



TECHNICAL FEASIBILITY

# PMS Integration Feasibility

RETAILMYMEDS



Pharmacy Management Systems | API Assessment | Integration Roadmap



## Executive Summary

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The highest-leverage technology play for RetailMyMeds is direct integration with pharmacy management systems (PMS) to automate identification of net-negative prescriptions. Today, pharmacies must manually identify underwater fills — a process that is slow, error-prone, and unscalable. PMS integration eliminates this bottleneck by accessing real-time prescription, reimbursement, and acquisition cost data at the point of dispensing, enabling automated routing recommendations without adding operational overhead.<sup>1</sup> study assessed **four PMS platforms** serving the independent pharmacy market: PioneerRx (RedSail Technologies), Liberty Software, PrimeRx (Micro Merchant Systems), and Rx30/Computer-Rx (Outcomes). Each was evaluated on technical feasibility, business feasibility, market impact, and development scope. The assessment identified **PioneerRx as Priority 1** — a clear GO — based on its documented API ecosystem, formal Connected Vendors program, and market-leading position among independent pharmacies (**6,000+ pharmacies**; parent RedSail Technologies serves **12,000** total).<sup>2</sup> Liberty Software is Priority 2 (GO), with a self-service API key model and cloud-native architecture. PrimeRx and Rx30/Outcomes are Conditional GO targets for later phases. Year 1 cost for integrating with PioneerRx and Liberty is **\$135,000–\$260,000**, inclusive of HIPAA compliance infrastructure, SOC 2 preparation, and development. The recommended execution timeline is **18 months** across four phases, beginning with PioneerRx outreach in Week 1.

## Integration Rationale

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### Why PMS Integration Matters

RetailMyMeds currently requires pharmacies to manually identify prescriptions where reimbursement falls below acquisition cost. This manual process has three structural limitations:

- **Speed:** A pharmacist or technician must review each claim's reimbursement against cost after adjudication. At **200–400 prescriptions/day** per pharmacy, this is unsustainable without automation.
- **Accuracy:** DIR fees, GER/BER clawbacks, and post-adjudication reconciliation make the true net cost of a fill opaque at the time of dispensing. Manual identification misses prescriptions that appear profitable at adjudication but become net-negative after retroactive fees.
- **Scale:** RetailMyMeds cannot grow beyond a pharmacy's willingness to do manual work. Every new pharmacy requires the same labor investment. Integration converts a *labor-intensive onboarding process* into a *software configuration*.<sup>3</sup>

### What Integration Enables

Direct PMS integration allows RetailMyMeds to:

- **Identify underwater prescriptions in real time** by comparing adjudicated reimbursement against drug acquisition cost at the point of dispensing.
- **Flag MFP-impacted fills automatically** — the **\$722.55 per-transaction shortfall** on

Cycle 1 drugs becomes instantly visible.<sup>4</sup>

- **Generate routing recommendations** before the prescription leaves the workflow — not after the pharmacy has already absorbed the loss.
- **Scale without adding headcount** — each new pharmacy connects via API, not via manual training.<sup>3</sup>

core profitability calculation requires:  $\text{Net Profit} = \text{Reimbursement} + \text{Copay} - \text{Acquisition Cost} - \text{Dispensing Cost} - \text{DIR Fees}$ . Reimbursement and copay come from claims adjudication (standard NCPDP Telecommunication data every PMS captures). Drug acquisition cost comes from the purchasing/inventory module. DIR fees are the most complex element — they arrive as post-hoc clawbacks from PBMs and are estimated by some platforms but not uniformly exposed via API.<sup>5</sup>

## PioneerRx (RedSail Technologies)

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### ASSESSMENT

**Market Share:** **6,000+** independent pharmacies (self-described as “the most-installed independent pharmacy software in the country”); parent RedSail Technologies serves **~12,000** pharmacies total across PioneerRx, BestRx, QS/1, Alys, PowerLine, and NRx, reaching **10M+** patients monthly   **Priority: 1**

**Recommendation: GO — Priority 1.** Start here. Contact [PioneerRxDataPrograms@PioneerRx.com](mailto:PioneerRxDataPrograms@PioneerRx.com) immediately. The Rx Event API's real-time prescription data transmission with customizable events is architecturally ideal for flagging unprofitable fills at the point of dispensing. Validate reimbursement data field availability in the first conversation.

