

Sample Pharmacy

Financial & Operational Evaluation Report

Prepared for Management Review

Report Month: April 2024
Comparison vs March 2024

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Table of Contents

#	Section
1	Executive Summary
2	Work Schedule & Data Sources
3	Prescription Summary
4	Clinical Services
5	Monthly Charts
6	Daily RX Trend
7	Pharmacist Productivity
8	Inventory & Operational Updates
9	Compliance / Inspection Findings
10	Executive Conclusions

1. Executive Summary

Metric	Mar 2024	Apr 2024	Change
Total RX	3,912	3,594	-318 (-8.1%)
Daily Avg RX	126.2	119.8	-6.4 (-5.1%)
Fee per RX	\$13.50	\$12.77	-0.73 (-5.4%)
Clinical Revenue	\$16,985.00	\$12,455.00	-4,530.00 (-26.7%)
Net Revenue / Total	\$114,634.61	\$104,677.29	-9,957.32 (-8.7%)

Executive Summary Analysis: April prescription volume decreased from 3,912 in March to 3,594 in April (-8.1%). Daily average RX decreased from 126.2 to 119.8, while fee per RX decreased from \$13.50 to \$12.77. Clinical revenue dropped from \$16,985.00 to \$12,455.00 (-26.7%), and net revenue decreased from \$114,634.61 to \$104,677.29 (-8.7%). The main issue is the combined impact of lower fee capture and weaker clinical-service output.

2. Work Schedule & Data Sources

This report follows the same StrategRx management-review format used in the March report. April results are compared to March using the daily totals report, expanded scope clinical services report, April inventory report, profit/loss report and the ACP inspection case summary.

Area	Primary Data Used	Management Use
Daily RX performance	Old Daily Totals - Mar 2024 and Apr 2024	RX volume, revenue and staffing review
Clinical services	Expanded Scope of Practice Reports	Clinical revenue by pharmacist and service volume
Inventory	Inventory Totals Report - April 2024	Cash tied in inventory and top-value concentration
Compliance	ACP Inspection Case Summary - Apr 15, 2024	Inspection response, narcotic control and policy action planning
Operational review	Kroll / pharmacy operational notes	Workflow, storage, inventory and governance follow-up

Work Schedule Note: no revised pharmacist work schedule file was supplied for April. Pharmacist productivity is based on the clinical-service initials in the Expanded Scope report rather than a full schedule attribution model.

Data Method: where prior-day reversals were shown in Daily Totals, net lines were used for operational trend analysis. Final monthly totals are based on the Kroll Net Totals row.

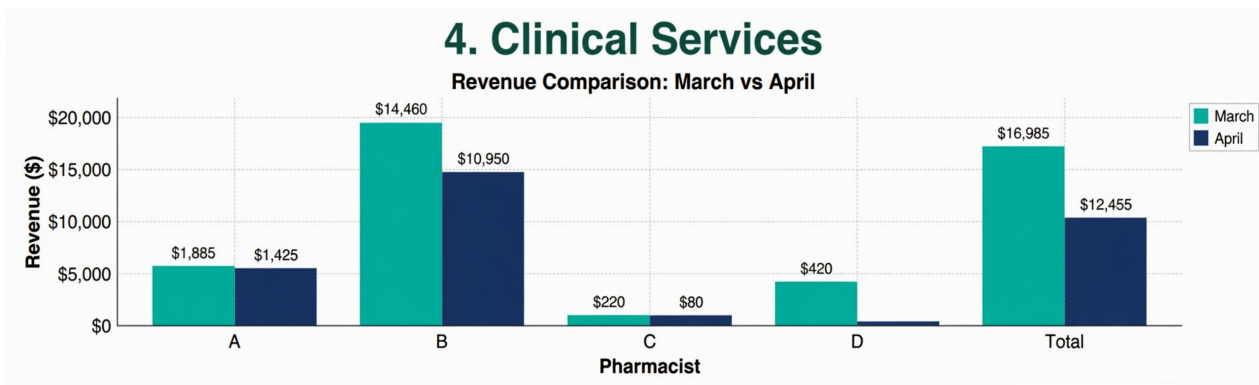
3. Prescription Summary

Metric	March 2024	April 2024	Comments
Forward RX	4,017	3,644	Gross activity before reversals
Reversed RX	105	50	April reversals decreased by 55
Net RX	3,912	3,594	Used for KPI and trend analysis
Net Fee Total	\$52,803.26	\$45,884.78	Dispensing fee contribution
Net Total Revenue	\$114,634.61	\$104,677.29	Total net from daily totals report

