicine or in the importation of any good into the United States. Rather, it serves as the agent outside of the United States of individual Americans who wish to exercise their lawful rights of personal importation of medicines prescribed for them by their United States physician or other prescriber.

(iii) The relationship between CANARX and every individual American whom it serves is governed by an individual written agreement entered into by and between CANARX and the individual American. Each such agreement is in the nature of an agency agreement under which the individual American is the principal or master and CANARX is the agent or servant.

(iv) Services that CANARX provides to its individual clients include verifying and authenticating prescriptions written on their behalf by their licensed and authorized prescribers in the United States; conducting such utilization and other reviews as may be necessary and appropriate; engaging such pharmacies, physicians, and other providers outside the United States as may be necessary in order to meet the needs and follow the directions of the clients of CANARX and their prescribers in the United States; ensuring that pharmacies dispensing medicines to the clients of CANARX adhere to the directions of the clients' physicians in the United States; arranging for the delivery, by the dispensing pharmacy, of the prescribed medicines directly to the individual American who

ordered them; assisting and advising the American client as each such shipment is inspected by customs and other officials of the United States Government as it enters the United States and its lawfulness as a permitted personal importation is adjudicated on a case-by-case basis by the Secretary of Health and Human Services (through the Secretary's delegates at the Food and Drug Administration ("FDA")); assuring the satisfaction of the American client and the client's physician with the medicines that the client receives; paying all costs incurred in the connection with the dispensing and shipping of the medicines; and presenting to any employer, health benefits plan, or other third-party payor owing duties to the client the client's claims for payment or reimbursement of the costs of the medicines personally imported by the client, collecting same, and disbursing same in accordance with the instructions of the individual client.

(b) ULSTER COUNTY.

(i) ULSTER COUNTY is a municipality. ULSTER COUNTY may be the employer, former employer, or sponsor of a health or retirement benefits plan of an individual who is a resident of the United States and desirous of exercising rights of personal importation of lawful prescription medicines into the United States; or an insurer or other plan operator providing pharmacy benefits to such an individual; or a plan administrator, pharmacy benefits manager, human resources manager, or otherwise engaged in work providing services and / or benefits to such a person.

2. **Purpose.** The purposes of this MOU are (a) to provide an arrangement under which the parties may share information and otherwise cooperate when the same is in the best interests of the individuals who are actual or prospective clients of CANARX and with whom

ULSTER COUNTY has a relationship or to whom ULSTER COUNTY owes duties; and (b) to memorialize the understandings of the parties with respect to such cooperation.

3. **Non-Disclosure Agreements and Business Associate Agreements.** The parties may enter into such Non-Disclosure Agreements (“NDAs”) and Business Associate Agreements (as contemplated, required, or permitted by the Health Insurance Portability and Accountability Act of 1986 (“HIPAA”); the Health Information Technology for Economic and Clinical Health Act (“HITECH”), enacted as part of the American Recovery and Reinvestment Act of 2009; and of amendments thereto and of rules and regulations promulgated thereunder, including the rules codified at 45 C.F.R. Parts 160, 162, and 164; all as amended from time to time) (“BAAs”) as may to them seem necessary and expedient. In the event of any conflict between such NDAs or BAAs and this MOU, unless otherwise expressly provided, the terms of this MOU shall prevail and, except with respect to such NDAs and BAAs, this MOU creates no enforceable rights as between CANARX and ULSTER COUNTY.

4. **Not Contractors, Independent or Otherwise.** Except for any such NDA or BAA, there exists and shall exist between CANARX and ULSTER COUNTY no contractual relationship. CANARX and ULSTER COUNTY are not independent contractors or other contractors of each other.

5. **Understandings.** The parties memorialize that they each understand:

- (a) CANARX is not present, and does not do business, in the United States.
- (b) The relationship between CANARX and any individual client whom it serves is governed by an individual written agreement into which CANARX and the individual client enter. ULSTER COUNTY is not a party to any such agreement.

(c) Pursuant to the individual written agreement entered into between CANARX and the individual client, the client elects to disclose information, including personal health information (“PHI”) to CANARX subject to rules determined and negotiated by and between CANARX and the individual. Just as ULSTER COUNTY is not a party to any such agreement as a whole, so ULSTER COUNTY is not a party to any agreement between CANARX and an individual regarding the individual’s PHI. Any disclosure by CANARX to ULSTER COUNTY or to anyone else of the patient’s PHI will be governed by the written agreement into which CANARX and the individual have entered.

(d) CANARX does not assist anyone in personally importing or otherwise obtaining any drug that (i) has not been prescribed by that person’s own licensed and authorized physician or other prescriber, who is directly supervising the administration and use of the medicine; (ii) has not been manufactured by an FDA-authorized manufacturer or manufacturer’s licensee; (iii) is for other than the individual’s personal use; (iv) is a controlled substance; (v) is a “lifestyle” drug taken for recreational or other non-therapeutic purposes; (vi) is a drug the administration of which requires the direct supervision of a local pharmacist or other healthcare provider; (vii) is a drug that requires cold-chain shipping or other shipping safety protocols that the national postal systems of the countries of the dispensing pharmacies and of the United States do not utilize or otherwise cannot be trusted to utilize such that the safety and efficacy of a drug upon delivery to the patient cannot be assured; (viii) is a generic drug or anything other than a brand-name drug as expressly directed by the prescribing physician or other prescriber; or (ix) any drug that the FDA has determined is unsafe for personal importation and is

expressly excluded from the FDA's Personal Importation Program.

(e) Participation in any CANARX program must be voluntary and uncoerced, such that each participant makes an informed and knowing election to exercise rights of personal importation of prescription medicine.

(f) CANARX requires that every individual participant in a CANARX program have the option to obtain prescription medicines from a source that is local to the patient, so that (i) the patient can promptly obtain any medicines that are needed for acute care and will not admit of the delays associated with the personal importation of drugs (which are typically suitable for drugs used in long-term regimens of maintenance care) and (ii) the patient always has a choice of whether or not personally to import any particular medicine such that no act of importation in any CANARX program will constitute or appear to constitute a commercial importation of medicine.

(g) CANARX and ULSTER COUNTY may communicate with each other, for the mutual convenience of each party and for the convenience and benefit of any individual beneficiary or patient, on such matters as (i) determining the eligibility of any particular individual for healthcare and pharmacy benefits under any healthcare, insurance, or similar plan sponsored, operated, offered, administered or otherwise connected with ULSTER COUNTY; (ii) informing relevant persons of the availability of the services of CANARX and of how to engage them; and (iii) arranging for the most convenient and efficient and least expensive means of presenting individual claims for the payment of benefits and / or the costs of prescription medicines delivered to a patient through a CANARX program.

6. **Amendment and Modification.** This MOU may be amended and modified by the Parties at any time in writing.

7. **Choice of Law and Choice of Forum.** The parties agree that this MOU is made, and shall be interpreted and construed, in accordance with the laws of the place of the principal place of business of ULSTER COUNTY. Inasmuch as this MOU is intended to create no substantive rights in either party, except insofar as it may modify or control a BAA or NDA into which the parties have separately entered, then, in the event that any action at law or in equity be maintained by one party against the other under, relating to, or arising from this MOU, the venue for any such action shall as provided in the BAA or NDA in question.

8. **Notices.** Any and all notices permitted or required by this MOU shall be delivered to the Parties by receipted post or private commercial courier, or by e-mail, and such notice shall be deemed delivered on the day evidenced by the receipt issued by such post or private commercial carrier, or by time-stamp on the e-mail message, as follows:

(a) If to CANARX, to: Mr. G. Robert Howard  
President  
CANARX Services, Inc.  
235 Eugenie Street West  
Suite 105D  
Windsor, Ontario N8X 2X7  
Canada  
E-Mail: bob.howard@canarx.com

with a copy to: Mr. Joseph A. Morris  
Morris & De La Rosa  
6171 North Sheridan Road  
Suite 312  
Chicago, Illinois 60660  
U.S.A.  
E-Mail: [MDLRusuk@aol.com](mailto:MDLRusuk@aol.com)



(b) ULSTER COUNTY:

Dawn Spader  
Personnel Director  
Ulster County  
244 Fair Street  
Kingston, New York 12402  
U.S.A.  
E-Mail: [dspa@co.ulster.ny.us](mailto:dspa@co.ulster.ny.us)

with a copy to:

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IN WITNESS WHEREOF, the Parties hereto have caused their respective representatives to affix their hands and seals on the day first above written.

For CANARX:

For ULSTER COUNTY:

By: \_\_\_\_\_

By: \_\_\_\_\_

G. Robert Howard

Dawn Spader  
MBA, SHRM-CP, II-CDP

Title: President  
CANARX Services, Inc.

Title: Personnel Director  
Ulster County

By: \_\_\_\_\_

Ryan Highland

Title: Director  
CANARX Group, Inc.

# CANARX Prescription Program



## \$0 COPAY Prescription Option

CANARX administers the voluntary \$0 copay international mail-order prescription option.

For program information (including searchable medication listing) and to enroll online or to download an enrollment form, visit [canarx.com](http://canarx.com) and use **WebID: ULSTER**

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

## Program Features

- \$0 copay (*no cost to members*)
- voluntary mail-order program
- enroll anytime
- hundreds of brand-name maintenance medications offered (*no generics*)
- medications must be tried locally before ordering through this program (*no 'new to you' medications*)
- prescriptions are dispensed and shipped from licensed and regulated pharmacies located in Canada, the United Kingdom and Australia
- delivered direct to member's home at no charge
- 4 weeks delivery time
- convenient refill service

## Enrollment Process

### Step One | CHECK FOR MEDICATION

Check to see if your medication is offered. Full listing can be found on the website or call CANARX at **1-866-893-6337**.

### Step Two | ENROLL

Enroll online or complete an enrollment form (separate form required for each member ordering). Submit the printed enrollment form and copy of photo ID via secure upload at [canarxdocs.com](http://canarxdocs.com), or send by mail or fax.

### Step Three | SUBMIT PRESCRIPTION

Request a prescription for a 3-month supply, with 3 refills. Mail **original** prescription to CANARX or have your physician's office fax it **directly** to CANARX at **1-866-715-6337** (prescriptions are ONLY accepted by fax when sent from the physician's office).

**For assistance or more information**  
call **CANARX** (toll free) at **1-866-893-6337**

### Mailing Address:

CANARX  
PO Box 3009  
Windsor, ON N8N 2M3  
Canada



**canarx.com**  
**WebID: ULSTER**

# CANARX—Employee Enrollment Form



## MEMBER ENROLLMENT FORM

For more information, please call:  
TOLL-FREE PHONE: 1-866-893-6337

Please return completed enrollment form by one of the following methods:  
MAIL: CANARX, PO BOX 3009, WINDSOR, ONTARIO CANADA N8N 2M3  
SECURE UPLOAD: CANARXDOCS.COM  
FAX: 1-866-715-6337 (NOTE: Faxed prescriptions must be sent directly from the physician's office.)

WEBID (CALL IF UNSURE)

NAME OF EMPLOYER

PATIENT INFORMATION (PLEASE PRINT) DATE OF BIRTH (MM/DD/YYYY) MEMBER ID # (IF AVAILABLE)

HOME PHONE MOBILE PHONE WORK PHONE EXT. EMAIL ADDRESS

FIRST NAME INITIAL LAST NAME

STREET ADDRESS

CITY STATE ZIP CODE  SUBSCRIBER  DEPENDENT

### CURRENT MEDICATIONS / VITAMINS THIS IS NOT A PRESCRIPTION.

LIST ALL: PRESCRIPTION, NON-PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS; HERBAL, NUTRITIONAL AND VITAMIN SUPPLEMENTS.

NAME OF MEDICATION Ex. JANUVIA	DOSAGE Ex. 50MG	TIME(S) TO TAKE Ex. TWICE DAILY	DATE STARTED Ex. 08/20/2019	REASON FOR TAKING Ex. DIABETES

NEW-TO-YOU MEDICATIONS MUST BE DOMESTICALLY PRESCRIBED, FILLED AND TAKEN FOR A PERIOD OF NO LESS THAN 30 DAYS BEFORE ORDERING THROUGH THIS PROGRAM. PLEASE ASK YOUR PHYSICIAN TO ISSUE A PRESCRIPTION FOR A 3-MONTH SUPPLY OF MEDICATION WITH 3 REFILLS.

PRESCRIPTION IS ATTACHED  PRESCRIPTION WILL FOLLOW BY MAIL  PRESCRIPTION WILL BE FAXED FROM PHYSICIAN'S OFFICE

MEDICAL HISTORY (If you require more space, please attach a separate piece of paper.)  MALE  FEMALE

1. OPERATIONS (EX. HYSTERECTOMY, GALL BLADDER, HEART OPERATIONS, ETC.):

2. HOSPITALIZATIONS (STAYS IN HOSPITAL DURING THE PAST 5 YEARS):

3. MEDICAL CONDITIONS (ONGOING – EX. TYPE 1 DIABETES MELLITUS, VASCULITIS, OSTEOPOROSIS, ETC.) – **NOTE:** Please refrain from using generic terms such as "heart disease" as this could indicate any number of conditions such as valvular heart disease, heart failure, a bradyarrhythmia, a tachyarrhythmia, a ventricular conduction delay, etc.

4. DRUG ALLERGIES:  YES  NO IF YES, PLEASE SPECIFY.

### AUTHORIZATION – IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

### AUTHORIZATION – IF THE PATIENT IS THE SUBSCRIBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

# CANARX —Enrollment Form / Agreement

## TERMS OF AGREEMENT

### CONFIRMATION AND REPRESENTATIONS

*I enter into this agreement with CANARX Group Inc. at Christ Church, Barbados (referred to as "CANARX") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs. I represent:*

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask CANARX to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask CANARX to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through CANARX.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from CANARX or any CANARX selected physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through CANARX strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by CANARX, I will immediately contact my U.S. physician.
14. All information that I give to CANARX is true.

### AUTHORIZATION AND CONSENT

*I consent to, and authorize, the following:*

1. I hereby appoint CANARX and its delegates and contractors (collectively referred to as "CANARX") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician; selecting physicians, pharmacies, and other professionals as necessary to serve me outside the U.S.; and of arranging for pharmacies to dispense to me medications as prescribed.
2. CANARX may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me by mail.
3. CANARX may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to CANARX (and any CANARX selected physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, Xray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to CANARX from my U.S. physician's office the original signed copy of the prescription.
6. CANARX and its selected physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. CANARX selected physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. CANARX may make payments on my behalf to pharmacies for dispensing medicine in accordance with my prescriptions and to physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through CANARX in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

### ACKNOWLEDGEMENT AND RELEASE

*I hereby make the following acknowledgements and releases to CANARX and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:*

1. My U.S. physician is my primary physician. Any CANARX selected physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a CANARX selected pharmacy.
2. CANARX has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a CANARX selected physician and have enlisted the services of CANARX to facilitate it. I understand that the physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release CANARX and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the CANARX selected pharmacy.
6. I acknowledge that CANARX, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

### PRIVACY NOTICE AND ACKNOWLEDGEMENT

*I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the CANARX Privacy Policy in detail as provided below:*

1. CANARX may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. CANARX and CANARX selected physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CANARX selected physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that CANARX may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, selected physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that CANARX, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to CANARX's transmission of my personal information by electronic means to its delegates, employees, selected physicians and pharmacies.
3. I acknowledge that CANARX will obtain health information about me, and is obligated in accordance with the CANARX Privacy Policy to protect such information. I can visit [www.CANARX.com/privacy-policy/](http://www.CANARX.com/privacy-policy/) at any time to view the most updated version of the CANARX Privacy Policy.

### FURTHER ACKNOWLEDGEMENT & RELEASE

*I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:*

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release CANARX and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by CANARX in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.





Ulster County



**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 Ulster County, New York.

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](http://www.canarx.com) (WebID: **ULSTER**).
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**
- ✓ **450+ 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](http://www.canarx.com)  
WebID: **ULSTER**

ACIPHEX 20MG  
 ACTONEL (G) 35MG  
 ACTONEL (G) 150MG  
 ACTOPLUS (G)  
 15MG-850MG  
 ACULAR (G) 0.5%  
 ACULAR LS (G) 0.4%  
 ACZONE 5%  
 ADCIRCA (G) 20MG  
 ADAIR DISKUS 100MCG  
 ADAIR DISKUS 250MCG  
 ADAIR DISKUS 500MCG  
 ADAIR HFA 45/21MCG  
 ADAIR HFA 115/21MCG  
 ADAIR HFA 230/21MCG  
 AFINITOR 2.5MG  
 AFINITOR 5MG  
 AFINITOR 10MG  
 AKLIEF 50MCG/G  
 ALOCRIL 2%  
 ALOMIDE 0.1%  
 ALPHAGAN-P 0.15%  
 ALREX 0.2%  
 ALTACE (G) 10MG  
 ALVESCO 80MCG  
 ALVESCO 160MCG  
 AMPYRA (G) 10MG  
 ANAPROX DS 550MG  
 ANORO ELLIPTA  
 62.5/25MCG  
 APTIOM 200MG  
 APTIOM 400MG  
 APTIOM 600MG  
 APTIOM 800MG  
 ARAVA 10MG  
 ARAVA 20MG  
 ARAZLO 0.045%  
 ARNUITY ELLIPTA  
 100MCG  
 ARNUITY ELLIPTA  
 200MCG  
 AROMASIN (G) 25MG  
 ARTHROTEC 50MG  
 ARTHROTEC 75MG  
 ASMANEX TWISTHALER  
 110MCG  
 ASMANEX TWISTHALER  
 220MCG  
 ASTAGRAF XL 1MG  
 ASTAGRAF XL 5MG  
 ATACAND 4MG  
 ATACAND 8MG  
 ATACAND 16MG  
 ATACAND 32MG  
 ATACAND HCT  
 32MG/25MG  
 ATACAND HCT  
 16MG/12.5MG  
 ATACAND HCT  
 32MG/12.5MG  
 ATELVIA DR 35MG  
 ATROVENT HFA 20UG  
 AUBAGIO (G) 14MG  
 AVODART (G) 0.5MG  
 AZILECT (G) 0.5MG  
 AZILECT (G) 1MG  
 AZOPT 1%  
 AZOR 20/5MG  
 AZOR 40/5MG  
 AZOR 40/10MG  
 BANZEL 200MG  
 BANZEL 400MG  
 BECONASE AQ  
 42MCG  
 BENICAR (G) 20MG  
 BENICAR (G) 40MG  
 BENICAR HCT (G)  
 20MG/12.5MG  
 BENICAR HCT (G)  
 40MG/12.5MG  
 BENICAR HCT (G)  
 40MG/25MG  
 BEPREVE 1.5%  
 BETIMOL 0.25%  
 BETIMOL 0.5%  
 BETOPTIC S 0.25%  
 BEVESPI AEROSPHERE  
 9MCG-4.8MCG  
 BEYAZ  
 BIJUVA 1MG-100MG  
 BIKTARVY  
 50MG-200MG-25MG  
 BINOSTO 70MG  
 BREO ELLIPTA  
 100/25MCG  
 BREO ELLIPTA  
 200/25MCG  
 BREZTRI AEROSPHERE  
 160MCG-7.2MCG-5MCG  
 BRILINTA 60MG  
 BRILINTA 90MG  
 BYSTOLIC (G) 2.5MG  
 BYSTOLIC (G) 5MG  
 BYSTOLIC (G) 10MG  
 BYSTOLIC (G) 20MG  
 CADUET 5/10MG  
 CADUET 5/20MG  
 CADUET 5/40MG  
 CADUET 5/80MG  
 CADUET 10/10MG  
 CADUET 10/20MG  
 CADUET 10/40MG  
 CADUET 10/80MG  
 CAMBIA 50MG  
 CARDIZEM CD (G) 240MG  
 CARDIZEM CD (G) 360MG  
 CARDURA XL 4MG  
 CARDURA XL 8MG  
 CELEBREX 100MG  
 CELEBREX 200MG  
 CEQUA (G) 0.09%  
 CLARINEX 5MG  
 CLIMARA PATCH 25MCG  
 CLIMARA PATCH 50MCG  
 CLIMARA PATCH 75MCG  
 COMBIGAN 0.2-0.5%  
 COMBIVENT RESPIMAT  
 20MCG/100MCG  
 CORGARD 80MG  
 COSOPT PF 2%/0.5%  
 CRESTOR (G) 5MG  
 CRESTOR (G) 10MG  
 CRESTOR (G) 20MG  
 CRESTOR (G) 40MG  
 CRINONE GEL 8%  
 CYMBALTA (G) 20MG  
 CYMBALTA (G) 30MG  
 CYMBALTA (G) 60MG  
 CYTOTEC (G) 200MCG  
 DALIRESP 250MCG  
 DALIRESP 500MCG  
 DEPAKOTE (G) 250MG  
 DEPAKOTE (G) 500MG  
 DETROL (G) 1MG  
 DETROL (G) 2MG  
 DETROL LA (G) 2MG  
 DETROL LA (G) 4MG  
 DEXILANT DR 30MG  
 DEXILANT DR 60MG  
 DIFFERIN CREAM 0.1%  
 DIFFERIN GEL (G) 0.3%  
 DIOVAN (G) 40MG  
 DIOVAN (G) 80MG  
 DIOVAN (G) 160MG  
 DIOVAN (G) 320MG  
 DIOVAN HCT (G)  
 160/12.5MG  
 DIPLOLENE OINT 0.05%  
 DIVIGEL 0.25MG  
 DIVIGEL 0.5MG  
 DIVIGEL 1MG  
 DOVATO 50MG-300MG  
 DULERA 100MCG/5MCG  
 DULERA 200MCG/5MCG  
 DUOBRII 0.01%-0.045%  
 DYMISTA 137/50MCG  
 EDARBI 40MG  
 EDARBI 80MG  
 EDARBYCLOR  
 40MG/12.5MG  
 EDARBYCLOR  
 40MG/25MG  
 EDECRIN 25MG  
 EDURANT 25MG  
 ELIDEL 1%  
 ELIQUIS 2.5MG  
 ELIQUIS 5MG  
 ELMIRON 100MG  
 ENTRESTO 24MG-26MG  
 ENTRESTO 49MG-51MG  
 ENTRESTO 97MG-103MG  
 EPIDUO FORTE 0.3%/2.5%  
 EPIDUO GEL PUMP  
 0.1%/2.5%  
 EPIPEN 0.3MG  
 EPIPEN JR 0.15MG  
 EPIVIR / HBV (G) 100MG  
 ESTROGEL 0.06%  
 EUCRISA 2%  
 EVISTA (G) 60MG  
 EVOTAZ 300MG-150MG  
 EXELON (G) 4.6MG/24HR  
 EXELON (G) 9.5MG/24HR  
 EXELON (G) 13.3MG/24HR  
 EXFORGE (G) 5/160MG  
 EXFORGE (G) 5/320MG  
 EXFORGE (G) 10/160MG  
 EXFORGE (G) 10/320MG  
 EXFORGE HCT  
 160/12.5/5MG  
 EXFORGE HCT  
 160/12.5/10MG  
 EXFORGE HCT  
 160/25/5MG  
 EXFORGE HCT  
 160/25/10MG  
 EXFORGE HCT  
 320/25/10MG  
 FARESTON 60MG  
 FARXIGA 5MG  
 FARXIGA 10MG  
 FELDENE 10MG  
 FELDENE 20MG  
 FETZIMA 20MG  
 FETZIMA 40MG  
 FETZIMA 80MG  
 FETZIMA 120MG  
 FINACEA GEL 15%  
 FLAREX 0.1%  
 FLOVENT 44MCG  
 FLOVENT 110MCG  
 FLOVENT 220MCG  
 FLOVENT DISKUS  
 100MCG  
 FLOVENT DISKUS  
 250MCG  
 FOSAMAX PLUS D  
 70MG-2800IU  
 FOSAMAX PLUS D  
 70MG-5600IU  
 FOSRENOL CHEW 500MG  
 FOSRENOL CHEW 750MG  
 FOSRENOL CHEW  
 100MG  
 FOSRENOL POWDER  
 750MG  
 FOSRENOL POWDER  
 1000MG  
 GENVOYA  
 GILENYA (G) 0.5MG  
 GLUCAGEN HYPOKIT 1MG  
 GLUMETZA ER 1000MG  
 GLYXAMBI 10MG/5MG  
 GLYXAMBI 25MG/5MG  
 IBRANCE 75MG  
 IBRANCE 100MG  
 IBRANCE 125MG  
 IMITREX NASAL SPRAY  
 5MG  
 IMITREX NASAL SPRAY  
 20MG  
 IMITREX STATDOSE  
 6MG/0.5ML  
 INCURSE ELLIPTA  
 62.5MCG  
 INSPIRA (G) 25MG  
 INSPIRA (G) 50MG  
 INVEGA 3MG  
 INVOKAMET  
 50MG-500MG  
 INVOKAMET  
 50MG-1000MG  
 INVOKAMET  
 150MG-500MG  
 INVOKAMET  
 150MG-1000MG  
 INVOKANA 100MG  
 INVOKANA 300MG  
 IRESSA 250MG  
 ISENTRESS 400MG  
 JAKAFI 5MG  
 JAKAFI 10MG  
 JAKAFI 15MG  
 JAKAFI 20MG  
 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  
 KAZANO 12.5/500MG  
 KAZANO 12.5/1000MG  
 KEPRA (G) 250MG  
 KEPRA (G) 500MG  
 KEPRA (G) 750MG  
 KEPRA (G) 1000MG  
 KERENDIA 10MG  
 KERENDIA 20MG  
 KISQALI 200MG  
 KOMBIGLYZE XR  
 2.5MG/1000MG  
 KOMBIGLYZE XR  
 5MG/500MG  
 KOMBIGLYZE XR  
 5MG/1000MG  
 LATUDA 20MG  
 LATUDA 40MG  
 LATUDA 60MG  
 LATUDA 80MG  
 LATUDA 120MG  
 LEXIVA 700MG  
 LIALDA 1.2GM  
 LINZESS 72MCG  
 LINZESS 145MCG  
 LINZESS 290MCG  
 LIPITOR (G) 10MG  
 LIPITOR (G) 20MG  
 LIPITOR (G) 40MG  
 LIPITOR (G) 80MG  
 LOTEMAX GEL 0.5%  
 LOTEMAX OINT 0.5%  
 LOTEMAX SUSP 0.5%  
 LOVENOX (G) 60MG  
 LOVENOX (G) 80MG  
 LOVENOX (G) 100MG  
 LUMIGAN 0.01%  
 MESTINON TS 180MG  
 METRO CREAM 0.75%  
 METROGEL PUMP 1%  
 MICARDIS 40MG  
 MICARDIS 80MG  
 MICARDIS HCT 40/12.5MG  
 MICARDIS HCT 80/12.5MG  
 MICARDIS HCT 80/25MG  
 MIGRANAL 4MG/ML  
 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%  
 MOTEGRITY 1MG  
 MOTEGRITY 2MG  
 MULTAQ 400MG  
 MYRBETRIQ 25MG  
 MYRBETRIQ 50MG  
 NAMENDA (G) 10MG  
 NATAZIA 3/2-2/2-3/1MG  
 NESINA 6.25MG  
 NESINA 12.5MG  
 NESINA 25MG  
 NEUPRO 1MG  
 NEUPRO 2MG  
 NEUPRO 3MG  
 NEUPRO 4MG  
 NEUPRO 6MG  
 NEUPRO 8MG  
 NEVANAC 3MG/ML  
 NEXAVAR 200MG  
 NEXIUM (G) 20MG  
 NEXIUM (G) 40MG  
 NEXIUM DR (G) 10MG  
 NEXLETOL 180MG  
 NEXLIZET 180MG-10MG  
 NORITATE CREAM 1%  
 NUBEQA 300MG  
 NURTEC ODT 75MG  
 ODEFSEY  
 200MG-25MG-25MG  
 OLUMIANT 2MG  
 OMNARIS 50MCG  
 ONGLYZA 2.5MG  
 ONGLYZA 5MG  
 ORILISSA 150MG  
 ORILISSA 200MG  
 OSPHENA 60MG  
 OTEZLA 30MG  
 PENTASA 500MG  
 PLAQUENIL 200MG  
 PRADAXA 150MG  
 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  
 PREVACID SOLUTAB 15MG  
 PREVACID SOLUTAB  
 30MG  
 PREZISTA 800MG  
 PRISTIQ 50MG  
 PRISTIQ 100MG  
 PROMETRIUM 100MG  
 QTERN 10-5MG  
 QVAR REDIHALER 40MCG  
 QVAR REDIHALER 80MCG  
 RANEXA (G) 500MG  
 RAPAFLO (G) 4MG  
 RAPAFLO (G) 8MG  
 RAPAMUNE 0.5MG  
 RAPAMUNE 2MG  
 RELPAX (G) 20MG  
 RELPAX (G) 40MG  
 RENAGEL 800MG  
 RENVELA (G) 800MG  
 RESTASIS MULTIDOSE (G)  
 0.05%  
 RESTASIS VIALS 0.05%  
 RETIN A MICRO GEL PUMP  
 0.04%  
 RETIN-A MICRO GEL PUMP  
 0.1%  
 REXULTI 0.25MG  
 REXULTI 0.5MG  
 REXULTI 1MG  
 REXULTI 2MG  
 REXULTI 3MG  
 REXULTI 4MG  
 RINVOQ 15MG  
 RINVOQ 30MG  
 RYBELSUS 3MG  
 RYBELSUS 7MG/5MG  
 RYBELSUS 14MG  
 SAPHRIS 5MG  
 SAPHRIS 10MG  
 SEASONIQUE  
 0.15/0.03/0.01MG  
 SENSIPAR (G) 30MG  
 SENSIPAR (G) 60MG  
 SEREVENT DISKUS  
 50MCG  
 SEROQUEL XR (G) 50MG  
 SEROQUEL XR (G) 150MG  
 SEROQUEL XR (G) 200MG  
 SEROQUEL XR (G) 300MG  
 SEROQUEL XR (G) 400MG  
 SIMBRINZA 1%/0.2%  
 SINGULAIR (G) 10MG  
 SLYND 4MG  
 SOOLANTRA 1%  
 SPIRIVA 18MCG  
 SPIRIVA RESPIMAT  
 2.5MCG  
 STEGLUJAN 5MG-100MG  
 STEGLUJAN 15MG-100MG  
 STIOLTO RESPIMAT  
 2.5/2.5MCG  
 STRIVERDI RESPIMAT  
 2.5MCG  
 SUTENT 12.5MG  
 SUTENT 25MG  
 SUTENT 37.5MG  
 SUTENT 50MG  
 SYMBICORT  
 160MCG-4.5MCG  
 SYMTUZA  
 SYNAREL NASAL  
 SYNJARDY 5MG/500MG  
 SYNJARDY 5MG/1000MG  
 SYNJARDY  
 12.5MG/500MG  
 SYNJARDY  
 12.5MG/1000MG  
 TASIGNA 150MG  
 TASIGNA 200MG  
 TASMAR 100MG  
 TAZORAC GEL 0.05%  
 TAZORAC GEL 0.1%  
 TECFIDERA (G) 120MG  
 TECFIDERA (G) 240MG  
 TEKTRUNA 150MG  
 TEKTRUNA 300MG  
 TIVICAY 50MG  
 TOBI PODHALER 28MG  
 TOBROX OINT 0.3%  
 TOVIAZ 4MG  
 TOVIAZ 8MG  
 TRADJENTA 5MG  
 TRILEGY ELLIPTA  
 100-62.5-25MCG  
 TRILEGY ELLIPTA  
 200-62.5-25MCG  
 TRIBENZOR 20/5/12.5MG  
 TRIBENZOR 40/5/12.5MG  
 TRIBENZOR 40/5/25MG  
 TRIBENZOR 40/10/12.5MG  
 TRIBENZOR 40/10/25MG  
 TRINTELLIX 5MG  
 TRINTELLIX 10MG  
 TRINTELLIX 20MG  
 TRIUMEQ 600-50-300MG  
 TUDORZA PRESSAIR  
 400MCG  
 UCERIS 9MG  
 ULORIC 80MG  
 UROCIT-K (G) 10MEQ  
 URSO 250MG  
 VAGIFEM 10MCG  
 VECTICAL 3MCG/GM  
 VELPHORO 500MG  
 VENTOLIN HFA 90MCG  
 VESICARE (G) 5MG  
 VESICARE (G) 10MG  
 VIIBRYD 10MG  
 VIIBRYD 20MG  
 VIIBRYD 40MG  
 VIMOVO 375/20MG  
 VIMOVO 500/20MG  
 VIREAD (G) 300MG  
 VIVELLE-DOT 25MCG  
 VIVELLE-DOT 37.5MCG  
 VIVELLE-DOT 50MCG  
 VIVELLE-DOT 75MCG  
 VIVELLE-DOT 100MCG  
 VRAYLAR 1.5MG  
 VRAYLAR 3MG  
 VRAYLAR 4.5MG  
 VRAYLAR 6MG  
 VUMERITY 231MG  
 VYTORIN 10/10MG  
 VYTORIN 10/20MG  
 VYTORIN 10/40MG  
 VYTORIN 10/80MG  
 WAKIX 4.5MG  
 WAKIX 17.8MG  
 WELCHOL (G) 625MG  
 WELLBUTRIN XL (G)  
 150MG  
 WELLBUTRIN XL (G)  
 300MG  
 XADAGO 50MG  
 XADAGO 100MG  
 XALATAN 50MCG/ML  
 XARELTO 2.5MG  
 XARELTO 10MG  
 XARELTO 15MG  
 XARELTO 20MG  
 XELJANZ 5MG  
 XELJANZ 10MG  
 XELJANZ XR 11MG  
 XENAZINE 25MG  
 XENICAL 120MG  
 XIGDUO XR 5/1000MG  
 XIGDUO XR 10/500MG  
 XIGDUO XR 10/1000MG  
 XIIDRA 5%  
 YASMIN 28 (G)  
 YAZ (G) 3/0.02MG  
 ZELAPAR 1.25MG  
 ZETIA (G) 10MG  
 ZIANA 1.2%-0.025%  
 ZOMIG (G) 2.5MG  
 ZOMIG NASAL SPRAY  
 5MG  
 ZOVRAX CREAM 5%  
 ZYCLARA PACKET 3.75%  
 ZYCLARA PUMP 3.75%  
 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.



