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August 15, 2011

The Honourable Madeleine Dube
Minister of Health, Government of New Brunswick
Department of Health
PO Box 5100
520 King Street, 6th Floor
Fredericton, New Brunswick
E3B 5G

Dear Minister:

I am a pharmacist with 31 years experience and am currently employed in a community pharmacy in New Brunswick that currently employs 13 people including 3 pharmacists.

I support the goal to lower drug costs for patients and taxpayers; however, I am concerned that if this is accomplished only by reducing generic drug prices it will create a great deal of financial uncertainty for this pharmacy and its employees.

The present dispensing fee for prescriptions covered by NBPDP is a few dollars below the actual cost of dispensing a prescription. As a front line health professional I am currently providing several services for which we are not reimbursed:

- Prescribing medication refills for medications such as high blood pressure medications when the patient cannot get an appointment with their doctor for several weeks. This reduces the cost to the government of the patient seeing a doctor at a walk-in clinic or an ER visit. This is done several times daily.
- Advising patients by phone or in person regarding health issues.
- Helping special care homes manage medication for their residents (e.g. removing medication from current blister packs when a doctor discontinues a medication). Trade allowances from manufacturers are redirected to nursing home support services.
- Contacting doctors regarding interactions or duplicate medications. In some cases the doctor cancels the prescription altogether and there is no dispensing fee paid.

Our pharmacy often has more than one pharmacist working at the same time in order to provide the above services. It would be difficult to continue to schedule pharmacists this way without adequate reimbursement.

Some suggestions for reducing drug costs include:

- Faster approval for generic drugs.
- 30 day trial prescriptions . Often patients will receive a 90 day supply of a new medication only to discontinue it after a few days due to side effects or ineffectiveness.
- NB Pharmachek program increases patient awareness of their medications and health and reduces duplication of medications and adverse reactions due to interactions.

In other provinces where price measures were implemented, governments have negotiated service agreements to recognize pharmacists' costs 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.

I hope that government can reduce drug costs for New Brunswickers but also reimburse pharmacists adequately for the many services they provide as vital first line health care providers.

**Sincerely,
Ann MacDiarmid**