

## Pharmacy Post

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THE MEASURE OF SUCCESS

# How many wrongs make a right?



## EDITORIAL

by Vicki Wood



The pharmacy profession has come to terms with the idea that sometimes a person just needs to get a refill, as easily as possible. By adopting VIPPS (Verified Internet Pharmacy Practice Sites) Canada as a regulatory verification process for online pharmacies (read more about this next issue), the National Association of Pharmacy Regulatory Authorities has acknowledged that there is a limited role for e-mail order drugstores.

Can we make the same argument for e-pharmacies that ship scripts to other countries? I've tried and I can't.

The demand is certainly there, and some of the businesses are incredibly sophisticated. But to my mind, the international Internet pharmacy industry is built on legal and regulatory quicksand.

For starters, it's illegal for a U.S. citizen to import a drug not approved by the Food and Drug Administration (FDA). No matter how identical, a Health Canada-approved drug is not an FDA-approved product. And it's against the law for a Canadian to export the same drug to the U.S.

It's also against practice rules for a pharmacist to fill a script written by an out-of-province prescriber. Hiring a local (or multiply licensed) doc to co-sign U.S. scripts is smart business, but it's also against the physicians' standards of practice. Clever web pharmacists ask patients to sign a legal waiver that protects them and the doc in case of future problems. This is pharmaceutical care?

I've read the testimonials of poor U.S. seniors who couldn't afford to take all their required medications until they found a way to get cheap Canadian drugs. It's wrong that money should stand in the way of a person and the medicine they need. It's all wrong, and I can't make it all add up to a right.

People in America want our affordable drugs. I'm sure they would also enjoy our universally accessible healthcare system. And our relatively low rate of violent crime, and our generous maternal and paternal leave policies. But you can't buy these things cheaply. Canadians enjoy these blessings thanks to our own dull, tedious, and occasionally miraculous brand of democracy. Decades of voting people into office who take care of the excruciating process of enacting the regulations and policies that protect us. (And create institutions like the Canada Health Act and the Patented Medicine Prices Review Board.)

Boy, my arguments are Canadian. And about as compelling as a teacher's wagging finger. They probably wouldn't cause a Net baron to blink. But wait ... here comes someone louder and more convincing. The drug companies. On January 3, GlaxoSmithKline Inc. (GSK) gave notice that it will stop supplying its products to Canadian pharmacies found to be selling to U.S. consumers. Early last

## LETTERS

### Lots of momentum on cognitive fees in Quebec

(Re: Zero momentum for extra cognitive fees, December)

I was surprised to read your article about the decline in the number of pharmacies charging additional fees for cognitive services. I was also surprised to read that only 8% of pharmacies in Quebec were charging fees.

My friend Diane Lamarre (professor at the faculty of pharmacy of Université de Montréal and a driver behind the success of Quebec's *l'opinion pharmaceutique* program) tells me that 83% of all Quebec pharmacies claimed at least one cognitive service last year (opinion and refusal, or *l'opinion pharmaceutique*) for people covered by the Régie de l'assurance maladie du Québec (RAMQ); roughly half the population of Quebec.

I have been interested in payments for the *opinion pharmaceutique* from the start in 1978 when I was a pharmacy owner. At that time, 30 out of 1,200 pharmacies would claim 100 opinions per year. The same 30 pharmacists would claim about 200 refusals. Annual statistics from RAMQ show that in 2001, total claims rose to reach 49,906 refusals at \$7.50 each and 37,005 opinions at \$18.00 each. ... It took time to get to cruising speed but between 2000 and 2001, the claims for opinions went up 26%.

I thought that your readers would like to hear about official data and LOTS OF MOMENTUM in Quebec.

Maybe your questionnaire was not clear enough and this is why you got 8% as an answer. Or else, the question was interpreted as meaning only for private payers, who cover the other half of the Quebec population. Finally, sampling of pharmacies surveyed could have been less than optimal.

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**Editor's response:** I was also perplexed by the low result in Quebec, which was the pioneer of cognitive service fees more than two decades ago. Perhaps pharmacists' participation in Quebec's alternative reimbursement plan has become so well entrenched that, as you suggest, respondents to our survey misinterpreted our question regarding "extra" fees. This will certainly be clarified in our 2003 survey.

