December 19, 2007

Hon. George Smitherman
Ministry of Health and Long-Term Care
Suite M1-57, Macdonald Block
900 Bay Street
Toronto, ON
M7A 1R3

Sent via email to:
CCU@moh.gov.on.ca
Original mailed

Dear Minister Smitherman:

As members of Arthritis Consumer Experts and the Canadian Arthritis Patient Alliance we would like to thank you on behalf of Ontarians living with ankylosing spondylitis for providing access to two biologic medications on the provincial drug reimbursement formulary.

While these formulary listings represent important treatment options, it is critical that **all safe and effective options are included on the provincial formulary**. In particular, we would like to re-draw your attention to 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]. As with other diseases, people living with ankylosing spondylitis respond differently to medications and therefore it is important to have a broad range of treatment options available. As 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.

The inclusion of this medication is central to improving and maintaining the health of people living with ankylosing spondylitis in Ontario. There is irrefutable evidence supporting the use of biologic response modifiers for the treatment and management of ankylosing spondylitis[2]. In addition to the personal health benefits that emerge from appropriate and timely treatment, there are important 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 access to all of these medications is far greater than the cost of providing them. For example, 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 take the immediate necessary steps list all 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 citizens of this province living with ankylosing spondylitis are able to reduce the pain and disability associated with delayed treatment and improve their quality of life.

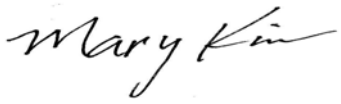
We thank you in advance for considering our request, and await word from you on the listing decision for this medication.

Sincerely,

On file

Cheryl Koehn
President, Arthritis Consumer Experts
Person with rheumatoid arthritis

Laurie Proulx
ON Steering Committee Representative
Canadian Arthritis Patient Alliance
Person with rheumatoid arthritis



Mary Kim
ON Steering Committee Representative
Canadian Arthritis Patient Alliance
Person with rheumatoid arthritis

C.c. Susan Paetkau, Director, Drug Programs Branch
C.c. Helen Stevenson, Executive Officer, Ontario Public Drug Programs

Note: Please address reply correspondence to Ms. Cheryl Koehn, Arthritis Consumer Experts, 910 B Richards Street, Vancouver, BC V6B 3C1

[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.