



# Save Big. Stay Healthy.

INJECTABLES & REFRIGERATED MEDICATIONS, INCLUDING THOSE FOR DIABETES

## Getting Your \$0 Prescriptions Is Easy!

### What You Get with ElectRx

- ✓ \$0 costs on eligible medications!
- ✓ \$0 shipping!
- ✓ \$0 risk to you!



### Keep in Mind

To qualify for this program, the medication must:

- Be eligible through your employer's prescription drug plan, and
- Have been filled at least once under that plan.

### 3 Steps to No-Cost Meds

Prescription drug prices are rising in the U.S., but that doesn't mean you have to pay more. The ElectRx Personal Importation Program lets you access eligible medications at no cost through safe, licensed pharmacies in Canada, Australia, Great Britain, and New Zealand.

1	Call <b>ElectRx</b> at <b>(855) 353-2879</b> to enroll in the program. Have your current medication list and any medical or allergy questions ready.	
2	<b>Have your doctor send your prescription(s) to:</b>	
	Escribe	ElectRx
	<ul style="list-style-type: none"> <li>• Mail: A&amp;M Pharmacy – NCPDP: 2338514 8282 Woodward Ave. Detroit, MI 48202</li> <li>• Fax: <b>(313) 875-2869</b></li> </ul>	<ul style="list-style-type: none"> <li>Fax: <b>(833) 353-2879</b></li> </ul>
3	<b>Stay informed!</b> The pharmacy will receive your order, and your prescription will be mailed directly to your home at <b>no cost to you</b> . First-time delivery takes 10–15 business days. You will receive an email notification with tracking information each time your prescription ships.	




## It's Safe. It's Simple. And it's completely **FREE** to you.



### Ready to Save?

Review the drug list and then call **(855) 353-2879** to get started.