### Correction

Re: Spotlight on success at BC conference

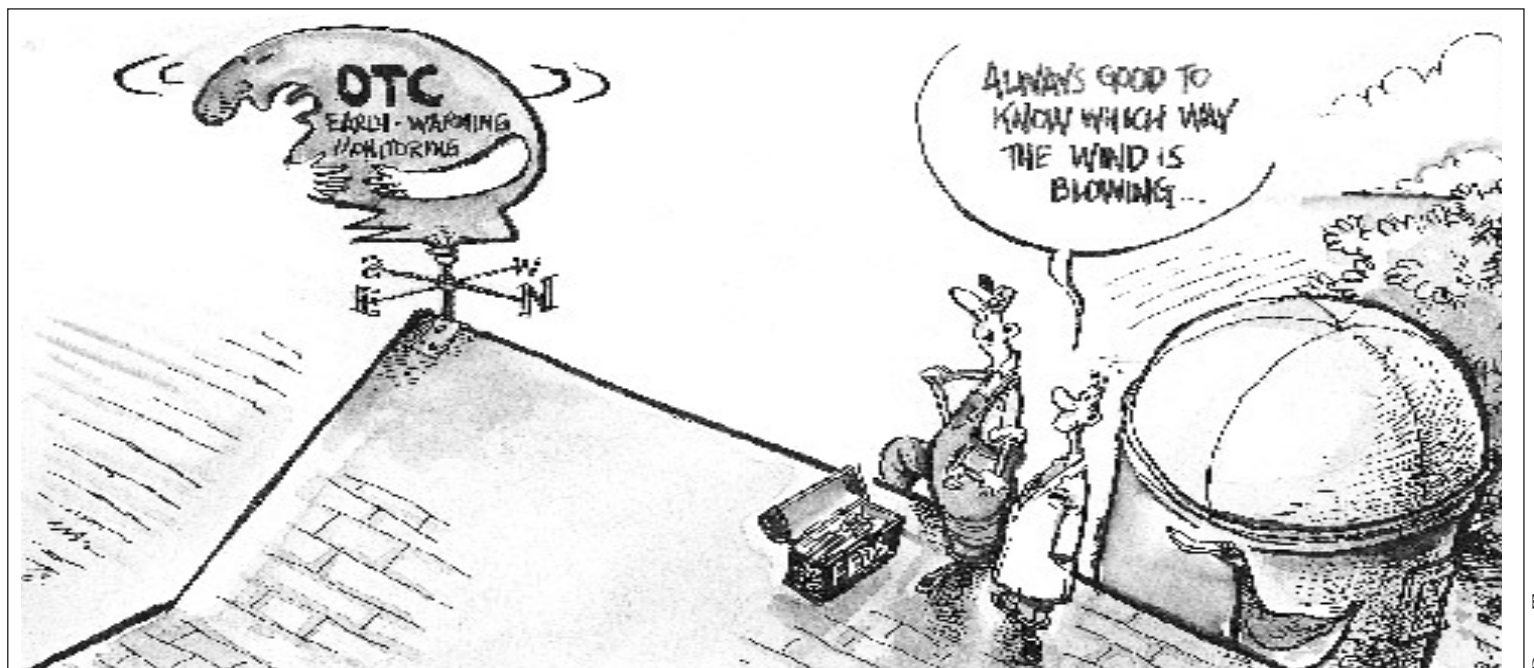
Mike Ortynsky operates Fort St. John Pharmacy & Wellness Centre, a pharmacy under the Medicine Centre banner.

fall, both Wyeth-Ayerst Canada and Merck Frosst Canada advised pharmacists against selling their products to cross-border drug shoppers. After all, these businesses are cutting into the profits of their U.S. parent companies.

"If other drug manufacturers follow suit, this will almost definitely mean the end of our industry," e-pharmacist Kris Thorkelson told the *Winnipeg Sun* on January 11.

Stay tuned. Wouldn't it be ironic if, in the end, the right thing happens for the wrong reason? \*

Vicki Wood



Health Canada will use drugstore OTC sales to predict community epidemics (see cover story).