



CANADIAN ASSOCIATION OF GASTROENTEROLOGY
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Dear Sir/Madame:

The Canadian Association of Gastroenterology (CAG) represents over 1,100 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 the NBPDP Policy regarding Proton Pump Inhibitors where it is stated "Requests for lansoprazole and pantoprazole will be considered for beneficiaries in whom there has been a therapeutic failure with regular benefit PPIs (i.e. omeprazole 20mg daily AND rabeprazole 20mg daily)".

We are concerned with the policy as it applies to existing patients, and in particular with regard to the transition from inpatient to outpatient treatment. It is important that patients currently on a specific PPI be allowed to continue medication with their current PPI. Not infrequently, patients are prescribed a PPI, in hospital, and in these situations it is important that such patients be allowed to continue their physician prescribed medication as an outpatient?

In general, 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.

I look forward to hearing from you and thank you in anticipation for your attention.

Yours sincerely,

Dr. Ron Bridges, FRCP(C)
President, CAG