Prescription Summary Analysis: April RX activity declined by 318 net prescriptions compared with March. Fee per RX also decreased from \$13.50 to \$12.77, which indicates weaker dispensing-fee efficiency. A positive operational point is that reversed prescriptions decreased from 105 to 50, reducing rework and supporting cleaner reporting.

4. Clinical Services

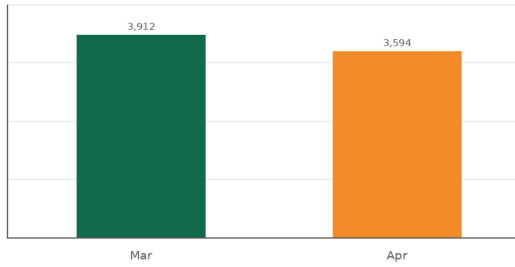
Pharmacist	Mar #	Mar Revenue	Apr #	Apr Revenue	Change
A	50	\$1,885.00	56	\$1,425.00	-24.4%
B	497	\$14,460.00	351	\$10,950.00	-24.3%
C	11	\$220.00	4	\$80.00	-63.6%
D	29	\$420.00	0	\$0.00	-100.0%
Total	587	\$16,985.00	411	\$12,455.00	-26.7%



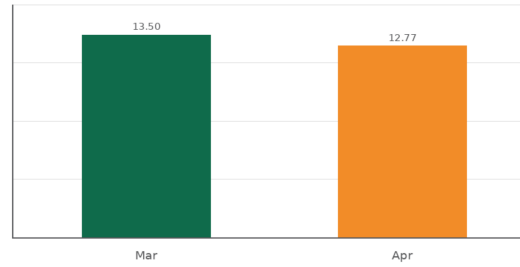
Clinical Services Analysis: April clinical revenue decreased by \$4,530 compared with March. B remained the main clinical-service contributor, but B revenue declined from \$14,460 to \$10,950. D remained active but also declined, C contributed minimally.

