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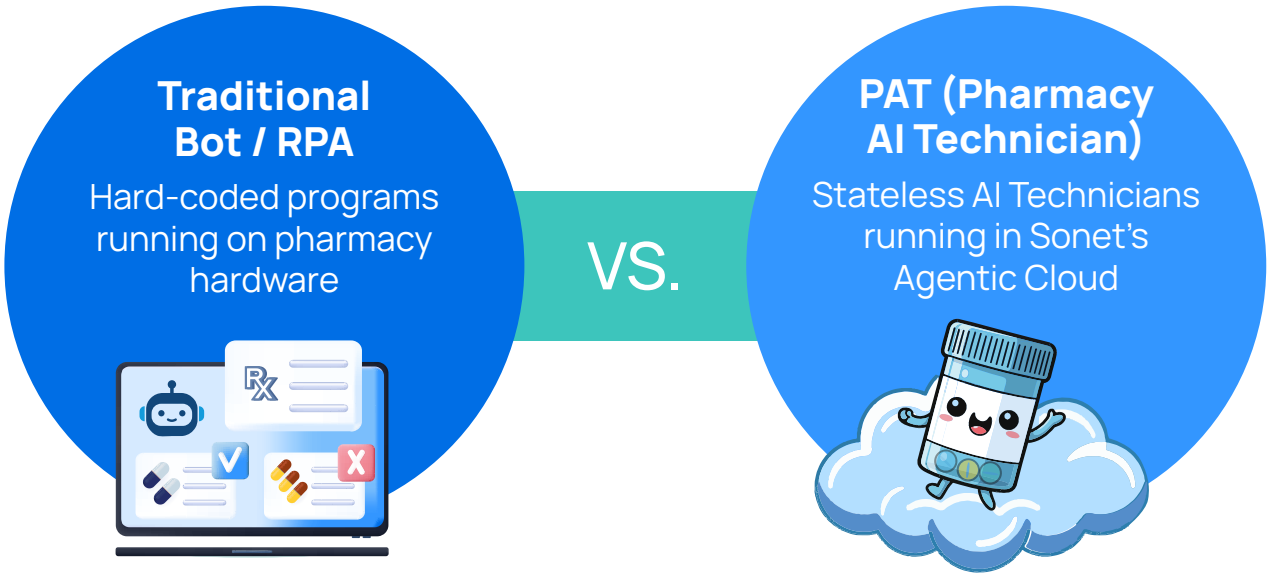
Pharmacy Automation: AI Technicians vs. Traditional Bots

A Comparison Guide for Independent Pharmacy Operators

The market for pharmacy automation has expanded rapidly. Solutions ranging from traditional hard-coded bots to cloud-based AI Technicians all claim to automate the same workflows. The architecture underneath those claims determines what your pharmacy actually gets: how your patient data is protected, whether your staff keeps their workstations, and what your options are if the vendor relationship becomes complicated.

This guide breaks down the architectural differences that matter most for independent pharmacy operators, so you can ask the right questions before you sign.

Comparing Two Approaches



How to use this guide

Each section covers a different category of comparison. In the tables that follow, Traditional Bot / RPA reflects the on-premise, hard-coded bot model common in the current pharmacy automation market. PAT (Pharmacy AI Technician) reflects Sonet's cloud-based, stateless AI Technician model. No vendor names are called out. The goal is to help you understand what to evaluate, regardless of which vendor you are speaking with.

Architecture and Infrastructure

Where automation runs determines everything about its operational impact: which team members it affects, what happens when prescription volume spikes, and what your options look like if you need to remove it.

	Traditional Bot / RPA	PAT (Pharmacy AI Technician)
Where it runs	On workstations or dedicated hardware inside the pharmacy	Entirely in Sonet's Agentic Cloud, accessed over an encrypted tunnel. Nothing runs on pharmacy hardware.
What is deployed at the pharmacy	Bot software installed on workstations or a dedicated local PC	A lightweight connector establishing an encrypted tunnel only. No software installed on workstations.
Workstation impact	Bots run on pharmacy workstations, competing with your staff for terminal resources during peak hours	PAT never touches your workstations. Your team retains full access to their terminals at all times.
Scalability	Volume capacity is tied to hardware deployed in the pharmacy. Scaling means buying and installing more hardware.	Cloud-based: additional AI Technicians spin up in parallel on demand, then spin back down when the queue clears. No hardware cost.
Removal / exit	Requires hardware uninstall and vendor coordination. Physical equipment in your pharmacy creates an ongoing dependency.	Remove the connector. That is the complete exit process. No hardware left behind, no infrastructure to unwind.

"Other AI vendors deploy bots on workstations in your pharmacy. PAT runs in our cloud, in a private instance dedicated to your pharmacy. When your queue spikes, we spin up more AI Technicians in parallel, then spin them back down when the queue clears. Your team keeps their terminals."

~ Jeff Burchett, PAT field conversations

Data Protection and HIPAA Compliance

Pharmacy automation touches patient health information at every step. The architecture of the system determines whether PHI is retained between sessions, where it travels, and how consistently it is protected.

