



August 12, 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 5GB

Dear Minister,

The Best Medicines (BMC) is a national alliance of patient groups with a central mandate of ensuring consistent and equitable treatment access while facilitating the involvement of patients in policy development. Our areas of interest span from reimbursement and approval issues through patient safety concerns. The majority of our member organizations represent patients who suffer from serious and sometimes debilitating acute and chronic diseases.

Issues related to both drug pricing and compensation for health care professional services are vitally important to the health of Canadians and, therefore, the BMC appreciates the opportunity to provide input into New Brunswick's consultation on Fair Drug Pricing. As we have communicated in other jurisdictions, we recognize that governments must be fiscally responsible and prudent to ensure that as many people as possible have access to the public drug reimbursement program. Therefore, we support fiscal responsibility and related initiatives with an understanding that any savings realized from reforms must be reinvested in the drug program.

Certainly generic drugs have an important role in health care provided to the people of New Brunswick and there are benefits to a strong and competitive generic industry. However, the benefits of the competitive environment are not currently being passed on to public drug programs and other consumers. The gap between generic and brand drugs should be appropriate to the input (e.g., research and development costs) and be in line with international practices. Within this context, public payers and consumers need to pay the most reasonable prices possible for prescription pharmaceuticals. As such, public drug

programs should aggressively seek the best prices by utilizing a range of approaches, including setting a cap on generic prices based on a maximum percentage of brand versions.

It is widely known that in jurisdictions where rebates are allowed, a significant portion of the cost of generic drugs is made up from the rebates for professional allowances paid by the generic drug manufacturers to pharmacists are done to encourage pharmacists to provide shelf space for their drugs and for preferential dispensing. This money unnecessarily inflates health care budgets and raises questions about ethical prescribing practices by some pharmacists involved in these schemes. New Brunswick's Fair Drug Pricing consultation document suggests regulating, limiting or proving a reporting system for these rebates. Any of these measures would be an improvement but we propose that it would be prudent for the province to move forward to eliminate this rebate structure completely.

Pharmacists are an important part of the health care team for patients in New Brunswick and the BMC strongly supports appropriate remuneration for services provided, as long as those services improve patient care and outcomes. However, issues related to payments for professional services should be considered a completely separate issue from the price of drugs. The government needs to pay pharmacists fairly and transparently for the services they provide, including dispensing medication and providing medication counselling. Pharmacists should also be receiving reasonable compensation for additional services beyond this. Activities such as pharmaceutical reviews and smoking cessation program counselling may have merit but should be subject to further consultations with patients and other stakeholders to determine which provide the most value to patient care. The BMC and its members look forward to further consultation on this aspect of the proposed reforms.

As previously stated, a central principle of the Fair Drug Pricing initiative must be that any savings realized be reinvested in the New Brunswick public drug program and not be returned to general revenue. Patients have been waiting for the implementation of a promised catastrophic drug program and this must move forward in order for people in New Brunswick to have access to equitable care.

New Brunswick needs to acknowledge that the critical issues related to the provision of pharmaceuticals in the province go beyond the pricing of brand name and generic drugs. A full and thorough dialogue on the New Brunswick Prescription Drug Program has been promised and is long overdue. As another core principle, patients must be involved in developing all aspects of policy development around the drug program and professional services. Other provinces have implemented formal processes for patient input into their drug review practice and New Brunswick should follow their up to date models. Ontario has a Citizens Council and its Committee to Evaluate Drugs has two

patient representatives. British Columbia has a formal process for patients, caregivers, and patient groups to provide input on specific drugs being reviewed. Again, the BMC would welcome the opportunity to assist in developing these models, as many of its members have worked with the other jurisdictions during input process development.

Thank you again for this opportunity to provide input. Members of the BMC who live in New Brunswick, as well as those who have participated in the other jurisdictions, are available to meet and discuss any aspect of the issues addressed above. Specifically, Linda Wilhelm, who has co-signed this letter, is keenly interested in ensuring that these reforms meet the needs of New Brunswick patients. She is available to provide the BMC member's perspective and looks forward to further discussions. Please forward any requests to the BMC at info@bestmedicines.ca.

Sincerely,

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President & CEO, Gastrointestinal Society

Linda Wilhelm
Individual Patient Member
Best Medicines Coalition

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