Arthritis Consumer Experts™
joint action for Canadians with arthritis

CAPA Canadian Arthritis Patient Alliance
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January 2, 2008

Hon. Theresa Oswald
302 Legislative Building
450 Broadway,
Winnipeg, Manitoba
Canada R3C 0V8

Dear Minister Oswald:

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 the provincial drug benefit plan 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 Manitobans 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 Manitoba.

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, 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. 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.

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[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 the government **to provide a reimbursement listing for the three Health Canada-approved biologic response modifiers for people with severe ankylosing spondylitis**. By doing so, Manitobans living with the disease will live with significantly reduced 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
Person with rheumatoid arthritis
President, Arthritis Consumer Experts

Corrie Billedeau
MB Steering Committee Representative
Canadian Arthritis Patient Alliance
Person with rheumatoid arthritis

C.c. Arlene Wilgosh, Assistant Deputy Minister
C.c. Gail Keeley, Executive Director, Provincial Drug Programs

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

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[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.