influencing this change will be: (1) the ratio of population per pharmacy has increased; (2) More prescriptions dispensed (e.g., higher utilization) and the average prescription price has increased (see table below); (3) Traditional, non-prescription sales are now shared more with other outlets such as supermarkets, thus proportionately lowering the gross sales of retail pharmacies; (4) Greater urban population with resultant urban convenience and accessibility to pharmacies and other health care facilities; (5) More health dollars available as a consequence of various health insurance schemes; (6) Generally improved standard of living and health and the desire to maintain same.

## PRESCRIPTION COST/UTILIZATION

| Year | Price | Utilization |
| :---: | :---: | :---: |
| 1961 | 100.0 | 100.0 |
| 1962 | 100.1 | 104.9 |
| 1963 | 101.9 | 115.1 |
| 1964 | 105.9 | 121.4 |
| 1965 | 107.6 | 142.9 |

## Prescribed Drugs: Prices and Expenses

7.1 A prescription is not an ordinary item of commerce or trade, nor is it a merchandising commodity.
7.2 An Association-sponsored study (appended to this presentation) of 233,000 prescriptions (November $8-21,1964$ ) showed that 25 per cent were dispensed at a loss below an average break-even cost of $\$ 1.93$. It showed, too, that 84.3 per cent of all prescriptions were dispensed at less than $\$ 5.00$, while 1.4 per cent were over $\$ 10.00$.
7.3 This Study showed the average price (involving a sample of less than $1 / 2$ per cent of yearly volume) during that period as $\$ 3.47$, with 50 per cent of this being the cost of the tangible commodity as purchased from manufacturers and distributors. During that year, retail pharmacists dispensed prescriptions valued at $\$ 171,000,000$ with ingredients used solely in those prescriptions being, presumably, $\$ 85.5$ million and the balance representing the cost of procuring local services to provide needed drugs to the community.
7.4 Time-motion studies, extremely expensive undertakings, have not been conducted and we do not believe that there are sufficient published statistics to provide a factual, national average breakdown related to prescription transactions in isolation from the total operation of a retail pharmacy-nor, possibly, would it be practical to do so either relative to the prescription ingredients or the local dispensing of them.
7.5 It can be realistically assumed, however, that the pharmacy having a 42.9 per cent prescription volume probably gained a substantial portion of the balance of its $\$ 129,500$ gross revenue from items which, by their nature, are necessarily and/or legislatively restricted to pharmacy-only distribution, prescription accessories and related items. These constitute a comprehensive, total

