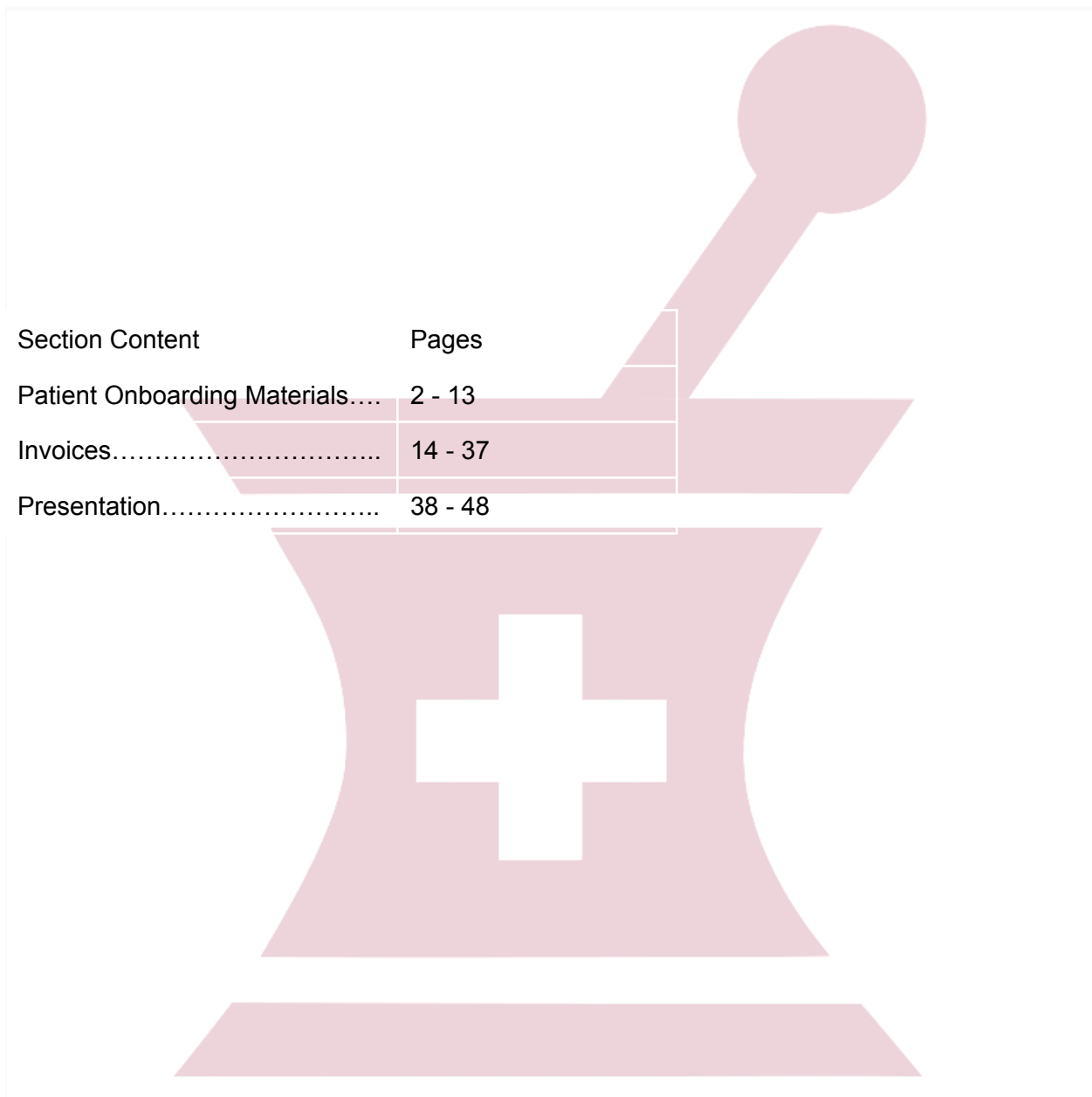


Plano, TX



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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 or (415) 630-3736.



Plano
City of Excellence

CRX



ONLINE ENROLLMENT

Easier Than Ever.

We're thrilled to introduce a game-changing update from CRX International: Online Enrollment, making the process simpler, safer, and smarter than ever before.

Navigating healthcare options can be complex, but CRX International is dedicated to providing you with a hassle-free experience. Our HIPAA-compliant online forms ensure your privacy while streamlining the enrollment journey.

To get started, simply scan the QR code below, find your medication, and enroll online.

Ready to embrace the future of enrollment?

Your WebID Is: **PLANO**



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

- **Advair**
- **Januvia**
- **Eliquis**
- **Symbicort**
- **Flovent**
- **Xarelto**

For a complete list, visit your plan page at crxintl.com or call **1-866-488-7874**

The logo for CRX International, featuring the letters "CRX" in a bold, white, sans-serif font with a white checkmark-like stroke extending from the top right of the "X".



PRSRT STD
US POSTAGE
PAID
DETROIT MI
PERMIT # 851

Contáctenos o visite el sitio web para materiales en español.



SAVINGS SIMPLE & SAFE

SIGN UP TODAY

Medications FREE to your door!
See reverse for a full list of medications.

CRX International is a voluntary international mail order prescription program that is available to eligible Employees, Pre-65 Retirees and Dependents of the City of Plano, Texas.

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 CRX brings to your plan.

Getting started is super easy!

1. Check to see if a medication is offered - call CRX at **1-866-488-7874** or to view the complete formulary - and enroll online or download an enrollment form - visit www.crxintl.com (WebID: **PLANO**).
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