# Ulster Scripts Employee Program

## Introduction:

Ulster Scripts is an international mail order option for eligible Employees, Retirees and Dependents of Ulster County, NY, currently covered by your county offered prescription coverage. Your list of qualified maintenance medications is on the reverse.

## Program Savings:

All member copayments have been **waived** for this program **only**. In addition, by enrolling in this program you will save your health plan substantially on the cost of these medications. It is truly a WIN/WIN for both you and the health plan.

Ulster Scripts		Vs.	Current Purchase Plan			
Annual Cost No Copays!			Copays		Refills	Annual Savings
<b>\$0</b>	Vs.		\$25 (PPO)	x	12	= \$300 / Script
	Vs.		\$40 (PPO)	x	12	= \$480 / Script
	Vs.		\$20 (POS)	x	12	= \$240 / Script
	Vs.		\$40 (POS)	x	12	= \$480 / Script

## Ordering Instructions:

To place your first order please submit: a completed enrollment form; a new prescription for each medication; and a copy of your photo identification\*.

*\*Similar to a number of states in the US, some Canarx pharmacies require a copy of photo ID be provided prior to dispensing the medications. In order to prevent order delays, we encourage patients to include a clear copy of their photo identification with their enrollment form or upload directly to our secure site [www.CanarxDocs.com](http://www.CanarxDocs.com). If not included, a Canarx representative will contact you when required by the pharmacy dispensing your medications.*

Ask your doctor for a prescription for a **3 month supply** with **3 refills**. We will call you prior to each renewal to ensure that you have a continuous supply. Please allow 4 weeks for delivery.

Medications must be taken for 30 days before ordering through Ulster Scripts.

**RETURN YOUR COMPLETED AND SIGNED [ENROLLMENT FORM](#) AND [ORIGINAL PRESCRIPTIONS](#):**



**BY FAXING TO: 1-866-715-MEDS (6337) TOLL FREE**

*Faxed prescriptions are **ONLY** accepted if sent directly from the physician's office.*

**OR**



**BY MAILING TO: Ulster Scripts**

235 Eugenie St. West  
Suite 105D  
Windsor, ON, Canada  
N8X 2X7

**OR** P.O. Box 3009  
Windsor, ON, Canada  
N8N 2M3

## More forms are available:

Additional forms may be obtained at the Personnel Department, by printing them from the website at [www.UlsterScripts.com](http://www.UlsterScripts.com) or by contacting our Customer Service Representatives toll free at **1-866-893-(MEDS) 6337**.

**WELCOME TO Ulster Scripts Employee Program**

# Ulster Scripts—Employee Enrollment Form



Ulster Scripts  
Employee Program



ENROLLMENT FORM

Please return completed enrollment form by one of the following methods:

MAIL TO: ULSTER SCRIPTS ADDRESS: PO BOX 3009, WINDSOR, ONTARIO CANADA N8N 2M3  
 UPLOAD TO: WWW.CANARXDOCS.COM (Secure upload site.)  
 FAX TO: 1-866-715-6337 (NOTE: Faxed prescriptions must be sent directly from the physician's office.)

For more information, please call:  
TOLL-FREE PHONE: 1-866-893-6337

NAME OF EMPLOYER

<b>PATIENT INFORMATION</b> (PLEASE PRINT)		DATE OF BIRTH (MM/DD/YYYY)		MEMBER ID #	
PHONE (HOME)	PHONE (CELL)	PHONE (WORK)	EXT.	EMAIL ADDRESS	
FIRST NAME		INITIAL	LAST NAME		
STREET ADDRESS					
CITY		STATE	ZIP CODE	SUBSCRIBER	SPOUSE
				DEPENDENT	

**CURRENT MEDICATIONS / VITAMINS** THIS IS NOT A PRESCRIPTION.

LIST ALL: **PRESCRIPTION, NON-PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS; HERBAL, NUTRITIONAL AND VITAMIN SUPPLEMENTS.**

NAME OF MEDICATION Ex. JANUVIA	DOSAGE Ex. 50MG	TIME(S) TO TAKE Ex. TWICE DAILY	DATE STARTED Ex. 08/20/2019	REASON FOR TAKING Ex. DIABETES

**NEW-TO-YOU MEDICATIONS** MUST BE DOMESTICALLY PRESCRIBED, FILLED AND TAKEN FOR A PERIOD OF **NO LESS THAN 30 DAYS** BEFORE ORDERING THROUGH THIS PROGRAM. **PLEASE ASK YOUR PHYSICIAN TO ISSUE A PRESCRIPTION FOR A 3-MONTH SUPPLY OF MEDICATION WITH 3 REFILLS.**

PRESCRIPTION IS ATTACHED       PRESCRIPTION WILL FOLLOW BY MAIL       PRESCRIPTION WILL BE FAXED FROM PHYSICIAN'S OFFICE

**MEDICAL HISTORY** (If you require more space, please attach a separate piece of paper.)

MALE       FEMALE

1. **OPERATIONS** (EX. HYSTERECTOMY, GALL BLADDER, HEART OPERATIONS, ETC.):

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2. **HOSPITALIZATIONS** (STAYS IN HOSPITAL DURING THE PAST 5 YEARS):

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3. **MEDICAL CONDITIONS** (ONGOING - EX. TYPE 1 DIABETES MELLITUS, VASCULITIS, OSTEOPOROSIS, ETC.) — **NOTE:** Please refrain from using generic terms such as "heart disease" as this could indicate any number of conditions such as valvular heart disease, heart failure, a bradyarrhythmia, a tachyarrhythmia, a ventricular conduction delay, etc.

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4. **DRUG ALLERGIES:**  YES       NO      IF YES, PLEASE SPECIFY.

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**AUTHORIZATION - IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18**

I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent's/Guardian's Signature:

Date:

(MM/DD/YYYY)

**AUTHORIZATION - IF THE PATIENT IS THE SUBSCRIBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER**

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient's Signature:

Date:

(MM/DD/YYYY)

# Ulster Scripts—Enrollment Form / Agreement

## TERMS OF AGREEMENT

### CONFIRMATION AND REPRESENTATIONS

*I enter into this agreement with Canarx Group Inc. at Christ Church, Barbados (referred to as "Canarx") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs. I represent:*

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask Canarx to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask Canarx to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through Canarx.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from Canarx or any Canarx selected physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through Canarx strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by Canarx, I will immediately contact my U.S. physician.
14. All information that I give to Canarx is true.

### AUTHORIZATION AND CONSENT

*I consent to, and authorize, the following:*

1. I hereby appoint Canarx and its delegates and contractors (collectively referred to as "Canarx") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician; selecting physicians, pharmacies, and other professionals as necessary to serve me outside the U.S.; and of arranging for pharmacies to dispense to me medications as prescribed.
2. Canarx may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me by mail.
3. Canarx may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to Canarx (and any Canarx selected physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, Xray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to Canarx from my U.S. physician's office the original signed copy of the prescription.
6. Canarx and its selected physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. Canarx selected physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. Canarx may make payments on my behalf to pharmacies for dispensing medicine in accordance with my prescriptions and to physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through Canarx in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

### ACKNOWLEDGEMENT AND RELEASE

*I hereby make the following acknowledgements and releases to Canarx and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:*

1. My U.S. physician is my primary physician. Any Canarx selected physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a Canarx selected pharmacy.
2. Canarx has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a Canarx selected physician and have enlisted the services of Canarx to facilitate it. I understand that the physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release Canarx and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the Canarx selected pharmacy.
6. I acknowledge that Canarx, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

### PRIVACY NOTICE AND ACKNOWLEDGEMENT

*I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the Canarx Privacy Policy in detail as provided below:*

1. Canarx may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. Canarx and Canarx selected physicians and pharmacists may share any and all information received from or about me with my U.S. physician, Canarx selected physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that Canarx may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, selected physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that Canarx, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to Canarx's transmission of my personal information by electronic means to its delegates, employees, selected physicians and pharmacies.
3. I acknowledge that Canarx will obtain health information about me, and is obligated in accordance with the Canarx Privacy Policy to protect such information. I can visit [www.Canarx.com/privacy-policy/](http://www.Canarx.com/privacy-policy/) at any time to view the most updated version of the Canarx Privacy Policy.

### FURTHER ACKNOWLEDGEMENT & RELEASE

*I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:*

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release Canarx and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by Canarx in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.