	Traditional Bot / RPA	PAT (Pharmacy AI Technician)
Patient data retention	Bots running on pharmacy hardware may retain session data in the local environment between tasks	Stateless architecture: PAT retains zero patient data between tasks. Every task starts fresh. PHI is never held outside the PMS environment.
HIPAA risk model	Data may persist in the bot environment outside the PMS, creating exposure if the system is audited or compromised	PHI never leaves the controlled PMS environment. No patient data accumulates in Sonet infrastructure. HIPAA BAA available.
Consistency and accuracy	Hard-coded routines must be manually updated when the PMS changes a UI element. Until updated, bot behavior may diverge from the intended workflow.	Prompt-driven: each task is defined in plain English and executes identically every time. Task updates take effect immediately with no code rewrite.
Audit trail	Varies by vendor. May include process logs but typically lacks session-level recording or agent reasoning documentation.	Full session recording per task: screen-level action log, agent reasoning at each step, exportable for state board, DEA, or PBM inquiry.
Pharmacist in the loop	Varies by vendor and workflow configuration	Built into every task: PAT drives workflows to clinical decision points, pauses, and notifies the pharmacist. Decision logged with identity and timestamp.
PMS update impact	Bot may break when PMS updates a screen, button, or field. Vendor must rebuild or repair the affected routine.	Vision-based: PAT reads the screen as a person would. UI changes are absorbed at the prompt level, not the code level.

SOC 2 Type 2 Certified
PCI-DSS Certified
HIPAA BAA Available

Pricing, Scalability, and Vendor Relationship

How a vendor prices their product and where their infrastructure lives reveals something important about the relationship they are proposing and who holds the leverage in it.

	Traditional Bot / RPA	PAT (Pharmacy AI Technician)
Pricing model	Per bot or subscription, charged whether the bot is completing tasks or sitting idle	Per completed task: $0.25/task, $750/month minimum (3,000 tasks). You pay for work done, not software on a server.
Volume spikes	Higher volume requires more hardware at the pharmacy's expense. Throughput ceiling is set by installed capacity.	Cloud-based parallel scaling: additional AI Technicians spin up automatically. Cost scales with completed tasks, not hardware.
Workflow scope	Primarily PMS-centric. Workflows that span multiple applications typically require additional custom build and cost.	Horizontal: PAT works across PMS, billing platforms, prior auth portals, eFax queues, and more without API integration.
Deployment time	Typically weeks to months: custom bot build, hardware installation, testing, and refinement	Days: connector setup, dedicated cloud instance provisioned, task configuration, pharmacist review, and go-live.
Infrastructure leverage	Hardware installed in your pharmacy is an ongoing dependency. A disrupted vendor relationship can affect your workflows directly.	The only Sonet infrastructure at your location is the connector. Remove it and PAT is gone. No physical dependency remains.
Exit path	Hardware uninstall, software removal, workflow reconstruction. Operational impact during transition.	Remove the connector. Prior task definitions and audit logs are exportable. Clean exit, no vendor coordination required.

Questions to Ask Before You Sign

You do not need to understand the engineering to make a sound decision. These questions will surface the architecture quickly, regardless of how any vendor frames their marketing.

Ask this	Why it matters
Where does this automation run: on hardware in my pharmacy, or in the cloud over an encrypted tunnel?	This tells you whether the system competes with your staff for workstations and whether hardware in your pharmacy gives the vendor ongoing operational leverage.
Does the system retain patient data between sessions? What happens to PHI after a task completes?	Stateless systems retain nothing. Systems that accumulate or cache data create a HIPAA exposure category that deserves a direct answer, not a general compliance claim.
What happens when my PMS gets an update? Does the automation break, and who is responsible for fixing it?	Hard-coded bots break on UI changes. Prompt-driven systems adapt at the instruction level. The answer tells you your ongoing maintenance burden for the life of the contract.
How does throughput scale when my prescription queue spikes? Is the ceiling set by hardware I own?	The right answer is cloud-based parallel scaling: more AI Technicians spin up on demand, not more hardware. Hardware-tied systems require capital investment to grow.
What happens to my workflows if the vendor relationship becomes complicated? Who controls that decision?	Hardware on your pharmacy floor is leverage the vendor holds. A cloud-based system with a simple connector has a clean exit that does not require vendor cooperation.
Does this vendor ask how my pharmacy works, or tell me how I need to adapt to their system?	A vendor that starts by understanding your workflow is building something different than one that starts by explaining what you will need to change. Your workflow should not serve their architecture.

See PAT in Your Pharmacy

PAT (Pharmacy AI Technician) is Sonet's cloud-based, stateless AI Technician built for independent pharmacy workflows. Zero on-premise footprint. No workstation contention. Pharmacist-in-the-loop design at every clinical decision point. SOC 2 Type 2 certified, PCI-DSS certified, HIPAA BAA available.

Learn more about PAT:
pharmacy.sonet.io

Book a 20-minute intro call
meetings.hubspot.com/burchett/pat-intro

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