

# Drex

The Honest PBM

# YOUR DREX PRESCRIPTION DRUG PLAN

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## Introduction to Services



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# Your Prescription Benefits

## Welcome

Your employer believes in transparency of healthcare costs. That is why they have partnered with Drexel to make available to our participants a unique pass through model for prescription drug pricing. Transparency of costs and options for pharmaceuticals allows participants to be smart consumers of their healthcare needs.

## GETTING STARTED

Each member and their spouse and dependent(s) will have a separate account and login. Because of HIPAA regulations each member will only see their own member details (Active prescriptions, prescription history and spend summary).

The first step of account creation is member validation by entering some basic information about who you are. We use email address as your account name since everyone has one, it is unique and easy to remember.

Your zip code allows us to preset the drug search criteria to nearby pharmacy locations. Choose the "I have a membership card from my employer or primary subscriber" option to avoid registering for another plan.

## Create an Account

Start choosing your pharmacy on your terms. See where you can save more by becoming a Drexli member.

Email Address

Confirm Email Address

Password

Confirm Password

Zip Code

We need this to give you prices for the pharmacies in your area.

Phone Number

- I have a membership card from my employer or primary subscriber.
- I would like to sign up for a membership.
- I just want to see the drug prices at my local pharmacies.

Create Account

# Creating Account

Your account is being created. We are sending you an email to validate your email address.

Once you have used the link in the email, you will have access to Drex. If the email isn't in your Inbox, check your junk/spam folder just in case.

If you don't see the email, feel free to contact us at (844) 728-3439 or [support@drex.com](mailto:support@drex.com).

On "Submit" you will be sent a link to confirm your email address. You will see the following when you "click" the link:

## Account Validated

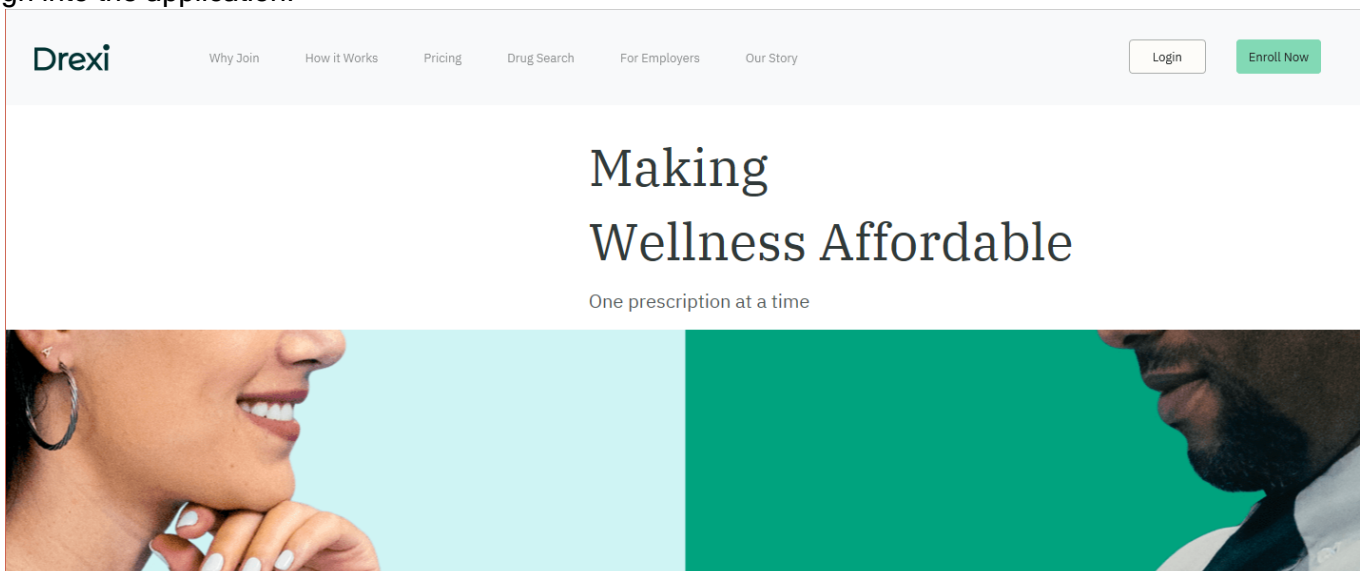
Your email address has been validated!

