

DEPT of HEALTH NB,

I wish to send my comments on the Fair Drug Prices for NB,

I have been a pharmacist since 1984 in MY province of NB in a small rural community, I have witness much change in the NEEDS of my patients and the pharmaceutical services I provide

Their has been many New initiatives my pharmacy provides to my patients, Blood pressure machine, Diabetes Educator on site providing education, glucose testing clinic, senior group home conference

Anaphylactic shock prevention with proper use of Epi Pen techniques at the begin of school year. Government nursing home clinical session to the nurses and staff about fall prevention, and medication review

My pharmacy contributes directly to supporting nursing home services in our community, and significantly to local charitable groups in the region on a yearly basis.

My pharmacy provides prescription adaptation, and prescribes on a daily basis since the 2008 amendments to the Pharmacy Act, and most recently immunization to patient when they are available ie.

Evenings weekends and holidays. These extended hrs are provided to my community on a yearly basis, we are able to see more patient and provide much needed education and counseling for the chronic

Disease medication most patients require. This reduces the ER significantly in my community , especially since many patient do not have access to a family doctor.

One constant element in all of these changes and initiatives over the years has been the LACK of appropriate funding for pharmacist services by the government NB, pharmacy has been able to survive

On trade allowances from generic manufacturers to continue to provide NBER the vital first point of primary care to our community. We need a reimbursement framework that includes Fair Drug Prices,

Fair Fees for Service such as dispensing and prescription adaptation and Fair Incentives for New Services such as NB med check and Immunization. In other provinces where generic prices were reduce,

Governments have negotiated service agreements to recognize pharmacists cost to operate. These reinvestments in pharmacy services were done at the same time as prices were regulated, and transition

Time was part of every agreement. Dispensing fees need to go up, and mark-up needs to be re-established as they have in other provinces.

Pharmacy can save money for the government of NB, some suggestions are 1. 30 days Trial Prescription on all new chronic meds pay half fee for the next 2 months instead of see a 3 month supply

Wasted because of patient adverse effect.

2. Faster process for approval of generic drugs listed as soon as available

3. Funding to support Therapeutic Substitution eg (generic Lipitor available but Dr get LOBBIED by REP to switch to crestor and to coversyl instead of generic ACE) this directly increase the cost to NBPDP

4. Give pharmacists greater responsibility with immunization. We have a proven track record for managing inventory, and almost have the people who got their flu shot in pharmacy , did so on impulse.

5. Make RHA Act and hospital committee changes that give pharmacist the ability to order lab tests and to receive results electronically, so that we can continue medications or make appropriate adaptations

As required to reduce cost and wait times at hospital.

6. Funding to support compliance packs for seniors and psychiatric patients to help reduce waste and misuse of medications and reduce ER visits and cost to the province.

In conclusion PHARMACY NEEDS THE GOUVERNMENT TO RECOGNIZE COST TO OPERATE A RETAIL PHARMACY IN NB FOR IT'S LONG TERM SUSTAINABILITY, AND TO PROVIDE A

FAIR REIMBURSEMENT FRAMEWORK. Thanks for letting me express my concerns. Randy Boudreau Phc