



Code of Conduct & Compliance Process

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CODE OF CONDUCT & COMPLIANCE POLICIES

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CODE OF CONDUCT

Dear Eckerd Associate:

Eckerd is a leader in our industry -- both in what we do and how we do it. The dynamics of the health care marketplace are changing daily, and new challenges arise with every change. One thing that has not changed is Eckerd's commitment to the highest standards of integrity and honesty in our business conduct. This includes a fundamental commitment to conduct our business in compliance with the law, including the requirements of federal and state health care programs such as Medicaid and Medicare, involving the preparation and submission of accurate claims. Our commitment extends beyond compliance with legal obligations and recognizes that the best way to deliver value to our customers, associates, and communities is to be fair, honest, and ethical in our business practices.

In order to protect and promote Eckerd's integrity and to enhance its ability to achieve its mission, Eckerd created a Compliance Program to address compliance with federal and state health care program requirements. The Compliance Program, which has been updated, includes this Code of Conduct and a set of policies and procedures designed to educate all of us on the legal and ethical rules governing our business. These documents do not address every situation you may encounter at Eckerd, but are guidelines and principles by which we operate. You are required to read, understand, and comply with these policies and procedures. You will also receive training and education on compliance issues as part of the Compliance Program. Eckerd's Compliance Program is an important part of our culture and clearly communicates Eckerd's expectations for legal and ethical behavior on the part of its employees.

The Compliance Program is designed to reinforce our awareness of the laws that apply to our business, and to promote a full understanding of Eckerd's standards of business conduct. It is important that Eckerd be known for the quality of its services, the integrity of its workforce, and its high standards of business conduct. We accomplish this through a work environment which values ethical responsibility, teamwork, and open communication. Any person who suspects that a law, federal or state health care program requirement, company policy, or ethical standard has been violated must report the suspected violation directly to his or her supervisor or the Compliance Officer. Eckerd has established a Compliance Program Hotline (888-730-8266) so that any person can ask a question or report a suspected violation confidentially. Eckerd encourages disclosure and discussion, and employees may ask questions, raise concerns, or report possible improper conduct without any fear of retribution.

Operating within the laws that regulate our business, while striving to reach our goals faster and more efficiently, demands a commitment to compliance from Eckerd and all its employees. We want you to be aware of Eckerd's Compliance Program, the specific policies and procedures, the laws that regulate our business, and the high ethical standards under which we conduct our business. At the same time, it is essential that you support Eckerd's Compliance Program and comply with our policies and procedures, as well as the applicable legal and ethical rules. Failure to do so can result in disciplinary action, including termination. In addition, non-compliance may expose the company or specific individuals to action by the government. If you have any questions about Eckerd's Compliance Program, including any of the specific policies and procedures, please contact Felise Feingold, Eckerd's Compliance Officer, at 401-825-3670 or felise.feingold@BrooksEckerd.com.

Eckerd is committed to the highest standards of integrity, ethics, and honesty. We ask our Eckerd associates to continue their commitment to these principles by ensuring compliance with Eckerd's Compliance Program, including this Code and our policies and procedures. This commitment will give Eckerd the strength and foundation to continue to provide exceptional service to our communities and excel as a leader in our industry.

Michel Coutu

Chairman and CEO
Eckerd Corporation

INTRODUCTION TO THE COMPLIANCE PROGRAM

Eckerd Corporation (Eckerd) created a Compliance Program to address compliance with the laws and regulations applicable to its business operations, including federal and state health care program requirements, and to ensure compliance in the preparation and submission of claims to these programs. This Compliance Program, which has been updated, describes laws, policies, and ethical standards that Eckerd pharmacy associates are expected to follow. The Program is part of Eckerd's commitment to conduct its business in compliance with its legal obligations, including the requirements of the federal and state health care programs, including Medicaid and Medicare. It is also a plan of action to prevent and detect violations of law, internal policies, and ethical standards. Finally, the Program includes a mechanism for monitoring and auditing compliance, and maintaining an organizational structure to support its success.

Eckerd's Store Operating Procedures (SOP) and HR Policies, now both available on eWeb, describe specific policies and procedures. The SOP, HR Policies, and Compliance Program work together and are part of Eckerd's commitment to ensure compliance with the law and the requirements of the state and federal health care programs.

The health care industry is changing daily, and providers must ensure compliance with the laws and regulations that apply to their business. The highly regulated nature of the health care industry, in conjunction with the rapid changes to these laws and regulations, create challenges for Eckerd. Eckerd's Compliance Program was developed to assist in meeting these challenges.

The Benefits of a Compliance Program The Compliance Program is intended to ensure Eckerd's compliance with laws relating to its pharmacy operations. Eckerd's commitment to this Program affirms and demonstrates its ethics and values. The Program provides Eckerd and its pharmacy associates with clear guidance concerning the requirements of applicable laws and regulations, including state and federal health care programs. The Program is developed to track and ensure compliance, and also to: (1) Improve communication between pharmacy associates and managers; (2) Enhance accurate understanding of the work performed by pharmacy associates; (3) Create a mechanism for informing pharmacy associates of changes in policies and procedures and applicable state and federal laws and regulations; (4) Provide the ability to detect and correct potential improper actions internally; (5) Improve the quality of response to potential investigations, lawsuits, and other significant developments; (6) Encourage pharmacy associates to report concerns internally; (7) Reduce potential violations of laws and regulations, including the requirements of the state and federal health care programs; and (8) Reduce the potential for penalties if a violation occurs.

The Program, SOP, and HR Policies The written Code of Conduct and HR Policies (on eWeb) provide Eckerd associates with general guidance concerning compliance issues. Eckerd's Store Operating Procedures (SOP on eWeb) provide specific information regarding the daily job responsibilities of pharmacy associates. These written materials are an integral component of Eckerd's Compliance Program. All Eckerd pharmacy associates are responsible for complying with the policies and procedures under this Program that are applicable to their job responsibilities. If associates have any questions regarding policies and procedures they should consult their supervisors.

COMPLIANCE WITH LAWS AND REGULATIONS

Eckerd and its associates shall comply with the laws and regulations that are applicable to our business, and shall maintain high standards of business integrity and ethics. To facilitate compliance, this Program contains broad guidance measures that are consistent with federal and state laws, including federal and state health care program requirements. In addition, senior management and supervisors have access to legal advice on Eckerd's operations, and are available to provide guidance to associates on interpreting and complying with applicable laws and regulations. All associates are required to perform their duties and responsibilities in compliance with applicable laws and regulations, and with this Program, which includes Eckerd's Code of Conduct, SOP, and HR Policies.

Federal And State Fraud And Abuse Laws Eckerd and its associates shall comply with the applicable federal and state fraud and abuse laws and regulations. Various federal statutes, including the federal False Claims Act, prohibit the submission, or causing the submission, of a false or fraudulent claim to Medicaid, Medicare, and/or any other federal or state program. Most states have similar false claims prohibitions. The fraud and abuse laws also prohibit payment or receipt of kickbacks and other forms of improper "remuneration" in return for purchasing or ordering, or recommending the purchase or ordering, of any goods, services, or items covered under a state or federal health care program. Violations of these laws, and related federal and state laws, can subject Eckerd and individuals to penalties and fines, as well as potential criminal convictions. Convicted individuals may be punished by imprisonment. Finally, most states also have fraud and abuse laws that prohibit false claims and/or kickbacks in connection with private insurance programs.

The Preparation And Submission Of Accurate Claims Eckerd's business practices are subject to numerous laws and regulations. The most noteworthy practice is the preparation and submission of claims to the federal and state health care programs and other third party payors. Eckerd's Store Operating Procedures (SOP) contain specific instructions for preparing and submitting accurate claims to third party payors including Medicaid and Medicare, and other federal health care programs. Among other things, these policies and procedures address: (1) The manner in which Eckerd shall submit claims for prescriptions that are only partially filled (*i.e.*, where only a portion of the prescribed medication is furnished on a given date to a customer) (the Partial Fill Policy), and (2) The manner in which Eckerd shall reconcile with or credit third party payors for undelivered medication in those instances in which the full amount of a prescription was billed to a third party payor, but the prescription was not delivered to the customer (the Return to Stock Policy). A copy of Eckerd's Partial Fill and Return to Stock Policies are provided beginning on page 7 below and are available on eWeb. (See Sections XI.J.1, XI.J.2, XI.M.1, and XI.M.2 of the Pharmacy SOP, or Sections XI.J.1a, XI.J.2a, XI.M.1a and XI.M.2a of the RxCare Transition SOPs.) Eckerd associates must comply with these procedures.

PROGRAM STRUCTURE

Compliance Officer The Compliance Officer is responsible for overseeing the development and implementation of policies, procedures, and practices designed to ensure compliance with the requirements of state and federal law, the federal health care program requirements, and Eckerd's policies and procedures as set forth in Eckerd's Compliance Program, SOP, and HR Policies. These responsibilities include monitoring the daily compliance activities. The Compliance Officer is a member of senior management and makes periodic (at least quarterly) reports regarding compliance matters directly to the Board of Directors of Eckerd. The Compliance Officer is authorized to report on compliance matters directly to the Board of Directors at any time.

Compliance Committee The Compliance Committee includes the Compliance Officer and the heads of Eckerd's Accounting, Audit, Human Resources, Information Technology, Pharmacy Administration, Pharmacy Operations, and Training Departments. The Compliance Officer chairs the Compliance Committee, and the Committee supports the Compliance Officer in fulfilling his/her responsibilities (e.g., assists in the analysis of areas of potential risk and oversees monitoring of internal and external audits and investigations).

