

Re: Fair Drug Prices for New Brunswick

I would first like to thank you for providing the opportunity to comment on Fair Drug Prices for New Brunswick.

I have been a community pharmacist in New Brunswick since I graduated from Dalhousie University in 2007. I work between three stores: Miramichi-Newcastle, Blackville and Doaktown. I support the need for lower drug prices however I feel there are several other opportunities which require attention as well.

Pharmacists are the most accessible health professional. We are often the first point of contact to primary care for many patients. We are only a phone call away. On a daily basis we assess patient with minor ailments, adapt prescriptions, compliance pack medications for people who may for one reason or another find it difficult to manage medication, contact physicians to verify discrepancies with prescriptions, immunize, provide advice on over the counter medications, provide device training such as proper techniques for taking blood pressure, measuring blood sugars and use of puffers to treat chronic obstructive pulmonary disorder and asthma.

We need a new reimbursement framework that includes Fair Drug Prices as well as Fair Fees for Services. We are the 8th province to implement these reductions on generic prices which gives us the option to look around and see what others have done and what works. I am confident that our Government can come to a fair agreement with pharmacy as other provinces have, most recently Nova Scotia.

There are couple of issues I feel need to be addressed. The first, Government pays pharmacy for a prescription the Actual Acquisition Cost (AAC) + fee (\$9.40). AAC is the price at which pharmacy buys this medication from a wholesale. Currently we are the only province in the country which uses AAC as price which government reimburses. Many pharmacies have created their own wholesalers to distribute medications to their chain of stores. These wholesalers sell to their store at an inflated price just because our government will reimburse the AAC. This does not promote best buying practices. We should move to Manufacturers List Price (MLP) + 8.5% distribution fee. This will ensure that the government will be paying the exact same price for every drug no matter what store or chain sells them. It is hard to imagine the government will reimburse different stores different prices for the same product.

Second issue I would like see implemented would be 30 day trial prescriptions to reduce drug wastage. Currently patients under the government plan can receive 3 months supply. However if a patient is started on a new medication it makes no sense to dispense 90 days of this medication. Often times the medication is not tolerated and quickly discontinued. If the medication is not tolerated after 10 days then the government has paid for an extra 80 days of

medication that can no longer be used. If a 30 day trial prescription was implemented this would reduce the wastage and the cost to government.

I feel these two issues along with a new reimbursement model which address Fair Drug Prices and Fair Fees for Service will not only assist our government with the current fiscal restraint but it will put Pharmacist in a position to better serve the public.

Regards,

Scott Knowles

Pharmacist / Pharmacy Manager

Dickison's Pharmasave (Newcastle, Blackville, Doaktown)

506.622.3511

Scott.knowles@dal.ca