Dear Dr. Furlong:

Re: Inflammatory Bowel Disease and Prescription drug plan for all uninsured New Brunswick residents, to be presented to the Government of New Brunswick.

The Crohn’s and Colitis Foundation of Canada (CCFC) is the leading Canadian voluntary health organization dedicated to raising funds for research to find the cure for Crohn’s disease and ulcerative colitis, collectively known as inflammatory bowel disease (IBD). CCFC is also committed to supporting education and outreach because more than 200,000 Canadian adults and children are affected by these painful conditions, and over 9,200 new cases are diagnosed each year.

CCFC recommends a long-term national vision for the future in healthcare to include government, healthcare providers, patients and the general public. Our goal is for governments to recognize IBD as a chronic disease in federal, provincial, and territorial chronic disease frameworks. Working together we will lift the “veil of silence” that cloaks inflammatory bowel disease. CCFC, through our Board of Directors, has endorsed three broad public policy goals: the first priority is to ensure timely and equitable access to IBD therapies across Canada. Receiving the best treatment for Crohn’s and colitis often depends on where you live and/or whether you have employer-paid drug benefits. But even having a drug plan doesn’t guarantee treatment at a reasonable cost.

1. Should All New Brunswickers be required to have drug coverage?

Allowing a new public drug plan to cover treatment options for IBD will improve the overall outcomes for all patients and their families in New Brunswick. All patients who require treatment should have timely and equitable access to the medications that they are prescribed for the best health outcomes.

2. How would the government of New Brunswick pay for what patients need?

CCFC recommends that a new provincial drug plan in New Brunswick consider the overall patient outcome when making a decision to fund necessary treatment for all New Brunswickers.

This New Brunswick plan should compile a drug benefit list of the medications the government-sponsored plan will pay for. In addition, many private insurers impose restrictions on reimbursement levels for certain therapies and can leave all patients, including those with IBD
conditions, with no choice when it comes toaffording costly ongoing treatments. New Brunswickers should have the right to an appeals process for any prescription drug plan which looks at the economic impact and effectiveness of a drug, and takes into account provincial capacity to fund, as well as various political and scientific considerations.

3. **What deductibles, co payments and maximums should the plan include? Should these vary by level of income? How?**

CCFC recommends that this new program cover families who have drug expenses over 5-7% of their net income, which is in line with other provincial drug plans.

4. **Should the plan have a premium? Should the premium vary by level of income? How?**

For IBD patients without any public or private insurance, drugs that manage symptoms are out of reach due to the ongoing costs. Any premium that is being considered should take into account the economic hardship that paying for a prescribed treatment will inflict upon the individual patient and their families.

5. **How should the plan deal with individuals who have pre-existing medical conditions?**

No two IBD cases are exactly alike. That is why there is no “one size fits all” approach to subsidizing IBD medication and treatment. In general, medications fall into one of two very broad categories: drugs that are used to reduce inflammation (and may therefore reduce symptoms) and those that are aimed only at symptom-reduction and do not affect the inflammation in the gut.

Thanks to research advances (many of them funded through donations to CCFC), Crohn’s and colitis patients now have many new treatment options to keep them in remission for longer, and reduce the severity of flare-ups. Unfortunately, these drugs — and in particular, the biologics such as adalimumab and infliximab — are expensive, and may not be made available through a provincial drug program or have very restricted access. Biologics: These drugs target and block molecules involved in inflammation. Biologics are the latest generation of medications and are proven effective for relieving IBD. These drugs are used to combat moderate to severe attacks. Some examples include adalimumab (Humira) and infliximab (Remicade).

Other treatments might include:
- **Sulfasalazine and 5-Aminosalicylates (5-ASA):** These drugs limit the production of certain chemicals that trigger inflammation. This medicine is generally prescribed to help combat milder attacks of IBD. Examples include mesalamines and sulfalazine.
- **Steroids:** Steroids aim to reduce inflammation. This medicine is used in cases of moderate to severe attacks of IBD. Some examples include prednisone and hydrocortisone.
- **Immunomodulators:** This type of medicine alters how the body mounts an inflammatory response. Patients using this type of drug should get into the habit of regular hand washing during the day, as immunomodulators do suppress your ability to fight infections in general. An example of this type of drug is methotrexate. These drugs are used by patients who have moderate to severe attacks.
6. Should there be a waiting period after enrolment before benefits become available? How long?
If a patient is resident in New Brunswick and has been prescribed medication which would prove a hardship to wait for then no waiting period should be initiated.