**Ulster Scripts  
Employee Program**

**For More Information: Call 1-866-893-MEDS (6337)**

<p><b>ABILIFY (G) 5MG</b>  <b>ACTONEL 5MG</b>  <b>ACTONEL 30MG</b>  <b>ACTONEL 35MG</b>  <b>ACTONEL 150MG</b>  <b>ACTOPLUS 15MG-850MG</b>  <b>ACZONE 5%</b>  <b>ADCIRCA 20MG</b>  <b>ADVAIR DISKUS 100MCG</b>  <b>ADVAIR DISKUS 250MCG</b>  <b>ADVAIR DISKUS 500MCG</b>  <b>ADVAIR HFA 45/21MCG</b>  <b>ADVAIR HFA 115/21MCG</b>  <b>ADVAIR HFA 230/21MCG</b>  <b>AKLIEF 50MCG/G</b>  <b>ALOCRIL 2%</b>  <b>ALOMIDE 0.1%</b>  <b>ALPHAGAN-P 0.15%</b>  <b>ALREX 0.2%</b>  <b>ALVESCO 80MCG 100MCG</b>  <b>ALVESCO 160MCG 200MCG</b>  <b>ANORO ELLIPTA 62.5/25MCG</b>  <b>ANZEMET 100MG</b>  <b>APTIOM 200MG</b>  <b>APTIOM 400MG</b>  <b>APTIOM 600MG</b>  <b>APTIOM 800MG</b>  <b>ARNUITY ELLIPTA 100MCG</b>  <b>ARNUITY ELLIPTA 200MCG</b>  <b>AROMASIN 25MG</b>  <b>ARTHROTEC 50MG</b>  <b>ARTHROTEC 75MG</b>  <b>ASACOL HD 800MG</b>  <b>ASMANEX TWISTHALER 110MCG</b>  <b>ASMANEX TWISTHALER 220MCG</b>  <b>ASTAGRAF XL 1MG</b>  <b>ASTAGRAF XL 5MG</b>  <b>ATACAND 4MG</b>  <b>ATACAND 8MG</b>  <b>ATACAND 16MG</b>  <b>ATACAND 32MG</b>  <b>ATACAND HCT 16MG/12.5MG</b>  <b>ATACAND HCT 32MG/12.5MG</b>  <b>ATELVIA DR 35MG</b>  <b>ATROVENT HFA 20UG</b>  <b>AUBAGIO 14MG</b>  <b>AZELEX 20%</b>  <b>AZILECT 0.5MG</b>  <b>AZILECT 1MG</b>  <b>AZOPT 1%</b>  <b>AZOR 20/5MG</b>  <b>AZOR 40/5MG</b>  <b>AZOR 40/10MG</b>  <b>BANZEL 200MG</b>  <b>BANZEL 400MG</b>  <b>BECONASE AQ 42MCG</b>  <b>BENICAR (G) 20MG</b>  <b>BENICAR (G) 40MG</b>  <b>BENICAR HCT (G) 20MG/12.5MG</b>  <b>BENICAR HCT (G) 40MG/12.5MG</b>  <b>BENICAR HCT (G) 40MG/25MG</b>  <b>BEPREVE 1.5%</b>  <b>BETIMOL 0.25%</b>  <b>BETIMOL 0.5%</b>  <b>BETOPTIC S 0.25%</b>  <b>BEYAZ</b>  <b>BIKTARVY 50MG-200MG-25MG</b>  <b>BINOSTO 70MG</b>  <b>BREO ELLIPTA 100/25MCG</b>  <b>BREO ELLIPTA 200/25MCG</b>  <b>BRILINTA 60MG</b>  <b>BRILINTA 90MG</b>  <b>BYSTOLIC 2.5MG</b>  <b>BYSTOLIC 5MG</b>  <b>BYSTOLIC 10MG</b>  <b>BYSTOLIC 20MG</b>  <b>CADUET 5/10MG</b>  <b>CADUET 5/20MG</b>  <b>CADUET 5/40MG</b>  <b>CADUET 5/80MG</b>  <b>CADUET 10/10MG</b>  <b>CADUET 10/20MG</b>  <b>CADUET 10/40MG</b>  <b>CADUET 10/80MG</b>  <b>CAMBIA 50MG</b>  <b>CARDURA XL 4MG</b>  <b>CARDURA XL 8MG</b>  <b>CELEBREX 100MG</b>  <b>CELEBREX 200MG</b>  <b>CLARINEX 5MG</b>  <b>CLIMARA PATCH 25MCG</b>  <b>CLIMARA PATCH 50MCG</b>  <b>CLIMARA PATCH 75MCG</b>  <b>CLIMARA PATCH 100MCG</b>  <b>COMBIGAN 0.2-0.5%</b></p>	<p><b>COMBIVENT RESPIMAT  20MCG/100MCG</b>  <b>COMTAN 200MG</b>  <b>CRESTOR (G) 5MG</b>  <b>CRESTOR (G) 10MG</b>  <b>CRESTOR (G) 20MG</b>  <b>CRESTOR (G) 40MG</b>  <b>CRINONE GEL 8%</b>  <b>DALIRESP 500MCG</b>  <b>DETROL 1MG</b>  <b>DETROL 2MG</b>  <b>DETROL LA 2MG</b>  <b>DETROL LA 4MG</b>  <b>DEXILANT DR 30MG</b>  <b>DEXILANT DR 60MG</b>  <b>DIFFERIN CREAM 0.1%</b>  <b>DIFFERIN GEL 0.3%</b>  <b>DIOVAN (G) 160MG</b>  <b>DIOVAN (G) 320MG</b>  <b>DIPENTUM 250MG</b>  <b>DIPROLENE OINT 0.05%</b>  <b>DIVIGEL 0.25MG</b>  <b>DIVIGEL 0.5MG</b>  <b>DIVIGEL 1MG</b>  <b>DUAVEE 0.45-20MG</b>  <b>DULERA 100MCG/5MCG</b>  <b>DULERA 200MCG/5MCG</b>  <b>DYMISTA 137/50MCG</b>  <b>EDARBI 40MG</b>  <b>EDARBI 80MG</b>  <b>EDARBYCLOR 40MG/12.5MG</b>  <b>EDARBYCLOR 40MG/25MG</b>  <b>EDECIN 25MG</b>  <b>EDURANT 25MG</b>  <b>ELIDEL 1%</b>  <b>ELIQUIS 2.5MG</b>  <b>ELIQUIS 5MG</b>  <b>ELMIRON 100MG</b>  <b>ENABLEX 7.5MG</b>  <b>ENABLEX 15MG</b>  <b>ENTOCORT 3MG</b>  <b>ENTRESTO 24MG-26MG</b>  <b>ENTRESTO 49MG-51MG</b>  <b>ENTRESTO 97MG-103MG</b>  <b>EPIDUO FORTE 0.3%/2.5%</b>  <b>EPIDUO GEL PUMP 0.1%/2.5%</b>  <b>EPIPEN 0.3MG</b>  <b>EPIPEN JR 0.15MG</b>  <b>EPIVIR / HBV 100MG</b>  <b>ESTROGEL 0.06%</b>  <b>EUCRISA 2%</b>  <b>EVISTA 60MG</b>  <b>EXELON 4.6MG/24HR</b>  <b>EXELON 9.5MG/24HR</b>  <b>EXELON 13.3MG/24HR</b>  <b>EXFORGE HCT 160/12.5/5MG</b>  <b>EXFORGE HCT 160/12.5/10MG</b>  <b>EXFORGE HCT 160/25/5MG</b>  <b>EXFORGE HCT 160/25/10MG</b>  <b>EXFORGE HCT 320/25/10MG</b>  <b>FARESTON 60MG</b>  <b>FARXIGA 5MG</b>  <b>FARXIGA 10MG</b>  <b>FELDENE 10MG</b>  <b>FELDENE 20MG</b>  <b>FETZIMA 20MG</b>  <b>FETZIMA 40MG</b>  <b>FETZIMA 80MG</b>  <b>FETZIMA 120MG</b>  <b>FINACEA GEL 15%</b>  <b>FLAREX 0.1%</b>  <b>FLOVENT 44MCG 50MCG</b>  <b>FLOVENT 110MCG 125MCG</b>  <b>FLOVENT 220MCG 250MCG</b>  <b>FLOVENT DISKUS 100MCG</b>  <b>FLOVENT DISKUS 250MCG</b>  <b>FOSAMAX PLUS D 70MG-2800IU</b>  <b>FOSAMAX PLUS D 70MG-5600IU</b>  <b>FOSRENOL CHEW 500MG</b>  <b>FOSRENOL CHEW 750MG</b>  <b>FOSRENOL CHEW 1000MG</b>  <b>FOSRENOL POWDER 750MG</b>  <b>FOSRENOL POWDER 1000MG</b>  <b>FROVA 2.5MG</b>  <b>GENVOYA 150-150-200-10MG</b>  <b>GILENYA 0.5MG</b>  <b>GLUCAGEN HYPOKIT 1MG</b>  <b>GLUMETZA ER 1000MG</b>  <b>GLYXAMBI 10MG/5MG</b>  <b>GLYXAMBI 25MG/5MG</b>  <b>ILEVRO 0.3%</b>  <b>IMITREX NASAL SPRAY 5MG</b>  <b>IMITREX NASAL SPRAY 20MG</b>  <b>IMITREX STATDOSE 6MG/0.5ML</b>  <b>INCRUSE ELLIPTA 62.5MCG</b></p>	<p><b>INDERAL LA 60MG</b>  <b>INDERAL LA 80MG</b>  <b>INDERAL LA 120MG</b>  <b>INDERAL LA 160MG</b>  <b>INVEGA 3MG</b>  <b>INVEGA 6MG</b>  <b>INVEGA 9MG</b>  <b>INVOKAMET 50MG-500MG</b>  <b>INVOKAMET 50MG-1000MG</b>  <b>INVOKAMET 150MG-500MG</b>  <b>INVOKAMET 150MG-1000MG</b>  <b>INVOKANA 100MG</b>  <b>INVOKANA 300MG</b>  <b>IRESSA 250MG</b>  <b>ISOPTO CARPINE 1%</b>  <b>ISOPTO CARPINE 2%</b>  <b>ISOPTO CARPINE 4%</b>  <b>JAKAFI 5MG</b>  <b>JAKAFI 10MG</b>  <b>JAKAFI 15MG</b>  <b>JAKAFI 20MG</b>  <b>JALYN 0.5MG/0.4MG</b>  <b>JANUMET 50/500MG</b>  <b>JANUMET 50/1000MG</b>  <b>JANUMET XR 50MG/500MG</b>  <b>JANUMET XR 50MG/1000MG</b>  <b>JANUMET XR 100MG/1000MG</b>  <b>JANUVIA 25MG</b>  <b>JANUVIA 50MG</b>  <b>JANUVIA 100MG</b>  <b>JARDIANCE 10MG</b>  <b>JARDIANCE 25MG</b>  <b>JENTADUETO 2.5MG-500MG</b>  <b>JENTADUETO 2.5MG-850MG</b>  <b>JENTADUETO 2.5MG-1000MG</b>  <b>JUBLIA 10%</b>  <b>JULUCA 50MG-25MG</b>  <b>KAZANO 12.5/500MG</b>  <b>KAZANO 12.5/1000MG</b>  <b>KEPPRA (G) 250MG</b>  <b>KEPPRA (G) 500MG</b>  <b>KEPPRA (G) 750MG</b>  <b>KEPPRA (G) 1000MG</b>  <b>KOMBIGLYZE XR 2.5MG/1000MG</b>  <b>KOMBIGLYZE XR 5MG/500MG</b>  <b>KOMBIGLYZE XR 5MG/1000MG</b>  <b>LATUDA 20MG</b>  <b>LATUDA 40MG</b>  <b>LATUDA 60MG</b>  <b>LATUDA 80MG</b>  <b>LATUDA 120MG</b>  <b>LESCOL XL 80MG</b>  <b>LEXIVA 700MG</b>  <b>LIALDA 1.2MG</b>  <b>LINZESS 72MCG</b>  <b>LINZESS 145MCG</b>  <b>LINZESS 290MCG</b>  <b>LOTEMAX GEL 0.5%</b>  <b>LOTEMAX OINT 0.5%</b>  <b>LOTEMAX SUSP 0.5%</b>  <b>LOVENOX 40MG</b>  <b>LOVENOX 60MG</b>  <b>LOVENOX 80MG</b>  <b>LOVENOX 100MG</b>  <b>LUMIGAN 0.01%</b>  <b>MESNEX 400MG</b>  <b>MESTINON TS 180MG</b>  <b>METRO CREAM 0.75%</b>  <b>METROGEL PUMP 1%</b>  <b>MICARDIS HCT 40/12.5MG</b>  <b>MICARDIS HCT 80/12.5MG</b>  <b>MICARDIS HCT 80/25MG</b>  <b>MIGRANAL 4MG/ML</b>  <b>MIRAPEX ER 0.375MG</b>  <b>MIRAPEX ER 0.75MG</b>  <b>MIRAPEX ER 1.5MG</b>  <b>MIRAPEX ER 2.25MG</b>  <b>MIRAPEX ER 3MG</b>  <b>MIRAPEX ER 3.75MG</b>  <b>MIRAPEX ER 4.5MG</b>  <b>MIRVASO 0.33%</b>  <b>MOTEGRITY 1MG</b>  <b>MOTEGRITY 2MG</b>  <b>MULTAQ 400MG</b>  <b>MYRBETRIQ 25MG</b>  <b>MYRBETRIQ 50MG</b>  <b>NAMENDA (G) 10MG</b>  <b>NASONEX 50MCG</b>  <b>NATAZIA 3/2-2/2-3/1MG</b>  <b>NESINA 6.25MG</b>  <b>NESINA 12.5MG</b>  <b>NESINA 25MG</b>  <b>NEUPRO 1MG</b>  <b>NEUPRO 2MG</b>  <b>NEUPRO 3MG</b></p>	<p><b>NEUPRO 4MG</b>  <b>NEUPRO 6MG</b>  <b>NEUPRO 8MG</b>  <b>NEXIUM (G) 20MG</b>  <b>NEXIUM (G) 40MG</b>  <b>NEXIUM DR (G) 10MG</b>  <b>NEXLETOL 180MG</b>  <b>NEXLIZET 180MG-10MG</b>  <b>NORITATE CREAM 1%</b>  <b>OMNARIS 50MCG</b>  <b>ONGLYZA 2.5MG</b>  <b>ONGLYZA 5MG</b>  <b>ORILISSA 150MG</b>  <b>ORILISSA 200MG</b>  <b>OSPHERA 60MG</b>  <b>OTEZLA 30MG</b>  <b>PENTASA 500MG</b>  <b>PRADAXA 75MG</b>  <b>PRADAXA 150MG</b>  <b>PRED FORTE 1%</b>  <b>PREMARIN 0.3MG</b>  <b>PREMARIN 0.625MG</b>  <b>PREMARIN 1.25MG</b>  <b>PREMARIN CREAM 0.625MG/GM</b>  <b>PREMPRO 0.3MG/1.5MG</b>  <b>PRESTALIA 3.5MG/2.5MG</b>  <b>PRESTALIA 7MG/5MG</b>  <b>PRESTALIA 14MG/10MG</b>  <b>PREVACID SOLUTAB 15MG</b>  <b>PREVACID SOLUTAB 30MG</b>  <b>PREZISTA 800MG</b>  <b>PRISTIQ 50MG</b>  <b>PRISTIQ 100MG</b>  <b>PROMETRIUM 100MG</b>  <b>PROTOPIC OINT 0.03%</b>  <b>PROTOPIC OINT 0.1%</b>  <b>QTERN 10-5MG</b>  <b>QVAR REDHALER 40MCG</b>  <b>QVAR REDHALER 80MCG</b>  <b>RANEXA 500MG</b>  <b>RAPAFLO 4MG</b>  <b>RAPAFLO 8MG</b>  <b>RAPAMUNE 0.5MG</b>  <b>RAPAMUNE 1MG</b>  <b>RAPAMUNE 2MG</b>  <b>RELPAK 20MG</b>  <b>RELPAK 40MG</b>  <b>RENAGEL 800MG</b>  <b>RENVELA 800MG</b>  <b>RESTASIS MULTIDOSE 0.05%</b>  <b>RESTASIS VIALS 0.05%</b>  <b>RETIN A GEL (G) 0.025%</b>  <b>RETIN A MICRO GEL PUMP 0.04%</b>  <b>RETIN-A MICRO GEL PUMP 0.1%</b>  <b>REXULTI 0.25MG</b>  <b>REXULTI 0.5MG</b>  <b>REXULTI 1MG</b>  <b>REXULTI 2MG</b>  <b>REXULTI 3MG</b>  <b>REXULTI 4MG</b>  <b>RYBELSUS 3MG</b>  <b>RYBELSUS 7MG</b>  <b>RYBELSUS 14MG</b>  <b>SAPHRIS 5MG</b>  <b>SAPHRIS 10MG</b>  <b>SEASONIQUE 0.15/0.03/0.01MG</b>  <b>SEGLUROMET 2.5MG-500MG</b>  <b>SEGLUROMET 2.5MG-1000MG</b>  <b>SEGLUROMET 7.5MG-500MG</b>  <b>SEGLUROMET 7.5MG-1000MG</b>  <b>SENSIPAR 30MG</b>  <b>SENSIPAR 60MG</b>  <b>SEREVENT DISKUS 50MCG</b>  <b>SEROQUEL XR (G) 50MG</b>  <b>SEROQUEL XR (G) 150MG</b>  <b>SEROQUEL XR (G) 200MG</b>  <b>SEROQUEL XR (G) 300MG</b>  <b>SEROQUEL XR (G) 400MG</b>  <b>SIMBRINZA 1%/0.2%</b>  <b>SOOLANTRA 1%</b>  <b>SPIRIVA 18MCG</b>  <b>SPIRIVA RESPIMAT 2.5MCG</b>  <b>STEGLATRO 5MG</b>  <b>MYRBETRIQ 15MG</b>  <b>STEGLUJAN 5MG-100MG</b>  <b>STEGLUJAN 15MG-100MG</b>  <b>STIOLTO RESPIMAT 2.5/2.5MCG</b>  <b>STRATTERA 10MG</b>  <b>STRATTERA 18MG</b>  <b>STRATTERA 25MG</b>  <b>STRATTERA 40MG</b>  <b>STRATTERA 60MG</b>  <b>STRATTERA 80MG</b>  <b>STRATTERA 100MG</b></p>	<p><b>SYNAREL NASAL</b>  <b>SYNJARDY 5MG/500MG</b>  <b>SYNJARDY 5MG/1000MG</b>  <b>SYNJARDY 12.5MG/500MG</b>  <b>SYNJARDY 12.5MG/1000MG</b>  <b>TARKA 2/180MG</b>  <b>TARKA 4/240MG</b>  <b>TASMAR 100MG</b>  <b>TAZORAC CREAM 0.05%</b>  <b>TAZORAC CREAM 0.1%</b>  <b>TAZORAC GEL 0.05%</b>  <b>TAZORAC GEL 0.1%</b>  <b>TECFIDERA 120MG</b>  <b>TECFIDERA 240MG</b>  <b>TEKTURNA 150MG</b>  <b>TEKTURNA 300MG</b>  <b>TIVICAY 50MG</b>  <b>TOBREX OINT 0.3%</b>  <b>TOVIAZ 4MG</b>  <b>TOVIAZ 8MG</b>  <b>TRADJENTA 5MG</b>  <b>TRAVATAN Z 0.004%</b>  <b>TRELEGY ELLIPTA 100-62.5-25MCG</b>  <b>TRIBENZOR 20/5/12.5MG</b>  <b>TRIBENZOR 40/5/12.5MG</b>  <b>TRIBENZOR 40/5/25MG</b>  <b>TRIBENZOR 40/10/12.5MG</b>  <b>TRIBENZOR 40/10/25MG</b>  <b>TRINTELLIX 5MG</b>  <b>TRINTELLIX 10MG</b>  <b>TRINTELLIX 20MG</b>  <b>TRIUHQ 600-50-300MG</b>  <b>TUDORZA PRESSAIR 400MCG</b>  <b>TWYNSTA 40/5MG</b>  <b>TWYNSTA 40/10MG</b>  <b>TWYNSTA 80/5MG</b>  <b>TWYNSTA 80/10MG</b>  <b>UCERIS 9MG</b>  <b>ULORIC 80MG</b>  <b>UROCIK-K 10MEQ</b>  <b>URSO 250MG</b>  <b>VAGIFEM 10MCG</b>  <b>VECTICAL 3MCG/GM</b>  <b>VELPHORO 500MG</b>  <b>VENTOLIN HFA 90MCG</b>  <b>VESICARE 5MG</b>  <b>VESICARE 10MG</b>  <b>VIIBRYD 10MG</b>  <b>VIIBRYD 20MG</b>  <b>VIIBRYD 40MG</b>  <b>VIMOVO 375/20MG</b>  <b>VIMOVO 500/20MG</b>  <b>VIREAD (G) 300MG</b>  <b>VIVELLE-DOT 25MCG</b>  <b>VIVELLE-DOT 37.5MCG</b>  <b>VIVELLE-DOT 50MCG</b>  <b>VIVELLE-DOT 75MCG</b>  <b>VIVELLE-DOT 100MCG</b>  <b>VRAYLAR 1.5MG</b>  <b>VRAYLAR 3MG</b>  <b>VRAYLAR 4.5MG</b>  <b>VRAYLAR 6MG</b>  <b>VYTORIN 10/10MG</b>  <b>VYTORIN 10/20MG</b>  <b>VYTORIN 10/40MG</b>  <b>VYTORIN 10/80MG</b>  <b>WELCHOL 625MG</b>  <b>WELCHOL PACKET 3.75G</b>  <b>WELLBUTRIN XL (G) 150MG</b>  <b>WELLBUTRIN XL (G) 300MG</b>  <b>XADAGO 50MG</b>  <b>XADAGO 100MG</b>  <b>XARELTO 2.5MG</b>  <b>XARELTO 10MG</b>  <b>XARELTO 15MG</b>  <b>XARELTO 20MG</b>  <b>XELJANZ 5MG</b>  <b>XELJANZ 10MG</b>  <b>XELJANZ XR 11MG</b>  <b>XENICAL 120MG</b>  <b>XIGDUO XR 5/1000MG</b>  <b>XIGDUO XR 10/500MG</b>  <b>XIGDUO XR 10/1000MG</b>  <b>XIDRA 5%</b>  <b>YASMIN 28</b>  <b>YAZ 3/0.02MG</b>  <b>ZELAPAR 1.25MG</b>  <b>ZETIA (G) 10MG</b>  <b>ZIANA 1.2%-0.025%</b>  <b>ZOMIG NASAL SPRAY 5MG</b>  <b>ZOMIG ZMT 2.5MG</b>  <b>ZOVIRAX CREAM 5%</b>  <b>ZYCLARA PACKET 3.75%</b>  <b>ZYCLARA PUMP 3.75%</b></p>
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**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.

# CANARx Prescription Program



CANARx is a voluntary international mail order prescription program that is available to eligible employees, retirees and their dependents of Ulster County, New York.

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.

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**SAFE.**  
**SMART.**



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Scan to go to the website  
**WebID=ULSTER**



**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.

### **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: **ULSTER**).
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!

# CANARx—Employee Enrollment Form



## MEMBER ENROLLMENT FORM

For more information, please call:  
TOLL-FREE PHONE: 1-866-893-6337

Please return completed enrollment form by one of the following methods:  
MAIL: CANARX, PO BOX 3009, WINDSOR, ONTARIO CANADA N8N 2M3  
SECURE UPLOAD: CANARXDOCS.COM  
FAX: 1-866-715-6337 (NOTE: Faxed prescriptions must be sent directly from the physician's office.)

WEBID (CALL IF UNSURE)

NAME OF EMPLOYER

PATIENT INFORMATION (PLEASE PRINT) DATE OF BIRTH (MM/DD/YYYY) MEMBER ID # (IF AVAILABLE)

HOME PHONE MOBILE PHONE WORK PHONE EXT. EMAIL ADDRESS

FIRST NAME INITIAL LAST NAME

STREET ADDRESS

CITY STATE ZIP CODE

SUBSCRIBER  DEPENDENT

### CURRENT MEDICATIONS / VITAMINS THIS IS NOT A PRESCRIPTION.

LIST ALL: PRESCRIPTION, NON-PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS; HERBAL, NUTRITIONAL AND VITAMIN SUPPLEMENTS.

NAME OF MEDICATION Ex. JANUVIA	DOSAGE Ex. 50MG	TIME(S) TO TAKE Ex. TWICE DAILY	DATE STARTED Ex. 08/20/2019	REASON FOR TAKING Ex. DIABETES

NEW-TO-YOU MEDICATIONS MUST BE DOMESTICALLY PRESCRIBED, FILLED AND TAKEN FOR A PERIOD OF NO LESS THAN 30 DAYS BEFORE ORDERING THROUGH THIS PROGRAM. PLEASE ASK YOUR PHYSICIAN TO ISSUE A PRESCRIPTION FOR A 3-MONTH SUPPLY OF MEDICATION WITH 3 REFILLS.

PRESCRIPTION IS ATTACHED  PRESCRIPTION WILL FOLLOW BY MAIL  PRESCRIPTION WILL BE FAXED FROM PHYSICIAN'S OFFICE

### MEDICAL HISTORY (If you require more space, please attach a separate piece of paper.)

MALE  FEMALE

#### 1. OPERATIONS (EX. HYSTERECTOMY, GALL BLADDER, HEART OPERATIONS, ETC.):

#### 2. HOSPITALIZATIONS (STAYS IN HOSPITAL DURING THE PAST 5 YEARS):

#### 3. MEDICAL CONDITIONS (ONGOING – EX. TYPE 1 DIABETES MELLITUS, VASCULITIS, OSTEOPOROSIS, ETC.) – NOTE: Please refrain from using generic terms such as "heart disease" as this could indicate any number of conditions such as valvular heart disease, heart failure, a bradyarrhythmia, a tachyarrhythmia, a ventricular conduction delay, etc.

#### 4. DRUG ALLERGIES: YES NO IF YES, PLEASE SPECIFY.

### AUTHORIZATION – IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18

I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

### AUTHORIZATION – IF THE PATIENT IS THE SUBSCRIBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

# CANARx —Enrollment Form / Agreement

## TERMS OF AGREEMENT

### CONFIRMATION AND REPRESENTATIONS

*I enter into this agreement with CANARX Group Inc. at Christ Church, Barbados (referred to as "CANARX") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs. I represent:*

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask CANARX to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask CANARX to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through CANARX.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from CANARX or any CANARX selected physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through CANARX strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by CANARX, I will immediately contact my U.S. physician.
14. All information that I give to CANARX is true.

### AUTHORIZATION AND CONSENT

*I consent to, and authorize, the following:*

1. I hereby appoint CANARX and its delegates and contractors (collectively referred to as "CANARX") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician; selecting physicians, pharmacies, and other professionals as necessary to serve me outside the U.S.; and of arranging for pharmacies to dispense to me medications as prescribed.
2. CANARX may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me by mail.
3. CANARX may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to CANARX (and any CANARX selected physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, Xray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to CANARX from my U.S. physician's office the original signed copy of the prescription.
6. CANARX and its selected physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. CANARX selected physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. CANARX may make payments on my behalf to pharmacies for dispensing medicine in accordance with my prescriptions and to physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through CANARX in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

### ACKNOWLEDGEMENT AND RELEASE

*I hereby make the following acknowledgements and releases to CANARX and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:*

1. My U.S. physician is my primary physician. Any CANARX selected physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a CANARX selected pharmacy.
2. CANARX has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a CANARX selected physician and have enlisted the services of CANARX to facilitate it. I understand that the physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release CANARX and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the CANARX selected pharmacy.
6. I acknowledge that CANARX, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

### PRIVACY NOTICE AND ACKNOWLEDGEMENT

*I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the CANARX Privacy Policy in detail as provided below:*

1. CANARX may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. CANARX and CANARX selected physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CANARX selected physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that CANARX may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, selected physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that CANARX, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to CANARX's transmission of my personal information by electronic means to its delegates, employees, selected physicians and pharmacies.
3. I acknowledge that CANARX will obtain health information about me, and is obligated in accordance with the CANARX Privacy Policy to protect such information. I can visit [www.CANARX.com/privacy-policy/](http://www.CANARX.com/privacy-policy/) at any time to view the most updated version of the CANARX Privacy Policy.

### FURTHER ACKNOWLEDGEMENT & RELEASE

*I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:*

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release CANARX and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by CANARX in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.

For More Information: Call 1-866-893-6337 / CANARx

ABILIFY (G) 2MG ABILIFY (G) 5MG ABILIFY (G) 10MG ABILIFY (G) 15MG ABILIFY (G) 20MG ABILIFY (G) 30MG ACIPHEX 20MG ACTONEL 35MG ACTONEL 150MG ACTOPLUS 15MG-850MG ACZONE 5% ADDIRCA (G) 20MG ADVAIR DISKUS 100MCG ADVAIR DISKUS 250MCG ADVAIR DISKUS 500MCG ADVAIR HFA 45/21MCG ADVAIR HFA 115/21MCG ADVAIR HFA 230/21MCG AFINITOR 2.5MG AFINITOR 5MG AFINITOR 10MG AKLIEF 50MCG/G ALOCRIL 2% ALOMIDE 0.1% ALPHAGAN-P 0.15% ALREX 0.2% ALTACE (G) 10MG ALVESCO 80MCG ALVESCO 160MCG AMPYRA 10MG ANAPROX DS 550MG ANORO ELLIPTA 62.5/25MCG APIOIM 200MG APIOIM 400MG APIOIM 600MG APIOIM 800MG ARAVA 10MG ARAVA 20MG ARNUTIY ELLIPTA 100MCG ARNUTIY ELLIPTA 200MCG AROMASIN 25MG ARTHROTEC 50MG ARTHROTEC 75MG ASMANEX TWISTHALER 110MCG ASMANEX TWISTHALER 220MCG ASTAGRAF XL 1MG ASTAGRAF XL 5MG ATACAND 4MG ATACAND 8MG ATACAND 16MG ATACAND 32MG ATACAND HCT 32MG/25MG ATACAND HCT 16MG/12.5MG ATACAND HCT 32MG/12.5MG ATELVIA DR 35MG ATROVENT HFA 20UG AVODART (G) 0.5MG AZILEX 20% AZILECT 0.5MG AZILECT 1MG AZOPT 1% AZOR 20/5MG AZOR 40/5MG AZOR 40/10MG BANZEL 200MG BANZEL 400MG BECONASE AQ 42MCG BENICAR 20MG BENICAR 40MG BENICAR HCT 20MG/12.5MG BENICAR HCT 40MG/12.5MG BENICAR HCT 40MG/25MG BENZAFLIN GEL BEPREVÉ 1.5% BETIMOL 0.25% BETIMOL 0.5% BETOPTIC S 0.25% BEYAZ BIJUVIA 1MG-100MG BIKtarVY 50MG-200MG-25MG BINOSTO 70MG BIREO ELLIPTA 100/25MCG BIREO ELLIPTA 200/25MCG BRILINTA 60MG BRILINTA 90MG BYSTOLIC 2.5MG BYSTOLIC 5MG BYSTOLIC 10MG BYSTOLIC 20MG CADUET 5/10MG	CADUET 5/20MG CADUET 5/40MG CADUET 5/80MG CADUET 10/10MG CADUET 10/20MG CADUET 10/40MG CADUET 10/80MG CAMBIA 50MG CARDIZEM CD (G) 180MG CARDIZEM CD (G) 240MG CARDIZEM CD (G) 360MG CARDURA XL 4MG CARDURA XL 8MG CELEBREX 100MG CELEBREX 200MG CELEXA (G) 20MG CELEXA (G) 40MG CLARINEX 5MG CLIMARA PATCH 25MCG CLIMARA PATCH 50MCG CLIMARA PATCH 75MCG CLIMARA PATCH 100MCG COMBIGAN 0.2-0.5% COMBIVENT RESPIMAT 20MCG/100MCG COMTAN 200MG CORCARD 80MG COSOPT PF 2%/0.5% CRESTOR (G) 5MG CRESTOR (G) 10MG CRESTOR (G) 20MG CRESTOR (G) 40MG CRINONE GEL 8% CYMBALTA (G) 20MG CYMBALTA (G) 30MG CYMBALTA (G) 60MG DALIRESP 500MCG DEPAKOTE 250MG DEPAKOTE 500MG DETROL 1MG DETROL 2MG DETROL LA 2MG DETROL LA 4MG DEXILANT DR 30MG DEXILANT DR 60MG DIFFERIN CREAM 0.1% DIFFERIN GEL 0.3% DIOVAN (G) 40MG DIOVAN (G) 80MG DIOVAN (G) 160MG DIOVAN (G) 320MG DIVIGEL 0.05% DIPROLENE OINT 0.05% DIVIGEL 0.25MG DIVIGEL 0.5MG DIVIGEL 1MG DOVATO 50MG-300MG DUAVEE 0.45-20MG DULERA 100MCG/5MCG DULERA 200MCG/5MCG DULOBRIL 0.01%-0.045% DYMISTA 137/50MCG EDARBI 40MG EDARBI 80MG EDARBYCLOR 40MG/12.5MG EDARBYCLOR 40MG/25MG EDUCRIN 25MG EDURANT 25MG EFFIENT (G) 5MG EFFIENT (G) 10MG ELIDEL 1% ELIQUIS 2.5MG ELIQUIS 5MG ELMIRON 100MG ENTRESTO 24MG-26MG ENTRESTO 49MG-51MG ENTRESTO 97MG-103MG EPIDUO FORTE 0.3%/2.5% EPIDUO GEL PUMP 0.1%/2.5% EPIPEN 0.3MG EPIPEN JR 0.15MG EPIVIR /HBV 100MG EPZICOM (G) 600MG-300MG EUSTROGEL 0.06% EUCRISA 2% EVISTA 60MG EVOTAZ 300MG-150MG EXELON 4.6MG/24HR EXELON 9.5MG/24HR EXELON 13.3MG/24HR EXFORGE 5/160MG EXFORGE 5/320MG	EXFORGE 10/160MG EXFORGE 10/320MG EXFORGE HCT 160/12.5/5MG EXFORGE HCT 160/12.5/10MG EXFORGE HCT 160/25/5MG EXFORGE HCT 160/25/10MG EXFORGE HCT 320/25/10MG FARESTON 60MG FARXIGA 5MG FARXIGA 10MG FELDENE 10MG FELDENE 20MG FETZIMA 20MG FETZIMA 40MG FETZIMA 80MG FETZIMA 120MG FINACEA GEL 15% FLAREX 0.1% FLOVENT 44MCG FLOVENT 110MCG FLOVENT 220MCG FLOVENT DISKUS 100MCG FLOVENT DISKUS 250MCG FOSAMAX PLUS D 70MG-2800IU FOSAMAX PLUS D 70MG-5600IU FOSRENOL CHEW 500MG FOSRENOL CHEW 750MG FOSRENOL CHEW 1000MG FOSRENOL POWDER 750MG FOSRENOL POWDER 1000MG FROVA 2.5MG GENVOYA GILENYA 0.5MG GLUCAGEN HYPOKIT 1MG GLUMETZA ER 1000MG GLYXAMBI 10MG/5MG GLYXAMBI 25MG/5MG IBRANCE 75MG IBRANCE 100MG IBRANCE 125MG ILEVRO 0.3% IMITREX NASAL SPRAY 5MG IMITREX NASAL SPRAY 20MG IMITREX STATDOSE 6MG/0.5ML INCRUSE ELLIPTA 62.5MCG INSPIRA 25MG INSPIRA 50MG INVEGA 3MG INVEGA 6MG INVEGA 9MG INVOKAMET 50MG-500MG INVOKAMET 50MG-1000MG INVOKAMET 150MG-500MG INVOKAMET 150MG-1000MG INVOKANA 100MG INVOKANA 300MG IRESSA 250MG ISENTRESS 400MG JAKAFI 5MG JAKAFI 10MG JAKAFI 15MG JAKAFI 20MG 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 JULBIA 10% JULUCA 50MG-25MG KAZANO 12.5/500MG KAZANO 12.5/1000MG KEPPRA (G) 250MG KEPPRA (G) 500MG KEPPRA (G) 750MG KEPPRA (G) 1000MG KERENDIA 10MG KERENDIA 20MG KISQALI 200MG KOMBIGLYZE XR 2.5MG/1000MG KOMBIGLYZE XR 5MG/500MG	KOMBIGLYZE XR 5MG/1000MG LAMICTAL (G) 5MG LAMICTAL (G) 25MG LAMICTAL (G) 100MG LAMICTAL (G) 150MG LAMICTAL (G) 200MG LATUDA 20MG LATUDA 40MG LATUDA 60MG LATUDA 80MG LATUDA 120MG LEXAPRO (G) 10MG LEXAPRO (G) 20MG LEXIVA 700MG LIA LDA 1.2GM LINZESS 72MCG LINZESS 145MCG LINZESS 290MCG LIPITOR (G) 10MG LIPITOR (G) 20MG LIPITOR (G) 40MG LIPITOR (G) 80MG LOTEMAX GEL 0.5% LOTEMAX OINT 0.5% LOTEMAX SUSP 0.5% LOVENOX (G) 40MG LOVENOX (G) 60MG LOVENOX (G) 80MG LOVENOX (G) 100MG LUMIGAN 0.01% MAXALT (G) 10MG MESTINON TS 180MG METRO CREAM 0.75% METROGEL PUMP 1% MICARDIS 20MG MICARDIS 40MG MICARDIS 80MG MICARDIS HCT 40/12.5MG MICARDIS HCT 80/12.5MG MICARDIS HCT 80/25MG MIGRANAL 4MG/ML MIRAPLEX ER 0.375MG MIRAPLEX ER 0.75MG MIRAPLEX ER 1.5MG MIRAPLEX ER 2.25MG MIRAPLEX ER 3MG MIRAPLEX ER 3.75MG MIRAPLEX ER 4.5MG MIRVASO 0.33% MOTEGIITY 1MG MOTEGIITY 2MG MULTAQ 400MG MYRBETRID 25MG MYRBETRID 50MG NAMENDA 10MG NATAZIA 3/2-2/2-3/1MG NESINA 6.25MG NESINA 12.5MG NESINA 25MG NEUPRO 1MG NEUPRO 2MG NEUPRO 3MG NEUPRO 4MG NEUPRO 6MG NEUPRO 8MG NEVANAC 3MG/ML NEXAVAR 200MG NEXIUM (G) 20MG NEXIUM (G) 40MG NEXIUM DR (G) 10MG NEXLETOL 180MG NEXLIZET 180MG-10MG NORITATE CREAM 1% NORVASC (G) 5MG ODEFSEY 200MG-25MG-25MG OLUMIANT 2MG OMNARIS 50MCG ONGLYZA 2.5MG ONGLYZA 5MG ORILISSA 150MG ORILISSA 200MG OSPHERA 60MG OTEZLA 30MG PAMIG (G) 12.5MG PAXIL CR (G) 25MG PENTASA 500MG PLAQUENIL 200MG PRADAXA 75MG PRADAXA 150MG PRED FORTE 1% PREMARIN 0.3MG	PREMARIN 0.625MG PREMARIN 1.25MG PREMARIN CREAM 0.625MG/GM PREMPRO 0.3MG/1.5MG PRESTALIA 2.5MG/2.5MG PRESTALIA 7MG/5MG PRESTALIA 14MG/10MG PREVACID (G) 30MG PREVACID SOLUTAB 15MG PREVACID SOLUTAB 30MG PREZISTA 800MG PRISTIQ 50MG PRISTIQ 100MG PROMETRIUM 100MG PROZAC (G) 20MG QTERN 10-5MG QVAR REDIHALER 40MCG QVAR REDIHALER 80MCG RANEXA 500MG RAPAFLO 4MG RAPAFLO 8MG RAPAMUNE 0.5MG RAPAMUNE 1MG RAPAMUNE 2MG RELPAZ 20MG RELPAZ 40MG RENEGAL 800MG RENVELA (G) 800MG RESTASIS MULTIDOSE 0.05% RESTASIS VIALS 0.05% RETIN-A MICRO GEL PUMP 0.04% RETIN-A MICRO GEL PUMP 0.1% REVLATIO (G) 20 MG REXULTI 0.25MG REXULTI 0.5MG REXULTI 1MG REXULTI 2MG REXULTI 3MG REXULTI 4MG RINVOQ 15MG RINVOQ 30MG RYBELSUS 3MG RYBELSUS 7MG RYBELSUS 14MG SAPHRIS 5MG SAPHRIS 10MG SEASONIQUE 0.15/0.03/0.01MG SEGLUROMET 2.5MG-500MG SEGLUROMET 2.5MG-1000MG SEGLUROMET 7.5MG-500MG SEGLUROMET 7.5MG-1000MG SENSIPAR (G) 30MG SENSIPAR (G) 60MG SEREVENT DISKUS 50MCG SEROQUEL XR (G) 50MG SEROQUEL XR (G) 150MG SEROQUEL XR (G) 200MG SEROQUEL XR (G) 300MG SEROQUEL XR (G) 400MG SINGULAIR 1%/0.2% SINGULAIR (G) 10MG SLYND 4MG SOOLANTRA 1% SPIRIVA 18MCG SPIRIVA RESPIMAT 2.5MCG STEGLATRO 5MG STEGLATRO 15MG STEGLIJAN 5MG-100MG STEGLIJAN 15MG-100MG STIOLTO RESPIMAT 2.5/2.5MCG STRATTERA 10MG STRATTERA 18MG STRATTERA 25MG STRATTERA 40MG STRATTERA 60MG STRATTERA 80MG STRATTERA 100MG STRIVERDI RESPIMAT 2.5MCG SYMTUZA SYNAREL NASAL SYNJARDY 5MG/500MG SYNJARDY 5MG/1000MG SYNJARDY 12.5MG/500MG SYNJARDY 12.5MG/1000MG TASIGNA 150MG TASIGNA 200MG TASMAR 100MG TAZORAC CREAM 0.05% TAZORAC GEL 0.05%	TAZORAC GEL 0.1% TECFIDERA (G) 120MG TECFIDERA (G) 240MG TEKTURNA 150MG TEKTURNA 300MG TIVICAY 50MG TOBI PODHALER 28MG TOBREX OINT 0.3% TOLAK 4% TOVIAZ 4MG TOVIAZ 8MG TRADJENTA 5MG TRAVATAN Z 0.004% TRELLEGY ELLIPTA 100-62.5-25MCG TRELLEGY ELLIPTA 200-62.5-25MCG TRIBENZOR 20/5/12.5MG TRIBENZOR 40/5/12.5MG TRIBENZOR 40/5/25MG TRIBENZOR 40/10/12.5MG TRIBENZOR 40/10/25MG TRINTELIX 5MG TRINTELIX 10MG TRINTELIX 20MG TRIUERG 600-50-300MG TUDORZA PRESSAIR 400MCG UCERIS 9MG ULORIC 80MG UROCI-K 10MEQ URSO 250MG VAGIFEM 10MCG VELPHORO 500MG VENTOLIN HFA 90MCG VESICARE (G) 5MG VESICARE (G) 10MG VIBRYD 10MG VIBRYD 20MG VIBRYD 40MG VIMOVO 375/20MG VIMOVO 500/20MG VIVELLE-DOT 25MCG VIVELLE-DOT 37.5MCG VIVELLE-DOT 50MCG VIVELLE-DOT 75MCG VIVELLE-DOT 100MCG VRAYLAR 1.5MG VRAYLAR 3MG VRAYLAR 4.5MG VRAYLAR 6MG VUMERITY 231MG VYTORIN 10/10MG VYTORIN 10/20MG VYTORIN 10/40MG VYTORIN 10/80MG WAKIX 4.5MG WAKIX 17.8MG WELCHOL 625MG WELCHOL PACKET 3.75G WELLBUTRIN XL (G) 150MG WELLBUTRIN XL (G) 300MG XADAGO 50MG XADAGO 100MG XALATAN 50MCG/ML XARELTO 2.5MG XARELTO 10MG XARELTO 15MG XARELTO 20MG XELJANZ 5MG XELJANZ 10MG XELJANZ XR 11MG XENAZINE 25MG XENICAL 120MG XIGDUO XR 5/1000MG XIGDUO XR 10/500MG XIGDUO XR 10/1000MG XIIDRA 5% YASMIN 28 YAZ 3/0.02MG ZELAPAR 1.25MG ZETIA (G) 10MG ZIANA 1.2%-0.025% ZOLOFT (G) 100MG ZOMIG (G) 2.5MG ZOMIG NASAL SPRAY 5MG ZOMIG ZMT 2.5MG ZOVIRAX CREAM 5% ZYCLARA PACKET 3.75% ZYCLARA PUMP 3.75% ZYTIGA (G) 250MG ZYTIGA (G) 500MG
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**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.