Login to continue linking your membership.

Login

Be sure to Bookmark <https://drex.com> for future use.

You can access the Drex membership portal from any web browser and on any device. (The application by default sets the screen orientation and menus to be compatible with any device's screen size.) Click "Login" to sign into the application.



The screenshot shows the Drex website homepage. At the top left is the Drex logo. To its right are navigation links: Why Join, How it Works, Pricing, Drug Search, For Employers, and Our Story. On the top right, there are two buttons: a white "Login" button and a green "Enroll Now" button. The main content area features the headline "Making Wellness Affordable" in a large, dark font, with the sub-headline "One prescription at a time" below it. The background of the main content area is split into two sections: a light blue section on the left showing a woman's smiling face, and a green section on the right showing a man's smiling face.

# Hi! Welcome back

[Log In](#)

[Forgot password?](#)

[Back to Drexli's Home Page](#)

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[Not a member yet? Create Account](#)

If you have forgotten your password click on 'Forgot password?' from the login screen to enter your account email address and click on 'Send'. You will get a password reset email with a one-time use link to aid in recovery of your account via a password reset.

## Easy as 1.2.3.4 to access your Prescription Plan benefits:

Step

# 1

### Get your script

You've gone to the doctor, gotten your diagnosis, and now it's time for your doctor to give you your prescription.

Most people will just have someone call this info into their "regular" pharmacy, but you're not most people. You get to work with your doctor and Drexli to find the best price.



Step

# 2

## Ask Drexii and scroll through prices and locations

Just enter your prescription info into the search bar and we'll give you a list of all your local pharmacies, and the cost of your prescription at each spot.

Most people don't even know that they have a choice when it comes to filling a prescription, and that's okay if you didn't know that either. Now you do. And that's what matters.



Step

# 3

## Go to the best pharmacy for you

Now you get to look through your list of options, and decide what to do next. Maybe driving an extra few minutes is worth the savings, maybe it's not. That's your call. And that's called freedom.

This might take some getting used to, but with Drexii you're in control. We let you make a choice that you probably didn't even know you had before.



Step

# 4

## Be well

We keep a full history of your prescriptions, so you can see what you have taken, and when. You have the data and you decide what to do with it.

Most other prescription platforms only help people save money, and some consumers may just want that. Drexii is an advocate for your overall wellness. And no one else does it as we do.



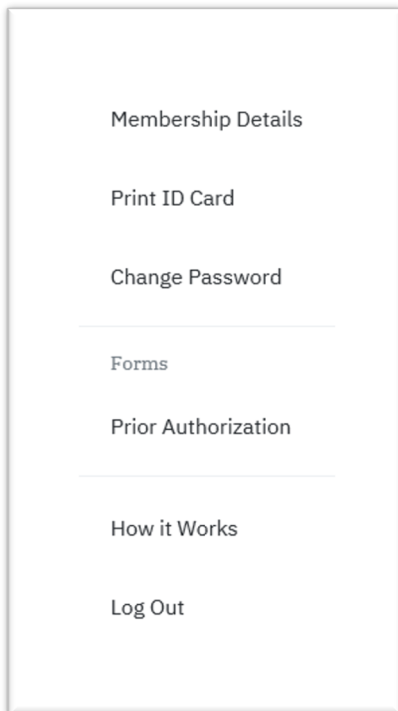
## Contact Drexel Support

Note at the top right-hand corner of the home page the Drexel Call Center Support number.

