ITEM	Technician Daily Check List (Initial Day Completed)																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Daily																															
All rejected claims have been addressed																															
Underpaid Claims reviewed/addressed																															
Robotics replenished																															
All owed drug shortages have been addressed																															
Mail-outs/Deliveries completed																															
Run end of day sheet																															
Refill/fax requests reviewed & re-sent of over 24 hours																															
Unresolved PA's followed up on																															
RX's not picked up past specified day returned to stock																															

	January-16	January-17	February-16
Ordinary Income/Expense			
Income			
Sales	$ -		$ -
Total Income	0.00	0.00	0.00
Cost of Goods Sold			
Insurance Fees			
Pooled Funds			
Purchases			
Tax Assessment on RA			
Total COGS	0.00	0.00	0.00
Gross Profit	0.00	0.00	0.00
Expense			
Advertising			
Amortization Expense			
Automobile Expense			
Bank Service Charges			
Billing			
Computer			
Computer Software Support			
Coupons & Discounts			
Depreciation Expense			
Donations			
Dues and Subscriptions			
Equipment Rental			
Insurance Expense			
Interest Expense			
Licenses and Permits			
Maintenance			
Meals and Entertainment			
Miscellaneous			
Office Supplies			
Other Expense			
Payroll Expenses			
Postage and Delivery			
Professional Fees			
Accounting			
Legal			
Professional Fees - Other			
Total Professional Fees	0.00	0.00	0.00
Rent			
Repairs			
Robotics Monthly Fees			
Supplies			
Taxes			
Payroll			

FUTA			
Medicare			
MO-Unemployment			
Social Security			
Total Payroll	0.00	0.00	0.00
Property			
Sales			
Total Taxes	0.00	0.00	0.00
Telephone			
Travel Expense			
Travel			
Travel Expense - Other			
Total Travel Expense	0.00	0.00	0.00
Uniforms			
Utilities			
Gas and Electric			
Sewer			
Trash			
Water			
Total Utilities	0.00	0.00	0.00
Total Expense	0.00	0.00	0.00
Net Ordinary Income	0.00	0.00	0.00
Other Income/Expense			
Other Income			
Other Income			
Rebate			
Other Income - Other			
Total Other Income	0.00	0.00	0.00
Rental Income			
Total Other Income	0.00	0.00	0.00
Net Other Income	0.00	0.00	0.00
Net Income	**0.00**	**0.00**	**0.00**

Day Supply Test

Where applicable, use Priming Dose for calculations.

Novolog Flex Pen—Expires 28 days after opening
Novolog Vials—Expires 28 days after opening
Lantus Vials—Expires 28 days after opening
Lantus Solostar—Expires 28 days after opening
Humalog KwikPens—Expires 28 days after opening
Advair 250/50—60 doses
Symbicort 160-4.5—120 doses
Flonase—120 doses
Nasonex—120 doses
Combivent Respimat—120 doses

1. **Lantus Solostar Pens—Use 20 units at bedtime. 15ml.**

   Answer: 20 units + 2 prime = 22 units daily---1500 units/22 units= 68 days

2. **Lantus Vials—Use 35 units at bedtime. 10ml.**

   Answer: No priming with vials===1000 units/35 units==28 days

3. **Novolog FlexPens—15 units before meals. 15ml.**

   Answer: 15 units + 2 prime= 17 units three times daily (assume 3 meals per day)= 1500 units/51 units= 29 days

4. **Novolog Vials—15 units before meals. 10ml.**

   Answer: No priming with vial- 15units three times daily=45 units daily-- 1000/45 units daily== 22 days

5. **Apidra vials—20 units with breakfast and lunch, and 25 units at dinner plus sliding scale (max daily dose 101 units). 30ml.**

   Answer: No priming with vials===3000 units/101 units= 29 days

6. **Lantus Solostar Pens—Inject 55 units 2 times daily. 45 ml.**

   Answer: 55 units + 2 units priming twice daily= 114 units daily== 4500 units/114 units= 39 days

7. **Lantus Vials—10 units at bedtime. 10ml.**

Answer: 1000units /10 units== 100 days but expiration of vial is 28 days

8. **Novolog FlexPens-- 2 units twice daily before meals. 15ml.**

   Answer: 2 units + 2 prime=4 units twice daily= 8 units/day==1500/8= 187 days==expiration of pen is 28 days==5 pens times 28 days==140 days
   Use twice daily not three times daily like the before meals might imply.