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!**



**SIMPLE.**

**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.

**SAFE.**

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.

**SMART.**

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!

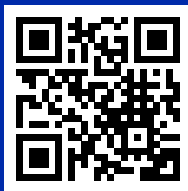
Visit our website today, for more information including:

- Additional Forms
- Frequently Asked Questions (FAQs)
- Video Overview
- List of Medications

Call 1-866-893-6337 for your plan's WebID.

[canarx.com](http://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](http://canarxdocs.com)

By Fax to:

1-866-715-6337

Note: Prescriptions must be faxed directly from the physician's office.

CANARX



# MEMBER ENROLLMENT FORM

For more information, please call:  
TOLL-FREE PHONE: 1-866-893-6337

Please return completed enrollment form by one of the following methods:  
MAIL: CANARX, PO BOX 3009, WINDSOR, ONTARIO CANADA N8N 2M3  
SECURE UPLOAD: CANARXDOCS.COM  
FAX: 1-866-715-6337 (NOTE: Faxed prescriptions must be sent directly from the physician's office.)

WEBID (CALL IF UNSURE)  
NAME OF EMPLOYER

<b>PATIENT INFORMATION (PLEASE PRINT)</b>		DATE OF BIRTH (MM/DD/YYYY)		MEMBER ID # (IF AVAILABLE)
HOME PHONE	MOBILE PHONE	WORK PHONE	EXT.	EMAIL ADDRESS
FIRST NAME		INITIAL	LAST NAME	
STREET ADDRESS				
CITY		STATE	ZIP CODE	<input type="checkbox"/> SUBSCRIBER <input type="checkbox"/> DEPENDENT

**CURRENT MEDICATIONS / VITAMINS** THIS IS NOT A PRESCRIPTION.  
LIST ALL: PRESCRIPTION, NON-PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS; HERBAL, NUTRITIONAL AND VITAMIN SUPPLEMENTS.

NAME OF MEDICATION <i>Ex. JANUVIA</i>	DOSAGE <i>Ex. 50MG</i>	TIME(S) TO TAKE <i>Ex. TWICE DAILY</i>	DATE STARTED <i>Ex. 08/20/2019</i>	REASON FOR TAKING <i>Ex. DIABETES</i>

**NEW-TO-YOU MEDICATIONS** MUST BE DOMESTICALLY PRESCRIBED, FILLED AND TAKEN FOR A PERIOD OF **NO LESS THAN 30 DAYS** BEFORE ORDERING THROUGH THIS PROGRAM. **PLEASE ASK YOUR PHYSICIAN TO ISSUE A PRESCRIPTION FOR A 3-MONTH SUPPLY OF MEDICATION WITH 3 REFILLS.**

PRESCRIPTION IS ATTACHED     PRESCRIPTION WILL FOLLOW BY MAIL     PRESCRIPTION WILL BE FAXED FROM PHYSICIAN'S OFFICE

**MEDICAL HISTORY** (If you require more space, please attach a separate piece of paper.)  MALE     FEMALE

**1. OPERATIONS** (EX. HYSTERECTOMY, GALL BLADDER, HEART OPERATIONS, ETC.):

**2. HOSPITALIZATIONS** (STAYS IN HOSPITAL DURING THE PAST 5 YEARS):

**3. MEDICAL CONDITIONS** (ONGOING – EX. TYPE 1 DIABETES MELLITUS, VASCULITIS, OSTEOPOROSIS, ETC.) – **NOTE:** Please refrain from using generic terms such as **“heart disease”** as this could indicate any number of conditions such as valvular heart disease, heart failure, a bradyarrhythmia, a tachyarrhythmia, a ventricular conduction delay, etc.

**4. DRUG ALLERGIES:**  YES     NO    IF YES, PLEASE SPECIFY.

**AUTHORIZATION – IF THE PATIENT IS A DEPENDENT CHILD UNDER AGE 18**

I certify this to be a true and accurate statement of my Dependent's medical history. I confirm that he/she has been, and will be, regularly monitored by a U.S. Physician and has had a physical examination within the past 12 months. I verify that he/she has taken the above listed medications for a period of more than 30 days. I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided above is accurate and true.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

**AUTHORIZATION – IF THE PATIENT IS THE SUBSCRIBER, SPOUSE OR A DEPENDENT CHILD AGE 18 AND OVER**

I certify that I have read, understand and agree to the Terms of Agreement on the reverse, or in absence, confirm it was read and understood on the website prior to signature, and that the information provided by me is accurate and true.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (MM/DD/YYYY)

## CONFIRMATION AND REPRESENTATIONS

*I enter into this agreement with CANARX Group Inc. at Christ Church, Barbados (referred to as "CANARX") so that I may obtain access to medically-necessary and lawfully prescribed drugs at low costs. I represent:*

1. I am of the age of majority in the jurisdiction in which I ordinarily reside.
2. I am not restricted from making my own medical decisions under the laws of the jurisdiction in which I ordinarily reside.
3. I certify that I am a resident of the United States and not a resident of any other country.
4. I am under the care of a duly qualified and licensed physician in the United States (my "U.S. physician") and the medicine that I ask CANARX to assist me in obtaining was prescribed for me by my U.S. physician.
5. My U.S. physician has examined me within the last 12 months and will examine me at least once every 12 months while I am taking medicine.
6. Any medicine that I ask CANARX to assist me in obtaining is medicine that I have already taken, under my U.S. physician's orders and supervision, for at least 30 days prior to placing an order for the medicine through CANARX.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from CANARX or any CANARX selected physician.
8. I have not violated any laws in the jurisdiction in which I ordinarily reside (or, if different, in the jurisdiction in which the prescription was issued) in obtaining the prescription for the ordered product.
9. The prescription issued by my U.S. physician has not been altered in any way nor has it been filled previously.
10. I will use any medications obtained for me through CANARX strictly in accordance with the instructions provided by my U.S. physician.
11. The medicine dispensed in accordance with my prescription will not be used in any way whatsoever except as directed by my U.S. physician.
12. I will not permit anyone else to use the prescription or any medications which I receive.
13. In the event that I suffer any side effects from any medication obtained for me by CANARX, I will immediately contact my U.S. physician.
14. All information that I give to CANARX is true.

## AUTHORIZATION AND CONSENT

*I consent to, and authorize, the following:*

1. I hereby appoint CANARX and its delegates and contractors (collectively referred to as "CANARX") as my paid agents and attorneys-in-fact for the purposes of obtaining prescriptions which correspond to the prescriptions issued by my U.S. physician; selecting physicians, pharmacies, and other professionals as necessary to serve me outside the U.S.; and of arranging for pharmacies to dispense to me medications as prescribed.
2. CANARX may perform any act that I could myself perform in having my prescription reviewed by any physician, pharmacist, or pharmacy technician and in having the prescribed medication dispensed by a pharmacy and delivered to me by mail.
3. CANARX may arrange the purchase and delivery of the medications prescribed to me, on the terms set forth in this agreement, as if I personally took such actions.
4. I authorize and instruct my U.S. physician to release to CANARX (and any CANARX selected physician, pharmacist, and pharmacy technician) any and all personal medical information pertaining to me ("Personal Medical History"), including but not limited to all medical records, medical reports, progress notes, nurses' notes, reports on diagnostic tests, medical opinions, Xray records, imaging records, laboratory reports, and/or any other knowledge or information which my U.S. physician may possess.
5. I agree to instruct my U.S. physician to issue my prescription on paper (if necessary for dispensing by a pharmacy located outside my U.S. physician's jurisdiction) and to send (by mail, by fax, via the internet or otherwise) to CANARX from my U.S. physician's office the original signed copy of the prescription.
6. CANARX and its selected physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. CANARX selected physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. CANARX may make payments on my behalf to pharmacies for dispensing medicine in accordance with my prescriptions and to physicians for services rendered on my behalf.
9. I request and authorize my employer or plan holder, as my appointed agent, to pay for all products and services relating to the prescription medicine that I obtain through CANARX in such amounts as are found appropriate by my employer or plan holder in accordance with the benefits plan.

## ACKNOWLEDGEMENT AND RELEASE

*I hereby make the following acknowledgements and releases to CANARX and all its employees, delegates, agents, and contractors, including physicians, pharmacists, pharmacy technicians, nurses, receptionists and staff:*

1. My U.S. physician is my primary physician. Any CANARX selected physician is being asked to review the information contained in my Personal Medical History only for the purpose of authorizing the medicine prescribed for me by my U.S. physician to be dispensed to me by a CANARX selected pharmacy.
2. CANARX has made no representations or warranties to me, including, without limitation, representations or warranties regarding the use of fitness for any particular purpose of the medications delivered (including, without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease, or its potential or actual side or adverse effects whether previously known or unknown).
3. I wish to obtain a prescription from a CANARX selected physician and have enlisted the services of CANARX to facilitate it. I understand that the physician will rely on the accuracy of the examination performed, and the prescription provided, by my U.S. physician.
4. I release CANARX and all of its officers and directors, agents, delegates, employees and contractors from any and all liability, claims, and causes of action with respect to errors or omissions by the company or agency responsible for transporting my order.
5. I acknowledge that I have purchased my medications internationally for personal use and understand that my medications may be subject to U.S. border inspection. I specifically confirm, acknowledge and agree that title to my medications passes to me when my medications are shipped from the CANARX selected pharmacy.
6. I acknowledge that CANARX, as my paid agent, requires payment in full prior to shipment and that my order may not be returned for a refund or an exchange.

## PRIVACY NOTICE AND ACKNOWLEDGEMENT

*I consent to the following terms regarding the collection and use of information about me, and I acknowledge that I can review the CANARX Privacy Policy in detail as provided below:*

1. CANARX may receive and collect any and all information about me and my health, including but not limited to my full name, address, telephone number, e-mail address, Social Security Number, personal medical information, and payment information, and may maintain such information on file as necessary to verify and process future orders and to obtain payment and reimbursement for them. CANARX and CANARX selected physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CANARX selected physicians and pharmacists, and my employer or benefits plan administrator, and their respective assistants and agents, for the purposes of obtaining medicine as prescribed for me and of obtaining proper payments for the medicine and related services.
2. I am aware that CANARX may transmit my personal information by electronic means (for example fax, or via the internet) to its agents, selected physicians and pharmacies. I understand that the use of electronic means will enhance the efficiency and timeliness of processing my order. I also understand that CANARX, as a custodian of my personal information, will take all appropriate precautions to protect my personal information from improper disclosure or use. I hereby consent to CANARX's transmission of my personal information by electronic means to its delegates, employees, selected physicians and pharmacies.
3. I acknowledge that CANARX will obtain health information about me, and is obligated in accordance with the CANARX Privacy Policy to protect such information. I can visit [www.CANARX.com/privacy-policy/](http://www.CANARX.com/privacy-policy/) at any time to view the most updated version of the CANARX Privacy Policy.

## FURTHER ACKNOWLEDGEMENT & RELEASE

*I hereby make the following further acknowledgement and release the plan holder, its employees, officers, agents, heirs and assigns:*

1. I acknowledge that the plan holder has made no representations or warranties to me, including without limitation, representations or warranties regarding the use for any particular purpose the medication(s) delivered, including without limitation, its appropriateness for curing or helping relieve any particular ailment, illness or disease or its potential or actual side or adverse effects whether previously known or unknown.
2. I acknowledge that child protective packaging may not be used in filling my prescription. I promise that upon my receipt of the medicine I will take all steps necessary to prevent any child from having unauthorized access to the medicine. I hereby release CANARX and all its officers, directors, agents, delegates, employees, and contractors, including the pharmacy that fills my prescription, from any and all claims arising from or relating to the use of, or failure to use, child protective packaging.
3. I release the plan holder its officers, employees, agents, heirs and assigns from (i) any and all causes of actions with respect to errors or omissions by the company or agency responsible for transporting my order; (ii) any and all causes of actions with respect to errors or omissions by CANARX in obtaining the prescription medications to fill my order; (iii) any and all causes of actions regarding the use for any purpose whatsoever of any medications delivered through this program.

# SEE YOU AT THE **OPEN ENROLLMENT FAIR!**

Learn how you can save  
on your prescription costs



**Wednesday,  
October 18<sup>th</sup> –  
Thursday,  
October 19<sup>th</sup>**



**Ulster County**  
ulstercountyny.gov



A representative from CANARX will be at the upcoming Open Enrollment Fair. Stop by and find out how CANARX makes it easy to get quality prescription medications delivered directly to your mailbox for zero copay.

Scan the QR code below to find more information about the program, see if your medication is available, and enroll online.

Additional questions? Call CANARX toll-free at **1-866-893-6337** or visit our website, **canarx.com**.

Your WebID Is: **ULSTER**

As an eligible plan member, you can receive brand-name prescription medications for **FREE** through the CANARX program! We offer some of the most highly prescribed medications today, including ...

- **Advair**
- **Januvia**
- **Eliquis**
- **Rybelsus**
- **Flovent**
- **Xarelto**



Contáctenos o visite el sitio web para materiales en español.



PRSRT STD  
US POSTAGE  
PAID  
DETROIT MI  
PERMIT # 851



**Ulster County**  
ulstercountyny.gov

# \$0 COPAY Prescription Option



CANARX administers the voluntary \$0 copay international mail-order prescription option. For program information (including searchable medication listing) and to enroll online or to download an enrollment form, visit [canarx.com](http://canarx.com) and use **WebID: ULSTER**.

## Program Features

- \$0 copay (*no cost to members*)
- voluntary mail-order program
- enroll anytime
- hundreds of brand-name maintenance medications offered (*no generics*)
- medications must be tried locally before ordering through this program (*no 'new to you' medications*)
- prescriptions are dispensed and shipped from licensed and regulated pharmacies located in Canada, the United Kingdom and Australia
- delivered direct to member's home at no charge
- 4 weeks delivery time
- convenient refill service

## Enrollment Process

### Step One | CHECK FOR MEDICATION

Check to see if your medication is offered. Full listing can be found on the website or call CANARX at **1-866-893-6337**.

### Step Two | ENROLL

Enroll online or complete an enrollment form (separate form required for each member ordering). Submit the printed enrollment form and copy of photo ID via secure upload at [canarxdocs.com](http://canarxdocs.com), or send by mail or fax.

### Step Three | SUBMIT PRESCRIPTION

Request a prescription for a 3-month supply, with 3 refills. Mail **original** prescription to CANARX or have your physician's office fax it **directly** to CANARX at **1-866-715-6337** (prescriptions are **ONLY** accepted by fax when sent from the physician's office).

**For assistance or more information  
call CANARX (toll free) at 1-866-893-6337**

### Mailing Address:

CANARX  
PO Box 3009  
Windsor, ON N8N 2M3  
Canada



**canarx.com**  
**WebID: ULSTER**

# Summary Savings Report# 17358



DATE: Jun-15-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

May 01, 2022 - May 31, 2022 Page 1

<b>Enrolled Members</b>	<b>72</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>34</b>	<b>8802</b>
<b>Average U.S. Plan Cost</b>	<b>\$71,764.45</b>	<b>\$6,460,044.85</b>
<b>Canarx Billing</b>	<b>\$15,017.60</b>	<b>\$2,196,965.80</b>
<b>Net Program Savings</b>	<hr/> <b>\$56,746.85</b> <hr/>	<hr/> <b>\$4,263,079.05</b> <hr/>
<b>Savings</b>	<b>79.07%</b>	<b>65.99%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$2,156.67</b>	<b>3.80%</b>
<b>Group Savings</b>	<b>\$54,590.18</b>	<b>96.20%</b>
<b>Savings</b>	<hr/> <b>\$56,746.85</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$668,148.40</b>	
Calculations are based on current results		



# Summary Savings Report# 17358



DATE: Jun-15-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

May 01, 2022 - May 31, 2022 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	360	2	\$347.80	\$1,713.60	\$1,365.80	2	\$100.00	\$1,265.80		00173-0695-00	43366
ADVAIR DISKUS	250MCG	180	1	\$243.90	\$1,063.80	\$819.90	2	\$50.00	\$769.90		00173-0696-00	43367
ADVAIR DISKUS	500MCG	180	1	\$284.90	\$1,398.60	\$1,113.70	2	\$50.00	\$1,063.70		00173-0697-00	43368
ANORO ELLIPTA	62.5/25MCG	90	1	\$289.90	\$622.80	\$332.90	2	\$50.00	\$282.90		00173-0869-06	71883
ATACAND	16MG	90	1	\$100.90	\$636.30	\$535.40	3	\$80.00	\$455.40		62559-0642-90	37017
BENICAR	40MG	90	1	\$82.90	\$906.30	\$823.40	3	\$80.00	\$743.40		65597-0104-30	50290
BREO ELLIPTA	100/25MCG	90	1	\$237.90	\$518.40	\$280.50	2	\$50.00	\$230.50		00173-0859-10	70972
COMBIVENT RESPIMAT	20MCG/100MCG	360	1	\$158.90	\$1,245.60	\$1,086.70	2	\$50.00	\$1,036.70		00597-0024-02	69371
CRESTOR (G)	5MG	90	1	\$60.90	\$747.00	\$686.10	3	\$80.00	\$606.10		00310-0755-90	52944
CRESTOR (G)	20MG	90	1	\$82.90	\$747.00	\$664.10	3	\$80.00	\$584.10		00310-0752-90	51785
CRESTOR (G)	40MG	90	1	\$94.90	\$747.00	\$652.10	3	\$80.00	\$572.10		00310-0754-30	51786
ELIQUIS	5MG	168	1	\$397.90	\$1,333.92	\$936.02	2	\$50.00	\$886.02		00003-0894-21	70414
GILENYA	0.5MG	28	1	\$3,999.90	\$8,877.68	\$4,877.78	3	\$26.67	\$4,851.11		00078-0607-15	66709
INVOKANA	300MG	90	1	\$366.90	\$1,539.00	\$1,172.10	3	\$80.00	\$1,092.10		50458-0141-90	70792
JARDIANCE	10MG	90	1	\$293.90	\$1,539.90	\$1,246.00	2	\$50.00	\$1,196.00		00597-0152-90	72488
JARDIANCE	25MG	180	2	\$587.80	\$3,079.80	\$2,492.00	2	\$100.00	\$2,392.00		00597-0153-90	72489
LUMIGAN	0.01%	15	1	\$162.90	\$1,231.35	\$1,068.45	2	\$50.00	\$1,018.45		00023-3205-03	65392
NEXIUM (G)	40MG	330	3	\$486.70	\$2,725.80	\$2,239.10	3	\$240.00	\$1,999.10		00186-5040-54	47526
PREMARIN CREAM	0.625MG/GM	30	1	\$63.90	\$374.40	\$310.50	2	\$50.00	\$260.50		00046-0872-21	7013
RETIN A MICRO GEL PUMP	0.04%	50	1	\$102.90	\$823.50	\$720.60	3	\$80.00	\$640.60		00187-5144-50	68881
RINVOQ	15MG	60	2	\$4,361.80	\$11,297.40	\$6,935.60	3	\$160.00	\$6,775.60		00074-2306-30	80125
VENTOLIN HFA	90MCG	1,200	2	\$99.80	\$312.00	\$212.20	2	\$100.00	\$112.20		00173-0682-20	28090
VIIBRYD	10MG	90	1	\$453.90	\$850.50	\$396.60	3	\$80.00	\$316.60		00456-1110-30	67376
WELLBUTRIN XL (G)	150MG	360	2	\$287.80	\$18,482.40	\$18,194.60	3	\$160.00	\$18,034.60		00187-0730-90	53006
WELLBUTRIN XL (G)	300MG	90	1	\$143.90	\$6,098.40	\$5,954.50	3	\$80.00	\$5,874.50		00187-0731-30	53007
XARELTO	10MG	100	1	\$445.90	\$1,550.00	\$1,104.10	2	\$50.00	\$1,054.10		50458-0580-10	64493
XARELTO	20MG	84	1	\$340.90	\$1,302.00	\$961.10	2	\$50.00	\$911.10		50458-0579-10	68119

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.