Toll Free at 1- (844) 728-3479

Available during normal business hours  
Monday through Friday 6:00 am AZ to 5:30 pm AZ  
Saturday

## Other available services:



## Membership Details:

Has all the information about your membership coverage for you and any dependents. Also available from this page is your prescription history.



## Print ID Card:

Your Prescription Drug Plan may issue you their membership card, but you can download a “Drex” version at any time after you have setup your account from ‘Print ID Card’.

# Your Drex Card

## Benefit Information

This is your personal Drex benefit Card. This is a true Benefit Plan, not a Discount Card. It can be used in conjunction with any other Benefit Card you may already have as either Primary or Secondary insurance. Your card is now active and can be used immediately at the pharmacy of your choice to purchase your prescription medications! You can show it to your pharmacist on your smart phone or print it and hand it to the pharmacist.

## Where Do I Lookup Drug Pricing?

Log into <http://drex.com> through your mobile device, tablet, or computer. Ask Drex and scroll through prices and locations.

## Where Do I Choose a Pharmacy?

Leave that up to you. Determine which pharmacy best fits your needs based on proximity and price. There are also check boxes to narrow your search based on criteria such as 24 hour, Drive Thru, Walk-In Clinics, etc. Once you've selected your pharmacy, head on over with your prescription.

## How Do I pay For My Prescription?

Bring your benefit card with you to the pharmacy you choose and show it to the pharmacist along with your prescription. The pharmacist will fill your prescription for you and charge you the acquisition price that Drex provided. You pay for your prescription at the pharmacy and you are done. Once your prescription clears the pharmacy, Drex will bill your card on file with the appropriate transaction fee OR, if you are a subscription member, you will only see your monthly subscription fee, nothing more, and your transaction will be complete.

## How Do I Get Help If I have Questions?

Simply call the Drex help line at (844) 728-3479 or you can email your concerns directly to [info@drex.com](mailto:info@drex.com). If your pharmacist has any questions or concerns have him/her call us as well. We'll gladly sort through things to help you get your prescription filled.

## Card Example:

<b>Drex</b>		<b>Members</b>		<b>Pharmacists</b>	
<b>Making Wellness Affordable</b>		<b>Dependents</b>		This card must be presented at a participating pharmacy each time when ordering prescription drugs.	
RxBin	018448	02	MARY SMITH	Possession of this card does not certify eligibility for benefits. Certain prescription drugs may require pre-authorization.	
RxPCN	66202303	03	ASHLEY SMITH	To locate a participating retail pharmacy, obtain a claim form, or find out more about your prescription benefit, please login at Drex.com or call	
RxGrp	1000			<b>Drex Support at:</b>	
ID	377421017			<b>(844) 728-3479</b>	
SFX	01				
Name	JOHN SMITH				
Issued	2019 - 08 - 01				

## Change Password:

### Reset your password

Enter a new password for your Drex account below.

  
  
  
  
[Back to Drex's Home Page](#)

## Account Activity

Upon successful login, you will be taken to the Drexli Drug Search to identify where to get the best price for your prescription. Additionally, you will see your prescription history up to this point.

Let's find the best price for your prescription.



[View Membership Details](#)

## Account Activity

Filled Date	Member	Drug Name	Pharmacy	Claim Amount	Member Responsibility	Fills Remaining	Refill Date
06/03/2020	1912669899-01	Shingrix	COSTCO PHARMACY #427	\$149.99	\$149.99	0	
04/30/2020	1912669899-01	Albuterol Sulfate HFA	CVS PHARMACY #09264	\$17.16	\$17.16	3	05/16/2020
08/30/2019	1912669899-01	Estradiol	CVS PHARMACY #09264	\$69.75	\$69.75	0	

## Drug Search

Drug search helps you see what the cost of your prescription will be at various pharmacies near the location you specify (not all pharmacies price a given drug the same so shopping will save you and your employer money). Additionally, it has other features to make it very easy to use:

