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Ms. Susan Paetku

Director, Drug Programs Branch
Ontario Ministry of Health
5700 Yonge Street, 3rd Floor
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Dear Ms. Paetku,

We have learned that the Ontario Ministry of Health and Long-Term Care (MoHLTC) has asked the Drug Quality and Therapeutics Committee (DQTC) to conduct a review of proton pump inhibitors (PPI) to determine appropriate utilization with respect to available clinical and economic data. This information was brought to the attention of the Canadian Association of Gastroenterology (CAG) in light of the update to the 1997 CAG Consensus Conference on the Management of Gastroesophageal Reflux Disease, planned for February 2004.

PPIs 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 a move has the potential to be detrimental to the health and well-being of a significant proportion of the population. While increasing medication costs are 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.

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.

Moreover, it is increasingly evident that simply reducing the drug budget does not reduce overall health care costs.

For example, the cost associated with the high number of patients taking conventional NSAIDs, who incur serious gastrointestinal adverse events requiring hospitalization, far outweighs the incremental drug expenditure in treating patients with safer, yet more expensive, medications.

As a professional body, with a membership embracing acknowledged national and international experts, the CAG, in partnership with the Canadian Digestive Health Foundation and the Canadian Association for the Study of the Liver, is committed to excellence in the management of patients with digestive diseases, and we wish to 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 were evidence-based and have been published in peer-reviewed journals. Some of the more recent publications are as follows:

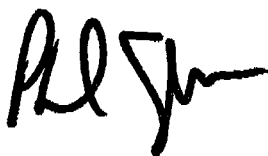
- Second Canadian Gastroesophageal Reflux Disease Consensus Conference *Can J Gastroenterol.* 1997;11(suppl B):1B-112B.
- Canadian *Helicobacter pylori* Consensus Conference. *Can J Gastroenterol.* 1998;12:31-41.
- Canadian *Helicobacter pylori* Consensus Conference Update: Infections in adults. *Can J Gastroenterol.* 1999;13:213-217.
- 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 Association of Gastroenterology Clinical Practice Guidelines: The use of infliximab in Crohn's disease. *Can J Gastroenterol.* 2001;15:367-370.
- Consensus Recommendation for Managing Patients with Nonvariceal Upper Gastrointestinal Bleeding. *Ann Int Med* 2003;139:843-857.

The aims of the previous CAG guidelines and the forthcoming GERD Consensus Conference, are to provide 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. Despite the attendance of representatives from the Therapeutic Products Directorate, the provincial representatives have declined the invitation; many citing the availability of their own review processes.

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 MoHLTC, the other 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. We look forward to hearing from you and to working with you towards an optimal environment in which both physicians and patients can look forward to providing and accessing the best available health care.

Sincerely,



Dr. Philip M. Sherman
President, CAG



Dr. Desmond J. Leddin
President Elect, CAG

Cc: Provincial Drug Benefit Program Managers
Common Drug Review Directorate
CAG Executive
Provincial Gastroenterology Associations