1-866-488-7874
www.crxintl.com
WebID: PLANO

ACIPHEX 20MG	BRILINTA 60MG	EVOTAZ 300MG-150MG	KEPPRA (G) 1000MG	PLAQUENIL 200MG	TEKTURNA 150MG
ACTONEL (G) 35MG	BRILINTA 90MG	EXELON (G) 4.6MG/24HR	KERENDIA 10MG	PRADAXA 150MG	TEKTURNA 300MG
ACTONEL (G) 150MG	BYSTOLIC (G) 2.5MG	EXELON (G) 9.5MG/24HR	KERENDIA 20MG	PRED FORTE 1%	TIVICAY 50MG
ACTOPLUS (G) 15MG-850MG	BYSTOLIC (G) 5MG	EXELON (G) 13.3MG/24HR	KISQALI 200MG	PREMARIN 0.3MG	TOBI PODHALER 28MG
ACULAR (G) 0.5%	BYSTOLIC (G) 10MG	EXFORGE (G) 5/160MG	KOMBIGLYZE XR	PREMARIN 0.625MG	TOBREX OINT 0.3%
ACULAR LS (G) 0.4%	BYSTOLIC (G) 20MG	EXFORGE (G) 5/320MG	2.5MG/1000MG	PREMARIN 1.25MG	TOVIAZ 4MG
ACZONE 5%	CADUET 5/10MG	EXFORGE (G) 10/160MG	KOMBIGLYZE XR	PREMARIN CREAM	TOVIAZ 8MG
ADCIRCA (G) 20MG	CADUET 5/20MG	EXFORGE (G) 10/320MG	5MG/500MG	0.625MG/GM	TRADJENTA 5MG
ADVAIR DISKUS 100MCG	CADUET 5/40MG	EXFORGE HCT 160/12.5/5MG	KOMBIGLYZE XR	PREMPRO 0.3MG/1.5MG	TRELEGY ELLIPTA
ADVAIR DISKUS 250MCG	CADUET 5/80MG	EXFORGE HCT 160/12.5/10MG	5MG/1000MG	PRESTALIA 3.5MG/2.5MG	100-62.5-25MCG
ADVAIR DISKUS 500MCG	CADUET 10/10MG	EXFORGE HCT 160/25/5MG	LATUDA 20MG	PRESTALIA 7MG/5MG	TRELEGY ELLIPTA
ADVAIR HFA 45/21MCG	CADUET 10/20MG	EXFORGE HCT 160/25/10MG	LATUDA 40MG	PRESTALIA 14MG/10MG	200-62.5-25MCG
ADVAIR HFA 115/21MCG	CADUET 10/40MG	EXFORGE HCT 320/25/10MG	LATUDA 60MG	PREVACID SOLUTAB 15MG	TRIBENZOR 20/5/12.5MG
ADVAIR HFA 230/21MCG	CADUET 10/80MG	FARESTON 60MG	LATUDA 80MG	PREVACID SOLUTAB 30MG	TRIBENZOR 40/5/12.5MG
AFINITOR 2.5MG	CAMBIA 50MG	FARXIGA 5MG	LATUDA 120MG	PREZISTA 800MG	TRIBENZOR 40/5/25MG
AFINITOR 5MG	CARDIZEM CD (G) 360MG	FARXIGA 10MG	LEXAPRO (G) 5MG	PRISTIQ 50MG	TRIBENZOR 40/10/12.5MG
AFINITOR 10MG	CARDURA XL 4MG	FELDENE 10MG	LEXAPRO (G) 10MG	PRISTIQ 100MG	TRIBENZOR 40/10/25MG
AKLIEF 50MCG/G	CARDURA XL 8MG	FELDENE 20MG	LEXAPRO (G) 20MG	PROMETRIUM 100MG	TRINTELLIX 5MG
ALOCRI 2%	CELEBREX 100MG	FETZIMA 20MG	LEXIVA 700MG	QTERN 10-5MG	TRINTELLIX 10MG
ALOMIDE 0.1%	CELEBREX 200MG	FETZIMA 40MG	LIALDA 1.2GM	QVAR REDHALER 40MCG	TRINTELLIX 20MG
ALPHAGAN-P 0.15%	CEQUA (G) 0.09%	FETZIMA 80MG	LINZESS 72MCG	QVAR REDHALER 80MCG	TRIUMEQ 600-50-300MG
ALREX 0.2%	CLARINEX 5MG	FETZIMA 120MG	LINZESS 145MCG	RANEXA (G) 500MG	TUORZA PRESSAIR
ALTACE (G) 10MG	CLIMARA PATCH 25MCG	FINACEA GEL 15%	LINZESS 290MCG	RAPAFLO (G) 4MG	400MCG
ALVESCO 80MCG	CLIMARA PATCH 50MCG	FLAREX 0.1%	LIPITOR (G) 10MG	RAPAFLO (G) 8MG	UCERIS 9MG
ALVESCO 160MCG	CLIMARA PATCH 75MCG	FLOVENT 44MCG	LIPITOR (G) 20MG	RAPAMUNE 0.5MG	ULORIC 80MG
AMPYRA (G) 10MG	COMBIGAN 0.2-0.5%	FLOVENT 110MCG	LIPITOR (G) 40MG	RAPAMUNE 2MG	UROKIT-K (G) 10MEQ
ANAPROX DS 550MG	COMBIVENT RESPIMAT	FLOVENT 220MCG	LIPITOR (G) 80MG	RELPAK (G) 20MG	URSO 250MG
ANORO ELLIPTA	20MCG/100MCG	FLOVENT DISKUS 100MCG	LOTEMAX GEL 0.5%	RELPAK (G) 40MG	VAGIFEM 10MCG
62.5/25MCG	CORGARD 80MG	FLOVENT DISKUS 250MCG	LOTEMAX OINT 0.5%	RENAGEL 800MG	VECTICAL 3MCG/GM
APTIOM 200MG	COSOPT PF 2%/0.5%	FOSAMAX PLUS D	LOTEMAX SUSP 0.5%	RESTASIS MULTIDOSE (G)	VELPHORO 500MG
APTIOM 400MG	CRESTOR (G) 5MG	70MG-2800IU	LOVENOX (G) 60MG	0.05%	VENTOLIN HFA 90MCG
APTIOM 600MG	CRESTOR (G) 10MG	FOSAMAX PLUS D	LOVENOX (G) 80MG	RESTASIS VIALS 0.05%	VESICARE (G) 5MG
APTIOM 800MG	CRESTOR (G) 20MG	70MG-5600IU	LOVENOX (G) 100MG	RETIN A MICRO GEL PUMP	VESICARE (G) 10MG
ARAVA 10MG	CRESTOR (G) 40MG	FOSRENOL CHEW 500MG	LUMIGAN 0.01%	0.04%	VIIBRYD 10MG
ARAVA 20MG	CRINONE GEL 8%	FOSRENOL CHEW 750MG	METRO CREAM 0.75%	RETIN-A MICRO GEL PUMP	VIIBRYD 20MG
ARAZLO 0.045%	CYMBALTA (G) 20MG	FOSRENOL CHEW 1000MG	METROGEL PUMP 1%	0.1%	VIIBRYD 40MG
ARNUITY ELLIPTA 100MCG	CYMBALTA (G) 30MG	FOSRENOL POWDER 750MG	MICARDIS 40MG	REXULTI 0.25MG	VIMOVO 375/20MG
ARNUITY ELLIPTA 200MCG	CYMBALTA (G) 60MG	FOSRENOL POWDER 1000MG	MICARDIS 80MG	REXULTI 0.5MG	VIMOVO 500/20MG
AROMASIN (G) 25MG	CYTOTEC (G) 200MCG	GENVOYA	MICARDIS HCT 40/12.5MG	REXULTI 1MG	VIREAD (G) 300MG
ARTHROTEC 50MG	DALIRESP 250MCG	GILENYA (G) 0.5MG	MICARDIS HCT 80/12.5MG	REXULTI 2MG	VIVELLE-DOT 25MCG
ARTHROTEC 75MG	DALIRESP 500MCG	GLUCAGEN HYPOKIT 1MG	MICARDIS HCT 80/25MG	REXULTI 3MG	VIVELLE-DOT 37.5MCG
ASMANEX TWISTHALER	DEPAKOTE (G) 250MG	GLUMETZA ER 1000MG	MIGRANAL 4MG/ML	REXULTI 4MG	VIVELLE-DOT 50MCG
110MCG	DEPAKOTE (G) 500MG	GLYXAMBI 10MG/5MG	MIRAPEX ER 0.375MG	RINVOQ 15MG	VIVELLE-DOT 75MCG
ASMANEX TWISTHALER	DETROL (G) 1MG	GLYXAMBI 25MG/5MG	MIRAPEX ER 0.75MG	RINVOQ 30MG	VIVELLE-DOT 100MCG
220MCG	DETROL (G) 2MG	IBRANCE 75MG	MIRAPEX ER 1.5MG	RYBELSUS 3MG	VRAYLAR 1.5MG
ASTAGRAF XL 1MG	DETROL LA (G) 2MG	IBRANCE 100MG	MIRAPEX ER 2.25MG	RYBELSUS 7MG	VRAYLAR 3MG
ASTAGRAF XL 5MG	DETROL LA (G) 4MG	IBRANCE 125MG	MIRAPEX ER 3MG	RYBELSUS 14MG	VRAYLAR 4.5MG
ATACAND 4MG	DEXILANT DR 30MG	IMITREX NASAL SPRAY 5MG	MIRAPEX ER 3.75MG	SAPHRIS 5MG	VRAYLAR 6MG
ATACAND 8MG	DEXILANT DR 60MG	IMITREX NASAL SPRAY 20MG	MIRAPEX ER 4.5MG	SAPHRIS 10MG	VUMERITY 231MG
ATACAND 16MG	DIFFERIN CREAM 0.1%	IMITREX STATDOSE 6MG/0.5ML	MIRVASO 0.33%	SEASONIQUE 0.15/0.03/0.01MG	VYTORIN 10/10MG
ATACAND 32MG	DIFFERIN GEL (G) 0.3%	INCRUSE ELLIPTA 62.5MCG	MOTEGRITY 1MG	SENSIPAR (G) 30MG	VYTORIN 10/20MG
ATACAND HCT 32MG/25MG	DIOVAN (G) 40MG	INSPIRA (G) 25MG	MOTEGRITY 2MG	SENSIPAR (G) 60MG	VYTORIN 10/40MG
ATACAND HCT 16MG/12.5MG	DIOVAN (G) 80MG	INSPIRA (G) 50MG	MULTAQ 400MG	SEREVENT DISKUS 50MCG	VYTORIN 10/80MG
ATACAND HCT 32MG/12.5MG	DIOVAN (G) 160MG	INVEGA 3MG	MYRBETRIQ 25MG	SEROQUEL XR (G) 50MG	WAKIX 4.5MG
ATELVIA DR 35MG	DIOVAN (G) 320MG	INVOKAMET 50MG-500MG	MYRBETRIQ 50MG	SEROQUEL XR (G) 150MG	WAKIX 17.8MG
ATROVENT HFA 20UG	DIOVAN HCT (G) 160/12.5MG	INVOKAMET 50MG-1000MG	NAMENDA (G) 10MG	SEROQUEL XR (G) 200MG	WELCHOL (G) 625MG
AUBAGIO (G) 14MG	DIPROLENE OINT 0.05%	INVOKAMET 150MG-500MG	NATAZIA 3/2-2/2-3/1MG	SEROQUEL XR (G) 300MG	WELLBUTRIN XL (G)
AVODART (G) 0.5MG	DIVIGEL 0.25MG	INVOKAMET 150MG-1000MG	NESINA 6.25MG	SEROQUEL XR (G) 400MG	150MG
AZILECT (G) 0.5MG	DIVIGEL 0.5MG	INVOKANA 100MG	NESINA 12.5MG	SIMBRINZA 1%/0.2%	WELLBUTRIN XL (G)
AZILECT (G) 1MG	DIVIGEL 1MG	INVOKANA 300MG	NEUPRO 1MG	SINGULAIR (G) 10MG	300MG
AZOPT 1%	DOVATO 50MG-300MG	IRESSA 250MG	NEUPRO 2MG	SLYND 4MG	XADAGO 50MG
AZOR 20/5MG	DULERA 100MCG/5MCG	ISENTRESS 400MG	NEUPRO 3MG	SOOLANTRA 1%	XADAGO 100MG
AZOR 40/5MG	DULERA 200MCG/5MCG	JAKAFI 5MG	NEUPRO 4MG	SPIRIVA 18MCG	XALATAN 50MCG/ML
AZOR 40/10MG	DUOBRII 0.01%-0.045%	JAKAFI 10MG	NEUPRO 6MG	SPIRIVA RESPIMAT 2.5MCG	XARELTO 2.5MG
BANZEL 200MG	DYMISTA 137/50MCG	JAKAFI 15MG	NEUPRO 8MG	STEGLUJAN 5MG-100MG	XARELTO 10MG
BANZEL 400MG	EDARBI 40MG	JAKAFI 20MG	NEUPRO 8MG	STEGLUJAN 15MG-100MG	XARELTO 15MG
BECONASE AQ 42MCG	EDARBI 80MG	JALYN 0.5MG/0.4MG	NEVANAC 3MG/ML	STIOLTO RESPIMAT 2.5/2.5MCG	XARELTO 20MG
BENICAR (G) 20MG	EDARBYCLOR 40MG/12.5MG	JANUMET 50/500MG	NEXAVAR 200MG	STRIVERDI RESPIMAT 2.5MCG	XELJANZ 5MG
BENICAR (G) 40MG	EDARBYCLOR 40MG/25MG	JANUMET 50/1000MG	NEXIUM (G) 20MG	SUTENT 12.5MG	XELJANZ 10MG
BENICAR HCT (G) 20MG/12.5MG	EDECIN 25MG	JANUMET XR 50MG/500MG	NEXIUM (G) 40MG	SUTENT 25MG	XELJANZ XR 11MG
BENICAR HCT (G) 40MG/12.5MG	EDURANT 25MG	JANUMET XR 50MG/1000MG	NEXIUM DR (G) 10MG	SUTENT 37.5MG	XENAZINE 25MG
BENICAR HCT (G) 40MG/25MG	EFFEXOR XR (G) 150MG	JANUMET XR 100MG/1000MG	NEXLETOL 180MG	SUTENT 50MG	XENICAL 120MG
BEPREVE 1.5%	ELIDEL 1%	JANUVA 25MG	NEXLIZET 180MG-10MG	SYMBICORT	XIGDUO XR 5/1000MG
BETIMOL 0.25%	ELIQUIS 2.5MG	JANUVIA 50MG	NORITATE CREAM 1%	160MCG-4.5MCG	XIGDUO XR 10/500MG
BETIMOL 0.5%	ELIQUIS 5MG	JANUVIA 100MG	NUBEQA 300MG	SYM TUZA	XIGDUO XR 10/1000MG
BETOPTIC S 0.25%	ELMIRON 100MG	JARDIANCE 10MG	NURTEC ODT 75MG	SYNAREL NASAL	XIIDRA 5%
BEVESPI AEROSPHERE	ENTRESTO 24MG-26MG	JARDIANCE 25MG	ODEFSEY	SYNJARDY 5MG/500MG	YASMIN 28 (G)
9MCG-4.8MCG	ENTRESTO 49MG-51MG	JENTADUETO 2.5MG-500MG	200MG-25MG-25MG	SYNJARDY 5MG/1000MG	YAZ (G) 3/0.02MG
BEYAZ	ENTRESTO 97MG-103MG	JENTADUETO 2.5MG-850MG	OLUMIANT 2MG	SYNJARDY 12.5MG/500MG	ZELAPAR 1.25MG
BIJUVA 1MG-100MG	EPIDUO FORTE 0.3%/2.5%	JENTADUETO 2.5MG-1000MG	OMNARIS 50MCG	SYNJARDY 12.5MG/1000MG	ZETIA (G) 10MG
BIKTARVY	EPIDUO GEL PUMP 0.1%/2.5%	JUBLIA 10%	ONGLYZA 2.5MG	TASIGNA 150MG	ZIANA 1.2%-0.025%
50MG-200MG-25MG	EPIPEN 0.3MG	JULUCA 50MG-25MG	ONGLYZA 5MG	TASIGNA 200MG	ZOMIG (G) 2.5MG
BINOSTO 70MG	EPIPEN JR 0.15MG	KAZANO 12.5/500MG	ORILISSA 150MG	TASMAR 100MG	ZOMIG NASAL SPRAY 5MG
BREO ELLIPTA 100/25MCG	EPIVIR / HBV (G) 100MG	KAZANO 12.5/1000MG	ORILISSA 200MG	TAZORAC GEL 0.05%	ZOVIRAX CREAM 5%
BREO ELLIPTA 200/25MCG	ESTROGEL 0.06%	KEPPRA (G) 250MG	OSPHENA 60MG	TAZORAC GEL 0.1%	ZYCLARA PACKET 3.75%
BREZTRI AEROSPHERE	EUCRISA 2%	KEPPRA (G) 500MG	OTEZLA 30MG	TECFIDERA (G) 20MG	ZYCLARA PUMP 3.75%
160MCG-9MCG-4.8MCG	EVISTA (G) 60MG	KEPPRA (G) 750MG	PENTASA 500MG	TECFIDERA (G) 240MG	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 1-866-488-7874 toll free to verify the availability of your medication through this program.



