





December 2, 2007

Hon. George Abbott Minister of Health Parliament Buildings Victoria, BC V8V 1X4 sent via email to: Hlth.health@gov.bc.ca original mailed

Dear Minister Abbott:

We, as members of Arthritis Consumer Experts, The Arthritis Society BC and Yukon division and the Canadian Arthritis Patient Alliance, are writing to re-draw your attention to a critical issue facing over 21, 000 British Columbians 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®) <u>be added to provincial drug benefit plans</u> for people with active ankylosing spondylitis who meet the criteria¹. Yet, to date, there has still not been a listing decision on this or any of the other two biologic medications on the market and approved for use in this disease. According to your own website, the three existing biologic response modifiers for ankylosing spondylitis on the market have all been under review for significant periods of time. Adalimumab (Humira®) has been under review since November 29, 2006, infliximab (Remicade®) has been under review since May 16, 2005. This is completely unacceptable.

The inclusion of these medications is central to improving and maintaining the health of British Columbians living with ankylosing spondylitis. There is irrefutable evidence supporting the use of biologic response modifiers for the treatment and management of ankylosing spondylitis². 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. Therefore, in addition to the personal health benefits that emerge from appropriate 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 van den Bosch et al. (2007); van der Heijde et al. (2007); Rudwaleit et al. (2007). (all from ACR); Keat et al. *Rheumatology*, 2005; 44:939-947; Boonen et al. *Arthritis Rheum* 2006;**65**:201–8.

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It is important to recognize that the economic impact of not providing 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 disability³.

Given the strong scientific evidence, we urge you, as Minister of Health, to take the immediate necessary steps list all three medications that make up the class of biologic response modifiers on the provincial drug benefit plan for people with ankylosing spondylitis. We remind you that providing a timely reimbursement listing for this medication will ensure that British Columbians 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 living with cancer and HIV/AIDS have in this province.

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

Sincerely,

Cheryl Koehn

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Colleen Maloney
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Encl.

C.c. Premier Gordon Campbell Bob Nakagawa, Assistant Deputy Minister

Note: Please address reply correspondence to all signatories above to: Ms. Cheryl Koehn, President, 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.