DATE: Jun-15-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

May 01, 2022 - May 31, 2022 Page 3

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
Shipping				\$435.00		(\$435.00)			(\$435.00)			
<b>TOTALS</b>			34	\$15,017.60	\$71,764.45	\$56,746.85		\$2,156.67	\$54,590.18			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 17760



DATE: Jul-15-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

June 01, 2022 - June 30, 2022 Page 1

<b>Enrolled Members</b>	<b>71</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>29</b>	<b>8831</b>
<b>Average U.S. Plan Cost</b>	<b>\$50,978.10</b>	<b>\$6,511,022.95</b>
<b>Canarx Billing</b>	<b>\$14,650.10</b>	<b>\$2,211,615.90</b>
<b>Net Program Savings</b>	<hr/> <b>\$36,328.00</b> <hr/>	<hr/> <b>\$4,299,407.05</b> <hr/>
<b>Savings</b>	<b>71.26%</b>	<b>66.03%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,786.67</b>	<b>4.92%</b>
<b>Group Savings</b>	<b>\$34,541.33</b>	<b>95.08%</b>
<b>Savings</b>	<hr/> <b>\$36,328.00</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$441,990.67</b>	
Calculations are based on current results		

# Summary Savings Report# 17760



DATE: Jul-15-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

June 01, 2022 - June 30, 2022 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	180	1	\$173.90	\$856.80	\$682.90	2	\$50.00	\$632.90		00173-0695-00	43366
ADVAIR DISKUS	250MCG	180	1	\$243.90	\$1,063.80	\$819.90	2	\$50.00	\$769.90		00173-0696-00	43367
ADVAIR DISKUS	500MCG	180	1	\$281.90	\$1,398.60	\$1,116.70	2	\$50.00	\$1,066.70		00173-0697-00	43368
ANORO ELLIPTA	62.5/25MCG	0	0	\$0.00	\$0.00	\$0.00	2	\$0.00	\$0.00		00173-0869-06	71883
BENICAR	20MG	90	1	\$61.90	\$652.50	\$590.60	3	\$80.00	\$510.60		65597-0103-30	50289
CRESTOR (G)	20MG	90	1	\$82.90	\$747.00	\$664.10	3	\$80.00	\$584.10		00310-0752-90	51785
DEXILANT DR	30MG	90	1	\$363.90	\$832.50	\$468.60	2	\$50.00	\$418.60		64764-0171-30	64793
DEXILANT DR	60MG	90	1	\$363.90	\$832.50	\$468.60	2	\$50.00	\$418.60		64764-0175-90	64794
ELIQUIS	5MG	180	1	\$434.90	\$1,429.20	\$994.30	2	\$50.00	\$944.30		00003-0894-21	70414
EPIPEN	0.3MG	2	1	\$305.90	\$547.74	\$241.84	3	\$80.00	\$161.84		49502-0500-02	
GILENYA	0.5MG	28	1	\$3,999.90	\$8,877.68	\$4,877.78	3	\$26.67	\$4,851.11		00078-0607-15	66709
JANUMET	50/1000MG	168	1	\$228.90	\$1,313.76	\$1,084.86	2	\$50.00	\$1,034.86		00006-0577-61	62532
JANUMET XR	50MG/1000MG	168	1	\$235.90	\$1,313.76	\$1,077.86	2	\$50.00	\$1,027.86		00006-0080-61	68539
JANUVIA	100MG	84	1	\$266.90	\$1,313.76	\$1,046.86	2	\$50.00	\$996.86		00006-0277-54	61614
JARDIANCE	25MG	180	2	\$587.80	\$3,079.80	\$2,492.00	2	\$100.00	\$2,392.00		00597-0153-90	72489
LATUDA	80MG	90	1	\$419.90	\$3,830.40	\$3,410.50	3	\$80.00	\$3,330.50		63402-0308-30	66933
LIALDA	1.2GM	660	2	\$1,186.80	\$5,557.20	\$4,370.40	3	\$160.00	\$4,210.40		54092-0476-12	62058
LINZESS	145MCG	90	1	\$490.90	\$1,324.80	\$833.90	2	\$50.00	\$783.90		00456-1201-30	69922
MIRVASO	0.33%	90	1	\$271.90	\$1,561.50	\$1,289.60	3	\$80.00	\$1,209.60		00299-5980-35	71362
NEXIUM (G)	40MG	180	2	\$279.80	\$1,486.80	\$1,207.00	3	\$160.00	\$1,047.00		00186-5040-54	47526
PENTASA	500MG	700	1	\$596.90	\$3,829.00	\$3,232.10	3	\$80.00	\$3,152.10		54092-0191-12	58091
PREMARIN CREAM	0.625MG/GM	30	1	\$63.90	\$374.40	\$310.50	2	\$50.00	\$260.50		00046-0872-21	7013
QVAR REDHALER	80MCG	200	1	\$56.90	\$240.00	\$183.10	2	\$50.00	\$133.10		59310-0304-80	77644
RESTASIS VIALS	0.05%	180	1	\$935.90	\$1,742.40	\$806.50	2	\$50.00	\$756.50		00023-9163-30	51820
RINVOQ	15MG	30	1	\$2,180.90	\$5,648.70	\$3,467.80	3	\$80.00	\$3,387.80		00074-2306-30	80125
VENTOLIN HFA	90MCG	600	1	\$71.90	\$156.00	\$84.10	2	\$50.00	\$34.10		00173-0682-20	28090

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 17760



DATE: Jul-15-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

June 01, 2022 - June 30, 2022 Page 3

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
VYTORIN	10/20MG	90	1	\$86.90	\$967.50	\$880.60	3	\$80.00	\$800.60		66582-0312-31	57863
Shipping				\$375.00		(\$375.00)			(\$375.00)			
<b>TOTALS</b>			29	\$14,650.10	\$50,978.10	\$36,328.00		\$1,786.67	\$34,541.33			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 17965



DATE: Aug-15-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

July 01, 2022 - July 31, 2022 Page 1

<b>Enrolled Members</b>	<b>70</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>29</b>	<b>8860</b>
<b>Average U.S. Plan Cost</b>	<b>\$50,061.25</b>	<b>\$6,561,084.20</b>
<b>Canarx Billing</b>	<b>\$15,285.10</b>	<b>\$2,226,901.00</b>
<b>Net Program Savings</b>	<hr/> <b>\$34,776.15</b> <hr/>	<hr/> <b>\$4,334,183.20</b> <hr/>
<b>Savings</b>	<b>69.47%</b>	<b>66.06%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,816.67</b>	<b>5.22%</b>
<b>Group Savings</b>	<b>\$32,959.48</b>	<b>94.78%</b>
<b>Savings</b>	<hr/> <b>\$34,776.15</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$409,461.12</b>	
Calculations are based on current results		

# Summary Savings Report# 17965



DATE: Aug-15-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

July 01, 2022 - July 31, 2022 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	120	1	\$120.90	\$571.20	\$450.30	2	\$50.00	\$400.30		00173-0695-00	43366
ADVAIR DISKUS	250MCG	360	2	\$487.80	\$2,127.60	\$1,639.80	2	\$100.00	\$1,539.80		00173-0696-00	43367
ATACAND	32MG	90	1	\$109.90	\$804.60	\$694.70	3	\$80.00	\$614.70		62559-0643-30	40659
CELEBREX	200MG	90	1	\$60.90	\$1,183.50	\$1,122.60	3	\$80.00	\$1,042.60		00025-1525-31	41286
CRESTOR (G)	10MG	90	1	\$75.90	\$747.00	\$671.10	3	\$80.00	\$591.10		00310-0751-90	51784
CRESTOR (G)	20MG	90	1	\$82.90	\$747.00	\$664.10	3	\$80.00	\$584.10		00310-0752-90	51785
EXFORGE HCT	160/25/10MG	84	1	\$103.90	\$760.20	\$656.30	3	\$80.00	\$576.30		00078-0562-15	65151
FARXIGA	10MG	168	2	\$509.80	\$2,766.96	\$2,257.16	2	\$100.00	\$2,157.16		00310-6210-30	70755
GILENYA	0.5MG	28	1	\$3,999.90	\$8,877.68	\$4,877.78	3	\$26.67	\$4,851.11		00078-0607-15	66709
INVOKANA	300MG	180	2	\$733.80	\$3,078.00	\$2,344.20	3	\$160.00	\$2,184.20		50458-0141-90	70792
JANUMET XR	50MG/1000MG	168	1	\$235.90	\$1,313.76	\$1,077.86	2	\$50.00	\$1,027.86		00006-0080-61	68539
JANUVIA	100MG	84	1	\$266.90	\$1,313.76	\$1,046.86	2	\$50.00	\$996.86		00006-0277-54	61614
LUMIGAN	0.01%	15	1	\$157.90	\$1,231.35	\$1,073.45	2	\$50.00	\$1,023.45		00023-3205-03	65392
PRADAXA	150MG	180	1	\$331.90	\$1,339.20	\$1,007.30	2	\$50.00	\$957.30		00597-0360-55	66781
PREVACID SOLUTAB	30MG	84	1	\$71.90	\$1,045.80	\$973.90	3	\$80.00	\$893.90		64764-0544-11	51654
RETIN A MICRO GEL PUMP	0.04%	50	1	\$103.90	\$823.50	\$719.60	3	\$80.00	\$639.60		00187-5144-50	68881
RINVOQ	15MG	60	2	\$4,361.80	\$11,297.40	\$6,935.60	3	\$160.00	\$6,775.60		00074-2306-30	80125
RYBELSUS	7MG	90	1	\$1,045.90	\$2,408.40	\$1,362.50	2	\$50.00	\$1,312.50		00169-4307-13	80229
SPIRIVA	18MCG	90	1	\$184.90	\$1,341.90	\$1,157.00	2	\$50.00	\$1,107.00		00597-0075-41	50714
VENTOLIN HFA	90MCG	600	1	\$49.90	\$156.00	\$106.10	2	\$50.00	\$56.10		00173-0682-20	28090
VESICARE (G)	10MG	90	1	\$265.90	\$1,041.30	\$775.40	3	\$80.00	\$695.40		51248-0151-03	57983
VIIBRYD	10MG	90	1	\$453.90	\$850.50	\$396.60	3	\$80.00	\$316.60		00456-1110-30	67376
XARELTO	10MG	100	1	\$445.90	\$1,550.00	\$1,104.10	2	\$50.00	\$1,054.10		50458-0580-10	64493
XARELTO	20MG	84	1	\$361.90	\$1,302.00	\$940.10	2	\$50.00	\$890.10		50458-0579-10	68119
XIGDUO XR	5/1000MG	168	1	\$270.90	\$1,382.64	\$1,111.74	2	\$50.00	\$1,061.74		00310-6260-60	73031

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.



DATE: Aug-15-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

July 01, 2022 - July 31, 2022 Page 3

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
Shipping				\$390.00		(\$390.00)			(\$390.00)			
<b>TOTALS</b>			29	\$15,285.10	\$50,061.25	\$34,776.15		\$1,816.67	\$32,959.48			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.



# Summary Savings Report# 18090



DATE: Sep-15-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

August 01, 2022 - August 31, 2022 Page 1

<b>Enrolled Members</b>	<b>71</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>15</b>	<b>8875</b>
<b>Average U.S. Plan Cost</b>	<b>\$25,199.06</b>	<b>\$6,586,283.26</b>
<b>Canarx Billing</b>	<b>\$8,149.50</b>	<b>\$2,235,050.50</b>
<b>Net Program Savings</b>	<hr/> <b>\$17,049.56</b> <hr/>	<hr/> <b>\$4,351,232.76</b> <hr/>
<b>Savings</b>	<b>67.66%</b>	<b>66.07%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$966.67</b>	<b>5.67%</b>
<b>Group Savings</b>	<b>\$16,082.89</b>	<b>94.33%</b>
<b>Savings</b>	<hr/> <b>\$17,049.56</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$200,744.82</b>	
Calculations are based on current results		

# Summary Savings Report# 18090



DATE: Sep-15-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

August 01, 2022 - August 31, 2022 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	360	2	\$347.80	\$1,713.60	\$1,365.80	2	\$100.00	\$1,265.80		00173-0695-00	43366
ATACAND	32MG	90	1	\$109.90	\$804.60	\$694.70	3	\$80.00	\$614.70		62559-0643-30	40659
BENICAR	40MG	90	1	\$82.90	\$906.30	\$823.40	3	\$80.00	\$743.40		65597-0104-30	50290
BYSTOLIC	10MG	180	1	\$403.90	\$894.60	\$490.70	3	\$80.00	\$410.70		00456-1410-30	63511
FARXIGA	5MG	84	1	\$287.90	\$1,383.48	\$1,095.58	2	\$50.00	\$1,045.58		00310-6205-30	71740
FOSRENOL CHEW	1000MG	270	1	\$1,502.90	\$2,918.70	\$1,415.80	3	\$80.00	\$1,335.80		54092-0254-90	60096
GILENYA	0.5MG	28	1	\$3,999.90	\$8,877.68	\$4,877.78	3	\$26.67	\$4,851.11		00078-0607-15	66709
JARDIANCE	25MG	90	1	\$293.90	\$1,539.90	\$1,246.00	2	\$50.00	\$1,196.00		00597-0153-90	72489
PREMARIN CREAM	0.625MG/GM	30	1	\$63.90	\$374.40	\$310.50	2	\$50.00	\$260.50		00046-0872-21	7013
PREVACID SOLUTAB	30MG	84	1	\$71.90	\$1,045.80	\$973.90	3	\$80.00	\$893.90		64764-0544-11	51654
RETIN A MICRO GEL PUMP	0.04%	50	1	\$95.90	\$823.50	\$727.60	3	\$80.00	\$647.60		00187-5144-50	68881
RETIN-A MICRO GEL PUMP	0.1%	100	1	\$214.90	\$1,647.00	\$1,432.10	3	\$80.00	\$1,352.10		00187-5140-50	68882
VYTORIN	10/20MG	90	1	\$86.90	\$967.50	\$880.60	3	\$80.00	\$800.60		66582-0312-31	57863
XARELTO	20MG	84	1	\$361.90	\$1,302.00	\$940.10	2	\$50.00	\$890.10		50458-0579-10	68119
Shipping				\$225.00		(\$225.00)			(\$225.00)			
<b>TOTALS</b>			<b>15</b>	<b>\$8,149.50</b>	<b>\$25,199.06</b>	<b>\$17,049.56</b>		<b>\$966.67</b>	<b>\$16,082.89</b>			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 18285



DATE: Oct-14-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

September 01, 2022 - September 30, 2022 Page 1

<b>Enrolled Members</b>	<b>70</b>	
Participation is based on the previous 12 months		
	<b><u>Current</u></b>	<b><u>Since Inception</u></b>
		January 01, 2008
<b>Issued Prescriptions</b>	<b>27</b>	<b>8902</b>
<b>Average U.S. Plan Cost</b>	<b>\$46,709.50</b>	<b>\$6,632,992.76</b>
<b>Canarx Billing</b>	<b>\$13,490.30</b>	<b>\$2,248,540.80</b>
<b>Net Program Savings</b>	<b>\$33,219.20</b>	<b>\$4,384,451.96</b>
<b>Savings</b>	<b>71.12%</b>	<b>66.10%</b>
	<b><u>Current Savings</u></b>	
<b>Employee Savings</b>	<b>\$1,656.67</b>	<b>4.99%</b>
<b>Group Savings</b>	<b>\$31,562.53</b>	<b>95.01%</b>
<b>Savings</b>	<b>\$33,219.20</b>	<b>100.00%</b>
<b>Projected Annual Savings</b>	<b>\$404,166.93</b>	
Calculations are based on current results		

# Summary Savings Report# 18285



DATE: Oct-14-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

September 01, 2022 - September 30, 2022 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	0	0	\$38.00	\$0.00	(\$38.00)	2	\$0.00	(\$38.00)		00173-0695-00	43366
ADVAIR DISKUS	250MCG	180	1	\$231.90	\$1,063.80	\$831.90	2	\$50.00	\$781.90		00173-0696-00	43367
ADVAIR DISKUS	500MCG	360	2	\$555.80	\$2,797.20	\$2,241.40	2	\$100.00	\$2,141.40		00173-0697-00	43368
BENICAR	20MG	90	1	\$60.90	\$652.50	\$591.60	3	\$80.00	\$511.60		65597-0103-30	50289
CELEBREX	200MG	90	1	\$59.90	\$1,183.50	\$1,123.60	3	\$80.00	\$1,043.60		00025-1525-31	41286
CRESTOR (G)	5MG	90	1	\$60.90	\$747.00	\$686.10	3	\$80.00	\$606.10		00310-0755-90	52944
CRESTOR (G)	20MG	90	1	\$73.90	\$747.00	\$673.10	3	\$80.00	\$593.10		00310-0752-90	51785
ELIQUIS	5MG	348	2	\$809.80	\$2,763.12	\$1,953.32	2	\$100.00	\$1,853.32		00003-0894-21	70414
FOSRENOL CHEW	1000MG	0	0	\$285.00	\$0.00	(\$285.00)	3	\$0.00	(\$285.00)		54092-0254-90	60096
GILENYA	0.5MG	28	1	\$3,873.90	\$8,877.68	\$5,003.78	3	\$26.67	\$4,977.11		00078-0607-15	66709
JANUMET	50/1000MG	168	1	\$228.90	\$1,313.76	\$1,084.86	2	\$50.00	\$1,034.86		00006-0577-61	62532
JARDIANCE	25MG	180	2	\$578.80	\$3,079.80	\$2,501.00	2	\$100.00	\$2,401.00		00597-0153-90	72489
LATUDA	80MG	90	1	\$419.90	\$3,830.40	\$3,410.50	3	\$80.00	\$3,330.50		63402-0308-30	66933
LIALDA	1.2GM	360	1	\$628.90	\$3,031.20	\$2,402.30	3	\$80.00	\$2,322.30		54092-0476-12	62058
LINZESS	145MCG	90	1	\$485.90	\$1,324.80	\$838.90	2	\$50.00	\$788.90		00456-1201-30	69922
NEXIUM (G)	40MG	270	3	\$413.70	\$2,230.20	\$1,816.50	3	\$240.00	\$1,576.50		00186-5040-54	47526
PREVACID SOLUTAB	30MG	84	1	\$69.90	\$1,045.80	\$975.90	3	\$80.00	\$895.90		64764-0544-11	51654
QVAR REDHALER	80MCG	200	1	\$55.90	\$240.00	\$184.10	2	\$50.00	\$134.10		59310-0304-80	77644
RESTASIS VIALS	0.05%	180	1	\$925.90	\$1,742.40	\$816.50	2	\$50.00	\$766.50		00023-9163-30	51820
RINVOQ	15MG	30	1	\$2,156.90	\$5,648.70	\$3,491.80	3	\$80.00	\$3,411.80		00074-2306-30	80125
VENTOLIN HFA	90MCG	600	1	\$70.90	\$156.00	\$85.10	2	\$50.00	\$35.10		00173-0682-20	28090
XARELTO	10MG	100	1	\$445.90	\$1,550.00	\$1,104.10	2	\$50.00	\$1,054.10		50458-0580-10	64493
XARELTO	20MG	84	1	\$350.90	\$1,302.00	\$951.10	2	\$50.00	\$901.10		50458-0579-10	68119
XIGDUO XR	5/1000MG	168	1	\$262.90	\$1,382.64	\$1,119.74	2	\$50.00	\$1,069.74		00310-6260-60	73031
Shipping				\$345.00		(\$345.00)			(\$345.00)			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.



DATE: Oct-14-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

September 01, 2022 - September 30, 2022 Page 3

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
<b>TOTALS</b>			27	\$13,490.30	\$46,709.50	\$33,219.20		\$1,656.67	\$31,562.53			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 18665



DATE: Nov-15-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

October 01, 2022 - October 31, 2022 Page 1

<b>Enrolled Members</b>	<b>70</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>22</b>	<b>8924</b>
<b>Average U.S. Plan Cost</b>	<b>\$57,128.56</b>	<b>\$6,690,121.32</b>
<b>Canarx Billing</b>	<b>\$14,072.80</b>	<b>\$2,262,613.60</b>
<b>Net Program Savings</b>	<hr/> <b>\$43,055.76</b> <hr/>	<hr/> <b>\$4,427,507.72</b> <hr/>
<b>Savings</b>	<b>75.37%</b>	<b>66.18%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,406.67</b>	<b>3.27%</b>
<b>Group Savings</b>	<b>\$41,649.09</b>	<b>96.73%</b>
<b>Savings</b>	<hr/> <b>\$43,055.76</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$506,946.85</b>	
Calculations are based on current results		

# Summary Savings Report# 18665



DATE: Nov-15-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

October 01, 2022 - October 31, 2022 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	250MCG	180	1	\$228.90	\$1,063.80	\$834.90	2	\$50.00	\$784.90		00173-0696-00	43367
ANORO ELLIPTA	62.5/25MCG	90	1	\$276.90	\$622.80	\$345.90	2	\$50.00	\$295.90		00173-0869-06	71883
CRESTOR (G)	10MG	90	1	\$68.90	\$747.00	\$678.10	3	\$80.00	\$598.10		00310-0751-90	51784
CRESTOR (G)	20MG	90	1	\$72.90	\$747.00	\$674.10	3	\$80.00	\$594.10		00310-0752-90	51785
DEXILANT DR	60MG	90	1	\$359.90	\$832.50	\$472.60	2	\$50.00	\$422.60		64764-0175-90	64794
EXFORGE HCT	160/25/10MG	84	1	\$100.90	\$760.20	\$659.30	3	\$80.00	\$579.30		00078-0562-15	65151
FARXIGA	5MG	84	1	\$274.90	\$1,383.48	\$1,108.58	2	\$50.00	\$1,058.58		00310-6205-30	71740
FARXIGA	10MG	84	1	\$244.90	\$1,383.48	\$1,138.58	2	\$50.00	\$1,088.58		00310-6210-30	70755
GILENYA	0.5MG	28	1	\$3,830.90	\$8,877.68	\$5,046.78	3	\$26.67	\$5,020.11		00078-0607-15	66709
INVOKANA	300MG	180	2	\$701.80	\$3,078.00	\$2,376.20	3	\$160.00	\$2,216.20		50458-0141-90	70792
JANUMET XR	50MG/1000MG	168	1	\$212.90	\$1,313.76	\$1,100.86	2	\$50.00	\$1,050.86		00006-0080-61	68539
JANUVIA	100MG	84	1	\$232.90	\$1,313.76	\$1,080.86	2	\$50.00	\$1,030.86		00006-0277-54	61614
LIALDA	1.2GM	300	1	\$461.90	\$2,526.00	\$2,064.10	3	\$80.00	\$1,984.10		54092-0476-12	62058
PRADAXA	150MG	180	1	\$318.90	\$1,339.20	\$1,020.30	2	\$50.00	\$970.30		00597-0360-55	66781
RESTASIS VIALS	0.05%	180	1	\$925.90	\$1,742.40	\$816.50	2	\$50.00	\$766.50		00023-9163-30	51820
RETIN-A MICRO GEL PUMP	0.1%	100	1	\$217.90	\$1,647.00	\$1,429.10	3	\$80.00	\$1,349.10		00187-5140-50	68882
RINVOQ	15MG	60	2	\$4,313.80	\$11,297.40	\$6,983.60	3	\$160.00	\$6,823.60		00074-2306-30	80125
VESICARE (G)	10MG	90	1	\$262.90	\$1,041.30	\$778.40	3	\$80.00	\$698.40		51248-0151-03	57983
WELLBUTRIN XL (G)	150MG	270	1	\$193.90	\$13,861.80	\$13,667.90	3	\$80.00	\$13,587.90		00187-0730-90	53006
XARELTO	10MG	100	1	\$440.90	\$1,550.00	\$1,109.10	2	\$50.00	\$1,059.10		50458-0580-10	64493
Shipping				\$330.00		(\$330.00)			(\$330.00)			
<b>TOTALS</b>			<b>22</b>	<b>\$14,072.80</b>	<b>\$57,128.56</b>	<b>\$43,055.76</b>		<b>\$1,406.67</b>	<b>\$41,649.09</b>			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 18745



DATE: Dec-14-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

November 01, 2022 - November 30, 2022 Page 1

<b>Enrolled Members</b>	<b>69</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>28</b>	<b>8952</b>
<b>Average U.S. Plan Cost</b>	<b>\$39,365.06</b>	<b>\$6,729,486.38</b>
<b>Canarx Billing</b>	<b>\$11,820.20</b>	<b>\$2,274,433.80</b>
<b>Net Program Savings</b>	<hr/> <b>\$27,544.86</b> <hr/>	<hr/> <b>\$4,455,052.58</b> <hr/>
<b>Savings</b>	<b>69.97%</b>	<b>66.20%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,766.67</b>	<b>6.41%</b>
<b>Group Savings</b>	<b>\$25,778.19</b>	<b>93.59%</b>
<b>Savings</b>	<hr/> <b>\$27,544.86</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$335,129.13</b>	
Calculations are based on current results		



# Summary Savings Report# 18745



DATE: Dec-14-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

November 01, 2022 - November 30, 2022 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	540	3	\$517.70	\$2,570.40	\$2,052.70	2	\$150.00	\$1,902.70		00173-0695-00	43366
ADVAIR DISKUS	250MCG	0	0	\$66.00	\$0.00	(\$66.00)	2	\$0.00	(\$66.00)		00173-0696-00	43367
ADVAIR DISKUS	500MCG	180	1	\$270.90	\$1,398.60	\$1,127.70	2	\$50.00	\$1,077.70		00173-0697-00	43368
ATACAND	32MG	90	1	\$105.90	\$804.60	\$698.70	3	\$80.00	\$618.70		62559-0643-30	40659
BENICAR	40MG	90	1	\$80.90	\$906.30	\$825.40	3	\$80.00	\$745.40		65597-0104-30	50290
BYSTOLIC	10MG	180	1	\$398.90	\$894.60	\$495.70	3	\$80.00	\$415.70		00456-1410-30	63511
DEXILANT DR	30MG	90	1	\$359.90	\$832.50	\$472.60	2	\$50.00	\$422.60		64764-0171-30	64793
FOSRENOL CHEW	1000MG	270	1	\$1,822.90	\$2,918.70	\$1,095.80	3	\$80.00	\$1,015.80		54092-0254-90	60096
GILENYA	0.5MG	28	1	\$3,830.90	\$8,877.68	\$5,046.78	3	\$26.67	\$5,020.11		00078-0607-15	66709
INVOKANA	300MG	90	1	\$350.90	\$1,539.00	\$1,188.10	3	\$80.00	\$1,108.10		50458-0141-90	70792
JANUMET	50/1000MG	168	1	\$219.90	\$1,313.76	\$1,093.86	2	\$50.00	\$1,043.86		00006-0577-61	62532
JANUMET XR	50MG/1000MG	168	1	\$212.90	\$1,313.76	\$1,100.86	2	\$50.00	\$1,050.86		00006-0080-61	68539
JANUVIA	100MG	84	1	\$267.90	\$1,313.76	\$1,045.86	2	\$50.00	\$995.86		00006-0277-54	61614
JARDIANCE	25MG	180	2	\$565.80	\$3,079.80	\$2,514.00	2	\$100.00	\$2,414.00		00597-0153-90	72489
NEXIUM (G)	40MG	90	1	\$135.90	\$743.40	\$607.50	3	\$80.00	\$527.50		00186-5040-54	47526
PREMARIN CREAM	0.625MG/GM	30	1	\$62.90	\$374.40	\$311.50	2	\$50.00	\$261.50		00046-0872-21	7013
PREVACID SOLUTAB	30MG	84	1	\$69.90	\$1,045.80	\$975.90	3	\$80.00	\$895.90		64764-0544-11	51654
RANEXA	500MG	180	1	\$318.90	\$1,110.60	\$791.70	3	\$80.00	\$711.70		61958-1003-01	60333
RETIN A MICRO GEL PUMP	0.04%	150	3	\$311.70	\$2,470.50	\$2,158.80	3	\$240.00	\$1,918.80		00187-5144-50	68881
SPIRIVA	18MCG	90	1	\$168.90	\$1,341.90	\$1,173.00	2	\$50.00	\$1,123.00		00597-0075-41	50714
VIIBRYD	10MG	90	1	\$448.90	\$850.50	\$401.60	3	\$80.00	\$321.60		00456-1110-30	67376
VYTORIN	10/20MG	90	1	\$83.90	\$967.50	\$883.60	3	\$80.00	\$803.60		66582-0312-31	57863
XARELTO	10MG	90	1	\$394.90	\$1,395.00	\$1,000.10	2	\$50.00	\$950.10		50458-0580-10	64493
XARELTO	20MG	84	1	\$347.90	\$1,302.00	\$954.10	2	\$50.00	\$904.10		50458-0579-10	68119
Shipping				\$405.00		(\$405.00)			(\$405.00)			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.