5. Monthly Charts

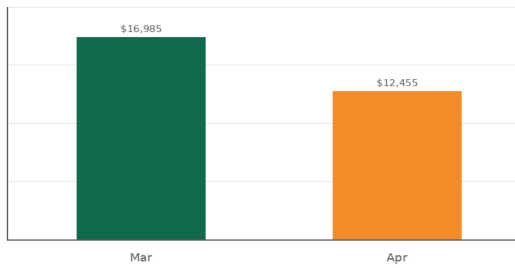
Total RX Comparison



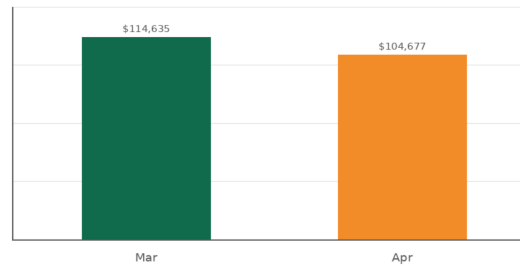
Fee per RX Comparison



Clinical Revenue Comparison

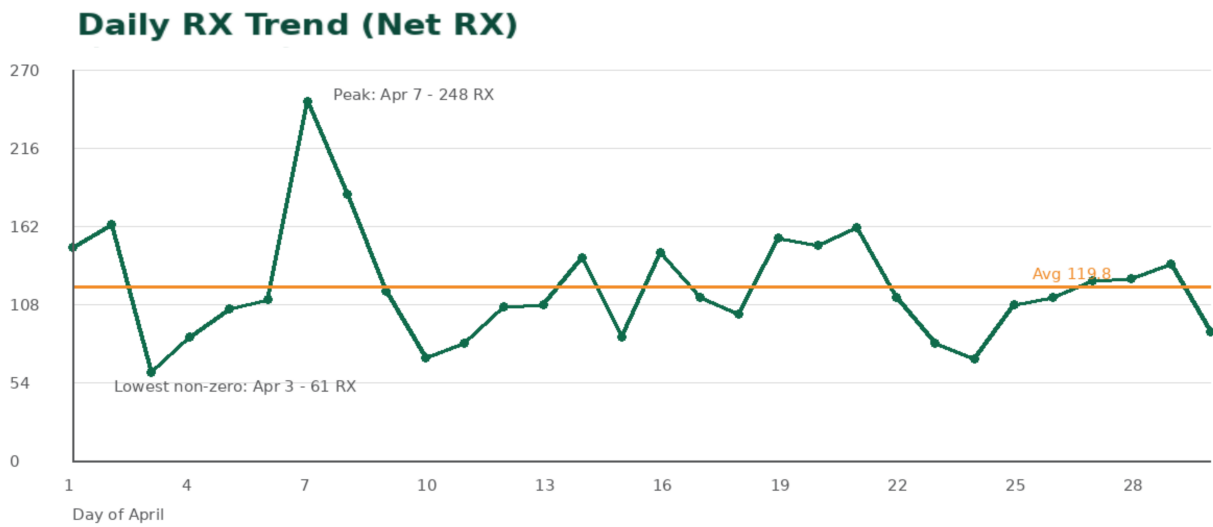


Net Revenue Comparison



Monthly Charts Analysis: April underperformed March in all major financial indicators shown above. The decline in fee per RX and clinical revenue confirms that the April issue was not simply volume. Management should focus on restoring clinical execution and strengthening revenue capture per prescription.

6. Daily RX Trend



Month	Highest Day	Lowest Non-Zero Day	Daily Average
Mar 2024	Mar 9 - 212 RX	Mar 7 - 37 RX	126.2
Apr 2024	Apr 7 - 248 RX	Apr 3 - 61 RX	119.8

Daily RX Trend Analysis: April had a higher single-day peak than March (248 vs 212), but the monthly average was lower. This indicates greater daily variability and suggests the need for flexible staffing and refill workflow review, especially around high-volume days such as April 7.

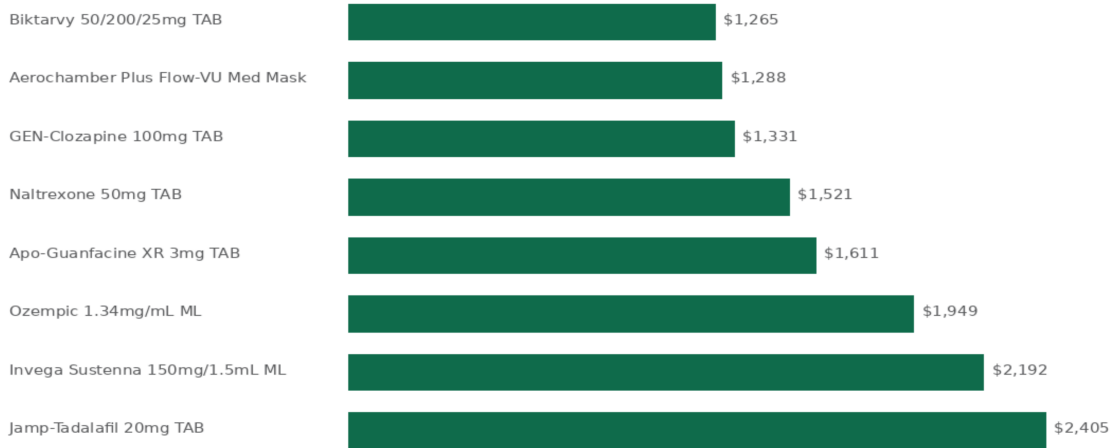
7. Pharmacist Productivity

Pharmacist	Apr Services	Apr Clinical Revenue	Observation
D	351	\$10,950.00	Primary clinical revenue driver
C	56	\$1,425.00	Moderate contributor
A	4	\$80.00	Minimal April contribution
B	0	\$0.00	No April clinical revenue in supplied report

Pharmacist Productivity Analysis: D continued to produce the majority of clinical-service volume. C supported clinical activity, but April results show that clinical revenue is still heavily concentrated. The operational opportunity is to assign minimum weekly service targets by pharmacist and track service type, not only total revenue.