HR Email Template

City of Plano

The most effective way to introduce the CRX International program is through employer communications. Below is an email template (*designed for distribution by the HR/Benefit Department*) that informs members of the program and provides helpful information to get them started.

Note: To keep the website links (below) intact, copy and paste the wording into your email application. Please let us know when the email is sent and we will inform our customer service team! The easiest way would be to include us on your distribution list: mailadmin@crxintl.com

“Subject” CRX: NEW Online Enrollment Option!

Hello!

BRAND-NAME MEDICATIONS FOR \$0 COPAY!

To help you reduce your out-of-pocket costs for prescription medications, our health plan includes a great mail-order program through a company called **CRX International**. This benefit allows you to obtain certain brand-name medications at a **ZERO COPAY**.

NEW - ONLINE ENROLLMENT!

We are thrilled to announce the latest update to the CRX International program. You can now enroll online, making the process simpler, safer and smarter than ever before!

Our **HIPAA-compliant** online form will ensure your privacy while streamlining the enrollment process. To enroll online and view a complete list of medications, head to www.crxintl.com and enter your WebID: **PLANO**.

Once you have filled out the online form, a CRX International representative will reach out to finalize enrollment and help with placing your first order. Then, all you have to do is wait for your first zero copay order to be delivered, **DIRECT TO YOUR MAILBOX!**

CRX International is simple, safe and smart. Give it a try today! For more information, feel free to give their excellent customer service team a call at **1-866-488-7874**.

Please reach out to me, **“HR PERSON HERE”**, should you have any questions.

Thank you.

“HR PERSON HERE”

From: [CRX](#)
To: [Tracy Stack](#)
Subject: Introducing Online Enrollment from CRX
Date: Wednesday, October 11, 2023 1:00:38 PM

CAUTION: This email originated from outside of the City of Plano network. Do not click links or open attachments unless you recognize the sender and know the content is safe.

No images? [Click here](#)



Simple. Safe. Smart.



Easier Than Ever. Welcome to Online Enrollment.

We're thrilled to share some exciting news from CRX International that will simplify and enhance your members' experience with our program: Online

Enrollment, **designed to streamline the process for your members and in turn, increase your plan's utilization and savings!**

We understand that managing healthcare options can sometimes be overwhelming, which is why we've worked tirelessly to provide a hassle-free solution. Our **HIPAA-compliant online enrollment** forms guarantee the utmost privacy while making the process smoother than ever.

Gone are the days of cumbersome paperwork and lengthy enrollment procedures. CRX International is here to make life easier, so everyone can focus on what matters most.

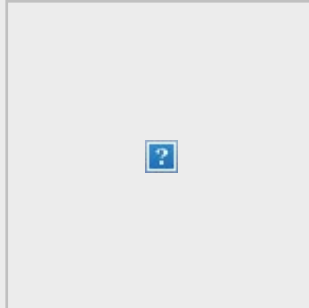
Are you ready to embrace the future of enrollment? Visit crxintl.com today to experience the convenience firsthand. We are genuinely excited to introduce this innovative enhancement and are committed to serving you and your members better than ever before.

Thank you for choosing CRX International. We value your trust and look forward to providing you with an even better enrollment experience and maximum savings.

CHECK IT OUT!

CONTACT US

You are receiving this email as an administrative contact or valued associate of CRX International.



CRX International
P.O. Box 3009
Windsor, ON, Canada
N8N 2M3

Phone: [1-866-488-7874](tel:1-866-488-7874) Toll Free
Fax: [1-866-215-7874](tel:1-866-215-7874) Toll Free
crxintl.com

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PlanoCRX

About us:

PlanoCRX is an international mail order option for eligible Employees, Pre-65 Retirees and their Dependents of the City of Plano, Texas. Your list of qualified maintenance medications is on the reverse.

Program Savings:

All member copayments have been waived for this prescription drug 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.

PlanoCRX		Vs.		Current Purchase Plan		
Annual Cost No Copays!		Current Local Copays		Refills		Annual Savings
\$0	Vs.	\$45 (Tier 2)	x	12	=	\$540 / Script
	Vs.	\$60 (Tier 3)	x	12	=	\$720 / Script

Getting Started:

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 CRX 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.CRXDocs.com. If not included, a CRX 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 tried for 30 days before ordering through **PlanoCRX**.

RETURN YOUR COMPLETED AND SIGNED ENROLLMENT FORM AND ORIGINAL PRESCRIPTIONS:



BY FAXING TO: 1-866-215-7874 (TOLL FREE)

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

OR



BY MAILING TO: PlanoCRX

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 Human Resources Office, by printing them from the website at www.PlanoCRX.com or by contacting our Customer Service Representatives toll free at **1-866-488-7874**.