**Pricing:** Subscription-based; pricing not publicly disclosed. Owned by Francisco Partners (private equity, acquired April 2020)

### API Capabilities

The most mature and well-documented API ecosystem among independent pharmacy PMS vendors:

- **Rx Event API (Real-Time Prescription Universal API):** Transmits prescription and related data in real-time or near-real-time based on customizable system events. This is the most relevant API for RetailMyMeds — it could push prescription data (including reimbursement data) as events occur during the dispensing workflow.<sup>6</sup>
- **POS Universal API:** Two functions — **RxQuery** (query prescription information for a patient and linked patients) and **RxComplete** (indicates when an Rx is sold, with data to update the system). Designed for third-party POS applications.<sup>6</sup>
- **Patient Data Exchange API:** Bidirectional data flow for patient onboarding and updates.
- **MTM Actions API + SSO Extension:** For medication therapy management activities. Includes single sign-on for vendor systems.
- **Enterprise API:** Allows custom integrations. Technology partners implement a web method and/or FTP data file for PioneerRx to consume.<sup>6</sup>

### Integration Feasibility

GO

### Strengths

- Multiple documented, partner-facing APIs with documentation at [support.pioneerrx.com/apidoc/](https://support.pioneerrx.com/apidoc/)
- Rx Event API's real-time prescription data push with customizable events is architecturally

ideal for flagging unprofitable fills at point of dispensing

- Formal Connected Vendors program with **31** vendor categories and dozens of active integrations (SureCost, DocStation, Rx4Route, CoverMyMeds)
- Clear partnership contact: [PioneerRxDataPrograms@PioneerRx.com](mailto:PioneerRxDataPrograms@PioneerRx.com)
- Established Data Collection and Transfer Agreement precedent (confirmed through DocStation integration)
- Strategic upside: successful integration creates a pathway to the broader RedSail portfolio (BestRx, QS/1, NRx — **12,000** total pharmacies)

## Challenges

- Hybrid architecture (locally installed + cloud connectivity) may add complexity vs. pure cloud
- Reimbursement/cost data fields in Rx Event API must be confirmed during partner onboarding — this is the single biggest technical unknown
- Formal partnership process (Data Collection and Transfer Agreement) adds lead time vs. self-service API key models
- PE ownership (Francisco Partners) means partnership terms could shift with ownership priorities

## TIMELINE & COST

**Estimated Timeline:** **3–6 months** to initial integration

**Estimated Cost:** **\$40,000–\$80,000** development + **\$0–\$25,000/year** partner fees

## Liberty Software (Liberty Software (independent))

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### ASSESSMENT

**Market Share:** “Thousands of pharmacies” across all 50 states (estimated **2,000–4,000**). Independent software company — not PE-owned or part of a conglomerate. Gained market share from McKesson Pharmaserv sunsetting

**Priority: 2**

**Recommendation: GO — Priority 2.** Pursue in parallel with or immediately after PioneerRx. Liberty's cloud-native architecture and self-service API keys suggest faster technical integration. Their DIR fee management features confirm that profitability data is already structured in the system — the exact data RetailMyMeds needs.

**Pricing:** Subscription-based; pricing not publicly disclosed. Independent ownership

### API Capabilities

- **Documented API** with key-based authentication (7-digit API keys generated through System Settings in RXQ)<sup>7</sup>
- API keys enable secure connections with third-party vendor applications
- Confirmed integrations: CoverMyMeds, NextGen Office, Eldermark, ECP, Amplicare, QuickBooks Online, FDS, DocStation<sup>7</sup>
- Moving toward “bidirectional information movement” with integration partners
- DocStation integration confirmed: uses API PIN from Liberty settings, supports historical dispensing data import and automated back-billing<sup>8</sup>

### Integration Feasibility

GO

### Strengths

- Self-service API key model — faster onboarding than formal partnership agreements
- Cloud-native architecture (Microsoft platform, RXQ next-generation system) — simplest integration topology
- DIR fee management feature shows estimated DIR fees on paid claims and in profit reports — profitability data is structured in the system
- DocStation integration proves dispensing data + historical data access is viable
- Independent ownership — no PE/corporate layers to navigate; faster decision-making