Training Eckerd's Compliance Program provides a legal, policy, and ethical framework for Eckerd and its associates with respect to their business practices. To facilitate compliance, Eckerd has developed a comprehensive training program that includes instruction on the following: (1) Eckerd's duties under a Corporate Integrity Agreement with the federal government; (2) Eckerd's Compliance Program, including the Code of Conduct, compliance policies and procedures, SOP, HR Policies and other relevant policies and procedures; (3) The submission of accurate claims for services to third party payors including federal health care programs; (4) Eckerd's Partial Fill policy; (5) Eckerd's Return to Stock policy; (6) The obligation of each individual involved in the billing process to ensure that billings are accurate; (7) Applicable reimbursement statutes, regulations, and program requirements and directives; (8) The legal sanctions for improper billing; and (9) Examples of proper and improper billing practices. All pharmacy associates and federal program billing associates (including new hires and temporary associates) will receive the Code of Conduct, compliance policies and procedures, and the partial fill and return to stock policies and procedures, and will participate in the compliance training program.

Review Procedures Eckerd's Internal Audit Department will conduct periodic reviews of Eckerd's partial fill and return to stock billing practices, as well as Eckerd's adherence with its Compliance Program. An outside Independent Review Organization (IRO) will periodically review the Eckerd Internal Audit Department's workpapers. The objective of both the internal and external reviews is to ensure that Eckerd's Compliance Program is operating effectively.

DISCLOSURE PROGRAM

The success of Eckerd's Compliance Program in preventing and detecting improper conduct depends on the diligence of Eckerd pharmacy associates in reporting potential improper conduct as soon it is suspected or discovered. The Program promotes open communication to encourage everyone at Eckerd to report, in good faith, suspected deviations without concern about any negative consequence or retaliation. Any person who suspects that a law or Eckerd policy has been violated should report that information directly to his or her supervisor, the Compliance Officer, or the Compliance Hotline. Once reported, an investigation shall be conducted in accordance with Eckerd's internal investigation policy. If Eckerd determines that improper conduct has occurred, it will take corrective action and disciplinary action if necessary. The type of action taken will depend on the specific conduct or activity involved.

The Compliance Hotline Eckerd has created a Compliance Hotline (888-730-8266) so that a person who suspects improper conduct can make a report easily and anonymously. Eckerd's goal is to ensure that people who wish to report suspected improper conduct feel comfortable about making the report, and are secure in the knowledge that their efforts are supporting the Compliance Program. The identity of a person making a report shall be confidential.

INTERNAL INVESTIGATIONS AND CORRECTIVE ACTION

The goal of the Compliance Program is to prevent legal, policy, and ethical violations, or other improper conduct. If improper conduct is discovered, Eckerd will take prompt corrective action. Upon learning of suspected improper conduct, Eckerd will investigate the circumstances. If improper conduct has occurred, the Compliance Officer, with the assistance of legal counsel if necessary, will take corrective and/or disciplinary action, and report to proper authorities as appropriate. An internal investigation may include interviews of associates and review of relevant documents. The nature and extent of the internal investigation will vary depending on the circumstances. The Compliance Officer and/or Eckerd legal counsel shall determine the appropriate nature and extent of the internal investigation. Where improper conduct has occurred, the Compliance Officer will determine whether the relevant practices and policies should be revised. The results of the internal investigation and any resulting revision of policy shall be communicated to the appropriate Eckerd associates.

Discipline for Violations Violations of law, Eckerd policy, or ethics will not be tolerated, and will result in disciplinary action. Disciplinary action can range from an informal reprimand to termination of employment. In addition, violations of law will be reported to the federal and/or state authorities as appropriate. Examples of acts that may result in disciplinary action are as follows: (1) Deliberate violations of the law, Eckerd policy, or ethics; (2) Reckless or careless violations of the law, Eckerd policy, or ethics; (3) Failure to report a violation of the law, Eckerd policy, or ethics; (4) Refusal to cooperate with an internal investigation of a violation of the law, Eckerd policy, or ethics; (5) Failure by a supervisor(s) to detect and report a violation of the law, Eckerd policy, or ethics, if such failure reflects inadequate supervision or lack of oversight; or (6) Retaliation against an individual for reporting a violation of the law, Eckerd policy, or ethics. Disciplinary action will be determined on a case-by-case basis and subject to review when appropriate.

EMPLOYEE SCREENING

Certain federal and state laws impose obligations on health care providers (including pharmacies) to investigate the background of potential employees and, in some cases, preclude pharmacies from hiring individuals found to have committed certain offenses (“Ineligible Persons”). It is the policy of Eckerd to undertake background checks of all pharmacy associates to the fullest extent required and/or permitted by applicable law and to retain on file applicable records of current employees regarding such background checks. For purposes of this policy, an “Ineligible Person” shall be any individual or entity who: (a) is currently excluded, debarred, or otherwise ineligible to participate in the federal health care programs or in federal procurement or non-procurement programs; or (b) has been convicted of a criminal offense related to the provision of health care items or services, but has not yet been excluded, debarred, or otherwise declared ineligible. Eckerd will screen all prospective pharmacy associates prior to engaging their services by: (1) Requiring applicants to disclose whether they are Ineligible Persons; and (2) Reviewing the General Services Administration’s List of Parties Excluded from Federal Programs (on the Internet at <http://epls.arnet.gov>) and the HHS/OIG List of Excluded Individuals/Entities (on the Internet at <http://www.hhs.gov/oig>.)

STORE OPERATING PROCEDURES

CHAPTER XI PRESCRIPTION PROCESSING (UPDATED 2006 – CUC Stores Only)

XI.J PARTIALLY FILLED PRESCRIPTIONS

XI.J.1 PARTIALLY FILLED CASH PRESCRIPTIONS

PURPOSE:

To establish procedures to partially fill a cash prescription when there is not enough inventory on hand to fill the entire quantity or when the customer requests a quantity less than prescribed

PROCEDURE:

- I. If insufficient inventory is on hand to fill the entire quantity of a cash prescription,
 - A. Offer to fill the prescription with a partial quantity to get started. The patient should pay for the partial quantity which is on hand and dispensed. In that event, the price should be prorated based on the full quantity price.
 - B. When entering this prescription into Comp-U-Care, using the [~][Q] Quantities screen, leave the Dispense Type field blank. Tab to the Partial Fill/Understock field and type Y. When the cursor moves to the Dispense Quantity field, enter the quantity actually being dispensed. Press [Tab]. This will adjust the balance quantity in the Refill Quantity field. In the Prescribed Quantity field, enter the prescribed quantity per the prescription order. Press [Enter] to return to the Prescription Filling screen. Then, manually calculate the pro-rated price, tab to the Total O/R field (or press [~][O]), and type the pro-rated price with the Reason for Price Override. The resulting prescription transaction should reflect the actual quantity received by the patient and the prorated price.
 - C. Immediately after dispensing this partial prescription, create a label reprint and indicate the balance quantity to be dispensed and the corresponding prorated price for the balance quantity. Deface the label by placing an “X” across the bottle label and place it in your “on order” box.
 - D. Add the item to the RxEO order. Compare the Stock-On-Hand in Selmor to the shelf quantity. Make inventory adjustments if necessary. Follow the procedures described in SOP [XI.D.4](#), On Order Box. If past the RxEO transmission time, or if the product is needed before the next scheduled delivery day from the Eckerd Store Service Center, then obtain the item via store to store transfer from another Eckerd, or order the item next-day from McKesson.
 - E. Write the “ordered (date)” and the source (i.e. RxEO, jobber, etc.) on the defaced label reprint in the “on order” box.
 - F. When the ordered product is received, dispense the “balance” quantity of the prescription by “refilling” the previously partially filled prescription with the “balance” quantity. Affix this new label to the prescription container and discard the label from Step C in the Pharmacy Confidential Materials Blue Bag. The price of the “balance” prescription should be prorated based on the full quantity price as described in step C above.
 - G. Telephone the patient to inform them that the balance of their prescription is ready for pick-up at their convenience.

Note: If the telephone field on the prescription receipt indicates “X’s”, the associate must access the Privacy Information screen in Comp-U-Care to determine what

Confidential Communications are on file. If an alternate telephone number is requested, this telephone number must be used to contact the patient. If the patient has requested not to be contacted by telephone, then you may not call the patient. (See Store Operating Procedure [VIII.F.2](#), Confidential Communications.)

- H. Place the prescription in the appropriate Will Call prescription bin.
- I. If the remainder of a partially filled prescription is not picked up within 14 days after the dispensing date, follow the return to stock procedure [XLM.2](#).
- II. If the patient requests an amount less than the quantity prescribed, the pharmacist should enter that quantity into Comp-U-Care and let the system calculate the correct retail for the quantity requested.

XI.J.2 PARTIALLY FILLED MANAGED CARE PRESCRIPTIONS:

PURPOSE:

To establish procedures to partially fill a managed care prescription (includes all third-party and Medicaid plans), by providing up to a 6-day supply to a Managed Care patient when sufficient quantity of medication is not available at the time of fill.

After a managed care prescription is processed and the pharmacist then realizes that a sufficient quantity of medication is not available to fill the prescription as prescribed, the following procedures are to be followed:

- A. Type the “Tx #” of prescription in the Rx # field of the Comp-U-Care Prescription Filling Screen and press [ENTER] to display the transaction.
- B. Change the quantity to up to a 6-day supply by pressing the [~][Q] keys to display the Quantities Screen.

Note: The initial quantity to dispense should be determined based upon the store’s Rx delivery schedule and the patient’s need to begin or continue their medication therapy.

Leave the Dispense Type field blank. Tab to the Partial Fill/Understock field and type Y. When the cursor moves to the Dispense Quantity field, enter the quantity initially dispensed. Press [TAB]. This will adjust the balance quantity in the Refill Quantity field. Press [ENTER]. The Dispense Quantity field and the Refill Quantity field on the transaction redo screen will populate with the changed quantities. Type the corresponding number of days supply in the # days field.

