December 19, 2007

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

sent via email to:
dave.hancock@assembly.ab.ca
original mailed

Dear Minister Hancock:

As members of Arthritis Consumer Experts and the Canadian Arthritis Patient Alliance, we are writing to re-draw your attention to a critical issue facing over 16,000 Albertans living with **ankylosing spondylitis – the complete lack of availability to biologic medications on the provincial drug reimbursement formulary**.

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 active ankylosing spondylitis who meet the criteria[1] . Yet, you have recently declined to cover this and the two other biologics on the market and approved for use in this disease. To date Alberta is falling behind Ontario, New Brunswick, Quebec and other provinces that have listed biologics for the treatment of ankylosing spondylitis. This unnecessary delay and discrepancy in care is unacceptable to the arthritis community in Alberta and should be to the Government of Alberta, too.

The inclusion of biologic response modifiers is central to improving and maintaining the health of Albertans living with ankylosing spondylitis. There is irrefutable evidence supporting the use of biologic response modifiers for the treatment and management of ankylosing spondylitis[2]. 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" 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.

[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 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[3].

Given the strong scientific evidence, we urge you, as Minister of Health, **to reverse your recent decisions and list all three medications that make up the class of 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 Albertans 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 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

[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.