Welcome to **PlanoCRX**

ACIPHEX 20MG	DIPROLENE OINT 0.05%	LATUDA 120MG	SEROQUEL XR 150MG
ACTONEL 5MG	DIVIGEL 0.25MG	LESCOL XL 80MG	SEROQUEL XR 200MG
ACTONEL 30MG	DIVIGEL 0.5MG	LEXIVA 700MG	SEROQUEL XR 300MG
ACTONEL 35MG	DIVIGEL 1MG	LIALDA 1.2GM	SEROQUEL XR 400MG
ACTONEL 150MG	DUAVEE 0.45-20MG	LINZESS 72MCG	SOOLANTRA 1%
ACTOPLUS 15MG-850MG	DULERA 100MCG/5MCG	LINZESS 145MCG	SPIRIVA 18MCG
ACULAR (G) 0.5%	DULERA 200MCG/5MCG	LINZESS 290MCG	SPIRIVA RESPIMAT 2.5MCG
ACULAR LS SOLUTION (G) 0.4%	EDARBI 40MG	LOTEMAX GEL 0.5%	STIOLTO RESPIMAT 2.5/2.5MCG
ACZONE 5%	EDARBI 80MG	LOTEMAX OINT 0.5%	STRATTERA 10MG
ADCIRCA 20MG	EDARBYCLOR 40MG/12.5MG	LOTEMAX SUSP 0.5%	STRATTERA 18MG
ADVAIR DISKUS 100MCG	EDARBYCLOR 40MG/25MG	LOVENOX 40MG	STRATTERA 25MG
ADVAIR DISKUS 250MCG	EDECIN 25MG	LOVENOX 60MG	STRATTERA 40MG
ADVAIR DISKUS 500MCG	ELIDEL 1%	LOVENOX 80MG	STRATTERA 60MG
ADVAIR HFA 45/21MCG	ELIQUIS 2.5MG	LOVENOX 100MG	STRATTERA 80MG
ADVAIR HFA 115/21MCG	ELIQUIS 5MG	LUMIGAN 0.01%	STRATTERA 100MG
ADVAIR HFA 230/21MCG	ELMIRON 100MG	MESNEX 400MG	SYNAREL NASAL
AKLIEF 50MCG/G	ENTOCORT 3MG	MESTINON TS 180MG	SYNJARDY 5MG/500MG
ALOMIDE 0.1%	ENTRESTO 24MG-26MG	METRO CREAM 0.75%	SYNJARDY 5MG/1000MG
ALPHAGAN-P 0.15%	ENTRESTO 49MG-51MG	METROGEL PUMP 1%	SYNJARDY 12.5MG/500MG
ALREX 0.2%	ENTRESTO 97MG-103MG	MIGRANAL 4MG/ML	SYNJARDY 12.5MG/1000MG
ALVESCO 80MCG 100MCG	EPIPEN 0.3MG	MIRAPEX ER 0.375MG	TARKA 2/180MG
ALVESCO 160MCG 200MCG	EPIPEN JR 0.15MG	MIRAPEX ER 0.75MG	TARKA 4/240MG
ANORO ELLIPTA 62.5/25MCG	EPIVIR / HBV 100MG	MIRAPEX ER 1.5MG	TASMAR 100MG
APTIOM 200MG	ESTROGEL 0.06%	MIRAPEX ER 2.25MG	TAZORAC CREAM 0.05%
APTIOM 400MG	EUCRISA 2%	MIRAPEX ER 3MG	TAZORAC CREAM 0.1%
APTIOM 600MG	FARESTON 60MG	MIRAPEX ER 3.75MG	TAZORAC GEL 0.05%
APTIOM 800MG	FARXIGA 5MG	MIRAPEX ER 4.5MG	TAZORAC GEL 0.1%
ARCAPTA NEOHALER 75MCG	FARXIGA 10MG	MIRVASO 0.33%	TECFIDERA 120MG
ARNUITY ELLIPTA 100MCG	FELDENE 10MG	MOTEGRITY 1MG	TECFIDERA 240MG
ARNUITY ELLIPTA 200MCG	FELDENE 20MG	MOTEGRITY 2MG	TEKTURNA 150MG
AROMASIN 25MG	FETZIMA 20MG	MULTAQ 400MG	TEKTURNA 300MG
ARTHROTEC 50MG	FETZIMA 40MG	NESINA 6.25MG	TIVICAY 50MG
ARTHROTEC 75MG	FETZIMA 80MG	NESINA 12.5MG	TOBREX OINT 0.3%
ASMANEX TWISTHALER 110MCG	FETZIMA 120MG	NESINA 25MG	TOVIAZ 4MG
ASMANEX TWISTHALER 220MCG	FINACEA GEL 15%	NEUPRO 1MG	TOVIAZ 8MG
ASTAGRAF XL 5MG	FLAREX 0.1%	NEUPRO 2MG	TRADJENTA 5MG
ATACAND 4MG	FLOVENT 44MCG 50MCG	NEUPRO 3MG	TRAVATAN Z 0.004%
ATACAND 8MG	FLOVENT 110MCG 125MCG	NEUPRO 4MG	TRELEGY ELLIPTA 100-62.5-25MCG
ATACAND 16MG	FLOVENT 220MCG 250MCG	NEUPRO 6MG	TRILEPTAL (G) 150MG
ATACAND 32MG	FLOVENT DISKUS 100MCG	NEUPRO 8MG	TRILEPTAL (G) 300MG
ATACAND HCT 16MG/12.5MG	FLOVENT DISKUS 250MCG	NEXIUM 20MG	TRILEPTAL (G) 600MG
ATACAND HCT 32MG/12.5MG	FOSRENOL CHEW 500MG	NEXIUM 40MG	TRINTELLIX 5MG
ATROVENT HFA 20UG	FOSRENOL CHEW 750MG	NEXIUM DR 10MG	TRINTELLIX 10MG
AUBAGIO 14MG	FOSRENOL CHEW 1000MG	NORITATE CREAM 1%	TRINTELLIX 20MG
AVANDIA 2MG	FOSRENOL POWDER 750MG	OMNARIS 50MCG	TRIUMEQ 600-50-300MG
AXERT 12.5MG	FOSRENOL POWDER 1000MG	ONGLYZA 2.5MG	TUDORZA PRESSAIR 400MCG
AZILECT 0.5MG	FROVA 2.5MG	ONGLYZA 5MG	UCERIS 9MG
AZILECT 1MG	GENVOYA 150-150-200-10MG	ORLISSA 150MG	ULORIC 80MG
AZOPT 1%	GILENYA 0.5MG	ORLISSA 200MG	UROCIT-K 10MEQ
BANZEL 200MG	GLUCAGEN HYPOKIT 1MG	OTEZLA 30MG	URSO 250MG
BANZEL 400MG	GLUMETZA ER 1000MG	PAZEO 0.7%	VECTICAL 3MCG/GM
BETIMOL 0.25%	GLYXAMBI 10MG/5MG	PENTASA 500MG	VENTOLIN HFA 90MCG
BETIMOL 0.5%	GLYXAMBI 25MG/5MG	PRADAXA 75MG	VIIBRYD 10MG
BETOPTIC S 0.25%	IMITREX STATDOSE 6MG/0.5ML	PRADAXA 150MG	VIIBRYD 20MG
BONIVA (G) 150MG	IMITREX NASAL SPRAY 5MG-2DOSE	PRED FORTE 1%	VIIBRYD 40MG
BREO ELLIPTA 100/25MCG	IMITREX NASAL SPRAY 20MG-2DOSE	PREMARIN 0.3MG	VIMOVO 375/20MG
BREO ELLIPTA 200/25MCG	INCRUSE ELLIPTA 62.5MCG	PREMARIN 0.625MG	VIMOVO 500/20MG
BRILINTA 60MG	INVEGA 3MG	PREMARIN 1.25MG	VIREAD 300MG
BRILINTA 90MG	INVEGA 6MG	PREMARIN CREAM 0.625MG/GM	VIVELLE-DOT 25MCG
BYSTOLIC 2.5MG	INVEGA 9MG	PREMPRO 0.3MG/1.5MG	VIVELLE-DOT 37.5MCG
BYSTOLIC 5MG	INVOKAMET 50MG-500MG	PREVACID SOLUTAB 15MG	VIVELLE-DOT 50MCG
BYSTOLIC 10MG	INVOKAMET 50MG-1000MG	PREVACID SOLUTAB 30MG	VIVELLE-DOT 75MCG
BYSTOLIC 20MG	INVOKAMET 150MG-500MG	PREZISTA 800MG	VIVELLE-DOT 100MCG
CADUET 5/10MG	INVOKAMET 150MG-1000MG	PRISTIQ 50MG	VRAYLAR 1.5MG
CADUET 5/20MG	INVOKANA 100MG	PRISTIQ 100MG	VRAYLAR 3MG
CADUET 5/40MG	INVOKANA 300MG	PROMETRIUM 100MG	VRAYLAR 4.5MG
CADUET 5/80MG	IRESSA 250MG	QVAR REDIHALER 40MCG	VRAYLAR 6MG
CADUET 10/10MG	JANUMET 50/500MG	QVAR REDIHALER 80MCG	VYTORIN 10/10MG
CADUET 10/20MG	JANUMET 50/1000MG	RANEXA 500MG	VYTORIN 10/20MG
CADUET 10/40MG	JANUMET XR 50MG/500MG	RAPAFLO 4MG	VYTORIN 10/40MG
CADUET 10/80MG	JANUMET XR 50MG/1000MG	RAPAFLO 8MG	VYTORIN 10/80MG
CARDURA XL 4MG	JANUMET XR 100MG/1000MG	RAPAMUNE 0.5MG	WELCHOL 625MG
CARDURA XL 8MG	JANUVIA 25MG	RAPAMUNE 2MG	WELCHOL PACKET 3.75G
CLARINEX 5MG	JANUVIA 50MG	RENAGEL 800MG	XARELTO 2.5MG
CLIMARA PATCH 25MCG	JANUVIA 100MG	REVELA 800MG	XARELTO 10MG
CLIMARA PATCH 50MCG	JARDIANCE 10MG	RESTASIS MULTIDOSE 0.05%	XARELTO 15MG
CLIMARA PATCH 75MCG	JARDIANCE 25MG	RESTASIS VIALS 0.05%	XARELTO 20MG
CLIMARA PATCH 100MCG	JENTADUETO 2.5MG-500MG	REXULTI 0.25MG	XELJANZ 5MG
COMBIGAN 0.2-0.5%	JENTADUETO 2.5MG-850MG	REXULTI 0.5MG	XELJANZ 10MG
COMBIVENT RESPIMAT 20MCG/100MCG	JENTADUETO 2.5MG-1000MG	REXULTI 1MG	XELJANZ XR 11MG
COMTAN 200MG	JUBLIA 10%	REXULTI 2MG	XENICAL 120MG
CRESTOR (G) 5MG	KAZANO 12.5/1000MG	REXULTI 3MG	XIGDUO XR 5/1000MG
CRESTOR (G) 10MG	KEPPRA (G) 250MG	REXULTI 4MG	XIGDUO XR 10/500MG
CRESTOR (G) 20MG	KEPPRA (G) 500MG	RYBELSUS 3MG	XIGDUO XR 10/1000MG
CRESTOR (G) 40MG	KEPPRA (G) 750MG	RYBELSUS 7MG	XIIDRA 5%
CRINONE GEL 8%	KEPPRA (G) 1000MG	RYBELSUS 14MG	YASMIN 28
DALIRESP 500MCG	KOMBIGLYZE XR 2.5MG/1000MG	SAPHRIS 5MG	YAZ 3/0.02MG
DEXILANT DR 30MG	KOMBIGLYZE XR 5MG/500MG	SAPHRIS 10MG	ZELAPAR 1.25MG
DEXILANT DR 60MG	KOMBIGLYZE XR 5MG/1000MG	SEASONIQUE 0.15/0.03/0.01MG	ZOMIG NASAL SPRAY 5MG
DIFFERIN CREAM 0.1%	LATUDA 20MG	SENSIPAR 30MG	ZOMIG ZMT 2.5MG
DIFFERIN GEL 0.1%	LATUDA 40MG	SENSIPAR 60MG	ZOVIRAX CREAM 5%
DIFFERIN GEL 0.3%	LATUDA 60MG	SEREVENT DISKUS 50MCG	ZYCLARA PACKET 3.75%
DIPENTUM 250MG	LATUDA 80MG	SEROQUEL XR 50MG	