## Challenges

- Smaller installed base than PioneerRx (estimated 2,000–4,000 vs. 6,000+)
- No formal partner marketplace or Connected Vendors program documented
- API documentation depth unknown — may be less comprehensive than PioneerRx's partner-facing docs

## TIMELINE & COST

**Estimated Timeline:** 3–5 months to initial integration

**Estimated Cost:** \$40,000–\$80,000 development + minimal partner fees expected

## PrimeRx (Micro Merchant Systems)

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### ASSESSMENT

**Market Share:** “Thousands of pharmacies nationwide.” Strong in independent, specialty, and long-term care. CPESN-approved platform **Priority: 3**

**Recommendation: CONDITIONAL GO — Priority 3.** Pursue after PioneerRx and Liberty are underway. The PrimeRx MARKET launch signals receptivity to embedding third-party tools directly in the dispensing workflow — a strong strategic fit. PrimeRx CLOUD's SaaS architecture offers the cleanest integration topology of any platform assessed.

**Pricing:** Subscription-based; pricing not publicly disclosed. Aggressively innovating: launched PrimeRx CLOUD (SaaS), PrimeRx MARKET (real-time marketplace integration in dispensing workflow), PrimeRx POS

### API Capabilities

- **API available** — API-driven integrations with **100+** interfaces (wholesalers, IVRS, robots, EMRs)<sup>9</sup>
- 30+ integration categories with notable partners: ConnectiveRx, CoverMyMeds, CPESN, ScriptPro, KirbyLester, Parata, Cardinal Health, AmerisourceBergen, McKesson
- Direct SMP integration for immunization registry reporting
- Real-time formulary checking: “real-time access to patient drug formulary information and identifies alternatives for medications that are not covered, require prior authorization, or include a high copayment”<sup>9</sup>
- PrimeRx CLOUD is SaaS using containerization and cloud-native architecture<sup>10</sup>

### Integration Feasibility

#### CONDITIONAL GO

### Strengths

- API exists with 100+ interfaces — proven integration infrastructure
- Innovation-forward culture: PrimeRx MARKET launch (real-time marketplace integration in dispensing workflow, 2025) signals strong alignment with RetailMyMeds' value proposition
- PrimeRx CLOUD offers SaaS-to-SaaS integration path — simplest possible architecture
- Real-time formulary and cost data access confirmed



## Challenges

- No documented partner program or developer portal found — would need direct engagement
- Developer documentation not publicly available; more discovery required
- Smaller market share than PioneerRx in the independent pharmacy segment specifically

## TIMELINE & COST

**Estimated Timeline:** 4–6 months to initial integration

**Estimated Cost:** \$40,000–\$80,000 development + partner fees TBD

## Rx30 / Computer-Rx (Outcomes (formerly Transaction Data Systems))

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### ASSESSMENT

**Market Share:** One of the largest installed bases in independent pharmacy. Systems in all 50 states + Virgin Islands. **80+** integration partners. Combined Outcomes organization serves a network of **40,000** retail, chain, and grocery pharmacies **Priority: 4**

**Recommendation: CONDITIONAL GO — Priority 4.** Large market but difficult integration path. Defer until PioneerRx/Liberty integrations are proven and generating revenue. Use those as proof points when approaching Outcomes. The no-API architecture means higher development cost and longer timeline.

**Pricing:** Subscription-based; pricing not publicly disclosed. Complex ownership chain: Transaction Data Systems → GTCR (2015) → acquired Computer-Rx (2016) → BlackRock LTPC → merged with Cardinal Health's Outcomes (July 2023) → rebranded as Outcomes

### API Capabilities

- **No public API** documented (per GetApp/Capterra listings)<sup>11</sup>
- Integrations through formal partner program — 80+ certified integration partners
- Partner categories: ePrescribing, Value Added Services, Wholesaler, Claims Processing, Adherence, Hardware, Inventory, LTC, Patient Engagement, Delivery<sup>11</sup>
- “Become a Partner” form available at [outcomes.com/partners](https://outcomes.com/partners)
- Clinical Opportunity Indicator integration with Outcomes platform for clinical opportunity management