DATE: Dec-14-22  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

November 01, 2022 - November 30, 2022 Page 3

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
<b>TOTALS</b>			28	\$11,820.20	\$39,365.06	\$27,544.86		\$1,766.67	\$25,778.19			

*The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.*

# Summary Savings Report# 19205



DATE: Jan-17-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

December 01, 2022 - December 31, 2022 Page 1

<b>Enrolled Members</b>	<b>67</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>24</b>	<b>8976</b>
<b>Average U.S. Plan Cost</b>	<b>\$46,793.08</b>	<b>\$6,776,279.46</b>
<b>Canarx Billing</b>	<b>\$12,823.60</b>	<b>\$2,287,257.40</b>
<b>Net Program Savings</b>	<hr/> <b>\$33,969.48</b> <hr/>	<hr/> <b>\$4,489,022.06</b> <hr/>
<b>Savings</b>	<b>72.60%</b>	<b>66.25%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,466.67</b>	<b>4.32%</b>
<b>Group Savings</b>	<b>\$32,502.81</b>	<b>95.68%</b>
<b>Savings</b>	<hr/> <b>\$33,969.48</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$399,963.23</b>	
Calculations are based on current results		

# Summary Savings Report# 19205



DATE: Jan-17-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

December 01, 2022 - December 31, 2022 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	180	1	\$203.90	\$856.80	\$652.90	2	\$50.00	\$602.90		00173-0695-00	43366
BENICAR	20MG	90	1	\$59.90	\$716.40	\$656.50	3	\$80.00	\$576.50		65597-0103-30	50289
CRESTOR (G)	5MG	90	1	\$56.90	\$747.00	\$690.10	3	\$80.00	\$610.10		00310-0755-90	52944
CRESTOR (G)	20MG	90	1	\$72.90	\$747.00	\$674.10	3	\$80.00	\$594.10		00310-0752-90	51785
DYMISTA	137/50MCG	360	1	\$121.90	\$565.20	\$443.30	3	\$80.00	\$363.30		00037-0245-23	69144
ELIQUIS	5MG	180	1	\$411.90	\$1,429.20	\$1,017.30	2	\$50.00	\$967.30		00003-0894-21	70414
FARXIGA	5MG	84	1	\$274.90	\$1,383.48	\$1,108.58	2	\$50.00	\$1,058.58		00310-6205-30	71740
FARXIGA	10MG	168	2	\$489.80	\$2,766.96	\$2,277.16	2	\$100.00	\$2,177.16		00310-6210-30	70755
GILENYA	0.5MG	28	1	\$3,830.90	\$8,979.04	\$5,148.14	2	\$16.67	\$5,131.47		00078-0607-15	66709
JANUVIA	100MG	84	1	\$232.90	\$1,313.76	\$1,080.86	2	\$50.00	\$1,030.86		00006-0277-54	61614
LATUDA	80MG	90	1	\$383.90	\$3,830.40	\$3,446.50	3	\$80.00	\$3,366.50		63402-0308-30	66933
NEXIUM (G)	40MG	90	1	\$135.90	\$743.40	\$607.50	3	\$80.00	\$527.50		00186-5040-54	47526
PRADAXA	150MG	180	1	\$318.90	\$1,339.20	\$1,020.30	3	\$80.00	\$940.30		00597-0360-55	66781
PREMARIN CREAM	0.625MG/GM	30	1	\$62.90	\$374.40	\$311.50	2	\$50.00	\$261.50		00046-0872-21	7013
PREVACID SOLUTAB	30MG	84	1	\$69.90	\$1,045.80	\$975.90	3	\$80.00	\$895.90		64764-0544-11	51654
QVAR REDHALER	80MCG	200	1	\$53.90	\$240.00	\$186.10	2	\$50.00	\$136.10		59310-0304-80	77644
RINVOQ	15MG	60	2	\$4,313.80	\$11,202.00	\$6,888.20	3	\$160.00	\$6,728.20		00074-2306-30	80125
RYBELSUS	7MG	90	1	\$654.90	\$2,408.40	\$1,753.50	2	\$50.00	\$1,703.50		00169-4307-13	80229
VENTOLIN HFA	90MCG	1,200	2	\$119.80	\$3,420.00	\$3,300.20	2	\$100.00	\$3,200.20		00173-0682-20	28090
XARELTO	20MG	84	1	\$347.90	\$1,302.00	\$954.10	2	\$50.00	\$904.10		50458-0579-10	68119
XIGDUO XR	5/1000MG	168	1	\$260.90	\$1,382.64	\$1,121.74	2	\$50.00	\$1,071.74		00310-6260-60	73031
Shipping				\$345.00		(\$345.00)			(\$345.00)			
<b>TOTALS</b>			<b>24</b>	<b>\$12,823.60</b>	<b>\$46,793.08</b>	<b>\$33,969.48</b>		<b>\$1,466.67</b>	<b>\$32,502.81</b>			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 19374



DATE: Feb-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

January 01, 2023 - January 31, 2023 Page 1

<b>Enrolled Members</b>	<b>67</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>26</b>	<b>9002</b>
<b>Average U.S. Plan Cost</b>	<b>\$61,257.39</b>	<b>\$6,837,536.85</b>
<b>Canarx Billing</b>	<b>\$14,024.40</b>	<b>\$2,301,281.80</b>
<b>Net Program Savings</b>	<hr/> <b>\$47,232.99</b> <hr/>	<hr/> <b>\$4,536,255.05</b> <hr/>
<b>Savings</b>	<b>77.11%</b>	<b>66.34%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,596.67</b>	<b>3.38%</b>
<b>Group Savings</b>	<b>\$45,636.32</b>	<b>96.62%</b>
<b>Savings</b>	<hr/> <b>\$47,232.99</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$556,130.37</b>	
Calculations are based on current results		

# Summary Savings Report# 19374



DATE: Feb-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

January 01, 2023 - January 31, 2023 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	250MCG	180	1	\$228.90	\$1,063.80	\$834.90	2	\$50.00	\$784.90		00173-0696-00	43367
ADVAIR DISKUS	500MCG	180	1	\$270.90	\$1,398.60	\$1,127.70	2	\$50.00	\$1,077.70		00173-0697-00	43368
ANORO ELLIPTA	62.5/25MCG	90	1	\$276.90	\$622.80	\$345.90	2	\$50.00	\$295.90		00173-0869-06	71883
BENICAR	40MG	180	1	\$136.90	\$1,992.60	\$1,855.70	3	\$80.00	\$1,775.70		65597-0104-30	50290
CRESTOR (G)	10MG	90	1	\$68.90	\$747.00	\$678.10	3	\$80.00	\$598.10		00310-0751-90	51784
CRESTOR (G)	40MG	90	1	\$87.90	\$747.00	\$659.10	3	\$80.00	\$579.10		00310-0754-30	51786
DEXILANT DR	60MG	180	2	\$719.80	\$1,665.00	\$945.20	2	\$100.00	\$845.20		64764-0175-90	64794
DYMISTA	137/50MCG	-360	-1	(\$121.90)	(\$565.20)	(\$443.30)	3	(\$80.00)	(\$363.30)		00037-0245-23	69144
EXFORGE HCT	160/25/10MG	84	1	\$100.90	\$798.00	\$697.10	3	\$80.00	\$617.10		00078-0562-15	65151
GILENYA	0.5MG	28	1	\$3,830.90	\$8,979.04	\$5,148.14	2	\$16.67	\$5,131.47		00078-0607-15	66709
INVOKANA	300MG	90	1	\$350.90	\$1,539.00	\$1,188.10	3	\$80.00	\$1,108.10		50458-0141-90	70792
JARDIANCE	25MG	360	4	\$1,131.60	\$6,159.60	\$5,028.00	2	\$200.00	\$4,828.00		00597-0153-90	72489
LIALDA	1.2GM	660	2	\$1,069.80	\$5,557.20	\$4,487.40	3	\$160.00	\$4,327.40		54092-0476-12	62058
LINZESS	145MCG	90	1	\$485.90	\$1,324.80	\$838.90	2	\$50.00	\$788.90		00456-1201-30	69922
LUMIGAN	0.01%	15	1	\$151.90	\$1,231.35	\$1,079.45	3	\$80.00	\$999.45		00023-3205-03	65392
NEXIUM (G)	40MG	90	1	\$135.90	\$743.40	\$607.50	3	\$80.00	\$527.50		00186-5040-54	47526
PREVACID SOLUTAB	30MG	84	1	\$69.90	\$1,045.80	\$975.90	3	\$80.00	\$895.90		64764-0544-11	51654
RESTASIS VIALS	0.05%	360	2	\$1,851.80	\$3,484.80	\$1,633.00	2	\$100.00	\$1,533.00		00023-9163-30	51820
RINVOQ	15MG	30	1	\$2,156.90	\$5,601.00	\$3,444.10	3	\$80.00	\$3,364.10		00074-2306-30	80125
VENTOLIN HFA	90MCG	600	1	\$69.90	\$1,710.00	\$1,640.10	2	\$50.00	\$1,590.10		00173-0682-20	28090
WELLBUTRIN XL (G)	150MG	270	1	\$193.90	\$13,861.80	\$13,667.90	3	\$80.00	\$13,587.90		00187-0730-90	53006
XARELTO	10MG	100	1	\$440.90	\$1,550.00	\$1,109.10	2	\$50.00	\$1,059.10		50458-0580-10	64493
Shipping				\$315.00		(\$315.00)			(\$315.00)			
<b>TOTALS</b>			<b>26</b>	<b>\$14,024.40</b>	<b>\$61,257.39</b>	<b>\$47,232.99</b>		<b>\$1,596.67</b>	<b>\$45,636.32</b>			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 19521



DATE: Mar-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

February 01, 2023 - February 28, 2023 Page 1

<b>Enrolled Members</b>	<b>66</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>14</b>	<b>9016</b>
<b>Average U.S. Plan Cost</b>	<b>\$25,783.24</b>	<b>\$6,863,320.09</b>
<b>Canarx Billing</b>	<b>\$5,154.60</b>	<b>\$2,306,436.40</b>
<b>Net Program Savings</b>	<hr/> <b>\$20,628.64</b> <hr/>	<hr/> <b>\$4,556,883.69</b> <hr/>
<b>Savings</b>	<b>80.01%</b>	<b>66.39%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$846.67</b>	<b>4.10%</b>
<b>Group Savings</b>	<b>\$19,781.97</b>	<b>95.90%</b>
<b>Savings</b>	<hr/> <b>\$20,628.64</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$268,909.06</b>	
Calculations are based on current results		

# Summary Savings Report# 19521



DATE: Mar-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

February 01, 2023 - February 28, 2023 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	250MCG	180	1	\$228.90	\$1,063.80	\$834.90	2	\$50.00	\$784.90		00173-0696-00	43367
ATACAND	32MG	90	1	\$105.90	\$804.60	\$698.70	3	\$80.00	\$618.70		62559-0643-30	40659
BENICAR	40MG	90	1	\$75.90	\$996.30	\$920.40	3	\$80.00	\$840.40		65597-0104-30	50290
BYSTOLIC	10MG	180	1	\$398.90	\$894.60	\$495.70	3	\$80.00	\$415.70		00456-1410-30	63511
CELEBREX	200MG	90	1	\$58.90	\$1,183.50	\$1,124.60	3	\$80.00	\$1,044.60		00025-1525-31	41286
GILENYA	0.5MG	28	1	\$2,012.90	\$8,979.04	\$6,966.14	2	\$16.67	\$6,949.47		00078-0607-15	66709
INVOKANA	300MG	90	1	\$350.90	\$1,539.00	\$1,188.10	3	\$80.00	\$1,108.10		50458-0141-90	70792
JANUMET XR	50MG/1000MG	168	1	\$200.90	\$1,313.76	\$1,112.86	2	\$50.00	\$1,062.86		00006-0080-61	68539
NEXIUM (G)	40MG	60	1	\$102.90	\$495.60	\$392.70	3	\$80.00	\$312.70		00186-5040-54	47526
RYBELSUS	3MG	90	1	\$694.90	\$2,408.40	\$1,713.50	2	\$50.00	\$1,663.50		00169-4303-13	80228
VENTOLIN HFA	90MCG	1,200	2	\$119.80	\$3,420.00	\$3,300.20	2	\$100.00	\$3,200.20		00173-0682-20	28090
XARELTO	20MG	84	1	\$347.90	\$1,302.00	\$954.10	2	\$50.00	\$904.10		50458-0579-10	68119
XIGDUO XR	5/1000MG	168	1	\$260.90	\$1,382.64	\$1,121.74	2	\$50.00	\$1,071.74		00310-6260-60	73031
Shipping				\$195.00		(\$195.00)			(\$195.00)			
<b>TOTALS</b>			<b>14</b>	<b>\$5,154.60</b>	<b>\$25,783.24</b>	<b>\$20,628.64</b>		<b>\$846.67</b>	<b>\$19,781.97</b>			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.



# Summary Savings Report# 19865



DATE: Apr-17-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

March 01, 2023 - March 31, 2023 Page 1

<b>Enrolled Members</b>	<b>65</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>22</b>	<b>9038</b>
<b>Average U.S. Plan Cost</b>	<b>\$41,458.48</b>	<b>\$6,904,778.57</b>
<b>Canarx Billing</b>	<b>\$10,509.80</b>	<b>\$2,316,946.20</b>
<b>Net Program Savings</b>	<hr/> <b>\$30,948.68</b> <hr/>	<hr/> <b>\$4,587,832.37</b> <hr/>
<b>Savings</b>	<b>74.65%</b>	<b>66.44%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,456.67</b>	<b>4.71%</b>
<b>Group Savings</b>	<b>\$29,492.01</b>	<b>95.29%</b>
<b>Savings</b>	<hr/> <b>\$30,948.68</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$364,395.75</b>	
Calculations are based on current results		

# Summary Savings Report# 19865



DATE: Apr-17-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

March 01, 2023 - March 31, 2023 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
BENICAR	20MG	90	1	\$59.90	\$716.40	\$656.50	3	\$80.00	\$576.50		65597-0103-30	50289
CELEBREX	200MG	90	1	\$58.90	\$1,183.50	\$1,124.60	3	\$80.00	\$1,044.60		00025-1525-31	41286
CRESTOR (G)	5MG	90	1	\$56.90	\$747.00	\$690.10	3	\$80.00	\$610.10		00310-0755-90	52944
DEXILANT DR	30MG	90	1	\$359.90	\$832.50	\$472.60	2	\$50.00	\$422.60		64764-0171-30	64793
EPIPEN	0.3MG	2	1	\$293.90	\$547.74	\$253.84	3	\$80.00	\$173.84		49502-0500-02	16879
EXFORGE HCT	160/25/10MG	84	1	\$100.90	\$798.00	\$697.10	3	\$80.00	\$617.10		00078-0562-15	65151
FARXIGA	5MG	84	1	\$274.90	\$1,383.48	\$1,108.58	2	\$50.00	\$1,058.58		00310-6205-30	71740
GILENYA	0.5MG	28	1	\$2,012.90	\$8,979.04	\$6,966.14	2	\$16.67	\$6,949.47		00078-0607-15	66709
INVOKANA	300MG	90	1	\$350.90	\$1,539.00	\$1,188.10	3	\$80.00	\$1,108.10		50458-0141-90	70792
JANUMET	50/1000MG	168	1	\$200.90	\$1,313.76	\$1,112.86	2	\$50.00	\$1,062.86		00006-0577-61	62532
JANUVIA	100MG	84	1	\$267.90	\$1,313.76	\$1,045.86	2	\$50.00	\$995.86		00006-0277-54	61614
LATUDA	80MG	90	1	\$383.90	\$3,830.40	\$3,446.50	2	\$50.00	\$3,396.50		63402-0308-30	66933
NEXIUM (G)	40MG	90	1	\$135.90	\$743.40	\$607.50	3	\$80.00	\$527.50		00186-5040-54	47526
PRADAXA	150MG	180	1	\$318.90	\$1,339.20	\$1,020.30	3	\$80.00	\$940.30		00597-0360-55	66781
PREMARIN CREAM	0.625MG/GM	30	1	\$62.90	\$374.40	\$311.50	2	\$50.00	\$261.50		00046-0872-21	7013
PREVACID SOLUTAB	30MG	84	1	\$69.90	\$1,045.80	\$975.90	3	\$80.00	\$895.90		64764-0544-11	51654
QVAR REDHALER	80MCG	200	1	\$53.90	\$240.00	\$186.10	2	\$50.00	\$136.10		59310-0304-80	77644
RANEXA	500MG	180	1	\$318.90	\$1,110.60	\$791.70	3	\$80.00	\$711.70		61958-1003-01	60333
RETIN A MICRO GEL PUMP	0.04%	50	1	\$118.90	\$823.50	\$704.60	3	\$80.00	\$624.60		00187-5144-50	68881
RINVOQ	15MG	60	2	\$4,313.80	\$11,202.00	\$6,888.20	3	\$160.00	\$6,728.20		00074-2306-30	80125
XARELTO	10MG	90	1	\$394.90	\$1,395.00	\$1,000.10	2	\$50.00	\$950.10		50458-0580-10	64493
Shipping				\$300.00		(\$300.00)			(\$300.00)			
<b>TOTALS</b>			22	\$10,509.80	\$41,458.48	\$30,948.68		\$1,456.67	\$29,492.01			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 20137



DATE: May-12-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

April 01, 2023 - April 30, 2023 Page 1

<b>Enrolled Members</b>	<b>64</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>38</b>	<b>9076</b>
<b>Average U.S. Plan Cost</b>	<b>\$77,691.70</b>	<b>\$6,982,470.27</b>
<b>Canarx Billing</b>	<b>\$13,829.20</b>	<b>\$2,330,775.40</b>
<b>Net Program Savings</b>	<hr/> <b>\$63,862.50</b> <hr/>	<hr/> <b>\$4,651,694.87</b> <hr/>
<b>Savings</b>	<b>82.20%</b>	<b>66.62%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$2,436.67</b>	<b>3.82%</b>
<b>Group Savings</b>	<b>\$61,425.83</b>	<b>96.18%</b>
<b>Savings</b>	<hr/> <b>\$63,862.50</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$776,993.75</b>	
Calculations are based on current results		

# Summary Savings Report# 20137



DATE: May-12-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

April 01, 2023 - April 30, 2023 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	180	1	\$203.90	\$856.80	\$652.90	2	\$50.00	\$602.90		00173-0695-00	43366
ADVAIR DISKUS	500MCG	180	1	\$270.90	\$1,398.60	\$1,127.70	2	\$50.00	\$1,077.70		00173-0697-00	43368
ANORO ELLIPTA	62.5/25MCG	90	1	\$276.90	\$622.80	\$345.90	2	\$50.00	\$295.90		00173-0869-06	71883
BENICAR	40MG	90	1	\$75.90	\$996.30	\$920.40	3	\$80.00	\$840.40		65597-0104-30	50290
BENICAR HCT	40MG/12.5MG	90	1	\$89.90	\$996.30	\$906.40	3	\$80.00	\$826.40		65597-0106-30	52834
CRESTOR (G)	10MG	90	1	\$68.90	\$747.00	\$678.10	3	\$80.00	\$598.10		00310-0751-90	51784
CRESTOR (G)	20MG	180	2	\$145.80	\$1,494.00	\$1,348.20	3	\$160.00	\$1,188.20		00310-0752-90	51785
CRESTOR (G)	40MG	90	1	\$87.90	\$747.00	\$659.10	3	\$80.00	\$579.10		00310-0754-30	51786
DEXILANT DR	60MG	180	2	\$719.80	\$1,665.00	\$945.20	2	\$100.00	\$845.20		64764-0175-90	64794
DYMISTA	137/50MCG	360	1	\$121.90	\$565.20	\$443.30	3	\$80.00	\$363.30		00037-0245-23	69144
ELIQUIS	5MG	180	1	\$411.90	\$1,429.20	\$1,017.30	2	\$50.00	\$967.30		00003-0894-21	70414
EPIPEN	0.3MG	2	1	\$293.90	\$547.74	\$253.84	3	\$80.00	\$173.84		49502-0500-02	16879
FARXIGA	10MG	168	2	\$489.80	\$2,766.96	\$2,277.16	2	\$100.00	\$2,177.16		00310-6210-30	70755
GILENYA	0.5MG	28	1	\$2,012.90	\$8,979.04	\$6,966.14	2	\$16.67	\$6,949.47		00078-0607-15	66709
INVOKANA	300MG	90	1	\$350.90	\$1,539.00	\$1,188.10	3	\$80.00	\$1,108.10		50458-0141-90	70792
JANUVIA	100MG	84	1	\$220.90	\$1,313.76	\$1,092.86	2	\$50.00	\$1,042.86		00006-0277-54	61614
JARDIANCE	25MG	270	3	\$827.70	\$4,619.70	\$3,792.00	2	\$150.00	\$3,642.00		00597-0153-90	72489
LIALDA	1.2GM	660	2	\$993.80	\$5,557.20	\$4,563.40	3	\$160.00	\$4,403.40		54092-0476-12	62058
NEXIUM (G)	40MG	180	2	\$239.80	\$1,486.80	\$1,247.00	3	\$160.00	\$1,087.00		00186-5040-54	47526
PREMARIN CREAM	0.625MG/GM	30	1	\$62.90	\$374.40	\$311.50	2	\$50.00	\$261.50		00046-0872-21	7013
PREVACID SOLUTAB	30MG	84	1	\$69.90	\$1,045.80	\$975.90	3	\$80.00	\$895.90		64764-0544-11	51654
RESTASIS VIALS	0.05%	180	1	\$934.90	\$1,742.40	\$807.50	2	\$50.00	\$757.50		00023-9163-30	51820
RINVOQ	15MG	30	1	\$2,156.90	\$5,601.00	\$3,444.10	3	\$80.00	\$3,364.10		00074-2306-30	80125
RYBELSUS	14MG	90	1	\$694.90	\$2,408.40	\$1,713.50	2	\$50.00	\$1,663.50		00169-4314-13	80230
VENTOLIN HFA	90MCG	600	1	\$69.90	\$156.00	\$86.10	2	\$50.00	\$36.10		00173-0682-20	28090
VIIBRYD	10MG	90	1	\$448.90	\$850.50	\$401.60	3	\$80.00	\$321.60		00456-1110-30	67376

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 20137



DATE: May-12-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

April 01, 2023 - April 30, 2023 Page 3

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
WELLBUTRIN XL (G)	150MG	360	2	\$328.80	\$18,482.40	\$18,153.60	3	\$160.00	\$17,993.60		00187-0730-90	53006
WELLBUTRIN XL (G)	300MG	90	1	\$164.90	\$6,098.40	\$5,933.50	3	\$80.00	\$5,853.50		00187-0731-30	53007
XARELTO	20MG	168	2	\$513.80	\$2,604.00	\$2,090.20	2	\$100.00	\$1,990.20		50458-0579-10	68119
Shipping				\$480.00		(\$480.00)			(\$480.00)			
<b>TOTALS</b>			<b>38</b>	<b>\$13,829.20</b>	<b>\$77,691.70</b>	<b>\$63,862.50</b>		<b>\$2,436.67</b>	<b>\$61,425.83</b>			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 20240



DATE: Jun-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

May 01, 2023 - May 31, 2023 Page 1

<b>Enrolled Members</b>	<b>63</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>17</b>	<b>9093</b>
<b>Average U.S. Plan Cost</b>	<b>\$31,477.38</b>	<b>\$7,013,947.65</b>
<b>Canarx Billing</b>	<b>\$7,689.30</b>	<b>\$2,338,464.70</b>
<b>Net Program Savings</b>	<hr/> <b>\$23,788.08</b> <hr/>	<hr/> <b>\$4,675,482.95</b> <hr/>
<b>Savings</b>	<b>75.57%</b>	<b>66.66%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$936.67</b>	<b>3.94%</b>
<b>Group Savings</b>	<b>\$22,851.41</b>	<b>96.06%</b>
<b>Savings</b>	<hr/> <b>\$23,788.08</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$280,085.46</b>	
Calculations are based on current results		