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 1-866-488-7874 toll free to verify the availability of your medication through this program.

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

MAIL TO: **PLANO CRX** ADDRESS: **PO Box 3009, WINDSOR, ONTARIO CANADA N8N 2M3**
 UPLOAD TO: **WWW.CRXDOCS.COM** (Secure upload site.)
 FAX TO: **1-866-215-7874** (NOTE: Faxed prescriptions must be sent **directly** from the physician's office.)

For more information, please call:

TOLL-FREE PHONE: **1-866-488-7874**

NAME OF EMPLOYER

PATIENT INFORMATION (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 <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 CRX International Inc. at Christ Church, Barbados (referred to as "CRX") 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 CRX 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 CRX 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 CRX.
7. My care by my U.S. physician is ongoing and I do not seek and will not rely on any medical information from CRX or any CRX 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 CRX 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 CRX, I will immediately contact my U.S. physician.
14. All information that I give to CRX is true.

AUTHORIZATION AND CONSENT

I consent to, and authorize, the following:

1. I hereby appoint CRX and its delegates and contractors (collectively referred to as "CRX") 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. CRX 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. CRX 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 CRX (and any CRX 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 CRX from my U.S. physician's office the original signed copy of the prescription.
6. CRX and its selected physicians, pharmacists, and pharmacy technicians may contact my U.S. physician to discuss my prescription if necessary.
7. CRX selected physicians may issue prescriptions for medications I have ordered if they deem it advisable and appropriate.
8. CRX 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 CRX 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 CRX 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 CRX 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 CRX selected pharmacy.
2. CRX 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 CRX selected physician and have enlisted the services of CRX 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 CRX 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 CRX selected pharmacy.
6. I acknowledge that CRX, 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 CRX Privacy Policy in detail as provided below:

1. CRX 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. CRX and CRX selected physicians and pharmacists may share any and all information received from or about me with my U.S. physician, CRX 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 CRX 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 CRX, 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 CRX's transmission of my personal information by electronic means to its delegates, employees, selected physicians and pharmacies.
3. I acknowledge that CRX will obtain health information about me, and is obligated in accordance with the CRX Privacy Policy to protect such information. I can visit www.CRXintl.com/privacy-policy/ at any time to view the most updated version of the CRX 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 CRX 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 CRX 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.



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 19816

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

June 01, 2022 - June 30, 2022

\$5,278.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 19987

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

July 01, 2022 - July 31, 2022

\$9,600.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 20173

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

August 01, 2022 - August 31, 2022

\$9,102.00 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 20355

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

September 01, 2022 - September 30, 2022

\$10,832.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 20594

In Account With:

City of Plano, Texas

**Regarding: City of Plano - no names invoice
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

October 01, 2022 - October 31, 2022

\$6,543.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 20711

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

November 01, 2022 - November 30, 2022

\$6,657.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 20888

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

December 01, 2022 - December 31, 2022

\$6,240.10 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 21062

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

APPROVED FOR PAYMENT
[Signature]
Director/Head
2/2/23
Date
078-6963-SECRET
P.O. Number

January 01, 2023 - January 31, 2023

\$6,591.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 21226

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

February 01, 2023 - February 28, 2023

\$8,219.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 21404

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

March 01, 2023 - March 31, 2023

\$10,737.90 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 21573

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

April 01, 2023 - April 30, 2023

\$9,249.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 21749

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

May 01, 2023 - May 31, 2023

\$2,945.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 21910

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

June 01, 2023 - June 30, 2023

\$5,563.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 22073

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

July 01, 2023 - July 31, 2023

\$13,131.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 22247

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

APPROVED FOR PAYMENT
[Signature]
Department Head
9/5/2023
Date
078.6463.5CRX
P.O. Number

August 01, 2023 - August 31, 2023

\$6,507.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 22405

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

September 01, 2023 - September 30, 2023

\$8,145.10 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 22599

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

October 01, 2023 - October 31, 2023

\$9,015.40 USD

Please note that your account balance as of October 31, 2023 is \$13,131.80 (amount of this invoice is not included)
Let me know if you need any invoices to be re-sent.

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3N NYC)
for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED
WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to
CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O. BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 22769

In Account With:

City of Plano, Texas

**Regarding: City of Plano - no names invoice
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

November 01, 2023 - November 30, 2023

\$5,910.80 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 22932

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

December 01, 2023 - December 31, 2023

\$6,234.40 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 23097

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

January 01, 2024 - January 31, 2024

\$10,288.10 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 23272

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

February 01, 2024 - February 29, 2024

\$4,631.70 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 23436

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

March 01, 2024 - March 31, 2024

\$5,417.50 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

Toll Free Phone: 1-866-488-7874
Toll Free Fax: 1-866-215-7874

crxintl.com



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 23605

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

April 01, 2024 - April 30, 2024

\$11,383.60 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.

Toll Free Phone: 1-866-488-7874
Toll Free Fax: 1-866-215-7874

crxintl.com



CRX International
1st Floor, Hastings House
Balmoral Gap, Christ Church
Barbados BB14034

INVOICE # 23786

In Account With:

City of Plano, Texas

**Regarding: PlanoCRX
1520 Avenue K,
1st Floor, Suite 130
Plano, TX
75074**

May 01, 2024 - May 31, 2024

\$5,863.20 USD

WIRE PAYMENT INSTRUCTIONS ARE AS FOLLOWS

Please remit to WELLS FARGO BANK N.A. 375 PARK AVENUE NY 4080, NEW YORK, NY 10152 (PNBPUS3NNYC) for credit to FIRST CARRIBEAN INTERNATIONAL WEALTH MANAGEMENT BANK (BARBADOS) LIMITED WEALTH MANAGEMENT CENTRE, WARRENS, ST MICHAEL, BARBADOS (FCIBBBB2) for further credit to CRX INTERNATIONAL A/C# [REDACTED]

PAYMENTS MADE BY CHECK SHOULD BE MAILED TO THE ADDRESS BELOW TO EXPEDITE

CRX INTERNATIONAL
P.O.BOX 3009
WINDSOR, ON, CANADA, N8N 2M3

TERMS: Payment due upon receipt.



City of Plano, Texas

Potential vs. Actual Savings
January - December 2022



CRX International Utilization

City of Plano, Texas January - December 2022

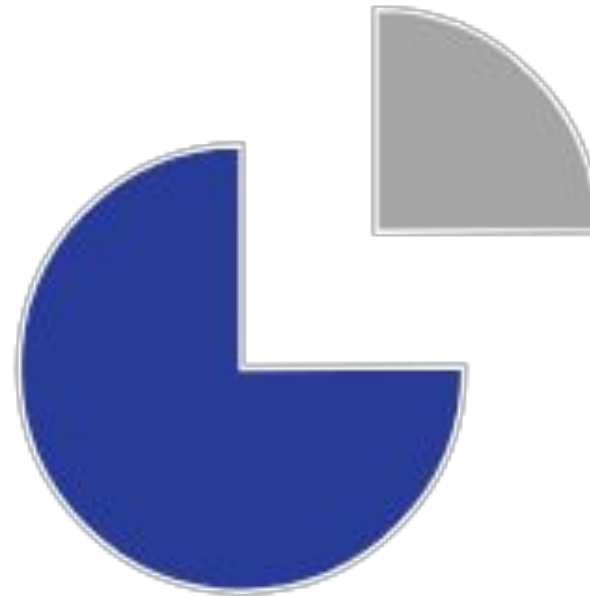


Eligible Members:	337
Enrolled Members:	69
Participation %:	20.5%
Issued Prescriptions*:	257
Average U.S. Plan Cost:	\$301,711
CRX Billing:	\$84,279
Net Program Savings / %:	\$217,431 / 72.1 %
Savings/Enrolled Member:	\$3,151
Savings/Rx:	\$846

*In some cases, CRX medications prescribed for 90 days are shipped in 30 day increments. This may impact script count and will be reflected in the Savings/Rx amount.

