

The Transparency Paradox

How “Open” Pricing Obscured the Truth and What Drexix Is Doing Instead

The pharmacy benefit industry has spent years talking about transparency.

Transparent pricing.
Transparent rebates.
Transparent contracts.
Transparent reporting.

And yet, trust has continued to erode.

Employers remain unsure where their pharmacy dollars actually go. Brokers are being asked tougher questions by increasingly skeptical clients. Members still experience confusion and frustration at the pharmacy counter. If transparency was supposed to fix the problem, why does it feel like clarity has become harder to find?

This is the Transparency Paradox.

In attempting to make pharmacy benefits more “open,” the industry made them more complex. What was presented as transparency became layered with disclosures, definitions, and exclusions that few could realistically navigate. Visibility increased, but understanding did not. And in that gap, trust quietly deteriorated.

When Transparency Became the Obstacle

The industry’s embrace of transparency was well-intentioned. Self-insured employer groups deserved insight into pricing structures that had long operated in the shadows. Brokers needed tools to better explain value. Members deserved fewer surprises at the pharmacy and lower prices out of pocket.

But in practice, transparency frequently became a barrier rather than a much-needed bridge.

Pricing was technically disclosed but buried within dense and confusing reporting.

Rebates were acknowledged, but definitions made it nearly impossible to clearly calculate the true benefit.

Spread was revealed and then redefined under different terms.

What appeared “open” on the surface often functioned as a wall. A wall that separated employers and members from the full financial truth. Transparency did not disappear. It ironically and intentionally just became harder to see through.

This paradox sits at the center of today’s trust recession in pharmacy benefits.

A Trust Recession Built on Misalignment

Trust erodes when incentives are misaligned. And in pharmacy benefits, misalignment has been structural.

When PBMs generate revenue from drug costs, opacity is not a flaw, it’s a feature.

Complexity protects margin. Ambiguity creates cover. Even transparent disclosures can serve as a shield when the underlying economics remain unchanged.

The result is an industry that speaks openly about transparency while continuing to operate in ways that undermine confidence. Drex, the pharmacy benefit solution of AMPS, was built to confront this paradox directly.

“When everything is labeled transparent, but nothing is truly understandable, trust breaks down.”

Full Passthrough: Where Transparency Becomes Real

Drex’s model begins with a simple premise: transparency only works when incentives are aligned. That is why Drex operates on a 100% passthrough model.

- No spread pricing
- No retained rebates
- No hidden margins
- No incentive to favor higher-cost drugs
- No owned or operated pharmacies

Every dollar negotiated flows back to the plan.

This is not transparency as a concept. It’s transparency as a structure. By removing financial mechanisms that benefit from confusion, Drex eliminates the need for interpretive explanations and defensive reporting.

For brokers and consultants, this alignment is critical. It means you are not asking clients to trust a promise. You are placing a solution whose economics speak for themselves.

Unapologetically Disruptive, by Design

Drex is unapologetically disruptive because the transparency paradox demands disruption.

The industry does not need more reports or convoluted explanations. It needs fewer places to hide.

By dismantling legacy PBM revenue models, Drex challenges practices that have normalized complexity and quietly fueled the trust pandemic, so to speak. But this disruption is intentional, measured, and defensible and is supported by AMPS’ broader healthcare cost savings expertise, claims integrity capabilities, and commitment to accountability.

Disruption doesn’t create noise. It restores credibility.

“Clarity is not about more data.
It’s about fewer surprises.”

The Amplified Approach: Trust Lives in the Member Experience

Transparency that improves finances but degrades the member experience, solves only half the problem.

Members do not experience pharmacy benefits through contracts or spreadsheets. They experience them in real moments, at the pharmacy counter, during therapy changes, or when costs suddenly shift.

Drexī’s Amplified approach ensures that financial clarity is matched with human-centered execution.

“The industry promised transparency. What employers got instead was more complexity.”

This includes:

- Proactive member advocacy before issues escalate
- Clinical oversight that prioritizes appropriate, cost-effective care
- Clear communication members can actually understand
- Support that reduces friction rather than creating it

By pairing full passthrough economics with advocacy and education, Drexī restores trust not just in the PBM, but in the employer-sponsored benefit itself.

Built for Brokers in a Skeptical Market

Brokers and consultants are navigating a more discerning marketplace. Employer groups are asking deeper questions and demanding defensible answers. Trust is no longer assumed. It must be earned.

Drexī is growing with this reality in mind.

Contracts are clear.

Reporting is straightforward.

The model is consistent from implementation through renewal.

And the people, well they’re real, are always looking out for the best interest of the plan and the members it serves.

There are no hidden mechanics that surface later and no need to reinterpret language under pressure. Instead, brokers gain a pharmacy benefit partner they can confidently recommend, consistently defend, and one they actually enjoy working with.

“If members don’t understand their benefit at the pharmacy counter, transparency has already failed.”

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Where the Paradox Ends: At the Pharmacy Counter

Every conversation about transparency eventually leads to one moment, the member at the pharmacy counter. That experience either reinforces trust or deepens skepticism.

DrexI prioritizes:

- Predictable pricing
- Access to clinically appropriate medications
- Clear explanations of options and alternatives
- Hands on Advocacy when challenges arise

When members feel supported and informed, the benefit works as intended. Employers see stronger engagement. Brokers see fewer escalations. Trust begins to rebuild, not through empty promises, but through simple but honest actions.

“DrexI is not here to make pharmacy benefits louder. We’re here to make them make sense.”



A Pharmacy Benefit Model Built to End the Transparency Paradox

DrexI is not faux transparency layered on top of a legacy PBM model. It’s a pharmacy benefit solution intentionally designed to eliminate the transparency paradox altogether.

As part of AMPS, DrexI is grounded in accountability, adaptability, and respect for the people behind every claim. That foundation ensures the model is sustainable, defensible, and built for long-term partnership.

In a trust recession, clarity is currency.

DrexI delivers it, not through louder claims of transparency, but through a steady, amplified approach that aligns incentives, protects members, and gives brokers and employers a PBM they can truly count on.

If this perspective resonates, it may be time to take a closer look at how your pharmacy benefit model truly works and who it ultimately serves. Connect with a member of the DrexI team to explore what a fully aligned, member-centered approach can look like in practice.