



Clinically™
Powered by Empirx Health

Member Portal



The *Member Portal*

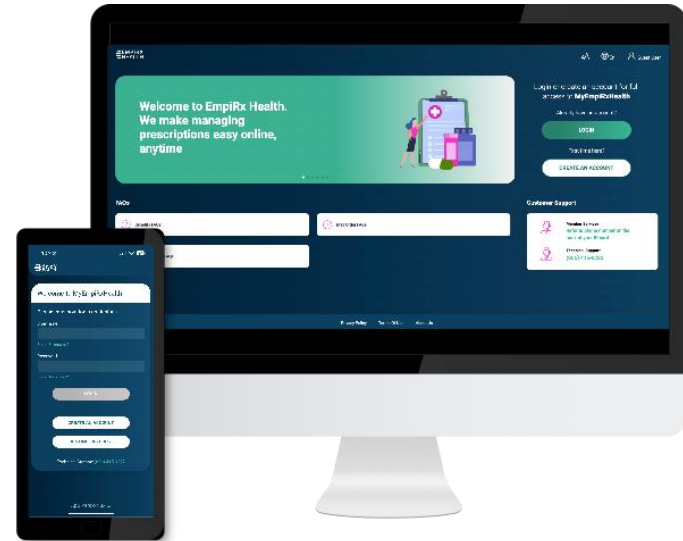
- The Member Portal is a comprehensive, self-service application designed to provide members with convenient access to critical information related to their prescription medications, insurance plans, and prescription benefits.
- Through the portal, members can view:
 - Their current and past prescriptions
 - Monitor the status of clinical reviews
 - Review cost share details
 - Gain a clear understanding of their plan coverage



EmpiRx Health Member Portal & App

Manage prescriptions easily online and on-the-go with EmpiRx Health digital tools.

- ID Card
- Prescription History
- Mail-order Refills
- Claims Detail & History
- Drug Information & Pricing
- Pharmacy Search & Directions
- Benefits Information
- And so much more



Registration is easy.

Visit MyEmpiRxHealth.com or download the [EmpiRx Health app](#).



Main Member Portal Page

A wealth of information is available within the member portal.

Encourage your members to register today, as new and updated information is added regularly.

Sign up for refill reminders and auto-refill (for select clients)

Mail order and retail prescription information

Ability to view up-to-date accumulator information

Members can run trial claims and see detailed medication information

Updating shipping address (for mail order only)

Granting family members ability to see their portal info

Check status of PA and print the associated determination letter

Print forms for PHI and DMR requests

Home Screen



EMPIRX
HEALTH

Home

Mail Order

Prescriptions

Drugs

Pharmacies

Claims History

Clinical Reviews

Family Profiles

Benefits

Forms

Settings

Help

Logout

HOME

Order 33479

In Progress

Shipped

TEST NAME

Card ID: TESTFAMILY1

VIEW ID

ID card can be viewed and printed here

MORE DETAILS

PRESCRIPTIONS

Please note, prescriptions listed here are mail order ONLY. Status updates may take up to 24 hours to reflect.

VIEW ALL

Drug Name	Rx Number	Patient Name	Qty	Days Supply	Refill Date	Status	Refill Reminder
ZOLPIDEM TARTRATE8 10MG TABS	7676767002	CHILD1 Name		30	12-21-2024	Too Soon	
BRIVIACT8 100MG TABS	7676767003	CHILD2 Name		30	12-21-2024	Too Soon	
ZOLPIDEM TARTRATE4 10MG TABS	7676767003	CHILD1 Name		30	12-21-2024	REFILL	

Mail order refill status

RECENT ORDERS

Orders or changes made outside this application may not reflect here...Show More

VIEW ALL

Drug Name	Order Number	Qty	Received Date	Status
BUPRENORPHINE9 20MCG/HR PTWK	33479		04-14-2025	In-Progress
BUPRENORPHINE9 20MCG/HR PTWK	33525		04-14-2025	Cancelled
BUPRENORPHINE9 20MCG/HR PTWK	31979		04-04-2025	Cancelled

Most recent mail orders

CLAIMS HISTORY

VIEW ALL

Drug Name	Claim ID	Patient Pay	Status
<div>You have no claims for current year.</div> <div>YTD Claims History</div>			

Mail Order Screen

Mail Order

Orders

Notifications

Shipping Addresses

Payment Methods

RecentHistory

Please note, prescriptions listed here are mail order ONLY. Status updates may take up to 24 hours to reflect.