If the prescription is for a unit of use item, and the prescribed package size is not in-stock, then dispense the smallest package size as the initial quantity utilizing plan 0999 and the procedures below. **Do not adjudicate the prescription to the patient’s third party or collect the patient’s copay until the total prescribed quantity is dispensed.**

If the prescription is for a reconstitutable product and dispensing the entire prescribed quantity exceeds the reconstituted stability period, dispense the appropriate reconstituted package size utilizing plan 0999 and the procedures below. Explain to the patient that they must return for additional bottles/packages until the total prescribed quantity has been dispensed. **Do not adjudicate the prescription to the patient’s third party plan or collect the copay until the total prescribed quantity has been dispensed.**

- C. Add third-party plan #0999 (PARTIAL FILL) to the patient’s third-party list by pressing [~][1] from the Prescription Filling screen. Then, press [F7] for the patient’s third-party maintenance screen, and press [F5] to add third-party plan 0999. It is NOT necessary to add a patient ID, Group, Relation, or Person code to process prescriptions under this plan. When finished, press [Enter], then press [F2] several times to return to the Prescription Filling screen.

- D. Press the [Shift]+[F3] keys to move to the "P Code O/R" field and type 0999 to change the prescription to third-party plan "PARTIAL FILL" and press [ENTER].
- E. Press [F6] for Prescription Filling options and select "Update Transaction." A "Reason for Modification" dialog box will appear. Type "[#]-day supply, not billed," then press [ENTER].
- F. If the processor is on-line, the transaction will then dial out for a TPAS on-line reversal. If unable to reverse the original claim due to "Communication Failure," place the prescription aside and try again later that same day.
- G. After successful reversal, the prescription is then processed using plan 0999 and a label printed with a price of \$-.-. The original Rx label is to be discarded in the Pharmacy Confidential Materials Blue Bag after the successful reversal.
- H. The initial dispensed quantity label (Step G) is used to fill the prescription. Upon patient pick up, the Rx receipt is scanned at the POS register, and the patient is given the initial quantity of medication without then charging the patient. Advise the patient how the partially filled prescription will be handled (use the yellow Patient Note form if the patient is not in the store) and alert the patient that the balance of the Rx will be returned to stock if it is not picked up within 14 days.
- I. Make a label reprint of the initial dispensed quantity label (Step G). Mark this label reprint with the balance remaining required to complete the prescription fill. Add the item to the RxEO order. Compare the Stock-On-Hand in Selmor to the shelf quantity. Make inventory adjustments if necessary. Follow the procedures described in SOP XI.D.4, On Order Box. If past the RxEO transmission time, or if the product is needed before the next scheduled delivery day from the Eckerd Store Service Center, then obtain the item via store to store transfer from another Eckerd, or order the item next-day from McKesson (Monday through Friday).
- J. Write the "ordered (date)" and the source (i.e. RxEO, store transfer, jobber, etc.) on the defaced label reprint. Place the label reprint in the "On Order" box.

NOTE: The DEA allows for partially filling of a CII prescription if sufficient quantity is not available to fill the entire prescription as long as the pharmacist makes a notation of the quantity supplied on the face of the prescription. The remaining portion of the prescription may be filled within 72 hours of the date of the first partial filling. If the balance of the prescription cannot be filled within the 72 hour period, DEA regulations require that the pharmacist must notify the prescriber and make the appropriate notations on the prescription hardcopy. Some states' regulations may not allow partial filling of CII prescriptions or may be more stringent than the DEA regulation. Pharmacists must follow their state's regulations on this issue. Check with your Pharmacy Supervisor if you have questions.

- K. When the ordered product is received, retrieve the initial dispensed quantity label reprint (Step I) and type the "Tx #" in the Rx # field of the Comp-U-Care Prescription Filling screen and press [ENTER].
- L. Using the [~][Q] function, tab to the Partial Fill/Understock field and enter N. When the cursor moves to the Dispense Quantity field, change the quantity to the total dispensed amount (initial dispensed quantity plus balance). Tab to the Refill Quantity field and adjust refill quantity to the correct quantity. Press [ENTER]. The Dispense Quantity and the Refill Quantity on the Tx-

Redo screen will populate with the changed quantities. Enter the total days supply (initial days supply plus the balance days supply) in the # Days field.

- M. Tab to the “P Code O/R” field (or press the [Shift]+[F3] keys) and change the prescription to the appropriate plan.
- N. Press [F6] for Prescription Filling options and select “Update Transaction”. A “Reason for Modification” dialog box will appear. Type “Filled for balance,” then press [ENTER].
- O. If the processor is on line, the transaction will dial out for TPAS approval.
- P. A modified label is printed and the prescription is completed. Indicate on the Rx label and receipt the actual quantity given the patient at this time. Discard the label reprint from Step I in the Pharmacy Confidential Materials Blue Bag. Telephone the patient to inform them that the balance of the prescription is now ready and can be picked up at the patient’s convenience. Indicate the date and time of call on the Rx receipt and place the prescription in the appropriate Will Call prescription bin. Check the Will Call prescription bins for the unpicked-up, initial dispensed quantity, partial prescription and combine bags if necessary.

Note: If the telephone field on the prescription receipt indicates “X’s”, the associate must access the Privacy Information screen in Comp-U-Care to determine what Confidential Communications are on file. If an alternate telephone number is specified, this telephone number must be used to contact the patient. If the patient has requested not to be contacted by telephone, then you may not call the patient. (See Store Operating Procedure [VIII.F.2](#), Confidential Communications.)

- Q. The prescription copay should be collected from the patient at the time the “balance” quantity of the Rx is picked up.
- R. Upon patient pick-up, scan the prescription receipt at the POS Register. If a "SOLD ON" message appears on the Register Display, press [ENTER] to "Sell Rx Again", then complete the register transaction.
- S. The Will Call prescription bins should be checked daily to identify any prescriptions that were dispensed greater than 3 days ago. The designated pharmacy associate should call the patient to remind him/her that a prescription is ready to be picked up. The proper notation of the SORx call should be made in the appropriate section of the prescription receipt.

Note: If the telephone field on the prescription receipt indicates “X’s”, the associate must access the Privacy Information screen in Comp-U-Care to determine what Confidential Communications are on file. If an alternate telephone number is specified, this telephone number must be used to contact the patient. If the patient has requested not to be contacted by telephone, then you may not call the patient. (See Store Operating Procedure [VIII.F.2](#), Confidential Communications.)

- T. Patients should be called 3 and 7 days after the dispense date to remind them that the balance of the prescription is available for pick-up following standard procedures outlined in Section [XII.M.1](#).

Note: If the telephone field on the prescription receipt indicates “X’s”, the associate must access the Privacy Information screen in Comp-U-Care to determine what Confidential Communications are on file. If an alternate telephone number is specified, this telephone number must be used to contact the patient. If the patient has requested not to be contacted by

telephone, then you may not call the patient. (See Store Operating Procedure [VIII.F.2](#), Confidential Communications.)

U. If the remaining prescription balance has not been picked up within 14 days after the dispense date, promptly remove it from the Will Call prescription bin and return it to stock per procedures outlined below.

1. Type the “Tx #” of the prescription in the “Rx #” field of the Comp-U-Care Prescription Filling screen to display the transaction.
2. Enter a “Prescription Note” stating “RTS bal; (qty) disp on (date) NC.”
3. Press the [~][Q] keys. Leave the Dispense Type field blank. Tab to the Partial Fill/Under stock field and type Y. When the cursor moves to the Dispense Quantity field, enter the amount initially dispensed. Press [TAB]. This will adjust the balance quantity in the Refill Quantity field. Press [ENTER]. The Dispense Quantity field and the Refill Quantity field on the Transaction Redo screen will populate with the changed quantities. Type the number of days supply initially dispensed in the # days field.
4. Press the [Shift]+[F3] keys to move to the "P Code O/R" field and change the prescription to Third Party Plan 0999 (Partial Fill). Press [F6] for Prescription Filling options and select “Update Transaction”. A “Reason for Modification” box will appear. Type “RTS, [#] (initial dispensed quantity) dispensed at NC.” The transaction will then dial out for TPAS reversal, (if necessary).

NOTE: Do NOT attempt to adjudicate the initial dispensed quantity to the third-party processor.

5. If the TPAS reversal is denied by the third party processor, press [F2] and a “Set transaction to manual reversal?” message will appear. Answer “Yes” to this prompt. Contact Pharmacy Solutions regarding any problems or questions involving this procedure.

NOTE: If the TPAS reversal fails due to a “Communication Failure” or “SYS Unavailable” message received on screen, you must answer “No” to the “Set transaction to manual reversal?” message. Retry the reversal again at a later time until the prescription is successfully reversed or a reversal denial is received. After 2 days of unsuccessful attempts to reverse the prescription, call Pharmacy Solutions for assistance.

6. If this is the original fill of the prescription, you must locate the hard copy of the prescription and indicate the quantity actually dispensed to the patient, along with the pharmacist’s initials and the date the “balance” quantity was returned to stock. This documentation is required to prevent audit discrepancies and third party write-offs.
7. Medication may be returned to stock, following state regulations. Check with your Pharmacy Supervisor if you have questions.

V. If the patient returns to pickup the balance of their medication after it has been returned to stock,

1. Enter the “Tx#”, or locate the “Transaction Number” from the Patient’s Transaction Profile, for the prescription that was returned to stock in step U above. It will be identified by assignment to plan 0999 and will have the Prescription Note entered per Step U.2 above. Highlight the transaction and press [ENTER].
2. Enter a new “Prescription Note” stating the date this “balance” is being processed, quantity dispensed and RPh initials.
3. Using the [~][Q] function, tab to the Partial Fill/Understock field and enter N. When the cursor moves to the Dispense Quantity field, change the quantity to the total dispensed amount (initial dispensed quantity plus balance). Tab to the Refill Quantity field and adjust refill quantity to the correct quantity. Press [ENTER]. The Dispense Quantity and the Refill Quantity on the Tx-Redo screen will populate with the changed quantities. Enter the total days supply (initial days supply plus the balance days supply) in the # Days field.
4. Tab to the “P Code O/R” field (or press the [Shift]+[F3] keys) and change the prescription to the Patient’s Third Party plan.
5. Press [F6] for Prescription Filling options and select “Update Transaction”. A “Reason for Modification” dialog box will appear. Type “Filled for balance”.
6. If the processor is on-line, the transaction will dial out for TPAS approval.
7. A modified Rx label is printed and the prescription is completed. Mark the Rx label and receipt with the remaining quantity given the patient at this time.
8. The prescription copy should be collected from the patient at the time the “balance” quantity is picked up.