1. Knows your plan benefits - The application knows your copay and deductible status towards maximum out of pocket dollars to show the most current calculated results.
2. Location aware - the application gives you the ability to search by current location, zip code or a known address. This allows you to find a pharmacy for your prescription fill closest to your physician's office, your home, work or travel location.
3. Intelligent distance and price algorithm- the order of search results is driven by an algorithm that weighs price and distance. But generally, shows the lowest price found in nearby pharmacies from our network of over 65,000 pharmacies.
4. Filtering by pharmacy type - Need a prescription fill or refill after hours? Filter the results on 24-hour pharmacies.
5. Generic drug equivalents - generic alternatives are automatically substituted when available to minimize your prescription costs. Need the specific brand? Just choose the brand from the 'Drug Type' dropdown filter in the search results and you can see those brand name drug prices to choose your pharmacy.

To locate the best nearby pharmacy to fill your prescription, simply start to type in the name of your prescription drug and the application will offer "smart completion" of your entry. Let's say you are looking for Lipitor:

Let's find the best price for your prescription.



The image shows a search interface with a text input field containing the text 'lip'. To the right of the input field is a green search button with a magnifying glass icon. Below the input field is a dropdown menu with a light green background, listing several drug suggestions: 'Lip Balm', 'Lip Balm Base', 'Lip-Care', 'Lip-Ex', 'Lip-Guard', 'LipCOTZ', and 'Lipase Concentrate-HP'.

Completing the drug name and clicking on the green search button will return the results showing pricing at various pharmacies in your vicinity.



A generic version of the drug you requested is available, and we are showing you that price. If you want to compare or see the brand cost, you can switch in the "drug type" drop-down.



Your copay for this drug may increase based on the number of days supply on your prescription.

# Atorvastatin Calcium

Drug Type:

Generic ▾

30 Tablet, 10 MG

[Update Quantity, Form, or Strength](#) ▶

[Change Location and Filter Results](#) ▶

Local

Specialty

Mail-Order

MEIJER PHARMACY #465

**\$2.86**

Est. Member Price

100 MICHIGAN ST NE STE 1830

GRAND RAPIDS, MI 49503

(616) 249-6210

Distance: 0.31 miles

CANCER & HEMATOLOGY

CENTERS OF WESTERN

MICHIGAN

145 MICHIGAN ST NE STE 3100

GRAND RAPIDS, MI 49503

(616) 977-4840

Distance: 0.34 miles

**\$3.11**

Est. Member Price

In this case there is a generic bioequivalent available and Drug Search automatically switches the result to the less costly generic:

The application provides a list of pharmacies, sorted by distance and cost from your location, their phone number, and if you click on the address will show you a map of where the pharmacy is:



The application, by default, uses your home zip code for finding pharmacies. If you want to search from another location or want to filter the kinds of pharmacies to return, click on the "Change Location and Filter Results" link. You will then see the option to specify an address (exact address, or city/state or zip or your current physical location):

[Change Location and Filter Results](#) ▾

Location


Use my location

Filter Results

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Drive-Thru Pharmacy | <input type="checkbox"/> Immunization Clinic | <input type="checkbox"/> Clinical staff available |
| <input type="checkbox"/> Home Delivery       | <input type="checkbox"/> Open 24 hours       |   |

In addition, you may specify various pharmacy characteristics such as Open 24 hours.

The application, by default, uses the most common drug form, strength and dosage. If your prescription is different simply click on "Update Quantity, Form, Strength" and you will be able to specify other values:

30 Tablet, 10 MG [Update Quantity, Form, or Strength](#) 

Form	Strength	Quantity	
TABS	10 MG	30	<input type="button" value="Update"/>
	10 MG		
	20 MG		
	40 MG		
	80 MG		

You also have the option to check out what the cost would be from a mail order pharmacy by clicking on Mail Order instead of the default, Local:

[Change Location and Filter Results](#)

Local	Specialty	<b>Mail-Order</b>
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Walmart Home Delivery

**\$2.86**

Est. Member Price

**Atorvastatin Calcium**

30 Tablet

**(800) 273-3455**

Requires minimum 84-day supply

If you want to compare the generic to the brand that you specified, you may do that by clicking on the brand name in the dropdown:

**Atorvastatin  
Calcium**

Drug Type:

Generic
Lipitor (Brand)
<b>Atorvastatin Calcium (Generic)</b>

That will then display the same information as above, but for the brand drug, along with any restrictions that the plan has in place for the brand, the contribution your employer will be making, and if there is a manufacturer's savings program, a link to that program.