Drug Name	Rx Number	Patient Name	Prescriber Name	Qty	Days Supply	Refill Date	Status	Refill Reminder
BRIVIACT3 100MG TABS	7676767013	CHIL2 Name	DONALD HOVER	30	30	12-21-2024	In Progress	
ZOLPIDEM TARTRATE3 10MG TABS	7676767012	CHIL1 Name	DONALD HOVER	30	30	12-21-2024	RENEW	
BUPRENORPHINE3 20MCG/HR PTWK	7676767011	Spouse Name	DONALD HOVER	30	30	12-21-2024	In Progress	
OXYCODONE3 HCL 15MG TABS	7676767010	TEST Name	DONALD HOVER	30	30	12-21-2024	In Progress	

Mail Order Status

Q Search

Refill Reminder

Allow notifications for refill reminders

Where do you want to enable notifications?

EMAIL SMS text message

Allow notifications for shipping updates

Where do you want to enable notifications?

EMAIL SMS text message

CONFIRM

Toggle notifications on/off

1511 BROOKLINE DRIVE, HUMMELSTOWN, PA 19103

C/O TEST NAME
TEST ADDRESS, HOUSTON, TX 77001

C/O The
Heheh, Miami, FL 33142

ADD NEW ADDRESS

Shipping addresses can be updated here

Default Payment Method

Tashe Ghej
XXXX XXXX XXXX 4444
02/30

Other Payment Methods

VISA
TEST USER TEST
XXXX XXXX XXXX 1111
03/28

Set as Default

ADD NEW PAYMENT METHOD

Member can view MOP or add a new MOP

Mail Order Screen *(continued)*

If member has access to view other family member's information, filter here to drill down to family member's info.

The screenshot displays the EmpiRx Health Mail Order screen. A yellow banner at the top states: "Starting February 27, 2025, Prescription Mart pharmacy will require customers to re-enter their credit card information when placing a prescription order. The updated system will store this information in your profile for future use. For any questions or to provide your card details directly, you can call the pharmacy at 1-800-719-1230. We apologize for any inconvenience this may cause." Below the banner, there are tabs for "Recent Orders" and "Past Orders". A note indicates: "Orders or changes made outside this application may not reflect here. For the most current order status, please contact the number on the back of your card." The main area contains a table of orders with columns: Drug Name, Order Number, Rx Number, Qty, Days Supply, and Received Date. A filter overlay is open on the right, showing options to filter by Member (All), Date (Last 6 Months), and Status (All). The bottom of the screen shows pagination: "Items per page: 10" and "1 - 10 of 23".

Drug Name	Order Number	Rx Number	Qty	Days Supply	Received Date
SUPRENORPHINE 25MG/AS/PTWK	31079	7676767081	30	30	04-04-2025
DIYCOONED HCL 15MG TABS	30272	7676767010	-	-	03-09-2025
BRIVACTY 100MG TABS	28182	7676767083	30	30	03-07-2025
BRIVACTY 100MG TABS	28054	7676767083	30	30	03-06-2025
BRIVACTY 100MG TABS	28069	7676767089	30	30	03-06-2025
BRIVACTY 100MG TABS	28070	7676767083	30	30	03-06-2025
BRIVACTY 100MG TABS	27946	7676767012	30	30	03-05-2025
BRIVACTY 100MG TABS	27847	7676767083	30	30	03-05-2025
SUPRENORPHINE 25MG/AS/PTWK	27088	7676767086	30	30	03-03-2025
SUPRENORPHINE 25MG/AS/PTWK	26099	7676767081	30	30	03-03-2025

Prescription Information Screen



Older prescriptions are located under history.

RecentHistory

SearchRefill Reminder

Please note, prescriptions listed here are mail order ONLY. Status updates may take up to 24 hours to reflect.

Drug Name	Rx Number	Patient Name	Prescriber Name	Qty	Days Supply	Refill Date	Status	Refill Reminder
BRIVIACT3 100MG TABS	7676767013	CHILD2 Name	DONALD HOVER	30	30	12-21-2024	In Progress	
ZOLPIDEM TARTRATE3 10MG TABS	7676767012	CHILD1 Name	DONALD HOVER	30	30	12-21-2024	RENEW	
BUPRENORPHINE3 20MG/HR PTWK	7676767011	Spouse Name	DONALD HOVER	30	30		In Progress	
OXYCODONE3 HCL 15MG TABS	7676767010	TEST Name	DONALD HOVER	30	30		In Progress	
BRIVIACT5 100MG TABS	7676767009	CHILD2 Name	DONALD HOVER	30	30		In Progress	
BRIVIACT2 100MG TABS	7676767008	CHILD2 Name	DONALD HOVER	30	30		In Progress	
ZOLPIDEM5 TARTRATE 10MG TABS	7676767008	CHILD1 Name	DONALD HOVER	30	30	12-21-2024	RENEW	
BUPRENORPHINE5 20MG/HR PTWK	7676767007	Spouse Name	DONALD HOVER	30	30	12-21-2024	In Progress	
ZOLPIDEM TARTRATE2 10MG TABS	7676767007	CHILD1 Name	DONALD HOVER	30	30	12-21-2024	REFILL	
OXYCODONE5 HCL 15MG TABS	7676767006	TEST Name	DONALD HOVER	30	30	12-21-2024	In Progress	

Items per page: 101 - 10 of 28

Check here to view the status of the medication.