If this is the original fill of the prescription, you must locate the hard copy of the prescription and indicate the date the “balance” was dispensed, quantity dispensed, and RPh initials. This documentation is required to prevent audit discrepancies and third party write-offs.

XI.M.1 S.O.Rx (Sell Old Prescriptions):

To establish guidelines for pharmacies, in compliance with HIPAA, to encourage patients to pick up filled prescriptions.

- I. The alphabetical, filled prescription bins should be checked daily to identify any prescriptions that were prepared greater than 3 and 7 days ago.
- II. Patients should be called 3 and 7 days after the dispense date to remind them that their prescription is available for pick-up. The Outdial feature is used to initiate the patient reminder. For instructions on how to use the IVR outdial, go to the eWeb.
 - A. Select “Departments”
 - B. Select “Training”
 - C. Select "Training Materials
 - D. Select “Systems”
 - E. Select the link for the “IVR: Interactive Voice Response Manual”.
- III. **If the telephone field on the prescription receipt indicates “X’s”, the associate must access the Privacy Information Screen in CompUCare to determine what Confidential Communications are on file. If an alternate telephone number is specified, this telephone number must be used to contact the patient. If the patient has requested not to be contacted by telephone, then you may not call the patient. Refer to Store Operating Procedure [VIII.F.2](#), Confidential Communications.**
- IV. **If the pharmacy is unable to use the IVR system and calls the patient, the pharmacy associate is to speak only to the patient or the authorized representative of the patient for whom the prescription was filled. Refer to Store Operating Procedure [VIII.C.2](#), Verification of Identity.**
 - A. **If it is necessary to leave a message for a patient with another individual, state that the patient (use patient’s name) should return the telephone call. Do not use the word “patient”, “prescription” or mention the medication by name. (i.e., “Please have Mr. Smith call Eckerd at xxx-xxxx (telephone number)”.**
 - B. **If it is necessary to leave a message on an answering machine, state “Please have (use patient’s name) call Eckerd at xxx-xxxx (telephone number)”. Do not use the words “patient” or “prescription” or mention the medication by name.**
 - C. **Refer to Store Operating Procedure [VIII.F.3](#), Confidential Conversations.**
- V. The peach SORx card (Item 594044) should be used to indicate which bins have been reviewed for SORx calls that have been added to the IVR system.
- VI. The associate records their initials next to the appropriate date in the SORx box on the prescription receipt once the telephone call has been placed.
- VII. Prescriptions that were filled more than 14 days ago should be returned to stock.
- VIII. Mandatory CompUCare procedures for crediting prescriptions that are returned to stock are outlined in Store Operating Procedure [XI.M.2](#), Return to Stock.
- IX. **Once the return to stock has been properly credited through CompUCare, the bottle, vial, etc. containing the prescription product should be placed on the shelf in front of the corresponding stock bottle. If the product has a prescription label affixed and cannot be removed, then the patient’s name, address and prescription number on the prescription label must be blacked out using a permanent, black marker. All state regulations must be followed for all products returned to stock. Check with your Pharmacy Supervisor if you have any questions.**

XI.M.2 RETURN TO STOCK:

To provide procedures to properly credit prescriptions in the CompUCare system prior to returning to stock prescriptions that have not been picked up by the patient. These prescriptions should be returned to stock only if the dispensed date is greater than 14 days from the current date and all attempts to encourage the customer to pick up the prescription have failed.

- I. Enter the TRANSACTION number in the RX # field of the CompUCare prescription filling screen.
- II. Press F6.
- III. Press 'C' to credit the prescription.
- IV. The 'Reason for Credit' box displays. Press F8 to scan for the appropriate reason. After highlighting the reason, press Enter.
- V. For on line adjudicated managed care prescriptions:
 - A. A reversal of the claim will automatically occur.
 - B. If the reversal is successful, the 'Reversal Approved' screen will display. You can proceed to step VI. below.
 - C. If the **TPAS reversal is denied** by the third party processor, press [F2] and a "Set transaction to manual reversal?" message will appear. Answer "Yes" to this prompt. Contact Pharmacy Solutions regarding any problems or questions involving this procedure.

NOTE: If the TPAS reversal fails due to a "Communication Failure" or "SYS Unavailable" message received on screen, you must answer "No" to the "Set transaction to manual reversal?" message. Retry the reversal again at a later time until the prescription is successfully reversed or a reversal denial is received. After 2 days of unsuccessful attempts to reverse the prescription, call Pharmacy Solutions for assistance.

- VI. A credit of the original dispensing of a prescription will result in the option to place it "on file" in CompUCare. The decision to place the credited prescription "on file" is to be made by the pharmacist per their professional judgement.
- VII. Credit of a refill of a prescription will result in the elimination of that refill in the patient's history.
- VIII. After the credit is completed, the "Print Label Yes / No" prompt box displays. Answer "No" unless there is a reason to print a label.
- IX. Once the return to stock has been properly credited through CompUCare, the bottle, vial, etc. containing the Rx product should be placed on the shelf in front of the corresponding stock bottle (with the patient's name on the prescription label blacked out using a permanent, black marker) or disposed of per your state's regulations. Check with your Pharmacy Supervisor if you have questions.

RxCare TRANSITION SOP CHAPTER XI PRESCRIPTION PROCESSING
(UPDATED 2006 – RxCare Stores Only)

XI.Ja PARTIALLY FILLED PRESCRIPTIONS

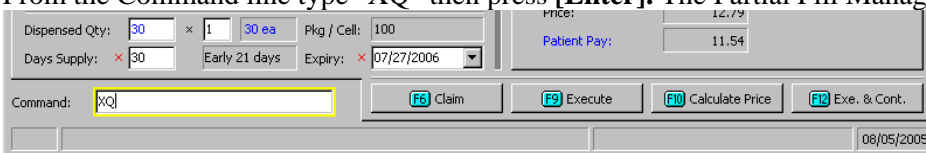
XI.J.1a PARTIALLY FILLED CASH PRESCRIPTIONS

PURPOSE:

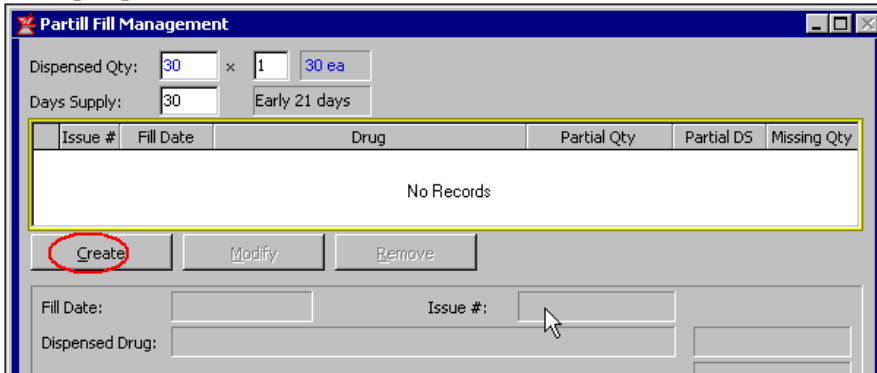
To establish procedures to partially fill a cash prescription when there is not enough inventory on hand to fill the entire quantity or when the customer requests a quantity less than prescribed

L. From the Patient Profile tab, mark the prescription you wish to create a Partial Fill situation for with an "X" then press [F12].

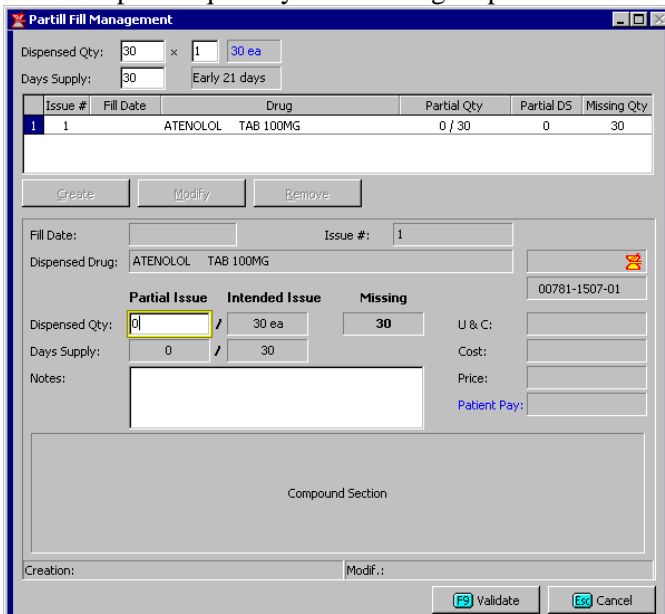
M. From the Command line type "XQ" then press [Enter]. The Partial Fill Management screen will appear.