7. How should employers be involved? Should they be required to continue their current drug plans? What happens if they don’t?
CCFC recommends that all stakeholders should share the responsibility to cover their portion of drug costs, as such any payor, private or public, should be encouraged to participate in any new drug plan. It is important to note that private sector plans are the voluntary initiatives of plan sponsors, but they can be regulated by the provinces and territories. A second recommendation is to obtain claims, costs and units from existing New Brunswick private payors for drugs used for IBD, for example, adalimumab (Humira) and infliximab (Remicade), azathioprine, 6-MP, methotrexate, cyclosporine, 5-ASA, mesalamine and any others indicated to treat IBD and to examine on average how much New Brunswickers are paying out of pocket for these prescribed treatments. Again, CCFC recommends that the proportion of claims attributable to IBD for each of these drugs be covered in some way by this new drug plan.

Adoption of our recommendations will facilitate access to all New Brunswick IBD patients to their prescribed treatment options.

Thank you for your consideration of this submission to the Advisory Committee on Health Benefits, CCFC appreciates the opportunity to engage the Government of New Brunswick on this issue. If you have any questions in this regards, please feel free to contact Fiona Knight, CCFC Manager of Public Policy & Stakeholder Relations (fknight@ccfc.ca, 416 920-5035 ext. 229).

Sincerely,

Kevin W. Glasgow, MD
Chief Executive Officer/Directeur général

Cc: National Vice President, Crohn’s and Colitis Foundation of Canada Maritimes, Mr. John Robichaud
Regional Director, Crohn’s and Colitis Foundation of Canada Atlantic Canada, Tracy Durkee-Jones
About Inflammatory Bowel Disease

Inflammatory bowel disease or IBD includes two similar yet distinct conditions called Crohn's disease and ulcerative colitis. Both diseases are chronic and debilitating, creating hardships for those who are afflicted, as well as for their families and loved ones. These diseases affect the digestive tract, causing inflammation and internal bleeding (figure 1). As a result, a person with IBD experiences abdominal pain, cramping, diarrhea, weight loss and fatigue.

There are many additional challenges for people living with IBD, ranging from lack of awareness of IBD as a chronic disease, to social stigma, to lack of equity in access to expensive IBD medications. Our current state of medical knowledge allows health care professionals to relieve the symptoms of Crohn's disease and ulcerative colitis with drugs and surgery, but so far we do not know how to prevent these diseases or cure them.

Are more children getting these diseases?

A study by Dr. Eric Benchimol et al, conducted between 1994 and 2005, demonstrates a significant rise in IBD in children under the age of 10. Using conservative estimates, there are about 3,300 youth under 20 with Crohn's disease and 1,600 youth under 20 with ulcerative colitis in Canada, for a total of 4,900 youth. The urgency to continue research into the causes, care and cures of IBD has never been greater.
How many people are affected?

There are over 200,000 Canadians suffering from IBD with either Crohn's disease or ulcerative colitis. More than 9,000 new cases are diagnosed every year. That is one in every 160 Canadians, most of whom are diagnosed before they reach the age of 30. In fact, IBD in Canada is approximately three times more common than multiple sclerosis and HIV infection. Despite such a high prevalence of IBD in Canada, awareness and research are well below where they need to be.

The Impact of IBD

In November 2008, CCFC released a report that reviewed and analyzed the individual and socioeconomic impacts of IBD. The combined direct and indirect costs of IBD to the Canadian economy are an astounding $1.8 billion annually. On an individual basis, these chronic diseases cost individuals an average of $9,000 per year. Direct medical costs totaled over $700 million per year. These include hospitalizations ($345 million), followed by medications ($162 million) and physician visits ($134 million).

The report also highlighted challenges for people with IBD in the current environment, ranging from lack of awareness of IBD as a chronic disease, to social stigma, to lack of equity across Canada in access to expensive medications. CCFC will be releasing the Impact of IBD 2012 report in November to update these critical impacts.

About CCFC

CCFC was established in 1974 by a group of concerned parents who saw the need to raise funds for research into inflammatory bowel disease and to educate patients and their families about these diseases. To date the CCFC has invested over $70 million in IBD research. We are Canada's largest funder of IBD research and rank among the top global funders of such research in both absolute and per capita terms. This dedication to the support of research makes CCFC a world leader and has led to many breakthrough discoveries. We also believe it is important to make all individuals with IBD aware of CCFC, and educate these individuals, their families, health care professionals and the general public about these diseases.

Representing 80 communities coast to coast with over 65,000 supporters, CCFC is the truly the authoritative voice of IBD in Canada.