Potential vs. Actual Savings

City of Plano, Texas January - December 2022



NOTE: Amounts are conservative estimates based on available data.
Prescriptions filled in 90 day increments may not be accounted for in this reporting period.
However, these estimates very closely represent actual numbers and typically, results may be higher.

Potential Savings Opportunity

City of Plano, Texas Claims January - December 2022

Page 1 of 4



Medication Name and Strength	Actual Claims Paid						Potential Savings						
	# Rxs	Days Supply	Quantity	Total Paid	Member Paid	Plan Paid	New Plan Paid	Plan Savings	%	Member Savings	Total Savings	%	Unique Patients
JARDIANCE 25 MG - TABS	216.0	6,900.0	6,900.0	\$103,417.68	\$2,240.00	\$101,177.68	\$22,977.00	\$78,200.68	77.3%	\$2,240.00	\$80,440.68	77.8%	22.0
RINVOQ 15 MG - TB24 *	16.0	480.0	480.0	\$89,128.45	\$55.00	\$89,073.45	\$34,300.80	\$54,772.65	61.5%	\$55.00	\$54,827.65	61.5%	3.0
BIKTARVY 50-200-25 MG - TABS *	26.0	780.0	780.0	\$84,853.96	\$0.00	\$84,853.96	\$41,379.00	\$43,474.96	51.2%	\$0.00	\$43,474.96	51.2%	2.0
OTEZLA 30 MG - TABS *	12.0	360.0	720.0	\$45,648.61	\$0.00	\$45,648.61	\$15,480.00	\$30,168.61	66.1%	\$0.00	\$30,168.61	66.1%	0.0
XELJANZ 5 MG - TABS *	10.0	300.0	600.0	\$43,240.60	\$0.00	\$43,240.60	\$23,928.00	\$19,312.60	44.7%	\$0.00	\$19,312.60	44.7%	0.0
FARXIGA 10MG - TABS	85.0	3,030.0	3,030.0	\$41,744.32	\$180.00	\$41,564.32	\$9,241.50	\$32,322.82	77.8%	\$180.00	\$32,502.82	77.9%	10.0
JARDIANCE 10 MG - TABS	61.0	2,010.0	2,010.0	\$29,917.71	\$635.00	\$29,282.71	\$6,693.30	\$22,589.41	77.1%	\$635.00	\$23,224.41	77.6%	7.0
BRILINTA 90 MG - TABS	56.0	2,145.0	4,350.0	\$30,321.81	\$1,967.56	\$28,354.25	\$10,918.50	\$17,435.75	61.5%	\$1,967.56	\$19,403.31	64.0%	11.0
RYBELSUS 7MG - TABS	40.0	1,200.0	1,200.0	\$26,722.62	\$470.00	\$26,252.62	\$8,916.00	\$17,336.62	66.0%	\$470.00	\$17,806.62	66.6%	8.0
VRAYLAR 3 MG - CAPS	29.0	1,050.0	1,050.0	\$25,963.58	\$345.00	\$25,618.58	\$7,612.50	\$18,006.08	70.3%	\$345.00	\$18,351.08	70.7%	3.0
JANUVIA 100 MG - TABS	60.0	1,800.0	1,800.0	\$25,411.85	\$270.00	\$25,141.85	\$5,274.00	\$19,867.85	79.0%	\$270.00	\$20,137.85	79.2%	8.0
LATUDA 60 MG - TABS	12.0	600.0	600.0	\$22,321.90	\$120.00	\$22,201.90	\$4,512.00	\$17,689.90	79.7%	\$120.00	\$17,809.90	79.8%	2.0
XARELTO 20MG - TABS	53.0	1,830.0	1,830.0	\$21,973.85	\$590.00	\$21,383.85	\$7,814.10	\$13,569.75	63.5%	\$590.00	\$14,159.75	64.4%	11.0
LINZESS 290MCG - CAPS	20.0	1,500.0	1,500.0	\$21,805.84	\$570.00	\$21,235.84	\$5,010.00	\$16,225.84	76.4%	\$570.00	\$16,795.84	77.0%	4.0
XIIDRA 5% - SOLN	44.0	1,320.0	2,640.0	\$19,356.18	\$60.00	\$19,296.18	\$14,176.80	\$5,119.38	26.5%	\$60.00	\$5,179.38	26.8%	7.0
XARELTO 10MG - TABS	49.0	1,454.0	1,454.0	\$18,435.74	\$555.00	\$17,880.74	\$6,528.46	\$11,352.28	63.5%	\$555.00	\$11,907.28	64.6%	3.0
ELIQUIS 5 MG - TABS	120.0	3,532.0	7,078.0	\$18,677.57	\$1,615.74	\$17,061.83	\$16,350.18	\$711.65	4.2%	\$1,615.74	\$2,327.39	12.5%	17.0
RYBELSUS 14 MG - TABS	22.0	660.0	660.0	\$15,491.88	\$280.00	\$15,211.88	\$5,002.80	\$10,209.08	67.1%	\$280.00	\$10,489.08	67.7%	1.0
FARXIGA 5 MG - TABS	34.0	1,020.0	1,020.0	\$14,372.98	\$135.00	\$14,237.98	\$3,488.40	\$10,749.58	75.5%	\$135.00	\$10,884.58	75.7%	6.0
SLYND 4 MG - TABS	33.0	1,984.0	2,072.0	\$14,048.07	\$0.00	\$14,048.07	\$2,362.08	\$11,685.99	83.2%	\$0.00	\$11,685.99	83.2%	8.0
JANUMET XR 50-1000MG - TB24	36.0	1,080.0	2,070.0	\$14,151.55	\$289.04	\$13,862.51	\$3,208.50	\$10,654.01	76.9%	\$289.04	\$10,943.05	77.3%	3.0
ENTRESTO 24-26 MG - TABS	13.0	810.0	1,560.0	\$12,850.03	\$116.98	\$12,733.05	\$6,661.20	\$6,071.85	47.7%	\$116.98	\$6,188.83	48.2%	2.0
APTIOM 600 MG - TABS	12.0	360.0	360.0	\$13,248.84	\$540.00	\$12,708.84	\$5,342.40	\$7,366.44	58.0%	\$540.00	\$7,906.44	59.7%	1.0
ADVAIR HFA 115-21 MCG/ACT - AERO	27.0	990.0	396.0	\$13,187.81	\$1,323.34	\$11,864.47	\$2,379.96	\$9,484.51	79.9%	\$1,323.34	\$10,807.85	82.0%	6.0
MYRBETRIQ 50 MG - TB24	11.0	930.0	930.0	\$12,892.93	\$1,373.60	\$11,519.33	\$2,390.10	\$9,129.23	79.3%	\$1,373.60	\$10,502.83	81.5%	3.0