N. Press [Alt] + C to create a Partial Fill



O. Enter the partial quantity that is being dispensed



You may tab to the Notes field to add a note to the Partial Fill

(i.e., "WHS Wednesday" or "Call patient when ready")

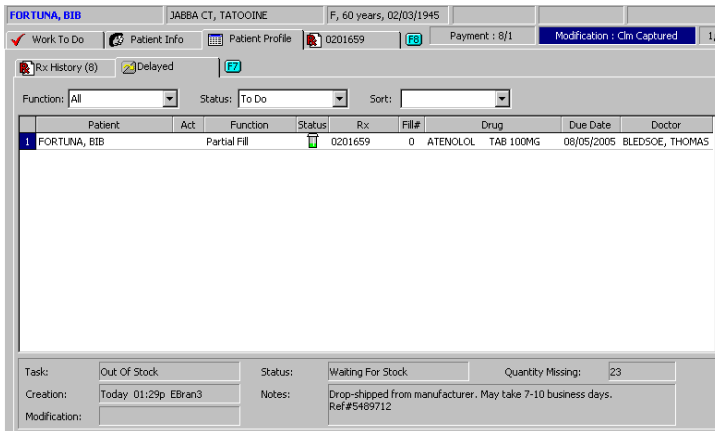
Press [F9] twice to validate the Partial Fill and return to the Prescription tab

Press [F12] to Execute the prescription and continue.

A new Label for the partial quantity will print

The price will be prorated for the quantity that is actually being dispensed.

- P. The Partial Fill task now appears in both the Global and the Patient's Delayed tab.



- Q. The label (from step D) will display xp/yy (where p is the partial fill indicator, x is the partial quantity, and yy is the full prescription amount). This label should be used to fill the partial prescription. Upon patient pick up, the Rx receipt is scanned at the POS register, and the patient is charged a prorated amount for the actual quantity given at this time. Advise the patient how the partially filled prescription will be handled (use the yellow Patient Note form if the patient is not in the store) and alert the patient that the balance of the Rx will be returned to stock if it is not picked up within 14 days.

- R. Manage the ordering of product from the "delayed" tab (step E). Add the item to the RxEO order. Compare the Stock-On-Hand in SELMOR to the shelf quantity. Make inventory adjustments if necessary. Follow the procedures described in SOP XI.D.4, On Order Box. If past the RxEO transmission time, or if the product is needed before the next scheduled delivery day from the Eckerd Distribution Center, then obtain the item via store to store transfer from another Eckerd, or order the item next-day from McKesson (Monday through Friday).

NOTE: The DEA allows for partially filling of a CII prescription if sufficient quantity is not available to fill the entire prescription as long as the pharmacist makes a notation of the quantity supplied on the face of the prescription. The remaining portion of the prescription may be filled within 72 hours of the date of the first partial filling. If the balance of the prescription cannot be filled within the 72 hour period, DEA regulations require that the pharmacist must notify the prescriber and make the appropriate notations on the prescription hardcopy. Some states' regulations may not allow partial filling of CII prescriptions or may be more stringent than the DEA regulation. Pharmacists must follow their state's regulations on this issue. Check with your Pharmacy Supervisor if you have questions.

S. When the ordered product is received, complete the Partial Fill. The Partial fill is completed from the “Delayed” tab.

1. The “Delayed” tab can be accessed by the following methods:
 - o Select the entry in the Delayed tab and press **[F12]**, or
 - o Scan the label or type the prescription number into the Command line, or
 - o Bring up the patient and select the prescription from the patient's Delayed subtab and press **[F12]**.

Note: These prescriptions will be marked with an "R".

2. Press **[F12]** to access the Partial Fill Management screen

Issue #	Fill Date	Drug	Partial Qty	Partial DS	Missing Qty
1	07/27/2005	ATENOLOL TAB 100MG	7 / 30	7	23
2	07/27/2005	ATENOLOL TAB 100MG	23 / 30	23	0

3. If you need to Modify the note or the dispensed quantity, press **[Alt] + M**
4. Modify the dispensed quantity only if the amount dispensed is not the total balance due.
5. Press **[F9]** after you complete your modifications
6. Press **[F9]** to validate.

The screenshot displays a prescription management window. Key fields include:

- Written Date: 07/27/2005, Type: Normal, Status: Active
- Prescriber: BLEDSOE, THOMAS (ID: BB3317484)
- Prescribed Drug: ATENOLOL TAB 100MG (NDC: 00781-1507-01)
- Substitution Md: Allowed, Origin: Script
- Prescribed Qty: 30, Refills: 5, End Date: [blank]
- Remaining Qty: 150, R. Refills: 5, Courtesy: [blank]
- SIG Codes: 1TD
- Instructions: Take 1 tablet daily, PRN: [checkbox]
- Notes: [blank]
- Fill Date: 07/27/2005, New Fill button
- Dispensed Drug: ATENOLOL TAB 100MG
- PSC Code: 0 No product selection indicated (NDC: 00781-1507-01)
- Dispensed Qty: 23 / 30 EA, Pkg / Cell: 100
- Days Supply: 23 / 30, Early 11 days, Expiry: 07/27/2006

 The right-hand 'Detail' pane shows:

- Claim Exception: [blank], Nbr of Labels: 1
- U & C: 0.00 / 11.54
- Cost: 0.00 / 0.00
- Price: 0.00 / 12.79
- Patient Pay: 0.00 / 11.54

 At the bottom, there are buttons for Claim (F8), Execute (F9), Calculate Price (F10), and Exe. & Cont. (F12).

7. Press [F12] to Execute the prescription and continue.

- The patient will be charged a prorated amount for the quantity that is actually being dispensed on this fill

Note: If the first portion of the partial fill has not been picked up, delete the Partial Fill situation and dispense the entire prescription as one fill

T. A modified label is printed and the prescription is completed. The modified label will display zcc/yy (where c the partial fill completion indicator, zz is the completion quantity and yy is the full prescription quantity). Telephone the patient to inform them that the balance of the prescription is now ready and can be picked up at the patient's convenience. Indicate the date and time of call on the Rx receipt and place the prescription in the appropriate Will Call prescription bin. Check the Will Call prescription bins for the unpicked-up, initial dispensed quantity, partial prescription and combine bags if necessary.

Note: If the telephone field on the prescription receipt indicates "X's", this indicates that the patient has made a "Do Not Contact" by phone request that has been placed on the Patient's file, we must not call the patient. Refer to **RxCare Transition SOP VII.F2a**, Confidential Communications.

- U. The prescription copay should be collected from the patient at the time the "balance" quantity of the Rx is picked up.
- V. The Will Call prescription bins should be checked daily to identify any prescriptions that were dispensed greater than 3 days ago. The designated pharmacy associate should call the patient to remind him/her that a prescription is ready to be picked up. The proper notation of the SORx call should be made in the appropriate section of the prescription receipt.

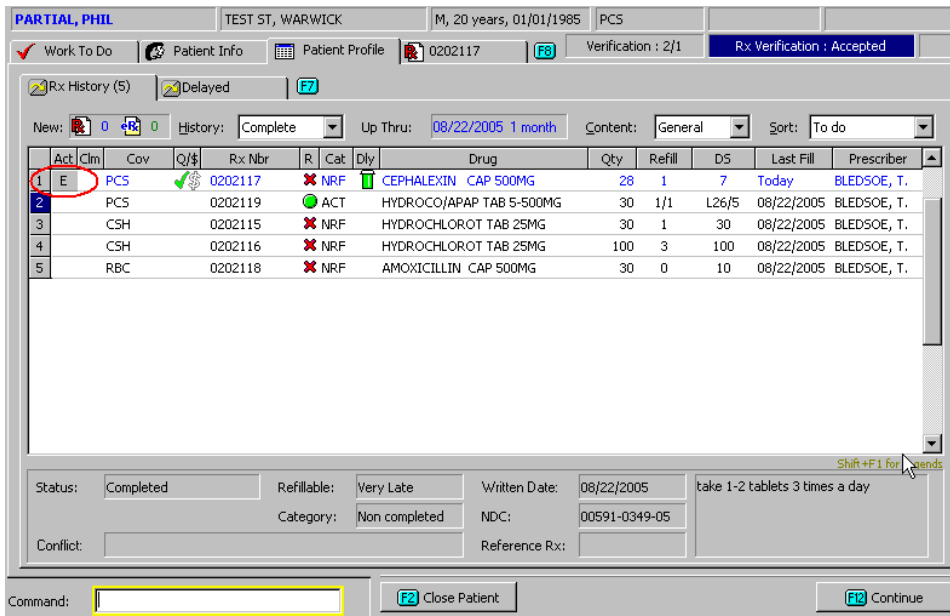
Note: If the telephone field on the prescription receipt indicates "X's", this indicates that the patient has made a "Do Not Contact" by phone request that has been placed on the Patient's file, we must not call the patient. Refer to **RxCare Transition SOP VII.F2a**, Confidential Communications.

W. Patients should be called 3 and 7 days after the dispense date to remind them that the balance of the prescription is available for pick-up following standard procedures outlined in Section **XI.M.1**.

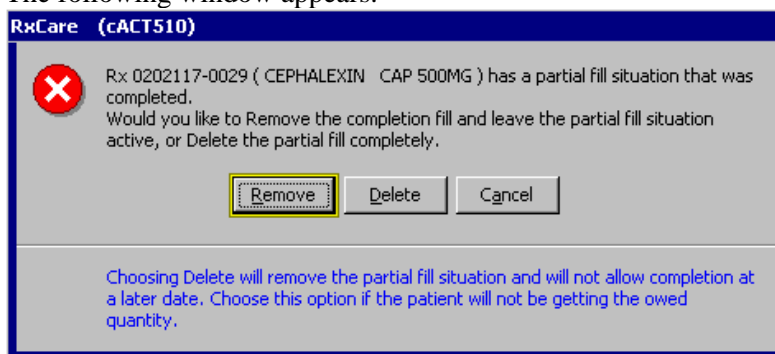
Note: If the telephone field on the prescription receipt indicates "X's", this indicates that the patient has made a "Do Not Contact" by phone request that has been placed on the Patient's file, we must not call the patient. Refer to **RxCare Transition SOP VII.F2a**, Confidential Communications.

- X. If the remaining prescription balance has not been picked up within 14 days after the dispense date, promptly remove it from the Will Call prescription bin and return it to stock using the appropriate "deletion" procedures outlined below.

From the Patient Profile tab, mark the prescription with an "E" for deletion and press [F12]



The following window appears.




