Arthritis Consumer Experts™
joint action for Canadians with arthritis

CAPA Canadian Arthritis Patient Alliance
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January 2, 2008

Honourable Michael Murphy
Carleton Place
P. O. Box 5100
Fredericton, NB
E3B 5G8

Dear Minister Murphy:

On behalf of New Brunswickers living with ankylosing spondylitis, we write today to commend the government for placing two biologic response modifiers – breakthrough medications in the treatment of severely active ankylosing spondylitis – on the provincial drug reimbursement formulary.

These formulary listings represent important treatment options for people living with severe forms of ankylosing spondylitis. However, 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 provide reimbursement for all biologic 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, along with the others, is central to improving and maintaining the health of people living with ankylosing spondylitis in New Brunswick. There is strong 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.

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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. 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 the government **to 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,

Cheryl Koehn
President, Arthritis Consumer Experts
Person with arthritis

C.c. Leanne Jardine, Acting Director, New Brunswick Prescription Drug Program

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

[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.