Potential Savings Opportunity

City of Plano, Texas Claims January - December 2022

Page 2 of 4



Medication Name and Strength	Actual Claims Paid						Potential Savings						Unique Patients
	# Rxs	Days Supply	Quantity	Total Paid	Member Paid	Plan Paid	New Plan Paid	Plan Savings	%	Member Savings	Total Savings	%	
TRELEGY ELLIPTA 100-62.5-25 MCG/ACT - AEPB	22.0	660.0	1,320.0	\$10,395.04	\$45.00	\$10,350.04	\$5,266.80	\$5,083.24	49.1%	\$45.00	\$5,128.24	49.3%	4.0
TRINTELLIX 10 MG - TABS	19.0	795.0	795.0	\$10,286.00	\$421.59	\$9,864.41	\$2,074.95	\$7,789.46	79.0%	\$421.59	\$8,211.05	79.8%	6.0
DOVATO 50-300 MG - TABS *	4.0	120.0	120.0	\$9,281.46	\$0.00	\$9,281.46	\$5,001.60	\$4,279.86	46.1%	\$0.00	\$4,279.86	46.1%	1.0
TRELEGY ELLIPTA 100-62.5-25 MCG/INH - AEPB	28.0	840.0	1,680.0	\$8,902.94	\$0.00	\$8,902.94	\$6,703.20	\$2,199.74	24.7%	\$0.00	\$2,199.74	24.7%	6.0
LINZESS 145 MCG - CAPS	12.0	600.0	600.0	\$8,743.27	\$360.00	\$8,383.27	\$3,330.00	\$5,053.27	60.3%	\$360.00	\$5,413.27	61.9%	4.0
REXULTI 1 MG - TABS	6.0	180.0	180.0	\$7,767.96	\$30.00	\$7,737.96	\$1,159.20	\$6,578.76	85.0%	\$30.00	\$6,608.76	85.1%	2.0
JANUMET 50-1000 MG - TABS	24.0	720.0	1,200.0	\$7,572.28	\$120.00	\$7,452.28	\$1,668.00	\$5,784.28	77.6%	\$120.00	\$5,904.28	78.0%	2.0
TRINTELLIX 20 MG - TABS	15.0	570.0	570.0	\$7,294.62	\$190.00	\$7,104.62	\$1,487.70	\$5,616.92	79.1%	\$190.00	\$5,806.92	79.6%	1.0
LUMIGAN 0.01% - SOLN	28.0	903.0	90.0	\$8,218.54	\$1,559.27	\$6,659.27	\$986.40	\$5,672.87	85.2%	\$1,559.27	\$7,232.14	88.0%	3.0
LATUDA 40 MG - TABS	6.0	180.0	180.0	\$6,700.02	\$60.00	\$6,640.02	\$437.40	\$6,202.62	93.4%	\$60.00	\$6,262.62	93.5%	1.0
REXULTI 3 MG - TABS	6.0	180.0	180.0	\$6,563.98	\$90.00	\$6,473.98	\$1,159.20	\$5,314.78	82.1%	\$90.00	\$5,404.78	82.3%	1.0
TRADJENTA 5 MG - TABS	13.0	450.0	450.0	\$6,192.89	\$130.00	\$6,062.89	\$1,296.00	\$4,766.89	78.6%	\$130.00	\$4,896.89	79.1%	2.0
MOTEGRITY 2 MG - TABS	8.0	420.0	420.0	\$6,632.30	\$660.00	\$5,972.30	\$1,612.80	\$4,359.50	73.0%	\$660.00	\$5,019.50	75.7%	2.0
XIGDUO XR 5-1000 MG - TB24	15.0	420.0	840.0	\$5,767.30	\$45.00	\$5,722.30	\$1,537.20	\$4,185.10	73.1%	\$45.00	\$4,230.10	73.3%	1.0
ADVAIR HFA 230-21 MCG/ACT - AERO	11.0	330.0	132.0	\$5,867.51	\$643.09	\$5,224.42	\$1,001.88	\$4,222.54	80.8%	\$643.09	\$4,865.63	82.9%	5.0
EDARBI 80 MG - TABS	19.0	930.0	930.0	\$6,773.90	\$1,607.32	\$5,166.58	\$1,785.60	\$3,380.98	65.4%	\$1,607.32	\$4,988.30	73.6%	4.0
ENTRESTO 49-51 MG - TABS	12.0	360.0	720.0	\$4,776.31	\$120.00	\$4,656.31	\$2,930.40	\$1,725.91	37.1%	\$120.00	\$1,845.91	38.6%	2.0
GLYXAMBI 25-5 MG - TABS	11.0	330.0	330.0	\$4,746.18	\$110.00	\$4,636.18	\$1,471.80	\$3,164.38	68.3%	\$110.00	\$3,274.38	69.0%	1.0
XELJANZ XR 11 MG - TB24 *	1.0	30.0	30.0	\$4,324.00	\$0.00	\$4,324.00	\$2,392.20	\$1,931.80	44.7%	\$0.00	\$1,931.80	44.7%	1.0
SYNJARDY 12.5-500 MG - TABS	10.0	300.0	600.0	\$4,382.40	\$100.00	\$4,282.40	\$918.00	\$3,364.40	78.6%	\$100.00	\$3,464.40	79.1%	1.0
ENTRESTO 97-103 MG - TABS	11.0	330.0	660.0	\$4,389.05	\$110.00	\$4,279.05	\$2,686.20	\$1,592.85	37.2%	\$110.00	\$1,702.85	38.8%	2.0
KOMBIGLYZE XR 5-1000 MG - TB24	3.0	270.0	270.0	\$4,175.53	\$360.00	\$3,815.53	\$901.80	\$2,913.73	76.4%	\$360.00	\$3,273.73	78.4%	1.0
VIIBRYD 40 MG - TABS	10.0	480.0	480.0	\$4,783.39	\$1,070.41	\$3,712.98	\$3,211.20	\$501.78	13.5%	\$1,070.41	\$1,572.19	32.9%	5.0
ESTROGEL 0.75 MG/1.25 GM (0.06%) - GEL	15.0	570.0	1,550.0	\$4,296.90	\$758.84	\$3,538.06	\$418.50	\$3,119.56	88.2%	\$758.84	\$3,878.40	90.3%	3.0
EDARBYCLOR 40-25 MG - TABS	9.0	630.0	630.0	\$4,303.89	\$900.00	\$3,403.89	\$1,411.20	\$1,992.69	58.5%	\$900.00	\$2,892.69	67.2%	3.0

Potential Savings Opportunity

City of Plano, Texas Claims January - December 2022

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Medication Name and Strength	Actual Claims Paid						Potential Savings						
	# Rxs	Days Supply	Quantity	Total Paid	Member Paid	Plan Paid	New Plan Paid	Plan Savings	%	Member Savings	Total Savings	%	Unique Patients
EDARBYCLOR 40-12.5 MG - TABS	14.0	600.0	600.0	\$4,140.01	\$1,191.12	\$2,948.89	\$1,344.00	\$1,604.89	54.4%	\$1,191.12	\$2,796.01	67.5%	3.0
VRAYLAR 1.5 MG - CAPS	3.0	90.0	90.0	\$3,024.50	\$125.00	\$2,899.50	\$652.50	\$2,247.00	77.5%	\$125.00	\$2,372.00	78.4%	1.0
BREO ELLIPTA 100-25 MCG/INH - AEPB	7.0	270.0	540.0	\$3,425.41	\$601.96	\$2,823.45	\$1,123.20	\$1,700.25	60.2%	\$601.96	\$2,302.21	67.2%	5.0
ONGLYZA 5 MG - TABS	2.0	180.0	180.0	\$2,657.22	\$240.00	\$2,417.22	\$570.60	\$1,846.62	76.4%	\$240.00	\$2,086.62	78.5%	1.0
SEREVENT DISKUS 50 MCG/DOSE - AEPB	2.0	180.0	360.0	\$2,389.32	\$180.41	\$2,208.91	\$309.60	\$1,899.31	86.0%	\$180.41	\$2,079.72	87.0%	1.0
ADVAIR HFA 45-21 MCG/ACT - AERO	7.0	210.0	84.0	\$2,285.08	\$180.00	\$2,105.08	\$374.64	\$1,730.44	82.2%	\$180.00	\$1,910.44	83.6%	3.0
GLYXAMBI 10-5 MG - TABS	5.0	150.0	150.0	\$2,285.44	\$185.00	\$2,100.44	\$669.00	\$1,431.44	68.1%	\$185.00	\$1,616.44	70.7%	2.0
JANUVIA 50 MG - TABS	5.0	150.0	150.0	\$2,052.15	\$25.00	\$2,027.15	\$439.50	\$1,587.65	78.3%	\$25.00	\$1,612.65	78.6%	1.0
BIJUVA 1-100 MG - CAPS	12.0	360.0	360.0	\$2,828.04	\$808.06	\$2,019.98	\$370.80	\$1,649.18	81.6%	\$808.06	\$2,457.24	86.9%	1.0
RYBELSUS 3 MG - TABS	3.0	90.0	90.0	\$1,975.29	\$30.00	\$1,945.29	\$668.70	\$1,276.59	65.6%	\$30.00	\$1,306.59	66.1%	1.0
PREMARIN 0.3 MG - TABS	8.0	360.0	360.0	\$2,274.46	\$503.81	\$1,770.65	\$226.80	\$1,543.85	87.2%	\$503.81	\$2,047.66	90.0%	2.0
PREMARIN 0.625 MG/GM - CREA	5.0	210.0	150.0	\$2,062.35	\$397.26	\$1,665.09	\$327.00	\$1,338.09	80.4%	\$397.26	\$1,735.35	84.1%	5.0
REXULTI 0.5 MG - TABS	1.0	30.0	30.0	\$1,328.35	\$0.00	\$1,328.35	\$193.20	\$1,135.15	85.5%	\$0.00	\$1,135.15	85.5%	0.0
OSPHENA 60 MG - TABS	5.0	270.0	270.0	\$1,464.62	\$175.00	\$1,289.62	\$1,044.90	\$244.72	19.0%	\$175.00	\$419.72	28.7%	2.0
ELIQUIS 2.5 MG - TABS	8.0	224.0	448.0	\$1,438.93	\$150.00	\$1,288.93	\$1,057.28	\$231.65	18.0%	\$150.00	\$381.65	26.5%	3.0
MYRBETRIQ 25 MG - TB24	1.0	90.0	90.0	\$1,212.29	\$120.00	\$1,092.29	\$233.10	\$859.19	78.7%	\$120.00	\$979.19	80.8%	0.0
NEXLETOL 180 MG - TABS	1.0	90.0	90.0	\$1,162.14	\$90.00	\$1,072.14	\$527.40	\$544.74	50.8%	\$90.00	\$634.74	54.6%	1.0
FLOVENT HFA 220 MCG/ACT - AERO	1.0	90.0	36.0	\$1,199.95	\$127.93	\$1,072.02	\$220.32	\$851.70	79.4%	\$127.93	\$979.63	81.6%	0.0
FLOVENT HFA 110 MCG/ACT - AERO	3.0	150.0	60.0	\$1,315.62	\$280.00	\$1,035.62	\$235.80	\$799.82	77.2%	\$280.00	\$1,079.82	82.1%	2.0
PRADAXA 150 MG - CAPS	3.0	90.0	180.0	\$1,002.21	\$0.00	\$1,002.21	\$333.00	\$669.21	66.8%	\$0.00	\$669.21	66.8%	0.0
PREMARIN 0.625 MG - TABS	2.0	180.0	180.0	\$1,126.04	\$180.00	\$946.04	\$135.00	\$811.04	85.7%	\$180.00	\$991.04	88.0%	1.0
FLOVENT HFA 44 MCG/ACT - AERO	6.0	240.0	63.6	\$1,209.35	\$302.18	\$907.17	\$277.30	\$629.87	69.4%	\$302.18	\$932.05	77.1%	5.0
STEGLUJAN 15-100 MG - TABS	2.0	60.0	60.0	\$1,111.60	\$220.00	\$891.60	\$240.00	\$651.60	73.1%	\$220.00	\$871.60	78.4%	0.0
VIIBRYD 20 MG - TABS	4.0	120.0	120.0	\$1,254.39	\$368.08	\$886.31	\$616.80	\$269.51	30.4%	\$368.08	\$637.59	50.8%	2.0
LINZESS 72 MCG - CAPS	2.0	60.0	60.0	\$873.56	\$60.00	\$813.56	\$366.00	\$447.56	55.0%	\$60.00	\$507.56	58.1%	0.0