### Integration Feasibility

#### CONDITIONAL GO

#### Strengths

- Largest market reach of any platform assessed — 40,000 pharmacy network provides enormous scale potential
- 80+ certified integration partners prove the partner model works
- Computer-Rx acquisition means a single Outcomes partnership covers both Rx30 and Computer-Rx installed bases

## Challenges

- No public API — likely requires FTP/file-based integration or custom middleware
- Complex PE/corporate ownership structure (BlackRock + Cardinal Health) creates longer sales cycles and more legal/compliance gates
- “Become a Partner” web form is the only documented entry point — expect slower onboarding process
- The 40,000-pharmacy network includes chain and grocery pharmacies that are outside RetailMyMeds' target market

### TIMELINE & COST

**Estimated Timeline:** **6–12 months** to initial integration

**Estimated Cost:** **\$60,000–\$100,000** development (higher due to no-API complexity) + partner fees TBD

## Platforms Not Pursued

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### QS/1 & BestRx (RedSail Technologies) — Covered by PioneerRx Pathway

Both QS/1 and BestRx are RedSail Technologies brands. QS/1 has **40+ years** serving community pharmacies; BestRx targets pharmacies wanting simpler software. BestRx has **no public API**; QS/1 is less API-forward than PioneerRx. *Do not pursue independently.* A successful PioneerRx integration and Connected Vendor status creates the business relationship needed to expand to QS/1 and BestRx. One partnership conversation could unlock access to a significant portion of RedSail's **12,000**-pharmacy network.<sup>2</sup>

### McKesson EnterpriseRx — NO GO

Cloud-delivered PMS serving health-system, multi-site, mail order, and specialty pharmacies. Integrates with **200+** certified partners. However, McKesson's enterprise focus is *not* the independent pharmacy market RetailMyMeds targets. Corporate structure makes startup partnerships extremely difficult. Wrong market segment.<sup>12</sup>

### Datascan (WinPharm) — WATCH

WinPharm's DIR estimator stops label printing when reimbursement falls at or below cost — the closest existing PMS-native feature to what RetailMyMeds automates. Smaller installed base makes integration less impactful, but their profitability-at-point-of-fill approach validates the market need. Study their implementation as competitive intelligence.<sup>13</sup>

## HIPAA & Compliance Requirements

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### Business Associate Classification

Pharmacies are **covered entities** under HIPAA. RetailMyMeds, by accessing prescription records, patient data, and reimbursement data through PMS integration, would be classified as a **business associate**. A written Business Associate Agreement (BAA) is required before any Protected Health Information (PHI) is shared.<sup>14</sup>

### BAA Requirements

The BAA must specify:

- Permitted and required uses and disclosures of PHI
- **Security safeguards:** physical (facility access controls), administrative (policies, procedures, training), and technical (authentication, encryption)
- **Breach reporting** procedures and timelines

- **Subcontractor obligations:** if RetailMyMeds uses cloud infrastructure (AWS, GCP, etc.), those providers are subcontractors requiring their own BAAs under the HITECH Act<sup>14</sup>
- **Termination rights** and PHI destruction procedures

## Technical Security Requirements

- Encryption at rest and in transit
- Authentication and role-based access controls
- Comprehensive audit logging
- Data minimization — access only the data fields needed for profitability calculations
- Annual risk assessments

## Practical Impact

BAA execution is standard practice — every PMS vendor already has BAA templates for integration partners. This is *not* a blocker; it is a standard compliance checkbox. PioneerRx's Data Collection and Transfer Agreement is essentially their BAA + data governance agreement rolled into one. Budget for HIPAA compliance infrastructure and SOC 2 Type II certification (many pharmacy organizations will require this during due diligence).<sup>14</sup>

## Data Requirements

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For automated identification of unprofitable prescriptions, RetailMyMeds needs the following data elements from the PMS:

- **Reimbursement amount** (what the PBM pays) — lives in claims adjudication response, NCPDP Telecommunication Standard<sup>5</sup>
- **Drug acquisition cost** — lives in inventory/purchasing module, vendor-specific format
- **Dispensing fee** — lives in claims adjudication response, NCPDP Telecommunication Standard
- **DIR/GER/BER fees** — lives in post-adjudication reconciliation, vendor-specific format
- **Patient copay** — lives in claims adjudication response, NCPDP Telecommunication Standard
- **Drug NDC, quantity, days supply** — lives in prescription record, universal format
- **Prescriber NPI & PBM/Plan identifier** — lives in claims adjudication, NCPDP Telecommunication Standard<sup>5</sup>

**Critical insight:** The NCPDP Telecommunication Standard claim billing response already contains the reimbursement amount for each filled prescription. Every PMS captures this data as part of the claims adjudication workflow. The question is whether PMS APIs *expose* this data to third parties. This must be validated in the first partner conversation with each PMS vendor.<sup>5</sup>

## Cost Summary

Year 1 estimate covers PioneerRx + Liberty integration (the two GO-rated platforms)

Item	Estimate
HIPAA compliance setup (legal + technical)	\$15,000–\$30,000
SOC 2 Type II audit	\$30,000–\$50,000/year
Integration development per PMS (engineer time)	\$40,000–\$80,000 per PMS
PMS partner fees (if any)	\$0–\$25,000/year per PMS (varies; some are free, some charge integration fees)
Ongoing maintenance per integration	\$10,000–\$20,000/year
<b>Total Year 1</b>	<b>\$135,000–\$260,000</b>

## Recommended Execution Sequence

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### Phase 1: PioneerRx Integration

**Timeline:** Months 1–6

1. **Week 1:** Email [PioneerRxDataPrograms@PioneerRx.com](mailto:PioneerRxDataPrograms@PioneerRx.com). Request partner information, API access, and Data Collection and Transfer Agreement details.
2. **Weeks 2–4:** Execute BAA and Data Collection and Transfer Agreement. Obtain API documentation and sandbox/test environment access.
3. **Weeks 4–8:** Build integration against Rx Event API. Focus on receiving real-time prescription events with reimbursement data.
4. **Weeks 8–12:** Add profitability calculation layer (reimbursement vs. acquisition cost vs. estimated DIR fees). Build routing recommendation engine.
5. **Weeks 12–16:** Beta test with 3–5 PioneerRx pharmacies (recruit through NCPA network or direct outreach).
6. **Weeks 16–24:** Iterate based on feedback. Apply for Connected Vendor listing. Launch.

### Phase 2: Liberty Integration

**Timeline:** Months 4–8 (overlapping with Phase 1)

1. Obtain API key through Liberty settings; build integration using Liberty's API.
2. Leverage Liberty's DIR fee management data for profitability calculations.
3. Beta test with Liberty pharmacies.

### Phase 3: PrimeRx Integration

**Timeline:** Months 7–12

1. Engage PrimeRx partnership team.
2. Build against PrimeRx API. Consider PrimeRx CLOUD for SaaS-to-SaaS integration (simplest architecture).
3. Beta test with PrimeRx pharmacies.

### Phase 4: Outcomes / Rx30

**Timeline:** Months 12–18

1. Use PioneerRx/Liberty traction as proof points.

2. Submit “Become a Partner” application at [outcomes.com/partners](https://outcomes.com/partners).
3. Navigate corporate partnership process.

## Compliance Infrastructure (parallel)

**Timeline:** Months 1–4

1. HIPAA compliance program: policies, procedures, training.
2. BAA templates and legal review.
3. SOC 2 Type II audit preparation (plan for 6–12 month timeline).
4. Encryption at rest and in transit; audit logging infrastructure.