# Summary Savings Report# 20240



DATE: Jun-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

May 01, 2023 - May 31, 2023 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ACTONEL	150MG	3	1	\$134.90	\$997.20	\$862.30	3	\$80.00	\$782.30		00430-0478-02	63925
ADVAIR DISKUS	250MCG	180	1	\$228.90	\$1,063.80	\$834.90	2	\$50.00	\$784.90		00173-0696-00	43367
ATACAND	32MG	90	1	\$98.90	\$804.60	\$705.70	3	\$80.00	\$625.70		62559-0643-30	40659
BYSTOLIC	10MG	180	1	\$398.90	\$894.60	\$495.70	3	\$80.00	\$415.70		00456-1410-30	63511
FARXIGA	5MG	84	1	\$274.90	\$1,383.48	\$1,108.58	2	\$50.00	\$1,058.58		00310-6205-30	71740
GILENYA	0.5MG	28	1	\$2,012.90	\$8,979.04	\$6,966.14	2	\$16.67	\$6,949.47		00078-0607-15	66709
INVOKANA	300MG	90	1	\$350.90	\$1,539.00	\$1,188.10	3	\$80.00	\$1,108.10		50458-0141-90	70792
JANUMET	50/1000MG	168	1	\$200.90	\$1,313.76	\$1,112.86	2	\$50.00	\$1,062.86		00006-0577-61	62532
JANUVIA	100MG	84	1	\$220.90	\$1,313.76	\$1,092.86	2	\$50.00	\$1,042.86		00006-0277-54	61614
LINZESS	145MCG	90	1	\$485.90	\$1,324.80	\$838.90	2	\$50.00	\$788.90		00456-1201-30	69922
PENTASA	500MG	600	1	\$490.90	\$3,282.00	\$2,791.10	2	\$50.00	\$2,741.10		54092-0191-12	58091
RESTASIS VIALS	0.05%	180	1	\$934.90	\$1,742.40	\$807.50	2	\$50.00	\$757.50		00023-9163-30	51820
RYBELSUS	3MG	90	1	\$694.90	\$2,408.40	\$1,713.50	2	\$50.00	\$1,663.50		00169-4303-13	80228
SPIRIVA	18MCG	90	1	\$168.90	\$1,341.90	\$1,173.00	2	\$50.00	\$1,123.00		00597-0075-41	50714
VENTOLIN HFA	90MCG	600	1	\$49.90	\$156.00	\$106.10	2	\$50.00	\$56.10		00173-0682-20	28090
XARELTO	10MG	100	1	\$440.90	\$1,550.00	\$1,109.10	2	\$50.00	\$1,059.10		50458-0580-10	64493
XIGDUO XR	5/1000MG	168	1	\$245.90	\$1,382.64	\$1,136.74	2	\$50.00	\$1,086.74		00310-6260-60	73031
Shipping				\$255.00		(\$255.00)			(\$255.00)			
<b>TOTALS</b>			17	\$7,689.30	\$31,477.38	\$23,788.08		\$936.67	\$22,851.41			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 20581



DATE: Jul-14-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

June 01, 2023 - June 30, 2023 Page 1

<b>Enrolled Members</b>	<b>62</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>33</b>	<b>9126</b>
<b>Average U.S. Plan Cost</b>	<b>\$66,926.93</b>	<b>\$7,080,874.58</b>
<b>Canarx Billing</b>	<b>\$12,439.70</b>	<b>\$2,350,904.40</b>
<b>Net Program Savings</b>	<hr/> <b>\$54,487.23</b> <hr/>	<hr/> <b>\$4,729,970.18</b> <hr/>
<b>Savings</b>	<b>81.41%</b>	<b>66.80%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$2,220.00</b>	<b>4.07%</b>
<b>Group Savings</b>	<b>\$52,267.23</b>	<b>95.93%</b>
<b>Savings</b>	<hr/> <b>\$54,487.23</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$662,927.97</b>	
Calculations are based on current results		



# Summary Savings Report# 20581



DATE: Jul-14-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

June 01, 2023 - June 30, 2023 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	180	1	\$156.90	\$856.80	\$699.90	2	\$50.00	\$649.90		00173-0695-00	43366
ADVAIR DISKUS	250MCG	180	1	\$228.90	\$1,063.80	\$834.90	2	\$50.00	\$784.90		00173-0696-00	43367
ADVAIR DISKUS	500MCG	180	1	\$270.90	\$1,398.60	\$1,127.70	2	\$50.00	\$1,077.70		00173-0697-00	43368
BENICAR	20MG	90	1	\$59.90	\$716.40	\$656.50	3	\$80.00	\$576.50		65597-0103-30	50289
CELEBREX	200MG	90	1	\$58.90	\$1,183.50	\$1,124.60	3	\$80.00	\$1,044.60		00025-1525-31	41286
CRESTOR (G)	5MG	90	1	\$58.90	\$747.00	\$688.10	3	\$80.00	\$608.10		00310-0755-90	52944
CRESTOR (G)	20MG	180	2	\$145.80	\$1,494.00	\$1,348.20	3	\$160.00	\$1,188.20		00310-0752-90	51785
DEXILANT DR	60MG	180	2	\$755.80	\$1,665.00	\$909.20	2	\$100.00	\$809.20		64764-0175-90	64794
EXFORGE HCT	160/25/10MG	84	1	\$100.90	\$798.00	\$697.10	3	\$80.00	\$617.10		00078-0562-15	65151
FARXIGA	10MG	84	1	\$244.90	\$1,383.48	\$1,138.58	2	\$50.00	\$1,088.58		00310-6210-30	70755
INVOKANA	300MG	90	1	\$350.90	\$1,539.00	\$1,188.10	3	\$80.00	\$1,108.10		50458-0141-90	70792
LIALDA	1.2GM	360	1	\$616.90	\$3,031.20	\$2,414.30	3	\$80.00	\$2,334.30		54092-0476-12	62058
LUMIGAN	0.01%	15	1	\$151.90	\$1,231.35	\$1,079.45	3	\$80.00	\$999.45		00023-3205-03	65392
NEXIUM (G)	40MG	150	2	\$212.80	\$1,239.00	\$1,026.20	3	\$160.00	\$866.20		00186-5040-54	47526
PRADAXA	150MG	180	1	\$318.90	\$1,339.20	\$1,020.30	3	\$80.00	\$940.30		00597-0360-55	66781
PREVACID SOLUTAB	30MG	84	1	\$67.90	\$1,045.80	\$977.90	3	\$80.00	\$897.90		64764-0544-11	51654
QVAR REDHALER	80MCG	200	1	\$53.90	\$240.00	\$186.10	2	\$50.00	\$136.10		59310-0304-80	77644
RINVOQ	15MG	90	3	\$6,542.70	\$16,803.00	\$10,260.30	3	\$240.00	\$10,020.30		00074-2306-30	80125
VENTOLIN HFA	90MCG	2,200	4	\$219.60	\$572.00	\$352.40	2	\$200.00	\$152.40		00173-0682-20	28090
WELLBUTRIN XL (G)	150MG	360	2	\$328.80	\$18,482.40	\$18,153.60	3	\$160.00	\$17,993.60		00187-0730-90	53006
WELLBUTRIN XL (G)	300MG	90	1	\$164.90	\$6,098.40	\$5,933.50	3	\$80.00	\$5,853.50		00187-0731-30	53007
XARELTO	10MG	90	1	\$394.90	\$1,395.00	\$1,000.10	2	\$50.00	\$950.10		50458-0580-10	64493
XARELTO	20MG	168	2	\$513.80	\$2,604.00	\$2,090.20	2	\$100.00	\$1,990.20		50458-0579-10	68119
Shipping				\$420.00		(\$420.00)			(\$420.00)			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.



DATE: Jul-14-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

June 01, 2023 - June 30, 2023 Page 3

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
<b>TOTALS</b>			<b>33</b>	<b>\$12,439.70</b>	<b>\$66,926.93</b>	<b>\$54,487.23</b>		<b>\$2,220.00</b>	<b>\$52,267.23</b>			

*The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.*

# Summary Savings Report# 20877



DATE: Aug-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

July 01, 2023 - July 31, 2023 Page 1

<b>Enrolled Members</b>	<b>62</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>16</b>	<b>9142</b>
<b>Average U.S. Plan Cost</b>	<b>\$27,665.46</b>	<b>\$7,108,540.04</b>
<b>Canarx Billing</b>	<b>\$6,380.40</b>	<b>\$2,357,284.80</b>
<b>Net Program Savings</b>	<hr/> <b>\$21,285.06</b> <hr/>	<hr/> <b>\$4,751,255.24</b> <hr/>
<b>Savings</b>	<b>76.94%</b>	<b>66.84%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$946.67</b>	<b>4.45%</b>
<b>Group Savings</b>	<b>\$20,338.39</b>	<b>95.55%</b>
<b>Savings</b>	<hr/> <b>\$21,285.06</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$250,614.42</b>	
Calculations are based on current results		

# Summary Savings Report# 20877



DATE: Aug-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

July 01, 2023 - July 31, 2023 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	250MCG	180	1	\$228.90	\$1,063.80	\$834.90	2	\$50.00	\$784.90		00173-0696-00	43367
ANORO ELLIPTA	62.5/25MCG	90	1	\$276.90	\$622.80	\$345.90	2	\$50.00	\$295.90		00173-0869-06	71883
CRESTOR (G)	10MG	90	1	\$68.90	\$747.00	\$678.10	3	\$80.00	\$598.10		00310-0751-90	51784
CRESTOR (G)	40MG	90	1	\$87.90	\$747.00	\$659.10	3	\$80.00	\$579.10		00310-0754-30	51786
DEXILANT DR	30MG	90	1	\$377.90	\$832.50	\$454.60	2	\$50.00	\$404.60		64764-0171-30	64793
GILENYA	0.5MG	28	1	\$2,012.90	\$8,979.04	\$6,966.14	2	\$16.67	\$6,949.47		00078-0607-15	66709
JANUMET XR	50MG/1000MG	168	1	\$200.90	\$1,313.76	\$1,112.86	2	\$50.00	\$1,062.86		00006-0080-61	68539
JANUVIA	100MG	84	1	\$220.90	\$1,313.76	\$1,092.86	2	\$50.00	\$1,042.86		00006-0277-54	61614
JARDIANCE	25MG	90	1	\$275.90	\$1,539.90	\$1,264.00	2	\$50.00	\$1,214.00		00597-0153-90	72489
LATUDA	80MG	90	1	\$301.90	\$3,830.40	\$3,528.50	2	\$50.00	\$3,478.50		63402-0308-30	66933
NEXIUM (G)	40MG	180	2	\$239.80	\$1,486.80	\$1,247.00	3	\$160.00	\$1,087.00		00186-5040-54	47526
PREVACID SOLUTAB	30MG	84	1	\$67.90	\$1,045.80	\$977.90	3	\$80.00	\$897.90		64764-0544-11	51654
RESTASIS VIALS	0.05%	180	1	\$934.90	\$1,742.40	\$807.50	2	\$50.00	\$757.50		00023-9163-30	51820
VIIBRYD	10MG	90	1	\$448.90	\$850.50	\$401.60	3	\$80.00	\$321.60		00456-1110-30	67376
XARELTO	10MG	100	1	\$440.90	\$1,550.00	\$1,109.10	2	\$50.00	\$1,059.10		50458-0580-10	64493
Shipping				\$195.00		(\$195.00)			(\$195.00)			
<b>TOTALS</b>			<b>16</b>	<b>\$6,380.40</b>	<b>\$27,665.46</b>	<b>\$21,285.06</b>		<b>\$946.67</b>	<b>\$20,338.39</b>			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 21015



DATE: Sep-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

August 01, 2023 - August 31, 2023 Page 1

<b>Enrolled Members</b>	<b>62</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>21</b>	<b>9163</b>
<b>Average U.S. Plan Cost</b>	<b>\$34,955.26</b>	<b>\$7,143,495.30</b>
<b>Canarx Billing</b>	<b>\$8,741.90</b>	<b>\$2,366,026.70</b>
<b>Net Program Savings</b>	<hr/> <b>\$26,213.36</b> <hr/>	<hr/> <b>\$4,777,468.60</b> <hr/>
<b>Savings</b>	<b>74.99%</b>	<b>66.88%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,256.67</b>	<b>4.79%</b>
<b>Group Savings</b>	<b>\$24,956.69</b>	<b>95.21%</b>
<b>Savings</b>	<hr/> <b>\$26,213.36</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$308,641.17</b>	
Calculations are based on current results		

# Summary Savings Report# 21015



DATE: Sep-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

August 01, 2023 - August 31, 2023 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	120	1	\$114.90	\$571.20	\$456.30	2	\$50.00	\$406.30		00173-0695-00	43366
ADVAIR DISKUS	250MCG	180	1	\$228.90	\$1,063.80	\$834.90	2	\$50.00	\$784.90		00173-0696-00	43367
ATACAND	32MG	90	1	\$98.90	\$804.60	\$705.70	3	\$80.00	\$625.70		62559-0643-30	40659
BENICAR (G)	20MG	90	1	\$59.90	\$660.60	\$600.70	3	\$80.00	\$520.70		65597-0103-30	50289
BENICAR HCT (G)	40MG/12.5MG	84	1	\$137.90	\$929.88	\$791.98	3	\$80.00	\$711.98		65597-0106-30	52834
BYSTOLIC (G)	10MG	180	1	\$398.90	\$894.60	\$495.70	3	\$80.00	\$415.70		00456-1410-30	63511
DEXILANT DR	60MG	90	1	\$377.90	\$844.20	\$466.30	2	\$50.00	\$416.30		64764-0175-90	64794
FARXIGA	10MG	84	1	\$244.90	\$1,383.48	\$1,138.58	2	\$50.00	\$1,088.58		00310-6210-30	70755
GILENYA (G)	0.5MG	28	1	\$2,012.90	\$8,979.04	\$6,966.14	2	\$16.67	\$6,949.47		00078-0607-15	66709
INVOKANA	300MG	180	2	\$701.80	\$3,177.00	\$2,475.20	3	\$160.00	\$2,315.20		50458-0141-90	70792
JANUMET	50/1000MG	168	1	\$200.90	\$1,313.76	\$1,112.86	2	\$50.00	\$1,062.86		00006-0577-61	62532
JARDIANCE	25MG	180	2	\$551.80	\$3,079.80	\$2,528.00	2	\$100.00	\$2,428.00		00597-0153-90	72489
LIALDA	1.2GM	300	1	\$529.90	\$2,526.00	\$1,996.10	3	\$80.00	\$1,916.10		54092-0476-12	62058
RANEXA (G)	500MG	180	1	\$318.90	\$1,110.60	\$791.70	3	\$80.00	\$711.70		61958-1003-01	60333
RYBELSUS	3MG	90	1	\$1,008.90	\$2,408.40	\$1,399.50	2	\$50.00	\$1,349.50		00169-4303-13	80228
RYBELSUS	14MG	90	1	\$1,008.90	\$2,408.40	\$1,399.50	2	\$50.00	\$1,349.50		00169-4314-13	80230
SPIRIVA	18MCG	90	1	\$168.90	\$1,341.90	\$1,173.00	2	\$50.00	\$1,123.00		00597-0075-41	50714
VENTOLIN HFA	90MCG	600	1	\$49.90	\$156.00	\$106.10	2	\$50.00	\$56.10		00173-0682-20	28090
XARELTO	20MG	84	1	\$256.90	\$1,302.00	\$1,045.10	2	\$50.00	\$995.10		50458-0579-10	68119
Shipping				\$270.00		(\$270.00)			(\$270.00)			
<b>TOTALS</b>			<b>21</b>	<b>\$8,741.90</b>	<b>\$34,955.26</b>	<b>\$26,213.36</b>		<b>\$1,256.67</b>	<b>\$24,956.69</b>			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 21403



DATE: Oct-16-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

September 01, 2023 - September 30, 2023 Page 1

<b>Enrolled Members</b>	<b>63</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>26</b>	<b>9189</b>
<b>Average U.S. Plan Cost</b>	<b>\$46,202.26</b>	<b>\$7,189,697.56</b>
<b>Canarx Billing</b>	<b>\$7,864.40</b>	<b>\$2,373,891.10</b>
<b>Net Program Savings</b>	<hr/> <b>\$38,337.86</b> <hr/>	<hr/> <b>\$4,815,806.46</b> <hr/>
<b>Savings</b>	<b>82.98%</b>	<b>66.98%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,716.67</b>	<b>4.48%</b>
<b>Group Savings</b>	<b>\$36,621.19</b>	<b>95.52%</b>
<b>Savings</b>	<hr/> <b>\$38,337.86</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$466,443.96</b>	
Calculations are based on current results		

# Summary Savings Report# 21403



DATE: Oct-16-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

September 01, 2023 - September 30, 2023 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
CELEBREX	200MG	90	1	\$58.90	\$1,283.40	\$1,224.50	3	\$80.00	\$1,144.50		00025-1525-31	41286
CRESTOR (G)	5MG	90	1	\$58.90	\$756.90	\$698.00	3	\$80.00	\$618.00		00310-0755-90	52944
CRESTOR (G)	10MG	90	1	\$68.90	\$756.90	\$688.00	3	\$80.00	\$608.00		00310-0751-90	51784
CRESTOR (G)	20MG	180	2	\$145.80	\$1,513.80	\$1,368.00	3	\$160.00	\$1,208.00		00310-0752-90	51785
CRESTOR (G)	40MG	90	1	\$87.90	\$756.90	\$669.00	3	\$80.00	\$589.00		00310-0754-30	51786
DEXILANT DR	30MG	90	1	\$377.90	\$844.20	\$466.30	2	\$50.00	\$416.30		64764-0171-30	64793
DEXILANT DR	60MG	180	2	\$755.80	\$1,688.40	\$932.60	2	\$100.00	\$832.60		64764-0175-90	64794
ELIQUIS	5MG	180	1	\$405.90	\$1,533.60	\$1,127.70	2	\$50.00	\$1,077.70		00003-0894-21	70414
EXFORGE HCT	160/25/10MG	84	1	\$100.90	\$888.72	\$787.82	3	\$80.00	\$707.82		00078-0562-15	65151
FARXIGA	5MG	84	1	\$274.90	\$1,443.12	\$1,168.22	2	\$50.00	\$1,118.22		00310-6205-30	71740
FARXIGA	10MG	84	1	\$244.90	\$1,443.12	\$1,198.22	2	\$50.00	\$1,148.22		00310-6210-30	70755
GILENYA (G)	0.5MG	28	1	\$2,012.90	\$9,922.64	\$7,909.74	2	\$16.67	\$7,893.07		00078-0607-15	66709
INVOKANA	300MG	90	1	\$350.90	\$1,638.00	\$1,287.10	3	\$80.00	\$1,207.10		50458-0141-90	70792
JANUVIA	50MG	84	1	\$220.90	\$1,396.92	\$1,176.02	2	\$50.00	\$1,126.02		00006-0112-31	61613
JANUVIA	100MG	84	1	\$220.90	\$1,396.92	\$1,176.02	2	\$50.00	\$1,126.02		00006-0277-54	61614
NEXIUM (G)	40MG	90	1	\$119.90	\$753.30	\$633.40	3	\$80.00	\$553.40		00186-5040-54	47526
PRADAXA	150MG	180	1	\$318.90	\$543.60	\$224.70	3	\$80.00	\$144.70		00597-0360-55	66781
PREVACID SOLUTAB	30MG	168	2	\$135.80	\$2,120.16	\$1,984.36	3	\$160.00	\$1,824.36		64764-0544-11	51654
RESTASIS VIALS	0.05%	180	1	\$934.90	\$1,765.80	\$830.90	2	\$50.00	\$780.90		00023-9163-30	51820
RETIN A MICRO GEL PUMP	0.04%	50	1	\$125.90	\$834.50	\$708.60	3	\$80.00	\$628.60		00187-5144-50	68881
WELLBUTRIN XL (G)	150MG	90	1	\$105.90	\$4,972.50	\$4,866.60	3	\$80.00	\$4,786.60		00187-0730-90	53006
WELLBUTRIN XL (G)	300MG	90	1	\$164.90	\$6,563.70	\$6,398.80	3	\$80.00	\$6,318.80		00187-0731-30	53007
XARELTO	20MG	84	1	\$256.90	\$1,385.16	\$1,128.26	2	\$50.00	\$1,078.26		50458-0579-10	68119
Shipping				\$315.00		(\$315.00)			(\$315.00)			
<b>TOTALS</b>			<b>26</b>	<b>\$7,864.40</b>	<b>\$46,202.26</b>	<b>\$38,337.86</b>		<b>\$1,716.67</b>	<b>\$36,621.19</b>			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.



# Summary Savings Report# 21777



DATE: Nov-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

October 01, 2023 - October 31, 2023 Page 1

<b>Enrolled Members</b>	<b>62</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>18</b>	<b>9207</b>
<b>Average U.S. Plan Cost</b>	<b>\$40,564.22</b>	<b>\$7,230,261.78</b>
<b>Canarx Billing</b>	<b>\$5,516.20</b>	<b>\$2,379,407.30</b>
<b>Net Program Savings</b>	<hr/> <b>\$35,048.02</b> <hr/>	<hr/> <b>\$4,850,854.48</b> <hr/>
<b>Savings</b>	<b>86.40%</b>	<b>67.09%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,050.00</b>	<b>3.00%</b>
<b>Group Savings</b>	<b>\$33,998.02</b>	<b>97.00%</b>
<b>Savings</b>	<hr/> <b>\$35,048.02</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$412,662.17</b>	
Calculations are based on current results		

# Summary Savings Report# 21777



DATE: Nov-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

October 01, 2023 - October 31, 2023 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	180	1	\$154.90	\$867.60	\$712.70	2	\$50.00	\$662.70		00173-0695-00	43366
ADVAIR DISKUS	250MCG	360	2	\$457.80	\$2,156.40	\$1,698.60	2	\$100.00	\$1,598.60		00173-0696-00	43367
ADVAIR DISKUS	500MCG	180	1	\$270.90	\$1,418.40	\$1,147.50	2	\$50.00	\$1,097.50		00173-0697-00	43368
ANORO ELLIPTA	62.5/25MCG	90	1	\$272.90	\$649.80	\$376.90	2	\$50.00	\$326.90		00173-0869-10	71883
INVOKANA	300MG	90	1	\$345.90	\$1,638.00	\$1,292.10	3	\$80.00	\$1,212.10		50458-0141-90	70792
JANUVIA	100MG	84	1	\$220.90	\$1,396.92	\$1,176.02	2	\$50.00	\$1,126.02		00006-0277-54	61614
JARDIANCE	25MG	90	1	\$280.90	\$1,623.60	\$1,342.70	2	\$50.00	\$1,292.70		00597-0153-90	72489
LATUDA	80MG	90	1	\$301.90	\$3,881.70	\$3,579.80	2	\$50.00	\$3,529.80		63402-0308-30	66933
LIALDA	1.2GM	360	1	\$624.90	\$3,074.40	\$2,449.50	3	\$80.00	\$2,369.50		54092-0476-12	62058
NEXIUM (G)	40MG	90	1	\$119.90	\$753.30	\$633.40	3	\$80.00	\$553.40		00186-5040-54	47526
PREMARIN CREAM	0.625MG/GM	30	1	\$62.90	\$398.40	\$335.50	2	\$50.00	\$285.50		00046-0872-21	7013
RESTASIS VIALS	0.05%	180	1	\$934.90	\$1,765.80	\$830.90	2	\$50.00	\$780.90		00023-9163-30	51820
VENTOLIN HFA	90MCG	1,200	2	\$99.80	\$3,468.00	\$3,368.20	2	\$100.00	\$3,268.20		00173-0682-20	28090
VIIBRYD	10MG	90	1	\$448.90	\$905.40	\$456.50	3	\$80.00	\$376.50		00456-1110-30	67376
WELLBUTRIN XL (G)	150MG	270	1	\$222.90	\$14,917.50	\$14,694.60	3	\$80.00	\$14,614.60		00187-0730-90	53006
XARELTO	10MG	100	1	\$440.90	\$1,649.00	\$1,208.10	2	\$50.00	\$1,158.10		50458-0580-10	64493
Shipping				\$255.00		(\$255.00)			(\$255.00)			
<b>TOTALS</b>			18	\$5,516.20	\$40,564.22	\$35,048.02		\$1,050.00	\$33,998.02			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 21895



DATE: Dec-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

November 01, 2023 - November 30, 2023 Page 1

<b>Enrolled Members</b>	<b>59</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>23</b>	<b>9230</b>
<b>Average U.S. Plan Cost</b>	<b>\$49,974.04</b>	<b>\$7,280,235.82</b>
<b>Canarx Billing</b>	<b>\$10,525.70</b>	<b>\$2,389,933.00</b>
<b>Net Program Savings</b>	<hr/> <b>\$39,448.34</b> <hr/>	<hr/> <b>\$4,890,302.82</b> <hr/>
<b>Savings</b>	<b>78.94%</b>	<b>67.17%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,320.00</b>	<b>3.35%</b>
<b>Group Savings</b>	<b>\$38,128.34</b>	<b>96.65%</b>
<b>Savings</b>	<hr/> <b>\$39,448.34</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$479,954.80</b>	
Calculations are based on current results		

# Summary Savings Report# 21895



DATE: Dec-15-23  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

November 01, 2023 - November 30, 2023 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	180	1	\$163.90	\$867.60	\$703.70	2	\$50.00	\$653.70		00173-0695-00	43366
ADVAIR DISKUS	250MCG	180	1	\$228.90	\$1,078.20	\$849.30	2	\$50.00	\$799.30		00173-0696-00	43367
ATACAND	32MG	90	1	\$98.90	\$855.90	\$757.00	3	\$80.00	\$677.00		62559-0643-30	40659
BENICAR (G)	40MG	180	1	\$126.90	\$1,837.80	\$1,710.90	3	\$80.00	\$1,630.90		65597-0104-30	50290
BIKTARVY	50MG-200MG-25MG	30	1	\$1,603.90	\$3,461.40	\$1,857.50	2	\$16.67	\$1,840.83		61958-2501-01	78146
BYSTOLIC (G)	10MG	180	1	\$398.90	\$952.20	\$553.30	3	\$80.00	\$473.30		00456-1410-30	63511
CELEBREX	200MG	90	1	\$58.90	\$1,283.40	\$1,224.50	3	\$80.00	\$1,144.50		00025-1525-31	41286
DEXILANT DR	60MG	90	1	\$377.90	\$844.20	\$466.30	2	\$50.00	\$416.30		64764-0175-90	64794
EXFORGE HCT	160/25/10MG	84	1	\$100.90	\$888.72	\$787.82	3	\$80.00	\$707.82		00078-0562-15	65151
FARXIGA	10MG	84	1	\$244.90	\$1,443.12	\$1,198.22	2	\$50.00	\$1,148.22		00310-6210-30	70755
GILENYA (G)	0.5MG	56	2	\$4,025.80	\$19,845.28	\$15,819.48	2	\$33.33	\$15,786.15		00078-0607-15	66709
INVOKANA	300MG	90	1	\$345.90	\$1,638.00	\$1,292.10	3	\$80.00	\$1,212.10		50458-0141-90	70792
JANUMET	50/1000MG	168	1	\$200.90	\$1,397.76	\$1,196.86	2	\$50.00	\$1,146.86		00006-0577-61	62532
JARDIANCE	25MG	270	3	\$842.70	\$4,870.80	\$4,028.10	2	\$150.00	\$3,878.10		00597-0153-90	72489
LIALDA	1.2GM	300	1	\$522.90	\$2,562.00	\$2,039.10	3	\$80.00	\$1,959.10		54092-0476-12	62058
NEXIUM (G)	40MG	60	1	\$92.90	\$502.20	\$409.30	3	\$80.00	\$329.30		00186-5040-54	47526
RANEXA (G)	500MG	180	1	\$314.90	\$1,125.00	\$810.10	3	\$80.00	\$730.10		61958-1003-01	60333
SPIRIVA	18MCG	90	1	\$168.90	\$1,401.30	\$1,232.40	2	\$50.00	\$1,182.40		00597-0075-41	50714
VENTOLIN HFA	90MCG	600	1	\$49.90	\$1,734.00	\$1,684.10	2	\$50.00	\$1,634.10		00173-0682-20	28090
XARELTO	20MG	84	1	\$256.90	\$1,385.16	\$1,128.26	2	\$50.00	\$1,078.26		50458-0579-10	68119
Shipping				\$300.00		(\$300.00)			(\$300.00)			
<b>TOTALS</b>			<b>23</b>	<b>\$10,525.70</b>	<b>\$49,974.04</b>	<b>\$39,448.34</b>		<b>\$1,320.00</b>	<b>\$38,128.34</b>			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 22425