Check here to see if the refill reminder has been enabled.

Drug Information Screen



Drug Search

Drug Pricing

Drug Name

Check medication coverage and pricing here

Research medications

Uses (Primary Indication)

Side Effects

Precautions

Drug Interactions

Overdose

Notes

Disclaimer

Search by Zip Code

Search by City

Drug Name *

Quantity *

Days Supply *

Amoxicillin Oral Suspension Reconstituted 125 MG/5ML

30

30

ZIP Code *

Distance *

Pharmacy Name

32789

5 Miles

* Required Fields

Search

Trial Claims can be run here

AMOXICILLIN ORAL SUSPENSION RECONSTITUTED 125 MG/5ML ⓘ Listing defaulted to In-Network

Retail

Mail Order

Pharmacy Name	Distance (in miles)	Hours of Operation	Brand/Generic	Member Cost	Plan Cost	Total Cost
SIGNATURE PHARMACY	0.2	9:00AM - 5:00PM	Brand Generic	\$1.69 \$-	\$- \$-	\$- \$-
TAYLOR'S PHARMACY	0.2	9:00AM - 5:00PM	Brand Generic	\$1.69 \$-	\$- \$-	\$- \$-

Medication details are available from drug search field

Claims History



CLAIMS HISTORY						
<div>Search</div>						
Drug Name	Claim ID	Rx Number	Rx Fill Date	Pharmacy	Patient Pay	Status
<div></div> <div>No claims found for the selected filter. Please try using different filter options.</div>						

Both RETAIL and
MAIL ORDER
history are found in
the Claims History

Clinical Reviews



 Clinical Reviews ^

Reviews

Notifications

Prior
Authorization
Status

Allow notifications for clinical review status ☒

Where do you want to enable notifications?

EMAIL ☒ SMS text message ☐

CONFIRM

Members can
opt in for PA
status
notifications.

Inquiry ID	Drug Name	Member Name	Created Date	Requested By	Status	Status Description	Clinical Reviews
7	METHYLPHENIDATE TRANSDERMAL PATCH 30 MG/9HR	TEST NAME	12-22-2023	Member	Approved, Favorable, Wran Approved	Status: Your Clinical Review has been Approved. Status Description: Your Clinical Review has been completed and can be used for fulfillment.	 
8	XELJANZ ORAL TABLET 10 MG	SPOUSE NAME	12-22-2023	Member	Denied, I	Your Clinical Review has not been approved. Status Description: Your Clinical Review has not been approved. If you have any questions please call using the number on the back of your card.	 
96460	EUCRISA EXTERNAL OINTMENT 2 %	CHILD1 NAME	01-09-2025	Member	Denied, Unfavorable	Your Clinical Review has not been approved. Status Description: Your Clinical Review has not been approved. If you have any questions please call using the number on the back of your card.	 

Additional
information is
available for the
member to view or
download.

Family Profiles



TEST NAME SPOUSE NAME CHILD1 NAME CHILD2 NAME CHILD3 NAME CHILD4 NAME

Your mail order profile has been updated
Your mail order profile has been updated. You can now take advantage of our mail order pharmacy service.

Date of Birth
12-18-1988

Gender
M

Relationship Code
1

Relationship Value
CARDHOLDER

ID CARD

NAME:
Test Name

DOB: 02/18/88
DOB: 12/18/1988
RUGP: 12000
Issuer: (00000) 9131014609
ID: TESTFAM011

Excluded: \$0,000 individual / \$0,000 family
Max Out of Pocket: \$0,000 individual / \$0,000 family
Please see reference materials for additional detail

CALL US TODAY AT:
1-800-311-1111/TDD: 711
or visit myempirxhealth.com

MAIL ORDER:
1-800-713-1290
6-PRESCRIPTION MAIL ORDER:
Prescription Mail
MAIL FOLDER CLAIMS TO:
EmpiRx Health, PO Box 12007, Beaumont, TX 77726

This card may be used to obtain prescriptions at EmpiRx Health participating pharmacies. This card is not proof of eligibility and is not valid when used at eligible pharmacies. Proper or fraudulent use of this card to obtain prescriptions is prohibited by law.

