



Ford's Apothecary

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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 5GB**

Dear Minister:

Re: Fair Drug Prices for New Brunswickers

It is with delight that I offer my submission on the issue of fair drug prices for New Brunswickers. I graduated pharmacy school in 1982, and if my memory serves me correctly, the average price of a prescription was below \$9.00. Today, in my own practice, it hovers around \$67.00. Tremendous growth, not only in dollar value, but in the number of prescriptions dispensed. New Brunswick, along with other provinces throughout our country, are faced with unprecedented drug costs.

It is not unheard of today in 2011, to dispense medications that cost in excess of \$3,000 for a one month supply. Although this focus is on the generic industry, I think it would be a mistake to not also involve an analysis of the brand name manufacturers as well.

I currently am the proprietor of an independent pharmacy in Moncton, focused on health prevention, rather than a pill for every ill. My consumer leans more to preventing disease, then applying a "Band-Aid" to his or her problem. There has been far too few dollars spent on educating our publics in the realm of health promotion, rather we let them march into a physicians' office armed with the latest advertisement from an American publication, or something they have seen on television.

For example, a patient walks in to a physicians' office and complains of indigestion. They are almost certain to receive a prescription for a proton pump inhibitor (PPI's), or an H2 antagonist. Who is to inform them of the drug induced nutrient deficiencies that accompany these medications. PPI's cause a decrease in vitamin B12, and magnesium. This deficiency may lead to a loss of memory, or symptoms of dementia in relatively small amounts of time. Are the physicians' then to prescribe an

anticholinesterase inhibitor at \$10.00 per day, or simply a sublingual B12 supplement at \$0.12 per day?

There are tremendous savings to be had, if the pharmacist is used to his or her full capacity. A large portion of my practice is seeing clients/patients on a consultation basis. During these consultations, a drug utilization review is conducted, along with a review of their prescription and non-prescription medications, to ascertain whether or not these medications may be causing a drug induced nutrient depletion state, which may lead to further complications in that individual's biochemistry and subsequently possibly giving rise to other disease states. We do charge for these consultations, however, we also use some of the proceeds from our generic rebates to offset these charges to seniors and less advantaged clients.

Our pharmacy also utilizes our pharmacists to individually counsel each and every person when they obtain a new prescription. This is done verbally, to account for the tremendous amount of people in southeast New Brunswick who are functionally illiterate. This helps to achieve good health outcomes.

Our labour costs currently exceed the gross profit generated by the NB Prescription Drug Program. So in fact we are also utilizing these dollars to offset this gap. We have had two very small increases over the past 10 years. There is no mark-up allowed on medications, so that when we dispense a drug with a cost over \$100.00, we actually are going backwards with regards to our overall gross profit.

I firmly believe that the rebates need to be transparent, but that pharmacies should also be able to demonstrate to government how the rebates are being used. I know that our pharmacy is somewhat unique, but I am quite sure that other pharmacies around the province are using their monies in a similar fashion, i.e. responsibly.

I understand that your government is cash strapped, and that the growth in health care dollars needs to be reigned in. Health care dollars cannot be allowed to continue their spiral growth.

One of my humble suggestions would be to hire 3 pharmacists to counter detail physicians on pharmaceuticals. What are the significant differences among drugs in the same therapeutic class? Are there substantive differences that require government to pay for the latest copy-cat brand name pharmaceutical. The change of a fluorine or chlorine atom on top of the innovator pharmaceutical should not necessarily warrant coverage, or a higher price. Has the government thought about tendering brand name pharmaceuticals? Has government looked at the possibility of therapeutic substitutions such as is done in hospital pharmacy. I believe that government should look at some European and Asian countries to study their health care systems. They seem to work very well, and at a much reduced cost to the average Canadian per capita rates.

Finally, we need to educate the public about the importance of food, and food choices. Type II diabetes is at epidemic proportions in North America. A tax of "junk" food, fast food, soft drinks, much like those associated with alcohol and tobacco, would encourage people to purchase more body friendly foods. The costs associated with bad food choices are tremendous. The taxation system should divert revenue from this new source to taking care of individuals that support that type of lifestyle.

Thank you for the opportunity to present my views on this subject of fair drug prices and to share with you some of my thoughts and recommendations.

Sincerely,

Dr. Peter R. Ford, Pharm D
President/Owner

C. Laird Birmingham et al., "The Cost of Obesity in Canada," Canadian Medical Association Journal, Vol. 160, No. 4, February 1999, pp. 483-488; Peter T. Katzmarzyk, Norman Gledhill, and Roy J. Shephard, "The Economic Burden of Physical Inactivity in Canada," Canadian Medical Association Journal, Vol. 163, No. 11, November 2000, pp. 1435-1440; and Katzmarzyk and Janssen (2004), pp. 90-115. Table prepared by the Library of Parliament.

<http://www.infoplease.com/ipa/A0934556.html>