



YOU'RE IN CONTROL

**The HR/Benefits Executive Checklist for Healthier,
More Affordable Pharmacy Benefits Care**

First-Class Member Experience:

Our PBM partner delivers an exceptional experience for our members and organization.

EmpiRx Health builds trust with your members through our top-tier customer service, including our First Call Resolution promise. When members call EmpiRx Health, we make sure the member gets to the right person to resolve their concerns on the very first call. We also provide responsive support for frontline HR-benefits representatives through our Client Concierge team, which helps manage incoming member issues and requests. Additionally, HR-benefits executives can expect a flawless experience because of the full support of our dedicated Client Executives.

Getting Started is Easy:

Our PBM made the implementation process simple and easy.

A smooth, seamless implementation experience can make all the difference when partnering with a PBM. EmpiRx Health helps you easily navigate this process every step of the way. We'll even provide on-site representatives to help with implementation to guide you and your members through the process if requested.

Seamless, Disruption-Free Transition:

Our PBM made the change from our former pharmacy care provider seamless and virtually free of disruptions.

Changing your pharmacy care management partner is stressful, especially if you're worried about your members losing access to their medications. With the right step-by-step support, the transition can be simple. EmpiRx Health makes it easier through our Transition of Care Program. Through this unique program, members can keep taking their current prescriptions for up to 90 days or longer, so there's no gap in care. Switching pharmacy benefits care management doesn't have to be difficult or disruptive, and it never is with EmpiRx Health's member-first service.

Improving Member Health, Not Driving Rebates and Profits:

Our PBM partner prioritizes our members' health and well-being; they're not just chasing rebates to inflate their own profits.

Rebates play a central role in the operating models of the largest, traditional PBM companies. Don't forget that drug rebates were created by the pharmaceutical companies to help sell higher volumes of increasingly expensive prescription medications. The fact is that rebates don't equate to benefit plan savings. For every \$1 that your plan receives in rebates, you'll pay an extra \$3 on higher drug costs. EmpiRx Health's clinically-driven operating model is not based on rebates. Instead, we focus on improving member health outcomes and providing real, substantial and guaranteed savings for plan sponsors.



Putting Pharmacists Back in Pharmacy Benefits Care:

Our PBM employs a clinically-driven pharmacy care model that provides exceptional care to members while delivering substantial savings for our benefits plan.

EmpiRx Health's pharmacist-led PBM model puts pharmacists at the center of care, ensuring the most clinically-appropriate and cost-efficient medication therapies that optimize member care and reduce costs. Using our AI-powered pharmacy care platform, Clinically™, EmpiRx Health's pharmacists use exclusive population health technologies to make evidence-based medication therapy recommendations that help keep patients healthy while delivering guaranteed savings to plan sponsors. Our pharmacists work directly with prescribing physicians to make sure every patient gets the right medication, at the right time, at the right cost.



Delivering Guaranteed Clinical Savings:

Our PBM provides a Clinical Savings Guarantee that quantifies the savings we will receive through their pharmacist-led pharmacy care services.

With EmpiRx Health, your savings are calculated in a contract year and reset annually. If we fail to deliver on the agreed-to Clinical Savings Guarantee, we reimburse your plan dollar-for-dollar.



Ensuring Accountability and Transparency:

Our PBM welcomes being held accountable for their service and results. Equally important, they keep us well informed, not in the dark like the large, legacy PBMs.

EmpiRx Health's services are managed using the old truism, "If you can measure it, you can improve it." For EmpiRx Health, accountability to our clients is a core operating principle. We are constantly measuring and monitoring our services and programs to ensure we are accountable to our promises to you. For example, EmpiRx Health's Clinical Savings Tracker verifies your plan savings, presenting auditable results directly to you on a regular basis. This keeps you informed and knowledgeable and ensures that EmpiRx Health stays accountable to your success.



What Really Matters: Better Patient and Plan Results:

Our PBM partner delivers proven results, improving member health outcomes and producing savings for our organization.

Kelly, a 33-year-old with cystic fibrosis, was prescribed three Trikafta tablets per day for her condition. EmpiRx Health's Population Health Management Engine identified a high-risk potential drug interaction, as Kelly was previously prescribed Itraconazole for a fungal infection, and now Trikafta for cystic fibrosis. Our clinical pharmacist immediately intervened to prevent interaction between the two drugs that could subject the patient to liver failure. Our recommendation to the prescriber was to reduce the dosage of Trikafta while the patient was being treated with Itraconazole, which the prescriber agreed to. Kelly was able to successfully manage her condition, while avoiding serious adverse side effects by taking four Trikafta tablets weekly. The plan also saved \$155,231 a year due to this change.



Actively Managing Benefits, Not Just Rubber-Stamping Claims:

Our PBM partner actively manages our pharmacy benefits program to make clinically-appropriate medication therapy recommendations that ensure the health and well-being of our members and lower costs.

Unlike other PBMs that register prior authorization rates in the high 90s, EmpiRx Health's rate is around 58%. This reflects the fact that we don't just rubber-stamp claims like the largest PBM companies. Each prior authorization is reviewed by one of EmpiRx Health's expert PharmDs. If a more clinically-appropriate, cost-effective drug therapy is available, they will call the prescribing doctor and recommend a medication therapy change. Our drug recommendations are driven by member health and well-being, not rebates and profit generation.



Getting Ready for PBM Reform:

Our PBM is helping to lead the charge on PBM reform, and they are making sure we are ready, too.

Big changes are coming for the PBM industry. Comprehensive PBM reform laws and regulations are now under active consideration in Congress and across all 50 states to make pharmacy benefits management more transparent, affordable, and patient care-centered. EmpiRx Health is built for these changes. Our clinically-driven, value-based PBM model puts plan sponsors back in control of their pharmacy benefits and financial results.