Arthritis Consumer Experts™
joint action for Canadians with arthritis

CAPA Canadian Arthritis Patient Alliance
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January 2, 2008

Honourable Doug Currie
Second Floor, Jones Building
11 Kent Street
PO Box 2000
Charlottetown, PE
C1A 7N8

Dear Minister Currie:

We wrote to you on September 10, 2007, informing you of the Canadian Expert Drug Advisory Committee (CEDAC) recommendation that adalimumab (Humira®) be added to provincial drug benefit plans for people with severe ankylosing spondylitis who meet the criteria.[1] To date, there has not been a listing decision on this or the other two Health Canada-approved biologic response modifiers (etanercept or "Enbrel®) and infliximab or "Remicade®") for use in this disease despite the fact that they have been under review by the government for up to two and a half years.

The delay in providing these medications to those who need it most means that citizens of Prince Edward Island do not have the same coverage as citizens in Ontario, New Brunswick, Quebec and other provinces that have listed biologics for the treatment of ankylosing spondylitis. This is a significant short-fall in arthritis treatment and care in the province.

The inclusion of biologic response modifiers is central to improving and maintaining the health of Manitobans living with ankylosing spondylitis. There is abundant evidence supporting the use of biologic response modifiers for the treatment and management of ankylosing spondylitis.[2] For example, the CEDAC recommendation clearly outlines that adalimumab "resulted in significantly more patients achieving ASAS 20, 50 and 70 after 12 weeks of treatment", but also improved quality of life, reduced disease activity and was shown to be cost effective. In addition to the personal health benefits that emerge from appropriate treatment for this disease, 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.

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

2 Rudwaleit et al. Arthritis and Rheumatism, 2007; vol.56, #9 (supp): S871; van der Heijde, Arthritis and Rheumatism, 2007; vol.56, #9 (supp): S252; Keat et al. Rheumatology, 2005; 44:939-947; Boonen et al. Arthritis Rheum 2006;65:201–8.

It is important to recognize that the economic impact of denying coverage for these medications – the cost of providing reimbursement is over the long-term 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 permanent work disability[3].

Given the strong scientific evidence, we urge the government **to list all three biologic response modifiers on the provincial drug benefit plan for people with ankylosing spondylitis**. Providing a timely reimbursement listing for this medication will ensure that Prince Edward Islanders living with ankylosing spondylitis are able to reduce the pain and disability associated with delayed treatment, improve their quality of life and have the same care and treatment options as people 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

Colleen Murray
PEI Steering Committee Representative
Canadian Arthritis Patient Alliance
Person with rheumatoid arthritis

C.c. Patrick Crawford, pharmacy consultant

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

[3] 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.