DATE: Jan-15-24  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

December 01, 2023 - December 31, 2023 Page 1

<b>Enrolled Members</b>	<b>59</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>23</b>	<b>9253</b>
<b>Average U.S. Plan Cost</b>	<b>\$61,915.90</b>	<b>\$7,342,151.72</b>
<b>Canarx Billing</b>	<b>\$9,197.70</b>	<b>\$2,399,130.70</b>
<b>Net Program Savings</b>	<hr/> <b>\$52,718.20</b> <hr/>	<hr/> <b>\$4,943,021.02</b> <hr/>
<b>Savings</b>	<b>85.14%</b>	<b>67.32%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,353.33</b>	<b>2.57%</b>
<b>Group Savings</b>	<b>\$51,364.87</b>	<b>97.43%</b>
<b>Savings</b>	<hr/> <b>\$52,718.20</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$620,714.29</b>	
Calculations are based on current results		

# Summary Savings Report# 22425



DATE: Jan-15-24  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

December 01, 2023 - December 31, 2023 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	120	1	\$113.90	\$578.40	\$464.50	2	\$50.00	\$414.50		00173-0695-00	43366
BIKTARVY	50MG-200MG-25MG	30	1	\$1,603.90	\$3,461.40	\$1,857.50	2	\$16.67	\$1,840.83		61958-2501-01	78146
CRESTOR (G)	10MG	90	1	\$68.90	\$756.90	\$688.00	3	\$80.00	\$608.00		00310-0751-90	51784
CRESTOR (G)	20MG	180	2	\$145.80	\$1,513.80	\$1,368.00	3	\$160.00	\$1,208.00		00310-0752-90	51785
DEXILANT DR	30MG	90	1	\$377.90	\$844.20	\$466.30	2	\$50.00	\$416.30		64764-0171-30	64793
DEXILANT DR	60MG	180	2	\$755.80	\$1,688.40	\$932.60	2	\$100.00	\$832.60		64764-0175-90	64794
ELIQUIS	5MG	180	1	\$405.90	\$1,533.60	\$1,127.70	2	\$50.00	\$1,077.70		00003-0894-21	70414
FARXIGA	10MG	84	1	\$244.90	\$1,443.12	\$1,198.22	2	\$50.00	\$1,148.22		00310-6210-30	70755
GILENYA (G)	0.5MG	28	1	\$2,012.90	\$9,922.64	\$7,909.74	2	\$16.67	\$7,893.07		00078-0607-15	66709
LATUDA	80MG	90	1	\$301.90	\$3,881.70	\$3,579.80	2	\$50.00	\$3,529.80		63402-0308-30	66933
PRADAXA	150MG	180	1	\$318.90	\$543.60	\$224.70	3	\$80.00	\$144.70		00597-0360-55	66781
PREVACID SOLUTAB	30MG	168	2	\$135.80	\$2,120.16	\$1,984.36	3	\$160.00	\$1,824.36		64764-0544-11	51654
RYBELSUS	3MG	90	1	\$1,126.90	\$2,440.80	\$1,313.90	2	\$50.00	\$1,263.90		00169-4303-13	80228
VENTOLIN HFA	90MCG	200	1	\$49.90	\$578.00	\$528.10	2	\$50.00	\$478.10		00173-0682-20	28090
WELLBUTRIN XL (G)	150MG	360	2	\$328.80	\$19,890.00	\$19,561.20	3	\$160.00	\$19,401.20		00187-0730-90	53006
WELLBUTRIN XL (G)	300MG	90	1	\$164.90	\$6,563.70	\$6,398.80	3	\$80.00	\$6,318.80		00187-0731-30	53007
XARELTO	20MG	252	3	\$770.70	\$4,155.48	\$3,384.78	2	\$150.00	\$3,234.78		50458-0579-10	68119
Shipping				\$270.00		(\$270.00)			(\$270.00)			
<b>TOTALS</b>			<b>23</b>	<b>\$9,197.70</b>	<b>\$61,915.90</b>	<b>\$52,718.20</b>		<b>\$1,353.33</b>	<b>\$51,364.87</b>			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 22571



DATE: Feb-15-24  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

January 01, 2024 - January 31, 2024 Page 1

<b>Enrolled Members</b>	<b>60</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>21</b>	<b>9274</b>
<b>Average U.S. Plan Cost</b>	<b>\$44,754.66</b>	<b>\$7,386,906.38</b>
<b>Canarx Billing</b>	<b>\$12,045.90</b>	<b>\$2,411,176.60</b>
<b>Net Program Savings</b>	<hr/> <b>\$32,708.76</b> <hr/>	<hr/> <b>\$4,975,729.78</b> <hr/>
<b>Savings</b>	<b>73.08%</b>	<b>67.36%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,096.67</b>	<b>3.35%</b>
<b>Group Savings</b>	<b>\$31,612.09</b>	<b>96.65%</b>
<b>Savings</b>	<hr/> <b>\$32,708.76</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$385,119.27</b>	
Calculations are based on current results		

# Summary Savings Report# 22571



DATE: Feb-15-24  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

January 01, 2024 - January 31, 2024 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	250MCG	180	1	\$228.90	\$1,078.20	\$849.30	2	\$50.00	\$799.30		00173-0696-00	43367
ADVAIR DISKUS	500MCG	180	1	\$270.90	\$1,418.40	\$1,147.50	2	\$50.00	\$1,097.50		00173-0697-00	43368
BENICAR (G)	20MG	90	1	\$59.90	\$660.60	\$600.70	3	\$80.00	\$520.70		65597-0103-30	50289
BIKTARVY	50MG-200MG-25MG	90	3	\$4,811.70	\$10,384.20	\$5,572.50	2	\$50.00	\$5,522.50		61958-2501-01	78146
CRESTOR (G)	5MG	90	1	\$58.90	\$756.90	\$698.00	3	\$80.00	\$618.00		00310-0755-90	52944
FARXIGA	5MG	84	1	\$266.90	\$1,443.12	\$1,176.22	2	\$50.00	\$1,126.22		00310-6205-30	71740
FLOVENT	110MCG	360	1	\$127.90	\$748.80	\$620.90	2	\$50.00	\$570.90		00173-0719-20	21251
GILENYA (G)	0.5MG	28	1	\$2,012.90	\$9,922.64	\$7,909.74	2	\$16.67	\$7,893.07		00078-0607-15	66709
INVOKANA	300MG	90	1	\$345.90	\$1,638.00	\$1,292.10	3	\$80.00	\$1,212.10		50458-0141-90	70792
JANUMET XR	50MG/1000MG	168	1	\$200.90	\$1,397.76	\$1,196.86	2	\$50.00	\$1,146.86		00006-0080-61	68539
JANUVIA	100MG	168	2	\$451.80	\$2,793.84	\$2,342.04	2	\$100.00	\$2,242.04		00006-0277-54	61614
JARDIANCE	25MG	90	1	\$280.90	\$1,623.60	\$1,342.70	2	\$50.00	\$1,292.70		00597-0153-90	72489
LIALDA	1.2GM	300	1	\$522.90	\$2,562.00	\$2,039.10	3	\$80.00	\$1,959.10		54092-0476-12	62058
NEXIUM (G)	40MG	90	1	\$119.90	\$753.30	\$633.40	3	\$80.00	\$553.40		00186-5040-54	47526
PENTASA	500MG	600	1	\$483.90	\$3,324.00	\$2,840.10	2	\$50.00	\$2,790.10		54092-0191-12	58091
RESTASIS VIALS	0.05%	180	1	\$934.90	\$1,765.80	\$830.90	2	\$50.00	\$780.90		00023-9163-30	51820
RETIN A MICRO GEL PUMP	0.04%	50	1	\$125.90	\$834.50	\$708.60	3	\$80.00	\$628.60		00187-5144-50	68881
XARELTO	10MG	100	1	\$440.90	\$1,649.00	\$1,208.10	2	\$50.00	\$1,158.10		50458-0580-10	64493
Shipping				\$300.00		(\$300.00)			(\$300.00)			
<b>TOTALS</b>			<b>21</b>	<b>\$12,045.90</b>	<b>\$44,754.66</b>	<b>\$32,708.76</b>		<b>\$1,096.67</b>	<b>\$31,612.09</b>			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.



# Summary Savings Report# 22715



DATE: Mar-15-24  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

February 01, 2024 - February 29, 2024 Page 1

<b>Enrolled Members</b>	<b>60</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> January 01, 2008
<b>Issued Prescriptions</b>	<b>24</b>	<b>9298</b>
<b>Average U.S. Plan Cost</b>	<b>\$51,195.14</b>	<b>\$7,438,101.52</b>
<b>Canarx Billing</b>	<b>\$13,596.60</b>	<b>\$2,424,773.20</b>
<b>Net Program Savings</b>	<hr/> <b>\$37,598.54</b> <hr/>	<hr/> <b>\$5,013,328.32</b> <hr/>
<b>Savings</b>	<b>73.44%</b>	<b>67.40%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,276.67</b>	<b>3.40%</b>
<b>Group Savings</b>	<b>\$36,321.87</b>	<b>96.60%</b>
<b>Savings</b>	<hr/> <b>\$37,598.54</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$473,223.00</b>	
Calculations are based on current results		

# Summary Savings Report# 22715



DATE: Mar-15-24  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

February 01, 2024 - February 29, 2024 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	120	1	\$107.90	\$578.40	\$470.50	2	\$50.00	\$420.50		00173-0695-00	43366
ADVAIR DISKUS	250MCG	180	1	\$228.90	\$1,078.20	\$849.30	2	\$50.00	\$799.30		00173-0696-00	43367
ATACAND	32MG	90	1	\$98.90	\$855.90	\$757.00	3	\$80.00	\$677.00		62559-0643-30	40659
BIKTARVY	50MG-200MG-25MG	60	2	\$3,207.80	\$6,922.80	\$3,715.00	2	\$33.33	\$3,681.67		61958-2501-01	78146
BYSTOLIC (G)	10MG	180	1	\$398.90	\$952.20	\$553.30	3	\$80.00	\$473.30		00456-1410-30	63511
CELEBREX	200MG	90	1	\$58.90	\$1,283.40	\$1,224.50	3	\$80.00	\$1,144.50		00025-1525-31	41286
DEXILANT DR	30MG	90	1	\$377.90	\$844.20	\$466.30	2	\$50.00	\$416.30		64764-0171-30	64793
DEXILANT DR	60MG	90	1	\$377.90	\$844.20	\$466.30	2	\$50.00	\$416.30		64764-0175-90	64794
ENTRESTO	24MG-26MG	168	1	\$799.90	\$1,705.20	\$905.30	2	\$50.00	\$855.30		00078-0659-20	74408
EXFORGE HCT	160/25/10MG	84	1	\$100.90	\$888.72	\$787.82	3	\$80.00	\$707.82		00078-0562-15	65151
GILENYA (G)	0.5MG	56	2	\$4,025.80	\$19,845.28	\$15,819.48	2	\$33.33	\$15,786.15		00078-0607-15	66709
INVOKANA	300MG	90	1	\$399.90	\$1,638.00	\$1,238.10	3	\$80.00	\$1,158.10		50458-0141-90	70792
JANUMET	50/1000MG	168	1	\$200.90	\$1,397.76	\$1,196.86	2	\$50.00	\$1,146.86		00006-0577-61	62532
JARDIANCE	25MG	180	2	\$561.80	\$3,247.20	\$2,685.40	2	\$100.00	\$2,585.40		00597-0153-90	72489
PREMARIN CREAM	0.625MG/GM	30	1	\$63.90	\$398.40	\$334.50	2	\$50.00	\$284.50		00046-0872-21	7013
RANEXA (G)	500MG	180	1	\$314.90	\$1,125.00	\$810.10	3	\$80.00	\$730.10		61958-1003-01	60333
RESTASIS VIALS	0.05%	180	1	\$934.90	\$1,765.80	\$830.90	2	\$50.00	\$780.90		00023-9163-30	51820
RETIN-A MICRO GEL PUMP	0.1%	100	1	\$235.90	\$1,669.00	\$1,433.10	3	\$80.00	\$1,353.10		00187-5140-50	68882
XARELTO	20MG	252	3	\$770.70	\$4,155.48	\$3,384.78	2	\$150.00	\$3,234.78		50458-0579-10	68119
Shipping				\$330.00		(\$330.00)			(\$330.00)			
<b>TOTALS</b>			24	\$13,596.60	\$51,195.14	\$37,598.54		\$1,276.67	\$36,321.87			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 23104



DATE: Apr-15-24  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

March 01, 2024 - March 31, 2024 Page 1

<b>Enrolled Members</b>	<b>60</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> July 01, 2010
<b>Issued Prescriptions</b>	<b>23</b>	<b>9321</b>
<b>Average U.S. Plan Cost</b>	<b>\$58,066.44</b>	<b>\$7,496,167.96</b>
<b>Canarx Billing</b>	<b>\$10,288.70</b>	<b>\$2,435,061.90</b>
<b>Net Program Savings</b>	<hr/> <b>\$47,777.74</b> <hr/>	<hr/> <b>\$5,061,106.06</b> <hr/>
<b>Savings</b>	<b>82.28%</b>	<b>67.52%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,350.00</b>	<b>2.83%</b>
<b>Group Savings</b>	<b>\$46,427.74</b>	<b>97.17%</b>
<b>Savings</b>	<hr/> <b>\$47,777.74</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$562,544.36</b>	
Calculations are based on current results		

# Summary Savings Report# 23104



DATE: Apr-15-24  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

March 01, 2024 - March 31, 2024 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
BIKTARVY	50MG-200MG-25MG	90	3	\$4,811.70	\$10,384.20	\$5,572.50	2	\$50.00	\$5,522.50		61958-2501-01	78146
CRESTOR (G)	20MG	180	2	\$145.80	\$1,513.80	\$1,368.00	3	\$160.00	\$1,208.00		00310-0752-90	51785
CRESTOR (G)	40MG	90	1	\$87.90	\$756.90	\$669.00	3	\$80.00	\$589.00		00310-0754-30	51786
DEXILANT DR	60MG	180	2	\$755.80	\$1,688.40	\$932.60	2	\$100.00	\$832.60		64764-0175-90	64794
ELIQUIS	5MG	348	2	\$780.80	\$2,964.96	\$2,184.16	2	\$100.00	\$2,084.16		00003-0894-21	70414
ENTRESTO	49MG-51MG	168	1	\$799.90	\$1,705.20	\$905.30	2	\$50.00	\$855.30		00078-0777-20	74409
FARXIGA	10MG	84	1	\$244.90	\$1,443.12	\$1,198.22	2	\$50.00	\$1,148.22		00310-6210-30	70755
JARDIANCE	25MG	90	1	\$280.90	\$1,623.60	\$1,342.70	2	\$50.00	\$1,292.70		00597-0153-90	72489
LIALDA	1.2GM	360	1	\$608.90	\$3,074.40	\$2,465.50	3	\$80.00	\$2,385.50		54092-0476-12	62058
LUMIGAN	0.01%	15	1	\$149.90	\$1,310.10	\$1,160.20	3	\$80.00	\$1,080.20		00023-3205-03	65392
NEXIUM (G)	40MG	90	1	\$119.90	\$753.30	\$633.40	3	\$80.00	\$553.40		00186-5040-54	47526
PRADAXA	150MG	180	1	\$318.90	\$543.60	\$224.70	3	\$80.00	\$144.70		00597-0360-55	66781
SYMBICORT	160MCG-4.5MCG	240	1	\$112.90	\$732.00	\$619.10	2	\$50.00	\$569.10		00186-0370-60	62726
VENTOLIN HFA	90MCG	600	1	\$49.90	\$1,734.00	\$1,684.10	2	\$50.00	\$1,634.10		00173-0682-20	28090
WELLBUTRIN XL (G)	150MG	360	2	\$328.80	\$19,890.00	\$19,561.20	3	\$160.00	\$19,401.20		00187-0730-90	53006
WELLBUTRIN XL (G)	300MG	90	1	\$164.90	\$6,563.70	\$6,398.80	3	\$80.00	\$6,318.80		00187-0731-30	53007
XARELTO	20MG	84	1	\$256.90	\$1,385.16	\$1,128.26	2	\$50.00	\$1,078.26		50458-0579-10	68119
Shipping				\$270.00		(\$270.00)			(\$270.00)			
<b>TOTALS</b>			23	\$10,288.70	\$58,066.44	\$47,777.74		\$1,350.00	\$46,427.74			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 23431



DATE: May-15-24  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

April 01, 2024 - April 30, 2024 Page 1

<b>Enrolled Members</b>	<b>59</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> July 01, 2010
<b>Issued Prescriptions</b>	<b>24</b>	<b>9345</b>
<b>Average U.S. Plan Cost</b>	<b>\$48,233.44</b>	<b>\$7,544,401.40</b>
<b>Canarx Billing</b>	<b>\$12,967.60</b>	<b>\$2,448,029.50</b>
<b>Net Program Savings</b>	<hr/> <b>\$35,265.84</b> <hr/>	<hr/> <b>\$5,096,371.90</b> <hr/>
<b>Savings</b>	<b>73.11%</b>	<b>67.55%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,216.67</b>	<b>3.45%</b>
<b>Group Savings</b>	<b>\$34,049.17</b>	<b>96.55%</b>
<b>Savings</b>	<hr/> <b>\$35,265.84</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$429,067.72</b>	
Calculations are based on current results		

Summary Savings Report# 23431



DATE: May-15-24  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

April 01, 2024 - April 30, 2024 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	100MCG	180	1	\$163.90	\$867.60	\$703.70	2	\$50.00	\$653.70		00173-0695-00	43366
ADVAIR DISKUS	250MCG	360	2	\$457.80	\$1,650.60	\$1,192.80	2	\$100.00	\$1,092.80		00173-0696-00	43367
ADVAIR DISKUS	500MCG	180	1	\$268.90	\$1,418.40	\$1,149.50	2	\$50.00	\$1,099.50		00173-0697-00	43368
ANORO ELLIPTA	62.5/25MCG	90	1	\$272.90	\$693.90	\$421.00	2	\$50.00	\$371.00		00173-0869-10	71883
ATACAND	32MG	90	1	\$98.90	\$914.40	\$815.50	3	\$80.00	\$735.50		62559-0643-30	40659
BIKTARVY	50MG-200MG-25MG	90	3	\$4,811.70	\$10,802.10	\$5,990.40	2	\$50.00	\$5,940.40		61958-2501-01	78146
CRESTOR (G)	5MG	90	1	\$58.90	\$756.90	\$698.00	3	\$80.00	\$618.00		00310-0755-90	52944
CRESTOR (G)	10MG	90	1	\$68.90	\$756.90	\$688.00	3	\$80.00	\$608.00		00310-0751-90	51784
ENTRESTO	49MG-51MG	336	2	\$1,587.80	\$3,581.76	\$1,993.96	2	\$100.00	\$1,893.96		00078-0777-20	74409
GILENYA (G)	0.5MG	28	1	\$2,012.90	\$9,882.88	\$7,869.98	2	\$16.67	\$7,853.31		00078-0607-15	66709
JANUVIA	100MG	168	2	\$451.80	\$2,793.84	\$2,342.04	2	\$100.00	\$2,242.04		00006-0277-54	61614
JARDIANCE	25MG	90	1	\$277.90	\$1,786.50	\$1,508.60	2	\$50.00	\$1,458.60		00597-0153-90	72489
LATUDA	80MG	90	1	\$301.90	\$3,881.70	\$3,579.80	2	\$50.00	\$3,529.80		63402-0308-30	66933
PREVACID SOLUTAB	30MG	168	2	\$135.80	\$2,120.16	\$1,984.36	3	\$160.00	\$1,824.36		64764-0544-11	51654
RESTASIS VIALS	0.05%	180	1	\$934.90	\$1,765.80	\$830.90	2	\$50.00	\$780.90		00023-9163-30	51820
VENTOLIN HFA	90MCG	400	1	\$49.90	\$1,156.00	\$1,106.10	2	\$50.00	\$1,056.10		00173-0682-20	28090
XARELTO	10MG	100	1	\$440.90	\$1,850.00	\$1,409.10	2	\$50.00	\$1,359.10		50458-0580-10	64493
XARELTO	20MG	84	1	\$256.90	\$1,554.00	\$1,297.10	2	\$50.00	\$1,247.10		50458-0579-10	68119
Shipping				\$315.00		(\$315.00)			(\$315.00)			
<b>TOTALS</b>			<b>24</b>	<b>\$12,967.60</b>	<b>\$48,233.44</b>	<b>\$35,265.84</b>		<b>\$1,216.67</b>	<b>\$34,049.17</b>			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.

# Summary Savings Report# 23602



DATE: Jun-14-24  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

May 01, 2024 - May 31, 2024 Page 1

<b>Enrolled Members</b>	<b>61</b>	
Participation is based on the previous 12 months		
	<u><b>Current</b></u>	<u><b>Since Inception</b></u> July 01, 2010
<b>Issued Prescriptions</b>	<b>26</b>	<b>9371</b>
<b>Average U.S. Plan Cost</b>	<b>\$63,309.74</b>	<b>\$7,607,711.14</b>
<b>Canarx Billing</b>	<b>\$17,137.40</b>	<b>\$2,465,166.90</b>
<b>Net Program Savings</b>	<hr/> <b>\$46,172.34</b> <hr/>	<hr/> <b>\$5,142,544.24</b> <hr/>
<b>Savings</b>	<b>72.93%</b>	<b>67.60%</b>
	<u><b>Current Savings</b></u>	
<b>Employee Savings</b>	<b>\$1,370.00</b>	<b>2.97%</b>
<b>Group Savings</b>	<b>\$44,802.34</b>	<b>97.03%</b>
<b>Savings</b>	<hr/> <b>\$46,172.34</b> <hr/>	<hr/> <b>100.00%</b> <hr/>
<b>Projected Annual Savings</b>	<b>\$543,642.07</b>	
Calculations are based on current results		

# Summary Savings Report# 23602



DATE: Jun-14-24  
 PROGRAM: Ulster County - GSR  
 CUSTOMER: Ulster County  
 244 Fair Street  
 Kingston, NY  
 12402-1800

May 01, 2024 - May 31, 2024 Page 2

MEDICATION NAME	STRENGTH	PILL COUNT	RX COUNT	CANARX BILLING	AVERAGE U.S. PLAN COST	NET PROGRAM SAVINGS	TIER	EMPLOYEE SAVINGS	GROUP SAVINGS	COMMENTS	NDC	GCNSEQ
ADVAIR DISKUS	250MCG	180	1	\$203.90	\$572.40	\$368.50	2	\$50.00	\$318.50		00173-0696-00	43367
BIKTARVY	50MG-200MG-25MG	120	4	\$6,327.60	\$15,517.20	\$9,189.60	2	\$66.67	\$9,122.93		61958-2501-01	78146
BYSTOLIC (G)	10MG	180	1	\$398.90	\$1,069.20	\$670.30	3	\$80.00	\$590.30		00456-1410-30	63511
CELEBREX	200MG	90	1	\$58.90	\$1,371.60	\$1,312.70	3	\$80.00	\$1,232.70		00025-1525-31	41286
DEXILANT DR	60MG	90	1	\$377.90	\$901.80	\$523.90	2	\$50.00	\$473.90		64764-0175-90	64794
EXFORGE HCT	160/25/10MG	84	1	\$102.90	\$977.76	\$874.86	3	\$80.00	\$794.86		00078-0562-15	65151
FARXIGA	10MG	84	1	\$227.90	\$1,588.44	\$1,360.54	2	\$50.00	\$1,310.54		00310-6210-30	70755
GILENYA (G)	0.5MG	56	2	\$4,025.80	\$19,765.76	\$15,739.96	2	\$33.33	\$15,706.63		00078-0607-15	66709
INVOKANA	300MG	180	2	\$745.80	\$3,499.20	\$2,753.40	3	\$160.00	\$2,593.40		50458-0141-90	70792
JANUMET	50/1000MG	168	1	\$167.90	\$1,564.08	\$1,396.18	2	\$50.00	\$1,346.18		00006-0577-61	62532
JARDIANCE	25MG	90	1	\$277.90	\$1,786.50	\$1,508.60	2	\$50.00	\$1,458.60		00597-0153-90	72489
MIRVASO	0.33%	90	1	\$256.90	\$1,863.90	\$1,607.00	3	\$80.00	\$1,527.00		00299-5980-35	71362
NEXIUM (G)	40MG	150	2	\$212.80	\$1,341.00	\$1,128.20	3	\$160.00	\$968.20		00186-5040-54	47526
RESTASIS VIALS	0.05%	180	1	\$1,050.90	\$1,886.40	\$835.50	2	\$50.00	\$785.50		00023-9163-30	51820
RYBELSUS	3MG	90	1	\$994.90	\$2,831.40	\$1,836.50	2	\$50.00	\$1,786.50		00169-4303-13	80228
SYMBICORT	160MCG-4.5MCG	360	1	\$155.90	\$684.00	\$528.10	2	\$50.00	\$478.10		00186-0370-20	62726
VENTOLIN HFA	90MCG	600	1	\$49.90	\$1,854.00	\$1,804.10	2	\$50.00	\$1,754.10		00173-0682-20	28090
VIIBRYD	40MG	90	1	\$588.90	\$1,016.10	\$427.20	3	\$80.00	\$347.20		00456-1140-30	67378
XARELTO	10MG	90	1	\$279.90	\$1,665.00	\$1,385.10	2	\$50.00	\$1,335.10		50458-0580-10	64493
XARELTO	20MG	84	1	\$256.90	\$1,554.00	\$1,297.10	2	\$50.00	\$1,247.10		50458-0579-10	68119
Shipping				\$375.00		(\$375.00)			(\$375.00)			
<b>TOTALS</b>			26	\$17,137.40	\$63,309.74	\$46,172.34		\$1,370.00	\$44,802.34			

The Canarx price includes all costs to the plan. There are no further charges, such as, electronic transaction fees or per member per month administration costs.