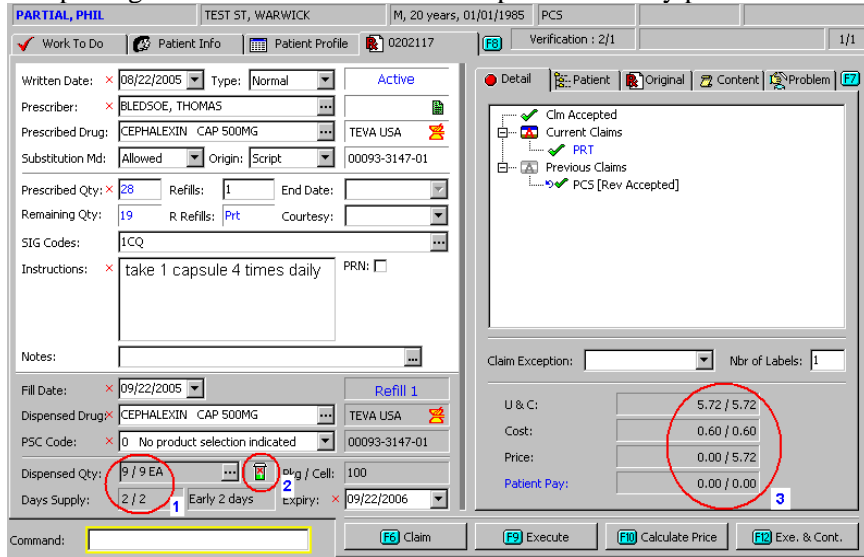
Select the appropriate action. The three options are defined as follows:

- Remove:** This option will remove the final fill of the Partial Fill situation. The Partial Fill will remain active, allowing you to complete it at a later time. If this option is chosen, the Partial Fill situation for this prescription will still remain in the Delayed tab. This option works the same as removing the last fill from the Partial Fill Management screen.
- Delete:** This option will remove the Partial Fill situation completely and adjust the prescription to show how much was actually dispensed as well as how much the patient was actually charged. Any Third Party claims will be reversed. This option will remove the Partial Fill situation for this prescription from the Delayed tab and will not allow this to be completed at a later time.
- Cancel:** This option will cancel the deletion.

When choosing the "Delete" option:

1. The Dispensed quantity is changed to the actual amount of tablets dispensed.

2. A new icon () appears to show that this was a partial fill that had its final fill deleted.
3. The pricing information reflects what the patient actually paid.



Written Date: 08/22/2005 Type: Normal Active

Prescriber: BLEDSOE, THOMAS

Prescribed Drug: CEPHALEXIN CAP 500MG TEVA USA

Substitution Md: Allowed Origin: Script 00093-3147-01

Prescribed Qty: 28 Refills: 1 End Date:

Remaining Qty: 19 R Refills: Prt Courtesy:

SIG Codes: 1CQ


Instructions: take 1 capsule 4 times daily PRN:

Notes:

Fill Date: 09/22/2005 Refill 1

Dispensed Drug: CEPHALEXIN CAP 500MG TEVA USA

PSC Code: 0 No product selection indicated 00093-3147-01

Dispensed Qty: 9 / 9 EA  2 mg / Cell: 100

Days Supply: 2 / 2 1 Early 2 days Expiry: 09/22/2006

Command:

Claim Exception: Nbr of Labels: 1

U & C:	5.72 / 5.72
Cost:	0.60 / 0.60
Price:	0.00 / 5.72
Patient Pay:	0.00 / 0.00

Detail Patient Original Content Problem

Clm Accepted

Current Claims

Previous Claims

PCS [Rev Accepted]

F6 Claim F9 Execute F10 Calculate Price F12 Exe. & Cont.

Prescription detail after using 'Delete' option

Y. When the “remove” action is taken (step N), the Partial Fill will remain active, allowing completion at a later time. The prescription will remain in the Delayed tab. If a patient returns to pick up the balance of their medication after it has been “removed”, follow the procedures below to complete the balance of the prescription.

1. Select the prescription. This can be accomplished by the following methods:

- o Select the entry in the Delayed tab and press [F12], or
- o Scan the label or type the prescription number into the Command line, or
- o Bring up the patient and select the prescription from the patient's Delayed subtab.

Note: These prescriptions will be marked with an "R".

Press **[F12]** to access the Partial Fill Management screen

Modify the dispensed quantity only if the amount dispensed is not the total balance due

C.. Press **[F9]** after you complete your modifications

C.. Press **[F9]** to validate.

C.. The Prescription tab will appear.

C.. If you need to Modify the note or the dispensed quantity, press **[Alt] + M**

C.. Press **[F12]** to Execute the prescription and continue.

- The patient will be charged a prorated amount for the quantity that is actually being dispensed on this fill

XI.J.2a PARTIALLY FILLED MANAGED CARE PRESCRIPTIONS:

PURPOSE:

To establish procedures to partially fill a managed care prescription (includes all third-party and Medicaid plans), by providing up to a 6-day supply to a Managed Care patient when sufficient quantity of medication is not available at the time of fill.

After a managed care prescription is processed and the pharmacist then realizes that a sufficient quantity of medication is not available to fill the prescription as prescribed, the following procedures are to be followed:

C.. From the Patient Profile tab, mark the prescription you wish to create a Partial Fill situation for with an "X" then press [F12].

C.. From the Command line type "XQ" then press [Enter]. The Partial Fill Management screen will appear.

The screenshot shows a software interface with the following fields and buttons:

- Dispensed Qty: 30 × 1 30 ea
- Pkg / Cell: 100
- Price: 11.79
- Days Supply: 30
- Early 21 days
- Expiry: 07/27/2006
- Patient Pay: 11.54
- Command: XQ
- Buttons: F6 Claim, F9 Execute, F10 Calculate Price, F12 Exe. & Cont.
- Date: 08/05/2005

D.. Press [Alt] + C to create a Partial Fill

The screenshot shows the "Partill Fill Management" window with the following details:

- Dispensed Qty: 30 × 1 30 ea
- Days Supply: 30
- Early 21 days
- Table with columns: Issue #, Fill Date, Drug, Partial Qty, Partial D5, Missing Qty
- Table content: No Records
- Buttons: Create (circled in red), Modify, Remove
- Fields: Fill Date, Issue #, Dispensed Drug

E.. Enter the partial quantity that is being dispensed

You may tab to the Notes field to add a note to the Partial Fill (i.e., "WHS Wednesday" or "Call patient when ready")

Press [F9] twice to validate the Partial Fill and return to the Prescription tab

Press [F12] to Execute the prescription and continue.

A new Label for the partial quantity will print

THE CLAIM WILL BE REVERSED AND THE PATIENT WILL NOT BE CHARGED (Note: the \$0.00 copay barcode must still be scanned at the register).

F.. The Partial Fill task now appears in both the Global and the Patient's Delayed tab.

- G.. The label (from step D) will display xp/yy (where **p** is the partial fill indicator, **x** is the partial quantity, and **yy** is the full prescription amount). This label should be used to fill the partial prescription. Upon patient pick up, the Rx receipt is scanned at the POS register, and the patient is given the initial quantity of medication without then charging the patient. Affirmatively advise the patient that he/ she is being furnished with less medication than prescribed and that he/ she should return to the store to pick up the balance of the prescription when it is available in order to comply with his/ her physicians' care instructions. Alert the patient that the balance of the Rx will be returned to stock if it is not picked up within 14 days (use the yellow Patient Note form if the patient is not in the store).
- H.. Manage the ordering of product from the "delayed" tab (step E). Add the item to the RxEO order. Compare the Stock-On-Hand in SELMOR to the shelf quantity. Make inventory adjustments if necessary. Follow the procedures described in SOP XI.D.4, On Order Box. If past the RxEO transmission time, or if the product is needed before the next scheduled delivery day from the Eckerd Distribution Center, then obtain the item via store to store transfer from another Eckerd, or order the item next-day from McKesson (Monday through Friday).

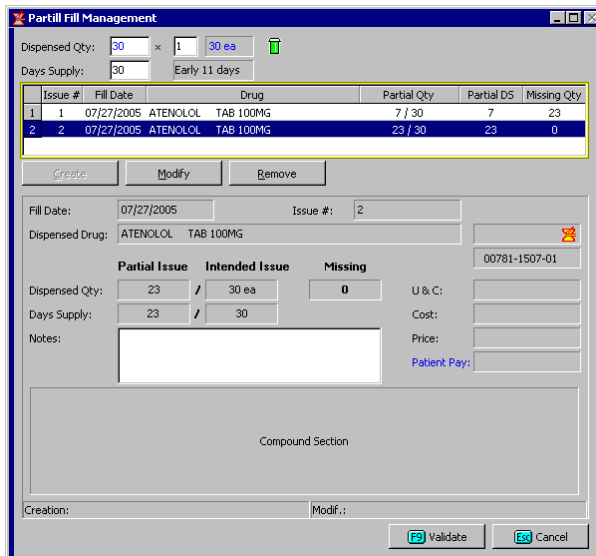
NOTE: The DEA allows for partially filling of a CII prescription if sufficient quantity is not available to fill the entire prescription as long as the pharmacist makes a notation of the quantity supplied on the face of the prescription. The remaining portion of the prescription may be filled within 72 hours of the date of the first partial filling. If the balance of the prescription cannot be filled within the 72 hour period, DEA regulations require that the pharmacist must notify the prescriber and make the appropriate notations on the prescription hardcopy. Some states' regulations may not allow partial filling of CII prescriptions or may be more stringent than the DEA regulation. Pharmacists must follow their state's regulations on this issue. Check with your Pharmacy Supervisor if you have questions.

