



CANADIAN ASSOCIATION OF GASTROENTEROLOGY L'ASSOCIATION CANADIENNE DE GASTROENTÉROLOGIE

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March 2, 2006

Mr. Jack Rosentreter

Director, Pharmaceutical Consulting Group
Provincial Drug Programs, Manitoba Health
300 Carlton Street
Winnipeg, MB R3B 3M9

Re: Changes regarding coverage of Proton Pump Inhibitors

< sent by email to jrosentret@gov.mb.ca; original by courier >

Dear Mr. Rosentreter,

The Canadian Association of Gastroenterology (CAG) has reviewed your recent correspondence surrounding the benefit coverage for Proton Pump Inhibitor therapy. As you know, the CAG recently (2005) published updated Canadian Consensus Guidelines on the management of patients with Gastroesophageal Reflux Disease (GERD). A copy of this guideline was sent to you, and the Minister of Health, in May of last year.

The CAG does not accept your current initiative. Primarily, the evidence-based CAG guidelines have clearly not been taken into consideration regarding your proposed changes. In addition, and as requested in our correspondence with you last spring, the CAG has not been consulted regarding your proposed changes.

PPI's are critical to the standards of care for many patients with digestive disorders and any restriction on their use must be carefully evaluated and critically reviewed. As such your proposed change has the potential to be detrimental to the health and well-being of a significant proportion of the population in Manitoba. While the increasing cost of medications is clearly important, there is no doubt that any restriction on family practitioner and specialist access to such medications will result in additional specialist consultations and unnecessary procedures that will increase overall health care costs and further lengthen already long waiting lists for specialist investigation. Moreover, it is increasingly evident that simply reducing the drug budget does not reduce overall health care costs.

The CAG GERD Consensus Conference guideline provides evidence-based recommendations for the management of complex conditions, taking into account not just the efficacy and costs of drug therapy, but also their role within the broader scope of investigation, medical and surgical therapy, patient well-being and long-term outcomes. The CAG invited representatives of the provincial drug formularies to participate in these Consensus Meetings, as well as the forthcoming consensus meeting – no Provincial Formulary sent a representative.

Our concerns, and those of our patients, are not restricted to the PPI class; the increasing limitations to the availability of most new medications across several specialties are of concern. In the field of gastroenterology, for example, there are limitations;

- on the use of infliximab for the management of Crohn's disease
- of coxibs in the reduction and prevention of NSAID-related morbidity and mortality
- of the only medication, for which there is evidence, for the treatment of the irritable bowel syndrome.

As a professional body, with a membership embracing acknowledged national and international experts, the CAG, in partnership with the Canadian Digestive Health Foundation, is committed to excellence in the management of patients with digestive diseases, and we MUST be consulted regarding changes that will affect our patients. The CAG has organized or supported a number of consensus meetings to address the management of gastrointestinal conditions such as GERD, *Helicobacter pylori* infection and upper gastrointestinal hemorrhage. All guidelines are evidence-based and have been published in peer-reviewed journals. Some of the more recent publications are as follows:

- Canadian Consensus Conference on the management of gastroesophageal reflux disease in adults – Update 2004. *Can J Gastroenterol* 2005;19:15-35.
- Consensus Recommendation for Managing Patients with Nonvariceal Upper Gastrointestinal Bleeding. *Ann Int Med* 2003;139:843-857.
- Canadian Association of Gastroenterology Clinical Practice Guidelines: The use of infliximab in Crohn's disease. *Can J Gastroenterol* 2001;15:367-370.
- Canadian *Helicobacter* Study Group Consensus Conference on the Approach to *Helicobacter pylori* Infection in Children and Adolescents. *Can J Gastroenterol* 1999;13:553-559.
- Canadian *Helicobacter pylori* Consensus Conference. *Can J Gastroenterol* 1998;12:31-41.

The CAG espouses the importance of partnership in the management of healthcare and would like to take this opportunity to indicate its willingness to share its extensive knowledge and experience to work with your provincial formularies and the federal drug review body, Common Drug Review, in determining the appropriateness of use for all medications relevant to the management of gastrointestinal diseases, which impact directly on our patients' well-being. It is our mission to ensure that we look after these patients as best we can.

It is imperative that the CAG be engaged, at all stages, whenever changes in access to appropriate medical care are likely to affect our members and our patients. Given the current proposed changes, and lack of engagement of the CAG, we are unable to support this initiative. If these changes are implemented without further consultation with the CAG, we respectfully advise that the government of Manitoba must be solely accountable regarding any adverse effects incurred by your constituents as a result of this change in policy, and that CAG will accordingly advise our membership.

Sincerely,



Dr. William Paterson
President, CAG



Dr. Desmond J. Leddin
Past President, CAG

Cc: Provincial Drug Benefit Program Managers
Common Drug Review Directorate
CAG Executive
Provincial Gastroenterology Associations
Minister of Health, Manitoba