Potential Savings Opportunity



City of Plano, Texas Claims January - December 2022

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Medication Name and Strength	Actual Claims Paid						Potential Savings						
	# Rxs	Days Supply	Quantity	Total Paid	Member Paid	Plan Paid	New Plan Paid	Plan Savings	%	Member Savings	Total Savings	%	Unique Patients
BREO ELLIPTA 200-25 MCG/INH - AEPB	3.0	90.0	180.0	\$1,136.57	\$391.95	\$744.62	\$484.20	\$260.42	35.0%	\$391.95	\$652.37	57.4%	3.0
DIVIGEL 1 MG/GM - GEL	4.0	180.0	180.0	\$972.99	\$233.45	\$739.54	\$149.40	\$590.14	79.8%	\$233.45	\$823.59	84.6%	3.0
XARELTO 15 MG - TABS	1.0	21.0	42.0	\$730.57	\$45.00	\$685.57	\$177.24	\$508.33	74.1%	\$45.00	\$553.33	75.7%	1.0
QVAR REDIHALER 80 MCG/ACT - AERB	3.0	90.0	31.8	\$800.10	\$144.94	\$655.16	\$164.09	\$491.07	75.0%	\$144.94	\$636.01	79.5%	1.0
ARNUITY ELLIPTA 100 MCG/ACT - AEPB	3.0	90.0	90.0	\$595.34	\$135.00	\$460.34	\$127.80	\$332.54	72.2%	\$135.00	\$467.54	78.5%	1.0
SIMBRINZA 1-0.2% - SU SP	3.0	90.0	24.0	\$573.60	\$135.00	\$438.60	\$147.60	\$291.00	66.3%	\$135.00	\$426.00	74.3%	0.0
STEGLATRO 15 MG - TABS	2.0	60.0	60.0	\$636.42	\$220.00	\$416.42	\$185.40	\$231.02	55.5%	\$220.00	\$451.02	70.9%	1.0
COMBIVENT RESPIMAT 20-100 MCG/ACT - AERS	1.0	30.0	4.0	\$456.71	\$45.00	\$411.71	\$56.80	\$354.91	86.2%	\$45.00	\$399.91	87.6%	1.0
DULERA 100-5 MCG/ACT - AERO	1.0	30.0	13.0	\$308.58	\$48.02	\$260.56	\$141.18	\$119.38	45.8%	\$48.02	\$167.40	54.2%	1.0
STEGLATRO 5 MG - TABS	1.0	30.0	30.0	\$328.70	\$160.00	\$168.70	\$92.70	\$76.00	45.1%	\$160.00	\$236.00	71.8%	0.0
FLOVENT DISKUS 100 MCG/BLIST - AEPB	1.0	30.0	60.0	\$204.97	\$45.00	\$159.97	\$26.40	\$133.57	83.5%	\$45.00	\$178.57	87.1%	1.0
QVAR REDIHALER 40 MCG/ACT - AERB	1.0	30.0	10.6	\$204.01	\$80.91	\$123.10	\$31.69	\$91.41	74.3%	\$80.91	\$172.32	84.5%	1.0
Match Total	1,551.0	55,038.0	67,574.0	\$996,370.90	\$31,446.86	\$964,924.04	\$339,137.75	\$625,786.29	64.9%	\$31,446.86	\$657,233.15	66.0%	268.0
Non-Match Total	3,151.0	109,013.0	80,276.7	\$3,888,172.95	\$107,091.17	\$3,781,081.78	\$3,781,081.78	\$0.00	0.0%	\$0.00	\$0.00	0.0%	0.0
Grand Total	4,702.0	164,051.0	147,850.7	\$4,884,543.85	\$138,538.03	\$4,746,005.82	\$4,120,219.53	\$625,786.29	13.2%	\$31,446.86	\$657,233.15	13.5%	268.0

Match Totals:

Per Rx:		35.5	43.6	\$642.41	\$20.28	\$622.13	\$218.66	\$403.47		\$20.28	\$423.75		0.2
Per Patient:	5.8	205.4	252.1	\$3,717.80	\$117.34	\$3,600.46	\$1,265.44	\$2,335.02		\$117.34	\$2,452.36		

*Specialty medication.

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

All medications are supplied through certified pharmacies in Canada, the United Kingdom and Australia (Tier-One countries).



Marketing Opportunities

ZERO CO-PAYS

SAVINGS. SIMPLE & SAFE.

ZERO CO-PAY

CRX International makes it easy to get quality prescription medications delivered directly to your door for zero copay. How? Your health plan pays less and passes the savings on to you! Start getting your brand name medications – shipped free – today.

Visit our brand new and easier to use website crxintl.com and use your WebID to get started!

Your WebID is: **CRXINTL**

We offer some of the most highly prescribed medications today, including:

- Advair
- Elavest
- Flonase
- Jamvis
- Spiriva
- Xarelto

For a complete list, visit your plan page at crxintl.com or call 1-866-488-7874

CRX INTERNATIONAL

First Name: Last Name: _____

Address 1: _____

Address 2: _____

City: State: Zip: _____

Company Name: _____

Date: **SAMPLE**

Name: _____

Address: _____

City, State Zip: _____

U.S.A.

Brand Name medications delivered to your door for FREE!

Did you know that you are eligible to participate in the CRX International program that offers certain brand name medications at zero cost? This program is offered through CRX International to members, non-medicaid retirees and dependents of Company Name for FREE! That's right, medications offered through this program are 100% free to eligible members and ship directly to your door. No need to leave the house! The best part is when you are due for refills...we will call you!

Here are just a few of the medications available to you for FREE!

BRIUNTA	RANEXA
CRESTOR	SOOLANTRA
DELOLANT	TECERONIA
ELIQUIS	TRELEGY ELLIPTA
MIRAPER ER	XARELTO

Please see the enclosed enrollment package for the full list of medications offered.

Getting started is super easy! Everything you need to enroll is included in this package. If you have any questions about the program free fee to visit our website www.crxintl.com or contact our Customer Service Representatives at 1-866-488-7874. We would love to hear from you!

Sincerely,

CRX International

FREE BRAND NAME MEDICATIONS

SAVINGS SIMPLE & SAFE

- ✓ \$0 Copay
- ✓ 300+ Medications – FREE to your door
- ✓ Worry-free refills

Call 1-866-488-7874 and ask the CRX representative if your medication is offered at no charge!

CRX INTERNATIONAL

CRX International is a voluntary international mail order option for eligible employees and dependents enrolled in a medical plan with your employer.

www.crxintl.com

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.

CRX INTERNATIONAL

Medications FREE to your door!

- ✓ \$0 Copay
- ✓ 300+ FREE Brand Name Medications
- ✓ Worry-free refills

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 CRX brings to your plan.

SAVINGS SIMPLE & SAFE

CRX International

For More Information

1-866-488-7874

www.crxintl.com

CRX INTERNATIONAL

SAVINGS SIMPLE & SAFE

SIGN UP TODAY

Medications FREE to your door!

CRX International is a voluntary international mail order prescription program that is available to eligible employees and their dependents enrolled in a medical plan with your employer.

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 CRX brings to your plan.

Getting started is super easy!

1. Check to see if a medication is offered. Call 1-866-488-7874 and speak with a CRX representative or view the complete formulary and print enrollment package at www.crxintl.com.
2. Ask your doctor for a prescription for 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
- ✓ 300+ FREE Brand Name Medications
- ✓ Easy, convenient refills
- ✓ Refills only, no "new to you" meds
- ✓ No additional costs

For More Information

1-866-488-7874

www.crxintl.com

December 2021

Marketing Support



- Mail:
 - Targeted Mailings
 - Postcard Mailings
 - General Mailings
 - Email:
 - Mass Email Campaigns
 - Targeted Email Campaigns
 - Phone: Outreach program targeting members identified on the utilization report as taking medications available through the program.
 - Internal Communications:
 - Customized Flyers/Postcards
 - Posters
 - Table Tents
 - Payroll/Mailbox Stuffers
 - Webinar:
 - Generalized Webinars
 - Custom/Group Specific Webinars
 - Training: Our team meets with plan holders and HR representatives to discuss the program and how best to promote internally.
 - Other:
 - Incentives/Copay Modifications
 - MasterCard Gift Cards
 - Amazon Gift Cards
 - Raffles
 - Meetings
 - Open Enrollment Meetings Health Fairs
 - Enrollment Video
-

Glossary of Terms



# Rxs	Number of prescriptions filled.	Total Savings	Sum of Member Savings and Plan Savings.
Days Supply	Length of prescription filled.	Unique Patients	Members are counted only once at first medication occurrence.
Quantity	Number of pills/units filled.	Brand Match	Brand name medications that CRX International offers.
Total Paid	Sum of Member and Plan Paid.	Brand Non-Match	Brand name medications that CRX International does not offer.
Member Paid	Member out of pocket expense.	Brand Total	Sum of all brand name medications.
Member Paid	Member out of pocket expense.	Generic Total	Sum of all generic medications.
New Plan Paid	For medications offered by CRX International, this represents the TOTAL CRX Cost otherwise, original PLAN PAID is used.	Match Total	Sum of medications that match the CRX International formulary.
Plan Savings	Projected Plan holder expense.	Non-Match Total	Sum of medications that do not match the CRX International formulary.
Member Savings	Projected member out of pocket expense.	Grand Total	Sum of all medications.

*Glossary of Terms may include terminology that is not applicable to all potential savings presentations.



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www.crxintl.com • WebID: PLANO