9. **Humalog KwikPens U-100—5 units three times daily plus sliding scale as directed. 15 ml**

   Answer: Need further information. Call prescriber or verify with patient the sliding scale to get max daily dose.

10. **Advair 250/50—Inhale 1 puff twice daily**

    Answer: 60 doses/2= 30 days

11. **Symbicort 160-4.5—Inhale 2 puffs daily**

    Answer: 120 doses/2=60 days

12. **Flonase—2 sprays each nostril daily**

    Answer: 120 doses/4==30 days

13. **Nasonex-1 spray each nostril daily**

    Answer: 120 doses/2==60 days

14. **Combivent Respimat-2 puffs twice daily**

    Answer: 120 doses/4==30 days

Your Pharmacy

Site of Monthly Audit: _____

Auditor:_____ Date:_____

ITEM TO REVIEW:	COMPLIANT:	NOTES:
Hard Copy Review: to include 100 non-controlled, 50 schedule IV-V, and 50 schedule II prescriptions	**Yes No N/A**	
1. Date Written: if missing or unclear, call prescriber to verify and document a clinical note on the hard copy. Do not fill a post-dated prescription early.	☐ ☐ ☐	
2. Patient Address: complete addresses are required on ALL prescriptions. Even non-controlled must include the full address for third party audit purposes. Third parties will also check that addresses written on the rx matches the hard copy sticker.	☐ ☐ ☐	
3. Patient Date of Birth: must have been written or typed on all new prescriptions.	☐ ☐ ☐	
4. Full Drug Name: including dosage form when applicable. Examples where applicable might be when the drugs has options like CR, XR, LA, or cream versus ointment.	☐ ☐ ☐	
5. Drug Strength if Applicable: must have documented clinical note if splitting a higher strength.	☐ ☐ ☐	
6. Quantity: If patient requests a 90 d/s and the original does not allow for this, approval must be documented on the hard copy. Even Z-Paks need a quantity of #1 pack or #6 tablets.	☐ ☐ ☐	
7. Sig: at a minimum to Include the Verb, How Many, Dosage Form, Route of Administration, and Frequency. The sig must also be useful for mathematically calculating the day supply. If it is not you must have a documented clinical note. Escript sigs are edited to use proper format and language.	☐ ☐ ☐	
8. Practitioner Signature: electronic or otherwise, the prescriber submitted to the insurance should be the name and NPI of the prescriber who signed or authorized the prescription.	☐ ☐ ☐	
9. Generic Substitution allowed or brand name only lawfully noted.	☐ ☐ ☐	
10. Day's Supply noted and billed matches the sig and quantity. Commonly audited items include insulins, inhalers, Budesonide Solution and any item over $500.00.	☐ ☐	
11. Corrections on Script should include the name of the person authorizing the change, the person noting the change, and the date and time the correction was made. It should also be verified that the corrected and noted hard copy was scanned into Win RX along with having the corrected hard copy sticker attached to the back of the original.	☐ ☐	
12. Telephone Orders: Must also include the name of the person calling in the prescription and initials of the person taking the order.	☐ ☐ ☐	

PHARMACY TECHNICIAN LEVEL 1
POSITION DESCRIPTION

REPORTS TO: PHARMACY OPERATIONS MANAGER

INTRODUCTION:

The purpose of this Position Guide is to define the authority, accountability, and responsibilities, reporting relationships, duties and measures of performance for the position of Pharmacy Technician I.

BASIC FUNCTION:

The basic function of this position is to not only participate in the day-to-day but to manage dispensary activity, including prescription preparation, suspension creation, customer service, general maintenance of all automated equipment, receiving of inventory, and general organization and appearance of the dispensary. General register and drive-thru competency.

EDUCATION:

High School Diploma or equivalent in knowledge and experience, Pharmacy Technician Registration.

QUALIFICATIONS & EXPERIENCE:

At least 2 years' experience in retail pharmacy is preferred, but no experience required.

SKILLS:

- Must be hardworking, efficient and able to accomplish tasks correctly.
- Must be able to work synergistically with the processes and people within the pharmacy.
- Must have solid organizational skills and take/process multiple orders.
- Must be computer literate in the basic software packages; knowledge of, or willing to learn, specific pharmacy based computer software.

