

Fair Drug Pricing in New Brunswick

There is no denying that health care reform is necessary. With more powerful and expensive diagnostic tools, increased focus on preventative and evidence-based medicine, as well as a 'baby-boom' generation that is entering their senior years, health care spending is increasing at an unsustainable rate if changes are not made. My concern is that the people making the decisions that will impact Medicare funding may have a somewhat limited understanding of the pharmacy business model. From a distance, one could conclude that the pharmacy model is as follows:

1. A patient drops off a prescription at a pharmacy
2. The prescription is processed and filled by a technician, and the final price is made up of the drug cost plus a dispensing fee to cover wages, overhead and supplies necessary to prepare the prescription
3. Either the patient, their insurance plan, or both covers the cost of the medication
4. The patient is counseled by the pharmacist and told how to properly take the medication, possible adverse effects, when they should expect benefit, when to seek additional help or advice, ensure appropriate monitoring is in place, etc.

The problem is that the current model does not sufficiently cover the day-to-day costs associated with dispensing a medication, let alone additional 'cognitive services.' For example, an additional fee is not received when a pharmacist spends 20-30 minutes explaining a patient's new medications after a stroke or heart attack, takes calls about possible allergic reactions, counsels patients on cough and cold medications, writes special authorization letters for drug coverage, or refuses to dispense the medication and contacts the prescribing physician because of a possible drug interaction.

I admit, most pharmacists will agree that we have been part of the problem. Because of competition in the pharmacy market, we have been reluctant to charge fees for additional services such as deliveries, blister packing medications, and private consultations. However, the minute pharmacies try to get together to come up with a solution, they run the risk of being accused of collusion and conspiring against third-party payers.

I offer the following suggestions:

1. Decrease the allowable amount of testing supplies covered for Type II diabetics that are not on insulin as daily testing is unnecessary and costly
2. Introduce quantity limits and tighter regulations for zopiclone and benzodiazapines for sleep as studies only recommended their use for up to 14 days
3. Physician detailing for those that are prescribing high quantities of antibiotics, narcotics, and brand name medications
4. Encourage physicians to prescribe ½ tablets of higher strengths decrease drug costs (this would often cut costs in half because the price rarely increases in a linear fashion with drug strength)
5. Review coverage of medications with poor evidence of reducing hospitalization, heart attack, stroke and death as opposed to just surrogate outcomes. For example, when treating cholesterol, why are Ezetrol (ezetimibe), Fibrates and Niacin covered? If the

medication has already been reviewed, it should be reassessed if new information comes out suggesting a lack of benefit.

6. Reassess the need for coverage of meal replacement drinks for patients on social assistance
7. Reassess the entire methadone program, from prescribing to dispensing
8. Fund smoking cessation products: Shown reductions in heart attack, stroke, cancer, death; yet Medicare funds millions of dollars in inhalers, blood pressure and post-MI medications to treat the damage. We need more focus on prevention.
9. Trial fills of medications: Max 30 day supplies on new medications to reduce waste
10. Fund more NP-run clinics for common ailments to reduce pressure on outpatient departments

Your consideration of these suggestions is greatly appreciated and I hope that all parties can come to a fair and reasonable agreement for pharmacy owners, the provincial government, and New Brunswickers.

Gregory MacKay, PhC

Saint Andrews Pharmacy
Saint George Pharmacy
Herring Cove Pharmacy

health.consultationsanté@gnb.ca
cc: Curtis.Malloch@gnb.ca
cc: nbpa@nbnet.nb.ca