1. Who is FairosRx?

FairosRx is a Pharmacy Benefit Manager (PBM) located in Amarillo, TX. We partner with employers to administer prescription benefits for their covered enrollees and dependents.

2. Who do I contact with questions about my prescription benefits?

The Member Services team at FairosRx is here to assist you by answering questions related to your prescription benefits such as drug coverage, copays and out of pocket amounts, prior authorizations, network pharmacies, mail order and more! You can reach us by phone at 833-464-9600 or email us at contactus@fairosrx.com.

3. How do I create a FairosRx member portal account?

Creating a FairosRx member portal account is easy! Please have your prescription/medical ID card available as you will need information from your card for account registration.
Please follow these simple steps:

1. Go to www.fairosrx.com and select Member Login.
2. Enter the subscriber's last name, date of birth and member ID number. The subscriber is the employee who carries the benefits.
3. Select the member for whom you are creating the account and verify their date of birth.
4. Enter a username, email address and password.
5. You're done!

4. How do I find pharmacies in my network?

FairosRx has over 67,000 pharmacies in our nationwide network. Members can view a listing of participating pharmacies by going to the Pharmacy Lookup tool on the FairosRx Member Portal or by calling member services at 833-464-9600. Pharmacies can be filtered by zip code and 24-hour locations.

5. How do I determine my copay or out of pocket amount?

To determine your copay or out of pocket amount, please refer to your benefit documents, use the Medication Lookup tool on the FairosRx member portal or call member services at 833-464-9600.

6. How do I know if my drug is covered?

To determine if a drug is covered under your prescription benefits, please refer to your benefit documents, use the Medication Lookup tool on the FairosRx member portal or call member services at 833-464-9600.

7. What is a formulary?

The formulary is a list of generic and brand name medications used to help you determine your copay. A group of doctors and other experts choose the drugs on formulary based on their effectiveness, safety and cost. The formulary can be accessed by logging into your FairosRx member portal account and selecting Benefit Documents.

8. What if my medication is not listed on the formulary?

Depending on your benefits, if a brand medication is not listed on the formulary, the brand is considered non-preferred or may be excluded. For lower cost and formulary alternatives, please contact member services at 833-464-9600.

9. What is a prior authorization?

Certain medications require an approval before they are covered. To determine if a medication requires prior authorization, please go to Benefit Documents on the FairosRx member portal or contact member services at 833-464-9600.

10. How do I know if my medication has quantity limits?

To determine if a medication has quantity limits, please go to Benefit Documents on the FairosRx member portal or contact member services at 833-464-9600.

11. How do I sign up for Mail Order?

Members can register for mail order by completing one of the following:

• Go to www.fairosrx.com to create a member portal account. Select the My Prescriptions feature and then click on Visit Mail Order under the Mail Order Prescriptions tab.
• Print, complete and mail your Mail Order Registration Form. The form can be found at www.fairosrx.com under the Member section.

12. How can I order refills?

Mail order refills can be ordered through the FairosRx member portal or automated phone system at 833-464-9600.

13. How do I file for reimbursement if I paid out of pocket for my prescription?

If you paid out of pocket for your prescription(s) and need to file for reimbursement, please complete a Prescription Reimbursement Request Form. The form can be found at www.fairosrx.com under the Member Resources section. Please note that your original pharmacy receipt must be submitted with your reimbursement request.

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