When the pharmacy receives the balance of the medication and fills the remainder of the prescription, Eckerd bills the full amount of the prescription in accordance with the payor's policies and notifies the beneficiary or recipient that the prescription is ready for pick-up. The Partial Fill is completed from the "Delayed" tab as follows:

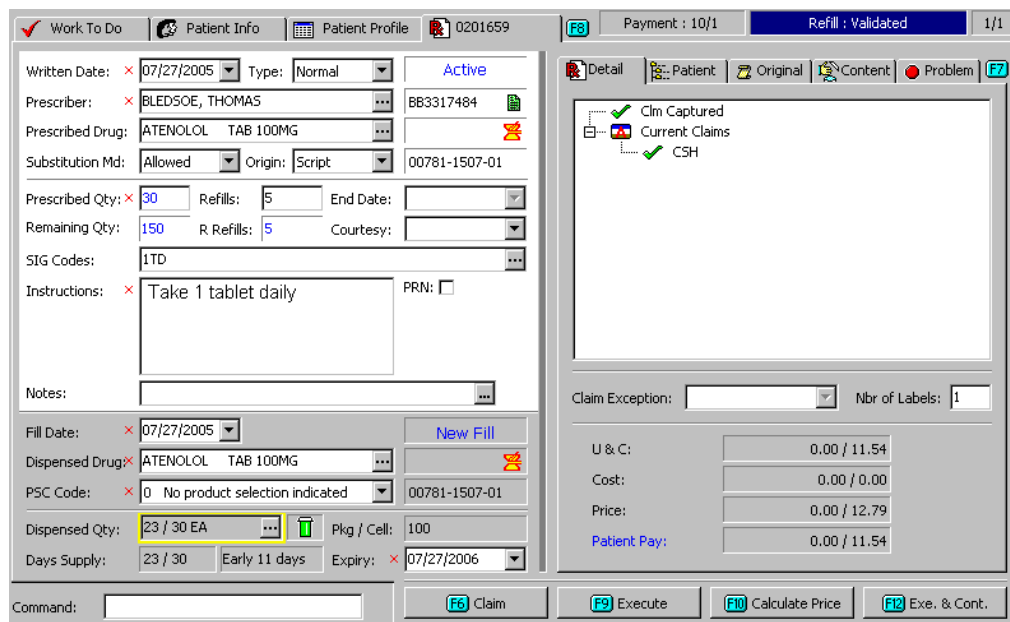
8. The "Delayed" tab can be accessed by the following methods:
 - Select the entry in the Delayed tab and press **[F12]**, or
 - Scan the label or type the prescription number into the Command line, or
 - Bring up the patient and select the prescription from the patient's Delayed subtab and press **[F12]**.

Note: These prescriptions will be marked with an "R".

9. Press **[F12]** to access the Partial Fill Management screen



10. If you need to Modify the note or the dispensed quantity, press **[Alt] + M**
11. Modify the dispensed quantity only if the amount dispensed is not the total balance due.
12. Press **[F9]** after you complete your modifications
13. Press **[F9]** to validate.



14. Press **[F12]** to Execute the prescription and continue.

- The claim will be billed for the entire fill at this step. Eckerd shall collect only a single dispensing fee from the payor for any partially –filled prescription. The claim will be dated the day the first fill was created. Any copay will be due on this fill.

- I. A modified label is printed and the prescription is completed. The modified label will display zzc/yy (where c the partial fill completion indicator, zz is the completion quantity and yy is the full prescription quantity). Telephone the patient to inform them that the balance of the prescription is now ready and can be picked up at the patient’s convenience. Indicate the date and time of call on the Rx receipt and place

the prescription in the appropriate Will Call prescription bin. Check the Will Call prescription bins for the unpicked-up, initial dispensed quantity, partial prescription and combine bags if necessary.

Note: If the telephone field on the prescription receipt indicates "X's", this indicates that the patient has made a "Do Not Contact" by phone request that has been placed on the Patient's file, we must not call the patient. Refer to **RxCare Transition SOP VII.F2a**, Confidential Communications.

The prescription copay should be collected from the patient at the time the "balance" quantity of the Rx is picked up. Eckerd will not collect any additional co-payment amounts from program beneficiaries or recipients that exceed the total co-payment amount applicable to the prescription being processed.

J.. The Will Call prescription bins should be checked daily to identify any prescriptions that were dispensed greater than 3 days ago. The designated pharmacy associate should call the patient to remind him/her that a prescription is ready to be picked up. The proper notation of the SORx call should be made in the appropriate section of the prescription receipt.

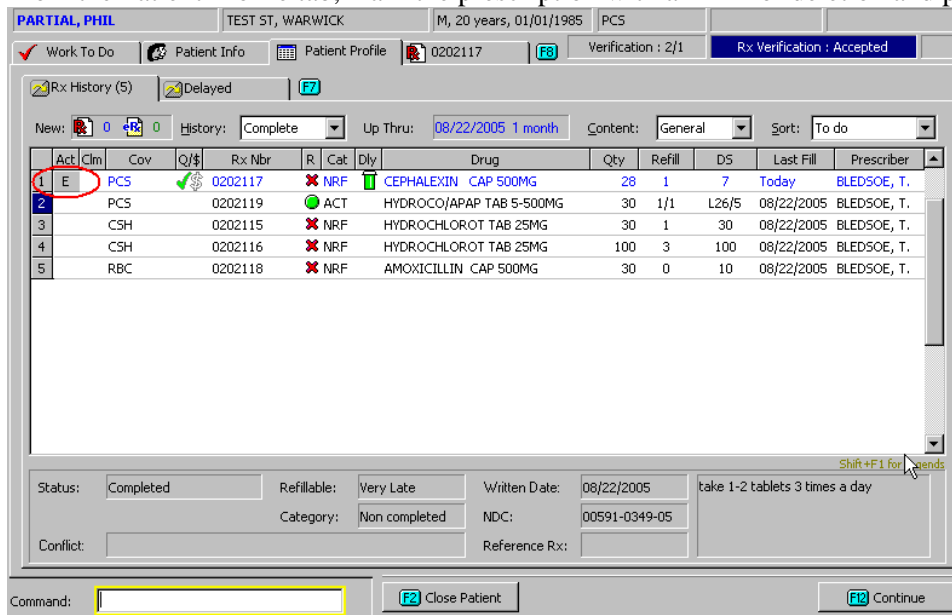
Note: If the telephone field on the prescription receipt indicates "X's", this indicates that the patient has made a "Do Not Contact" by phone request that has been placed on the Patient's file, we must not call the patient. . Refer to **RxCare Transition SOP VII.F2a**, Confidential Communications.

K.. Patients should be called 3 and 7 days after the dispense date to remind them that the balance of the prescription is available for pick-up following standard procedures outlined in Section **XLM.1**.

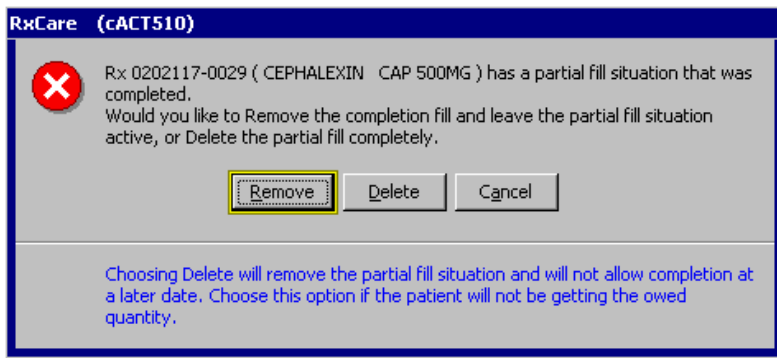
Note: If the telephone field on the prescription receipt indicates "X's", this indicates that the patient has made a "Do Not Contact" by phone request that has been placed on the Patient's file, we must not call the patient. . Refer to **RxCare Transition SOP VII.F2a**, Confidential Communications.

L.. If the remaining prescription balance has not been picked up within 14 days after the dispense date, promptly remove it from the Will Call prescription bin and return it to stock using the appropriate "deletion" procedures outlined below.

From the Patient Profile tab, mark the prescription with an "E" for deletion and press **[F12]**



The following window appears.



Select the appropriate action. The three options are defined as follows:


Remove: This option will remove the final fill of the Partial Fill situation. The Partial Fill will remain active, allowing you to complete it at a later time. If this option is chosen, the Partial Fill situation for this prescription will still remain in the Delayed tab. This option works the same as removing the last fill from the Partial Fill Management screen.

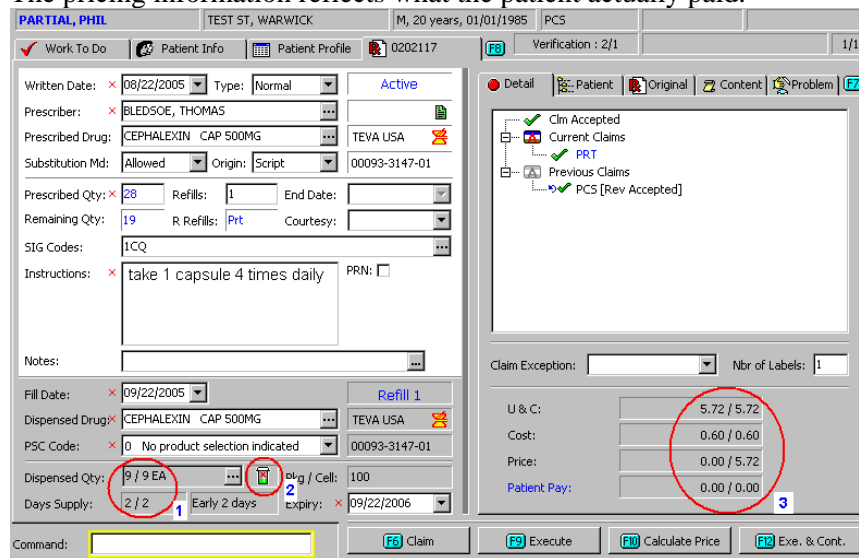
Note: The third party claim is automatically reversed as part of this process.