ElectRx Brand Drug Formulary December 2025	ElectRx Customer Service: 1-855-353-2879	Customer Service Hours: 8:30am to 4:30pm EST M-F	Physician Fax: 1-833-353-2879	
Drug Name	Drug Name	Drug Name	Drug Name	Drug Name
Abrilada (CF) 40 mg/0.8 ml (Pen)	Enbrel* 50 mg (Syringe)	Lupron Depot 30mg	Sancuso	Tasigna* 200 mg
Accrufer	Enbrel* 50 mg (Sureclick)	Lupron Depot-Ped 11.25 mg	Savaysa	Tezspire (Auto-Injector)
Actemra (Prefilled Syringe)	Enstilar	Lynparza*	Scemblix 40 mg	Toujeo (Max SoloStar)
Actemra (Vial)	Entyvio*	Mavenclad* 10 mg (4 Tablet Pack)	Selzentry* 150 mg	Toujeo (SoloStar)
Alecensa*	Erleada*	Mayzent* 2 mg	Selzentry* 300 mg	Tremfya* (Prefilled Syringe)
Amjevita 40 mg/0.8 ml (Auto-Injector)	Esbriet	Mekinist Tablets	Semglee 100 units/ml (Pen)	Tremfya* (Pen-Injector)
Amjevita 40 mg/0.8 ml (Prefilled Syringe)	Estring 2 mg (Vaginal Ring)	Mektovi	Silenor	Treximet
Apretude	Ferriprox 500 mg	Miebo	Simponi* (Autolnjector)	Trulance
Avonex (Pen)	Fiasp (FlexTouch)	Movantik	Simponi* 50 mg (Prefilled Syringe)	Trulicity 0.75 mg
Avonex (Prefilled Syringe)	Fiasp (PenFill)	Myfembree	Skyrizi* 150 mg/ml (Prefilled Syringe)	Trulicity 1.5 mg
Baqsimi Nasal Powder	Fiasp (Vial)	Myleran	Skyrizi* 360 mg/2.4 ml (Kit)	Tykerb
Basaglar 100 U/ml (KwikPen)	Flovent 50 mcg Diskus	Neulasta	Skyrizi* Pen 150 mg/ml (Autolnjector)	Velsipity* 2 mg
Benlysta (Autolnjector)	Forteo	Neupogen 480 mcg/0.8 mL (Syringe)	Soliqua	Veltassa 16.8 gm
Bimzelx* 160mg/ml (Auto-Injector)	Gleostine 40 mg	Ocaliva*	Sprycel* 100 mg	Veltassa 8.4 gm
Bimzelx* 320mg/2ml (Auto-Injector)	Hulio (CF) 40 mg/0.8 ml (Pen)	Ocrevus 300 mg/10 ml (Vial)	Sprycel* 140 mg	Venclexta 100 mg
Braftovi	Humira* (CF) 40 mg/0.4 ml (Pen)	Ofev*	Sprycel* 20 mg	Verkazia
Bronchitol 40 mg	Humira* (CF) 40 mg/0.4 ml (Prefilled Syringe)	Ongentys 50 mg	Sprycel* 50 mg	Verzenio* 100mg
Cabometyx 20 mg	Humira* 40 mg/0.8 ml (Pen)	Opzelura 1.5% Cream	Sprycel* 70 mg	Verzenio* 150mg
Cabometyx 40 mg	Humira* 40 mg/0.8 ml (Prefilled Syringe)	Orencia 125 mg/ml (Prefilled Syringe)	Sprycel* 80mg	Verzenio* 50mg
Cabometyx 60 mg	ibsrela 50 mg	Orgovyx	Steglatro	Viberzi
Canasa	Iclusig 45 mg	Ozempic 0.25 mg, 0.5 mg	Stelara* 90 mg (Prefilled Syringe)	Victoza
Cibinqo*	Idacio (CF) 40 mg/0.8 ml (Pen)	Ozempic 1 mg	Stelara* 45 mg (Prefilled Syringe)	Votrient*
Cimzia*	Imbruvica 140 mg	Pifeltro	Stendra 200 mg	Vyzulta Eye Drops
Contrave	Inlyta* 1 mg	Piqray 300 mg Daily Dose Pack	Stivarga	Wynzora 0.005%-0.064% Cream
Copaxone	Intelence 200 mg	Prezcobix	Symbicort Inhaler 80 mcg/4.5 mcg	Xifaxan 550 mg
Corlanor	Isentress HD*	Promacta 25 mg	Tafinlar* 50 mg	Xtandi* 40 mg
Cosentyx (Sensoready Pen)	Kaletra* 200mg/50mg	Promacta 50 mg	Tafinlar* 75 mg	Yuflyma (CF) 40 mg/0.4 ml (Autolnjector)
Cosentyx 300 mg (Prefilled Syringe)	Kesimpta*	Pulmicort Flexhaler	Tagrisso*	Zejula* 100 mg
Creon 18000U/36000U/114000U	Kisqali* 600 mg Dose	Pulmicort Respules 0.5 mg	Taltz*	Zeposia* 0.92 mg
Cresemba* 186 mg	Lenvima 10 mg	Pulmicort Respules 1 mg	Talzenna* 0.25 mg	Zolinza*
Cuprimine	Lenvima 4mg	Pulmozyme	Talzenna* 0.35 mg	Zoryve 0.3% Cream
Daraprim	Litfulo*	Rebif 44 mcg/0.5 ml (Prefilled Syringe)	Talzenna* 0.5 mg	
Delstrigo	Lonsurf	Rebif Rebidose	Talzenna* 1 mg	
Duaklir Pressair	Lorbrena* 100mg Tablets	Ridaura	Tasigna* 150 mg	

\*This medication may only be dispensed as a one month supply due to the high cost of this medication.

Medications listed are subject to change. Please call ElectRx to confirm your medication(s) is currently available.

The drug list provided is subject to change without prior notice. Please be advised that this program is intended solely for individuals who have confirmed the prescribed drug is covered by their insurance and has been initially obtained through a retail, mail order, or specialty pharmacy. By using this program you acknowledge that you have taken necessary steps to ensure that the prescribed medication is currently approved by your plan.