A generic version of this medication is available and could save you money. You can see this price by selecting a generic in the "drug type" drop-down.



This drug requires a Step Therapy process. What's that? It's a graduated trial of less expensive drugs that could be just as effective. Please have your doctor or pharmacy contact the Drexii Helpdesk at (844) 728-3479 to review the schedule of alternative medications.

If the alternatives are deemed ineffective for your condition by your doctor, a prior authorization review by Drexii may be required before filling the prescription. You can refer to the [Prior Authorization Form](#) for more information.



Your copay for this drug may increase based on the number of days supply on your prescription.



You may qualify for a manufacturer coupon which could lower your cost.

[Click here to visit the manufacturer's site and see if you qualify.](#)

# Lipitor

Drug Type:

Brand ▾

30 Tablet, 10 MG

[Update Quantity, Form, or Strength](#) ▶

Prices for pharmacies near 49503

[Change Location and Filter Results](#) ▶

Local

Mail-Order

MEIJER PHARMACY #465

## \$60.00

Est. Member Price

**Your plan pays \$273.63**

100 MICHIGAN ST NE STE 1830

GRAND RAPIDS, MI 49503


(616) 249-6210


Distance: 0.31 miles



Clicking on the manufacturer's link takes you directly to their site that tells you the rules surrounding the offer:

Pfizer Indications Important Safety Information Prescribing Information Patient Info


 20 YEARS OF CHOLESTEROL COMMITMENT



ABOUT SAVINGS FAQs RESOURCES PHARMACY

## SEE HOW TO SAVE ON LIPITOR

With the LIPITOR Savings Card, you may pay as little as \$4 for each 30-day fill of brand-name LIPITOR.\*



\*Eligible patients could save up to \$1,800 a year. Savings Card only works on brand-name LIPITOR. [Terms and Conditions apply.](#)

## YOU MAY BE ELIGIBLE FOR THE LIPITOR SAVINGS CARD IF...

- ✓ You have insurance that:
  - Is provided by your employer or directly purchased by you
  - Is **not** Medicare, Medicaid, or any other state/federal health insurance
- ✓ You are uninsured

## Other tips:

Become a smart healthcare consumer by engaging with your physician. Search while your physician is prescribing to help your physician choose the best drug products for your prescription plan. Your physician often has many suitable drug alternatives to prescribe.

Consider buying your “maintenance drugs” (Constant use prescriptions) in 90-day quantities for best pricing. Ask your physician to change your quantity prescribed if necessary. Your plan does not limit your “mail order quantity” pharmacy choices and some pharmacies offer much better pricing as it saves them money to dispense in larger quantities. Your best price might not be where you currently fill your 30-day prescription.

Many “New” brand name drugs are not really new but rather “convenience” drugs - two cheap generic drugs mixed into a single pill, but at a much higher cost. (Sometimes as much as 1000 times the cost of taking two pills). Avoid this marketing ploy and encourage your physician to help you avoid these drugs and their needless expense.

Also note that, if required, some branded drugs may require Step Therapy (trying lower cost alternatives for treatment) before the branded drug becomes eligible for prescription use or a Prior Authorization (Prescription review) before the drug may be dispensed. Under the ‘Forms’ dropdown you will find the ‘Prior Authorization Form’ to use if your plan requires a clinical review prior to authorizing a prescription fill. If your condition is not responsive to the other alternatives, or there are unacceptable side effects, you will receive a Prior Authorization allowing your pharmacist to fill as prescribed.

