



CANADIAN ASSOCIATION OF GASTROENTEROLOGY
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Dear Sir/Madame:

The Canadian Association of Gastroenterology (CAG) represents over 1,000 clinicians and researchers involved in the delivery of digestive healthcare across the country. One of our mandates is advocacy on behalf of patients, particularly with regard to access to therapies and diagnostics; in this instance the potential for the doctor-patient relationship to be affected by external regulation.

I am writing with regard to your recent communication on the Medavie Blue Cross PPI Policy. We have concerns that all newly diagnosed PPI patients are required to start therapy with either generic omeprazole or rabeprazole. In general, we have no concerns with regard to use of generics. Regarding rabeprazole, we are very concerned on two items; firstly your policy doesn't specify the dose, and secondly there is limited data with regard to the efficacy in certain therapeutic areas.

We are also concerned with the policy as it applies to existing patients, and in particular with regard to the transition from inpatient to outpatient treatment. Your policy states that all patients currently on a PPI, other than rabeprazole or generic omeprazole, will be allowed to stay on their current PPI on a long-term basis. Could I ask you to clarify what will happen to these patients? Not infrequently, patients are prescribed a PPI, in hospital. Will such patients be allowed to continue their physician prescribed medication as an outpatient? Clarification will be very helpful, as it is important that patients remain on the drug prescribed to them by their physician.

Access to gastroenterology healthcare across the country is very limited. The patient who receives substitution of a prescribed medication can have increased symptoms and/or relapse of disease. It is unlikely that such patients will have access to prompt consultation due to the current human resource crisis. This is further compounded by return consultations which will only further burden the health care system and related budgets. As such, serious consideration must be given to any approach that simply intervenes in a single sector of the health care system, without broader consideration of all implications.

Thanks for your help on this. I look forward to hearing from you and thank you in anticipation for your attention.

Yours sincerely,

Dr. Desmond J. Leddin, MB, FRCPC
Past President, CAG
Patient Advocacy Committee, CAG

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