Family Data Sharing
Please choose family members to share the data with. Only registered family members on EmpiRx Member Portal can view the details.

Share My Data

SPOUSE NAME	☐	CHILD1 NAME	☐	CHILD4 NAME	☒
-------------	--------------------------	-------------	--------------------------	-------------	-------------------------------------

Share Minors' Data

CHILD2 NAME					
SPOUSE NAME	☐	CHILD1 NAME	☐	CHILD4 NAME	☒
CHILD3 NAME					
SPOUSE NAME	☒	CHILD1 NAME	☐	CHILD4 NAME	☐

To share portal information with another family member on the same plan, grant access here.

If the other party is an adult, they will need to login to their profile and grant access as well.

Benefits



MAX OUT OF POCKET

Frequency
BENEFIT YEAR
Member Accumulation/Limit
\$-/ \$4000
Family Accumulation/Limit
\$-/ \$12000
Single Accumulation/Limit
\$-/ \$4000

Totals are
updated every 24
hours.

DEDUCTIBLE

Frequency
BENEFIT YEAR
Member Accumulation/Limit
\$-/ \$1000
Family Accumulation/Limit
\$-/ \$3000
Single Accumulation/Limit
\$-/ \$1000

Member Plan
Design details
are available
here.

MAX PAID BY PLAN



No data available

PREFERRED MEDICATION LIST

 Total Care Plus

Formulary is
available for
download here.

EXPLANATION OF BENEFIT

Select Year *

2025

 VIEW PDF

Explanation of
Benefits can be
downloaded
and printed.

RETAIL COPAY



No data available

Copay
information is
available here.

MAIL ORDER COPAY



No data available

Forms



FORMS



EmpiRx-HIPAA Authorization-Form-2024

Use this form to share protected health information (PHI) with specified individuals or organizations.

If a member wants to provide PHI/HIPAA (OK to speak with) print this form here.



Direct Member-Reimbursement Form - EmpiRx Version2024

Use this form to request reimbursement for prescription drugs

If a member needs reimbursement for a medication they paid for OOP, print this form.



Prescription Mart Patient Profile Form

Use this form if you prefer to mail-in new prescriptions or refills.

No longer being used, as member registers online or over the phone.

Settings



ACCOUNT PROFILE ×

Please verify your profile information and update as necessary.

E-mail *

snehal.kshirsagar@merkle.com

Mobile Number *

+1 8796858430

First Name

TEST

Last Name

NAME

Date of Birth (MM-DD-YYYY)

12-18-1988

Card ID

TESTFAMILY1

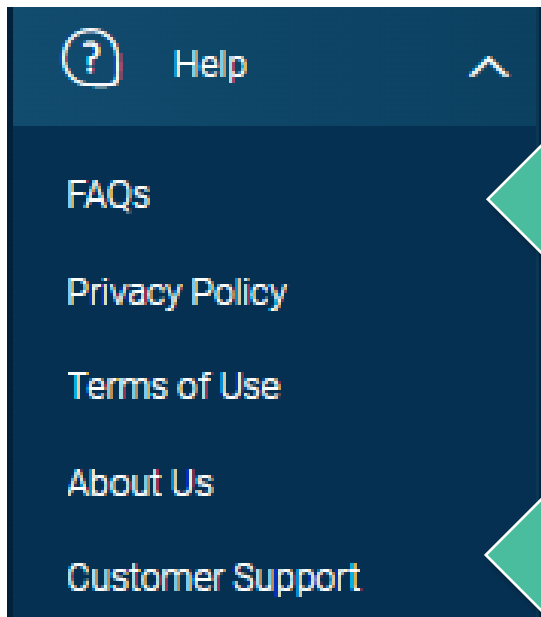
Rx GRP

19000

SUBMIT

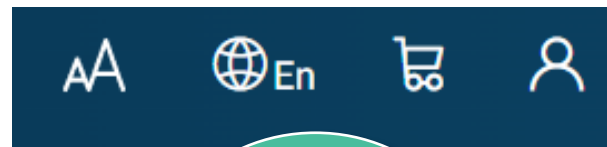
If the member would like to opt in for text notifications, but needs to update their phone number, they can do so here.

Help



A great deal of information is available through the FAQs.

This provides the member with the customer service phone number. Currently, no email/chat functionality is available.



Available from any screen, the members have the ability to view cart, increase FONT size or change language to Spanish.



Thank you.