## Key Risks

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1. **Reimbursement data access depth.** PMS APIs may expose prescription data but not the granular reimbursement/cost breakdown needed for profitability calculations. The Rx Event API's “customizable events” may or may not include cost fields. This is the single biggest unknown and must be validated in Week 1 of the PioneerRx engagement.<sup>6</sup>
2. **DIR fee estimation accuracy.** DIR fees are retrospective clawbacks, not known at point of fill. Some PMS platforms estimate them; others do not. RetailMyMeds may need its own DIR fee estimation model based on historical patterns per PBM/plan.
3. **Partner program framing.** PMS vendors may view RetailMyMeds as encouraging pharmacies to send prescriptions to mail-order competitors. Framing matters: position as “helping pharmacies make informed decisions about which prescriptions to fill” rather than “routing prescriptions away from the pharmacy.”
4. **Market consolidation.** The PMS market is consolidating under PE ownership (Francisco Partners, BlackRock). Partnership terms, API access, and pricing could shift as PE owners optimize for revenue.
5. **Pharmacy adoption.** Even with PMS integration, pharmacies must opt in. The \$275/month price point needs to clearly save more than it costs when automation reduces the manual identification burden.



## Precedent Integrations

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### How Third Parties Have Done This

- **SureCost** (closest analog): Procurement platform accessing real-time margin and profitability data across multiple PMS platforms. **1,600+** pharmacies. Integrates with PioneerRx and most major PMS via secure data feeds. Proves the integration model is viable.<sup>15</sup>
- **DocStation**: Clinical documentation and medical billing. PioneerRx integration via Data Collection and Transfer Agreement + push of patient/dispensing data. Liberty integration via API PIN + historical dispensing data import.<sup>8</sup>
- **Rx4Route**: Delivery management for **3,000+** pharmacies. Seamless PMS integration with real-time tracking.
- **CoverMyMeds**: Prior authorization. Present in nearly all PMS ecosystems — PioneerRx, Liberty, Rx30, PrimeRx. Industry-standard integration.
- **Digital Pharmacist**: Patient engagement. Integrates with PioneerRx, Rx30, PrimeRx, Liberty, BestRx, QS/1 simultaneously — proves multi-PMS integration at scale is achievable.

**Key takeaway:** SureCost is the closest analog to RetailMyMeds from an integration architecture perspective. It accesses procurement and margin data across multiple PMS platforms, provides profitability dashboards, and layers on top of existing workflows without replacing them. SureCost's success validates the integration model.<sup>15</sup>

## Industry Standards

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### Relevant Data Exchange Standards

- **NCPDP Telecommunication Standard**: The core standard for pharmacy claims. Covers eligibility verification, claim billing, adjudication responses. Contains drug code, quantity, days' supply, prescriber/pharmacy/patient IDs. Claim billing response includes paid/rejected status with payment amounts. *This is where reimbursement data lives.*<sup>5</sup>
- **NCPDP SCRIPT**: E-prescribing message format (currently v20170701). Handles prescription routing between prescribers and pharmacies. Less relevant for RetailMyMeds (post-adjudication data needed, not incoming prescriptions).
- **HL7 FHIR**: Emerging standard. Specialty Rx IG covers demographic, prescription, clinical, financial data exchange. Consumer Real-Time Pharmacy Benefit Check (RTPBC) being harmonized with NCPDP. Not yet widely implemented in independent pharmacy PMS but represents the future direction.<sup>16</sup>
- **X12 835**: Payment/remittance advice. Contains actual reimbursement amounts from payers.

## Go/No-Go Framework

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Each PMS was evaluated on four dimensions:

- **Technical Feasibility:** Does an API exist? Is prescription and reimbursement data accessible? Is the architecture compatible with real-time integration?
- **Business Feasibility:** Is there a clear partnership path? Are partnership costs reasonable? Is the legal/compliance process navigable for a startup?
- **Market Impact:** How many independent pharmacies would this integration reach? Does the PMS serve RetailMyMeds' target market?
- **Development Scope:** Can the integration be built in weeks or months? What is the total cost including compliance infrastructure?

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- **GO:** All four dimensions are favorable. Proceed immediately.
- **CONDITIONAL GO:** Market impact justifies pursuit, but technical or business barriers require additional discovery or deferred timing.
- **NO GO:** Market mismatch, insurmountable technical barriers, or cost/effort exceeds potential return.

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## ABOUT THIS DOCUMENT

This PMS integration feasibility study was prepared using publicly available API documentation, vendor partner program pages, industry standards documentation, and regulatory compliance requirements. It is intended for internal strategic use by RetailMyMeds leadership.

<b>Prepared For</b>	Arica Collins, PharmD — RetailMyMeds
<b>Prepared By</b>	Matthew Scott
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