- Must be able to communicate effectively with customers, physicians, colleagues and suppliers.
- Ability to comprehend basic math and pharmacy calculations
- Must be able to maintain a professional attitude and demeanor while working in the public.
- Communicate ideas and results of work effectively both orally and in writing.

PHYSICAL REQUIREMENTS:

Body Positions: Sitting, standing, kneeling, crouching, and stooping.

Body Movements: Turning head and torso, bending, and flexing arms, wrists, and fingers; reach with hands and arms, lift or move object weighing 25 lbs.

WORK HOUR EXPECTATIONS:

As designated by management.

TASKS AND DUTIES OF JOB:

- Arrive for work in time to prepare for shift.
- Ensure all customers are attended to in a timely manner.
- Handle patient complaints in a caring and efficient manner.
- Answering phones promptly. Screen calls (not all calls require a pharmacist.)
- Keep dispensary neat and tidy.
- Provide customer service that exceeds company standards.
- Ensure patient confidentiality and PHI in accordance with HIPAA.

- Obtain needed information from patient at time of filling to register a new patient or verify and existing patient.

- Follow workflow procedures for printing, counting and labeling retail RX's. Follow workflow notes. Review basic RX information for errors. Recognize underpaid claims. Recognize non-matched NDC's. Complete patient notes (i.e. refill too soon, delivery, change in manufacturer.)

- Follow procedure for dispensing and packaging of RX's for nursing home patients.

- Utilize proper procedure for all robotic counting devices.

- Preventive maintenance and cleaning on assigned equipment (automation for store) are done properly and in a timely manner.

- Ability to back-up drive thru and register duty, if needed.

- Sticker and place new inventory on shelf. Pull and process "owed" and "on order" inventory.

- Pull expired drugs from stock. Dispose of as per regulation or place in appropriate place for returns.

- Restock pharmacy supplies. This includes RX vials, lids, sheet and label printers, and fax machine.

- Perform entry level patient/drug functions in the Win RX and point-of-sale program.

- Apply basic knowledge of schedules of medications.

- Apply basic knowledge of repackaging, relabeling, dispensing, and expiration dates and storage.

- Record daily temperatures and pharmacy maintenance.

- Receiving and entering patient refill requests into appropriate queue with appropriate messaging.
- Basic non-sterile compounding to include completing proper compounding records.
- Suspension Preparation
- Call patient if insufficient stock to fill Rx.
- Check fax regularly and place incoming faxes in appropriate area.
- Place return-to-stock prescriptions on shelves.
- Proper preparation and documentation for delivery and mail-out prescriptions.
- Notify pharmacist of any wasted or lost non-controlled and controlled inventory.
- Prepare and mail patient new and transfer letters.
- Capable of executing any other tasks or duties assigned by supervisor to assist in the smooth, efficient operation of the store.
- Comply with all applicable company policies, procedures and patient protocols.

MEASURES OF PERFORMANCE

- Dependable on the job when scheduled and ensures supervisor is properly notified when absent or tardy.
- Responsibilities assigned are addressed in an effective and efficient manner.
- Exhibits ability to adjust work load, appropriately finding secondary projects when primary work lessens.

- Does not use time for non-business purposes. Holds self-accountable to work as scheduled and observes store policies with regards to lunch, break times, and cell phones.
- Compliance with company policies and procedures.
- Shows kindness and consideration to fellow employees and patients. Takes care of patients with the same considerations they would if it were a friend or family member.
- Demonstrates respect and high levels of cooperation with manager.
- Overall attitude is positive. Provides prompt, friendly service to the patient in person, by fax, and by telephone.
- Dresses appropriately for the job.
- Maintain Inventory levels as defined by owners.
- Error rate should be exceptionally low.

ACKNOWLEDGEMENT

Pledge of Confidentiality

Information regarding a patient of this company shall not be released to any source outside of this company without the signed permission of the patient. Furthermore, information will only be released internally on a need-to-know basis. All employees will not discuss patient cases outside the office or with anyone not employed by this company unless they are directly involved with the patient's case.

I have carefully reviewed the contents of the task and duties list and believe it to be accurate and complete. I also agree that management retains the right to change it at any time.

_____ _____

Pharmacy Technician Supervisor

Date: _____ Date: _____

Medication Synchronization
Revenue Calculator

This calculator is designed to calculate the potential increase in gross revenue from implementing a medication synchronization program similar to Simplify My Meds™. The data is based on a 12-month study of one regional chain's (Thrifty White) medication synchronization program as analyzed by Virginia Commonwealth University.
[Download full study]

Directions: Input the number of pharmacies you own or operate and the number of potential synchronization patients per pharmacy in the blue boxes below. The chart will automatically calculate the potential revenue increase to your pharmacy(ies).

