Walgreens Brief Pharmacy Questionnaire

Pharmacy Acquisitions

Pharmacy Name: _____

Address: _____ ***City, State:*** _____

Hours: ***M-F:*** ***Sat:*** ***Sun:***

Owner(s) Name(s): _____

Preferred Phone: _____ ***Email:*** _____

1) What were your total sales last year? **Rx**_____ **Front End** _____
Please complete the table below:

Standard Retail Prescriptions (per week)	Retail Delivered Prescriptions (per week)	Compounds (per week)	Specialty or 340B Prescriptions (per week)	Assisted Living, NH, Hospice Rx (per week)	HME/DME Prescriptions (per week)	Total Prescriptions (per week)
	# mailed? (week)	Sterile or nonsterile?				

2) Does your pharmacy focus on Specialty medications? If so, please complete below (ignore if minimal specialty):

Specialty Prescriptions (per week)	HIV	HEP C	Oncology	Transplant	CID	MS	Other:

3) What percentage of your total **prescription count** is comprised of…
   a. Cash %?
   b. Medicaid % *(State Medicaid & Managed Medicaid plans combined, excludes Medicare)*?
   c. Medicare Part D%?
   d. OTC prescriptions?

4) Do you offer $4 generic (or discount plan) prescriptions? If so, how many prescriptions **per week**?

5) If you offer house charge accounts, please quantify:
   a. House Charge total **Rx per month**: _____
   b. House Charge total **$ per month**: _____

6) What percentage of your **prescription count** is Controlled? CII% _____ CIII%_____ CIV%_____

7) Do you **lease or own** your property? When is the lease termination date? Monthly rent?

8) Approximately how much **Rx inventory** do you have on-hand?

Please confirm that your pharmacy is in compliance with pharmaceutical inventory record keeping requirements (3T), as mandated by the Drug Supply Chain Security Act (DSCSA)

9) *Optional:* What is your asking price?

Walgreen Co. Retail Mergers & Acquisitions
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