8. Inventory & Operational Updates

Top April Inventory Items by Value



Top Inventory Item	Value
Jamp-Tadalafil 20mg TAB	\$2,404.59
Invega Sustenna 150mg/1.5mL ML	\$2,191.50
Ozempic 1.34mg/mL ML	\$1,948.96
Apo-Guanfacine XR 3mg TAB	\$1,610.96
Naltrexone 50mg TAB	\$1,521.18
GEN-Clozapine 100mg TAB	\$1,330.52
Aerochamber Plus Flow-VU Med Mask	\$1,287.90
Biktarvy 50/200/25mg TAB	\$1,264.94
Estimated Inventory Value From Parsed Report	\$133,240.81

Inventory Analysis: April inventory shows cash tied in high-value specialty and chronic-therapy items. The largest parsed item is Jamp-Tadalafil 20mg TAB at \$2,404.59. Management should continue reviewing high-value and slow-moving medications monthly to protect cash flow while maintaining patient-care availability.

9. Compliance / Inspection Findings

ACP Inspection Context: the April 15, 2024 case summary listed multiple open findings with a May 15, 2024 due date. Management should maintain a simple action tracker and retain evidence of completion in the pharmacy compliance binder.

Inspection Area	Important Notice	Management Action
Documentation / SCHOLAR	Improve prescribing documentation and condition assessment.	Use SCHOLAR and document indication, effectiveness, safety, adherence and follow-up.
CACP / SMMA collaboration	Care plans/summaries must be sent to relevant health professionals.	Fax summaries to physicians and retain evidence.
Anaphylaxis kit / injections	Update epinephrine dosing chart and ensure 0.5 mg dose capability.	Update kit, check expiries and document checks.
Policies and procedures	Manual missing or requiring updates after licensee change.	Full policy prepared and sent to pharmacy manager for review/implementation.
Facilities / equipment	Safe signage, safe locking, narcotic storage and fridge min/max documentation.	Place signs, keep safe locked, store required medications in safe and document min/max temperatures.
Narcotic control	Counts, discrepancies and destruction records require stronger documentation.	Narcotic count completed; small discrepancy found due to historical reporting gaps; document investigation.
CQI+	Training plan and safety self-assessment required.	Complete training records and safety self-assessment within action plan.
Hazardous injections	Methotrexate/hazardous drug handling procedures required.	Prepare written process, PPE, spill kit and waste handling process.

Compliance Recommendation: maintain a central inspection response file with dated evidence for each item. Narcotic/controlled inventory should be counted at least every 3 months and at licensee/proprietor changes. Any discrepancy must be investigated and documented, and any unexplained loss must be reported as required.

10. Executive Conclusions

April performance shows a weaker month compared with March. Prescription volume, fee per RX, net revenue and clinical revenue all declined. At the same time, operational and compliance work progressed, including inventory adjustment, controlled-drug count follow-up, expired-medication cleanup and policy preparation.

Priority	Recommendation	Expected Benefit
1	Restore clinical-service targets by pharmacist	Recover clinical revenue and reduce concentration risk
2	Monitor daily RX spikes and align staffing to peak days	Improve workflow and reduce wait times
3	Review top-value inventory monthly	Improve cash flow and reduce slow-moving stock risk
4	Maintain narcotic count and discrepancy investigation process	Strengthen compliance and reduce diversion risk
5	Complete ACP inspection action tracker before due date	Support closure of inspection findings
6	Implement policy manual and staff training evidence	Improve governance and inspection readiness

Overall Conclusion: Sample Pharmacy remains operationally active, but April shows that volume alone is not enough. The pharmacy needs stronger clinical-service planning, structured workflow controls and disciplined compliance follow-up. With consistent pharmacist participation, inventory monitoring and implementation of the inspection response plan, the pharmacy can return to stronger financial performance and maintain regulatory readiness.

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