Number of pharmacies providing medication synchronization	1
Potential synchronization patients per pharmacy	
Average number of synchronized prescriptions per patient*	4.65
Total number of synchronized prescriptions per month	#VALUE!
Average number of fills/year for non-synchronized patients*	7.4
Average number of fills/year for synchronized patients*	10.2
Potential ***increase*** in fills per year (synchronized patient vs. non-synchronized patient)	#VALUE!
Average ***blended*** retail cost per prescription	$61
Potential Revenue Increase/Year:	**#VALUE!**

* Based on 12-month study results from Thrifty White Pharmacy

Assumptions:

Average number of synchronized prescriptions per patient	**4.65**	Based on analysis of Thrifty White's 12-month medication synchronization study
Average number of fills/year for non-synchronized patients	**7.4**	Based on mean Proportion of Days Covered (PDC) of .61 (from Thrifty White study) (0.61 x 365 = 222 days of therapy / 30 days = 7.4 months)
Average number of fills/year for synchronized patients	**10.2**	Based on mean Proportion of Days Covered (PDC) of .84 (from Thrifty White study) (0.84 x 365 = 306 days of therapy / 30 days = 10.2 months)
Potential ***increase*** in fills per year (synchronized vs. non-synchronized patient)		Difference between # refills/year for synchronized vs. non-synchronized patients
Average ***blended*** retail cost per prescription	**$61**	Based on average brand ($224.23) and generic ($20.73) retail prescription price; blend calculated based on 80% generics and 20% brands (2011 IMS data)

Potential Revenue Increase/Year = Prescription Lift x Blended Prescription Retail Price

Meeting Your Mini-Goals

Be a little bit better today than you were yesterday!

Often, there are many small goals or objectives that must be met to achieve your BIG goals. Track your progress using the chart for each mini-goal completed toward your BIG goal. Keep track over a year's time to see just how far you have come. Involve your staff and make them group projects.

My BIG goal is:

_____
_____
_____

Mini-goals I will need to achieve before I can meet my BIG goal are:

_____
_____
_____
_____
_____

DATE	ACTION	RESULT/REWARD

Name: _____ Date:_____

SPOT AWARD

Staff Recognition Program

Be Remarkable, Be Recognized

This program is designed for employees to recognize the merits of their fellow peers.

Someone who has come to the rescue in work projects• Accomplished something difficult requiring above and beyond effort • A new idea creating better efficiencies • A company cost saving idea. . . .

PURPOSE

This employee recognition program is designed to fairly recognize and reward individuals for **excellence** in service who go above and beyond their normal job. The Spot Award program allows individuals to grant fellow employees recognition for extra efforts that warrant recognition.

SPECIFIC METRIC

Keep in mind the actions or results should be recognized toward something "significant", going above and beyond their job, "meaningful to the business" and/or SMART (**S**pecific, **M**easurable, **A**chievable, **R**esults oriented, **T**ime bound).

TIMELINE

The Spot Award request form should be submitted within 3 days, but not later than 30 days after completion of the accomplishment.

PROCEDURES

To make a nomination, get a SPOT AWARD request form from H/R department. Fill out the request form completely. Be sure to write a brief narrative that justifies why you think the employee deserves the award. Also give a specific metric to support your nomination. Submit completed form to the H/R department.

APPROVED

All Spot Awards will be presentated to the advisory committee for final approval.

NOMINATION GUIDELINES

Any staff member can nominate an employee for a Spot Award. Full-time and part-time staff are eligible for Spot Awards. Managers are not eligible for Spot Awards at this time.

RECOGNITION

We will hold quarterly "all-hands" staff meetings. At this time the staff member who submitted the SpotAward will share with all the staff why the award was given.

SPOT AWARD
Staff Recognition Program

Be Remarkable, Be Recognized

Request Form

Nominated Employee: _____ **Date:** _____

Recognition for: _____

Keep in mind the actions or results should be recognized toward something "significant", going above and beyond their job, "meaningful to the business" and/or SMART (Specific, Measurable, Achievable, Results oriented, Time bound).

Write a brief narrative that justifies the award: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Employee signature requesting nomination: _____

Please submit completed form to the H/R Department.