HAMPSHIRE COUNTY
GROUP INSURANCE TRUST

ELECTRx
Pharmacy Benefit Strategists

Prescription Drug Mail Order Program

INJECTABLES & REFRIGERATED MEDICATIONS, INCLUDING THOSE FOR DIABETES

Hampshire County Group Insurance Trust is pleased to offer you the opportunity to get **FREE** brand-name and specialty medications through our partnership with ElectRx. This benefit is part of your employer-sponsored prescription drug program and is provided through the Personal Importation (PI) Program.

With this program, eligible brand-name medications are sourced from trusted brick-and-mortar pharmacies in Canada, New Zealand, Australia, and England—the same pharmacies local residents use.

All eligible medications are **$0 cost to you**; there is no deductible, no copay, and no coinsurance. They're **FREE!** To qualify, your medication must be covered by your employer's plan and have been filled at least once. **Get Started in 3 Easy Steps**

1	**Call ElectRx at (855) 353-2879.** Have your current medication list and any medical or allergy questions ready.
2	Have your doctor send your prescription to:
	EScribe • Mail: A&M Pharmacy – NCPDP: 2338514 8282 Woodward Ave., Detroit, MI 48202 • Fax: (313) 875-2869
	ElectRx • Fax: (833) 353-2879
3	**Your prescriptions will arrive at your door in 10-15 business days, at no cost to you.** After that, you'll get automatic refill reminders to make it even easier.

Questions?

Call **(855) 353-2879**

Save Big. Stay Healthy.

ElectRx Brand Drug Formulary June 2026	ElectRx Customer Service: 1-855-353-2879	Customer Service Hours: 8:30am to 4:30pm ET M-F	Physician Fax: 1-833-353-2879	ELECTRx Pharmacy Benefit Strategists
Drug Name	Drug Name	Drug Name	Drug Name	Drug Name
Accrufer	Enstilar	Miebo	Selzentry* 150 mg	Toujeo (SoloStar)
Actemra (Prefilled Syringe)	Entyvio*	Movantik	Selzentry* 300 mg	Tremfya * (Prefilled Syringe)
Actemra (Vial)	Erleada*	Myfembree	Semglee 100 units/ml (Pen)	Tremfya* (Pen-Injector)
Alecensa*	Esbriet	Myleran	Silenor	Treximet
Amjevita 40 mg/0.8 ml (Auto-Injector)	Estring 2 mg (Vaginal Ring)	Neulasta	Simponi* (AutoInjector)	Trulance
Amjevita 40 mg/0.8 ml (Prefilled Syringe)	Ferriprox 500 mg	Neupogen 480 mcg/0.8 mL (Syringe)	Simponi* 50 mg (Prefilled Syringe)	Trulicity 0.75 mg
Apretude	Forteo	Ocrevus 300 mg/10 ml (Vial)	Skyrizi* 150 mg/ml (Prefilled Syringe)	Trulicity 1.5 mg
Avonex (Pen)	Gleostine 40 mg	Ofev*	Skyrizi* 180 mg/1.2ml (On-body)	Truxima 500 mg/50ml
Avonex (Prefilled Syringe)	Hulio (CF) 40 mg/0.8 ml (Pen)	Omvoh* 100 mg/ml (Auto-injector)	Skyrizi* 360 mg/2.4 ml (Kit)	Tykerb
Baqsimi Nasal Powder	Humira* (CF) 40 mg/0.4 ml (Pen)	Ongentys 50 mg	Skyrizi* Pen 150 mg/ml (AutoInjector)	Uptravi 800 mcg
Basaglar 100 U/ml (KwikPen)	Humira* (CF) 40 mg/0.4 ml (Prefilled Syringe)	Opsumit	Soliqua	Velsipity* 2 mg
Benlysta (AutoInjector)	Humira* 40 mg/0.8 ml (Pen)	Opzelura 1.5% Cream	Sprycel* 100 mg	Veltassa 16.8 gm
Bimzelx* 320 mg/2 ml (Prefilled Syringe)	Humira* 40 mg/0.8 ml (Prefilled Syringe)	Orencia 125 mg/ml (Prefilled Syringe)	Sprycel* 140 mg	Veltassa 8.4 gm
Bimzelx* 160mg/ml (Auto-Injector)	Ibsrela 50 mg	Orgovyx	Sprycel* 20 mg	Venclexta 100 mg
Bimzelx* 320mg/2ml (Auto-Injector)	Iclusig 45 mg	Ozempic 0.25 mg, 0.5 mg	Sprycel* 50 mg	Verkazia
Bosulif 100mg	Idacio (CF) 40 mg/0.8 ml (Pen)	Ozempic 1 mg	Sprycel* 70 mg	Verzenio* 100mg
Braftovi	Imbruvica 140 mg	Pifeltro	Sprycel* 80mg	Verzenio* 150mg
Bronchitol 40 mg	Inlyta* 1 mg	Piqray 300 mg Daily Dose Pack	Steglatro	Verzenio* 50mg
Cabometyx 20 mg	Intelence 200 mg	Prezcobix	Stelara * 90 mg (Prefilled Syringe)	Viberzi
Cabometyx 40 mg	Isentress HD*	Promacta 25 mg	Stelara* 45 mg (Prefilled Syringe)	Victoza
Cabometyx 60 mg	Kaletra* 200mg/50mg	Promacta 50 mg	Stendra 200 mg	Votrient*
Canasa	Kesimpta*	Pulmicort Flexhaler	Stivarga	Vyndamax
Cibinqo*	Kisqali*	Pulmicort Respules 0.5 mg	Symbicort Inhaler 80 mcg/4.5 mcg	Vyzulta Eye Drops
Cimzia*	Lenvima 10 mg	Pulmicort Respules 1 mg	Tafinlar* 50 mg	Wezlana 90 mg/ml (Syringe)
Copaxone	Lenvima 4mg	Pulmozyme	Tafinlar* 75 mg	Wynzora 0.005%-0.064% Cream
Corlanor 5mg	Litfulo*	Rebif 44 mcg/0.5 ml (Prefilled Syringe)	Tagrisso*	Xifaxan 550 mg
Cosentyx (Sensoready Pen)	Lonsurf	Rebif Rebidose	Taltz*	Xtandi* 40 mg
Cosentyx 300 mg (Prefilled Syringe)	Lorbrena* 100mg Tablets	Retevmo 40mg	Talzenna* 0.25 mg	Yuflyma (CF) 40 mg/0.4 ml (AutoInjector)
Creon 18000U/36000U/114000U	Lupron Depot 30mg	Retevmo 80mg	Talzenna* 0.35 mg	Zejula* 100 mg
Cresemba* 186 mg	Lupron Depot-Ped 11.25 mg	Ridaura	Talzenna* 0.5 mg	Zeposia* 0.92 mg
Daraprim	Lynparza*	Ruxience	Talzenna* 1 mg	Zolinza*
Delstrigo	Mavenclad* 10 mg (4 Tablet Pack)	Sancuso	Tasigna* 150 mg	
Duaklir Pressair	Mayzent* 2 mg	Savaysa 15mg	Tasigna* 200 mg	
Enbrel* 50 mg (Sureclick)	Mekinist Tablets	Scemblix 20 mg	Tezspire (Auto-Injector)	
Enbrel* 50 mg (Syringe)	Mektovi	Scemblix 40 mg	Toujeo (Max SoloStar)	

*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.

Red = Preventative Drug