

May 20, 2008

Hon. Name Name

Ontario MPP

Address 1

Address 2

Toronto, ON Postal Code

## **URGENT: YOUR SUPPORT IS NEEDED TO HELP PEOPLE WITH ARTHRITIS IN ONTARIO**

Dear Minister/Mr./Ms. Name,

Arthritis Consumer Experts is writing to you today because as a member of provincial parliament, you represent the people in your constituency who live with inflammatory arthritis. In Ontario, people with arthritis face some very serious issues around medication reimbursement for four biologic response modifiers, the “gold standard” in treatment for moderate to severe rheumatoid arthritis, ankylosing spondylitis, and psoriatic arthritis. These issues are the responsibility of each elected representative in Ontario, and we believe they warrant your immediate attention.

**Your constituents with inflammatory arthritis are losing their lives—their jobs, their homes, their families, their independence—because they can’t afford the medications their doctors say they need.**

Here are the specific problems:

1. Abatacept (Orencia®) is still not listed on the Ontario medication reimbursement formulary for rheumatoid arthritis. This is in spite of the fact that it has received a recommendation to list from the Common Drug Review.
2. Adalimumab (Humira®) for ankylosing spondylitis has not yet been listed on the Ontario medication reimbursement formulary. As with abatacept, this is in spite of the fact that it has received a recommendation to list from the Common Drug Review.
3. Infliximab (Remicade®) remains under review for the treatment of psoriatic arthritis in spite of strong clinical and cost-effectiveness research supporting their use.
4. Rituximab (Rituxan®) for the treatment of rheumatoid arthritis is only reimbursed after a person fails two other specific biologic medications. This listing criterion has no scientific basis, and only serves to delay appropriate treatment for people who need rituximab.
5. Provincial review times for abatacept, adalimumab, and infliximab thus far have ranged from ten months to more than two years.

**These issues have resulted in discrimination against Ontarians living with severe inflammatory arthritis, and it must stop. As an MPP working on behalf of the people you represent in your constituency, you have the power to help make this right.**

Approximately 137,000 Ontarians live with three of the most common forms of inflammatory arthritis; of these, a small number will have severe enough disease to require a biologic response modifier. For these people, biologic response modifiers are the only treatment option that prevents crippling, disability and permanent joint damage – damage that costs the Ontario government tens of millions in direct and indirect costs and significantly reduces the province's productivity.

Joint damage in the setting of inflammatory arthritis can only be prevented if people are treated with the right medication early in their disease process – **the same way cancer treatment needs to be initiated as early as days after diagnosis.** For people in Ontario with inflammatory arthritis who are waiting for the medications they need, these reimbursement listings cannot come soon enough. **Each day a person with inflammatory arthritis is forced to wait is another day of progressive, irreversible joint damage.**

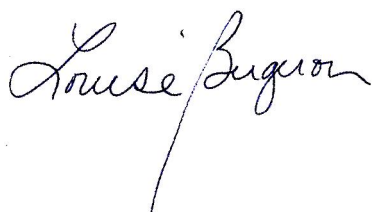
This situation is unacceptable to our arthritis community, and we believe it should be to our elected representatives, as well. **Please work within your government to ensure that the Common Drug Review recommendations for abatacept and adalimumab are followed, and that positive formulary listing decisions regarding infliximab and rituximab be made as both clinical and cost-effectiveness research conclusively supports their use.** Thank you.

Sincerely,



Cheryl L. Koehn

President, Arthritis Consumer Experts



Louise Bergeron

President, Canadian Arthritis Patient Alliance