Delete: This option will remove the Partial Fill situation completely and adjust the prescription to show how much was actually dispensed as well as how much the patient was actually charged. Any Third Party claims will be reversed. This option will remove the Partial Fill situation for this prescription from the Delayed tab and will not allow this to be completed at a later time.

Cancel: This option will cancel the deletion.

When choosing the "Delete" option:

4. The Dispensed quantity is changed to the actual amount of tablets dispensed.
5. A new icon () appears to show that this was a partial fill that had its final fill deleted.
6. The pricing information reflects what the patient actually paid.



Prescription detail after using 'Delete' option

M.. When the “remove” action is taken (step N), the Partial Fill will remain active, allowing completion at a later time. The prescription will remain in the Delayed tab. If a patient returns to pick up the balance of

their medication after it has been “removed”, follow the procedures below to complete the balance of the prescription.

1. Select the prescription. This can be accomplished by the following methods:

- Select the entry in the Delayed tab and press **[F12]**, or
- Scan the label or type the prescription number into the Command line, or
- Bring up the patient and select the prescription from the patient's Delayed subtab.

Note: These prescriptions will be marked with an "R".

N.. Press **[F12]** to access the Partial Fill Management screen

Issue #	Fill Date	Drug	Partial Qty	Partial DS	Missing Qty
1	07/27/2005	ATENOLOL TAB 100MG	7 / 30	7	23
2	07/27/2005	ATENOLOL TAB 100MG	23 / 30	23	0

- O.. Modify the dispensed quantity only if the amount dispensed is not the total balance due
- C.. Press **[F9]** after you complete your modifications
- C.. Press **[F9]** to validate.
- C.. The Prescription tab will appear.

C.. If you need to Modify the note or the dispensed quantity, press [Alt] + M

The screenshot shows a medical software interface with the following details:

- Written Date:** 07/27/2005, Type: Normal, Status: Active
- Prescriber:** BLEDSOE, THOMAS, ID: BB3317484
- Prescribed Drug:** ATENOLOL TAB 100MG
- Substitution Md:** Allowed, Origin: Script, ID: 00781-1507-01
- Prescribed Qty:** 30, Refills: 5, End Date: [blank]
- Remaining Qty:** 150, R Refills: 5, Courtesies: [blank]
- SIG Codes:** ITD
- Instructions:** Take 1 tablet daily, PRN: [checkbox]
- Notes:** [empty field]
- Fill Date:** 07/27/2005, New Fill button
- Dispensed Drug:** ATENOLOL TAB 100MG
- P5C Code:** 0 No product selection indicated, ID: 00781-1507-01
- Dispensed Qty:** 23 / 30 EA, Pkg / Cell: 100
- Days Supply:** 23 / 30, Early 11 days, Expiry: 07/27/2006

Financial Summary Table:

U & C:	0.00 / 11.54
Cost:	0.00 / 0.00
Price:	0.00 / 12.79
Patient Pay:	0.00 / 11.54

Command Bar: [F6] Claim, [F9] Execute, [F10] Calculate Price, [F12] Exe. & Cont.

C.. Press [F12] to Execute the prescription and continue.

- The claim will be billed for the entire fill at this step. The claim will be dated the day the first fill was created. Any copy will be due on this fill.

XI.M.1a S.O.Rx (Sell Old Prescriptions):

To establish guidelines for pharmacies, in compliance with HIPAA, to encourage patients to pick up filled prescriptions.

- X. The alphabetical, filled prescription bins should be checked daily to identify any prescriptions that were prepared greater than 3 and 7 days ago.
- XI. Patients should be called 3 and 7 days after the dispense date to remind them that their prescription is available for pick-up. The Outdial feature is used to initiate the patient reminder. For instructions on how to use the IVR outdial, go to the eWeb.
 - A. Select “Departments”
 - B. Select “Training”
 - C. Select "Training Materials
 - D. Select “Systems”
 - E. Select the link for the “IVR: Interactive Voice Response Manual”.
- XII. If the telephone field on the prescription receipt indicates "X's", this indicates that the patient has made a “Do Not Contact” by phone request that has been placed on the Patient’s file, we must not call the patient. Refer to [RxCare Transition SOP VIII.F.2a](#), Confidential Communications.**
- XIII. If the pharmacy is unable to use the IVR system and calls the patient, the pharmacy associate is to speak only to the patient or the authorized representative of the patient for whom the prescription was filled. Refer to [RxCare Transition SOP VIII.C.2](#), Verification of Identity.**
 - A. If it is necessary to leave a message for a patient with another individual, state that the patient (use patient’s name) should return the telephone call. Do not use the word “patient”, “prescription” or mention the medication by name. (i.e., “Please have Mr. Smith call Eckerd at xxx-xxxx (telephone number)”.**
 - B. If it is necessary to leave a message on an answering machine, state “Please have (use patient’s name) call Eckerd at xxx-xxxx (telephone number)”. Do not use the words “patient” or “prescription” or mention the medication by name.**
 - C. Refer to [RxCare Transition SOP VIII.F.3](#), Confidential Conversations.**
- XIV. The peach SORx card (Item 594044) should be used to indicate which bins have been reviewed for SORx calls that have been added to the IVR system.
- XV. The associate records their initials next to the appropriate date in the SORx box on the prescription receipt once the telephone call has been placed.
- XVI. Prescriptions that were filled more than 14 days ago should be returned to stock.
- XVII. Mandatory RxCare procedures for crediting prescriptions that are returned to stock are outlined in [RxCare Transition SOP XI.M.2a](#), Return to Stock.
- XVIII. Once the return to stock has been properly credited through RxCare, the bottle, vial, etc. containing the prescription product should be placed on the shelf in front of the corresponding stock bottle. If the product has a prescription label affixed and cannot be removed, then the patient’s name, address and prescription number on the prescription label must be blacked out using a permanent, black marker. All state regulations must be followed for all products returned to stock. Check with your Pharmacy Supervisor if you have any questions.**

XI.M.2a RETURN TO STOCK:

To provide procedures to properly credit prescriptions in the RxCare system prior to returning to stock prescriptions that have not been picked up by the patient. These prescriptions should be returned to stock only if the dispensed date is greater than 14 days from the current date and all attempts to encourage the customer to pick up the prescription have failed.

I From the Patient Profile tab, mark the prescription with an "E" for deletion and press [F12].

Act	Clm	Cov	Q/\$	Rx Nbr	R	Cat	Dly	Drug	Qty	Refill	D5	Last Fill	Prescriber
E		PCS		0202117	NRF			CEPHALEXIN CAP 500MG	28	1	7	Today	BLED5OE, T.
		PCS		0202119	ACT			HYDROCO/APAP TAB 5-500MG	30	1/1	L26/5	08/22/2005	BLED5OE, T.
		CSH		0202115	NRF			HYDROCHLOROT TAB 25MG	30	1	30	08/22/2005	BLED5OE, T.
		CSH		0202116	NRF			HYDROCHLOROT TAB 25MG	100	3	100	08/22/2005	BLED5OE, T.
		RBC		0202118	NRF			AMOXICILLIN CAP 500MG	30	0	10	08/22/2005	BLED5OE, T.

One of three screen options will appear:

- A. The Prescription was a brand new prescription
- B. The Prescription was filled as a refill
- C. The Prescription was filled as a Partial Fill
 - o The following window appears if the Prescription was filled as a new prescription

RxCare (cFIL157)

You are about to DELETE the prescription 0101208-0029 from your system. Would you rather change the prescription to a HOLD status?

Hold will convert the Rx on Hold.
 ...Delete will delete it entirely.
 ...Cancel will abort the action.

Hold: Will reverse the claim and put the Rx on Hold.

Delete: This option will reverse the claim and delete the prescription entirely.

Cancel: This option will cancel the deletion.

- o The following window appears if the Prescription was a refill

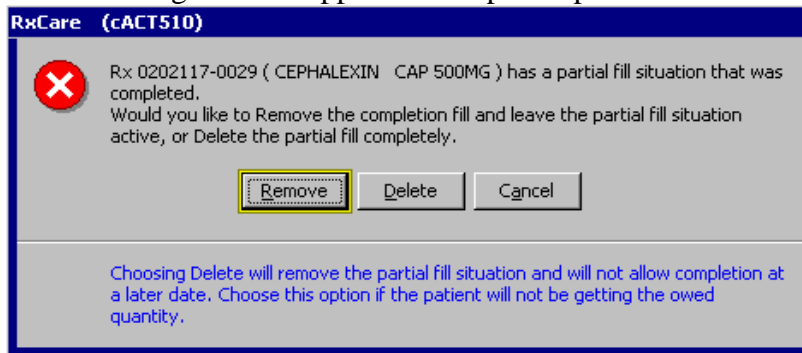
RxCare (cFIL090)

Do you really want to delete the refill 04/19/2006 of the prescription 0101164-0029 ?

Yes: Will reverse the claim and delete the fill.

No: This option will cancel the action and return to the Patient Profile with no change made to the Rx.

- o The following window appears if the prescription was filled as a Partial Fill.



Remove: This option will remove the final fill of the Partial Fill situation. The Partial Fill will remain active, allowing you to complete it at a later time. If this option is chosen, the Partial Fill situation for this prescription will still remain in the Delayed tab. This option works the same as removing the last fill from the Partial Fill Management screen.

Delete: This option will remove the Partial Fill situation completely and adjust the prescription to show how much was actually dispensed as well as how much the patient was actually charged. Any Third Party claims will be reversed. This option will remove the Partial Fill situation for this prescription from the Delayed tab and will not allow this to be completed at a later time.

Cancel: This option will cancel the deletion.

- III. Crediting of the prescription in RxCare adds the quantity back into Stock-On-Hand during batch processing overnight.
- IV. If the Rx product returned has a prescription label affixed, conceal all Protected Health Information (PHI) with a black permanent marker. Follow all state regulations, for your state, regarding return to stock.
- V. Return to Stocks returned to an automated cell can only be performed by a pharmacist.