Here for your convenience is a link to the Prior Authorization Form ([Link](#))

## Prior Authorization Form

**Instructions:** Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization or step-therapy exception request. Information contained in this form is Protected Health Information under HIPAA.

Please use secure methods when transferring PHI as required by HIPAA.

Drex Secure Fax: 480-444-1449

Patient Information				
First Name:	Last Name:	MI:	Phone Number:	
Address:		City:	State:	Zip Code:
Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Circle unit of measure Height (in/cm): _____ Weight (lb/kg): _____	Allergies:	
Patient's Authorized Representative (if applicable):		Authorized Representative Phone Number:		
Insurance Information				
Primary Insurance Name:		Patient ID Number:		
Secondary Insurance Name:		Patient ID Number:		
Prescriber Information				
First Name:	Last Name:		Specialty:	
Address:		City:	State:	Zip Code:
Requestor (if different than prescriber):		Office Contact Person:		
NPI Number (individual):		Phone Number:		
DEA Number (if required):		Fax Number (in HIPAA compliant area):		
Email Address:				
Medication / Medical and Dispensing Information				
Medication Name:				
<input type="checkbox"/> New Therapy <input type="checkbox"/> Renewal <input type="checkbox"/> Step Therapy Exception Request If Renewal: Date Therapy Initiated: _____ Duration of Therapy (specific dates): _____				
How did the patient receive the medication?				
<input type="checkbox"/> Paid under Insurance Name: _____ Prior Auth Number (if known): _____ <input type="checkbox"/> Other (explain): _____				
Dose/Strength:	Frequency:	Length of Therapy/#Refills:	Quantity:	
Administration:				
<input type="checkbox"/> Oral/SL <input type="checkbox"/> Topical <input type="checkbox"/> Injection <input type="checkbox"/> IV <input type="checkbox"/> Other: _____				
Administration Location:		<input type="checkbox"/> Patient's Home <input type="checkbox"/> Long Term Care <input type="checkbox"/> Physician's Office <input type="checkbox"/> Home Care Agency <input type="checkbox"/> Other (explain): _____ <input type="checkbox"/> Ambulatory Infusion Center <input type="checkbox"/> Outpatient Hospital Care		

Patient Name:	ID#:
---------------	------

**Instructions:** Please fill out all applicable sections on both pages completely and legibly. Attach any additional documentation that is important for the review, e.g. chart notes or lab data, to support the prior authorization or step therapy exception request.

1. Has the patient tried any other medications for this condition? <input type="checkbox"/> YES (if yes, complete below) <input type="checkbox"/> NO		
Medication/Therapy (Specify Drug Name and Dosage)	Duration of Therapy (Specify Dates)	Response/Reason for Failure/Allergy
2. List Diagnoses:		ICD-10:
3. <u>Required clinical information</u> - Please provide all relevant clinical information to support a prior authorization or step therapy exception request review.		
Please provide symptoms, lab results with dates and/or justification for initial or ongoing therapy or increased dose and if patient has any contraindications for the health plan/insurer preferred drug. Lab results with dates must be provided if needed to establish diagnosis, or evaluate response. Please provide any additional clinical information or comments pertinent to this request for coverage, including information related to exigent circumstances, or required under state and federal laws.		
<input type="checkbox"/> Attachments		

**Attestation:** I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan, insurer, Medical Group or its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

**Prescriber Signature or Electronic I.D. Verification:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confidentiality Notice:** The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately (via return FAX) and arrange for the return or destruction of these documents.

**Plan/Insurer Use Only:** Date/Time Request Received by Plan/Insurer: \_\_\_\_\_ Date/Time of Decision: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_

Approved  Denied Comments/Information Requested: \_\_\_\_\_

Drexel Secure Fax: 480-444-1449  
Customer Support: 844-728-3479

Drexel, Inc.  
3350 N Arizona Ave  
Chandler, Arizona 85225