Arthritis Consumer Experts™
joint action for Canadians with arthritis

CAPA Canadian Arthritis Patient Alliance
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January 2, 2008

Hon. Dave Hancock
Legislature Office
#204 Legislature Building
10800 - 97 Avenue
Edmonton, AB
T5K 2B6

Dear Minister Hancock:

We are in receipt of your letter dated November 26, 2007 with news that your ministry is still reviewing biologic response modifiers for use in ankylosing spondylitis. **The delay in providing these medications to those who need it most means that Albertans do not have the same coverage as citizens in Ontario, New Brunswick, Quebec and other provinces that have listed biologic response modifiers. This is a significant short-fall in arthritis treatment and care in Alberta.**

The inclusion of biologic response modifiers is central to improving and maintaining the health of Albertans living with ankylosing spondylitis. There is abundant evidence supporting the use of biologic response modifiers for the treatment of ankylosing spondylitis. For example, as clearly outlined in the CEDAC recommendation, adalimumab not only "resulted in significantly more patients achieving ASAS 20, 50 and 70 after 12 weeks of treatment"[1] but also improved quality of life, reduced disease activity and was shown to be cost effective. This shows that in addition to the personal health benefits that emerge from appropriate treatment, there are significant social, political, and economic benefits for government. These data are consistent across all three biologic response modifiers. Biologic response modifiers cannot be used in conjunction with one another, and the response to each one varies from person to person.

It is important to recognize that the economic impact of not providing these medications is far greater than the cost of providing them. The consequences of un-treated or under-treated ankylosing spondylitis, such as spinal rigidity, increased risk of fractures and other joint problems, are irreversible and result in higher use of health services and work disability[2].

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[1] CEDAC recommendations: http://www.cadth.ca/media/cdr/complete/cdr_complete_Humira_Resubmission_June-27-2007.pdf

[2] Kobelt et al. *Rheumatology* 2004;**43**:1158–66.; Keat et al. *Rheumatology*, 2005; 44:939-947; Boonen et al. *Arthritis Rheum* 2006;**65**:201–8.

Given the strong scientific evidence, **we urge the government to provide a reimbursement listing for the three Health Canada-approved biologic response modifiers for people with ankylosing spondylitis.** By doing so, Albertans living with ankylosing spondylitis will live with significantly reduced pain and disability associated with delayed treatment, improve their quality of life and have the same care and treatment options that people have who live in other provinces in Canada.

We thank you in advance for considering our request, and await word from you on the listing decision for these medications.

Sincerely,

Cheryl Koehn
President, Arthritis Consumer Experts
Person with rheumatoid arthritis

Anne Dooley
President, Canadian Arthritis Patient Alliance
Person with rheumatoid arthritis

C.c. Glen Monteith, Directory Pharmaceutical Policy and Programs Branch

Note: Please address reply correspondence to Ms. Cheryl Koehn, Arthritis Consumer Experts, 910 B Richards Street, Vancouver, BC V6B 3C1; or, Anne Dooley, 206 Garrison Crescent, Saskatoon, SK. S7H 2Z8